



PUBLIC SERVICE BROADCASTING TRUST
PRESENTS

IT'S A BOY!
(IT'S GOING TO BE A BOY)
by Vani Subramanian

DISCUSSION GUIDE

ABOUT THE FILM

The public debate around sex-determination in India is decades old, and yet, it is only in the last few years that everyone seems to be talking about the 'girl-child' - doctors, religious leaders, the government, the public. And yet, male-female sex ratios are more alarming now than ever before. Why are we unable to reverse the trend? Why does the 'son' keep rising in India?

To address some of these questions, It's A Boy! (It's Going to Be a Boy) travels Bombay, Delhi, Benares and Shillong. Going back in time to reveal how the current crisis of sex ratios had been foretold by those on the forefront of the campaigns against sex determination and pre-selection. Assessing government initiatives, looking beyond the rhetoric, and using the lens of culture to explore common beliefs about daughters and sons within the family, men and women in society.

ABOUT THE FILMMAKER

One time advertising copywriter, Vani Subramanian has been a documentary film maker since the mid-nineties. Some of her work has been recognised both nationally and internationally, and honoured at various film festivals.



DISCUSSION GUIDE

PSBT

GENDER...

- Gender is the social classification and definition of people as men and women, a description of their differentiated roles and behaviour and their relationships between and amongst each other.
- It is based on the **'biological' distinction** between the male and the female sexes, which becomes the foundation upon which different gender roles, norms, attributes, identities and rights are ascribed to men and women. Any digression of these codes is considered unnatural and an aberration.

ARE MEN AND WOMEN NOT 'NATURALLY' DIFFERENT...?

- The different anatomies of men and women have long been used to create, justify and sustain the inequality between them as natural and hence ahistorical and unalterable. **Biology is meant to be destiny**, that is, women's bodies and their 'role' as child bearers justifies their natural 'inferiority', which restricts their sphere of activity and confers upon them a weaker social position. Social inequality is thereby seen as merely mirroring pre-existing **'natural' inequalities**.

SO IS GENDER NOT NATURAL?

- Gender is a **social construction**, not the result of any natural process, but rather the result of processes created by the social structure. Gender roles differ across various societies and time, and thus, gender identities are neither stable nor unchanging. They are dynamic, produced and sustained as a result of the constant interaction of a number of factors - social, political, sexual, economic and historical. At the root of this gendered classification is the **sexual division of labour** whereby men and women are defined on the basis of what is appropriate labour for them, derived from their supposed 'natural' characteristics. The biological 'dispositions' of women and men are said to obviate their social roles. Women are associated with the home and hearth while men with the outside world; **women with nature and men with culture**; women with private and men with the public. **Culturally constructed masculinity and femininity** have operated historically to naturalise and sustain gendered and unequal power relations.
- A limited role is accorded to women that stems and revolves around their biological experiences. Although this has changed historically due to complex changes in the socio-political and economic contexts and women's movements, the **hegemonic patriarchal ideology** that guides social behaviour and imagination remains strong and adapts to structural and social changes in order to accommodate and incorporate them.

PERFORMING GENDER

- The perpetuation of gender is based on its continuous **performance**. Gender identities are reinforced and reiterated through processes of socialisation and are part of formal and informal structures that normalise, naturalise and reiterate

socially defined roles and patterns of behaviour. **They are a part of historical inheritance.**

- Socially imposed norms of gender appropriateness are reinforced in the way we deal with people, the way we behave, our legal status, our dressing, our language, the choices we make, the laws that govern us, the professions we choose, etc. Similar patterns of domination and control are replicated in the economy, the workplace, the home, school and **cultural imagery** and the media which perpetuate roles, behaviour, images, models and symbols ascribed to men and women.

GENDER AS POWER AND POLITICS...

- **Gender and sexuality are constructed and produced by effects of power.** Norms and practices function as socially and historically constructed rules designating **what is, what is not and what should and should not be.** Individuals are controlled not only by way of legally and institutionally defined norms but also as self-regulating, socially abiding individuals who internalise norms and rules of behaviour and act accordingly.
- Gender as an identity and as an experience affects both men and women negatively. Its impact is subjective and different people negotiate gender differently depending on their relationship with their ascriptive gender and the extent to which they want to and can challenge their gendered construction in their respective context.

DOES GENDER MEAN THE SAME THING TO MEN AND WOMEN?

- Men are also negatively affected by **socially imposed masculinity.** Men and boys who do not conform to masculine gender stereotypes are severely persecuted. However, gender affects men and women differentially and is more oppressive and restrictive of women since it is appropriated by patriarchy to justify male privilege and control over women. Rigid gender roles created in particular patriarchal contexts pre-suppose a discriminatory gender-based hierarchy wherein women are treated as weak and inferior.
- **Gender socialisation produces dissimilar girls and boys.** Growing up is an entirely different experience for boys and girls, especially in the context of traditional conventions and beliefs that define gender-specific morality, socio-sexual conduct and behaviour. Boys are supposed to prove themselves as men, and strong ones at that, as leaders, expected to seek sexual enjoyment and look for someone to marry, someone who will be 'homely, caring, respectful of parents, take care of the house, produce kids and bring them up'. Girls are taught to be adjusting, giving and most importantly, stay away from anything 'sexual'. Their earliest association with sexuality often begins with the perceived threat of violation (upon reaching puberty), which eventually lays down the boundaries within which girls' sexualities are addressed.
- Women are taught to be subservient, obedient, silent, self sacrificing, unquestioning, tolerant, including of violence and pain. They are spoken of instead of the ones speaking. They internalise alien perspectives and constantly judge

themselves on these parameters. Those who defy these expectations are termed bad and immoral with characters unbecoming of women.

- Possessing a certain body, being of a certain gender – privileged over all other forms of existence and identities – results in a greater share of power and resources. Since power is exercised in every sphere of human existence and interaction, the privilege accorded on the basis of gender translates and pervades other institutions and systems which reinforce and preserve this dominant order: family and kinship systems, legal framework, social and economic organisation, knowledge and property systems.

WHAT IS PATRIARCHY?

