

You are cordially invited to

**The People's Tribunal
On
Coercive Population Policies
and
Two-Child Norm**

on 9th & 10th October 2004,

at

Indian Social Institute,
10, Institutional Area, Lodi Road,
New Delhi – 110 003, India.

Members of the People's Tribunal

Ms. Shabana Azmi

Dr. Imrana Qadeer

Dr. Syeda Hameed

Ms. Poornima Advani

Ms. Nandita Das

Ms. Ruth Manorama

Ms. Vasanthi Devi

Mr. Sandeep Dikshit*

Ms. Jashodhara Bagchi

Ms. Mrinal Pande*

Mr. Virendra Dayal*

Mr. Prashant Bhushan*

Organised by:

*Human Rights Law Network; UP & Bihar Healthwatch; SAMA; The Hunger Project ;
Jan Swasthya Abhiyan*

* to be confirmed

Draft Programme for the People's Tribunal

Day One : 9 th October 2004		
9.00-9.15	Introduction to the Tribunal	Dr. Abhijit Das
9.15-9.30	Film: Seeds of Well Being	
9.30-9.50	Population Policy: An Overview	Mohan Rao
9.50-10.05	Supreme Court Decision on Two Child Norm (Javed vs. Union Of India)	Colin Gonsalves
10.05- 10.15	Discussion	
10.15-10.30	State Overview - Punjab	Manmohan Sharma
10.30- 11.00	People's Testimonies from Punjab	Voluntary Health Association

Population Tribunal programme

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10.15-10.30	State Overview - Punjab	Manmohan Sharma
10.30- 11.00	People's Testimonies from Punjab	Voluntary Health Association
11.00- 11.15	Discussion	
11.15- 11.30	State Overview - Haryana	Dr. B.S. Dahiya / Shailander Diwedi
11.30- 12.00	People's Testimonies from Haryana	Jan Swasthya Abhiyan/ PRIYA
12.00- 12.15	Discussion	
12.15- 12.30	Declining Juvenile Sex Ratio, Two Child Norm and Women's Status	Manisha Gupte
12.30- 12.45	Songs	Kaushik
12.45- 1.00	State Overview - Jharkhand	Lindsay
1.00- 1.30	People's Testimonies from Jharkhand	
1.30- 1.45	Discussion	
1.45 - 2.30	Lunch	
2.30 - 2.45	State Overview - Rajasthan	Narendra Gupta
2.45 - 3.15	Peoples Testimonies from Rajasthan	PRAYAS
3.15- 3.30	Discussion	
3.30 - 3.45	Two Child Norm and Political Participation of Women and Marginal Communities	Rita Sarin
3.45- 4.00	Two Child Norm and Political Participation of Women and Marginal Communities	Susheela Kaushik
4.00- 4.15	State Overview - Orissa	BGVS
4.15- 4.45	People's Testimonies from Orissa	BGVS
4.45- 5.00	Discussion	
5.00- 5.15	State Overview - Maharashtra	Audrey & Jaya Velankar
5.15- 5.45	People's Testimonies from Maharashtra	Tathapi
5.45- 6.00	Discussion	
6.00- 6.15	State Overview - UP	Jashodhara
6.15- 6.30	People's Testimonies from UP	Healthwatch UP, Bihar
6.30- 6.45	Discussion	
6.45- 7.00	Remarks by First Member of the Tribunal	
7.00- 7.15	Remarks by Second Member of the Tribunal	
7.15- 7.30	Remarks by Third Member of the Tribunal	
8.00- 8.55	A film by SAHAYOG	
8.55	Dinner	

	Day Two : 10th October 2004		
9.00 - 9.15	Review of Previous Days Testimonies: – Remarks by Fourth Member of Tribunal		
9.15 - 10.00	Film: Legacy of Malthus		
10.00 - 10.20	Legal Perspective on the Two Child Norm	Shruti Pandey	
10.20 - 10.30	Two Child Norm: International Perspective*	Melissa Upreti	
10.30 – 10.45	Remarks by NHRC*		
10.45 – 11.00	State Overview – Bihar	Sapan Majumdar	
11.00 – 11.30	People's Testimonies from Bihar	(BVHA)	
11.30 – 11.45	Discussion		
11.45 – 12.00	Songs	Kaushik	
12.00 – 12.15	State Overview – Madhya Pradesh	N.B.Sarojini /Anuj	
12.15 – 12.45	People's Testimonies from Madhya Pradesh	SAMA/BGVS/Hunger Project	
12.45 – 1.00	Discussion		
1.00 – 1.15	State Overview – Himachal Pradesh	Subhash Mendhapurkar	
1.15 – 1.45	People's Testimonies from Himachal Pradesh	SUTRA	
1.45 – 2.00	Discussion		
2.00 – 2.45	Lunch		
2.45 – 3.15	Press Conference		
3.15 - 3.30	State Overview - Gujarat	Trupti Shah	
3.30 - 3.45	People's Testimonies from Gujarat	Trupti Shah	
3.45 – 4.00	Discussion		
4.00 – 4.15	Two Child Norm/ Coercive Population Policies and their impact on Health Status of Women		
4.15 - 4.30	State Overview – Andhra Pradesh	Prakashamma	
4.30 - 5.00	People's Testimonies from Andhra Pradesh		
5.00 – 5.15	Discussion		
5.15 – 5.30	View Point of the Central Government		
5.30 – 5.45	Remarks by Fifth Member of the Tribunal		
5.45 – 6.00	Remarks by Sixth Member of the Tribunal		
6.00 – 6.30	Fact Findings and Recommendations of the People's Tribunal	Abhijit Das	

**Public Tribunal on
Coercive Population Policies and Two Child Norm
9-10 Oct. 2004
Press Briefing**

- Imposition of Two Child Norm and a targeted approach to Family Planning violates the spirit of the constitution.
- It is in contravention of International treaties that India is signatory to, such as ICPD program of action; National Population Policy, 2000 (that talks about a target free approach).
- And violates human rights, rights of women and children and the 73rd Amendment that attempts at empowering women and marginalized.

The Two Child Norm should be revoked because:

1. It provides an impetus to Sex pre selection and female infanticide thus worsening the already deteriorating child sex ratios.
2. Penalizes women, who have no autonomy to decide family size and sex composition, for not bearing sons.
3. Marginalizes women, *dalits* and *adivasis* and the poor from contesting elections in the PRI depriving them of their democratic rights.
4. Deprives people particularly women and children of their entitlements through various welfare schemes and programs like education, health benefits, PDS, accident compensations, maternity benefits, loans etc.
5. Is unnecessary as it only perpetuates the myth of population explosion. On the contrary, the growth rate has slowed and people desire family planning services.

The coercive, targeted and incentive based approach leads to –

1. Neglect of women's health needs and focus centered only around Family planning. This is also reflected in the disproportionate allocation on family welfare vis-à-vis health.
2. Mass sterilization and poor quality of services and the resulting high failure rates, unwanted pregnancies and deaths.
3. Unethical practice and medical negligence.
4. Shift of the focus to Women as easy targets.

Our Demands:

1. Revoke all laws and policies related to the Two Child Norm, particularly the Panchayati Raj Act.
2. Amend all coercive moves and proposals at both Center and State levels- Common Minimum Program and State programs.
3. Ensure informed choice and quality services
4. 'Development is the best contraceptive'. Ensure security of education, health, livelihood and other basic rights

Pop-Policy File
for
11/10/04

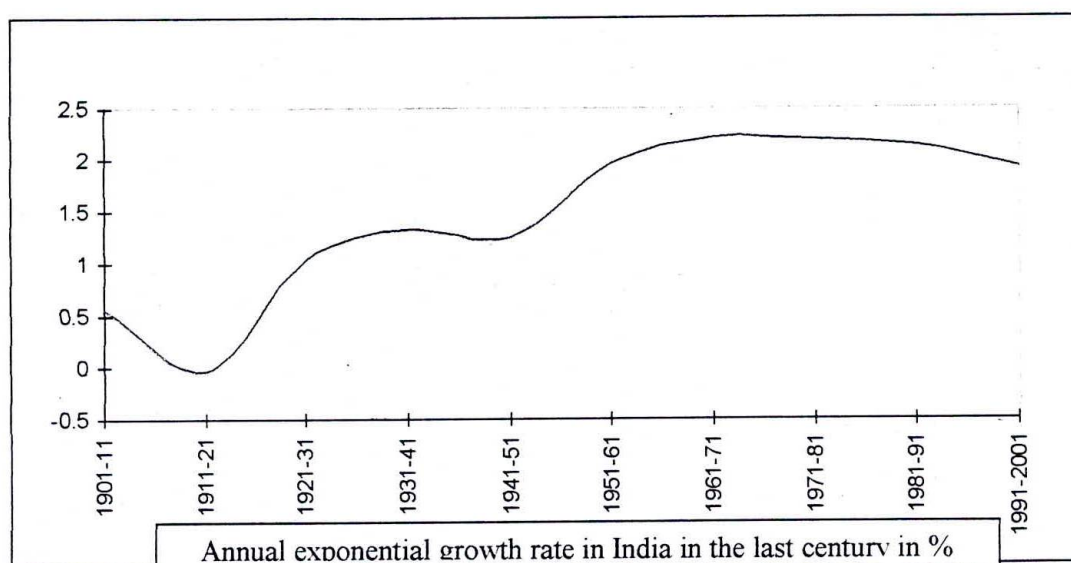
Why India no longer needs to force its citizens to have smaller families

1. Population growth rates have slowed in the last 50 years

1951-1961	1.96% per year
1961-1971	2.22% per year
1971-1981	2.20% per year
1981-1991	2.14% per year
1991-2001	1.93% per year

The population growth rate has stopped increasing sharply.
The growth rate in India now is the slowest in the last fifty years

See graph below:



2. People no longer have large families .

Average number of children for all married women (TFR) 1951- 6.0

Average number of children for all married women (TFR) 2001 – 2.85

3. People no longer want large families, they want contraceptive information and services which they are not being provided with.

Table showing unmet need for contraceptive services wanted and actual fertility in different states

State	Total fertility rate	Wanted fertility	Unmet need for FP
India	2.85	2.13	15.8
UP	3.99	2.83	25.1
Rajasthan	3.78	2.57	17.6
MP	3.31	2.40	16.2
Bihar	3.49	2.58	24.5
Orissa	2.46	1.90	15.5

4. Why does India still appear to have a large and growing population?

India has a high proportion of young persons in the reproductive age group and even when they have only one or two children per couple, the quantum increase is high because the number of reproducing couples is high. Thus the birth rate is high though the total fertility rate (TFR) is low. This is called population momentum. India is like an express train which has just applied its brakes. The train is very heavy and because it is moving very fast it takes time before it actually stops.

Sources – NFHS II, Census 2001, NPP 2000, MoHFW - UNFPA Briefing Kit on Population Stabilisation.

Javed vs. State of Haryana

Peoples' Tribunal on Coercive Population Policies & The Two Child Norm

Human Rights Law Network
Jan Swastha Abhiyan
UP & Bihar Health Watch
Hunger Project
SAMA

Javed vs. State of Haryana (2003) 8 SCC 369

- One of the objectives ...is to disqualify persons for elections to Panchayats having more than two children.

National Population Policy

- Does the legislation not serve its object?
 - One of the objects of the enactment is to popularize family welfare/ family planning programme. *This is consistent with the National Population Policy.*
 - *We may quote from NPP 2000:*

“Demonstration of strong support to the small-family norm, as well as personal example, by political, community, business, professional and religious leaders, media and film stars, sports personalities and opinion-makers, will enhance its acceptance throughout society.”

Population Explosion

- The torrential increase in the population of the country is one of the major hindrances in the pace of India's socio-economic progress.
- In the words of Bertrand Russell, "Population explosion is more dangerous than hydrogen bombs."
- Every successive five-year plan has given prominence to a population policy. ..But, despite all such exhortations, "the fact remains that the rate of population growth has not moved one bit from the level of 33 per 1000 reached in 1979.

Coercive Practices

- China the most populous country in the world has been able to control its growth rate by adopting the “carrot-and-stick” rule. Attractive incentives in the field of education and employment were provided to the couples following the “one child norm”. At the same time drastic disincentives were cast on the couples breaching “one child norm” including penal action. India being a democratic country has so far not chosen to go beyond casting minimal disincentives and has not embarked upon penalizing procreation of children beyond a particular limit.

Coercive Practices II

- The menace of growing population was judicially noticed and constitutional validity of legislative means to check the population was upheld in *Air India v. Nergesh Meerza*.
- When the entire world is faced with the problem of population explosion it will be absolutely essential that the family planning programme is whipped up.

Incidental Questions II

- It was also submitted that the impugned disqualification would hit the women worst, inasmuch as in the Indian society they have no independence and they almost helplessly bear a 3rd child if their husbands want them to do so. This contention need not detain us any longer. A male who compels his wife to bear a 3rd child would disqualify not only his wife but himself also. We do not think that with the awareness which is arising in Indian womenfolk, they are so helpless as to be compelled to bear a 3rd child even though they do not wish to do so.

Thank You

Panchayats

- Nothing more needs to be said to demonstrate that the Constitution contemplates Panchayat as a potent instrument of family and social welfare schemes coming true for the betterment of people's health, especially women's health & family welfare coupled with social welfare. U/S 21 of the Act, the functions and duties entrusted to Gram Panchayats include "public health" and "family welfare", "women and child development" and "social welfare"....

National Population Policy, 2000 : An Overview

Mr. A . R Nanda
Executive Director, PFI

People's Tribunal on Population Policies &
Two Child Norm

October 9-10, 2004
I S I, New Delhi

- National Population Policy (NPP), 2000 is an affirmation and articulation of India's commitment to ICPD Agenda.
- It forms the Blue-print for Population and Development Programmes in the Country.

for CHC lib
new resource file
In 11/10/04.

Peoples Tribunal on Population Policies and Two Child Norm
9th - 10th October 2004
by Human Rights Law Network (HRLN)
Health Affairs - UP & Bihar.
SAMIA
San Swasthya ABRUjan.

- It favours a more open
 - Information
 - Awareness and
 - Empowerment Approach
- It infact sums up “Population Stabilisation” as a “Multi Sectoral” Endeavour.
- In principle, it is against incentive/disincentives.

- The National Population Policy is gender sensitive and incorporates a comprehensive holistic approach to health and education needs of women, female adolescents and girl child.

- A primary theme running through the NPP is provision of quality services and supplies and arrangement of a basket of choices. People must be free and enable to access quality health care, make informed choice and adopt measures for fertility regulation best suited to them.

NATIONAL POPULATION POLICY

India 2000

VISION STATEMENT

Development Aims to...

- Improve the quality of lives people lead
- Provide them with opportunities and choice with a comprehensive, holistic and multi-sectoral agenda for population stabilisation.

Stabilising Population is a function of

- Making reproductive health accessible and affordable
- Increasing the coverage and outreach of primary and secondary education
- Extending basic amenities like sanitation, safe drinking water and housing;
- Empowering women, with enhanced access to education and employment;
- Providing roads and communication

OBJECTIVES

Immediate objective

- To address the unmet needs of contraception, health infrastructure, and trained health care personnel;
- To provide integrated service delivery for basic reproductive and child health care.

Medium term objective

- To bring the total Fertility Rates to replacement levels country-wide, by 2010.
- Through vigorous implementation of multi-sectoral operational strategies

Long term objective

- To bring about population stabilisation by 2045
- Consistent with the requirements of sustainable economic growth, social development, and environmental protection.

National Socio-Demographic Goals 2010

- (i) Address the unmet needs for basic RCH, supplies and infrastructure.
- (ii) Make school education up to age 14 free and compulsory and reduce drop-outs to below 20% at primary/secondary school levels for both boys & girls.
- (iii) Reduce infant mortality below 30 per 1000 live births.

National Socio-Demographic Goals 2010

contd...

- (iv) Reduce maternal mortality below 100 per 100,000 live births
- (v) Achieve universal immunisation against all vaccine preventable diseases.
- (vi) promote delayed marriage for girls, not earlier than 18, and preferably after 20 years of age.
- (vii) Achieve 80% institutional deliveries and 100% deliveries by trained persons.

National Socio-Demographic Goals 2010

contd...

- (viii) Achieve universal access to information, counseling, and services for fertility regulation
- (ix) Achieve 100% registration of births, deaths, marriage, and pregnancy
- (x) Contain the spread of HIV/ AIDS and promote greater integration with the National AIDS Control Organisation in managing the RTI and the STI

National Socio-Demographic Goals 2010

contd...

- (xi) prevent/ control communicable diseases.
- (xii) Integrate Indian Systems of Medicine in the provision of RCH services, and in reaching out to households.
- (xiii) Promote the small family norm to achieve replacements levels of TFR
- (xiv) bring about convergence in the implementation of related social sector programs, so that family welfare becomes a people centred program.

STRATEGIC THEMES

1. Decentralized planning and program implementation
2. Convergence of Service delivery at village levels
3. Empowering women for improved Health and nutrition
4. Child Survival and Child Health
5. Meeting the unmet needs for family welfare services.
6. Under-served population groups:
 - a. Urban slums;
 - b. Tribal communities, hill area population and displaced and migrant populations;
 - c. Adolescents;
 - d. Increased participation of men in planned parenthood

7. Diverse health care providers.
8. Collaboration with and commitments from non-government organizations and the private sector;
9. Mainstreaming Indian Systems of Medicine and Homeopathy;
10. Contraceptive technology and research on reproductive and child health
11. Providing for the older population.
12. Information, Education and Communication

THANK YOU

**PANCHAYATI RAJ
AND
THE 'TWO-CHILD NORM':
IMPLICATIONS
AND
CONSEQUENCES**



A Summary of the
Preliminary Findings of Exploratory Studies
in
Andhra Pradesh, Haryana,
Madhya Pradesh, Orissa, and Rajasthan

Mahila Chetna Manch
January 2003

NP-6.5

Panchayati Raj and the 'Two-Child Norm': Implications and Consequences

*A Summary of the Preliminary Findings of Exploratory Studies
in Andhra Pradesh, Haryana, Madhya Pradesh, Orissa and Rajasthan*

Introduction

India's National Population Policy (NPP) of 2000 is a significant move towards a humane and effective development policy aimed at improving the overall quality of life by promoting better awareness of and access to health-care options with a focus on women. As a signatory to the International Conference on Population and Development (ICPD) Plan of Action in 1994, India focused on inter-linkages between population, development and gender. This new approach was implemented at a time when widespread grassroots changes were taking place in India as a result of the 1992 Constitutional Amendment. This amendment aimed at revitalizing and guaranteeing regular election of local bodies – *panchayats* – that brought forth a critical mass of women and underserved sections of society into these institutions of decentralized local governance.

At variance with the NPP, many states had come forward with legislation that would disallow persons having more than two children to contest *panchayat* elections and would disqualify elected members of *Panchayati Raj Institutions* (PRIs) who had a third child after a stipulated date. This clause, however, did not apply to a person who already had more than two surviving children before the stipulated date.

unless s/he had an additional child after this date. This measure, commonly known as the 'Two-Child Norm', was seen as a way to regulate family size and thereby contain population growth. It also positioned elected representatives as 'role models'.

