bpidw

bath papers in international development and well-being
ISSN 2040-3151

Understanding Policy and Programming on Sex-Selection in Tamil Nadu: Ethnographic and Sociological Reflections

Shahid Perwez

Working Paper no. 26
September 2013

Bath Papers in International Development and Wellbeing
A working paper series of the
Centre for Development Studies, University of Bath
http://www.bath.ac.uk/cds/

Published by:
The Centre for Development Studies
University of Bath
Claverton Down
Bath, BA2 7AY, UK
http://www.bath.ac.uk/cds/

ISSN 2040-3151

Series Editors:
Susan Johnson
Shahid Perwez

Understanding Policy and Programming on Sex-Selection in Tamil Nadu: Ethnographic and Sociological Reflections

Shahid Perwez, Centre for Development Studies, University of Bath

Bath Papers in International Development and Well-Being no. 26

September, 2013

The Centre for Development Studies
University of Bath, Bath, BA2 7AY
http://www.bath.ac.uk/cds/

bpidw

bath papers in international development and well-being

Bath Papers in International Development and Well-Being (BPIDW) is a working paper series of the Centre for Development Studies at the University of Bath. The Centre for Development Studies aims to contribute to combating global poverty and inequality through primary research into the practical realities of global poverty; and, critical engagement with development practice and policy making. Bath Papers in International Development and Well-Being publishes research and policy analysis by scholars and development practitioners in the CDS and its wider network. Submissions to the BPIDW series are encouraged; submissions should be directed to the Series Editor, and will be subject to a blind peer review process prior to acceptance.

Series Editors: Susan Johnson & Shahid Perwez

Website: http://www.bath.ac.uk/cds/publications

Email: s.z.johnson@bath.ac.uk

Understanding Policy and Programming on Sex-Selection in Tamil Nadu: Ethnographic and Sociological Reflections

Shahid Perwez

Contents

List of Tables

Understanding Policy and Programming on Sex-Selection in Tamil Nadu: Ethnographic and Sociological Reflections

Shahid Perwez

Abstract

The family-planning programme of Tamil Nadu, largely a female sterilisation campaign, has been applauded as one of the successful public health interventions in India, which had arguably led to the drastic fertility decline in the state. To the state's dismay, however, the fertility decline in Tamil Nadu was also attended by the increasing reports of female infanticide and sex-selective abortion. In its subsequent response, the state in Tamil Nadu introduced specific policy and interventionary measures to curb the practice. In this paper, I critically examine these responses in their local ethnographic contexts to highlight the manner in which family-planning goals get intertwined with the political intervention on the issue of sex-selection. This leads to women's diminishing access to unmet needs for family planning and reproductive health services thereby contributing to further marginalisation for Tamil women.

Key words: Sex-selection; female infanticide; son preference; family-planning; policy and schemes; women and girl children; Tamil Nadu; India; South Asia

Acknowledgements

An initial draft of this paper has been presented at various workshops and conferences including at a research symposium in Delhi and finally as a seminar organised by the Centre for Development Studies, University of Bath. I would like to thank participants for their useful feedbacks. In particular, I would like to thank Susan Johnson for a healthy and constructive discussion over the paper. Finally, immense thanks are due to my peer-reviewers, Patricia Jeffery and Ravinder Kaur, for their scrupulous reviews and suggestions to improve the paper.

1 Introduction

In this paper, I critically analyse the working of state interventions on issues of sex-selection and gender imbalance in the particular ethnographic context of Tamil Nadu. In contemporary Tamil Nadu, public concern around practices of sex-selection began to emerge around the mid-1980s when 'female infanticide' was first reported in 1985 (Soundarapandian 1985). Subsequent reports and studies confirmed its occurrence in these regions by the early 1990s (Venkatramani 1986: Devi 1991; George *et al* 1992). In an almost immediate response to the (media) reporting of female infanticide, the government in Tamil Nadu announced a series of highly-publicised policy measures in 1992 to tackle the issue. This paper deals with two such schemes: the Cradle Baby Scheme (CBS) and the Girl Child Protection Scheme (GCPS), which were meant to 'save' and 'rescue' girl children in the state.

Through an ethnographic analysis of these schemes, I take issue with the overwhelmingly positive representations of the family-planning programmes – mainly the female sterilisation campaign – put forward by the Tamil Nadu government and its supporters (Kumaran and Norbet 1989; Antony 1992; Srinivasan 1995; Nagaraj 2000; Visaria 2000). The *raison d'etre* for such representations is reinforced by arguments that national family-planning programmes in developing countries can significantly contribute to "reducing noneconomic costs of contraceptive use, such as lack of knowledge, fear of side effects, and social and familial disapproval" (Bongaarts 1994: 619 cited in Gubhaju 2007: 25). Caldwell *et al.* (2002) emphasise the efficacy of family-planning programmes in legitimising the use of contraceptive methods and promoting the small family norm, which arguably have played a significant role in reducing fertility in developing countries.

