Elevating the Value of Women and Girls in Society

Funded by Thomas ’80 and Kathi ’80 Loughlin; Robert Rooney and Dr. Lisa Rooney

Project Directors
Richard Ryscavage, S.J.
Professor, Department of Sociology
Director, The Center for Faith and Public Life
Fairfield University

Gita Rajan, Ph.D.
Professor, Department of English
Senior Research Fellow, The Center for Faith and Public Life,
Women’s Studies Faculty - Global Social Justice
Steering Committee, Connecticut Council,
Vital Voices Global Partnership
Acknowledgments: We are sincerely grateful to Ambassador Melanne Verveer for recommending that we focus upon the sex ratio imbalance crisis in India, as the launch project for the gender and sustainability initiative undertaken by Fairfield University’s Center for Faith and Public Life (CFPL). We thank her Office of Global Women’s Issues at the U.S. Department of State for their support, especially Anita Botti, Deputy Director and Saba Ghori, Senior South Asia Specialist/Violence Against Women Advisor, for walking every step of the way with us on this exciting journey. We are immensely grateful to Thomas and Kathi Loughlin ’80 and Robert Rooney, CFPL Advisory Board members; and Dr. Lisa Rooney, friend of CFPL, whose vision, support, and encouragement made this endeavor possible. We are grateful to Noël Appel, assistant vice president for development, for her cheerful guidance. We sincerely appreciate the superb advice given by British Robinson from the U.S. Department of State and Kelly Ryan from the Department of Homeland Security. We thank every member of our multidisciplinary faculty teams: Rev. Rick Ryscavage, S.J., director of CFPL, Professors Gita Rajan, Anna Marie Aksan, and Suzanne Campbell from Fairfield University; Rev. Joe Arun S.J., Professors Francis Adaikalam and Gautam Manoharan from Loyola College; Rev. Frazer Mascarenhas S.J., Professors Amonkar, Agrawal, and Menezes from St. Xavier’s College; and Mr. Janardhanan, our research manager in India. All have worked selflessly. We thank the graduate students in India, and Omar Munshi from Fairfield University, for whom this was a labor of love. And, we are grateful to our embedded librarian, Curtis Ferree, and Shirlee Doty, our E. Gerald Corrigan Endowed Scholar, for assisting us in the review of literature. We thank Melissa Quan, associate director of the CFPL, and Julie Mughal, assistant director of CFPL. We are immensely grateful to all the respondents of the survey in Mumbai and Chennai, without whom, this work could not have been undertaken. We sincerely appreciate the generous manner in which our colleagues in India helped shape the findings: Madhu Bala Nath, regional policy adviser for UN Women; Ena Singh, assistant representative of UNFPA; Rekha Gupta, Deputy Comptroller and Auditor General (retd.); Rita Sarin, Hunger Project, Meera Khanna, Guild of Service; Bindu Madhavi and Leena Sushant, Breakthrough; A.L. Sharada, Population First, Aditya Dayal, Nanhi Chhaan; and Abhiram Ghadyalpatil, Arundhati Mundlay, Mandeep Kaur, and Isabel Chan, who generously shared policy information with us that has made this report comprehensive. Finally, we are grateful to all the people at Fairfield University who have helped in this undertaking.
Impact India 2021: Elevating the Value of Women and Girls in Society
Preliminary Report

I. Introduction

Efforts to elevate the value of women and girls in Indian society are grounded upon a rich synergy of numerous initiatives that span the last two decades. Perhaps the first big idea to note here is the one born at the Fourth World Conference on the Status of Women hosted in Beijing in 1995—a celebration that coincided with the 50th anniversary of the founding of the United Nations. It was here that Hillary Clinton, then First Lady of the United States, famously declared that women’s rights are Human Rights, leading to the cascading effect of various rights that women in every nation could avail themselves of, particularly those pertaining to development. Coming on the heels of this world-wide movement was the forging of the Millennium Development Goals (MDG) expected to be accomplished by 2015, chiefly those pertinent to India regarding the reduction of poverty; reduction of maternal mortality ratios (MMR) to 109/100,000 live births; and, infant mortality rates (IMR) to 27/1000 live births. Such global endeavors raised the level of scrutiny in India to attend to these incessant problems, and the ambition to strive to meet the MDGs. This was a period in Indian history wherein support poured in from various global entities, charitable foundations, and private donors, principally in coalition with public and private Indian agencies. Some such entities that come to mind immediately are the United Nations, United States Agency for International Development (USAID), the World Bank, The International Monetary Fund (IMF), the MacArthur, Ford, and Melinda and Bill Gates foundations, for example.

Like every nation in the world at this momentous time in history, where social justice ideals were married to development goals, non-governmental organizations (NGO) began their work all over India. While some NGOs and foundations examined the status of women in India through the double lens of poverty/health, others, specifically UN Women, entered the debate through their signature global platform of preventing violence against women. The Government of India actively engaged with the challenge by also fostering partnerships amongst Indian academies, multinational corporations, and other governments like those of Norway and Canada, to coordinate research projects. In effect, such joint undertakings led to the production of evidence-based research on ways to improve women’s lives, their reproductive health, and infant care. It can be summarized, then, that India has seen a decade or more of serious efforts to elevate the value of women and girls.

