

**Discrimination in the life cycle of the girl child in Karnataka**

**I. CONCEPTION TO BIRTH**

<b><u>OBSERVED NATURE OF DISCRIMINATION</u></b>	<b><u>EXISTING ACTIONS RESPONSE &amp; PREVENTION</u></b>	<b><u>RECOMMENDED ACTIONS</u></b>
Fear that fetus is a girl and pregnant woman is harassed by husband/in-laws etc	1)Community based education mainly through advertisements in media 2)Incentives as Bhagyalakshmi and of their girl child programmes	1)Specific targetted education by ANMs, ASHAs, AWWs, and local leaders with active participation of families and couples in child bearing age  2) tracking of every pregnant mother and infant by the ANM/AWW 3) counseling for mental health 4) Counselling of family by panchayat
Prenatal screening for sex determination Termination of pregnancy if girl	1)Ban and inspection of clinics regarding screening/ test practices and the 2)Implementation of PCPNDT Act 3)Sex-determination is a criminal offence	5)Improved closer monitoring of PCPNDT in clinics in rural and urban areas, strict punishment measures such as arrest, withdrawal of licence, fines 6)Strict punishment for doctors conducting tests and abortions
Wilful Neglect of mother's health, nutrition and lack of support by family and Anaemia and poor nutrition of pregnant mother in general	Reproductive, Maternal, Neonatal & Child Health Programme and its provisions for care and support to pregnant woman, prenatal and postnatal check-ups, assistance in delivery, nutrition etc.	7)Monitoring by ANM/AWW/ASHA, and community/panchayat leaders 8)Improved and closer monitoring of pregnant mother and <b>adolescent</b> 9)Tracking of pregnancy, safe delivery, and infant status on a systematic basis
Neglect of girl infant at birth and in early weeks	ECCE	10) record keeping and monitoring of girl child's status

**II. BIRTH TO THREE YEARS (0-3 YEARS)**

<u>OBSERVED</u> <u>NATURE OF DISCRIMINATION</u>	<u>EXISTING ACTIONS</u> <u>RESPONSE &amp; PREVENTION</u>	<u>RECOMMENDED ACTIONS</u>
<p>Death of girl infants in first month.</p> <p>Overall neglect in care-feeding, health stimulation and protection. In some cases, girls are breastfed less than boys, left unattended and ignored</p>	<p>ICDS since 1975</p> <p>ECCE policy</p>	<p>1) mandatory birth registration of all newborns by ANM</p> <p>2) engagement of the panchayats/ward councils in followup of births in the area</p> <p>3) tracking of the newborns by AWW/ANM for immunisations &amp; childhood illnesses and scaling up care for neonates and infants household, community and health institutional levels in line with IMNCI guidelines</p> <p>4) support to working mothers in the SC/ST and poorer groups through creches through</p>
<p>Another fact is that in families that have more than one daughter, the birth of another girl increases the harassment of the mother and the family puts pressure to produce a son</p>	<p>Integrated Management of Neonatal and Childhood Illness (IMNCI) Programme</p>	<p>participation of community -based "mothers' clubs" for child care</p> <p>5) regular and systematic weighing, watching and tracking of girl infants/ young children on growth charts by AWWs/ANMs/</p> <p>6) timely delivery of therapeutic food supplements and education of families of the severely malnourished girls</p> <p>7) special food supplements to the mother who is breastfeeding the infants</p> <p>8) Ensure periodic de-worming of children, check-ups for anaemia, etc</p> <p>9)ensure ECCE implementation throughout the State for ALL children</p> <p>10) counseling of parents by AWWs and ANMs on seeking services for early detection, treatment and integration</p> <p>11) Referral services should be made accessible to families with specific needs, including transgender children</p>
<p>The situation of girl infants in needy economically and socially disadvantaged families is not recorded or monitored and they are left unprotected and uncared for</p>	<p>ICDS does not focus on the 0-3 years group and creches are not accessible everywhere for working mothers</p>	<p>participation of community -based "mothers' clubs" for child care</p> <p>5) regular and systematic weighing, watching and tracking of girl infants/ young children on growth charts by AWWs/ANMs/</p> <p>6) timely delivery of therapeutic food supplements and education of families of the severely malnourished girls</p> <p>7) special food supplements to the mother who is breastfeeding the infants</p> <p>8) Ensure periodic de-worming of children, check-ups for anaemia, etc</p> <p>9)ensure ECCE implementation throughout the State for ALL children</p> <p>10) counseling of parents by AWWs and ANMs on seeking services for early detection, treatment and integration</p> <p>11) Referral services should be made accessible to families with specific needs, including transgender children</p>
<p>UNICEF Child survey 2014 did not investigate gender differences in immunisation/ nutrition services but there is evidence that girls are not taken to clinics or sent to AWCs</p>		
<p>Inadequate or lack of interest and resources for stimulation of infants/young children especially girls</p>		
<p>Neglect of disabled and challenged girls</p>	<p>Some early detection services are accessible mainly in urban areas</p>	
<p>Non acceptance of transgender children and possible ill treatment and neglect</p>	<p>Development needs of transgender child and protection from abuse are ignored</p>	