In Tamil Nadu, the family-planning programme has singularly relied on female sterilisation creating monthly targets for the programme managers and health workers, which may account for the low prevalence of short term contraceptive measures like pills, condoms or copper-T (intrauterine device, also called loops), especially in rural areas (see Ravindran 1999 for gaps in service delivery; see also Nanda *et al.* 2011). In some cases, less than 2% of married women were using temporary methods of contraception (see Jacob *et al.* 2006). Consequently, Tamil women frequently induce abortion as a temporary method of contraception; more so, particularly in the higher order pregnancies (see Krishnamurthy *et al.* 2004). Varkey *et al.* (2000) reported that at least 28% of married women induced abortion to substitute for temporary methods of contraception for spacing purposes. Tamil Nadu has indeed recorded a higher proportion of induced abortions than the national average; during 2002-03, 7% of all pregnancies ended up in induced abortions (of which only 16% were aborted in government health facilities despite having extensive health infrastructure in the state) as against 5.8% for all India (Krishnamurthy *et al.* 2004). This figure could be an underestimate if unrecorded abortions and those reported as spontaneous, were to be included.

What has been even more disturbing is the practice of 'abortion with permanent sterilisation' in government institutions, also called Medical Termination of Pregnancy with Tubectomy (MTPCT). Since women's access to state abortion services is part of the family-planning programme, abortion practices in government hospitals provide further evidence of an excessive focus on female sterilisation. While government hospitals theoretically offer free abortion

services, in practice, the abortion is performed only when a mother agrees to undergo sterilisation, in particular if that mother has one or two children. An outcome of such a practice can be seen in an increase in the percentage of sterilisation acceptors, with two or less children, from 64% in 2001-02 to over 76% in 2012-13 (see http://www.tnhealth.org//dfwstat.htm last accessed September 10, 2013). This shows that access to abortion services has indeed been made conditional upon the acceptance of sterilisation in Tamil Nadu and elsewhere (see Ravindran 1993 for Tamil Nadu; Khan *et al.* 1999 for Uttar Pradesh; and Ganatra 1999 for Maharashtra). From the perspective of a women's right to reproductive choice, this is a matter of grave ethical concern for analysts like Visaria (2000: 54) who also highlighted that the overwhelming number of abortions (more than 90%) performed in government health institutions were also permanent sterilisations. A similar concern has been noted by Van Hollen (2003) in her ethnographic study of women's reproductive health in Tamil Nadu in relation to routinized insertions of intrauterine device (IUD) in public maternity wards, sometimes without the woman's consent.

In societies where women have higher social status and autonomy, there are fewer unmet needs for family-planning and other reproductive health services, which can facilitate better access to reproductive rights as a whole (see Sathar *et al.* 2001 in this regard). Despite purportedly relatively 'higher' female autonomy in Tamil Nadu (see Dyson and Moore 1983), it is the very implementation of the family-planning programme in the form described earlier that has led to women's diminishing access to other reproductive rights (apart from abortion and sterilisation). Indeed, observations regarding higher female autonomy in Tamil Nadu need fresh examination in the light of increasing reports on dowry, son preference and sex-selection (Kapadia 1995; Chunkath and Athreya 1997).

2 An Overview of Sex-Selection in Tamil Nadu

In this paper, I attempt to highlight the manner in which family-planning goals get intertwined with the political intervention on the issue of sex-selection. The demographic value of this public health intervention is undermined, I suggest, by increasing evidence/debates on female infanticide and sex-selective abortion, and thus should be placed under rigorous critical questioning. This paper, therefore, hopes to generate different and critical thinking about the implications of a policy response on gender imbalance as well the population politics and reproductive rights of women in contemporary Tamil Nadu.

In Tamil Nadu, as mentioned above, female infanticide was reported first in 1985 from Usilampatti region of Madurai district through journalistic inquiry. This was followed by the introduction of the CBS and the GCPS of Tamil Nadu government in 1992. The introduction of these schemes has formally confirmed the Tamil Nadu government's acknowledgement that female infanticide does occur in the state and, hence, needs to be eradicated. It was the *first* Indian state ever to do so.

Both these schemes and other government actions were immediately met with scepticism and criticised by activists, the media, and non-government organisations (NGOs). Responding to these criticisms, the Tamil Nadu government subsequently embarked on a large-scale social mobilisation against female infanticide involving NGOs, media, and activists but also academics and international donor agencies. One concrete manifestation of this collaboration was a

memorable large-scale social mobilisation against female infanticide in Dharmapuri district in 1997 (Athreya 1998). The move was largely initiated by the collaborative efforts of a development economist (an Indian Institute of Technology Professor) and a government official (Commissioner of Health) under Tamil Nadu Area Health Care Project (TNAHCP), financially assisted by the Danish International Development Agency (DANIDA).

