
PROMOTING A GENDER SENSITIVE ENVIRONMENT IN HIMACHAL PRADESH, INDIA

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Abstract

Keywords:

sex-ratio, son-preference, sex-selection, social backwardness, gender sensitive.

Background: The unrelenting effect of patriarchy and socioeconomic backwardness has led to millions of missing girl children in the human population, contrary to the biological norms.

Objectives: To analyse the reasons of adverse female sex ratio and to assess the impact of i) policy initiatives ii) awareness campaigns and iii) enforcement of law, in the state of Himachal Pradesh (HP), India.

Material and methods: This is a five year observational study, conducted from June 2006 to July 2011. The steps taken were; a) Policy initiatives i) *Indira Gandhi Balika Suraksha Yojna* 2012. ii) *Best Panchayat Award* iii) *Informer Award* b) Implementation of Pre-Conception and 2013. Pre-Natal Diagnostic Techniques, Act 1994, and c) *Beti Hai Anmol* awareness campaign. 2014. The year wise sex-ratios registered in Civil Registration System (CRS), are analysed and the 2015. status of women, in HP is portrayed.

Results: The CRS HP shows a steady improvement in the female sex-ratio at birth from 885 in 2006 to 924 in 2011. Census 2011 registers an increase in sex-ratio by 6 points, from 968 in 2001 to 974 in 2011 and child sex-ratio has improved by 10 points from 896 in 2001 to 906 in HP. The female literacy rate is 75.9% in 2011. The female infant mortality rate is 32, better than the national average of The projected female life expectancy at birth, 2011-2015 is 74.3 years, ranking third in the country. The female work participation rate is 44.8%, ranking first in the country.

Conclusion: Sustained multidimensional gender sensitive programmes can help to build a girl-child friendly environment.

INTRODUCTION

Sex-ratio at birth (SRB) is computed as the number of girls born per 1000 boys born, in India, however in international usage it is defined as the number of male live births per 100 female live births. ^[1] SRB in the absence of deliberate manipulation is around 952 females /1000 males which is also used as a biological standard. ^[2] SRB values below 920 when measured in samples to about 10,000 observations reveals an active intervention before or during pregnancy altering the biological average. ^[3] The male heavy character of the Indian population was evident since the first census conducted in 1871, however, it was offset by issues like increased mortality, poor health standards and poor registration for females. ^[4] As health standards started improving and the survival environment improved, the gap in the female to male sex-ratio showed a dramatic shift in 1970s. ^[5] Deep rooted son-preference and emergence of sex-selection techniques resulted in a noticeable deterioration in the child sex-ratio.

Himachal Pradesh (HP), a hill state, in north India, is primarily rural with only 13% of households in urban areas. [6] The reasons for decline in sex-ratio are complex and depend on geographic variations, sociocultural and socioeconomic determinants. This paper analyses the reasons for decline in female sex-ratio and outcome of initiatives undertaken in the state.

MATERIAL AND METHODS

This five year observational study, was conducted from June 2006 to July 2011. The Directorate of Health and Family Welfare, HP headed by the Director Health Services who and the State Appropriate Authority (SAA) for implementation of the Pre-Conception and Post Natal Diagnostics Techniques, (Prohibition of sex-selection) Act 1994 (PC and PNDT Act). The hierarchy and roles of various authorities is shown in Figure 1.