<b>III. THREE TO SIX YEARS (3-6 YEARS)</b>
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<u>OBSERVED</u> <u>NATURE OF DISCRIMINATION</u>	<u>EXISTING ACTIONS</u> <u>RESPONSE &amp; PREVENTION</u>	<u>RECOMMENDED ACTIONS</u>
Overall Neglect of girls -health, nutrition stimulation, development and protection resulting in death, illness and malnutrition	ECCE policy	1)Ensure mandatory tracking of girl children (both in Public and Private Institutions) availing of ECCE facilities to ensure universal coverage for early care and stimulation
Parents do not enrol girls in AWC especially the disabled child and among SC/ST and socially disadvantaged groups due to poor access and neglect	Restructuring of ICDS for effective ECCE	2) Provide adequate child care facilities (crèche/ day care facilities /AWCs) with special attention to vulnerable, poor, ailing, and working mothers and disabled/disadvant- aged children
Orphan/abandoned girls living without parental care, daughters of prisoners, sex workers, devadasis and destitute families who are marginalised /excluded by the community and society	Juvenile Justice Act provisions of foster care, adoption and care in private and public institutions	3) systematically maintain growth chart for girl children and ensure follow up
Neglect of disabled girl		4) ANMs and AWWs should counsel and motivate parents to send their children to the AWCs and ensure that they get periodic health checkups
Neglect of transgender child		5)Ensure ECCE centres/preschools ,. both private& government, are child friendly and offer joyful learning activities aiming at holistic development of children
Traditional beliefs, superstitions, harmful practices		6) Early identification of excluded children in need of special attention and ensuring alternate arrangements for their protection and care
Sexual and other forms of abuse	Legislation for children and CP mechanisms	7) Close monitoring of the regularity and quality of services by NGOs and govt. authorities
		8) Support the development of local gender sensitive play materials
		9) integrate gender awareness , child rights in parent education at community level to combat discriminatory beliefs and

attitudes

<b>IV. SIX TO TEN (6-10 YEARS)</b>
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<b><u>OBSERVED</u></b> <b><u>NATURE OF DISCRIMINATION</u></b>	<b><u>EXISTING ACTIONS</u></b> <b><u>RESPONSE &amp; PREVENTION</u></b>	<b><u>RECOMMENDED ACTIONS</u></b>
Neglect of girls' health and nutrition, anaemia	School health programme,  Provisions of mid-day meal, milk , eggs	1)Ensure mandatory tracking of girl children in public and private educational Institutions and record keeping of their health, nutrition and schooling
Girls dropout from schools, absentism and irregular attendance, sent to work on farm, household chores, care of siblings especially in SC/ST/minorities and poorer families	Right to Education Act  Scholarships and incentives for girls' education- eg. Bhagyalakshmi	2) Strengthen school health programme for periodic checkups 3) Fortify MDM with iron-rich foods 4) Support to families in need to send girls to school through direct assistance and
Disabled, working, orphan/destitute girl, transgender/devadasi are usually excluded	RTE implementation norms	5)review effectiveness of schemes such as Bhagyalakshmi for retaining girls in schools 6) proper identification of children in need of special assistance and timely delivery of benefits/incentives and
Little or lack of play activities/ recreation, no cultural activities ,few opportunities for sports/ creative expression of music/drama or interaction with peers	Playgrounds, Makalkuttas and Balbhavans in some districts, mainly in urban areas  Also not accessible to children excluded from mainstream	7) education of girls in children's homes 8) ensure early detection, timely intervention, as well as rehabilitative services for disability and counselling of parents & communities to address stigma and faith-based views
Girls living in public institutions - orphans, conflict with law, HIV/AIDS victims survivors of trafficking, abuse are isolated and excluded for the present and future	JJ Act provisions and special Schemes such as Ujjwala, Santhwana	9) increase provision of latrines in schools for attendance and homes for safety of girls 10) also access to safe drinking water
Increasing vulnerability to trafficking, domestic violence and sexual abuse within the community, including in schools.	Child Line Services	11) motivate and support NGOs to run recreational activities for girls ,also sports 12) encourage panchayats to provide safe spaces & facilities for such activities for girls 13) examine innovative actions and options of girls , excluded from society, to be mainstreamed and provide alternate solutions for their rehabilitation and reintegration 14) Enact State Child Protection Policy for Educational Institutions