Some states extended this norm beyond *panchayati raj* elections to cover municipalities, agricultural produce committees and cooperatives, and also to exclude persons from various state-sponsored programme benefits such as loans, subsidies, poverty alleviation programmes, and eligibility for government jobs.

This legislative measure has caused concern amongst experts and women's organizations because it is often implemented in a non-equal opportunity environment, where women and underserved groups stand to suffer the consequences of acts that fall beyond their control. The measure is therefore of a nature to potentially encroach on nationally and internationally agreed upon principles of informed choices and on reproductive rights. It could have implications for democratic participation, as well as for women's autonomy. It was argued that the measure could be coercive and, in a highly patriarchal society such as India, could ultimately penalize women who had little or no control over reproductive decisions.

These concerns have, however, remained unexplored, warranting detailed studies to examine various dimensions and fallouts of the legislative measures. An informed public debate could guide policy formulation. It was with this view that the Ministry of Health and Family Welfare, Government of India, commissioned studies, supported by UNFPA, in Andhra Pradesh, Haryana, Madhya Pradesh, Orissa, and Rajasthan.

The Studies

The Mahila Chetna Manch, Bhopal, undertook these studies in 2001-2002 with a common framework. The five states where the studies were conducted have slightly different histories in terms of the introduction of the Two-Child Norm for *panchayati raj* institutions. Rajasthan was the pioneer in introducing this norm for *panchayats* and municipalities as early as in 1992, but the norm became operational in the state only in November 1995. Andhra Pradesh, Haryana and Orissa also had the norm in place in 1995. These studies are thus the first to examine the experiences in some depth and set the tone for discussion, debate, and further research.

Study Objectives

The studies seek to capture the experiences and perspectives of those who have been disqualified or have been subject to the process of disqualification on the basis of the Two-Child Norm provision, as well as of those who are indirectly affected, such as the spouses of disqualified persons. The studies also include perspectives of those implementing this measure. The studies examine how different groups in civil society, and how the media, perceive this measure.

The study objectives were to:

1. Understand and analyze the implications and consequences of the Two-Child Norm on men and women, with special reference to their reproductive rights;

2. Draw out and document legal and other constraints and experiences of implementation of the norm from the viewpoint of those who were affected directly or indirectly, legally or otherwise; and
3. Make recommendations based on perspectives emerging from the studies.

The concerns covered can broadly be grouped under two heads: a) identification and socio-economic profiles of those disqualified because of non-adherence to the norm, the effect of the disqualification, and mechanisms adopted to avoid disqualification, and b) issues related to implementation, including legal action thereof. The details covered are as follows:

- The historical perspective
- Consequences of disqualification across gender, caste and class
- Socio-demographic profile of disqualified persons
- Constraints in accessing and adopting family planning services
- Abortions and related responses among women PRI members and wives of male PRI members
- Implementation issues: filling vacancies, mechanisms to avoid disqualification
- Content analysis of court rulings
- Rationale for linking population stabilization with disincentives.

Methodology

The studies are essentially exploratory and participatory in nature and use primary and secondary sources of data. Secondary data on memberships in *panchayats* and related information have been obtained from offices of the Election Commissioner of respective states. State population censuses have been used for demographic data. Desk reviews of policy documents, instructions, legislative debates, judicial rulings and press-clippings have provided additional information crucial to the studies.

Primary data were generated through fieldwork that was carried out from July 2001 to March 2002 in two to three phases. The research teams were briefed about the Two-Child Norm and its related aspects, and were given intensive training for three days. This included a one-day practical training in the field. In each state, a minimum of two districts was purposively selected, assuming that the data would be available in official records. However, district-based pursuit of information did not yield results because either none or very little basic data on disqualified persons were available with concerned authorities (with the exception of Haryana and Rajasthan). Hence, the final selection of districts was based on availability of cases. When informal sources pointed to the existence of affected or disqualified cases based on local knowledge, these cases were pursued. Consequently, the number of districts studied increased in all states. The districts included, and some of their study-related characteristics, are given in Table 1.

Table 1: Districts Included in the Field Survey

States/districts	Some characteristics
Andhra Pradesh	
1. Nalgonda	Limited information on disqualified members; low urbanization
2. Ranga Reddy	Limited information on disqualified members; high urbanization
3. Mehboob Nagar	Limited information on disqualified members; high urbanization
Haryana	
4. Ambala	Relatively large number of disqualified members
5. Gurgaon	Cases at various stages of inquiry, appeals and litigation; Mewat was selected here as the most backward area of the state; Muslim population
6. Faridabad	Relatively large number of disqualified cases; industrially advanced
Madhya Pradesh	
7. Betul	Better CPR, declining decadal growth rate and declining sex-ratio
8. Vidisha	Low sex ratio, higher decadal growth rate, agriculturally rich
9. Hoshangabad	New cases of disqualification
10. Sehore	New cases of disqualification
11. Neemuch	New cases of disqualification
12. Bhopal	New cases of disqualification
Orissa	
13. Cuttak	Limited information on disqualified members
14. Khordha	Limited information on disqualified members
15. Dhenkanal	Limited information on disqualified members
16. Puri	Recent case of disqualification
17. Angul	Limited information on disqualified members

Table 1: Districts Included in the Field Survey (contd.)

States/districts	Some characteristics
Rajasthan	
18. Ajmer	Ajmer and Alwar identified for special population policy measures, high CBR, large number of PRI representatives and also of disqualified members
19. Alwar	
20. Sawai Madhopur	Identified for special population policy measures, high CBR
21. Jaipur	Identified for special population policy measures, high CBR

A total of 262 respondents were interviewed with the help of eight semi-structured interview schedules meant for different segments of respondents as categorized in Table 2. The interview schedules were prepared in English and were also translated into Hindi. However, the regional language was used wherever necessary. In addition, twelve Focus Group Discussions (FGDs) were conducted with community members at the village level and forty in-depth case studies were prepared. The following table provides details of those who were interviewed in various capacities

Table 2: Statewise Number of Respondents Interviewed

Respondents	AP	Haryana	MP	Orissa	Rajasthan	Total
Policy Makers	2	1	3	6	2	14
Programme implementers	4	2	3	5	4	18
Health and Medical officers	2	2	1	1	3	9
Lawyers	3	4	6	3	4	20
Media Persons	4	4	5	3	3	19
NGO persons	7	6	8	5	5	31
Angamwadi workers	2	3	4	2	2	13
Panchayat representatives	23	22	38*	29**	26	138
Total	47	44	68	54	49	262

* 20 affected, 18 non-affected

** 20 affected, 7 non-affected (plus one chairperson and once ex-chairperson of Puri municipality who were interviewed in the same schedule.)

Those respondents who brought out important concerns about the law and its consequences were selected for case studies. These concerns related, for example, to abortion, sex selection, wife desertion, or legal battles.

Table 3: State Wise Case Studies Conducted

Andhra Pradesh	9
Haryana	9
Madhya Pradesh	9
Orissa	6
Rajasthan	7
Total	40

In addition, 12 FGDs were conducted with questions on various issues related to the norm. Their break up is: -

Table 4: State Wise Number of FGDs

Andhra Pradesh	2
Haryana	2
Madhya Pradesh	4
Orissa	2
Rajasthan	2
Total	12

The FGDs were held at the village level. There 25-30 participants included community members of all age groups and different social groups, but did not include *panchayat*

representatives. Participants shared their perspectives on the law, its implementation, and its consequences. In MP, additional FGDs were conducted as part of a second phase of fieldwork since disqualifications started only in November 2001.

Constraints and Limitation of Data

Data on disqualifications had to be collected at district and block levels. Even where some information was available at the state level, there were discrepancies. In several instances actual numbers, when seen at the district and block levels, surpassed those recorded at the state level.

There was uneasiness and reluctance of officials in some states to reveal information or to give interviews on the subject of disqualification. Given the sensitivities involved with the Two-Child Norm and its implications, difficulties encountered in eliciting responses of *panchayat* members, especially women, had also to be kept in view.

Inadequate and inconsistent data on disqualified persons (except in Rajasthan and Haryana to a certain extent), official reluctance to part with information, the limited timeframe, and nature of issues to be investigated meant that very systematic samples could not be drawn. Nor was it possible to have 'control groups' i.e., a similar number of *panchayati raj* representatives with identical socio-demographic backgrounds, but not disqualified. There was an added dimension due to the fact that some of these persons had exceeded the norm but had not faced disqualification. This also meant that the sampling techniques followed in these studies were not through rigorous procedures characteristic of large sample and quantitative techniques. The nature of this study is such

that though the data are qualitatively indicative and methodology rigorous, the findings are not statistically representative.

In Madhya Pradesh, though the law had come into effect in January 2001, the disqualifications started when fieldwork was almost over in November 2001. The consequences were therefore captured in the second phase of the study.

Data/Information Available at the State Level

Where data were available from various sources, they showed large numbers of disqualifications on the basis of the Two-Child Norm. In Rajasthan, there were 63 disqualifications in the one and a half years after the 2000 elections. Between 1995 and 1997, 412 cases of disqualifications had been documented. One study in Rajasthan had estimated 1,579 disqualifications but with no break-up of social group. In Haryana, in one and a half years after the 2000 election, the list included 275 disqualifications. The actual number for the state as a whole could be higher as the three study districts alone showed as many as 166 cases in one and a half years after this election. In Madhya Pradesh, the law became effective from January 2001. There was no awareness or action taken till October 2001, but from November 2001 onwards, i.e. almost a year later, 52 cases were reported from 7 of the 45 districts in the state. These were reported in a four-month period. In Panna district, 164 representatives had been given notice by the end of March 2002. By then 8 districts in the state had about 200 cases.

In Andhra Pradesh and Orissa very little data were available at any level. The Orissa State Election Commission dealing

with *panchayats* gave a list of 7 cases in 9 districts. However a quick visit to 10 districts showed 27 cases in 9 districts. There are admittedly a large number of disqualifications for which data are available in individual case files. For instance, the district which gave details of 7 cases (which formed part of the above-mentioned 27 cases) reported that information on about 20 cases existed but that it would be inaccessible, even at the block level. Data were similarly not available in Andhra Pradesh. Most cases in Andhra Pradesh were pending in civil courts with stay orders on disqualification notices.

Emerging Concerns

While the efficacy of the norm achieving intended outcomes has not been proven, there seem to be a large number of unintended outcomes influenced by the implementation environment and socio-political realities. These are reflected below.

Proper information dissemination not in place

- It has been observed that the process of disqualifying defaulters starts only if a complaint is lodged against any candidate's nomination at the time of the election or after election. It has been noticed that people are generally uninformed about the provisions of law and come to know of the norm at the time of nominations or when they receive notice, but do not fully understand its implications. This happens more often with women.

- Case studies and FGDs unequivocally show that low levels of literacy in general, combined with ignorance about the law even amongst educated

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contesters, and in particular among implementers, has meant wastage of resources – both human and financial – for those who were subsequently disqualified. For example, amongst those disqualified, slightly more than half (54 percent) were either illiterate or had primary education, whereas 3 percent were graduates or postgraduates. The rest were educated up to middle level (16 percent) and higher secondary level (27 percent).

- FGDs and interviews with NGOs and media persons show that the norm has gone unquestioned. No debate is taking place on the implications and potential consequences of the norm on human, democratic, and reproductive rights.

Economically and socially most vulnerable sections are the worst affected

- The norm-based disqualifications of persons and others affected in the process (such as their spouses) consist of a higher share of socially weak sections of the population: 78 percent of all cases studied belong to scheduled castes (SC), scheduled tribes (ST) and other backward castes (OBC).
- At least 70 percent of affected persons have an annual income below Rs. 30,000/- per annum whereas 30 percent were in the lowest annual income group of Rs. 11,000/- per annum.

Norm a potential tool for misuse

- First and foremost, disqualification hinges upon birth of a third/additional child after a stipulated

date. Manipulation and misrepresentation of date of birth are common and relatively easy because of a high prevalence of home deliveries and non-registration of births. On the other hand, disqualifications were also being contested on the basis of false certification of sterilization.

US is a Backward Caste, 7th standard pass, young female *sarpanch* in a *panchayat* that has traditionally been the political stronghold of the upper caste/class. After three children, she had a sterilization. She was elected *sarpanch* in the August 2001 elections. The problem started after the election results were announced. She was physically attacked by rowdy elements when she was coming in a procession organized by her supporters. Chilly powder was thrown on her face. Her opponents filed a case against her in October 2001 saying that her third child was born after May 1995. Everyone in the village knew that US had neither the knowledge nor the money to defend a case in court. Her husband is a bus conductor. US feels that rich politicians, to keep control and power in their hands, are misusing the Two-Child Norm law. She also feels that potential candidates, who are poor like her, will not be able to run around courts and spend money defending their cases, and that this law is not in favour of the poor.

(Case study from Andhra Pradesh)

- It has been observed that complaints usually start from opposing camps after nominations are filed or after elections are held in order to settle old scores or to retaliate.

- It has been observed that prolonged court procedures and stay orders benefit some PRI members by giving them time to complete their tenure.
- Policy makers assumed that this law would influence fertility decisions of *panchayat* members towards a small family size, and that others would follow their example. The case studies indicate that such an assumption may not hold true. There are many instances of disputing the age or date of birth of the last born child, tampering with records and evidence (such as *anganwadi* immunization records and pulse polio campaign records), procuring false certificates, collusion with local officials, and getting stay orders, etc.
- Case studies across states show that the norm has been used as a strategy to either pre-empt potentially promising political rivals or remove them after their election. Conversely, it is possible for some to violate the Two-Child Norm, yet work around political factions and continue in their posts.

KB is a *dalit* (Schedule Caste) and occupied the position of *sarpanch* from 1995 to 2001. When his wife became pregnant and he was threatened with disqualification by opposing political factions, KB sent his wife to her natal home and did not bring her back for more than two years. When people enquired about his wife, he told them that she was sick and had gone to her parents. In the two years that his wife was away, he married again. This second wife also had a son

who was about one and a half years old at the time this research was being undertaken.

(Case Study from Andhra Pradesh)

- As high as 95 percent of the disqualified persons belonged to the age cohort of 21-39 years. There were cases where much older relatives replaced younger, albeit disqualified persons, because of the stipulated cut-off dates set for disqualification. This defeated the very purpose of reducing the age from 26 years or more to 21 years for contesting *panchayati raj* elections and encouraging the younger generation to participate in PRIs.
- There are other contested issues such as stillbirth and birth of twins. While some states factored in the stillbirth of the third child, or subsequent infant or child mortality in determining applicability of the norm by having 'two live children' as the basis, other states only had 'two children' as the basis. Similarly, in the case of twins, the applicability of the norm varied in different states, as only Rajasthan's law addresses this issue.

Women face double-edged challenge

- Forty percent of all candidates were disqualified or involved in legal processes, 50 percent of scheduled castes and 38 percent of backward castes were women. In Orissa, women constituted about 55 percent of all such cases; in Andhra Pradesh this category constituted about 48 percent. Thus, women are further marginalized by this legislation.

New women entrants in *panchayats* showed participation across wider social and economic classes as compared to earlier patterns when most came from dominant castes and classes and from higher age groups. This has been possible with the family support they now receive. At the same time, however, the Two-Child Norm acts as a barrier for them because they are not in a position to stop their child-bearing after a certain numbers of children, particularly in the face of a prevalent son preference.

(Based on case studies from Haryana)

- The nexus between the norm and violation of reproductive rights is complex and not always statistically quantifiable. Yet cases have been observed of abortion, desertion, divorce, extra-marital affairs, (because the legal wife was sent to her natal home to hide the third pregnancy or child) and of giving away of children in adoption.
- Although it is extremely difficult to access information on a subject as sensitive as prenatal sex determination and sex selective abortion of the female foetus (people did not easily speak of it), the case studies have documented four instances of prenatal sex selection prompted by the need to adhere to the norm.

SB, a 30-year old Schedule Caste woman, was elected ward member in 1997. She and her husband earn a living by making leaf cups and plates. They have four children. The first three are daughters. The

youngest is a son. She underwent sterilization when her son was 6 months old. During her fourth pregnancy, she had a sex determination test and was told that it was a female. She had an abortion. In her next pregnancy, she had the test done again and learnt that it was male. She continued the pregnancy and delivered her fourth child, a son.

At the time that she was removed from her post as ward member, she had four months of her tenure left. At that time, she told the District Collector that since so many other PRI members also had four children, they too should be removed. In reply, she was informed that there were no complaints against the others. In her case, the Block Development Officer (BDO) had conducted an enquiry and verified the facts from the *Anganwari* record, in which her children's names had been entered. SB stated that the complaint against her and one other ward *panch* was made by the male *panchayat* secretary as she, along with the village people, had had him removed for misappropriating funds of the monthly remuneration of ward *panches*.

(Case study from Orissa)

- In the studies, some reported cases of induced abortions and attempted abortions seem to be linked with stopping the birth of a girl child as the third/additional offspring. There were a few cases where the male foetus was retained even in the face of disqualification, because for these parents the benefits of having a son far outweighed

the benefits of being a *panchayati raj* representative. This issue needs further probing.

RP, a *sarpanch*, has six children through three wives. The last child, a boy, was born in February 2001. When asked about the Two-Child Norm, he took this very lightly and said that he had heard about it from the *panchayat* secretary. When informed that he was subject to disqualification because of his son, he replied, "The *sarpanch*'s post is not going to support me during my old age, but my son will. It does not really matter if I lose the post of *sarpanch*."

(Case Study from Madhya Pradesh)

- There was evidence of women getting discouraged in view of long drawn out court cases, enquiries and mental trauma resulting from the dilemma between continuing in the post and a simultaneous desire for a son or a large family. The mental trauma is noted especially where the law has been in place for some time. This defeats the intent of the 73rd Amendment that attempts to facilitate and encourage entry of women across class and caste into *panchayats*.

S.M. is an educated Other Backward Caste (OBC) woman who was selected as a *pradhan* of a *panchayat* committee in 1995. She continued until 1998 when she was disqualified. Her natal family was politically well connected. She had contested on a general seat. The birth of her third child had been a major source of tension, though she tried to suppress evidence

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and pretend that the baby was from her husband's fictive first wife. She did not want the third child, a second son, but her husband did. "Two sons are like two eyes," he would say. "We end up producing children due to men, women are not to be blamed", laments S.M. She had three abortions after the election.

S.M. showed visible signs of extreme tension. As a lactating mother, she could not openly feed her undeclared child or take it to meetings. Despite being politically connected, knowledgeable about the *panchayati raj* system and wanting to work, her functioning was clearly impaired by her tense state of mind.