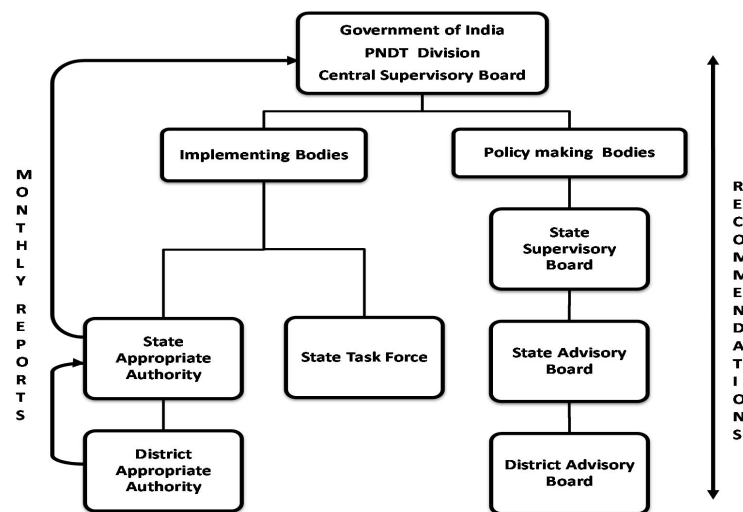


Figure 1: Implementation of the PNDT programme- Hierarchy and Roles. Directorate of Health and Family Welfare Services, HP

Recognising the problem, several government initiatives were undertaken to address gender issues.

a) Policy initiatives:

1. *Indira Gandhi Balika Suraksha Yojna*. Eligible couples who adopt terminal methods of family planning, who have a single/two living females and have no male child are awarded Rs/- 25,000/20,000 in cash.
2. *Best Panchayat Award*. The panchayat with best female sex-ratio in each district was notified and awarded five lakh rupees as a development grant in 2007.
3. *Informer Award*. A sum of 10,000/- rupees would be awarded to any person who would inform about sex selective activities.

All the schemes were advertised through electronic and print media.

b) *Beti Hai Anmol* campaign: The *Beti Hai Anmol* campaign was launched in August 2009. The campaign comprised of several innovative and creative activities organised on a well defined frame work. The major highlight of the vigorous campaign was that, in each district a similar activity on the same day was carried out with involvement of other departments. The campaign started with taking a pledge to refrain from any activity leading to sex-selection. *Prabhat pheries* and rallies were organised in which anganwari workers, self-help groups, mahila mandals, yuvak mandals and

school children took active part. Special signature campaign was held. Blood donation camps, exhibitions and street shows by folk media were launched across the state. All activities were synergistic and coordinated.

Advocacy workshops at the state level and districts level were organised. The medical fraternity, people from media and religious leaders participated in these workshops. Regional workshops with judiciary and members of human rights law network were held. Information, education and communication material was distributed among the public to create understanding about the act, causes and implications of sex-selection.

c) The Pre Conception and Pre Natal Diagnostics Techniques, Act 1994: All the committees at the state and district level were notified in accordance to the PC and PNDT Act 1994. A state level task force was constituted and empowered to conduct inspections of the ultrasound clinics and co-ordinate with the SAA, district advisory board and district appropriate authority. Regular meetings were convened both at the state and district level. Strict enforcement of the law was ensured.

The data were collected from all the districts and sent to the Government of India PNDT cell. The consolidated state PNDT report and other data perused are i) Civil Registration System (CRS HP 2010) ii) Census report 2001 and 2011 iii) Human Development Report 2011 and iv) NFHS-3 HP.

RESULTS

The overall sex-ratio in HP according to Census 2011 is 974 females per 1000 males. From 1981 census to the census year, 2011 there is a gradual increase, however in 1991 to 2001 a sharp decline, from 976 to 968 was noticed. Child sex-ratio (0-6 years) remained a matter of concern from 1981 to 2001 as it nose-dived from 971 in 1981 to 896 in 2001. In census 2011, it increased to 906 as shown in Figure 2. The sex-ratio and child sex-ratio of ten vulnerable states is depicted in Table 1. The top three and bottom three states as per the sex-ratio, and districts as per the sex-ratio and child sex-ratio 2011 are shown in Table 2, 3a & 3b. The sex-ratio at birth in districts, child sex-ratio in districts and blocks with adverse sex-ratios below 840 in HP are shown in Table 4a, 4b, 4c. Table 5 depicts indicators of sex preference in HP.