<b>V. ELEVEN TO FOURTEEN (11-14 YEARS)</b>
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**PLEASE NOTE THAT THE DISCRIMINATION AND RECOMMENDED ACTIONS FOR THE 6 -10 YEARS GROUP ARE ALSO RELEVANT TO THIS AGE GROUP AND THEREFORE NOT REPEATED HERE**

<u>OBSERVED</u> <u>NATURE OF DISCRIMINATION</u>	<u>EXISTING ACTIONS</u> <u>RESPONSE &amp; PREVENTION</u>	<u>RECOMMENDED ACTIONS</u>
Girls suffer from anaemia and malnutrition		
Drop-out rates high for girls especially in SC/ST/minorities and poorer sections		
Child labour - paid work outside home and/or support to family occupation		
Little information and support for menstruation and instead girls face stigma and exclusion		
Vulnerable to violence and abuse- at home and outside		
Absence of counselling services and little access to mentors for guidance and assistance		
Family and society imposes restrictions on mobility, interactions and communication even with close relatives		
Little opportunity to associate with other girls and participate in home and community happenings and issues		
Limited access to media and information about local and regional events for girls		

**VI. FIFTEEN TO EIGHTEEN YEARS (15-18 YEARS)**

**PLEASE NOTE THAT THE DISCRIMINATION AND RECOMMENDED ACTIONS FOR THE 11-14 YEARS GROUP ARE ALSO RELEVANT TO THIS AGE GROUP AND THEREFORE NOT REPEATED HERE**

<u>OBSERVED NATURE OF DISCRIMINATION</u>	<u>EXISTING ACTIONS RESPONSE &amp; PREVENTION</u>	<u>RECOMMENDED ACTIONS</u>
Child marriage especially in some social and religious groups as also economically disadvantaged sections		
Early pregnancy, risk of death and complications during delivery, anemia and malnutrition		
Babies born to young mothers also tend to be low weight, weak and need special care		
Young mothers not equipped with adequate parenting skills impacting health and development of their children		
Pressure to bear daughters from family		
Vulnerable to kidnapping, trafficking, forced marriage, pushed to criminal activities by antisocial elements, sexual abuse, HIV/AIDs		

Tracking of migrant families and children - challenge!

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Activation of the existing Dist Committees  
Sec 23 (1) & (3) More stringent punishment - beyond  
10,000 and 3 years!



Issuance of Birth Certificate! To reach 100%

RHC education - spacing and family planning

Implementation in Unorganised sector that employs maximum labour force

What abt migrant families? Can we make migrant card give access to health care?

Counselling and rehab services with sensitised personnel



Increased investment in IEC

Setting up and strengthening CP mechanisms

Qualified Counsellors to be accessible in rural and urban poor areas  
Childline in all 30 districts and working 24x7  
Extra service during crisis period like post results - suicide



Kishore and Kishora sanghas for enabling children  
grow gender sensitive and also other forms of non-discrimination'

RMSA and need for SDP with soft skills

Issues of cyber safety especially for those out of school/college