- There are **cross-cultural and time variant definitions of manhood and womanhood** which delineate particular ways of being and serve purposes of social and sexual control at particular historical junctures. Patriarchy stands for an unequal system wherein relationships and systems of power are in favour of men; where women are accorded an inferior and subordinate position and hence restricted access to power, resources and privileges.
- The 'natural' distinction between masculinity and femininity is appropriated by patriarchy to justify an inegalitarian social system which is inherently hierarchical, non-inclusive, regulatory, oppressive and exploitative. This differential power translates into **institutionalised male domination**, discrimination against women with regard to access to and control of resources, their bodies, sexuality, rights, decision making capacity, negotiating violence, identity and freedom of movement. Gender differences in power have real consequences for women and limit their agency and experience as human beings.
- Patriarchy is not the same across culture and time and its nature, extent and experience are subjective and varied. **Some cultures are more patriarchal than others**. Similarly, patriarchal injunctions and rules of behaviour vary across socio-economic classes. Sexual and moral control are more stringent for upper class women who are required to have minimal interaction with the public world as compared to women from the working classes who face lesser controls because of their presence in the public world which obviates social interaction beyond the domestic sphere.
- One of the most significant features of a deeply patriarchal society is discrimination against girls and the strong desire for sons for a range of religious, spiritual, material, economic and social reasons. It is considered a woman's duty to produce valiant sons valued as the superior and honoured sex, for attaining spiritual achievement and as sources of social and material security.
- Daughters on the other hand are considered a matter of shame upon birth, economic liabilities till they are married 'off' (at least), as those who belong to another family, as spiritually insignificant and as those who can bring dishonour to the family due to their volatile and unbridled sexuality and in case of sexual violation.
- This '**preference' for sons** routinely manifests itself in discrimination against girls and women within the family and outside, inequality in matters of education, food, nutrition, health care, property, social and religious rituals and work load. It also

means the widespread prevalence of pre-natal detection and selection of male fetuses and the abortion of female fetuses, failing which they are eliminated upon birth.

- **Son preference and devaluation of girls is the strongest in North India, especially amongst Brahmanical upper castes,** (also unsurprisingly upper class) who valorise men while following deeply entrenched anti-women practices. The preference for sons is stronger in the North than in the South, due to the stronger hold of patriarchy, overlapping with multiple forms of institutionalised stratification and a generally poorer status of women. In comparison, women in various communities in South India have (or used to have) relatively better status, lesser controls, more economic value, freedom and access to education and also land rights in the past. The prevalence of matrilineal arrangements in the past allowed a generally more favourable position of women, although bias and discrimination against women have found assimilation in these communities as well.
- It is a misconception that son preference is a practice among 'distant, rural, backward, poor, illiterate people of the lower classes and castes'. **Education and high income do not mean any change in the mindsets of people or the institutionalised discrimination women face.** In fact, there is an intensification of son preference and sex selective abortions in a highly competitive socio-economic system. Higher socio-economic and income groups are the biggest clients of sex selective abortions, all aspiring for sons.
- Women's experiences are negotiated within the context of the state, gender, patriarchy, the economy, familial norms and traditions. However, they are also in various ways subversive of these determinations and hence it would be wrong to assume that women accept everything as passive recipients. Even by virtue of entering arrangements other than those essentialised and defined 'right' by patriarchy – heteronormative patrilineal families – they subvert the power dynamics painstakingly preserved by patriarchy.

THE PATRIARCHAL IDEOLOGY

- Patriarchy works not only through tangible structures and actions, but also at the level of ideology. The **patriarchal ideology** is highly hegemonic and pervades every sphere of human interaction in a patriarchal culture and informs and regulates our social and political understanding, imagination and role-play.
- It works on the basis of essentialising dualities of good/ bad, moral/ immoral, married/ unmarried, mother/ non-mother, lady/ whore, a set of labels within which women must negotiate their identities and seek social approval.

WOMEN AND SEXUALITY REGULATION

- **Control and regulation of female sexuality** are critical and primary elements of patriarchal control sanctioning male privileges over the female body and denying women the ownership of their physical and sexual selves.
- Women are considered reproductive beings whose '**uncontrolled**' sexuality is a grievous threat to 'culture' and families and their 'purity', not only from their own

vagaries but **undesired male attention of 'others'** who might target them in order to destroy community and family 'honour'. Women's sexual and reproductive capacities are controlled by way of traditions and customs that define **good and bad women** and the ideals that women should follow. There is a strict regulation of who can access the body and who cannot and there is no space for acknowledging women's desires or sexual agency. **'Good' women must exist in a state of sexual passivity.** Sex is meant for reproduction alone and women who express their sexuality are labelled 'promiscuous' and 'immoral'.

- Sexual control is even more exacerbated since patriarchy works in conjunction with caste, class and religious stipulations that coalesce together in claiming and regulating women's lives and bodies. It is women's sexual propriety and 'purity' on which family, caste and community purity and honour are ultimately and precariously hinged.

ARE THERE ANY UNEQUAL FAMILIES...

- The family as the primary and immediate unit of society is our first agent and experience with inclusion, exclusion, gender, rights, behaviour and violence. It is an effective system through which unequal traditions and relationships are established and inherited. These traditions are based on defining different realms for men and women on the basis of notions of their 'inherent characteristics'. So while men embody logic, rationality, thought, objectivity, individuality, independence, progress and culture, women embody feeling, emotions, dependence, fickleness, subjectivity, possessiveness, nature and feebleness. Women are also considered naturally incapable of supporting themselves and hence their assumed dependence upon men, roles that are internalised and form the basis of social expectations that men will have to bear the responsibility of women.
- Such a classification **dehistoricises, naturalises and normalises unequal traditions**, customs and institutions like the family, transcending any critical enquiry or interrogation.
- While the public realm has been the domain of the male, the women belong to the private realm as wives, daughters, mothers and sisters, their primary responsibility being the maintenance of social relationships, passing down of traditions and the orderly upbringing of the next generation in consonance with rules defined by men, whose expectations they must meet.
- Despite diverse forms of family units across communities and regions, it is possible to identify similarities in power structures and patterns of domination in familial and domestic arrangements that are part of patriarchal cultures and sub-cultures. Women's experiences within families and marriages clearly reveal the exploitative nature of these relationships and their ritualised inequality.
- The institution and ideology of the family serve as the greatest instruments for the conservation and preservation of unequal sexual relations and gender hierarchy. The **sexual division of labour** ensures that women bear the major share of household labour and remain within the confines of that defined as domestic. The state apparatus endorses such a labour division which becomes the lens through which women are viewed, roles defined for them and policies formulated. Most

oppressive is the apparent inevitability with which women are destined to household work, whether or not they are married, have a job, children, etc.