The targeted focus and evidence-based research yielded much-needed quantitative data on maternal and infant health, but also revealed a disquieting statistic. The Indian National Census of 2001 documented a gradual decline in infant mortality rates, but also showed more male infants in the live birth column. By 2011, the Indian National Census revealed an alarming fact. It showed a drastic reduction in live female infants, which demonstrated a severe sex ratio imbalance; the national sex average ratio among children age 0 to 6 is today 927 girls to 1000 boys.

ii
Prime Minister Manmohan Singh is quoted from “India’s Critical Gender Imbalance.”

Prime Minister Singh’s call to action resonates with MDG benchmarks and with initiatives of august bodies such as the United National Population Fund (UNFPA), UN Women, IMF, the World Bank, NGOs, and International NGOs, and research agencies such as the Public Health Foundation of India and the International Center for Research on Women (ICRW). Incidentally, Ms. Madhubala Nath, regional policy advisor for UN Women’s South Asia Region, noted that as the designated think-tank for the Indian Government’s Planning Commission, they have a say in how the government tackles gender issues and inequities. Consequently, UN Women’s research findings are integral in shaping public policy in gender matters. The recent India National Census (2011), for example, was “genderized” based upon its recommendations; the detailed data on women it provided is one of the first concrete indications of the country’s sex ratio imbalance.

The National Census, as a document of evidence-based proof, as well as abundant other research conducted over the last decade, provides aggregated statistical data on male-female ratios, together with disaggregated data for each of the 28 states. These data-sets in total include breakdowns of rural and urban areas and wards within urban areas, dramatizing the ultimate reality of the severe sex ratio imbalance across India.

The analysis of a decade’s worth of collected data led to a variety of interventions, a few of which are:

- The Central Government set up incentives and awards at local levels in urban and rural areas that span the range from community hospitals to rural health clinics. For example, in order to track the live birth and the attendant sex ratio balance, couples are incentivized to deliver their babies in hospitals and clinics. Many states provide conditional cash transfers (Dhanalakshmi system) to parents of a girl-child as a goodwill gesture to cover costs for the girl’s education.

- The Ministry of Health and Family Welfare launched the National Rural Health Mission, which rewards parents for, amongst other things, having daughters. In urban areas, the collection of reproductive health data led to the establishment of HIV-AIDS clinics.
Due to the high incidence of lower-income families marrying off girls as young as five years old, the Indian Government created initiatives to improve youth health and set up adolescent clinics in urban areas. Such youth/adolescent health clinics are common in many developed nations, and Indian healthcare professionals modeled theirs along similar lines. The Government of India, with the support of the World Health Organization (WHO), set up Safdarjung Hospital Adolescent Healthcare Network (SHAHN).vii

The UNFPA recently conducted an in-depth study of doctors’ practices and attitudes in assessing the role they play in the sex ratio imbalance. More important, the UNFPA coordinated a vibrant network of NGOs in Indian cities engaged in addressing this situation from different angles.viii

The ICRW office in New Delhi partnered with UNFPA and launched a study to explore prevailing patriarchal attitudes and biases, called “Where We Work: Examining Men’s Attitudes toward Son Preference.” This study, (duration May 2011 to April 2012) will be included in the literature review for Phase II.ix

Similarly, the World Bank and other NGOs play a dynamic advocacy role in ensuring better quality health care delivery to women in local hospitals and community clinics. Academics, notably from the Health Foundation of India, have partnered with the University of Aberdeen (Scotland) to provide accurate, complex data-sets to inform and help the Government shape public policies in numerous states. Jawaharlal Nehru University, for example, forged a partnership with the Canadian government to track the sex ratio imbalance. Yet a decade of quantitatively collected information, which indeed helped create public policy and led to interventionist steps, has had little effect upon the sex ratio imbalance. Clearly, there was a gap in the findings and how to address this crisis. According to the most recent census, in Mumbai the girl/boy ratio is 874 to 1000; Mumbai is located in the state of Maharashtra, where the ratio is 913 girls to 1000 boys. In Chennai the girl/boy ratio is 922 to 1000; Chennai is located in Tamil Nadu, where the ratio is 942 girls to 1000 boys.x

This is the ground upon which this Preliminary Report stands. “Impact India 2021: Elevating the Value of Women and Girls,” recognizes the monumental, necessary work and evidence-based results that quantitative studies have provided over the last 15 years or so, and reframed the challenge to creatively engage the flow of information. In effect, it trains the prism of the lens on the sex ratio imbalance crisis – away from numbers to look at some reasons that have led this crisis.

Rather than looking at the sex ratio imbalance as a women’s health issue, this study reoriented it as a challenge to the welfare of a family. A family unit ripples with gender dynamics; it exerts subtle and not-so-subtle pressures through power-play between husbands and wives, exacerbates generational tensions within households, and makes
palpable internal pressures that result in families preferring to have a male child. Without a doubt, this is a woman question, but in reality, it is more fundamentally a country’s problem. Having fewer women in the country’s population impedes economic growth, stalls development agendas, and poses a severe threat to national security. Civil society scholars posit that there is a greater predilection for violence in societies when there are more boys/men in the general population.