(Case study from Rajasthan)

In Sum

Population growth is an issue that requires a multi pronged strategy and the Two-Child Norm for *panchayati raj* representatives has been seen as one of the ways to achieve it. The five studies in Andhra Pradesh, Haryana, Madhya Pradesh, Orissa and Rajasthan attempted to understand the impact of this norm on governance and on fertility decisions and reproductive rights. Although qualitative in nature and drawing from limited primary data, they demonstrate that the way the norm is conceptualized and currently implemented is not without serious unintended negative consequences. It becomes exclusionary, particularly of those at the lower end of the caste and class hierarchy, and discourages women from participating in grassroots decentralized governance through PRIs. The

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manner in which fertility decisions are impacted by the law is not in keeping with the client-oriented spirit of the National Population Policy or the rights-orientation articulated in the Plan of Action of the International Conference on Population and Development.

It appears that to the legal mind, the Two-Child Norm is firmly positioned against issues such as population explosion, resource depletion and sustainable development, requiring measures to contain population growth. The norm, therefore, is not seen by the legal mind as directly interfering with the right of any citizen to take a decision in the matter of procreation, as they see it as only generating a legal consequence for a person who has had more than two children on the relevant date of seeking elected office under the Act. Given the composition of disqualified persons, it is the persons from socially disadvantaged groups and their spouses - women - who are likely to bear the brunt. More importantly, the entire question is that of the efficacy of an externally imposed norm that is inherently coercive when seen from the perspective of informed choices and reproductive rights. The Two-Child Norm for *panchayati raj* institutions thus requires further informed critical public debate and appraisal.

Several research issues have emerged from the studies. These include, for example, the need for documentation and maintenance of a database over time; the need for critical analyses evaluating the efficacy of the Two-Child Norm from a political, legal and socio-economic perspective; assessment of the long-term effects of the norm on reproductive health and reproductive rights; and the implications for women's autonomy.

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Dr. Bhantia



Child Sex Ratio

BARE TRUTH - A REPORT ON
MISSING GIRL CHILD BASED
ON CENSUS OF INDIA 2001



Office of the Registrar General
and Census Commissioner, India
21st September 2004

Analysis of Census Data

"It is clear that the sex ratio in the age group 0-6 has decreased at a much faster pace than the overall sex ratio of the country after 1981.

The decreasing sex ratio in this child population perhaps has a cascading effect on the population over a period of time leading to diminishing sex ratio in the country...

- Provisional Population Totals
Paper 1 of 2001 India

Am I alone in this crusade?


Implications resulting from Census Data

"... One thing is clear- the imbalance that has set at the early age-group is difficult to be removed and would remain to haunt the population for a long time to come.

To say the least, demographically the sex ratio of 927 of the population in the age-group 0-6 does not augur well for the future of the country."

- Provisional Population Totals
Paper 1 of 2001 India

The rest is all history ...





What is Sex Ratio ?



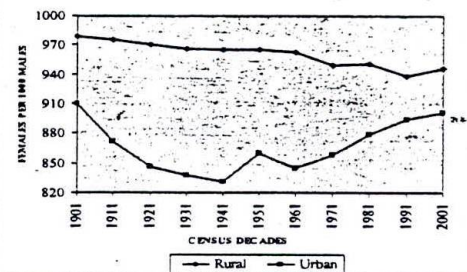
Sex ratio, in India, is defined as the number of females per 1000 males in the population

It is an index of male-female (im)balance in population. At birth there are 942-955 girls for every 1000 boys.

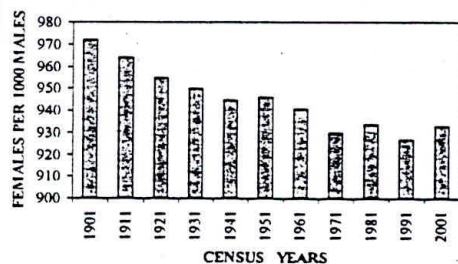
At the Census 2001, sex ratio of population stood at 933 females per 1000 males a marginal increase from 927 recorded at the 1991 Census

Internationally sex ratio is defined as number of males per 100 females and the sex ratio at birth is 105 boys for every 100 girls.

RURAL AND URBAN SEX RATIO: INDIA



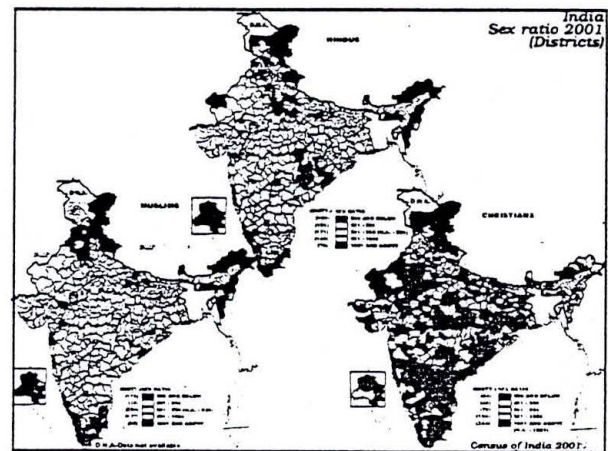
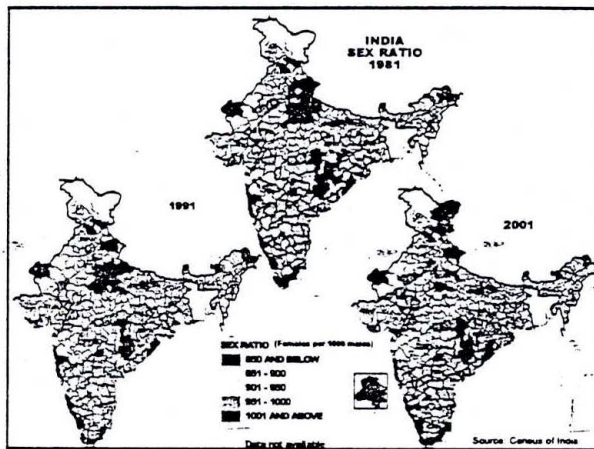
SEX RATIO - INDIA



Population of India (in millions)

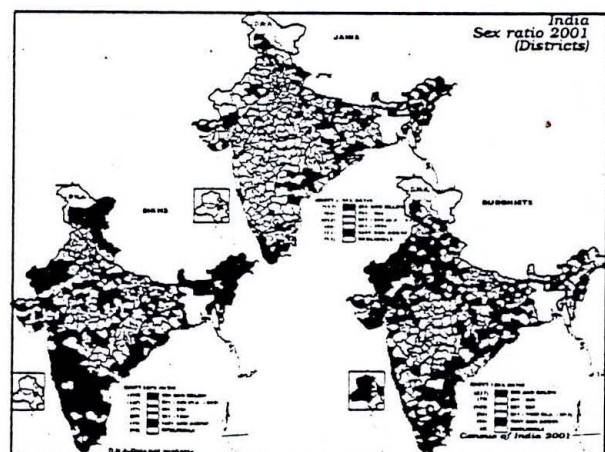
Census years	Persons	Males	Females
1901	238	121	117
1951	361	186	176
1961	439	226	213
1971	548	284	264
1981	683	353	330
1991	846	439	407
2001	1028	532	496

Census thus reveals that the deficit of women has risen from 3 million in 1901 to 36 million in 2001



Sex-ratio of population by religious communities and residence, India - 2001

Religious communities	Total	Rural	Urban
All	933	946	900
Hindus	931	944	894
Muslims	936	953	907
Christians	1,009	1,001	1,026
Sikhs	893	895	886
Buddhists	953	958	944
Jains	940	937	941
Others	992	995	966



Child Sex Ratio (0-6 years)



Child Sex Ratio



Census	Total	Rural	Urban
1981	962	963	931
1991	945	948	935
2001	927	934	906

Decline in child sex ratio from 945 in 1991 to 927 in 2001 has somewhat activated the political, legal and administrative set up of the country. However the Census findings should now be converted into a tangible action plan to help the cause of the girl child.



Child Sex Ratio

Child sex ratio, i.e., sex ratio in the age group 0 to 6 years is a powerful indicator to examine the SOCIAL RESPONSE and ATTITUDE towards the GIRL CHILD in recent past.

The presentation of data on child sex ratio has shown a grim picture of the status of girl child in some parts of the country as per the Census of India 2001.



A technical note on sex ratio

If it is accepted that the impact of differential sex selective undercount, age reporting and migration is negligible then, the sex ratio in the age-group 0-6 years will be principally influenced by :

1. Sex ratio at birth
2. Sex selective mortality at younger ages

The sex ratio at birth is usually a biological constant with a value that lies between 943 to 954. As the male infant mortality is higher than female in normal populations, the child sex ratio would tend to increase and improve over the globally accepted constant.

Child Sex Ratio Total, SC, ST and General populations – India 1991 and 2001

Population	Year	Total	Rural	Urban
Total	1991	945	948	935
	2001*	927	934	906
Scheduled Castes	1991	946	947	943
	2001*	938	941	924
Scheduled Tribes	1991	985	986	971
	2001*	973	974	951
General (Total –SC-ST)	1991	940	943	933
	2001*	919	925	902



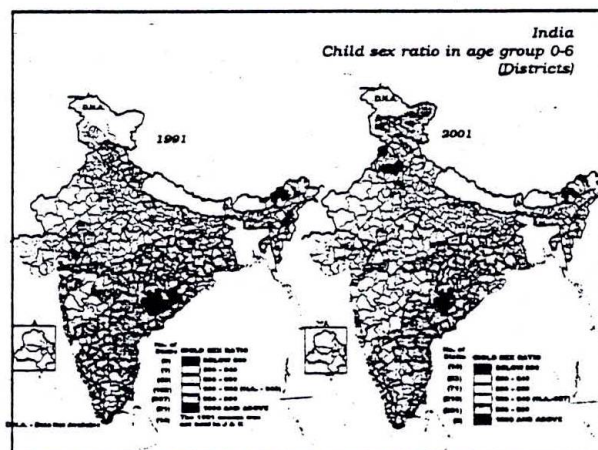
Distribution of districts by ranges of Child Sex Ratio - India 1991 & 2001

Ranges of Child Sex Ratio (0-6)	Census Years	
	1991	2001
Total *	579	579
Less than 800	-	14
800 - 849	1	31
850 - 899	68	71
900 - 949	182	212
950 - 999	307	246
1000 +	21	5

*: Excluding J & K

Child Sex Ratio of Total, SC, ST and General populations - Selected States/ UT 2001

Sl. No.	State/UT	Total population	SC Population	ST Population	General Population
1	PUNJAB	798	861	NST	767
2	HARYANA	819	865	NST	807
3	DELHI	868	901	NST	861
4	GUJARAT	883	885	966	865
5	HIMACHAL PRADESH	896	936	955	876
6	UTTARANCHAL	908	934	955	899
7	RAJASTHAN	909	919	950	897
8	MAHARASHTRA	913	936	965	903
9	TAMIL NADU	942	959	945	937



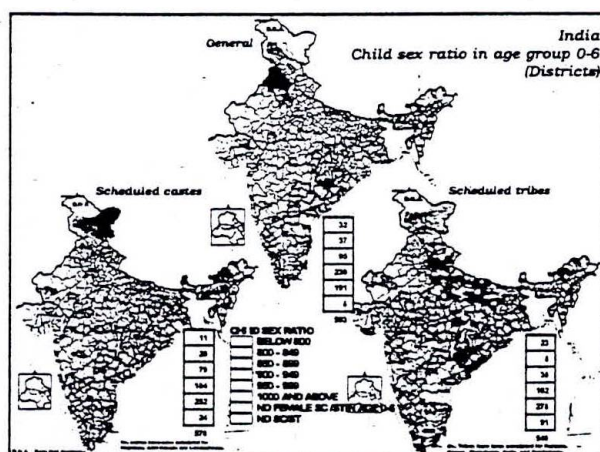
**Districts by ranges of Child Sex Ratio
SC, ST & General Population – India 2001**

Ranges of Child Sex Ratio (0-6)	Scheduled Castes	Scheduled Tribes	General Population
Total	570	540	593
Less than 800	11	23	32
800 - 849	20	8	37
850 - 899	79	38	95
900 - 949	184	102	230
950 - 999	252	278	191
1000 +	24	91	8

No SC in 23 districts and no ST in 53 districts

Child Sex Ratio – Top Ten Districts in India

District	Child Sex Ratio (2001)
East Kameng (Arunachal Pradesh)	1035
Pulwama (Jammu & Kashmir)	1033
Kupwara (Jammu & Kashmir)	1021
Dantewada (Chhatisgarh)	1014
Upper Siang (Arunachal Pradesh)	1010
Bastar (Chhatisgarh)	1009
Lower Subansiri (Arunachal Pradesh)	1005
Badgam (Jammu & Kashmir)	1002
Nabarangapur (Orissa)	999
North (Sikkim)	995

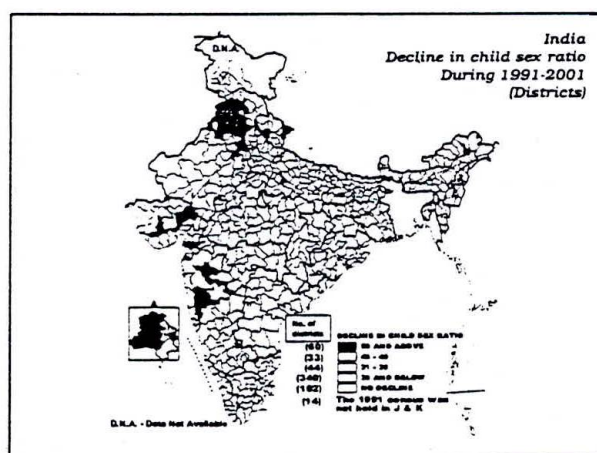
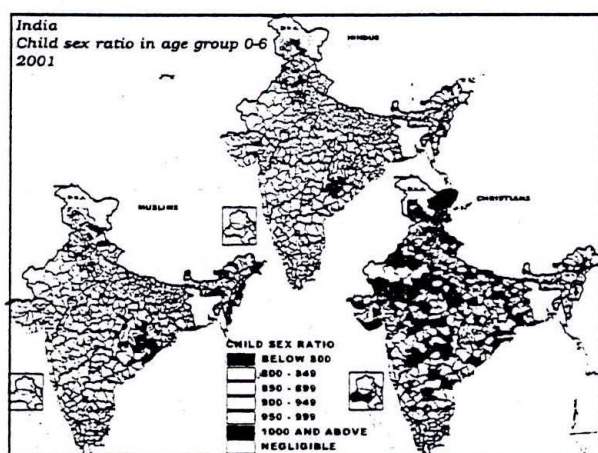
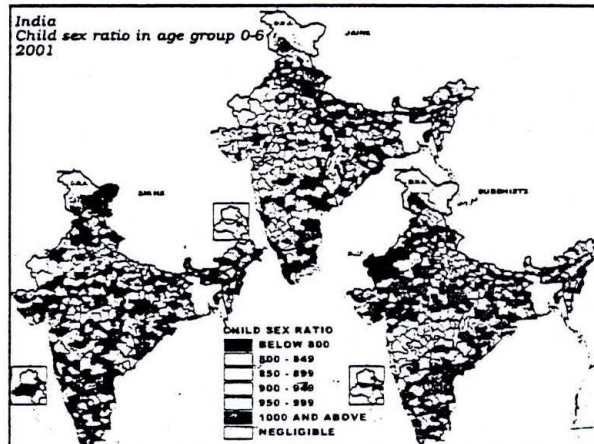


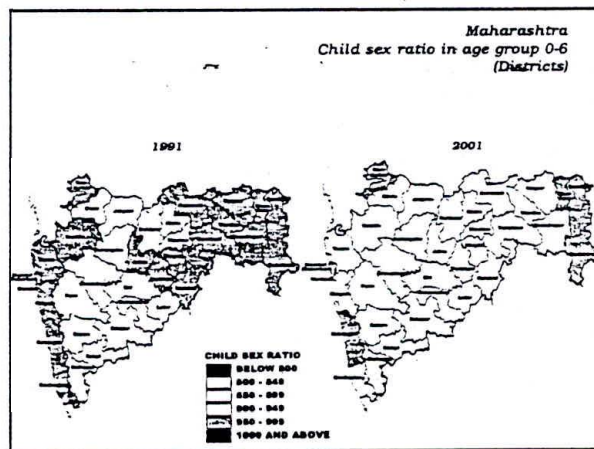
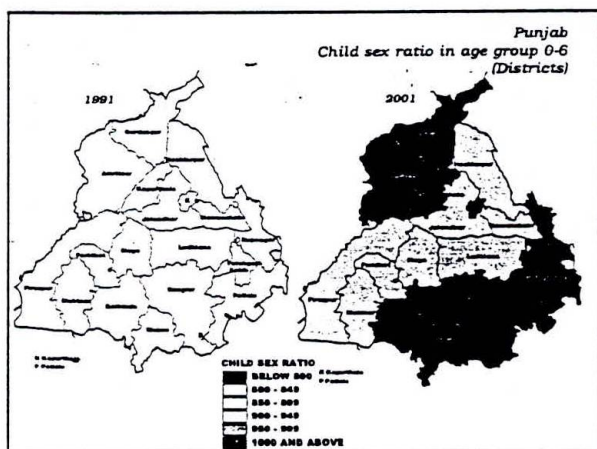
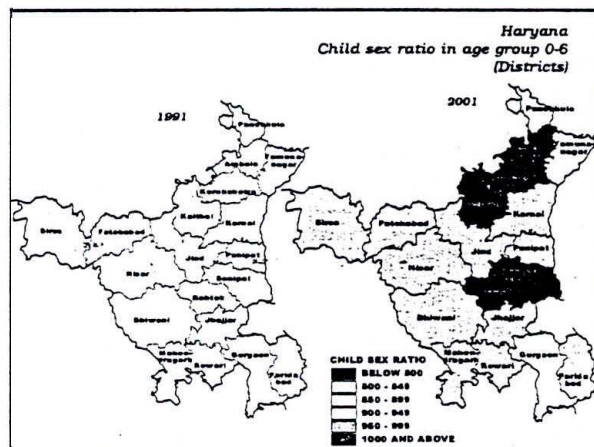
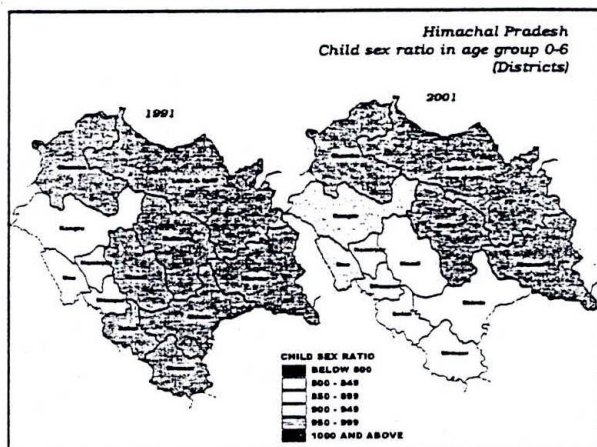
Child Sex Ratio – Bottom Ten Districts in India