- Labour in the home is supposed to come 'naturally' to women by virtue of their capacity to produce children and care for them. To assume that this has always been the case negates the **particular economic and historical conditions** under which household labour became the responsibility of women and the inequality of work burden and compensation thus received. **Women are not naturally suited to household work.** However, they are fundamentally constructed as suitable to the home in order to create a disproportionate system of labour and control.
- The concrete activities that housewives carry out indeed differ, but they typically involve a common structure that includes providing and caring for the children and the aged, the home, cooking, washing, cleaning, daily maintenance, etc. – tasks that women are said to have 'natural instincts' for.
- Despite the **rhetoric of the 'modern egalitarian family'** and the disappearance of obvious, formalised manifestations of power and authority, modern families continue to be sites of inequality and exploitation, implicit or explicit. The widely promoted 'labour-saving technology', in the name of 'choice', has not reduced the burden of women, only sophisticated it and created the category of the new-age middle class 'homemaker', supposedly distinct from and smarter than the classic housewife, exercising greater choices and autonomy, and with higher standards to meet.
- The image of the **'New Indian (middle class) Woman'** is that of a smart homemaker (the affluent consumer-woman) who exercises rights and control and makes conscious, budgeted choices about the way to 'run' the home and the household, spends money, maintains a sparkling clean home, looks after the husband, children and the elderly, maintains a family of the right size and kind and keeps everyone happy: an image far removed from the realities of the vast majority of women in the country, who can only aspire to being this proto-type created and legitimised by mainstream media and consumerist advertising.

THE SACRED MARRIAGE CONTRACT

- Marriage is a form sanctified by tradition and religion, an indissoluble sacrament, considered an essential and mandatory function, especially for women. It is a historical bastion of male power and patriarchal authority, traditionally associated with the practice of **'giving away'** of the 'responsibility' of the **'virginal' daughter'** by the father to the groom. It assumes women to be dependent beings, the only change being the male who bears their burden. **Women rarely marry – they 'get' married.** As soon as they reach a 'marriageable age', they are pressurised from various quarters for marriage, before 'they are too old' to find a suitable match.
- While the visible entry of middle class women into the labour market has provided them some economic value, they continue to be looked at as liabilities, even if they 'compensate' expenditures in the household.
- Feminists have pointed out how the **marriage contract is a unique contract**, different from a regular contract since it is made binding by the force of religion, is followed by sexual intercourse, is presumed to be life long and is terminable on grounds approved by the state embodying the strictures of religion.

- Marriage is a deeply unequal institution which forfeits any legal action in the name of **'personal matters'**. It is based on an **unequal division of labour** whereby women's unpaid labour goes unrecognised. This labour is invisibilised and remains unrecognised, first, since it is considered to be the woman's duty, having pledged and exchanged it for the maintenance the husband provides her and second, because the state regards it as economically 'unproductive'. Marriage presumes consent for sexual intercourse whereby the wife cannot refuse sex to the husband, best exemplified by the non-recognition of marital rape and the absence of any law penalising it.
- It creates a **veil of privacy** behind which the worst of treatments is meted out to women, including mental and physical torture, which had no legal recognition until the passing of the **Protection of Women from Domestic Violence Act, 2006**, under pressure from various women's organisations and lobbyists.

MYSTIC MOTHERHOOD!

- **Marriage presupposes motherhood.** Motherhood is considered the highest ever achievement for women, the state of absolute fruition of their existence, without which they are deemed incomplete. Women's success is measured in the context of marriage and being 'mothers' (especially of sons), no matter their success in other spheres, especially their profession. What individual women experience as 'mothers' and as 'non-mothers', their joys and sorrows, physical and emotional experiences, ideas and thoughts about motherhood do not resonate with the **monolithic, universal construct of motherhood.**
- Motherhood is highly glorified and valorised in symbolic and ritual terms, but in reality, its experiences range from happiness and pleasure to coercion, pain, mundane routines and everyday struggles. Popular perception and culture assume that irrespective of the multiple roles she plays, every woman ultimately 'wants to be a mother'. Women are supposed to relate to motherhood by virtue of being women and are said to possess **'maternal instincts'**. Paradoxically, these instincts seem to be cultivated by surrounding girls with ideal images and roles of mothers in order to equip them to take on the role at a future date. Women who choose not to take on this role are usually considered heartless and un-womanlike. There certainly are women who may desire to be mothers, but given the pressures women face to play mothers, the lines between free choice and social expectations are often too blurred.
- Although it is women who exercise their reproductive labour in producing children, their reproductive autonomy and decisions are negotiated by a whole set of factors other than themselves. Women rarely decide whether or not to become mothers and even if they do, they seldom choose the **social circumstances of their motherhood.** Patriarchal, social-economic, legal and caste determinants lay down **legitimate and illegitimate forms of 'motherhood'**; the conditions under which women can and cannot be mothers, whether pregnancy is wanted and celebrated (often only symbolically and actually depending on whether it is a daughter or a son), along with determinants such as the sex of child, whose child it is (the mother being the secondary parent, the primary focus being 'which man's

child it is') and the place and time of the birth – whether from the home of the in-laws or that of the parents, etc.

- Ideal motherhood follows marriage, as per caste and religious norms, and results in a son, the 'perfect and ultimate objective' of every woman. Unmarried women and those who bear children outside marriages or in inter-caste or inter-religious marriages or women who are sex workers, cannot stake claim to being 'mothers' and are meant to be penalised for their 'immoral' acts. They remain '**unmarried mothers**' and/ or '**illegitimate mothers**' and their children illegitimate forever. Clearly then, unlike biology determining destiny, it is society that controls and decides who or what a mother is and should be.
- There are innumerable rituals, images and cultural references valorising and reiterating the significance and **centrality of marriage, motherhood and the male child** to an ideal woman's life, especially amongst Hindus. In grandiose ceremonies organised before the delivery, women bless the pregnant woman with wishes for a boy and boy alone, a privilege reserved exclusively for married women while widows and 'infertile' women are excluded for the fear of passing on their ill-fate and ill-luck to the prospective (male) child.
- Experiences of motherhood, both physical and emotional, are subjective and pregnancy and motherhood impact women in multiple ways – negative and positive, which find little space in the way motherhood is conceptualised, assumed and expected. There are socially expected ways in which women are supposed to experience 'motherhood' and behave as 'mothers'. Culturally rooted beliefs and mindsets affect the advice that doctors give to women with regard to pregnancy and motherhood. **Social necessities assumed to be natural become the pregnant woman's burden.**
- Women are obviously and naturally expected to prioritise children over all other concerns and in many cases drop their jobs/ careers to be at home, while men can conveniently negotiate the level and extent of involvement with child rearing. **Fathers are not expected to be equal partners in nurturing children** and are appreciated and acknowledged as rarities when they are. Fathers usually don't bother or assist with tasks like changing the diapers of the children or staying awake with them: mundane things that women are 'naturally suited' for. Women receive no such appreciation since it is considered their duty to take care of children in all situations. Providing care is a difficult task, the burden of which is borne invariably by women, with little or no familial, moral and often economic support.
- Mothers are rather inconsequential in establishing claim and lineage. They are meant to bear men's kids, not their own; unless the man in question wishes to do away with the responsibility of the child. In matters of custody rights, working women are assumed to be uncaring, irresponsible and abandoning, prioritising career over children.
- In a culture where women are considered worthwhile primarily as wives and reproducers, those who do not wish to bear children, are unable to or in some situations decide not to, are socially ostracised and looked down upon as immoral, incomplete, ill-fated, inauspicious and irreverent. Women are under familial and social pressure to plan and bear children within the first few years of marriage. The