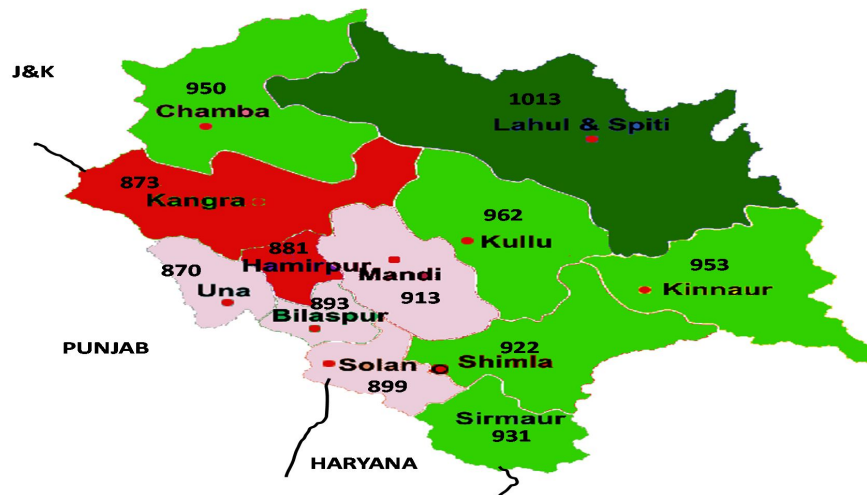


Figure 2: Child sex ratio and overall Sex-ratio 1981-2011, Himachal Pradesh.

Table 1: Vulnerable States: Sex-ratio and Child Sex-ratio, India

States	Sex-ratio		Child Sex-ratio	
	1991	2001	1991	2001
India	927	933	945	927
Himachal Pradesh	976	968	951	896
Punjab	882	876	875	789
Chandigarh	790	777	899	845
Haryana	865	861	879	819
Delhi	827	821	915	868
Rajasthan	910	921	916	909
Gujarat	934	920	928	883

Source: Census 2001

Table 2: Top three and bottom three districts ranked as per sex-ratio, India

State/UT	Sex-ratio
Top three states	
Kerala	1084
Puducherry	1038
Tamil Nadu	995
Bottom three States	
Daman and Diu	618
Dadar & Nagar Haveli	775
Chandigarh	818

Source: Census 2001

Table 3a: Top two and bottom two states ranked as per child sex -ratio, India

State/UT	Child Sex-ratio (0-6years)
Top two states	
Mizoram	971
Meghalaya	970
Bottom two States	
Haryana	830
Punjab	846

Source: Census 2011

Table 3b: Top two and bottom two districts ranked as per Child sex-ratio, India

District	Child Sex-ratio(0-6years)
Top two districts	
Lahaul & Spiti (HP)	1,013
Twang (AP)	1,005
Bottom two districts	
Jhajjar (Haryana)	774
Mahendragarh (Haryana)	778

Source: Census 2011

Table 4a: Sex-ratio in Districts, Himachal Pradesh (HP); 1901-2011

District	Sex-ratio(Number of females /1000 males since year											
	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991	2001	2011
Chamba	903	897	893	910	874	894	876	945	936	949	959	989
Kangra	NA	900	930	917	916	936	964	1008	1016	1024	1025	1013
Lahul & Spiti	992	990	993	989	920	933	786	818	767	817	802	916
Kullu	NA	1009	1015	1006	930	941	945	920	918	920	927	950
Mandi	908	924	933	917	907	971	994	964	999	1013	1013	1012
Hamirpur	NA	900	930	917	916	936	1092	1118	1149	1105	1099	1096
Una	NA	900	930	917	916	936	978	1003	1028	1017	997	977
Bilaspur	840	862	874	900	938	948	952	993	1002	1002	990	981
Solan	725	723	645	724	736	800	879	923	929	909	852	884
Sirmaur	798	822	824	803	818	800	828	836	874	897	901	915
Shimla	853	881	842	886	867	875	852	869	878	894	896	916
Kinnaur	911	935	922	941	910	1070	969	887	885	856	857	818
HP	884	889	890	897	890	912	938	958	973	976	968	974

Source: Census 2001

Policy Initiatives: The *Indira Gandhi Balika Suraksha Yojna* benefitted 703 (Table 6) girls during the years 2007-2010 and the state government spent Rs 33 lakhs per annum. The *Best panchayat award* of five lakh rupees was given in 2007 to twelve panchayats (Table 7) in the state for having the best female sex-ratio at birth. The award money was given as an additional grant for welfare activities for girls. However, there was no taker for the Informer award.