With these considerations for the sex ratio imbalance crisis in India, this Preliminary Report discusses the outcome delivered when the central challenge is remapped around family dynamics and familial pressures, and when men/husbands and women/wives are included as stakeholders in decision-making processes.

Perhaps most important, by fixing 2021 as the end date, Phase II of this research project anticipates providing evidenced-based data and tool-kits to our Indian partners (academic, community-based, corporations, policy makers and others) to enact changes in the behavior of couples regarding the value of women and girls in society, which can become visible in the Indian National Census of 2021.

II. Rationale for the Pilot Study:
Fairfield University, in collaboration with St. Xavier’s College in Mumbai and Loyola College in Chennai, activated the Jesuit network in two major Indian metropolises to investigate the sex ratio imbalance crisis. The 200 Jesuit institutions of higher education across the globe have a common mission to preserve the dignity of the human person through actions that address root causes of social injustice.

Choosing to conduct the Pilot Study in Mumbai and Chennai was a choice based upon predictions from agencies such as the UNFPA about the speed and rate of urbanization across the globe, expected to rise from 50% in 2008 to 70% in 2015.xi

More inhabitants have moved to cities, evident even at the early stage of the population shift, and have become absorbed chaotically into a globalizing, modernizing India. A good number of people in this population shift are expected to fit into the Indian Socio Economic Category (SEC) xii grid’s upper layer of the lower class (category D) and the lower layer of the middle class (category C), just about blurring the boundaries because of peoples’ fluid attitudes toward urban life. Consequently, using the SEC grid of C and D made the Pilot Study culture-specific to the local population vis-à-vis the nation.

In each city, the sample size necessary for analytical purposes was fixed at about 75 families, but the survey was administered to 100 families. Each husband-wife respondent in the analysis needed to be in a family unit with at least two children, with at least one child under the age of six.xiii

The intention behind designing an instrument that complemented quantitative inquiries with qualitative investigations was to get a glimpse into the value of women and girls as determined within families themselves. We foresee moving to Phase II of this research by
deploying a scale-up strategy in the sample size and the questionnaire construction for implementation in different regions of the country.

III. Methodology:
Instrument Design: The questionnaire was designed to complement basic quantitative questions with focused qualitative questions so as to elicit information on how families make routine decisions that speak to their valuing of women and girls.

Review of Literature: This was undertaken to find new ground for generating an innovative hypothesis for the Pilot Study. It also helped avoid redundancies vis-à-vis earlier quantitative surveys conducted by numerous parties in India. The review of literature covered three specific fields in the United States and in India: gender studies, development economics, and health sciences. Gender as a concept became the conduit to connect the two other areas of disciplinary expertise because it served as the platform to include husbands/men and wives/women as a family unit. Including both was a strategic choice designed to augment the qualitative component and signal to the families that we are aware of power dynamics and familial pressures, while indicating to respondents through inquiries into infant care that men/husbands and women/wives are stakeholders in decision-making processes.

The instrument was collaboratively developed using cross-disciplinary expertise from all three institutional partners, while also ensuring that the final survey held true to academic standards with nation-specific precision.

Graduate students from St. Xavier’s College (Mumbai) and Loyola College (Chennai) in the fields of medical anthropology, development economics, and community health were selected to administer the questionnaire to about 100 families in each city, with a target of gathering 75 viable samples from each city for final analyses. This size was expected to capture a microcosm of familial attitudes to gain some insights into the sex ratio imbalance crisis. Each team comprised one male and one female graduate student, making it possible for male students to successfully interview men in the family and female students to interview women. To minimize noise and distraction, the husband and wife were interviewed simultaneously, but separately.

A random sampling method was chosen. In Mumbai, which is laid out on a grid system, students were directed to interview three families from each street. In Chennai, which has a community-based lay out, students were directed to interview three families from a cluster of homes. In both cities, students adhered to the SEC grid of interviewing C and D families.

For every ten families surveyed, students were required to make sure that three of those ten were non-Hindu families. This parameter can be scaled up to mirror India’s population, which has roughly 70% Hindu and 30% non-Hindu families.
Students conducting the questionnaires were trained by the faculty in their home institutions, with the India Research Manager present. He made certain that students were competent and comfortable in asking sensitive questions at every step. A medical professional was also present at every training session to help students use accurate terminology, should respondents need clarification of a question.

IV. Observations and Challenges:

Sample Size: Creating viable, credible results from a small sample size of 75 families was useful in understanding the reality of son preference, or as Nobel Laureate Amartya Sen famously noted in his essay almost 20 years ago: “More than 100 million women are missing.”

The Pilot Study’s challenge is the small sample size, which cannot be used as representative sample to produce meaningful data based upon a regression analysis. Thus, for moving forward to Phase II, this research needs to be widened to include a total of seven Indian cities (Chennai, Trichy, Mumbai, Ahmadabad, Jaipur, Jamshedpur, and Darjeeling) where the resident Jesuit-run schools will function as our dynamic partner network. Here, Darjeeling is expected to act as the site of positive deviance because the sex ratio imbalance is at a minimum in comparison to the rest of the nation.