absence of marriage and children is not only looked down upon but also pitied as misfortune for the women!

- When married couples are unable to bear children, the 'fault' and 'problem' is assumed to be 'in the woman' and so is the case if a girl is born. The role of men is rarely spoken of, unless the issue is the ownership of children, when promptly (if desirable) the 'seed' in the child is that of the man.

WOMEN ARE WOMEN'S WORST ENEMIES...

- Women are variously located in a **range of social and political positions**, both within and outside the home and family. They grow up in a patriarchal context and internalise roles and rules of behaviour 'appropriate' for them and perspectives of what will make them worthwhile and significant. Hence, women often define self worth in terms of their capacity to be able to care for others, protect them and sacrifice for them. **This indoctrination is so deep as to render hierarchy and inequality invisible, natural and obvious.**
- Women's role and status are integrally related and dependent upon their relationship with the men in the familial and household hierarchy. Despite being sites of violence and exploitation, women are seen as the principal upholders of familial relationships, values and traditions and are constantly judged based on their success in being able to maintain them.
- The lack of freedom, especially economic freedom, and dependence on the men in their lives for social and economic support and legitimacy, establishes women's continuous and supreme dependence on men and familial-social ties and thus their maintenance, regardless of the inequality they face, which rarely seems unfounded.
- **Sons are often the only hopes of emotional and economic security** that women have in a patriarchal system, upon whom they are able to exercise some sort of influence, at least when young, in the hope that they will take care of them during old age. It is this relative power and sense of authority, in a larger scheme of marginalisation, which manifests itself in complicated mother-in-law and daughter-in-law relationships. Women are conscious of the values attached to sons and daughters, the importance and 'power' of being the mother of a son and act accordingly. These dynamics are crucial to understanding the contexts in which women are assumed to be at the forefront of discrimination and exploitation of the younger women in their lives, whether in demanding dowry or in dictating the need for a son. Women become the **conveniently visible mouthpieces** of meticulously determined patriarchal demands and expectations.
- **Many women 'willingly' abort female foetuses**, aware of the mental and physical torture they are likely to face for birthing a girl and the potential future the girl is likely to have in a patriarchal set up. They hope to save their prospective daughters from the discriminatory and oppressive lives they have lived themselves. The 'choices' that women in such situations make need to thus be understood in this context and not the result of any 'natural enmity'.

THE WOMAN AND THE IDEAL WOMAN

- Women's lives are meant to be centered around their families more than those of men, especially in Asian countries. Patriarchy, religion, custom and culture are inextricably linked and work in conjunction to bind women to the roles assigned to them. The state upholds a patriarchal vision of the **ideal 'Indian woman'** by way of **hegemonic, normalising and regulatory (imaginary) codes** and characteristics that real women must live up to. There is a vast differential between imagined and real women and the manner in which the state understands them and formulates policies.
- The state constructs and assumes women to be a homogeneous group, regardless of the multiple differences across class, caste, religion, region, sexuality and other factors that determine women's identities and experiences. It assumes a singular, **universal category of the 'Indian Woman'**, deserving of the same treatment and approach, irrespective of their subjectivities.
- Women are considered representatives and reproducers of the nation and must perform the duties charted for them. **The ideal woman performs her wifely and maternal duties (considered synonymous with 'national' duties)** with utmost loyalty and dedication. This ideal woman construct is exclusive of unmarried and single mothers, considered 'unfit' for passing on 'national culture and identity' and thereby unworthy of being citizens.
- Ideas of womanhood and nation building create intersecting spaces in which women are constantly defined, imagined, reified and evaluated. Not only are women meant to marry, but it is only as wives (and eventually as mothers) that they can attain a worthwhile position in a patriarchal culture and society. It is in relation to marriage that women are even identified: girl, wife, mother, married, unmarried, divorced, widow, etc.
- **National identity and women's identity are mutually constituted and reinforced by the state.** India is hailed as a 'loving, doting mother' who takes care of its many children, suffers pain without complaints and takes on adversaries in order to protect her children. Such references reflect the deeply entrenched image of the 'Indian' wife-mother in the national imagination and the way women must model themselves.
- These essentialising scripts do not remain the same and are rearticulated with time to serve the purposes of the changing context while women continue to bear the load of the symbolic assertion.
- Even though there are multiple forms of families possible, the law recognises only a particular concept of the family (the **patrilineal-patrilocal, heterosexual joint or nuclear family**) and ways in which it can/ must be constituted. Whether such families exist or not, it is through the dominant **familial ideology** that a particular set of gender and social relationships are naturalised, normalised, universalised and enforced. It forms the social, legal and imaginary yardstick against which real families and relationships are judged, evaluated, illegalised and penalised.