The Beti Hai Annol campaign: This was in general an innovative and a creative campaign targeting both the rural and the urban populations, rich and the poor, educated and uneducated. There is ample qualitative data to suggest that the campaign was successful in achieving the immediate goal to create wide spread awareness in people on implications of sex-selection and female feticide. Nearly one lakh signatures were collected in the signature campaign. Soon after the awareness campaigns many independent journalists wrote on the issue of female feticide invoking public interest. The Himachal Pradesh Tourism Development Corporation announced an incentive, making parents proud of their girl child for travelers visiting the state. As a part of *Beti Hai Annol* convention where in the states of Haryana, Punjab, Uttra Khand and the Union Territory(UT) of Chandigarh participated a joint communiqué was released to establish a Cooperative Committee to facilitate a continuous interaction between the states to devise strategies to secure attitudinal change in the society to eliminate male preference and ensure strict implementation of the law. The government further announced 50% reservation for females in Panchayati Raj institutions, free female education up to graduation level, reservation of one seat in M.Phil for single girl child and the *Beti Hai Annol Yojna*. The medium term goals are reflected in the CRS HP which showed an increase in the female sex-ratio at birth in the years 2008-2019 (Table 8). However, due to lack of research before conducting the awareness activities, its validity may be limited. It is expected that sustained and focused approach will meet the long term strategy to improve the female sex ratio.

Table 4b: Child Sex Ratio in Districts Himachal Pradesh, 2001-2011

Districts	Child Sex ratio in age group 0-6 years (Number of females per 1,000 males)		
	2001	2011	Change
Chamba	955	950	↓ -5
Kangra	836	873	↑ +37
Lahaul & Spiti	961	1,013	↑ +52
Kullu	960	962	↑ +02
Mandi	918	913	↓ -5
Hamirpur	850	881	↑ +31
Una	837	870	↑ +33
Bilaspur	882	893	↑ +11
Solan	900	899	↓ -01
Sirmaur	934	931	↓ -3
Shimla	929	922	↓ -7
Kinnaur	979	953	↓ -26

Source: CRS-HP 2011

The Pre-Conception and Pre-Natal Diagnostics Techniques, Act 1994: In HP according to the act, State Supervisory Board, State Advisory Board, and the Districts Appropriate Authority meetings were held. There were a total of 224 registered bodies under the Act till June 2009, 78 were run in the government and 146 in private health institutions. Around 273 inspections in the state were carried out. Ten ultrasound machines were seized and there were two prosecutions till June 2011. Inspections and monitoring activities were carried out by the state task force.

Comparing women's status across various states in India to identify areas of gender backwardness, various gender linked indicators have been used. The indicators used here include both levels attained and gaps between men and women in education, health, survival, and work force participation. Figure 4 depicts the literacy rate in HP. The female literacy rate has increased from 67.4% in 2001 to 75.9% in 2011. The female infant mortality rate in 2009 was 32, lower to the national average of 52. The projected female life expectancy at birth has increased from 72.1 in 2001-2005 to 74.3 in 2011-2015 being third highest in the country after Kerala and Delhi. The female work participation rate is 44.8%, ranking first in the country.