District	Child Sex Ratio (2001)
Fatthagarh Sahib (Punjab)	766
Kurukshetra (Haryana)	771
Patiala (Punjab)	777
Ambala (Haryana)	782
Mansa (Punjab)	782
Kapurthala (Punjab)	785
Bhatinda (Punjab)	785
Sangrur (Punjab)	786
Sonipat (Haryana)	788
Gurdaspur (Punjab)	789

Sex ratio of 0-6 population by religious communities and residence, India - 2001

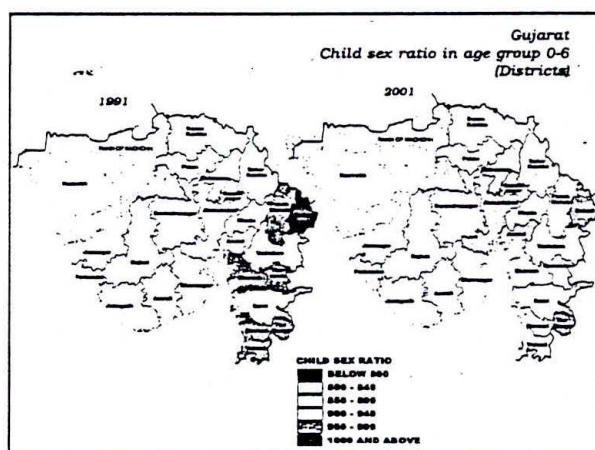
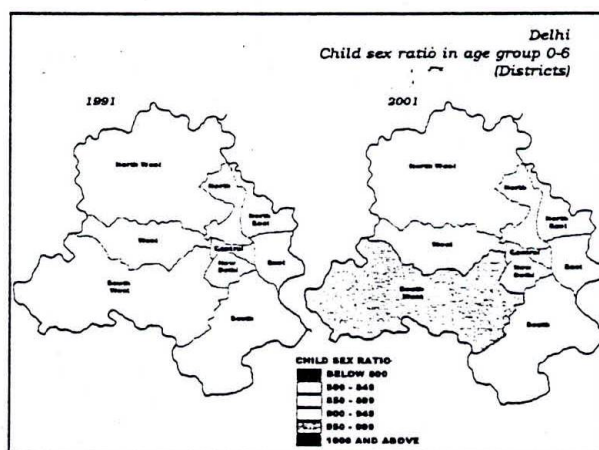
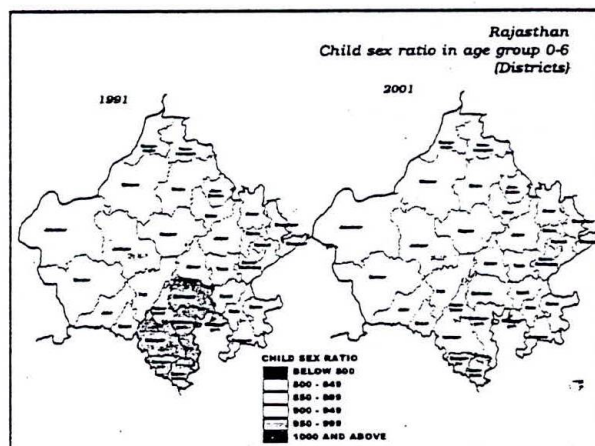
Religious communities	Total	Rural	Urban
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Muslims	950	955	938
Christians	964	965	964
Sikhs	786	788	778
Buddhists	942	945	935
Jains	870	869	870
Others	976	976	967

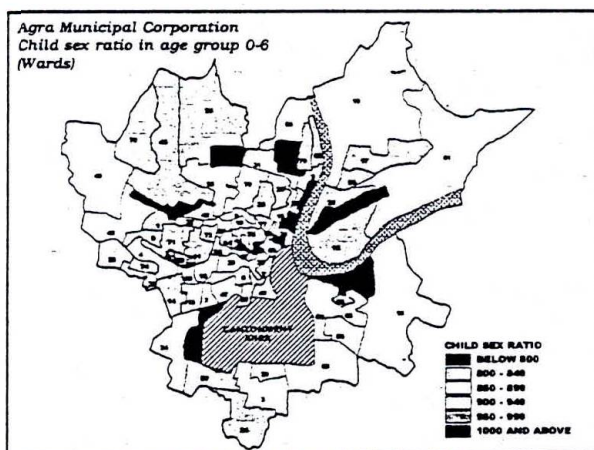
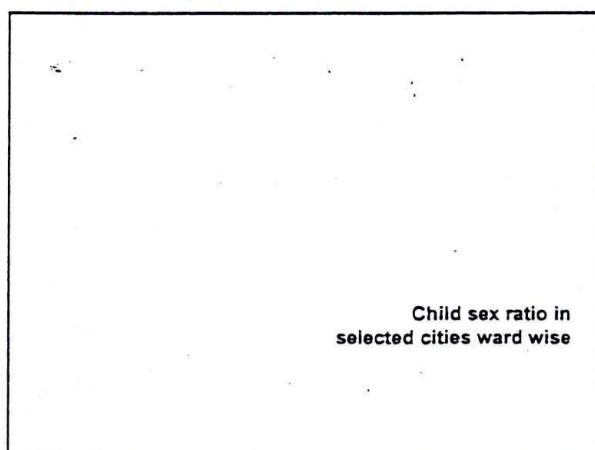
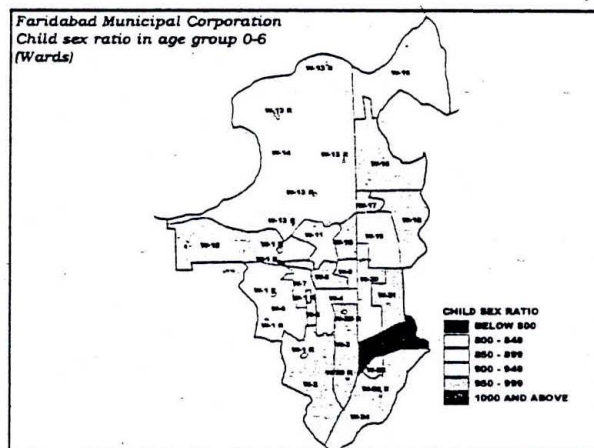
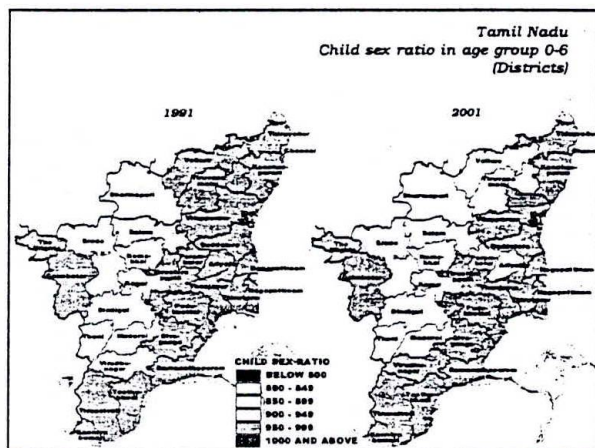


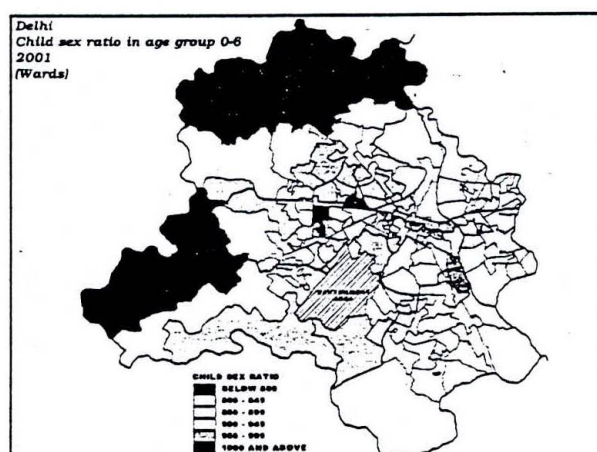
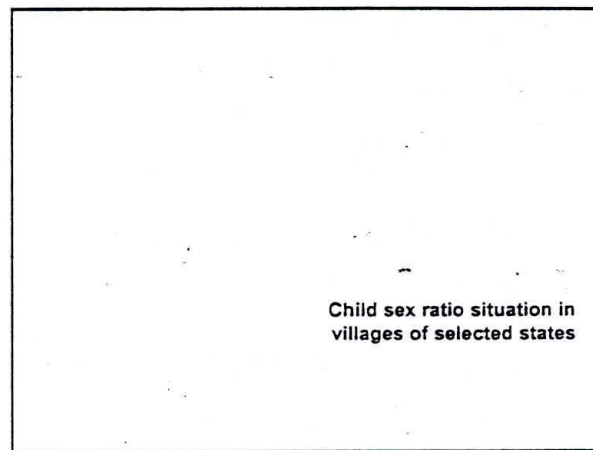
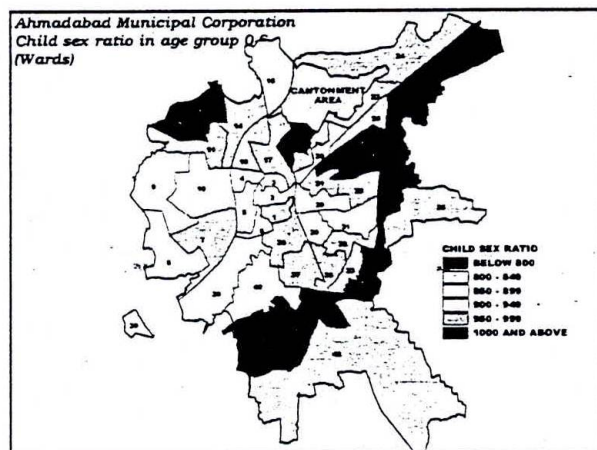


Child Sex Ratio in Total, SCs & General Population
Delhi & Districts - 2001 Census

Districts	Total	SCs	General
Delhi	868	901	861
North West	857	901	845
North	886	932	875
North East	875	882	874
East	865	906	856
New Delhi	898	941	881
Central	903	896	905
West	859	907	849
South West	846	890	837
South	888	904	884







Distribution of villages by ranges of
Child Sex Ratio, 1991 & 2001 Census : PUNJAB

Ranges of Child Sex Ratio (0-6)	Number of villages	
	2001	1991
Less than 800	6376	3853
800 - 849	1621	1464
850 - 899	1263	1655
900 - 949	882	1402
950 - 999	813	1360
1000 +	1323	2694
Total	12278	12428

Distribution of villages by ranges of
Child Sex Ratio, 1991 & 2001 Census : HARYANA

Ranges of Child Sex Ratio (0-6)	Number of villages	
	2001	1991
Less than 800	2965	1330
800 - 849	1236	749
850 - 899	1010	886
900 - 949	624	738
950 - 999	433	565
1000 +	496	934
Total	6764	5202

Distribution of villages by ranges of Child Sex
Ratio, 1991 & 2001 Census : MAHARASHTRA

Ranges of Child Sex Ratio (0-6)	Number of villages	
	2001	1991
Less than 800	8763	6884
800 - 849	4310	3210
850 - 899	5216	4346
900 - 949	5105	5042
950 - 999	5165	5761
1000 +	12536	15169
Total	41095	40412

Distribution of villages by ranges of
Child Sex Ratio, 1991 & 2001 Census : DELHI

Ranges of Child Sex Ratio (0-6)	Number of villages	
	2001	1991
Less than 800	70	28
800 - 849	38	27
850 - 899	23	45
900 - 949	15	49
950 - 999	6	18
1000 +	6	32
Total	158	199

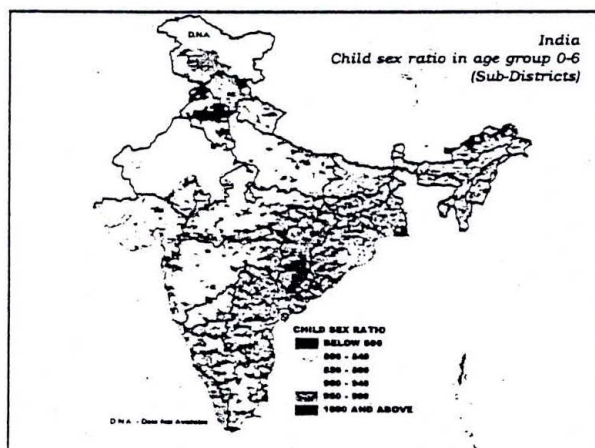
Distribution of villages by ranges of Child Sex
Ratio, 1991 & 2001 Census : GUJARAT

Ranges of Child Sex Ratio (0-6)	Number of villages	
	2001	1991
Less than 800	3859	3069
800 - 849	2157	1755
850 - 899	2586	2235
900 - 949	2516	2465
950 - 999	2255	2514
1000 +	4693	5987
Total	18066	18025

The situation at
tahsil or taluk level ?

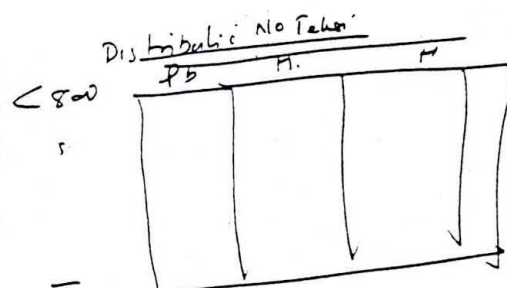
Child Sex Ratio 2001 & 1991- Delhi Tahsils

Tahsils	2001	1991
Sadar Bazar	932	917
Darya Ganj	932	947
Connaught Place	926	934
Korwali	913	910
Chanakya Puri	898	939
Kalkaji	897	910
Defence Colony	885	924
Hauz Khas	882	910
Seema Puri	882	910
Model Town	880	917
Preet Vihar	879	923
Seelam Pur	876	922
Pahar Ganj	874	921
Parliament Street	871	895



Child Sex Ratio 2001 & 1991- Delhi Tahsils

Tahsils	2001	1991
Karol Bagh	869	941
Civil Lines	869	918
Patel Nagar	868	919
Shahdara	862	915
Rajouri Garden	862	913
Vasant Vihar	859	905
Saraswati Vihar	858	913
Gandhi Nagar	846	920
Punjabi Bagh	843	901
Najafgarh	841	893
Delhi Cantonment	838	929
Vivek Vihar	836	895
Narela	828	908
DELHI	868	915



Media Reports

Billion reasons why planning counts in census

South China Morning Post

'When girls go missing in a society.....'

The Hindu, 21st October, 2003

Will clergy's crusade against foeticide make an impact?

Times of India, New Delhi, 10th June 2001



Time to spare a thought for the girl child : L-G

The Asian Age, 26th October, 2003

Girl-child – graveyard in capital's cradle of rich

Telegraph Calcutta, 21st October, 2003

Unwanted? Girl Child population shows a shocking decline even in affluent India

India Today, 10th November, 2003

Where have all the girls gone? We ought to hang our heads in shame.

The Economic Times, 23rd October, 2003



Grim trend: Punjab, Haryana lead in Child Sex Ratio decline

The Hindustan Times, 21st October, 2003

What can we do ??

CONTROLLING AND MONITORING FEMALE FOETICIDE

- WHAT CAN BE DONE ?

Following the publication of the provisional census results, which among other aspects focused on the plight of the girl child, there has been an enormous activity in the legal, social and governmental spheres to control this menace.

The PIL in the Supreme Court, the Fatwa issued by the religious priests in Punjab and the amendments to the PNDT Act are clear signs of the interest generated in this area of great social concern. 'SAVE THE GIRL CHILD' campaign needs to be further supported actively by all the agencies within and outside government in a civilized society to restore the balance of sexes.

Keeping a vigil on Sex Ratio at Birth

Can we wait for the next census in 2011 to tell whether the sex ratio at birth have improved or further deteriorated ? DEFINITELY NOT.

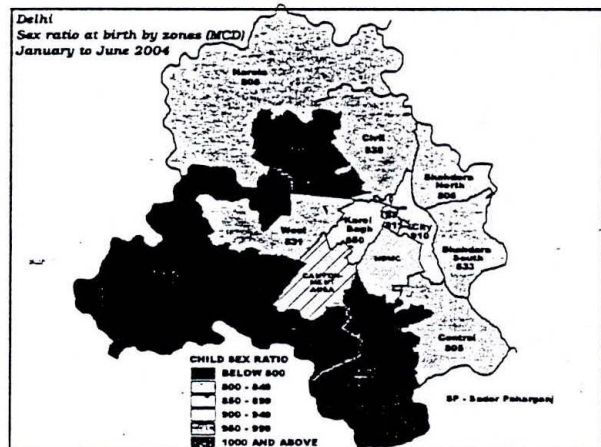
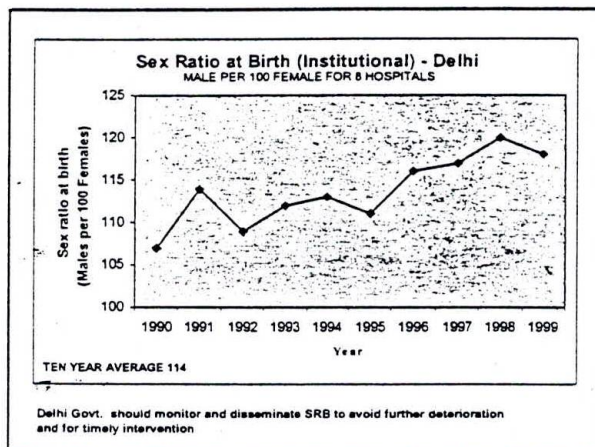
The answer lies in monitoring sex ratio at birth from the CIVIL REGISTRATION DATA, which gives monthly report for any administrative level.

Instructions have been already issued in this regard by the Registrar General India, to all the CHIEF REGISTRARS OF BIRTHS AND DEATHS in the state for monitoring the monthly sex ratio at birth and disseminate this data back to the public and governments.