By the early 2000s, female infanticide in Tamil Nadu became a public health issue with the direct responsibility for documenting female infanticide assigned to the Department of Public Health and Preventive Medicine. According to the Department, all such deaths are classified as 'death due to social causes' – a euphemism for infant deaths where female infanticide is suspected. Furthermore, governmental programmes on female infanticide have increasingly been merged with the programmes on countering population growth, implementing (female) sterilisation targets, and providing maternal and child health care. The Directorate of Family Welfare makes this quite clear in its official discourse:

> *Family Welfare Programme is intended to provide maternal and child health care and thereby to bring down the growth rate of population. It is also intended to avoid higher order birth (i.e. birth of more than two children in a family) and prevention of female foeticide and female infanticide. Most of the female foeticide and female infanticide are meted out to the foetus/new borns who are third or fourth order conceptions/births. Family welfare programme aims at avoiding such higher order conceptions/births to prevent female foeticide and female infanticide [sic].*[1]

The above policy pronouncement by the government of Tamil Nadu inevitably warrants a fundamental inquiry: how does the Family Welfare Programme achieve this stated goal? My ethnographic research around the implementation of this goal unveils a scenario whereby the government has formed various female infanticide 'committees' at the district, the block, and the village level, bringing NGO and health and nutrition workers together in order to maintain close surveillance on 'high risk'[2] pregnant women (women with at least one daughter) to undergo sterilisation using the combined tactic of persuasion and coercion. As part of this surveillance, an alliance is made between the Village Health Nurse (VHN), the Child Nutrition Worker (CNW), and NGO fieldworkers in order to detect and register pregnancies, watch and monitor their progress, register and monitor births, and follow up the births of female infants until the mother is sterilised. The CBS and the GCPS are also linked with this public health intervention since the precondition of both these schemes-in-operation is that women must

1 Policy note: Health and Family Welfare Department, Government of Tamil Nadu. Available at: http://www.tnhealth.org/dfw.htm. It ought to be clarified that this policy note is now cut short by the incumbent government by removing the last two sentences, so the website now hosts only a shortened version of this official note, full version was last accessed on September 30, 2012.

2 The term 'high risk' is frequently used by the NGO and government officials to refer to women who have been documented as previously given birth to one or more female children, irrespective of dead or alive children.

undergo sterilisation (see GoTN 2006).[3] Not surprisingly, then, many mothers are persuaded to undergo sterilisation by village-level health functionaries as a condition for facilitating their access to these schemes (see Perwez 2009 for further details on this scenario).

Such intensive public health intervention accompanied by some punitive action had earlier led the Tamil Nadu government (as well as some demographers) to claim that female infanticide had been controlled, as evidenced by a sharp decrease in female infant mortality rates as well as an improvement of child sex ratios in some regions of Tamil Nadu (see Narayana 2008). Srinivasan and Bedi (2012) have offered a similar argument wherein they suggest that state and NGO interventions seem to have played an important role in improving the child sex ratio (0-6 years) in Tamil Nadu. The basis of their argument is the recent improvement in the child sex ratio of five districts in Tamil Nadu (which have been the focus of government and NGO intervention programmes), according to the 2011 census, while ignoring the alarming rate of decline in the child sex ratio of 14 other districts at the same time. However, the recent improvements in child sex ratios with as well as without state and NGO interventions do not seem to support Srinivasan and Bedi's argument (2012). Their argument in favour of a successful state intervention, however, appears to hinge on the assumption that an improvement in child sex ratios in certain geographic areas necessarily means a reduction in the practices of sex-selection, an understanding which I have earlier questioned in the light of fieldwork data from Tamil Nadu and elsewhere (see Perwez *et al* 2012).

More importantly, these positive assertions about the role of state and NGOs in reducing gender imbalance in Tamil Nadu lack attention to the voice of the people, the media and activists alike, pertaining to the conceptual and empirical implementation of these schemes on the ground. People's voices reveal a very complex and dismal picture as far the implementation of these schemes is concerned. In reality, female infanticide has not been eradicated as a result of these schemes and interventions but has simply escaped successful monitoring and surveillance amidst changes in the methods of recording these deaths. Recording now ranges from falsification of the sex of the dead infant, concealment of such deaths under a medical cause with strong support from villagers and village-administrators, to changing pregnant mothers' residence at the time of delivery. Moreover, the government and NGO officials have viewed the recent increase in sex selective abortion as a consequence of stringent and punitive actions against female infanticide[4]– a contradiction that has developed alongside vigorous propaganda and programmes on population control. The possibility of female infanticide being substituted by sex selective abortion, as a result of technological advancement, has nonetheless been

[3] While in the case of the CBS, there is no official pronouncement for undergoing sterilisation, which is nonetheless practiced on the ground as is shown through a relevant narrative above, the GCPS does outline sterilisation by either of the parents (read mother) as a stringent condition (GoTN 2006).