Table 4c: Blocks with adverse Sex Ratio at birth (<840females /1000 males) in Himachal Pradesh

District	Block	Sex-ratio at birth
Bilaspur	Ghumarwin	838
Hamirpur	Bhoranj	827
Kangra	Nurpur	808
	Dehra	826
	Pragpur	794
	Fatehpur	835
	Nichar	767
Mandi	Balh	788
	Gopalpur	750
Una	Gagret	778
	Amb	782

Table 6: Indira Gandhi Balika Suraksha Yojna - Beneficiaries

Year	Number of Beneficiaries, Indira Gandhi Balika Suraksha Yojna
2007-2008	152
2008-2009	318
2009-2010	233
Total	703

Figure :4

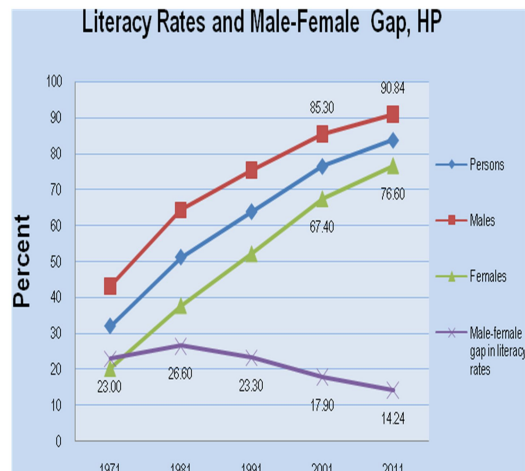


Figure 4: Literacy rates (1971-2011) HP

Overall Sex-ratio and Child sex-ratio (1981-2011)

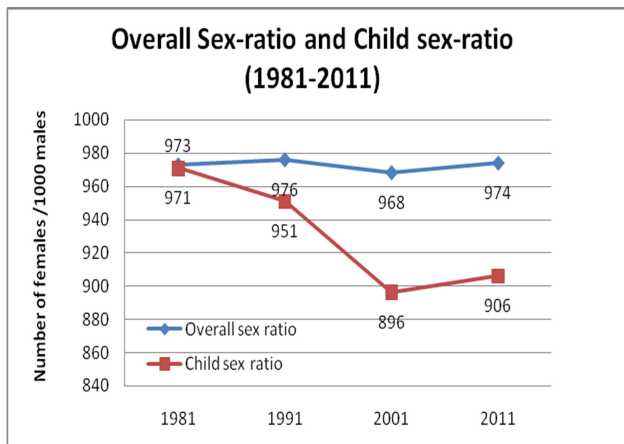


Figure 3: Child Sex-ratio in Districts of HP

DISCUSSION

Female sex-ratio in Himachal Pradesh

Sex-ratio is an important social indicator to measure the male-female equity at a given point of time. Rising India is witnessing a decline in the female sex-ratio which points towards the underlying discriminatory attitude and violation of the fundamental rights. The census data 2001 indicates that the female population deficit in India has increased from 3 million in 1901 to 36 million in 2001. [7] At the same time an alarming downward trend in HP surfaced with child sex-ratio declining from 951 females per 1000 males in 1991 to 896 in 2001. HP was declared one amongst the ten vulnerable states. This implies that, not only there is pre-birth elimination but also female infanticide and female child neglect. Though the child sex-ratio in HP has slightly increased from 896 females per 1000 boys in 2001 to 906 in 2011, but this increase of 10 points is negligible against the steep decline of 55 points witnessed between 1991 and 2001. [8] The imbalance set in at this early age will have a cascading effect on population over time leading to adverse sex-ratio in the state. .

Table 5: Indicators of sex preference in in women, Himachal Pradesh (NFHS-3)

Back Ground Characteristics	Number of women	Want more sons than daughters (%)	Want more daughters than sons (%)	Want least one son (%)	Want at least one daughter (%)
Age					
15-19	534	8.7	3.4	52.1	48.0
20-29	1069	8.7	1.8	65.1	60.4
30-39	908	14.0	2.1	81.4	75.2
40-49	649	16.4	1.1	82.9	77.3
Residence					
Urban	336	8.0	3.8	59.9	57.1
Rural	2824	12.3	1.8	72.6	67.1
Education					
No education	582	21.3	1.3	89.1	82.5
<5 years complete	114	15.4	3.6	82.5	79.2
5-9 years complete	1053	12.0	1.1	79.3	73.0
10 years or more complete	1411	7.5	2.8	57.0	53.0