Survey Design: The innovative intent in incorporating qualitative components into the design instrument was to explore nuanced responses that yielded valuable insights about the pervasiveness of the sex ratio imbalance crisis. A careful scrutiny of the nuanced responses suggests a potential to modify behavior.

A critical challenge was in extrapolating knowledge gathered from quantitative data to ask more sharply honed qualitative questions. This deliberate integration of qualitative inquires are necessary to produce substantive information about the family dynamics and family pressures that have led to the sex ratio imbalance crisis. The next logical step is to understand how and why this causes and results in women and girls being systemically devalued.

The other task was prioritizing some of the quantitative choices in the questionnaire, mainly those about “income” and “dwelling” of the families surveyed. In adhering to U.S. academic norms of data mining, these two sets of questions were incorporated into the final design. This proved to be hindrance, however, as most women surveyed had no knowledge of their husbands’ income, and were not especially interested in knowing specifics. And interestingly, many men could not report an accurate income figure, as withholdings from employers for tax, pensions, and health insurance were beyond their comprehension.

Likewise, the question in the Pilot Study about a family’s dwelling was not pertinent to Mumbai respondents, as the customary practice is to live jointly in a household with
relatives who are least one generation older. This practice has generally been the norm because of the scarcity of space in this over-crowded metropolis. This scarcity of space also automatically imposes a cost constraint on younger couples who cannot afford to live in nuclear family settings. This becomes apparent in the muted responses to some of the questions regarding spoken or unspoken preferences of the elders in the family. One strong indicator is the response to the return-on-investment of educating and envisioning women and girls as feasible wage-earners. For example, as the charts below demonstrate, many men and women in both cities said, “Males should be given a job because they are better equipped to do it well.”

Also, the question on owning or renting their dwelling was unfamiliar to Mumbai survey respondents. Even in Chennai, this question was not particularly pertinent to those surveyed. But the U.S. team decided to incorporate it in the survey, and the Indian teams chose not to delete this.

The challenge to be overcome in future collaborative research is to bring the needs of U.S. academics to meet rigorous data-mining standards in line with recommendations of the seven Indian Jesuit partner teams, and also use the tried-and-tested method employed in the Indian SEC grid, which measures education levels as indicators of earning-potential and consequently dictates the “dwellings” of the husband and wife.

The qualitative component of the survey design allowed women to have a say in important aspects of their lives, however muted and real and/or perceived this fact may be.

The hope was to move women beyond the politically correct responses that many gave to put up the façade of gender equality. It can only be surmised that this is a legacy of media images in common circulation in Mumbai and Chennai. Similarly, many women spoke well about their husbands’ role during pregnancy and their part in shouldering some responsibility for childcare, to protect the image of a happily-married, progressive couple. But somewhere during the interview process, many women let down their guard and admitted that their husbands actually did very little. The point about the influence of the media is validated by the responses of the families who reported that they watched more TV and read fewer newspapers.

Assessment: As this was a Pilot Study, we chose an informal assessment mode using discussions amongst the faculty teams across the three institutions. The overall skills of teams show that the final design of the survey instrument was indeed successful. Similarly, the students’ skills in conducting interviews in the field were effectively developed.

The challenge was creating an efficient cross-disciplinary survey instrument that reflected the combined strengths of faculty in gender studies, development economics, and health sciences. Because academia across the globe now fosters a culture of discipline-specific discourses, terminology, analytical models, and assessment standards, the tensions in
producing a survey that would simultaneously meet disciplinary requirements and effectively perform in the field was a lengthy, debated part of the Pilot Study.

This extra time and cross-disciplinary dialogue amongst the U.S. and Indian teams was not anticipated in the “planned activities” of the Study. Therefore, the final design of the survey instrument, the scrupulous training of the graduate students, and the careful collection, monitoring, and analysis have resulted in a successful endeavor.

One challenge in developing the skill-set of St. Xavier College (Mumbai) students was their inability to master the computer software program that uploaded their interview responses. This failing indicated that the rigorous training sessions for the graduates needs to be broadened beyond content to software areas. Thus, even though these students conducted the full number of interviews, only 66 [of 100] responses were viable for final analysis. This is in sharp contrast to students at Loyola College (Chennai), who not only collected over 150 interviews, but successfully uploaded 144 viable interviews. Addressing this issue will be a critical task in building student capacity for Phase II.

The Preliminary Report captures the shared intellectual labor of three institutional partners in arriving at a well-calibrated quotient between quantitative and qualitative questions. Equally important was the step that engaged students, who first learned about patriarchal attitudes during the study and the reasons for providing boys and girls with equitable access to education and other resources. This initial understanding was cemented during field-work interactions and during the data analysis stage of tracking gender inequalities. The Pilot Study thus also helped educate a (very) small segment of the next generation of India’s youth. Loyola College students reported that it made them imagine an India where all citizens would be valued according to their worth and not their gender.

V. Outcomes in Data Format

- Household size

![Chennai Household Size](image1.png)

![Mumbai Household Size](image2.png)
• Fertility: Actual fertility is in line with family preferences based upon households. Most families have two children, which is what they state is their ideal family size.