WOMEN'S BODIES, REPRODUCTIVE RIGHTS POPULATION POLICY AND DEVELOPMENT

- **Women's bodies** have historically been the sites for scripting narratives of **identity and national image**, such that national 'honour' and women's 'honour' are imagined as synonymous. Women are addressed, imagined and constructed primarily as wives and mothers rather than as individual beings with distinctive identities, aspirations, emotions, lives and experiences. It is the reproductive role in which women are ultimately visualised and their 'needs' addressed.
- Women's reproductive behaviour is crucial for the state in achieving its objectives by keeping their 'uncontrollable' fertility under check, in order to meet national demographic targets, to create an 'ideal' state and to avoid global embarrassment on account of a burgeoning population. Women's reproductive rights are understood by the state in the light of its targets and hence practices and policies of the state are antithetical to the exercise of women's rights.
- India was the first country to adopt a comprehensive **national population control programme in 1952**, stressing upon family planning to the extent necessary 'to stabilise the population at a level consistent with the requirement of the national economy'. The thrust was on **promoting sterilisation**, especially among the 'rural, illiterate' people who fail in their national duty of curbing the rate at which they grow. India was embarking on a project of nation building and economic development, which required that it be able to control its numbers. The idea was to adopt a **targeted approach** to set 'right' the rising demographic statistics, an obsession that has remained since.
- During the 1950s and 60s, campaigns were organised for sensitising people about the importance of small families and the benefits of family planning, especially the economic benefits of not having to support big families. The stress was on vasectomy and use of condoms by men – the concept of the contraceptive pill or Intra Uterine Devices (IUDs) for women was still somewhat new. By the 70s, the state had discovered the benefits of the contraceptive pill and introduced the '**magic**' pill for women. With this, it was able to offer a range of contraceptive 'choices' to both men and women. While men's contraceptives were external, those for women – whether the pill or the IUDs – were **invasive and harmful methods**, with long term adverse effects.
- The state had found a perfect way of controlling women's bodies and contraceptives were introduced as part of the national programme, with no real information on their adverse effects. Traditionally followed methods such as withdrawal, rhythm and spacing were regarded ineffective and inferior to these new methods. In the same context, the state also legalised the medical termination of pregnancy in 1971, touted by policy makers as a desperate measure to control the population problem. There were **sterilisation targets** for government officials and **incentives** for couples adopting 'family planning' (read sterilisation).
- It was during the Emergency when the spate of forced sterilisations invited scathing criticism that the state focused its attention to controlling women's fertility and settled into a mode wherein **family planning and contraception increasingly became women's responsibilities**. While the nomenclature

changed from family planning to family welfare, the state aimed at controlling women's bodies in order to meet its **obsession with demographic targets**. Women's right to reproductive health was hijacked by the government and became synonymous with the limited concern of population control. Women's sexuality and reproductive behaviour became matters of statecraft, offering profitable business opportunities to contraceptive-manufacturing companies, while state propaganda about the need and benefits of contraception, and the 'privacy' they make possible, brought them effortless publicity.

- In the 1980s, there was strong agitation by women's groups against Depo Provera, a hormonal injectable, introduced by a multinational corporation, without any adequate trials. It was finally not included in the national programme. Similarly, there was a campaign against Net-en in South India because it was discovered by women activists that it was being given without complete information.
- In the following decade, while the approach changed from **welfare to maternal and child health**, the objectives remained the same and women continued to be the primary targets of the state programme. Health workers at various levels were instructed to meet specific sterilisation targets in order to 'persuade' people to adopt family planning, upon which depended their promotions. Sterilisations were conducted and IUDs inserted without women's consent after delivery or when they went for abortions. Newer methods of contraception were introduced which increased women's dependence upon medical supervision for contraceptive usage and further shifted control over their bodies into the hands of the state and medical apparatuses.
- **The Programme of Action of the International Conference on Population and Development**, Cairo, 1994, emphasised that governments move away from programmes focussing on numbers and growth rates, as statistical problems to be solved by controlling numbers. It argued for a more holistic approach that linked reduction in population to issues of human development, women's empowerment, gender equality and the needs of adolescents. It also introduced the concept of **reproductive rights** as against the concept of reproductive health alone and encompassed a new approach that also looked at individual rights.
- While India has adopted the ICPD Programme of Action and the nomenclature of **Reproductive and Child Health**, there is little change in the way population and reproductive rights are conceptualised and addressed. Guided by the international thrust on the rights discourse, while the 'target' approach to family planning has been dropped and the rhetoric of rights, gender and choice has been adopted on paper, it has failed to find any resonance in the population policies or the real lives of people, especially women, who continue to be at the receiving end. The discourse on rights and choice is meaningless without a discussion on the social and legal bounds and contexts within which women's rights and choices are exercised and not exercised. The **privatisation of health care** and the **abdication of welfare** and affirmative action as state policies have worsened the position of the deprived. The consumption and profit driven market economy and global impact on public and labour policies has meant cut backs on various public schemes, worsening women's access to various material and non-material resources and lack of any social security. Private medical businesses have become

the playing field for unsafe contraceptives, illegal abortions, sex determination and selection, thriving in an open market with little or no legal regulation.

- In the 1990s, many states, including Haryana, Madhya Pradesh, Orissa, Himachal Pradesh and Andhra Pradesh enacted **coercive laws** that bar those with more than two children from holding offices in all tiers of the **Panchayats**. This was done with the assumption that the penalisation would force people to adopt family planning. The enactment reflects the assumption that the chief contributors to the country's population are the rural people, whose numbers must be controlled. Such policies have most adversely affected women and denied them even the modest representation they could find at the local level. Women have little or no choice in deciding either the number of children or whether to have children or not. However, they are the ones penalised by such legislation. The incidence of sex selective abortions has been exacerbated because people continue to abort female foetuses in the hope of a male foetus. There are also innumerable cases of divorce and desertion of women by their husbands in order to avoid disqualification of political candidature.
- In 1996, there was a move from a target based approach to family planning to the concept of **reproductive health and rights** stressing choice and health enhancement. The **National Population Policy, 2000**, affirmed the commitment of the government 'towards voluntary and informed choice and consent of citizens while availing of reproductive health care services and continuation of the target free approach in administering family planning services'.
- Although the government has been forced to drop harmful contraceptives from the national programmes, they are easily available over-the-counter. Given the significance of 'contraception', promoted widely by the state, and the stigma attached to non-marital pregnancies and the pressures women face, contraceptives are in great demand, which manufacturers are more than keen to supply.
- The NPP aims to provide a '**cafeteria and basket of choices**' to people. It does so without any contextualisation of the institutional and structural inequalities and inaccessibilities that affect women and marginalised groups of people and the contexts in which choices are made or enforced. It conceptualises women as composed of various compartments wherein reproductive rights can be addressed in isolation and bring about radical change to their position and control over their selves, assuming that women live in social vacuums and enjoy the autonomy for self determination.
- Even though the Policy does not endorse the provision of incentives and disincentives for people adopting family planning (essentially sterilisation), several states have introduced **incentives and disincentives** that include money, loans, subsidies, prizes, good postings, cash, medals, allotment of house, land, promotions, and denying government jobs, not providing rations for third child, making people ineligible to apply for government housing, denying Public Distribution System benefits, no travel concessions in case of more than two children, withholding promotion, pay, etc., respectively. By way of incentives and disincentives, the state continues to barter human fertility and behaviour for civic, economic and political benefits.