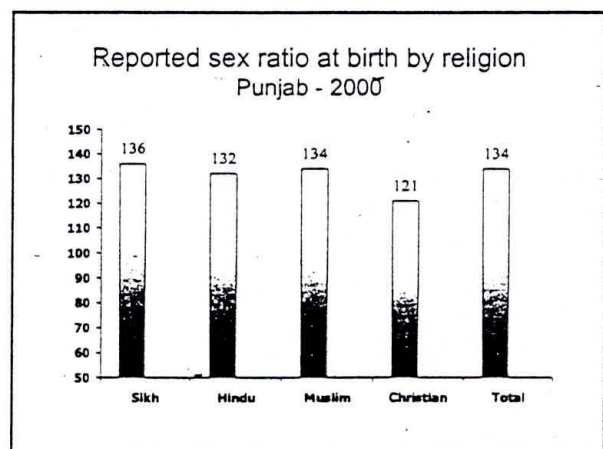
Sex Ratio at birth, India and bigger states - 1999-2001(SRS)

SL No.	State/UT	Total population	SL No.	State/UT	Total population
	INDIA	894			
1	PUNJAB	775	9	MADHYA PRADESH	915
2	HARYANA	803	10	ORISSA	920
3	GUJARAT	837	11	TAMIL NADU	926
4	HIMACHAL PRADESH	858	12	KERALA	927
5	UTTAR PRADESH	870	13	ANDHRA PRADESH	934
6	BIHAR	873	14	KARNATAKA	935
7	RAJASTHAN	885	15	WEST BENGAL	956
8	MAHARASHTRA	915	16	ASSAM	962



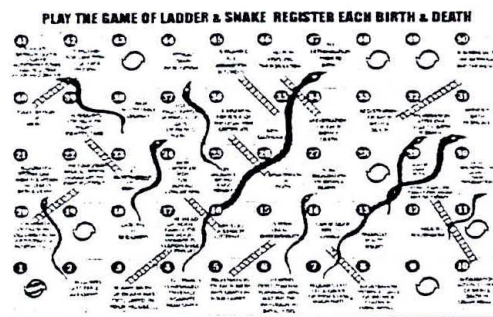
Reported Sex Ratio at birth
MC Delhi by zones January to June 2004

MC Delhi all Zones		819
1	City Zone	910
2	Karol Bagh Zone	850
3	Civil Zone	838
4	Sahadara South Zone	833
5	West Zone	831
6	Sadar Paharganj Zone	811
7	Narela Zone	808
8	Sahadara North Zone	806
9	Central Zone	805
10	Najafgarh Zone	792
11	Rohini Zone	784
12	South Zone	762



Other Interventions

Publicity Item



Innovative Scheme in Tamil Nadu

- Cradles are kept in the Social Welfare Department offices of the State Government for receiving female babies from parents
- The babies are brought up by the State Government
- The scheme was introduced as part of a strategy to prevent probable infanticide
- Was started in 1992 by the Chief Minister during her first tenure
- Only Salem district has so far saved 302 female babies



Source:
The Hindu : 1st October 2002


Response & Actions to Census Findings

Government of Haryana acts ..

मुकदमों बुटन से जो नहीं बिसरती

तब मैं सिंग भूष की तिल में कल्पने है

सबसे बड़ा काम - बच्चों का विकास है।
हैं बच्चों का - बचपन का विकास



बचपन ही है पूरा भविष्य
आज से ही तैयारी का समय है।

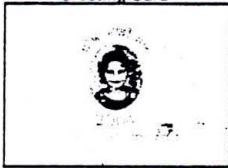
बचपन - बचपन का ही भविष्य है।
बचपन ही है भविष्य का भविष्य।

सबसे बड़ा काम - बच्चों का विकास है।
हैं बच्चों का - बचपन का विकास


सबसे बड़ा काम - बच्चों का विकास है।
हैं बच्चों का - बचपन का विकास

Efforts by Punjab Government

New Year's Greeting Card




Special Logo




Publicity Poster

सुचि छवि
नभम छदेगी




Government of Haryana acts ..

कन्या शिशु की रक्षा जरूरी है




राजिधान के अन्तर्गत
वेदियों को भी जन्म लेने
और गरिमाभय जीवन जीने
का अधिकार है।
भूष की लिंग जैस एयम्
कन्या भूष हत्या दण्डनीय
अपराध है।




कन्या शिशु की रक्षा जरूरी है

कन्या शिशु की रक्षा जरूरी है

GOVT. OF DELHI



कन्या शिशु की रक्षा जरूरी है



कन्या शिशु की रक्षा जरूरी है

Am I alone in this crusade?

No.

The Government
and the civilised
society is
responding.

Slowly but surely.



JOIN ME

For more information visit our website at:

<http://www.censusindia.net/>

Or generate maps at:

<http://www.censusindiamaps.net/>



LET US RETURN THEIR SMILE ...



Thanks

NP-6.7 The Two-Child Norm Law in Panchayats - People's Experiences - Nirnala Buch.

Experiences of Panchayat representatives facing disqualification

A total of 136 panchayat representatives facing disqualification were respondents in our study. All of them were interviewed and forty-three case studies were prepared. The picture emerging from these interviews showed that: -

- Women form 41 percent of the respondents while the overall proportion of women in panchayats is a little over a third of the members.
- The weaker sections of Scheduled castes, tribes and backward castes form an overwhelming 80% of the respondents. The same trend was seen in the total number affected by this law in M.P. till March 2004 with 72% from these groups.
- Roughly 50% have an annual income of less than Rs. 20,000. ~//

Most representatives were also in the age bracket of 21 to 49 years. An overwhelmingly large number (95%) of the representatives were from the village level that generally have lower educational and income levels than at the block and district level. The proportion of sarpanch were higher than that of panches (49% to 46%) ostensibly because they are seen as exercising more powers and hence a higher target for political moves for ouster. Overall the representatives facing disqualification were young (21-49 years), poor, predominantly from the backward castes and had a higher representation of women than the overall proportion of women representatives in panchayats. }

We also made detailed case studies of forty-three representatives who faced disqualifications. The findings from these case studies and the interviews are summarized below.

Contraceptive use and Family Planning The main objective of the two-child norm is to promote contraception so that more couples have smaller families. Most (80%) of the affected representatives were aware of the importance of small families, and over a half (53%) had adopted permanent methods. But this was after they had reached their desired family size which was higher than two and included at least one or two sons. Roughly a fourth (23%) of the respondents were practicing some form of contraception. In eleven

cases abortion had been induced and in four pre-natal sex determination had been done.

Among the states, of the 23 Panchayat representatives interviewed in AP, the majority of those disqualified (15 out of 17) claimed to have adopted permanent means but only after they had obtained their desired family size. Most of the respondents were aware both of family planning methods and of the advantages of a small family. Their decision to go in for sterilization, they claimed, had no connection with their opting to contest the election. On the other hand, in the sample of twenty affected panchayat representatives in Madhya Pradesh, only twelve were aware of family planning methods. Among them eight were practicing some form of contraception.

It was seen that families tried to show a reduced number of children to show compliance of the norm. Thus a 35 year old sarpanch from the backward potter caste in Nalgonda had four children from two wives but insisted that he was not violating the norm as he had left his second wife, the mother of two of his children though she was living in the same village - a case of deliberate disowning of the wife and children. Another 40 year old cobbler SC sarpanch in the same district sent his wife away to her parents home when she became pregnant for the third time and a complaint was made in this matter but then dropped when a dalit organisation threatened to expose cases of violation by other influential persons. He then quietly married a second time.

Mitwa² the most educated OBC woman in her family was selected as a *pradhan* of a panchayat samiti in Rajasthan in 1995. She did not want the third child, a second son, but her husband did. She had three abortions after the election. As a lactating mother, she could not openly feed her undeclared child or take it to meetings. She continued until 1998, when she was disqualified for violation of this law. Her experience of complaints and litigation has made her bitter and disillusioned.

The wife of Mangatram, sarpanch of a Gram Panchayat in Morena District in M.P. gave birth to a third child in November 2001. He maintained that the child could not be his as his wife was away at her parents' home in Uttar Pradesh since November 1999. He

requested the ADM for permission to divorce his wife on grounds of adultery (as reported in Hindi Daily *Nav Bharat*, Bhopal edition dated 16th April 2002)

A thirty years old well placed Rajput sarpanch from Sawai Madhopur District had one son and two daughters. She had her fourth child when she was the sarpanch. The family wanted one more son since one son is equal to only one eye. She had taken admission for delivery in the hospital in her sister-in-law's name. She also left the female infant behind in town to avoid detection where it died at the age of six months allegedly of 'rickets'. So the complaint case against her got dropped. Her husband also has a second wife, a nurse, who has two children.

Maheshwari underwent an abortion because she wanted to stand for the post of sarpanch in the Panchayat elections of August 2001. She lost the election. Later, her two-year-old son died when he accidentally drank kerosene. She denied the fact of abortion, perhaps fearing an enquiry. She was pregnant again at the time of our survey.

Twenty-six years old Menka, scheduled tribe sarpanch in Angul District of Orissa had three daughters, one of them born after the cut-off date. She had not used any contraceptives or gone for sterilization, as she wanted a son. During the third pregnancy, she went for sex determination test and the doctor told her that she was carrying a son. However the child turned out to be a girl - 'if I had known, I would have aborted. Now I have lost my position and there is no son' that was all she could say. She tried to prevent her disqualification by getting a certificate that her child was that of her sister.

There were others who went ahead and had more children despite the two child norm because of their own reasons.

Rachna a 35 years old, illiterate scheduled caste sarpanch from Faridabad District was a wage labour. Her illiterate husband worked as a mason. She contested the panchayat election in 2000 and was elected from a seat reserved for scheduled caste. She gave birth to her eighth child when she was holding the post of sarpanch. When she received the

disqualification notice she did not contest it. She said, *what anger can a poor person show? It does not matter if the sarpanch post has gone. I was working as wage labourer before, .So do I now.'*

Rama a tribal sarpanch in Betul in MP has six children through three wives. The last child, a boy, was born in February 2001. When asked about the Two Child Norm, he took this very lightly and said that he had heard about it from the panchayat secretary. When informed that he was subject to disqualification because of his son he replied: "The sarpanch's post is not going to support me during my old age, but my son will. It does not really matter if I lose the post of sarpanch." At the time of our study there were a number of such cases of violation of the Norm but no action had been initiated.

A number of these representatives have been disqualified in this district now in 2004 almost as a special drive but the response of the representatives opting for old age security in a son and concern for child survival were seen unchanged. Sarupi, the 30 year old, the illiterate panch, who had gone for terminal method after her five children and was saved from the law due to the birth of the youngest child before 2001 said on the notice received by her GP sarpanch, "we produce more children so that even if we lose one or two, some will survive for old age security".

Radha, a 30 year old scheduled caste woman was elected panch in 1997. During her fourth pregnancy, when she was already a panch, she undertook a sex determination test and was told that it was a female: she had an abortion. In her next pregnancy, she had the test done again and learnt that it was male: she continued the pregnancy and delivered her fourth child, a son and hence faced removal from the post. For her having a boy was more important than the political post.

Similar stories were found in all the states.

Bila, a 36 year old SC sarpanch in MP took his wife in an advanced stage of pregnancy for abortion to save his post. Only the firm refusal of the doctors due to risk to the woman's life

saved her. It, of course, meant loss of his panchayat post.

Complaints and disqualification: It was reported that those who had money or influence also succeeded in delaying or influencing the inquiry and prolonging the court proceedings to continue in their posts despite violating the norm. Among the twenty representatives interviewed from the districts of Ajmer and Alwar in Rajasthan, 7 had been disqualified, 2 exonerated and 11 had the enquiry pending. But there were instances of cases of violation not reported or when reported duly supported by appropriate documents went unheard. Ramlal who had contested against Mukesh for the post of sarpanch in Sawai Madhopur District had raised the issue of Mukesh's four children. Ramlal had filed an election petition with supporting documents including Anganwadi record, birth-death register, immunization record and ration card but reportedly no action had been taken against Mukesh and he won the election. In another case, the Pramukh as well as the members of Zila Parishad knew about the violation of the norm by a Zila Parishad member from Mina caste, but they were afraid to speak out because he came from a dominant caste and belonged to the party in power.

As action is taken only on complaints there were cases of the two child norm being used to settle political scores. Among the ten case studies in Andhra Pradesh the complaints were politically motivated in three cases. In two cases these representatives had held office earlier and the norm had been violated in their earlier term without any complaint having been made. In the third case the complaint was false because the third child was born before the cut off date pointing towards the misuse of the norm. A young OBC female sarpanch elected to this reserved seat after five decades of one party in power faced psychological harassment including throwing chilly powder on her face. When that ended in compromise on police intervention, the two child law was being used to harass her though her youngest child was born before the legal cut off date. All three cases were from the backward castes, and two were women. Interestingly in all three cases the couples had adopted the permanent method of contraception before the election in which their disqualification was sought.

In Haryana we came across disqualified representatives who were certain that the complaint against them was politically motivated because there were other panchayat members who had violated the norm but no complaints had been made against them. Some disqualified representatives had contested the elections because they did not know of the norm and claimed that they would not have contested had they known the law. Hoshiar, an OBC panch in Ambala was unanimously elected as the community had agreed that the issue of his four children would not be raised. But when he went with other members to remove encroachments on panchayat land, the opposite party complained. He admitted and was disqualified.

Circumventing the law: Representatives who faced complaints with regard to the norm used many strategies to deny the birth of a child, hidden and misreported children or even tampered with or provided contrary document. In Rajasthan the study team came across a variety of methods that had been used and sometimes successfully too. In one case the child's horoscope, details on the ration card and school records were provided as proof, but even then it didn't work. In another case ANM's records had been tampered. In a third case the doctors certified that the child was not of the representative and in a fourth the woman representative tried to hide her child among the other children in her joint family. In one case the OBC sarpanch went for a sex-determination test and then went for an induced abortion to avoid disqualification.

In Haryana the study team came across different strategies to avoid disqualification. The common practice in Gurgaon District was to obtain stay orders from a higher authority and then continue for a long time. In fact the disqualified representatives from here were in the forefront of the cases in which the Supreme Court finally decided about the legality of the Two Child Norm law for panchayats in 2003. There were also instances of giving the disputed children in adoption to near relatives and some with adoption deeds.

The different methods adopted to provide evidence in Andhra Pradesh were producing birth certificates as well as sterilization certificates including certificates of failed sterilization. There were also cases of desertion of the wives. In Orissa the desire to

contest a complaint was less as the people were poorer and could not afford prolonged litigation. However there were cases where the representative provided documents to prove that the complaint was ill founded.

In Madhya Pradesh too those disqualified or facing disqualification used several tactics to avoid the proceedings ranging from expressing ignorance about the norm to pushing the date(s) of their/spouses' conception either by themselves/spouse prior to the cut-off date. For this, they used Anganwadi/ANM records and ration cards. Some had given their children in adoption to relatives. In one case the couple planned to divorce each other to avoid disqualification.

CONCLUSION

There is an overwhelming opinion among key actors like policy makers and implementers, lawyers and NGO workers that the Two Child Norm law is necessary to reduce family size, population growth rate and give an impetus to development. The courts have also accepted the desirability of "Population Control" and this Norm as a means to this end, noting population as a major problem, citing limited resources and that population explosion is one of the major problems India is facing today³. But we find no evidence to show that the law is motivating the panchayat leaders to adopt smaller families and other to follow it as assumed by its promoters. In any case this norm has no connection with the duties of a panchayat representative⁴.

Overall a large proportion (76%) of the disqualified representatives in our study were practicing contraception. But this had little to do with their preference of family size. When it was a choice between leadership or family size, especially if it related to a son, the desire for a child won in many case. While a number of respondents stated that they came to know about the law when the proceedings started, knowledge of the law did not motivate individuals for not having the third or additional child after being elected.

The Two-Child Norm Law in Panchayats - People's Experiences - Nirmale Buch.

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- The weaker sections of Scheduled castes, tribes and backward castes form an overwhelming 80% of the respondents. The same trend was seen in the total number affected by this law in M.P. till March 2004 with 72% from these groups.
- Roughly 50% have an annual income of less than Rs. 20,000. /

Most representatives were also in the age bracket of 21 to 49 years. An overwhelmingly large number (95%) of the representatives were from the village level that generally have lower educational and income levels than at the block and district level. The proportion of sarpanch were higher than that of panches (49% to 46%) ostensibly because they are seen as exercising more powers and hence a higher target for political moves for ouster. Overall the representatives facing disqualification were young (21-49 years), poor, predominantly from the backward castes and had a higher representation of women than the overall proportion of women representatives in panchayats. /

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Among the states, of the 23 Panchayat representatives interviewed in AP, the majority of those disqualified (15 out of 17) claimed to have adopted permanent means but only after they had obtained their desired family size. Most of the respondents were aware both of family planning methods and of the advantages of a small family. Their decision to go in for sterilization, they claimed, had no connection with their opting to contest the election. On the other hand, in the sample of twenty affected panchayat representatives in Madhya Pradesh, only twelve were aware of family planning methods. Among them eight were practicing some form of contraception.

It was seen that families tried to show a reduced number of children to show compliance of the norm. Thus a 35 year old sarpanch from the backward potter caste in Nalgonda had four children from two wives but insisted that he was not violating the norm as he had left his second wife, the mother of two of his children though she was living in the same village - a case of deliberate disowning of the wife and children. Another 40 year old cobbler SC sarpanch in the same district sent his wife away to her parents home when she became pregnant for the third time and a complaint was made in this matter but then dropped when a dalit organisation threatened to expose cases of violation by other influential persons. He then quietly married a second time.

Mitwa² the most educated OBC woman in her family was selected as a *pradhan* of a panchayat samiti in Rajasthan in 1995. She did not want the third child, a second son, but her husband did. She had three abortions after the election. As a lactating mother, she could not openly feed her undeclared child or take it to meetings. She continued until 1998, when she was disqualified for violation of this law. Her experience of complaints and litigation has made her bitter and disillusioned.

The wife of Mangatram, sarpanch of a Gram Panchayat in Morena District in M.P. gave birth to a third child in November 2001. He maintained that the child could not be his as his wife was away at her parents' home in Uttar Pradesh since November 1999. He

requested the ADM for permission to divorce his wife on grounds of adultery (as reported in Hindi Daily *Nav Bharat*, Bhopal edition dated 16th April 2002)

A thirty years old well placed Rajput sarpanch from Sawai Madhopur District had one son and two daughters. She had her fourth child when she was the sarpanch. The family wanted one more son since one son is equal to only one eye. She had taken admission for delivery in the hospital in her sister-in-law's name. She also left the female infant behind in town to avoid detection where it died at the age of six months allegedly of 'rickets'. So the complaint case against her got dropped. Her husband also has a second wife, a nurse, who has two children.

Maheshwari underwent an abortion because she wanted to stand for the post of sarpanch in the Panchayat elections of August 2001. She lost the election. Later, her two-year-old son died when he accidentally drank kerosene. She denied the fact of abortion, perhaps fearing an enquiry. She was pregnant again at the time of our survey.

Twenty-six years old Menka, scheduled tribe sarpanch in Angul District of Orissa had three daughters, one of them born after the cut-off date. She had not used any contraceptives or gone for sterilization, as she wanted a son. During the third pregnancy, she went for sex determination test and the doctor told her that she was carrying a son. However the child turned out to be a girl - 'if I had known, I would have aborted. Now I have lost my position and there is no son' that was all she could say. She tried to prevent her disqualification by getting a certificate that her child was that of her sister.

There were others who went ahead and had more children despite the two child norm because of their own reasons.