• Ideal Number of Children: A majority of families expressed interest in having two children, a boy and a girl each. But, the order of having a male child first was elicited from qualitative responses. See charts below.

• Ideal Number of Boys:
• Ideal Number of Girls:

![Graphs showing ideal number of girls in Chennai and Mumbai for female and male respondents.]

• Next Child Preference

In both cities, couples noted they felt that elders preferred a boy, irrespective of the number of pregnancies. This perception was strongest amongst males in Mumbai. This indicates that within Mumbai families living in close quarters with their elders, there is palpable family pressure to have a male child, contradicting an earlier sentiment that child-bearing couples would ideally prefer one boy and one girl. Couples in Chennai reported a stronger desire for their next child to be female in contrast to the couples surveyed in Mumbai.

• Next Child – Preference of husband/wife

![Pie charts showing next child preference in Chennai and Mumbai for female and male respondents.]

Diagram showing the number of respondents in different categories for acceptable number of girls preferred.
• Next Child – Respondents express their fathers’ preference

• Next Child – Respondents express their father-in-laws’ preference

• Next Child – Respondent express their mothers’ preference
Next Child – Respondents express their mother-in-laws’ preference

Next Child – Respondents’ spouse’s preference

Ease of raising boys/girls

Husbands in Chennai indicated that the ease of raising girls or boys was the same, while wives indicated that it was slightly easier (5%) to raise boys than girls. In contrast, husbands in Mumbai indicated that it was much easier (11%) to raise boys than girls, while wives indicated it was only slightly easier (2%) to raise boys than girls. This is a critical insight that will be incorporated when designing the instrument for Phase II. It will generate data about perceived difference between boys and girls.
• Expense of raising boys/girls

Wives in Chennai indicated that it was 5% more costly to raise girls when compared to boys, while husbands indicated that it would cost the same amount. In contrast, wives in Mumbai indicated that it was much more expensive (17%) to raise girls when compared to boys, while Mumbai husbands indicated that it was only slightly more expensive (2%) to raise girls when compared to boys.

• Income/earning potential of boys/girls

There is a strong perception that boys will earn higher incomes than girls in Mumbai, but Chennai respondents estimated it would be the same.
- Future expectations regarding cost of schooling

- Perceived importance of university education for boys/girls

Husbands in Mumbai considered university education was more important for boys, while wives expressed disagreement. In contrast, husbands and wives in Chennai spanned the broad range from strongly disagree to strongly agree indicating a big divergence in opinion.

- Perceived right and access to jobs boys/girls

In general, families surveyed in Mumbai and Chennai indicated that men have more right to a job when the labor market is tight. Men in Mumbai strongly agreed on this question. Responses from Chennai spanned the broad range from strongly disagree to strongly agree, indicating a big divergence in opinion.
- **Being a housewife is as fulfilling as paid labor**

Chennai respondents exhibited stronger agreement that being a housewife is as fulfilling as paid work. Mumbai’s opinion on this subject is more diverse.

- **Men make better business executives**

Results are more diverse in Chennai with no clear indication of agreement or disagreement about men being better suited to discharge their responsibilities as business executives, whereas Mumbai respondents showed a greater agreement with this statement. It is possible to speculate that since Mumbai is more globalized than Chennai, respondents grasped the new terminology of “executives” rather than “managers.” The latter reflects the term used in postcolonial India.

- **Men make better political leaders**

Mumbai respondents indicated no clear agreement or disagreement related to the capability of men in political positions, whereas respondents in Chennai showed a slightly greater agreement with this statement. This point is noteworthy because even though Prime Minster Singh asserted that India has the highest number of women elected to political office, it is accurate to state that a disproportionate number of these women are at the panchayat (village governance) and/or rural, local levels, and are often invisible on the
national stage. Hence, respondents could easily be associating the idea of “leaders” with the male political figures routinely seen in the media.

- Who is more likely to care for parents in old age

Husbands in Mumbai perceived that sons rather than daughters would care for them in old age, but wives perceived the opposite to be true. In Chennai, both husbands and wives perceived that daughters and sons were equally likely to care for parents in old age.

- Husband’s role during pregnancy

As discussed in the Observations and Challenges Section above, many women in both Chennai and Mumbai felt it was more acceptable to state that husbands played a compassionate, supportive role during their pregnancies. This perception was perhaps an echo of media messages concerning global gender equality norms. The three charts on the next page detail the emotional, financial, and familial support women stated their husbands gave them during their pregnancies.
• Husband's role in providing emotional support

As discussed in the Observations and Challenges Section above, many women in both Chennai and Mumbai reported that their husbands had some decision-making role during both pregnancy and in the care of infants (see charts below). But this could be a conscious effort to project a happily-married, progressive couple image. This display of political correctness in the responses could be the result of media messages concerning global gender equality norms.
Husband's role in decision-making regarding infant health

Here, the quantitative findings support the qualitative responses that husbands knew or cared little about infant care in their homes. This seemed truer of Mumbai; though wives in Chennai felt their husbands would be open to a request for support or help.