[4] Some of the local NGO activists constantly argued that because female infanticide had been declining due to state action and strong policing, sex selective abortion must be increasing. Some evidence was provided to me by an NGO director who shared with me the details of an emerging government-NGO initiative whereby all scan centres and clinics were to be monitored in terms of the visits by the pregnant mothers to their clinics; during 2004-05, at least 43 scan centres in Tamil Nadu were banned for using scanning technologies (see http://cms.tn.gov.in/sites/default/files/documents/health2004-05.pdf: last accessed August 23, 2013).

explored in the context of East Asian countries (see Goodkind 1996 for a fuller discussion). Even though all forms of sex-selection have been outlawed in India, in the case of Tamil Nadu, it is the state action against female infanticide that is arguably driving people to resort to sex-selective abortion – the prenatal form of sex-selection against which a corresponding state programming is visibly absent (see Perwez 2009 for a fuller argument).

3 Deciphering Intervention on Sex-Selection: The CBS and the GCPS

With this brief background to the issues under discussion, let us now consider how the two schemes were both implemented and perceived on the ground. The data on which my discussion of these schemes is based derives from my ethnographic fieldwork in Salem district of Tamil Nadu conducted between July 2004 and September 2005. The material describing these programmes was gained from policy documents, various reports, and some material from newspapers as well as from often tortuous interactions with government officials (sees Perwez 2009 for a detailed discussion on the research methodology). Several underlying concerns and questions inform my analysis. How is the Tamil Nadu government's response to female infanticide intrinsically linked with discourses embracing the discourses of overpopulation, and what are some of the repercussions of this for the status of women and their reproductive rights? In what ways is the state's understanding of female infanticide contradictory to its methods of preventing it? Is state intervention necessary, desirable, and practicable on the practices of sex-selection?

In this section, I describe the CBS and the GCPS, along with some ethnographic insights into their implementation. Both schemes have constantly figured in all public discussions on how to reduce if not eradicate female infanticide. These two schemes have provided fertile ground for representations and language around the subject of female infanticide in Tamil Nadu and they have been variously analysed and commented upon by activists, journalists and academics alike. There have been mixed reactions. Some have applauded them while others have been critical. Ever since their inception, both schemes have been amended and their popularity has periodically risen and fallen amidst transfers of power in Tamil Nadu's political arena. For example, the Jayalalitha-led All India Anna Dravida Munnetra Kazhagam (AIADMK) government gave birth to and nurtured these schemes, but even when she was not in power, the schemes survived. The Dravida Munnetra Kazhagam (DMK) government which replaced AIADMK between 1996-2001 and 2006-2011 rarely showed any commitment to sustaining and enhancing the earlier regime's measures. Yet this lack of political will on the part of DMK functionaries was complemented by the proliferation of research and writings (mostly by NGOs, academics and activists), and the agencies that funded research and the resultant interventions during 1996-2001. For example, alongside a memorable large-scale social mobilisation against female infanticide in Dharmapuri district in 1997 (see Athreya 1998; Chunkath and Athreya 1997), the formation of a state-level NGO campaign, known as Campaign Against Sex Selective Abortion (CASSA), kept the momentum alive. Additionally, the introduction of *Balika Samridhi Yojna* by the Central government in August 1997, a scheme similar to the GCPS, providing financial incentives to poor families having two surviving girl children, provided further impetus and justification for such measures by the Tamil Nadu government.

Notwithstanding these shifts and criticisms, these schemes have continued to be at the centre of all interventions and discourses surrounding the status of girl children and women in Tamil Nadu. Viewed from the perspective of women considering committing female infanticide, these schemes appear fraught with tensions and conflict, both from the point of view of their 'concepts' and 'implementation'. Yet these schemes have survived and their proponents have pronounced them to be a huge success in curbing female infanticide. In this paper, I wish to raise some analytical concerns about the methodologies and ideologies pertaining to these schemes rather than analysing their success demographically (see Srinivasan and Bedi 2009, 2010 for a demographic assessment of the schemes).

4 Cradle Baby Scheme

The CBS was devised in 1992 as an immediate rescue mission in areas where female infanticide was believed to be rife. Cradles were to be placed outside primary healthcare centres (PHCs), hospitals and orphanages to receive the newborn female infants who might otherwise have been killed. Families were openly asked to deposit unwanted female infants in the cradles, rather than kill them. The scheme was originally introduced in the three districts of Salem, Dindigul and Madurai. Since 2001, following the return of AIADMK to power, additional centres have been opened in Theni and Dharmapuri districts with an increased budget outlay (from Rs.570,000 in 2003-04 to Rs. 680,000 in 2005-06) for the scheme in each of the named districts. The scheme was gradually extended to most districts in Tamil Nadu with the creation of 188 cradle centres (GoTN 2006).