Rachna a 35 years old, illiterate scheduled caste sarpanch from Faridabad District was a wage labour. Her illiterate husband worked as a mason. She contested the panchayat election in 2000 and was elected from a seat reserved for scheduled caste. She gave birth to her eighth child when she was holding the post of sarpanch. When she received the

disqualification notice she did not contest it. She said, *what anger can a poor person show? It does not matter if the sarpanch post has gone. I was working as wage labourer before, So do I now.*'

Rama a tribal sarpanch in Betul in MP has six children through three wives. The last child, a boy, was born in February 2001. When asked about the Two Child Norm, he took this very lightly and said that he had heard about it from the panchayat secretary. When informed that he was subject to disqualification because of his son he replied: "The sarpanch's post is not going to support me during my old age, but my son will. It does not really matter if I lose the post of sarpanch." At the time of our study there were a number of such cases of violation of the Norm but no action had been initiated.

A number of these representatives have been disqualified in this district now in 2004 almost as a special drive but the response of the representatives opting for old age security in a son and concern for child survival were seen unchanged. Sarupi, the 30 year old, the illiterate panch, who had gone for terminal method after her five children and was saved from the law due to the birth of the youngest child before 2001 said on the notice received by her GP sarpanch, "we produce more children so that even if we lose one or two, some will survive for old age security".

Radha, a 30 year old scheduled caste woman was elected panch in 1997. During her fourth pregnancy, when she was already a panch, she undertook a sex determination test and was told that it was a female: she had an abortion. In her next pregnancy, she had the test done again and learnt that it was male: she continued the pregnancy and delivered her fourth child, a son and hence faced removal from the post. For her having a boy was more important than the political post.

Similar stories were found in all the states.

Bila, a 36 year old SC sarpanch in MP took his wife in an advanced stage of pregnancy for abortion to save his post. Only the firm refusal of the doctors due to risk to the woman's life

saved her. It, of course, meant loss of his panchayat post.

Complaints and disqualification: It was reported that those who had money or influence also succeeded in delaying or influencing the inquiry and prolonging the court proceedings to continue in their posts despite violating the norm. Among the twenty representatives interviewed from the districts of Ajmer and Alwar in Rajasthan, 7 had been disqualified, 2 exonerated and 11 had the enquiry pending. But there were instances of cases of violation not reported or when reported duly supported by appropriate documents went unheard. Ramlal who had contested against Mukesh for the post of sarpanch in Sawai Madhopur District had raised the issue of Mukesh's four children. Ramlal had filed an election petition with supporting documents including Anganwadi record, birth-death register, immunization record and ration card but reportedly no action had been taken against Mukesh and he won the election. In another case, the Pramukh as well as the members of Zila Parishad knew about the violation of the norm by a Zila Parishad member from Mina caste, but they were afraid to speak out because he came from a dominant caste and belonged to the party in power.

As action is taken only on complaints there were cases of the two child norm being used to settle political scores. Among the ten case studies in Andhra Pradesh the complaints were politically motivated in three cases. In two cases these representatives had held office earlier and the norm had been violated in their earlier term without any complaint having been made. In the third case the complaint was false because the third child was born before the cut off date pointing towards the misuse of the norm. A young OBC female sarpanch elected to this reserved seat after five decades of one party in power faced psychological harassment including throwing chilly powder on her face. When that ended in compromise on police intervention, the two child law was being used to harass her though her youngest child was born before the legal cut off date. All three cases were from the backward castes, and two were women. Interestingly in all three cases the couples had adopted the permanent method of contraception before the election in which their disqualification was sought.

In Haryana we came across disqualified representatives who were certain that the complaint against them was politically motivated because there were other panchayat members who had violated the norm but no complaints had been made against them. Some disqualified representatives had contested the elections because they did not know of the norm and claimed that they would not have contested had they known the law. Hoshiar, an OBC panch in Ambala was unanimously elected as the community had agreed that the issue of his four children would not be raised. But when he went with other members to remove encroachments on panchayat land, the opposite party complained. He admitted and was disqualified.

Circumventing the law: Representatives who faced complaints with regard to the norm used many strategies to deny the birth of a child, hidden and misreported children or even tampered with or provided contrary document. In Rajasthan the study team came across a variety of methods that had been used and sometimes successfully too. In one case the child's horoscope, details on the ration card and school records were provided as proof, but even then it didn't work. In another case ANM's records had been tampered. In a third case the doctors certified that the child was not of the representative and in a fourth the woman representative tried to hide her child among the other children in her joint family. In one case the OBC sarpanch went for a sex-determination test and then went for an induced abortion to avoid disqualification.

In Haryana the study team came across different strategies to avoid disqualification. The common practice in Gurgaon District was to obtain stay orders from a higher authority and then continue for a long time. In fact the disqualified representatives from here were in the forefront of the cases in which the Supreme Court finally decided about the legality of the Two Child Norm law for panchayats in 2003. There were also instances of giving the disputed children in adoption to near relatives and some with adoption deeds.

The different methods adopted to provide evidence in Andhra Pradesh were producing birth certificates as well as sterilization certificates including certificates of failed sterilization. There were also cases of desertion of the wives. In Orissa the desire to

contest a complaint was less as the people were poorer and could not afford prolonged litigation. However there were cases where the representative provided documents to prove that the complaint was ill founded.

In Madhya Pradesh too those disqualified or facing disqualification used several tactics to avoid the proceedings ranging from expressing ignorance about the norm to pushing the date(s) of their/spouses' conception either by themselves/spouse prior to the cut-off date. For this, they used Anganwadi/ANM records and ration cards. Some had given their children in adoption to relatives. In one case the couple planned to divorce each other to avoid disqualification.

CONCLUSION

There is an overwhelming opinion among key actors like policy makers and implementers, lawyers and NGO workers that the Two Child Norm law is necessary to reduce family size, population growth rate and give an impetus to development. The courts have also accepted the desirability of "Population Control" and this Norm as a means to this end, noting population as a major problem, citing limited resources and that population explosion is one of the major problems India is facing today³. But we find no evidence to show that the law is motivating the panchayat leaders to adopt smaller families and other to follow it as assumed by its promoters. In any case this norm has no connection with the duties of a panchayat representative⁴.

Overall a large proportion (76%) of the disqualified representatives in our study were practicing contraception. But this had little to do with their preference of family size. When it was a choice between leadership or family size, especially if it related to a son, the desire for a child won in many case. While a number of respondents stated that they came to know about the law when the proceedings started, knowledge of the law did not motivate individuals for not having the third or additional child after being elected.

PREPARED BY SAMA

NATIONAL POPULATION POLICY - A Criticism

- Completely ignores important issues like food, health, income etc. and rests only on poverty and non-development. It should focus more on social development and than economic.
- Does not talk of primary health and birth control at all. Gives no attention to high infant and maternal mortality rate due to contagious diseases. Makes no mention of whether a woman has any role in taking care of her own health.
- Panchayati Raj organisations have no role in it _ not even in important functions like planning, monitoring and taking financial decisions.
- Though the policy claims it aims at empowerment of women, it is extremely discriminatory towards them. They are termed as the chief functionary of the Panchayat bodies, but are kept away from the responsibilities of planning and decision making.
- It pays no attention to increasing privatisation. More and more health services are being privatised, even as a major part of the population is still below the poverty line. How are these people expected to avail of these services which are getting costlier by the day?
- Aims at conducting 80% deliveries in hospitals by 2016. But how? When there are no hospitals for several kms between villages. This target of hospitalised deliveries has also led to the dying down of the tradition of 'midwives'. In absence of proper health care facilities in villages, these midwives played a much more important and sensitive role than the professional doctors and nurses of city hospitals.
- It rewards women who have their first child after 21 years. As if men have no role in it.
- Claims it does not promote targets and rewards but very clearly sets targets for itself and rewards panchayats for good performance.
- Women health and violence are strongly interrelated. Not just domestic violence but things like the use of untested contraceptives, unsafe abortions, forced removal of the uterus etc. These effect not just women but also children very strongly. But the NPP says nothing about it.
- Says nothing about the mental health of women.

POPULATION : MYTHS AND FACTS

Myth: Increasing population the reason behind increasing poverty. Low population growth the first step towards development.

Fact: In 1998, China's population was 126 million and its GNP \$750. India's GNP on the other hand was \$440, while its population even in 2000 was only 1 million.

Even in Indian context, both Madhya Pradesh and Andhra Pradesh had an almost equivalent population in 1998 (78 lakh and 73 lakh). Yet MP's per person state GDP was only Rs 8,114, while Andhra Pradesh had a state GDP of 10,590.

Quite clearly, development and population growth have no relation. Development depends on how effectively the state has invested in the interests of the people and how secure the people feel in their country's growth.

Myth: India's population grew faster than its agricultural production after Independence.

Fact: India's population grew a little less than thrice while its foodgrain production increased more than four times. The reason behind continuing poverty today, is not insufficient production but inadequate distribution of resources.

Myth: Rapid increase in birth rate after Independence, is the main reason for unchecked population growth.

Fact: On the contrary there was absolutely no growth in birth rate. And the mortality rate went down due to better health care facilities and nutrition. In fact, every country passes through this phase when the birth rate is high and the mortality rate falls rapidly. Then comes a time when both the mortality rate and birth rate start receding. Some Indian states like Goa, Kerala and Tamil Nadu have reached this phase.

Myth: Population explosion is the main reason behind all social problems like environmental pollution, unemployment, increasing traffic etc.

Fact: The only reason for all these problems is the unequal distribution of resources. When all the wealth and resources get concentrated in a handful of people who try and accumulate the comforts of the world for themselves there are bound to be problems for the rest of the people.

CASE STUDIES

Third Child Illegitimate

Jagram Kori, sarpanch of Panchayat Khirenta in Murena district in MP, had to resign on January 26, 2001 for having a third child. Kori protested his removal saying some jealous villagers had miscommunicated the information. He even wrote to the SDM Tehsil Ambah, that he had no relations with his wife Pushpa since she was staying with her parents in Uttar Pradesh since November 5, 1999. Claiming that his wife had cheated him and that the child was illegitimate, he divorced his wife.

First victim of the law - An OBC-Woman Sarpanch

Shashi Yadav, sarpanch of Panchayat Kanavati in Neemuch district in MP, had to resign on January 26, 2001 for having a third child _ a son after 2 daughters. Shashi says she was unaware of the new law and that she went for a third child under pressure from her husband and family. Shashi says she does not feel having a third child is a crime because women in traditional Indian families have little say in having children.

Gave Away Third Child for Adoption

Sudama Saryam, sarpanch of Panchayat Palatbara in Chhindwara district in MP, and her husband Basant, gave away their third child born on November 18, 2001 for adoption. Sudama says she had conceived much before the new law came into existence and she was not in favour of foeticide. Hence they gave the away the child for adoption. Basant says they wanted a son and hence went in for a third child. But when the third child was also a girl they gave her for adoption.

Testimonies**Orissa, BGVs/PHA**

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Sl. No.	Detailed		Case in brief
01	Name of the Village	Godida	Sterilization failure. 3rd child borne. Green card facilities denied.
	Name of the women	Charulata Sahu	
	Father/Husband name	Banamber Sahu	
	Age	30	
	Educational status	Nonliterate	
	Marital status	Married	
	Marital condition	Good	
	Year of marriage	15 years	
	No. of female child	*	
	No. of male child	*	
	Age/month of the last child	3 years	
	Whether given free consent to be interviewed	yes	
02	Name of the Village	Garama	Sterilization not conducted in the pretext of prevalence of other internal disorder with the women. Medical personnel do not entertain. Clams money, as they would be taking the risk. Third child borne. Deprived from the benefits of the green card.
	Name of the women	Mania Bhoi	
	Father/Husband name	Bipin Bhoi	
	Age	24	
	Educational status	Illiterate	
	Marital status	Married	
	Marital condition	Good	
	Year of marriage	8 years	
	No. of female child	2	
	No. of male child	*	
	Age/month of the last child	7 months	
	Whether given free consent to be interviewed	Yes	
03	Name of the Village	Garama	Sterilization not possible as doctors returned the patient 4 times. Local hospital not equipped with necessary infrastructure. Doctor insists for supply of kits by patient to make it happen.
	Name of the women	Pratima Bhoi	
	Father/Husband name	Prasant Bhoi	
	Age	24	
	Educational status	Literate	
	Marital status	Married	
	Marital condition	Bad	
	Year of marriage	5 years	
	No. of female child	1	

	No. of male child	1	
	Age/month of the last child	1 year	
	Whether given free consent to be interviewed	yes	
04	Name of the Village	Tarasahi	Approached for sterilization. Doctors denied and consumed time. Then found Problem in menstruation. Menstruation stopped. Women conceived. PHC and CHC denied for abortion. The next child came.
	Name of the women	Swarnalata Behera	
	Father/Husband name	Ramesh Behera	
	Age	35	
	Educational status	Class-II	
	Marital status	Married	
	Marital condition	Good	
	Year of marriage	12 years	
	No. of female child	3	
	No. of male child	1	
	Age/month of the last child	2	
	Whether given free consent to be interviewed	yes	
05	Name of the Village	Paschimadia	Nov. – 2001 Sterilization unsuccessful. Menstruation stopped. ANM says it is usual. Woman becomes pregnant. Approached for abortion. Doctor demands Rs. 1000/ for that. Advice to again come so that they can do the same after the 3 rd child.
	Name of the women	Lochana Behera	
	Father/Husband name	Rabi Behera	
	Age	35	
	Educational status	Nonliterate	
	Marital status	Married	
	Marital condition	Good	
	Year of marriage	19 years	
	No. of female child	4	
	No. of male child	1	
	Age/month of the last child	2	
	Whether given free consent to be interviewed	yes	
06	Name of the Village	Paschmadia	2001 – Nov. Sterilization done in camp. Dec –2001 menstruation stopped ANM says – it is usual!! After 4 months approached to the doctor. Doctor says it is a 5 months pregnancy case. Too late and riskful for abortion. The woman gave birth to a 3 rd child. Now she is used to take contraceptives (oral pills) for prevention.
	Name of the women	Kumari Behera	
	Father/Husband name	Kartik Behera	
	Age	35	
	Educational status	Class-II	
	Marital status	Married	
	Marital condition	Good	
	Year of marriage	12 years	
	No. of female child	*	
	No. of male child	3	
	Age/month of the last child	2	

	Whether given free consent to be interviewed	Yes	
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(*) Data unexhibited

Mr. Gourang Mohapatra
Mr. Blorin Mohanty
BGVS – Orissa

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HEALTHWATCH UP BIHAR

Strengthening Women's Health And Rights Related Advocacy

In Uttar Pradesh, Uttaranchal, Bihar And Jharkhand

HealthWatch Uttar Pradesh-Bihar is a group of NGOs and individuals formed in 1996 with the concern that UP and Bihar need more focused attention to monitor the situation of women's health. It is engaged in advocacy and monitoring of programmes and policies to ensure that health and population policies actively promote women's reproductive health and rights. It takes its mandate from the Program of Action of the 1994 International Conference in Population and Development and other relevant international agreements as well as national guarantees enshrined in the constitution that call on our governments achieve these objectives. Specifically, we seek to translate the language of these documents into practical, operational and measurable changes in policy and program within and across the areas of family planning, maternal health and gender violence, and to advocate for policies that promote women's rights and autonomy. The network is currently directed by a 15 member Core Group and has a Secretariat that is hosted by SAHAYOG at Lucknow.

OBJECTIVES of HWUPB

- ❖ To increase understanding and information on reproductive health and rights at the community level by working through social organisations, NGOs, academicians, media persons and activists
- ❖ To facilitate the demand for quality health services from the community
- ❖ To monitor government and donors and establish a dialogue for health programme implementation based on community needs

Within the last eight years HWUPB as a network committed to a women's health and rights approach has mobilised support and solidarity from women organizations, media persons, activists, academicians and NGOs in the four states of Uttar Pradesh, Bihar, Uttaranchal and Jharkhand.

Activities include campaigns, studies, case-documentation, information dissemination, meetings and workshops for advocacy with different actors at different levels, legislative and judicial advocacy, working with other alliances and networks, and working with the media. Some materials include

- Study on the quality of care at ten Camps for Sterilisation Operations in Uttar Pradesh
- Documentation in 1998-99 of the post-ICPD implementation of the Family Welfare programme in Uttar Pradesh called *Voices From the Ground*
- *Priorities of the People: People, Population Policies and Women's health* - A study of the Quality of Care of the Family Welfare programme in 2000-2001 including a People's Opinion on the UP government's new population policy
- *The State of Health in UP :Challenges for the New Millenium* 2001 produced with the People's Health Movement
- A Hindi newsletter on advocacy for women's health and rights called *SWAASTHYA PRAHARI*
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State of Andhra Pradesh – India

The Andhra Pradesh State Population Policy links population stabilization to improvements in standards of living and quality of life of the people. It states that production of food may not keep pace with growing population. The demographic goals as stated in the policy include: -

- Reduce the natural growth rate from 1.44 in 1996 to 0.80 in 2010 & 0.70 by 2020,
- Reduce in Child Birth Rate from 22.7 in 1996 to 15.0 by 2010 and 13.0 by 2020,
- Reduce the Child Death Rate from 8.3 in 1996 to 7.0 in 2010 and 6.0 by 2020,
- Reduce the Infant Mortality Rate from 66.0 in 1996 to 30.0 in 2010 and 15.0 by 2020,
- Reduce the Maternal Mortality Rate from 3.8 in 1996 to 1.2 by 2010 and 0.5 by 2020,
- Reduce the Total Fertility Rate from 2.7 in 1996 to 1.5 by 2020,
- Increase couple Protection rate from 48.8% in 1996 to 70% in 2010 and 75% by 2020.

These objectives are to be attained by: -

- Promotion of spacing, terminal and male contraceptive methods,
- Increasing the coverage of pregnant women for TT inoculation and provision of IFA tablets,
- Increasing the number of trained and institutional deliveries.
- Strengthening of referral systems and equity in accessibility of services,
- Eradicating Polio, measles and neonatal tetanus by 1998,
- Reducing diarrhoea deaths, deaths due to ARI's and incidence of low birth weight babies,
- Increasing female literacy levels, increasing the median age at marriage for girls and reduction in severe and moderate malnutrition among children,
- Reduce the incidence of child labor.

The document explicitly suggests the use of lure, threat, incentives and disincentives: -

- Community level, performance in RCH and rates of couple protection will determine the construction of school buildings public works and funding for rural development programmes,

- **Case – 1.** *Among the states, 23 Panchayat representatives from AP were interviewed,*
 - *Majority of them was disqualified and claimed to have adopted permanent means only after they had obtained their desired family size.*
-
- Programmes in RCH are also to be made the criterion for full coverage under programmes like TRYSEM, weaker section housing scheme and Low Cost sanitation Scheme,
 - Funding for programmes under the DWCRA and other social groups will be dependent on RCH performance,
 - At the individual level, cash prizes will be awarded to couples adopting terminal methods of family planning,
 - Allotment of surplus agricultural land, housing sites as well as benefits under IRDP SC Action Plan, BC action Plan to be given in preference to acceptors of terminal methods of contraception,
 - Special health insurance schemes for acceptors of terminal methods of family planning,
 - An award of Rs 10,000 each to 3 couples to be selected from every district on the basis of a lucky dip: - a) 3 couples per district with two girl child adopting permanent methods of family planning, b) 3 couples per district with one child adopting permanent methods, c) 3 couples per district with two or less children adopting vasectomy.
-
- **Case – 2.** *A 35 year old Sarpanch from the backward potter caste in Nalgonda had four children from two wives,*
 - *He insisted of not violating the norm as he left his second wife, the mother of two children,*
 - *She too was staying in the same village,*
 - *A case of deliberate disowning of the wife and children.*

The document mentions the need for involvement of people's representative's religious leaders, professional social bodies, chambers of industry and Commerce, youth, women and film actors and actresses.