Religion:
As explained in the Design of the Survey Instrument section, even with a random sampling method, students were required to ensure that three of every ten families surveyed were non-Hindu. This approximated India’s population: roughly 70% Hindu and 30% non-Hindus in the general population.

**Evident Trends**

Husbands and wives in Chennai prefer to have two children – one girl and one boy – but Mumbai husbands indicated a preference for sons; their wives indicated the need to comply with the wishes of their husbands and elders. This is one indication of the high incidence of the sex ratio imbalance.

The culturally ingrained belief that sons would take care of aged parents was challenged both in Mumbai and Chennai. However, Chennai husbands and wives expressed a stronger acclimatization to the change in tradition, agreeing that more and more married girls are engaged in efforts to care for the older generation.

Both husbands and wives in Chennai and Mumbai strongly indicated that boys needed better access to higher education because boys were perceived as more capable wage earners.

Both husbands and wives in Mumbai and Chennai were unaware of opportunities and access for girls to be gainfully employed.

**Telling Tales:**

Story 1: A Hindu family in Chennai had two daughters – the younger girl died of brain fever at 8 months. The mother did not disclose this fact and recorded only having one daughter. After the interview, the mother’s cousin told the interviewers about the death of the younger child. The father, standing nearby, acknowledged the death of the second child and was visibly upset. It is difficult to extrapolate to what extent grief over the loss of her baby made the mother erase this incident; it is possible to surmise this as an indication of devaluing girls, or even the under-reporting of deaths of girls which can result in skewed data.

Story 2: In Chennai, 11 Muslim families were interviewed. Many of these women revealed that they were at the mercy of their husbands and fathers-in-law for financial and emotional support. In large part, their husbands were not aware of the subtle pressure exerted by the fathers-in-law. On the other hand, many Hindu and Christian wives reported greater acceptance by their husbands in decision-making processes.

Story 3: Many mothers in Chennai and Mumbai indicated that there was no bias in breastfeeding for babies from 8-15 months. In Chennai one mother reported that she had twin children, a boy and a girl; she breastfed the girl for three months but the boy for eight months. Men had no knowledge or input about breastfeeding activity.

Story 4: A Jain (one of the six flourishing religions in India) family in Mumbai with two sons revealed the overt generational pressures behind the son-preference problem. The elder son fathered two daughters and the younger, two sons. The younger son and
daughter-in-law are doted upon by both in-laws. The elder son and daughter-in-law are often ignored at family celebrations.

VI. Conclusions
The Preliminary Report is designed to deliver outcomes on issues of data use. That is to say, what uses will the gathered analyses and findings have for different constituents? Even given the small sample size, there are a series of important outcomes to consider.

One: Academic research across our various institutions with our multidisciplinary expertise provided a new way to understand and therefore reframe the challenge of the sex ratio imbalance crisis.

Two: The Preliminary Report indicates the need for a scaled-up strategy. Even in the Pilot Study, complementing quantitative survey methods with qualitative components offered greater depth in understanding familial pressures. The results set the groundwork for Phase II, which will be a scaled-up research project over a three-year period conducted in partnership with seven Jesuit-run colleges in different cities (Chennai, Trichy, Mumbai, Ahmadabad, Jaipur, Jamshedpur, and Darjeeling). The Pilot Study proves that increasing sample size and widening the survey terrain will provide a larger data-set that will allow a regression analysis. Such an analysis will provide evidence-based results about the ways gender dynamics operate in tandem with family pressures, and reveal insights into behaviors and interactions that can enhance the value of women and girls in Indian society.

Three: There is a knowledge gap in understanding how value is perceived. The term is understood as an abstract ideal but is embedded in a concrete reality. In reverse logic, the knowledge gap indicates numerous places where families consciously and unconsciously make choices that devalue women and girls.

For example, by focusing upon value rather than health of women and girls – as previous quantitative research has done—this report carefully parsed the qualitative responses.

- Husbands dismissed or were unaware of women’s health issues when they chose not to participate in pregnancy or infant care decisions.
- Families further endangered women’s health when they made their son preference explicit.

Women in general were not valued as partners or stakeholders, but rather as a means to an end. Both explicit and implicit behavior of family members inculcated differential worth and value for boys and girls in a family’s hierarchies.

Four: The results of this modest study signal the explicit or implicit expectations of the economic value of women and girls. This factor, based upon cultural mythologies, was not articulated by men in the families. Yet, husbands and wives noted in the survey: boys need a better education because they are presumed to function as the primary wage earner in a family; boys make better political leaders; and boys make better business executives.

VII. Future Research – Phase II “Impact India 2021: Enhancing the Value of Women and Girls in Society”
The Preliminary Report clearly indicates that the work begun in the Pilot Study needs to be expanded, i.e., to be scaled-up to a Phase II level.
Phase II will entail three years of research, which is based upon the paradigm of community engaged scholarship. Concrete partnerships will be forged amongst the following constituencies: Fairfield University and seven Indian Jesuit run colleges; targeted corporate partners; and community-based organizations and international agencies. All will have a say in how the survey instrument is designed.