- The change in the government focus from family planning has not been inspired by a concern to provide a broader range of services and rights to women. **Women continue to be viewed as objects of state policies whose reproductive abilities have to be curtailed by a vigilant state.** Instead of using existent methods of contraception, the state feels the need to introduce artificial and invasive forms of contraception that it can regulate and control.
- **Women, by regulating their reproductive cycles, are to make immense contribution to the nation's development.** A woman who limits her reproduction to two children and maintains a family of the 'right' size is smart, rational and ideal citizen, while someone who has four children is considered traditional, illiterate and adding to the national problem – hence, the government focus on literacy, awareness and education programmes and schemes. The illiteracy argument posits women as 'ignorant and irrational' beings who lack knowledge and control over their reproductive systems and denies them any agency or understanding about their bodies.
- The state endorses the view that with the advantages of economic and material progress, education, women's empowerment and the availability of contraceptives, birth rates start declining, oblivious to the socio-political conditions in which women are historically located. Policies aim at controlling the bodies of poor women to control population in the name of choices, empowerment and right to decide, modernity and development. The development paradigm that stands for privatisation, promotion of capitalism, big industry, urbanisation and modernisation is meant to unleash the hidden potential of growth. However, what it leads to is further marginalisation of those on the fringes, especially poor women, a collapse of the public services infrastructure, increasing load on women to provide care, the image of women as economically unproductive, the importance and preference of boys over girls and the devaluation of girl child as dependent and burden on parents and strengthening the hold of patriarchy.
- Policy documents endlessly stress on women's empowerment and education as solutions. Education, however, does not mean a decline in fertility. **Education and high income have little to do with deeply entrenched mindsets and ideologies that regard sons as the ultimate and rightful heirs of the family lineage.** In fact, high income means greater access to sex selection and termination technology to eliminate female foetuses and ensure birth of sons. **Social relations and rules determine son preference, gender bias, reproductive autonomy and access to education and health care.** It is not illiteracy but lack of decision making authority which contributes to women's lack of control over their bodies and hence their reproductive behaviour. Greater autonomy and egalitarian social relationships can aid a decline in fertility, unlike the focus of programmes initiated by the state.
- **The population policy till date is dictated by the economic requirements of the nation.** The birth rate must decline in order to stabilise the population at a level consistent with the requirement of the national economy. The concern is the declining Child Sex Ratio (CSR) figure and not the girls going missing or the nature of lives led by real, living women. Declining CSR has caught the attention of the world and national media and the government is looking for quick solutions in

order to look good on the world stage. India as an emerging 'economic superpower' cannot have a hampered world image – it has to be developed, modern, rational – not characterised by archaic ills like over population and falling CSR!

- In the mainstream national and international discourse, India is seen as 'plagued with overpopulation', with a limitless and ever-growing mass of people and bodies, a burden on national planning, on ever-growing cities and the 'modernisation' and 'development' the state undertakes. Growing numbers are declared as the biggest hurdle to surging India and its development, a dominant thought that pervades policy makers and planners. Institutional inequalities and faultlines of gender, caste, class, religion, sexuality and region around which policies are formulated and 'development' undertaken are hardly interrogated. Hence, **the problem of falling CSR must be set right**. The solution is to be found in looking for various methods to regulate fertility, especially among the low income, rural, illiterate masses that seem to be proliferating. Such an approach helps shift attention and focus from an interrogation of the development model adopted by the state, which is anti-poor and caters to narrow, limited elite interests.
- **Feminist activism and scholarship** over decades have **radically altered the discourse** on gender, patriarchy, family, power and development at grassroots and macro levels. The increasing engagement of women's and health movements, sexuality movements and the significance of HIV/ AIDS issues have broadened the discourse on gender, fertility, population, women's rights, patriarchy and reproduction and forced a change in the tenor of policies. Public policy is being forced to engage with more concrete and structural changes which can address institutional limitations that women face. There is immense pressure on the state agencies to move away from the paradigm of piecemeal, tokenistic and unthreatening development projects dictated by concerns other than real empowerment.
- However, institutional and ideological discrimination is deeply entrenched and extremely difficult to subvert. The subject of contraceptives and their delivery remains a major issue concerning women's groups, activists, policy makers and women and men in their daily lives while global pharmaceutical giants continue to flourish in the market providing the state a range of 'pills' with which to 'control fertility'.

ABORTION RIGHTS IN INDIA

- While in most countries women have had to fight for and continue to fight for the **right to abortion** as a demand for equality, liberty, decision making and freedom, women in India did not have to fight for the legalisation of abortion, which was remarkable given the nature of the Indian state and the relationship women share with it. However, abortion was legalised in India not to provide women the right to self-determination and access to safe and legal abortion services. **Population control** was the significant, sole purpose and intention of state initiated legalisation of abortion under the **Medical Termination of Pregnancy Act, 1971**. It was regarded as an extremely crucial instrument for

regulation of the abounding population. The Act provides the state, rather than women, the right to determine the need for abortion, the legitimacy of the act and the conditions under which it can be undertaken.