Source: NFHS-3 Himachal Pradesh, 2005-2006

HP has twelve districts with vivid geographical patterning of sex-ratio differences. The adverse sex-ratios are mainly seen in the bordering districts; Mandi, Hamirpur, Una, Bilaspur and Kangra (Fig 3). Chandigarh, Punjab and Haryana have skewed female sex-ratios and in some religious groups, i.e. Sikhs, consistently low

female sex-ratio is noted. ^[9] The traditions, social and cultural values completely blend in these neighbouring areas and thus affect the gender composition. Punjab has a child sex-ratio of 846 with the district Tarn-Taran which has a child sex-ratio as 819, one of the lowest in the country. Chandigarh features amongst the bottom five states /UTs with 818 females per 1000 males while Haryana has 830 females per 1000 males. ^[8] The bordering states/UT strongly contributes towards male excess society in HP.

Social status of women varies from state to state and region to region. Disparities exist between tribal and non-tribal populations, different caste groups and cultures. There is unequal distribution in health services between the rich and poor, rural and urban populations and between males and females. ^[10] The existence of such inequalities is a stark reality that has put women to a back stage. There is evidence of son preference clearly demonstrated by the various indicators of sex preference in HP. The National Family and Health Survey -3 reports at least 71% of women and 65% of men would like to have at least one son. The desire for more children is also affected by women's number of sons. Among currently married women with two children 100% of women with two sons and 99% with one son want no more children. ^[6] Dowry, insecurity and crime further add to the complexity of the situation and lead to sex-selection and female feticide. Understanding the rationale behind sex-selection is the key to this grave problem. For sex-selection three pre-conditions should be present. It should be conceivable, advantageous and straightforward. Parents should be willing, ready to practice sex-selection and there should be availability of the requisite technology. ^[11] Parents will indulge in sex-selection if it bears clear cut benefit. The reasons are; first, raising girls entails extra costs for protection, marriage and even if investment is made in daughters the money is considered to be wasted due to the 'patrilocal' nature of marriage. Marriage and related expenditures carry large amount of money and expenses after marriage continue up to delivery of the daughter and the child born. Second, it is perceived that sons provide protection and affection to parents, sons are vital to continue the family lineage, and are considered to be the legitimate descendents to this patriarchal system. They alone can perform requisite rituals upon death. Thus having a son adds prestige to the status of parents. Parents without a son feel the pressure and face anguish of their family's and community reaction. Third, work done by females is not counted at all. Men are considered to be the breadwinners. ^[12] This is quite evident by several case studies showing that men have succumbed to the customary urge to have a son for these varied reasons. ^[13]

Table 7: Best Panchayat Award

S.No	District	Block	Panchayat
1	Bilaspur	Sadar	Methi
2	Chamba	Bharmour	Sinhuer
3	Hamirpur	Bhoranj	Kakkar
4	Kangra	Lambagaon	Kudag
5	Kinnaur	Pooh	Namgia
6	Kullu	Banjar	Deotha
7	Lahaul & Spiti	Lahaul	Goharma,Kolang
8	Mandi	Chauntra	Mathear
9	Shimla	Mashobra	Neri
10	Sirmaur	Rajgarh	Sirmaur
11.	Solan	Kandaghat	Hinner
12.	Una	Gagret	Badhera Rajputhana

Table 8: Female Sex-ratio CRS HP 2007-2009

S.No	District	2007	2008	2009
1	Bilaspur	891	887	950
2	Chamba	948	971	963
3	Hamirpur	842	850	927
4	Kangra	886	873	884
5	Kinnaur	947	989	921
6	Kullu	947	953	977
7	Lahaul & Spiti	951	1044	1110
8	Mandi	914	881	917
9	Shimla	931	917	930
10	Sirmaur	919	926	966
11.	Solan	873	891	885
12	Una	875	910	896

Only 1-2% women and men want more daughters than sons.^[6] This has led to a gradual social acceptance of sex selective abortions. The policy of two-child norm (TCN) and the Medical Termination of Pregnancy (MTP) act have largely added to the female deficit.