Phase II will use the multidisciplinary strength of all partner schools. The sample size will also be scaled up to include 2,000 to 3,000 families from different regions in India.

Phase II will have a normative three-part assessment: the beginning, middle, end of the project. Both measures—tying academic research to community and corporate partners—ensure the viability of sustaining actual steps recommended by researchers and policy advocates. In addition, Phase II will lead to crafting tool kits and implementation strategies designed to enhance the value of women and girls in Indian society.

The goal of Phase II is to provide evidenced-based results and map pathways that lead to modifying attitudes and behaviors in families that can become discernible by the time of the next Indian Census of 2021.

From the perspective of creating sustainable change, Phase II will lead to our partner institutions in India developing curriculum that continues to educate students and community members about this crisis. And, it will lead to greater student engagement in social justice work at Fairfield University and at the Indian colleges, now a trend visible across the globe amongst young people. And, it will serve to educate the next generation of Indians about the valuable role women and girls can play in their own lives and in the life of the nation.

The survey instrument will be designed to reflect a stronger match between the quantitative and qualitative components; outcomes will be immensely useful not only to educators shaping the skills and attitudes of the younger generation, but to community-based organizations, policy makers and multinational corporations as well. The latter will have greater options in building capacity within one the largest workforces in the world, particularly in the country’s strongest, high-priority markets – technology, health, and financial services. For policy makers, Phase II outcomes will provide tools leading to more efficiency in creating change. The most important outcome, however, will be recognition by the people of the nation, who can begin to value every citizen, irrespective of gender.
Legend:
Phase II will have a shared research core with a goal aimed at improving access to education and employment opportunities for women and girls in three priority sectors—health, technology, and financial service. The core research agenda will be jointly designed by Fairfield University and seven partner Indian Jesuit schools in collaboration with local community-based organizations. Known as community engaged scholarship, this research will uniformly span the seven Indian cities located in different regions in the country.

Legend:
The shared core research will also benefit corporate partners by collecting data on a family’s perception of education and employment opportunities for women and girls in each of the priority sectors. It will document access routes for Indians to participate in a global economy in these sectors, thereby ensuring a sustainability impact to our research. Additionally, the survey will explore pathways to gain advantages, for example, when the technology sector extends into the health sector (as in management of health records in hospitals and clinics); or the financial services sector when it overlaps with the health sector (as in the insurance industry).
A fact that cannot be gainsaid is that India, with its multi-religious population, has an ambiguous, conflicting mode of valuing women. On the one hand, women are venerated as goddesses, but on the other, also treated as unwanted burdens because of the abhorrent practice of dowry. In a modern, globalized India this contradiction is still very visible in both public and private life.

Nath met with Rajan in New Delhi on December 21, 2011, wherein she gave a detailed explanation of UN Women’s work on the sex ratio imbalance crisis. Nath emphasized that various gender sensitive polices together with their genderizing initiatives enabled a greater number of “women’s voices” to be heard for the first time, particularly in tracking formal/informal chains of labor and actual figures on how economic gains/losses impact women and their families. For a country like India, she said, genderizing the Census has purposefully documented approximately half of the one billion plus population.

For details including categories of questionnaires and findings, please visit http://www.measuredhs

For more information, please see http://www.gatesfoundation.org/avahan

For more information, please see www.mohfw.nic.in and http://www.nfhsindia.org. See also http://india.unfpa.org “Fact Sheet on Adolescent Reproductive and Sexual Health, and their publication, Orientation Programme for Adolescent Friendly Reproductive and Sexual Health Services: National Rural Health Mission.

Ms. Ena Singh, Assistant Representative of UNFPA in India, who spearheads advocacy and implementation programs, spoke with Rajan in New Delhi on December 21, 2011 and drew her attention to various publications that her organization has helped produce such as, Reflections on the campaign against sex selection and exploring ways forward, Answers to frequently asked questions: A handbook for the public, Answers to frequently asked questions: A handbook for implementing bodies, and Answers to frequently asked questions: A handbook for medical professionals. Every one of these publications, Singh explained, has made inroads speaking directly to specific audiences thus addressing the severe sex ratio imbalance crisis from multiple angles. Singh agreed to mentor the research trajectories of Phase II of this project. Also, the Anganwadi Programme, a volunteer effort, (somewhat similar to Head Start in the U.S.) has made big inroads by establishing early childhood care centers around the country. It is estimated that that this Programme has provided nutrition, immunization, and care for approximately 96 million children so far.

A senior policy advisor in the Government of Maharashtra, requesting to remain anonymous, discussed the specific problem facing the state. Speaking with Rajan on December 22, 2011, he used the example of cities like Satara, where sugar-rich families enact their one child – one son preference within the family, which in turn, skews the girl/boy ratio for the whole of Maharashtra. He also emphasized that contrary to popular myth about North India having some of the worst numbers, it is Mumbai now that has one of the worst child sex ratio: in the 2001 Census it was 922 girls to 1000 boys, but by the 2011 Census there was a major drop to 874 girls. See also http://www.censusindia.gov.in/2011-prov-results/data_files/maharastra/
Similarly, demographers from Loyola College explained to Rajan on December 10th, 2011 that the super-rich families in cities like Salem in Tamil Nadu enforce the son preference bias, again accounting for the sex ratio imbalance in the state.