In the earlier days after the introduction of CBS, people would usually leave their unwanted babies in the late hours of the night to avoid detection with many dying by the time they were found in the morning. Succumbing to widespread criticism of the manner in which babies were collected, the government later changed the modalities. Since 2001, babies were collected with the help of village health nurse, a child nutrition worker, or an NGO fieldworker. Occasionally, parents gave their babies directly to the District Collector at the Salem administrative office. Usually, no reimbursement is paid for the expenses of parents travelling to surrender their babies. Normally, a time period of two months is given for the parents to return and reclaim their babies, if they so desire. Meanwhile, these children are cared for by the District Cradle Centre. The Centre subsequently hands the babies over to the NGOs or adoption agencies that then identify childless couples willing to adopt them. In principle, the couples adopting such children are monitored and required to maintain regular contact with the NGOs and/or the adoption agencies. These NGOs and adoption agencies also charge prospective parents some fees that go towards the administrative and paper work costs of the office. By 2005, the Tamil Nadu government had twenty-one licensed adoption agencies, of which nine were also recognised for inter-country adoption (Krishnakumar 2005).

4.1 The CBS and the Politics of Numbers

The numbers of children saved through CBS vary considerably. During 1992-1996, a total of 85 babies were taken under the CBS in Tamil Nadu. By contrast, during 1996-2001, when the Jayalalitha-led AIADMK government that had created these schemes was no longer in power, only 13 babies were taken under the CBS. The scheme was rejuvenated following the return of a AIADMK government in May 2001 and between 2001 and 2005, more than 600 babies came

under the care of the Salem centre alone, totalling 710 babies saved under this scheme in the district (see Table 1 below).[5]

Table 1: Details of Babies Received under the CBS, Salem: October 1992 – August 2005

Items	Explanations
Total babies Received	710
Male babies	39
Female babies	671
Babies returned to biological parents	27
Babies died due to health sickness	39
Reasons cited in the official register for admitting the babies	Poverty, physically deformed, unwed mother, father's death, mother's death, family disintegration, abandonment [of baby], rape [resulting into childbirth], orphan child, more than two daughters.

Source: District Social Welfare Officer, Salem

Detailed statistics with regard to babies registered under the CBS reveal some interesting aspects of the working of the scheme. First, according to the register of the District Social Welfare Office, out of 710 babies received between October 1992 and August 2005 in Salem district, a significant number of babies (27) were either 'returned to biological parents', or had died (39) due to 'health sickness', indicating inadequate provisioning by the government. Second, although the CBS was designed explicitly to counter the practice of *female* infanticide, the addition of thirty-nine 'male' babies who were accepted under the scheme in Salem renders it somewhat less 'female-centric' than the official pronouncements (see GoTN 2006). Third, the wide array of reasons from 'poverty' to 'more than two daughters' ascribed to the motives of the parents for surrendering their babies does not indicate whether parents actually gave these reasons to the officials or officials voluntarily assigned these against the details of each babies. In any case, these reasons collated by the government officials under the CBS seem to form the basis for the state's understanding of female infanticide. The government of Tamil Nadu, however, selectively views female infanticide as a result of *poverty*, uses the *female infant mortality rate* as an indicator of gender discrimination and implements *family planning* (read female sterilisation) as the most important goal and, thereby, orients all its policies and programmes accordingly. This diagnosis might be helpful if it addressed and eliminated the reasons for female infanticide. This is not the case, though as I shall demonstrate through the

5 By March 2011, the CBS in Tamil Nadu had received 3813 babies, according to the Department of Social Welfare.

ethnography presented later in the paper, which to some extent problematizes this understanding of the government in the light of the excessive focus on female sterilisation.

4.2 The Politics of Adoption under the CBS

In the first decade of the CBS (i.e. between 1992 and 2003), 291 babies were handed over to various adoption agencies in Salem district alone (Source: District Social Welfare Officer, Salem 2005). A disaggregated analysis of these babies raises some concerns around the anomaly of adoption in the context of how CBS operated in Salem district. First, during 1997-2001, when the DMK government was in power, only 13 babies were received under the CBS in Salem, of which only nine were given in adoption to four adoption agencies – all based outside the district. The whereabouts of the four remaining babies were neither disclosed to me nor was it confirmed that they had died, though some of my journalist friends speculated that these babies had died. Second, during 1992-96 and 2001-03, when the AIADMK was in power, not only did the number of adoption agencies increase significantly but the agencies used in 2001-03 were almost completely different from those used in 1992-96. Third, within official corridors, it remained unclear why most babies were given to adoption agencies that were operating outside Salem district, mainly to Chennai-based agencies, despite the presence of two adoption agencies within Salem district (namely *Annai Teresea Illam* and *Raja Rajeshwari Mahila Samajam*).[6]