Two-Child Norm: The policy was recommended by the National Development Council's Committee on Population in 1992 to control population growth. HP adopted the TCN in April, 2001 to achieve targets for population control. Individual case studies have shown that TCN has not been effective in controlling the population growth because of the strong son preference.^[14] Families with only daughters continued to have children until at least one son was born even if it would mean to disqualify from political participation. About 248 officials were removed from panchayat posts in the state.^[15] Further as the data is analysed, later pregnancies; second, third show a strong male trend.^[16] The negative impact of this policy could be seen on women's health and rights. It increased the likelihood of coercive sterilizations, sterilization for incentives, and even medically inadequate and fatal sterilization procedures.^[17] Deep rooted son-preference, combined with TCN resulted in more couples resorting to artificial means to achieve the desired number of sons while adhering to the government policy.

Pre-Natal Sex Selection and Medical Termination of Pregnancy: The basic aim of amniocentesis and ultrasonography was to detect any fetal abnormality and to improve the health conditions for mother and child. However, these new technologies were misused as they provided a 'reproductive choice' to establish a choice of the future child. The MTP act was enacted by the Indian Parliament in 1971. It came into force from 1st April 1972. The MTP Act lists conditions for termination of pregnancy, the qualifications of a medical practitioner and the place where it can be conducted. The reasons to terminate pregnancy range from foetal defects to contraceptive failure (unwanted pregnancy).^[18] The technology was used commercially, almost entirely for sex-determination and induced termination of unwanted female fetuses.^[19] Combination of pre-natal sex-selective technologies and safe abortions provided by qualified personnel became an efficient and an easy tool for sex-selective abortions. From 1980s the sex-selective abortions became the primary method used to alter the sex composition of children.^[20] Besides being easy to perform and safe, the major social advantage was limited exposure to extended family members and many a times concealed by the couple. About 78,000 female fetuses were aborted after sex-determination tests between 1984-85.^[21] It is estimated that during 2001-2007 sex-selective technology accounted for approximately 4.8% (6 lakh per year) in India and 7.6% (4,448) in Himachal Pradesh missing girls at birth.^[3] Even the pregnant female is at times ready to undergo sex-selective abortions.^[22] The disturbing sex-ratios in the 1991 Census and relentless efforts by activists led to the formation of the Pre-Conception and Pre-Natal Diagnostic Techniques, Act 1994. (PC and PNDT Act, 1994).

Pre-Conception and Pre-Natal Diagnostic Techniques, Act 1994: After a long campaign by the civil society and women organizations the Indian Parliament enacted the PC and PNDT Act on 20th September 1994.^[23] Though, this a

comprehensive piece of legislation which deals only with sex-determination and sex-selection, the provisions of law have actually been forgotten in context to abortions. In a study conducted by Lawyers' Collective, 78% of the women were aware of the law against sex-selection and most thought that the act of sex-determination followed by abortion was liable to be punished under the law. This reveals that the women were not aware of the fact that sex-determination is actually punishable under the law.^[24] However the findings of the all-India study by the Abortion Assessment Project states that women and service providers had a greater degree of awareness regarding the PC and PNDT Act as compared to the MTP Act. Almost all women were aware that they are indulging in an illegal act when they undergo sex selective abortions.^[25]

Though the law, PC and PNDT Act, 1994 has been enforced at both the national and state levels it has so far yielded mixed results. There is general consensus that securing convictions against doctors for conducting sex determination tests is difficult. In fact the first ever conviction leading to imprisonment of an offender took place in March 2006; 12 years after the Act came out in 1994.^[26] There are several loop holes in the law. Sometimes producing evidence for a crime that can be committed by a word or a sign, without any physical proof of the same is difficult.^[27] Due to varied reasons; lack of resources to carry out inspections, lack of qualified staff, poor performance of advisory committees at various levels, insufficient understanding of the law and procedural errors, high levels of ignorance among the general population, the law has not been enforced in true spirit and purpose.^[28] The sex-selective technology has undergone constant progress and the latest technology is DNA testing.^[29] The blood of the pregnant women is known to contain DNA of her baby after 6 weeks of gestation and can determine the sex of the fetus. This is a blood test, 95% accurate and results can be available within days. The potential of using this test is enormous.