While there is an acknowledged sense that the sex ratio imbalance crisis is quite pronounced in the north of India, this Pilot Study was undertaken with confidence amongst the three Jesuit partners as an exploratory initiative that would lead to more sustained research project during Phase II, where many more regions would be included.

See Appendix 1 = Socio Economic Grid

The Study was undertaken after getting IRB clearance because human subjects were involved. And, fixing the second child’s under-six age was to approximate UN norms that measure infant mortality in slots of 0 to 6 years.

Sen, New York Review of Books, 1990). Even this modest sample size has provided verifiable data as seen in the related graphs.

While Darjeeling has a lower figure in the sex-ratio imbalance crisis, we are aware that girls and women are routinely exploited as they still work in tea plantations. During the design of the survey instrument of Phase II, special attention will be paid to this anomaly.

APPENDIX 1: INDIAN SOCIO-ECONOMIC CATEGORY

<table>
<thead>
<tr>
<th>EDUCATION/OCCUPATION</th>
<th>Illiterate</th>
<th>School upto 4 yrs/iterate but no formal schooling</th>
<th>School-5-9 yrs</th>
<th>SSC/HSC</th>
<th>Some College but not graduate</th>
<th>Graduate/Post-Grad-General</th>
<th>Graduate/Post-Grad-Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unskilled Workers</td>
<td>E2</td>
<td>E2</td>
<td>E1</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>Skilled Workers</td>
<td>E2</td>
<td>E1</td>
<td>D</td>
<td>C</td>
<td>C</td>
<td>B2</td>
<td>B2</td>
</tr>
<tr>
<td>Petty Traders</td>
<td>E2</td>
<td>D</td>
<td>D</td>
<td>C</td>
<td>C</td>
<td>B2</td>
<td>B2</td>
</tr>
<tr>
<td>Shop Owners</td>
<td>D</td>
<td>D</td>
<td>C</td>
<td>B2</td>
<td>B1</td>
<td>A2</td>
<td>A2</td>
</tr>
<tr>
<td>Businessmen/Industrialists with no. of employees: None</td>
<td>D</td>
<td>C</td>
<td>B2</td>
<td>B1</td>
<td>A2</td>
<td>A2</td>
<td>A1</td>
</tr>
<tr>
<td>1-9</td>
<td>C</td>
<td>B2</td>
<td>B2</td>
<td>B1</td>
<td>A2</td>
<td>A1</td>
<td>A1</td>
</tr>
<tr>
<td>10+</td>
<td>B1</td>
<td>B1</td>
<td>A2</td>
<td>A1</td>
<td>A1</td>
<td>A1</td>
<td>A1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION/OCCUPATION</th>
<th>Illiterate</th>
<th>School upto 4 yrs/iterate but no formal schooling</th>
<th>School-5-9 yrs</th>
<th>SSC/HSC</th>
<th>Some College but not graduate</th>
<th>Graduate/Post-Grad-General</th>
<th>Graduate/Post-Grad-Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unskilled Workers</td>
<td>E2</td>
<td>E2</td>
<td>E1</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>Skilled Workers</td>
<td>E2</td>
<td>E1</td>
<td>D</td>
<td>C</td>
<td>C</td>
<td>B2</td>
<td>B2</td>
</tr>
<tr>
<td>Petty Traders</td>
<td>E2</td>
<td>D</td>
<td>D</td>
<td>C</td>
<td>C</td>
<td>B2</td>
<td>B2</td>
</tr>
<tr>
<td>Shop Owners</td>
<td>D</td>
<td>D</td>
<td>C</td>
<td>B2</td>
<td>B1</td>
<td>A2</td>
<td>A2</td>
</tr>
<tr>
<td>Businessmen/Industrialists with no. of employees: None</td>
<td>D</td>
<td>C</td>
<td>B2</td>
<td>B1</td>
<td>A2</td>
<td>A2</td>
<td>A1</td>
</tr>
</tbody>
</table>
Bibliography


Adolescent Fact File.


Belay, Tekabe, Nkosinathi Mbuya, and Vikram Rajan. "Data Utilization and Evidence-Based Decision


D’Ambruoso, L, et al. Identifying, success, challenges and future need to improve quality of care in


Greiner, T. et al. "Health education to prevent anemia among women of reproductive age in Southern India."


http://online.wsj.com/article/SB10001424052702303657404576361691165631366.html

SocINDEX with Full Text, EBSCOhost (accessed February 5, 2012).


http://search.proquest.com/docview/203944159?accountid=10796

http://search.proquest.com/docview/202996558?accountid=10796


http://search.proquest.com/docview/206262713?accountid=10796


Subbiah, N. "Training course for ANM supervisors and tutors on maternal and newborn care organised by TNAI." Nursing Journal of India 98, no. 4 (April 2007): 90-92. CINAHL Plus with Full Text,


Websites:

http://www.gatesfoundation.org/avahan
http://www.mohfw.nic.in
http://www.nfhsindia.org
http://india.unfpa.org
http://www.icrw.org