A plausible explanation of this anomaly could be sought in the consequences of adoption (mal)practice in Tamil Nadu, i.e. in the commodification of children. In the last two decades, adoption agencies in Tamil Nadu have proliferated, hoping to profit from the babies' surrender under the CBS, and the local activists and related agencies have raised some concern about this. During my fieldwork period, Chennai-based adoption agencies came under the scanner of media and investigating agencies, which explains the rise of child trafficking and other malpractices involved in inter-country adoption deals in the state. Consequently, the Central Adoption Resource Authority (CARA), an autonomous body of the Government of India, has either revoked or suspended the licences of some of these adoption agencies. This did not, however, have the desired effect as these licenses were often restored due to weak regulation of licensing system in Tamil Nadu. For example, in 2005, *Frontline* investigation revealed that in 1999 there were some police arrests based on complaints about babies stolen from the government hospital who were later found in an adoption agency in Chennai; the agency's license was revived after an initial revocation for a short time (Krishnakumar 2005). A study of adoption agencies and institutional practices in Tamil Nadu undertaken by Sujata Mody on behalf of a local NGO (Malarchi Women's Resource Centre) argues that most agencies are run as 'family businesses'. The study reveals a "complex maze of sleaze, with unethical and illegal dealings", to the extent that "even a very superficial investigation into inter-country adoptions opens up a can of worms" (see Krishnakumar 2005 for details). These reports and inquiries have also hinted at possible collusion between government officials and the adoption agencies, and as a result, the credibility of CBS has come into question.

As a result of this adoption (mal)practice, there have been mixed and often contradictory reactions to this scheme. Activists and NGOs have been vocal in pointing out that on the one hand the government claims to be the custodian of abandoned children, on the other hand, it

6 The third child adoption centre – Life Line Trust – started its operation in Salem only in April 2002.

legitimises and encourages female infanticide, by absolving parents of responsibility towards their daughters (by taking away the daughters and keeping them under state care through the CBS). An NGO, based in Dharmapuri district, went to the extent of filing a petition in the Madras High Court in 2009 challenging legitimacy of the CBS on the ground that the scheme violated the rights of the child as well as the United Nations children's charter.[7] One of the strongest public criticisms of the scheme expressed concern about the lack of records for cradle babies, their mortality rate, and their welfare under the cradle [scheme], including its lack of impact on the female infanticide rate, the inadequate funding, and issues around adoption rules and the lack of monitoring of adoption agencies (Kumar 2008). Some others, such as George (1997), argue that the scheme actually encourages son preference, as families can continue to dump their daughters in the cradles until they have produced the desired number of sons. Hence, some commentators hold the government accountable for actively sanctioning the abandonment of female infants in Tamil Nadu.

Paradoxically, NGOs operating in the region have been phenomenally successful in implementing the CBS. For peaceful coexistence with government departments, all NGOs working on female infanticide prevention are required in principle to demonstrate their proficiency in curbing the practice by showing annual statistics on babies that they have helped place under the CBS. NGO fieldworkers, therefore, spend considerable time and effort in the field, in conjunction with village health nurses and child nutrition workers, to find families with 'high risk' mother/s and then to persuade the mother/s to surrender the newborn to CBS, if it happens to be female. Such babies are classified as 'saved and rescued' in the NGO register. More often than not, village health nurse and NGO fieldworkers alike coerce these mothers into undergoing sterilisation by refusing to offer the benefits of the scheme, as the following narrative demonstrates.

4.3 Ayupunna's[8] case: A CBS beneficiary?

When I was attending one of the monthly-review meetings on female infanticide for NGO fieldworkers, I was told about one of the first instances in which a mother was to 'surrender' her newborn female baby to the CBS. The baby, a fourth consecutive female child was born to Munnusamy, aged 40 and Ayupunna, aged 35, both of whom were agricultural labourers and belonged to the Vanniyar caste (classified as one of the most backward castes in Tamil Nadu). According to the NGO fieldworkers, Ayupunna had threatened to kill her new-born baby in broad daylight after the VHN had refused to facilitate the transfer of her baby under CBS unless she underwent sterilisation, which she had consistently resisted. The VHN had refused to do so because she wanted Ayupunna to stop having more children, which was ostensibly been agreed upon between them before the birth of the last daughter. I asked the NGO fieldworkers if sterilisation was a pre-condition to participating in the CBS and they said 'no'. When I probed further why the mother needed to be sterilised, the NGO fieldworkers explained this in terms of

[7] See http://www.hindu.com/2009/07/08/stories/2009070860320800.htm (last accessed on August 23, 2013).