- Termination of pregnancy under the MTP Act is a control provision for the state rather than a right for women. Despite the apparent liberality of the Act, **women's right to abortion is circumscribed by law and medical opinion** which has the prerogative to decide what constitutes a legitimate reason for termination: grave injury to pregnant woman, mental anguish, pregnancy arising out of rape, failure of any device used for the purpose of limiting children and possibility of seriously 'handicapped' child. The parameters of this legitimacy vary depending upon the ideology of those in power, dangerously manifesting in selective appropriation to meet vested interests.
- The Act **legalises the termination of only certain types of pregnancies**, deemed right under law. Abortion is dependent upon the final and ultimate sanction of registered medical practitioners to decide what comprises substantial risk and conditions in which termination is 'immediately necessary' to save the life of the pregnant woman. A woman cannot just decide to abort a foetus. In every situation, she has to provide legitimate justification for the abortion, within the stipulations enshrined in the law. The right to abortion, if not so exercised, is an offence.
- Since the Act does not provide access to abortion as an unconditional right to women to decide for themselves, it in effect limits women's access to safe abortions by penalising abortions carried out except for reasons in consonance with law and medical expertise. It is also thus unable to prevent illegal abortions that women access for reasons of poverty, social stigma, financial constraints, sex selection (especially) and inability to meet the requirements of the Act, primarily in case of non-marital pregnancies. The privatisation of health services and the opportunity it provides for **business entrepreneurship** has led to the sprouting of illegal and unregulated abortion clinics conducting unsafe abortions, providing greater opportunities to undertake sex selective abortions. The cultural silence and taboo surrounding abortions adds to the secrecy and leads to the violation of women's right to freely access safe abortion.
- Women often access unsafe abortions and travel long distances in order to preserve their anonymity when seeking abortion, especially if the abortion is without the consent of the husbands.
- Given the context of the innumerable and conveniently possible sex selective abortions, women's groups have been forced to take a complicated stand against abortions. While they acknowledge the right to abortion as a woman's fundamental, unconditional and inalienable right over her body they have had to demand curbs on abortions in order to curtail the spurt in sex selective abortions.

SEX SELECTIVE ABORTIONS, REPRODUCTIVE TECHNOLOGY REPRODUCTIVE RIGHTS AND HEALTH

- In 1975, the All India Institute of Medical Sciences introduced **amniocentesis** as a technique to detect foetal abnormalities. Soon the technology was being misused to detect the sex of the foetus and the consequent abortion of female foetuses, in

the event of which sex detection was made an offence. However, a ban on sex selection in government hospitals and centres did not curtail its availability in private centres and soon multiple centres mushroomed all over the country, in both urban and rural areas, and **sex detection became a commercial enterprise**, both widely accessed and promoted.

- The state did little to curb their spread because it surreptitiously helped the cause of declining numbers, a major concern of the state. There were regions in the country without electrification or health centres but private sex determination centres, a trend rampant till today. People were ready to take loans for conducting sex determination and were encouraged to part with some money in the present to save much more later, presumed to be given as dowry at the time of the daughter's marriage. **In the 1980s, amniocentesis became a remarkable instrument of family planning.** It was expressly stated by parliamentarians and policy makers that population control was a desperate need that called for desperate measures, which included the use of amniocentesis for sex detection and abortion on being a female foetus.
- In 1988, under pressure from the coalition **Forum against Sex Determination and Sex Pre-Selection**, the government of Maharashtra enacted a regulatory act after which there was a great demand for a central legislation penalising sex selection. Finally, the **Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act** was enacted in 1994 and came into being since 1996. There have only been two convictions since.
- Further, the Act does not include techniques that involve sex selection prior to or during conception. There is great demand from amongst activists that such techniques and sex selection at the time of in-vitro fertilisation be also brought under the purview of the Act.
- **Sex** (and marriage for that matter) as an activity has historically been **associated with reproduction and procreation** and is strictly governed by the system and relations of production of that particular economic system. The conjunction among control of women's bodies and sexualities, reproduction, the economic interests of capitalism, the state and patriarchy are significant concerns for women's groups the world over. With the coming in of **assisted reproduction**, a more dangerous nexus has emerged, which is continuing to meet changing requirements of a **patriarchal political economy**. Technology is being pitched as the ultimate liberator of women and being systematically utilised against them.
- **Reproductive technology** is being hailed as the perfect panacea to offer people **'a wide range of choices'**: the right to choose the sex of the child, the right to sub-let reproduction, to choose the capabilities in the child, the right to not have a 'handicapped' child and other such 'choices' that technology does and will in the present and future offer. The existence of newer and more capable technology ensures that processes of reproduction are controlled even more efficiently to produce desired results, whether in the form of controlling population, gene selection, eliminating certain kinds of foetuses or displacing the control women can exercise on themselves and the creations of their labour.
- Sex detection and selection have become extremely widespread and accessible, while the technologies and methods used, increasingly **sophisticated and**

insidious. Sex selective abortions do not anymore involve brute, external and evident violence and hence dislocate obvious cruelty from the act, making it somewhat less 'cruel' and frightful. **Technology is not neutral in any sense. It is gendered and used in specific contexts for specific purposes** so that women lose control over the very biological processes historically utilised to justify their 'inabilities' in the public domain. Technology has dangerous consequences in a structure wherein it is used to purposefully eliminate foetuses that are not desirable, in this case female and 'handicapped' foetuses. **Technology is fast overtaking a process hitherto hailed as 'natural'.**

- Reproductive processes are increasingly being controlled in scientific and diagnostic laboratories. Those who offer and 'sell' reproductive technologies and services provide couples and parents the 'choice' and 'freedom' to decide the kind of child they want, the sex of the child and accordingly plan the pregnancy and customise the child as per their gene requirement. They provide the right to choose **customised children** like a variety of consumer goods in a highly competitive market, of varying colours and types, to pick depending upon taste and choice.
- Medical technology and pills provide greater control and regulation of women's bodies while euphemistically describing them as 'freedom from biology', widening choices and self control.
- In a globalised and privatised world where business operations are outsourced, **reproductive labour is also outsourced**, meant for those who might want their 'own' children, but are 'infertile' or do not wish to go through the process themselves. India is one of the fastest growing centres for surrogate motherhood, where women, especially poor women, 'rent' their wombs. It is a booming industry, with clear similarities to business processes outsourcing by MNCs, providing relatively easier access and opportunities to people from other countries to access **cheap reproductive labour** and a variety of clinics, centres and doctors equipped and ready to provide **customised babies** to their clients.
- The feminist position against reproductive technology ironically often places them on the same ground as the conservative right, which is anti-assisted reproduction as well. While women's groups oppose assisted reproduction for a range of reasons including what it spells for women in terms of choice, freedom, pressure, economic compulsions, emotions and inequality, this position is distinct from the position which regards sex and 'motherhood' as sacrosanct and pious rituals which cannot be questioned, rearticulated or negotiated.
- There are various and different subjective ways in which 'surrogate' mothers deal with their motherhood and the process of birthing their children, including parting with the child with whom they may/ may not develop a bond. Other than being reproductive machines, which these processes reduce them to, they are also real women with real emotions, thoughts, feelings, identities, needs and beliefs. Each woman negotiates these positions depending upon her subjective position and negotiating power, like her economic condition, need to part with the child, action in case the 'parents' refuse to accept the child for some reason and other such complexities.
- The position on surrogate motherhood is complex. How different is the process from exercising labour in sweat shops of outsourcing multi national corporations?