Intensive information education and communication campaigns can create an environment where daughters and sons are considered as equals. Numerous advocacy programmes of varying scales have been conducted, focusing on the issue of prenatal sex selection. These activities are carried out mostly by the government addressing simultaneously several issues. The *Beti Hai Anmol* campaign was structured not only to aim at potential offenders but also was directed towards gender equity and looked primarily at the positive aspect of having a girl child. It integrated the themes of crime against women manifested in sex-selection and the implementation of the PC and PNDT act. The message was loud enough for not abiding the law and the shame in the society. This campaign was held in two phases and saw great success in changing the mindset; at least it made the beginning of the change. The *Beti Hai Anmol* campaign was successful in highlighting the achievement of young girls, promoting positive image of women, and in raising awareness regarding the illegality of sex-selective abortions. The other departments of the state also took initiatives to value the girl child.^[30] The modest improvement in the sex-ratio at birth and child sex-ratio goes in favour of the fact that attitudinal change is more important; however implementation of the law will keep the fear of fines, jail terms and shame in the society.

There are numerous indicators that serve to understand levels of gender development or backwardness, however discussing each one is beyond the scope of this article. The other indicators chosen apart from sex-ratios, child sex-ratios, are education, wealth index, infant mortality rates among females and life expectancy at birth among females. We have seen that the sex-ratio and child sex-ratio have shown a positive trend. As regards education in the age group of 15-49 years 62% of men completed 10 or more years of education while only 45% of women have attained that level of education.^[6] Census 2011 records an upward trend recording an eight percent change in the female literacy rate and decrease in the male-female gap in literacy rates from 1981. However, the literacy rates of females has remained lower to both male and total literacy rates during this period and also in the rural areas.^[8] The total literacy rate is 83.78 %, the male literacy is 90.84 %, while the female literacy is 76.60 %. The state ranks eleventh in the country and the gender literacy gap has narrowed down from 17.93% in 2001 to 14.24% in 2011. Increase in female literacy indicates changes in the policies and infrastructural supports to promote women education by the Government. Based on the wealth index HP is a wealthier state than the nation as a whole. Over one-thirds (35%) of households are in the highest quintile but it is mainly the urban households which account for 77%.^[6] Infant mortality rate is an indicator of risk of death during the first year of life and is indicative of unmet needs of health and unfavourable environment. The infant mortality for India is 50, and female infant mortality rate is 52, which is

three points higher than the male counterparts. In HP the female infant mortality rate is 32 per 1000 live births compared with 45 for boys. Although the infant mortality rate in HP is lower than most other Indian states, ranking seventh in the country but it is more than twice that is found in Goa and Kerala ^[6] The projected female life expectancy at birth has increased from 72.1 in 2001-2005 to 74.3 in 2011-2015 being third highest in the country after Kerala and Delhi. The female work participation rate accounts for 44.8% and ranks first in the country. ^[8] These indicators show that Himachal Pradesh is stepping forward to provide an enabling environment for females.

CONCLUSION

Geographically men and women share the same space, yet they live in different worlds. Even there is a lot of disparity in gender development across the states and districts of India. The systematic gender discrimination coupled with repercussions of policy initiatives like the two child norm have led to the prevailing male demographic pattern. HP is one of the better performing states and gender-linked indicators have registered a significant positive change in education, health and social status. However the findings of gender linked indicators need to be converted into effective intervention strategies to build a girl-child friendly environment. There is need to deconstruct the patriarchal notion, ban the use of sex selective technologies and institute large-scale social movements and awareness programmes to bring about gender equality in the region.

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