[8] All names of interviewed individuals and their villages are pseudonyms, unless indicated otherwise. I originally conducted these interviews and other such interactions in Tamil, which went into making of field notes and reconstructions in English.

a conflict of interest between the VHN (who wanted to meet her monthly sterilisation target) and the mother (who was again expecting a son in her fifth delivery following a local practice of astrological prediction made by their family *Jathagakarar* [astrologer] at the birth of her fourth child). Next day, I visited the family and talked to Ayupunna at length. The following excerpt is presented here to give some understanding of the operational complexities of the CBS:

> ***SP:*** *Why do you want to give your newborn under CBS?*
>
> ***Ayupunna:*** *Who will bring up one more daughter for us? Who will pay for wedding expenses including nagai [the gold customarily required in wedding] and varu-dakshina [dowry]? We are already so poor with three daughters and there is no son here. People have started looking down on us. No one helps today. You tell me how I could afford four daughters on our meagre income. Will the government give us any money? They won't…….*
>
> ***SP:*** *Why did you not undergo 'operation' [a colloquial expression for female sterilisation, mainly tubectomy] after the birth of two daughters like most people are doing now?*
>
> ***Ayupunna:*** *How could I? I want a son. My Jathagakarar had told me that there is a son in my jathagam [astrological fate]. But these people are telling me to undergo 'operation'. Why should I? I badly need a son for my family [started crying].*
>
> ***SP:*** *But what if a daughter is born again. Would you still believe in jathagam?*
>
> ***Ayupunna:*** *Yes! We took this baby to Jathagakarar and he said that she is not good for our family. She will bring ill-fate for all of us. That is why I do not want to keep this baby.*

Recalling what she had just said about dowry and heavy expenses in bringing up a daughter, I immediately asked:

> ***SP:*** *So would you then keep this daughter if you suddenly became a panokkarar [rich person]?*
>
> ***Ayupunna:*** *[After thinking for a while] No … because according to the Jathagakarar this child brings ill-fate with her.*
>
> *[Field notes: Kanakavalli, September 27, 2004]*

Ayupunna's story underlines the role of astrologers in people's everyday life and their belief in *jathagam* while deciding the fate of the newborn. In early 2005, the local NGO has identified the potential for astrologers to be major players in preventing female infanticide and gradually began a series of activities to create awareness and educate them (the *Jathagakarar*) on female infanticide prevention. However, discussion of such astrological discourses on family-making, including the practice of predicting the sex of forthcoming child, is clearly absent in government quarters. Ayupunna's narrative points to the state's selective construction of the cultural

contexts of reproductive matters, ignoring that prevailing son preference means that most (though not all) parents may be unwilling to undergo sterilisation until they have a son.

5 Girl Children Protection Scheme

In contrast, the GCPS, also launched in 1992, provides parents with a long-term financial incentive to keep their girl children by depositing money from public funds for each girl participating in the scheme. According to policy note (2005-06) of the government of Tamil Nadu, the scheme reads as follows: "families with a lone girl child or two girl children could benefit from an initial deposit of Rs.22,200 and Rs.15,200 [for each girl child] respectively, made in the name of the child with Tamil Nadu Power Finance Corporation, by the government. Apart from a monthly payment of a minimum of Rs.150 from the interest accruing from the deposits, each of the two girl children will be eligible for a terminal benefit from the deposit with accrued interest at the end of 20 years. The budget of the present scheme was about Rs.227 million in 2001, which was further increased to Rs.500 million during 2005-2006" (GoTN 2006).[9]

In order to access this scheme, however, there are many stringent criteria attached to it, most notably, the family planning criterion. In addition to the criterion of families with only daughter/s and no son, for a family to be eligible for the scheme, either of the parents (read the mother) must be sterilised within a year of the child's birth, and the sterilisation certificate must be issued only by a public health official. There are many other criteria such as the application must be made within a year of the child's birth, the parent's ages must not exceed 35 years, they must have been resident in the state for ten years prior to the application, the family's income must be below the official poverty line, and the gap between the two female children should not be more than three years.

Considering this list of unrelated harsh conditions, one wonders whether the state is *really* interested in ensuring the survival of female infants in Tamil Nadu or *actually* interested in implementing a family-planning 'welfare' programme that is primarily about controlling the fertility and reproductive lives of its poorest citizens. Why should the scheme be limited to families with two daughters only when families with three or more daughters are more vulnerable than families with two? Sekher (2012) has already highlighted the inaccuracy of linking family planning to this scheme. This can be further explored by looking at the budget outlay for this scheme, which some critics consider too modest for successfully implementing the scheme. One immediate response to the revised 2001 scheme suggested that "the amount allocated for the scheme would cover hardly 1 per cent [sic] of the 7,70,492 girl children in the 0-4 age group from poor households … [given] that every year 1,96,684 girl children are born in poor households (at a birth rate of 19 per 1,000 and by considering that 35 per cent of the