Alternatively, since women must have the freedom to exercise control over their bodies and their labour, what is wrong if they utilise their reproductive labour and sell their labour like others who sell their intellectual and/ or physical labour in the labour market? These raise variously complicated questions for women and women's groups dealing with rights issues.

THE BIRTH OF THE NEW 'GIRL CHILD'

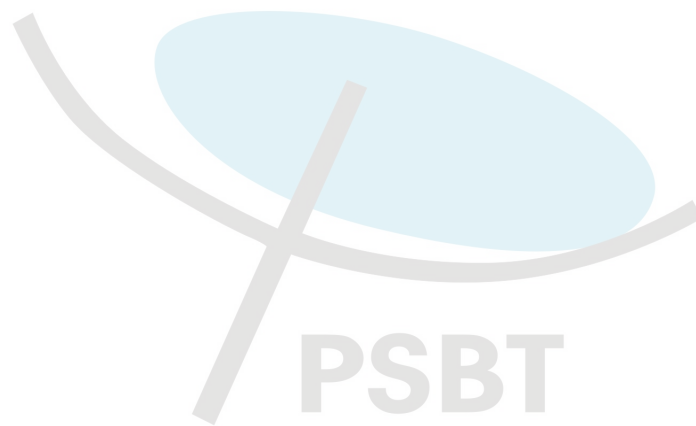
- The declining sex ratio has made the 'girl child' a very significant policy concern. There are innumerable schemes being launched in the name of this girl child and the ideal family being promoted now has the girl child as its important constituent, stressing ways in which **girls are 'as good as' boys and great assets.**
- As part of these endeavours, the Ministry for Women and Child Development announced in 2007, a suggested '**cradle scheme**' in order to curb the practice of 'female foeticide', under which parents are urged to leave their unwanted girl children at various government set up reception centres such that the girls are saved and the child sex ratio balanced. These girls will grow up and live in these various centres. The scheme fails to acknowledge that most girls are eliminated even before birth and if the girl has to be abandoned and donated to such a centre, why would people choose to birth her in the first place, instead of eliminating her earlier? Importantly, the scheme does not in any way question the root cause of the problem: that of **discrimination against girls and women which translates into their undesirability and elimination.** It only provides a piecemeal mechanism to deal with the result of this discrimination and condones the discrimination by not addressing it. It does not penalise people for sex selective abortions. On the other hand, it absolves them of any culpability and responsibility and offers to take care of the girls they wish to abandon, while continuing to desire boys.
- In this context, another suggestion by the government involves the mandatory registration of pregnancies across the country such that the state can take good care of all the pregnant women, provide them health and nutrition benefits and ensure institutional deliveries. **Most deliveries in India are not institutionalised** and are conducted in homes. Traditional birth practices have existed long before the coming in of modern medicine and are not as unscientific, unhygienic and dangerous as they are portrayed to be. On many occasions, women tend to feel more secure, safe and confident with traditional birth attendants who understand them, their contexts, fears and circumstances better than unfamiliar doctors who may not be able to provide adequate comfort and inspire similar confidence. In a country where access to institutionalised health care is meagre, traditional birth practices and their supposed dangers and inefficiency are often used as justifications for reproductive mortality. The problem instead is the lack of proper, hygienic and accessible health care, and scepticism that people have of doctors and medical personnel who may regard rural and poor people as illiterate, backward and ignorant.
- No matter how noble the intent, the scheme will ultimately be a clear mechanism for curtailing women's privacy and exercise control over their reproductive systems. The interference of the state brings with it the fear of monitoring. Those

clearly left out from this scheme of benefits will be those who do not fit the government's vocabulary and imagination of who and what a mother should be – a definition which excludes all except married women. What will happen to the support for single mothers, unmarried mothers, sex workers, surrogate mothers, adolescent mothers, all of whom will be brought under the scanner of the powerful state? The distribution of care will be unequal and often missing.

SEX SELECTIVE ABORTIONS AND RELIGIOUS LEADERS

- Part of the government strategy to deal with a declining sex ratio has been an appeal to **religious leaders to discourage people from female 'foeticide'** and emphasise the **importance of the girl child**. The religious leaders' rather recent concern with advocating against foeticide and speaking of the importance of the girl child (while they continue to be excluded from theology and various religious rituals on account of being women) without a questioning of the inherent discrimination within religion, is driven not out of concern for the girl child, but out of a **position against abortion**, which they define as 'murder' of an unborn child, a religious sin. That real women face the adverse consequences of unwanted pregnancies or sex selective abortions is of little concern.
- **The denunciation of foeticide is a moral judgement against abortion and not derived out of the value that religion accords to girls and women.** With most religions being patriarchal and restrictive of women's rights and choices already, religious and moral injunctions against abortion further limit women's access and courage to contemplate or undergo abortion.
- Given the regulatory and inegalitarian nature of most religions, the state's ambiguous and troubled relationship with religion per se and rising communalism in the country, the intersecting nexus among patriarchy, religion and the government is a dangerous one, especially with regard to women. Conservative religious right forces propagate myths about how while some communities undertake family planning as responsible citizens, others 'continue to grow uncontrollably', thus destabilising the country. Such trends are undoubtedly hazardous and threaten the already bleak rights scenario in the country.
- Reproductive rights are inalienable and basic human rights emphasising freedom to choose and self-determination and it must be the endeavour of every state to maximise their access and realisation. However, the exercise of these rights is severely limited and negotiated by socio-economic determinants that limit and deny access to resources and decision making authority. It is primary to interrogate the relationship among women's imagined and real roles and status in society and the impact they have on health initiatives, policies and programmes and access to them. **The state has to move beyond narrow, bio-medical approaches to more holistic approaches that address the deeply entrenched inequality and hierarchy that insidiously pervade various spheres of human and social interaction.** Reproductive rights cannot alone mean women's rights. There has to be a wider understanding of rights that is informed by the lived experiences of people, both in their definition and their exercise, such that

ritualised hierarchy and discrimination are targeted in order to ensure rights security.



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The key question it raises is that is motherhood always a 'natural' precondition towards the fulfilment of a woman's subjectivity? A package that tends to fix the role of women as 'producers' given the cultural context. The film explores this juncture to etch out individual and diverse desires of women and the ways in which they relate to being mothers or its absence.

GOODBYE MOTHER by Joydeep Ghosh

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SHE'S MY GIRL by Meera Dewan

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