Source: -

1. Case – 1, is taken from the exploratory study conducted by the Mahila Chetna Manch (2001 – 2002) in five states,
2. Case – 2, is taken from the exploratory study conducted by the Mahila Chetna Manch (2001 – 2002) in five states,

State of Bihar - India

The State of Bihar, is one of the poorest State in India where the health services are in shambles. The state Population Policy is an amalgamation of the old CSSM programs and family welfare programs that were merged with the new principles of the International Conference on Population and Development (ICPD) convention 1994 and later with the National Population Policy (NPP) 2000. The Department of Health in Bihar has failed to deliver the needed services of Reproductive and Child Health (RCH). In the last ten years the birth rate showed that the community either didn't plan nor any health personnel provide them with quality services as claimed in the RCH scheme. The poor people of the State had to pay for medicines and surgical systems even in Government hospitals. The follow up of such contraceptive cases was not given anywhere, though there is protection under the consumer law for services rendered by medical professionals. But hardly anybody took the trouble off complaining before appropriate consumer forums. The Government authorities never entertained such complaints and they fell on deaf ears. The callous attitude of the Government, health personnel's and the absolute unchaining of services and equipment's in the state are responsible for the public distrust on the Government and its health services.

Testimonies of failed operations that lead to other complications

1. *Case - 1. Geeta Kumari a married woman from Patna underwent an abortion and tubectomy by the Mary Stoves Clinic in Patna in the month of December 2002. After the operation she developed septic infection & blood clotting in the uterus. An ultrasound was conducted and medications were provided for relief. On May 15, 2004 she expected menstruation to take place, which didn't. She again got pregnant and visits PMCH Patna. She aborted the child in the second phase of pregnancy and once again underwent tubectomy in PMCH in the month of August. The treatment is continuing.*
2. *Case - 2. Somi Gupta a married woman from Patna underwent the tubectomy operation just after delivery of her child in the year 1989. The child died within a month. In the year 1996, she conceived and she aborted. In the year 2001, she again conceived, she once again underwent abortion and tubectomy in the first phase of pregnancy. Now she got her menopause.*
3. *Case - 3. Kusum Devi a married woman from Jehanabad underwent tubectomy in the year 1995 after having three children. She conceived twice-giving birth to two more daughters after the tubectomy operation. Once again in the year 2000 she underwent a tubectomy operation.*

State of Madhya Pradesh – India

The central state of Madhya Pradesh in India stresses the need to curb high fertility and mortality in its State Population Policy. The policy document mentions the process of democratic decentralization underway in the state and speaks of the need to change the thrust of family welfare from female sterilization to include raising the age at marriage for women, provision of RCH services etc. The specific objective objectives are:

1. Reducing total Fertility Rates from 4 in 1997 to 2.1 in 2011,
2. Increase contraceptive and sterilization services, also increase the age of mother at the birth of her first child to 20 years by 2011 through greater registration of pregnant women,
3. Reduction in IMR through increases in immunization, use of Oral Rehydration Solution (ORS) therapies for diarrhoea in rural areas,
4. Reduction in incidence of Acute Respiratory Infections (ARI's), coverage of pregnant women and children with Vitamin A, Iron and Folic Acid (IFA) tablets,
5. Increase in the levels of HIV testing and services for infertile couples,
6. Universalizing access to primary education by 2005 for 30% of girls in the age group of 14 – 15 years.

Strategies advocated by the policy documents are

1. Make men realize their responsibility to empower women,
2. Strengthening local women's group, reducing the burden of housework and drudgery on women by providing cooking gas connections and electricity to rural households.
3. Reservation of 30% of government jobs for women.

Policies of lure, threat, incentives and disincentives

1. Debar people from government jobs, who marry before the permissible legal age limit.
2. People having more than two-children are debarred from contesting elections,
3. Provision of rural development in villages depends upon the level of family planning performance by Panchayats,
4. Performance of Panchayats in family planning programs is linked to the starting of income generating schemes for women and poverty alleviation programs.

State of Uttar Pradesh (UP) – India

The northern state of Uttar Pradesh in India links the growth of population as a pressure on natural resources in its State Population Policy. The state declares its inability to improve the quality of life of the people as a result of the growth in population pressure. The state lists some important issues of gender and child development in the attempt to stabilise population growth. The specific objectives are:

- The need to reduce Total Fertility rates from 4.3 in 1997 to 2.6 by the year 2011 to 2016,
 - Increase the average age of the mother at the birth of her first child,
 - Reduction in unmet need for both spacing and terminal methods,
 - Reduction in Maternal Mortality Rate (MMR) from 707/1000,000 live births in 1997 to 394 by 2010 and below 250 by 2016,
 - Reduction in Infant Mortality from 85/1000 live births in 1997 to 67 by 2016,
- Case – 1, *Sudha Singh, age 27, 6-weeks pregnant underwent an abortion and sterilization on the 23rd of May 2003. She developed complications and visited the hospital the next day informing the nurse of her condition,*
 - *The nurse after a preliminary check up gave her some medication, but she had no relief. The doctor advised her to undergo another operation. On the 1st of June 2003, she underwent her second operation. 8 days after the operation Sudha becomes senseless and dies on the 8th of June 2003.*
- Reduction in incidence of Sexually Transmitted Diseases (STDs) and Reproductive Tract Infections (RTIs)
 - To increase the awareness of AIDS.

Source: - Case - 3 = Identified by Savita Misra, Health Watch UP-Bihar

The policy lists a number of incentives and disincentives to reach its goals:

- Disqualify people violating the legal age of marriage from eligibility of government jobs
- Performance based disbursement of 10 percent of the total financial resources for PRIs.
- The PRI's are to be entirely responsible for advocacy, identification of contraceptive needs and recording of vital events,
 - *Case – 2, Bitti, age 32, mother of 5 children from the village of Maarkundi gets her first appointment on 23rd September at a sterilization camp organized at the Community Health Centre of manikpur. The doctor calls her to the operation theatre initially,*
 - *The doctor cuts the wrong vein & her condition deteriorates due to continuous bleeding. She was taken to Allahabad where her condition improved, after receiving a bottle of blood donated by her husband. She was refused treatment at Allahabad,*
 - *Bitti was asked to report at the Community Health Centre for an operation inspite of being in a bad state. Later the doctor's statement proved wrong.*
- Performance of medical officers and health workers is to be based on their performance of RCH services,
- The document calls for active dialogue with the GOI for wider availability of injectible and new technologies through private, government and commercial channels of the state.
 - *Case – 3 Shimla Devi, age 35, mother of 5 children from the village of Aidilpur was taken to the operation theatre without a pre check up. The surgeon took half an hour to find her vein. She vomited more than four times post-operation and no health worker approached her.*
 - *She narrated the episode to the local ANM, who gave her some medicines. After 8 days her stitches were removed, which resulted in acute pain and swelling. In Atraulia, the doctor stated that her internal stitches were damaged and has to undergo another operation for Rs 500.*
 - *Her condition gets complicated, she visited Shahganj, where an ultrasound was conducted on her informing her of having hernia, and another doctor repeated the same conclusion. She underwent operation on the 26th June 04 and received 14 stitches at a cost of Rs 5,000. She is awaiting compensation from the health department.*
- The explicit commitment to charging user fees ostensibly to improve the quality of services will place a further burden on the poor to pay for the entire gamut of health services.

Source: - Case - 1 = Identified by VANANGNA, Chitrakoot,
Case - 2 = Identified by GRAMEEN PUNARNIRMAN SANSTHAN,
Bellari, Azamgarh

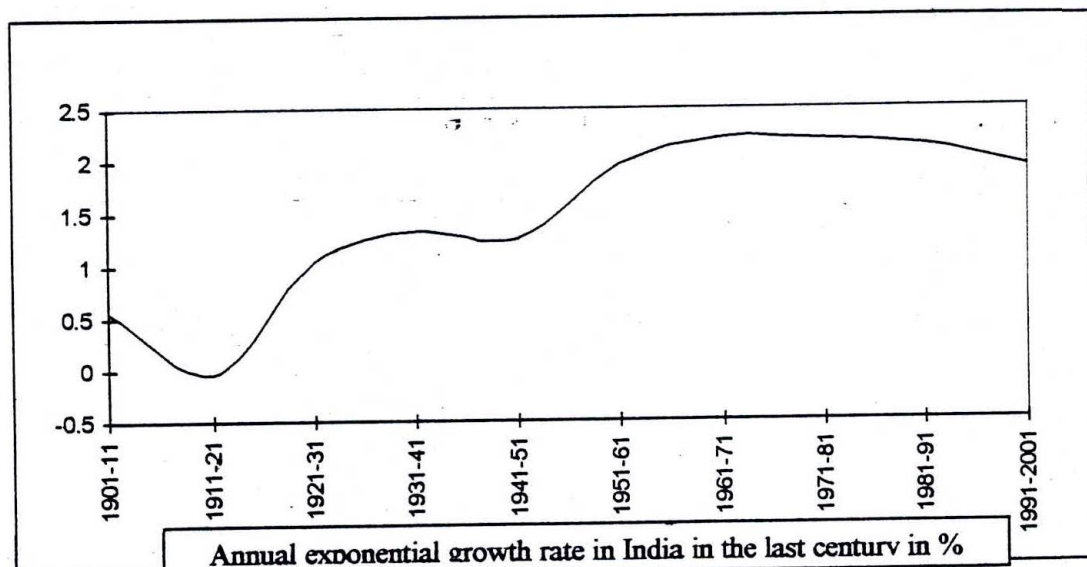
Why India no longer needs to force its citizens to have smaller families

1. Population growth rates have slowed in the last 50 years

1951-1961	1.96% per year
1961-1971	2.22% per year
1971-1981	2.20% per year
1981-1991	2.14% per year
1991-2001	1.93% per year

The population growth rate has stopped increasing sharply.
The growth rate in India now is the slowest in the last fifty years

See graph below:



2. People no longer have large families .

Average number of children for all married women (TFR) 1951- 6.0

Average number of children for all married women (TFR) 2001 – 2.85

3. People no longer want large families, they want contraceptive information and services which they are not being provided with.

Table showing unmet need for contraceptive services wanted and actual fertility in different states

State	Total fertility rate	Wanted fertility	Unmet need for FP
India	2.85	2.13	15.8
UP	3.99	2.83	25.1
Rajasthan	3.78	2.57	17.6
MP	3.31	2.40	16.2
Bihar	3.49	2.58	24.5
Orissa	2.46	1.90	15.5

4. Why does India still appear to have a large and growing population?

India has a high proportion of young persons in the reproductive age group and even when they have only one or two children per couple, the quantum increase is high because the number of reproducing couples is high. Thus the birth rate is high though the total fertility rate (TFR) is low. This is called population momentum. India is like an express train which has just applied its brakes. The train is very heavy and because it is moving very fast it takes time before it actually stops.

Sources – NFHS II, Census 2001, NPP 2000, MoHFW - UNFPA Briefing Kit on Population Stabilisation.

HEALTH STATUS OF RAJASTHAN

Prayas
B -8, Bapu Nagar, Senth,
Chittorgarh 312 025
Rajasthan

Demography

■ Total Population	5,64,73,122
Male	2,93,81,657
Female	2,70,91,465
■ Sex Ratio	922
Urban	890
Rural	932
■ Juvenile sex ratio	909
Urban	886
Rural	914
■ Literacy rate	M 76.46 F 44.34
urban :	M 87.10 F 65.42
rural :	M 72.96 F 37.74

(Source: Census 2001)

Demography & infrastructure (contd.)

■ Population density	165
■ Percent rural population	76.62
■ Percent with access to safe water	49.6
■ Percent with no toilet facility	71.8
■ Percent with access to electricity	64.4

Source: Census 2001
NFHS-II

Health indices of Rajasthan

■ Infant mortality rate	80.4
■ Under five mortality rate	114.9
■ Maternal mortality rate	677
■ Total fertility rate	3.78
■ % of women with anaemia	48.5
■ % of women with severe anaemia	16.2

(contd.)

Health indices of Rajasthan (contd.)

■ % of children with anaemia	82.3
■ % of children with chronic undernutrition	52.0

Source: NFHS-II

Status of health facilities

CHCs

- State norm: A CHC for every 1 lakh population
Total rural population to CHC ratio 1,45,680
141 CHCs less than required

PHCs

- In tribal & desert areas
Population to PHC ratio 23708
153 PHCs less than required
- In non-tribal areas
Population to PHC ratio 27951
54 PHCs more than required

(Contd.)

Sub Centres

- In tribal & desert areas
Population to sub-centre ratio 4118
1793 sub-centres less than required
- In non-tribal areas
Population to sub-centre ratio 4586
421 sub centres more than required

Percentage of vacant posts

■ MPW (M)	63.7
■ Gynaecologists	34.59
■ Paediatricians	28.81
■ Anaesthetists	33.87
■ Surgeons	46.06
■ Medical officers	5.78
■ Medical officers Dental	24.77

Health governance systems

- The state does have an essential drug list but few people are aware of it & it is hardly used. Over medication is rampant.
- A set of standard treatment guidelines has been recently prepared
- User fees is charged at CHCs & higher level hospitals under DMRS.

- There is no such provision (except the 'Right to Information Act') whereby the public can know what drugs are available at the public health facility. People are often denied medicines from the public health facilities and have to spend huge amounts of money on drugs.
- There is no functional system for people to lodge complaints regarding negligence/poor quality services. Complaint boxes may be existing but they are usually placed in such a way that the public does not know about them.

Health sector budget

■ Annual health budget in relation to GDP

1998-1999	1.17%
1999-2000	1.12%
2000-2001	1.12%
2001-2002	1.12%
2002-2003	1.06%

(contd.)

- Annual health budget in relation to total population
Rs.158 per capita in 2002-03
Rs.189 as per modified budget of 2004-05

- Annual health budget for drugs
 - A meagre 2.86% of total health budget was spent on drugs in 2002-03
 - Per capita population expenditure on drugs has been abysmally low at
Rs.4.51 per capita in 2002-03
Rs.4.03 as per BE for 2004-05

Policy Matters

- The state does not have a health policy
- Neither is there any policy for regulating the private medical sector
- But what definitely exists & is practiced is the population policy
 - Rajasthan has a very coercive population control programme based on incentives & disincentives

(Contd.)

- Target approach is being adopted & service providers are penalised for not meeting targets
- Standardised norms for sterilisation camps are compromised in the zeal to achieve targets
- Two-child norm is applicable in the Panchayats, Municipalities & State government
- The civil society has no role in monitoring the availability & delivery of health services
- Despite the Regulation Gram Panchayats too do not have any effective role in planning & implementation of local health services

A FIELD STUDY BY CEAD-VIZAG ON TWO-CHILD NORM IN A.P.

Andhra Pradesh is among a few other states in the country have made the two-child norm mandatory for all panchayat members. The other states like Haryana, Madhya Pradesh, Rajasthan, Himachal Pradesh along with A.P insist that those who have more than two living children are not eligible for contesting in the panchayat elections or to continue in the existing position. There was no official order being served to those comes under this category. In the areas of our operation when field investigations were made with those affected by the two-child norm, majority of section says that the government officials were not issued any orders to those who have more than two-child but verbally said about the government's decision. In some of the offices they put the order in the notice boards of MRO, MDO and Village Secretariats. The people who are literate and those who have more than two-children are legally made some adjustments with their kith and kin in the form of adoption. The others who are not dared to do so were in dilemma and were not contested.

In Andhra like many other states who are made mandatory two-child norm, mostly the women and marginalized sections of society are more affected, hundreds of panchayat members in A.P have been removed from their posts because they failed to comply with the two-child norm policy. Women are the one who are worst affected. The majority have no say over exercising their reproductive choices with a preference to a boy-child continuing to be the norm in the rural areas, families are more preferred the women to step-down from their existing posts and to give birth to two or more sons. Several panchayats in the area of our operation the women are officially elected but they remain at home to take care of household activities, these women who were elected on a reserved seats remained a rubber stamp member and the husband takes care of the regular administration, decisive matters and so on.

Our study in 75 panchayats 36 Sarpanches and ward members were not eligible for contesting in the last PR elections, 12 are made legal adjustments giving adoption of third-child to relatives and retained their posts as it is. Mostly in the fishing villages where the elderly people control the societal matters told the persons those who have over two-child not to contest in the elections but their brothers, sisters who will comply two-child norm can be considered, there are several members unanimously elected and the government also awarded a cash prize for these panchayats. Many members who are affected by this norm are saying that why can't the two-child norm for the members of Rajya Sabha, Lok Sabha and Legislative Councils and also for the nominated posts. Others also have

to be equally debarred from their posts that are failed to comply with the mandatory of two-child norm.

The women who have adopted the family planning methods and sterilized after third/fourth deliveries were also denied of sanctioning welfare schemes by the local govt. hospitals/PHCs. The women who comply with the mandatory of two-child norm some are eligible for schemes and most are not. The families who have more than two-child are also getting free education and health facilities. Banks are extending loan facilities but PACS (primary agriculture cooperative societies) are refused to sanction loans to the families not covering under two-child norm. There are also rumors that jobs too would be denied to people who have more than two children and equally affecting for promotion cycles. The government of A.P mobilize incentives from PSU and Corporate Sector for restricting family size and to reach to its sterilization targets, during the time several schemes offered by the DM&HO.



PRIA

PRIA is an International Centre for Learning and Promotion of Participation and Democratic Governance

II. No. 817, Opp. S.P. Residence, Ward No. 1, Mahendergarh Road, Narnaul, Haryana-123 001
Phone : 01282-310616 E-mail: mgarh@pria.org

To,
Tribunal Secretariat,
C/O Human Right Law Network,
65, Mazeed Road,
Jungpura,
New Delhi.

Sub: wrt People's Tribunal on coercive population policies and two -child norm to be held on 9-10 Oct.2004.

Dear Colin,

PRIA is an International centre for learning and promotion of participation and democratic governance. We are working in Haryana since 1992. on the issues of strengthening local self-governance in which our major focus is to promote initiatives for the empowerment and development of the poor, marginalized and weaker sections of the society. In Mahendergarh we are operating from our District Resource centre since 1996.

Enclosed are the data collected (with case studies) from Mahendergarh District of those who have been removed from their post due to more than two children.

Kindly acknowledge the receipt of the same.

Warm regards,


Priyanka

Bramble

Programme Officer,
District Resource Centre,
H.No.817, Ward no.1,
Opp.S.P.Residence,
Narnaul, Mahendragarh District, Haryana-123001
Ph.no.01282-310616
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TESTIMONY HARYANA

1. 35 years old Paso Devi, belonging to scheduled caste community contested election for Zila Parishad Member. Paso Devi fought/ contested from ward no. 5 of ZP District Fatehabad. She is an illiterate woman from Nagpur Gram Panchayat of Fatehabad. When she contested for ZP membership, she was with the ruling party - Indian National Lok Dal. As Fatehabad has the highest scheduled caste population amongst other districts the post for chairperson ZP was reserved for scheduled caste woman. Out of 13 members elected for ZP, 7 were supporting her for the post of Chairperson.

The ruling party decided to elect Smt. Kalo Devi as Chairperson. This led to Paso Devi leaving the ruling party and joining hands with the opposition - Congress Party. As there were only two candidates eligible for the post the members of opposition supported Paso Devi whilst the ruling party supported Kalo Devi. This took a dramatic turn when the ruling party kidnapped Paso Devi whilst Kalo Devi, supported by the ruling party, was elected as ZP Chair.

Paso Devi currently is an elected member of Zila Parishad from ward no. 5. Her constituency had 44000 total votes at that time and covered 21 villages. Paso Devi won by 17500 votes.

At the time of election she had four children. Before election her sister adopted two of her children.

After one year, her own brother in law (Jeth), filed a case against her alleging her that she had more than two child which is disqualification as per Haryana Panchayati Raj Act. She obtained stay from Financial Commissioner and Secretary in this regard and continued as member Zila Parishad on the basis of that a similar case is pending with supreme court. When the judgment from Supreme Court came on 30.07.2004, Paso Devi also had to leave her seat. This shows that the constitutional Provision is used as weapon for political rivalry.

2. **Mr. Devraj** s/o Sh. Phalli Ram is 35 years old belongs to scheduled caste got elected as Panchayat Samiti member. He contested from ward no.12 of Ratia Panchayat Samiti of Fatehabad District. He contested first time. He is educated up to 8th standard. His constituency comprised of five villages. He won the seat by 252 votes against her nearest rival. He belongs to SAHNAL village. His rival candidate filed case against and challenged his qualification for the post. Devraj has three children (2 male and one female). The case was pending with deputy commissioner for one year and after one year he had been dismissed from the post as he had been declare disqualified. His third child was born on January 1996.

3. Mr. Sher Singh, Disqualified Sarpanch

Age -30 years, Caste-Vulmiki (SC), Gram Panchayat- Lhariyan.

Education- Matric (10th)

Living Children- 5 (4 Female 1 male) Last child was born in 1999.

He contested election for the post of Sarpanch from the seat reserved for scheduled caste. Total votes in His Gram Panchayat at the time of election were 2300. He won the Election by 436 votes. His father had been member Panchayat for two terms. He was also a worker of ruling party. He was first suspended in 2001 on the basis of disqualification having more than two children. But he remained Sarpanch, as he was member of ruling party. He second time suspended in 2003, he again escaped himself. Finally he has been given notice on 05.07.2004, his records taken over on 09.07.2004 and dismissed 26.07.2004. He told that during his tenure of four year, administration never supported him in his work. Upper caste people (Panches) of his Panchayat influenced, J.L. Secretary and BDPO. He was never provided all the funds. Development works done in his Panchayat some times without asking him. In parliament election he supported congress candidate as he belongs to his community, ruling party victimized him.

4. Rajkumar, Disqualified Sarpanch

Gram Panchayat -Bihar, Block & District Patnabhad, Total Votes: 6500

Age- 39 yrs

Education- 10+2

Caste- Scheduled Caste

Living children: 4 (2 Male 2 female) Last child born in 1996.

Rajkumar was elected unanimously as Sarpanch, as the post of Sarpanch in Bihar Gram Panchayat was reserved for scheduled caste. In 2002 there was a case of encroachment. Some upper caste people tried to influence him to take decision in their favour. But he refused saying that he cannot go against the will of majority of people. The same people are running a school. They offered free education to his children in their school. After having the proof of birth of his child, they filed case against Rajkumar. He declared disqualified and dismissed from the post on 26.05.2004.

5. Mr. Billu, Disqualified Sarpanch

Gram Panchayat- Bhundarwas Total Votes: 2800 won by 63

Age- 43 yrs, Scheduled caste, Education: 9th

Living Children: 5 (3 Female 2 male) Last Child Born in 1995 (female); Adopted by his brother in law.

Billu contested election on unreserved seat and won by 63 votes from his nearest rival Mr. Makhan Singh. After 39 days of Billu's election as Sarpanch, Mr. Makhan Singh filed case of disqualification against him. He fought the case up to B.D. Dhaliya, Secretary Department of Panchayats Govt. of Haryana and High Court. He finally dismissed on 28.01.2004.

Ms. Indira Jaisingh,

She is a leading advocate and a rights activist. She is an outspoken orator famous in lending her voice on issues related to women's rights. She heads the "Lawyer's Collective" a forum, which advocates the right of a woman's physical autonomy in addition to reproductive rights. She believes that changes should be made within the framework of existing laws of the constitution.

Ms. Jaisingh speaking on the occasion touched upon the crucial issues of International Human Rights and Indian Constitutional Framework and Policy Framework in the context of *Population Development and Reproductive Rights*. She spoke about the rising disconnect between the two leading communities of law and social movements due to the lack of understanding within the civil society groups on the precise role of law in a social struggle. She said the UN International Conference on Population and Development (ICPD), held in Cairo 1994, turned the table in perspective of the International community towards issues of population and development, women's roles and rights. India too was influenced and the shift can be evidenced in her national population and health policies.

She spoke about the judgment of the Supreme Court in the Javed & others v/s State of Haryana case, which dealt with the two-child norm. She stated that the whole paradigm of equality the way it has been conceived of in the western world is that "*likes have to be treated alike and those that are not alike need not be treated alike*". That's how the Right to Equality in Article 14 has been understood traditionally the world over including India. This has led to a lot of complications, as it has been a doctrine, which actually sanctified the existence of racism and it can even sanctify the existence of discrimination against woman (The Air-India case, the Supreme Court observed that male staff and air-hostesses are not similarly situated so they don't have to be treated similarly.).

She said that there are several reproductive rights issues that stand out in the context of population and development in India. The legal framework securing human rights in India is found in the constitution and the constitution does not provide an explicit guarantee of reproductive rights or health. It talks of a general right to health and specific aspects of reproductive health within constitutional law. The only overt references to health are found in Part IV in the Directive Principles of State Policy of the constitution. The constitutional protections for the right to health is derived from other explicit rights found under Part III of the constitution like: -

1. Right to Life (Article 21)
2. Right to Liberty (Article 21)
3. Right to equality (Article 14)
4. Non-discrimination (Article 15)

She informed that the interpretation and application of these fundamental rights support the right to health under both domestic and international frameworks. She observed that the court has articulated the **Right to Live with dignity** under (Article 21) sustained by the Directive Principles including the protection of health. She said fulfillment of reproductive rights doesn't rest solely on the rights associated with health, but also on notions of empowerment, equality and autonomy. There are a number of Supreme Court decisions that have implications for reproductive rights in India. The jurisprudence of the court has been important in light of its holding in *Vishaka & others v/s State of Rajasthan*. The court opined the use of international conventions and norms to interpret fundamental rights. Similarly in the case of *Chameli Singh & others v/s state of UP & others*, the court broadly defined the **Right to Life** includes food, water, decent environment, education, medical care and shelter.

She informed there are a number of national policies that directly and indirectly affect reproductive health like the national Five-Year Plans. There is no woman's right to abortion in India and the laws on abortion either criminalize or medicalize the act. Arguing further in the same context she highlighted the practice of rape within marriage, which is not an offence in India. The extent of forced sex within marriage is not even quantified and is not an offence. Therefore there is no question of collection of any statistics or grievance redress forums to tackle the crisis. If the implications of this crisis can be understood then one can begin to link it up with the whole issue of the Right to sexual self-determination, unsafe abortion, fertility.

The family planning has essentially been a mechanism for the state to pursue its agenda on population growth rather than viewed as a holistic health and rights issue. Laws on contraception fall under the purview of the laws on drug control. In particular, the Drugs & Cosmetics Act and the Drugs Control Act govern the manufacturing, distribution, quality and sale of contraceptives. The Drugs & Magical Remedies Act prohibits false or misleading advertisements or claims regarding a drug. Since this Act is not applicable to government advertisements, the law is limited. Respecting the human rights of women has been particularly problematic in the area of contraceptives when it comes to testing of drugs on Indian women without their informed consent.

Community Perspectives on Unsafe Motherhood By Jashodhara Dasgupta

Note: - I am from Uttar Pradesh, the state, which has a casualty of 40,000 women dying every year for causes related to maternity by the government's own estimates. This is almost one forth of the total maternal deaths in the country. I work among the rural communities on maternal health for the last 15 years. I myself had escaped being a case of maternal mortality.

Since the last few years, it's my privilege to work with several community-based groups and individuals on this silent emergency. My experience in association with these groups benefited me and as a crucial component of the "community perspectives" I am sharing this presentation.

Continuing cycle of Rights Violation,

1. Studies show that women experience a series of rights violation in the spheres of reproductive rights, social, economic, civil and political rights,
 - Case - 1. Ramrati, a poor dalit woman, expecting her first child on the 30th of July 2004 was taken to the local community center around twelve hours after she began labor,
 - Her child was yet to be born, but she was thrown out of the hospital for not being able to pay Rs 5,000 and more,
 - Public outrage and media coverage led to a FIR and attention from the administration. Enquiry team was dispatched by the district Chief Medical Officer,
2. The team conducted forced pelvic examinations over and over creating a two and a half-inch tear between her vagina and rectum that affected her seriously.
3. Apart from person or persons, there appears to be a series of disastrous omissions by a callous system and the lack of policy attention regarding women's rights,
4. Thus several questions can be raised about state culpability in the violation of women's right to life and health.

Source: - Case - 1. Taken from the paper presentation presented by Jashodhara Dasgupta for the workshop "On National Consultation on Laws, Policies & rights in the context of Reproductive Health & Population." On the 25th & 26th Of Sep, 2004 at the India Habitat Center.

The lack of services.

1. Despite the stationing of Auxiliary Nurse Midwife (ANM) for every few thousand population, still no maternal health services or information is being provided to the needy women's,
2. Lack of mechanism to monitor the functioning of ANM's,
 - Case - 2. Munni went to the local PHC for a check-up in the summer of 2000, suspecting a seventh pregnancy,
 - The government nurse called her to the sub-centre and performed an illegal abortion for Rs 500, which resulted into uncontrollable bleeding and the nurse refused to refer her to a government hospital,
 - Her family took her to a private hospital, where Munni was operated upon and her stitches turned septic,
 - As the bills of the private hospital became unaffordable, Munni breathed her last after a month of bleeding, infection and pain.
3. Women are pushed to repeated motherhood, which compounds their vulnerability to maternal death,
4. To avoid unwanted & repeated pregnancies, women need gender sensitive information & services and access to safe contraception,
5. Government initiative of the RCH program or National Population Policy 2000 has not touched the hundreds of deserving women's.

State policy, Role of Donors.

1. The study shows that in UP the collusion between vertical donor driven agenda and a system-wide failure in governance ensures that maternal deaths will continue to take place,
2. The WHO-driven massively funded Pulse Polio Campaign ensures that the entire family welfare machinery has little time for anything else other than monitoring the administration of polio drops to every child six times a year,
3. The USAID project for family planning on the other hand has focussed its attention for ten years now on population control approaches,
4. The state population policy formulated in 2000 with USAID support enforces contraceptive targets for health and non-health personnel, so that salaries might be withheld for six months at a time,

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Source: - Case - 2. Taken from the paper presentation presented by Jashodhara Dasgupta for the workshop "On National Consultation on Laws, Policies & rights in the context of Reproductive Health & Population." On the 25th & 26th Of Sep, 2004 at the India Habitat Center.

5. This action ensures that the ANM lose motivation for saving a women's life and instead focus entirely on estimating when a woman will become a willing case for sterilization program,
6. Such vertical and shortsighted policy approach programs combined with corruption makes a lethal combination of cases involving medical negligence and death.

The Emergency Obstetric Care,

Since the 80's the policy of rhetoric continues about providing emergency obstetric care during the CSSM (Child Survival & Safe Motherhood) program. It still continues into the 90's with the announcement of Target Free Approach, the Reproductive and Child Health Program and the National Population Policy of 2000. The continuing and widespread lack of these services, despite adequate funding is an indication that for the government, the death of thousands of women does not matter when compared to the importance of controlling population growth. Even where the services are available, the corruption and callousness of the staff have made the childbearing experience a hell for women in UP.

Law enforcement and regulatory mechanisms,

1. Despite government announcements about the registration of private practitioners and de-regulation of quacks, poor enforcement machinery of the state has lead to flourishing illegal practice in rural areas,
 - Case - 3. Ramadevi was in labor with her seventh child on the 5th of June 2003, the traditional birth attendant advised a referral since it was a complicated delivery,
 - A local quack doctor and her assistant offered to do the case and took Rs 3,000. They hacked off the baby's body leaving the head inside, Ramadevi bled to death after a short while,
 - Local police initially refused to register the FIR on the case, they removed crucial evidence before taking the body for post-mortem.
2. Hardly any action taken against illegal abortion providers in the last few decades ever since the MTP Act was passed,
3. There is a sense of impunity and lack of medical ethics that augurs poorly for using medical evidence as a means of establishing culpability.

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Source: - Case - 3. Taken from the paper presentation presented by Jashodhara Dasgupta for the workshop "On National Consultation on Laws, Policies & rights in the context of Reproductive Health & Population." On the 25th & 26th Of Sep, 2004 at the India Habitat Center.

**Public Tribunal on
Coercive Population Policies and Two Child Norm
9-10 Oct. 2004
Press Briefing**

- Imposition of Two Child Norm and a targeted approach to Family Planning violates the spirit of the constitution.
- It is in contravention of International treaties that India is signatory to, such as ICPD program of action; National Population Policy, 2000 (that talks about a target free approach).
- And violates human rights, rights of women and children and the 73rd Amendment that attempts at empowering women and marginalized.

The Two Child Norm should be revoked because:

1. It provides an impetus to Sex pre selection and female infanticide thus worsening the already deteriorating child sex ratios.
2. Penalizes women, who have no autonomy to decide family size and sex composition, for not bearing sons.
3. Marginalizes women, *dalits* and *adivasis* and the poor from contesting elections in the PRI depriving them of their democratic rights.
4. Deprives people particularly women and children of their entitlements through various welfare schemes and programs like education, health benefits, PDS, accident compensations, maternity benefits, loans etc.
5. Is unnecessary as it only perpetuates the myth of population explosion. On the contrary, the growth rate has slowed and people desire family planning services.

The coercive, targeted and incentive based approach leads to –

1. Neglect of women's health needs and focus centered only around Family planning. This is also reflected in the disproportionate allocation on family welfare vis-à-vis health.
2. Mass sterilization and poor quality of services and the resulting high failure rates, unwanted pregnancies and deaths.
3. Unethical practice and medical negligence.
4. Shift of the focus to Women as easy targets.

Our Demands:

1. Revoke all laws and policies related to the Two Child Norm, particularly the Panchayati Raj Act.
2. Amend all coercive moves and proposals at both Center and State levels- Common Minimum Program and State programs.
3. Ensure informed choice and quality services
4. 'Development is the best contraceptive'. Ensure security of education, health, livelihood and other basic rights

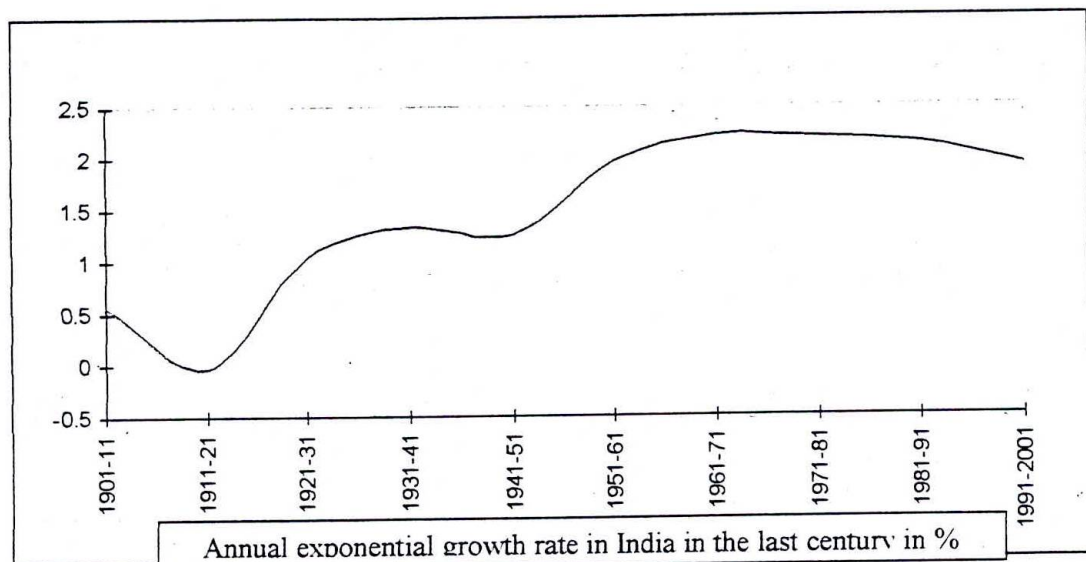
Why India no longer needs to force its citizens to have smaller families

1. Population growth rates have slowed in the last 50 years

1951-1961	1.96% per year
1961-1971	2.22% per year
1971-1981	2.20% per year
1981-1991	2.14% per year
1991-2001	1.93% per year

The population growth rate has stopped increasing sharply.
The growth rate in India now is the slowest in the last fifty years

See graph below:



2. People no longer have large families .

Average number of children for all married women (TFR) 1951- 6.0

Average number of children for all married women (TFR) 2001 – 2.85

3. People no longer want large families, they want contraceptive information and services which they are not being provided with.

Table showing unmet need for contraceptive services wanted and actual fertility in different states

State	Total fertility rate	Wanted fertility	Unmet need for FP
India	2.85	2.13	15.8
UP	3.99	2.83	25.1
Rajasthan	3.78	2.57	17.6
MP	3.31	2.40	16.2
Bihar	3.49	2.58	24.5
Orissa	2.46	1.90	15.5

4. Why does India still appear to have a large and growing population?

India has a high proportion of young persons in the reproductive age group and even when they have only one or two children per couple, the quantum increase is high because the number of reproducing couples is high. Thus the birth rate is high though the total fertility rate (TFR) is low. This is called population momentum. India is like an express train which has just applied its brakes. The train is very heavy and because it is moving very fast it takes time before it actually stops.

Sources – NFHS II, Census 2001, NPP 2000, MoHFW - UNFPA Briefing Kit on Population Stabilisation.