[9] Some changes in the scheme have been introduced recently. Earlier this year in April 2013, the Tamil Nadu government has announced an increase in the fixed deposits for the families with a lone girl child from Rs.22,200 to Rs.50,000; in the case of families with two girl children, the money is increased from Rs.15,200 to Rs.25,000 for each of the two children. Also, the time period for the release of money is reduced to 18 years from 20 years previously. For further details, see: http://articles.timesofindia.indiatimes.com/2013-04-17/chennai/38614780_1_girl-child-protection-scheme-male-child-j-jayalalithaa (last accessed September 10, 2013).

population lives below the poverty line)" (Krishnakumar 2002). Krishnakumar (2002), therefore, suggested that at least around Rs.169 billion – instead of Rs.500 million – would be needed in order to cover all female children in the 0-4 age group. As a result of this inadequate provisioning, it is not surprising that the government cleared only 1450 GCPS applications out of a total of 3540 GCPS made in Salem district (see Table 2 below).

Table 2: Details of Girl Child Protection Scheme, August 2005, Salem

Details	Numbers
Number of Applications made per month (on average)	43-44
Number of Applications successfully cleared	1450
Number of Applications pending (not cleared)	2090
Total Applications made	3540

Source: District Social Welfare Officer, Salem

The conditions imposed for accessing the scheme and the desire for a son probably account for the dismal number of GCPS applications made by families with only girl children in Salem district. Combining population control goals with those seeking to prevent infanticide and reduce son preference appears to have been counterproductive. The schemes were seen as populist in nature by the DMK government which followed the AIDMK and which put the program on the backburner and made practically no effort to continue the scheme (Krishnakumar 2002).

There are other misconceptions on which the scheme is based. First, GCPS is based on the assumption that all those who kill or do not want daughters are poor, when the occurrence of female infanticide (which the scheme claims to counter) is sporadic and varies not only by different economic categories, including rich and powerful in the village (see Sekher and Hatti 2010) but also by individual circumstances (see Perwez 2009 for details). During my fieldwork, I came across a few non-poor families accused by the local NGO of committing female infanticide or sex-selective abortion, as well as women who gave birth to daughter/s but could not apply for the GCPS because they did not fulfil the poverty criterion.

Second, a strong focus on sterilisation with 'no son' as the condition for participating in GCPS – quite akin to CBS – places the government outside and alien to the cultural milieu (of son preference) of the population with which it claims to engage. Quite clearly, prevailing son preference mean that parents may not want to undergo sterilisation until they have a son, whilst the scheme's conditions of no son yet sterilisation amount to forcing families to choose between the GCPS (daughter) or son (see Srinivasan and Bedi 2009). Given the importance of son preference for families at risk of resorting to sex-selection, it would be naïve to suggest that people would choose a daughter (GCPS) over a son. My fieldwork reveals that all the women who applied for this scheme opted to do so for reasons other than the financial incentives that the government so powerfully promotes. Chellammal's experience – as indeed those of so many others – demonstrates this appositely. Let us consider her narrative in order to understand both bureaucratic apathy and the reproductive life of a mother willing to claim a state benefit.

5.1 Chellammal, the GCPS Applicant

Chellammal, who belongs to a Scheduled Caste, delivered her first daughter in 1993 and her second in 1995. Within a day of her second daughter's delivery at the government hospital in Salem, she had undergone sterilisation. Three months later, she submitted her GCPS application to the District Social Welfare Officer. She was asked by the officer-in-charge to come back a week later as the officer-in-charge was retiring from her government service. A week later, when Chellammal approached the newly-recruited officer, she was told to go home and wait for a government acknowledgement letter regarding the status of her application to GCPS. She waited for two years and, since she had not received such a letter, she again approached the office in 1997. She was then asked to complete a fresh application. Since then until I met her, she had frequently visited the social welfare office and had spent quite significant sums of money on transportation and logistics in the hope that her application would eventually be confirmed and her daughters' futures financially secured. When I asked her why she had undergone sterilisation, she explained:

> *Of course I desired a son. But how could I have one when my Samy [God] does not want me to have one. I had to do 'operation' [sterilisation] because both my previous deliveries were caesarean. Doctors have gravely warned me about the complication of a third pregnancy. If I had conceived for the third time, I would have died. So I immediately underwent 'operation'… many people in my locality had already applied [to GCPS]. If government gives money to us, why not take it? … No money can equal the worth of a son. This [Rs.] 20,000 is too little for a son. I would choose a son rather than [Rs.] 20,000 if I were asked.*
>
> *[Reconstruction from field notes dated August 22, 2005]*

Indeed, Chellammal's explanation for opting for GCPS runs parallel to that of other families in the village (I talked to ten GCPS applicant families); the reasons for giving birth to a daughter/s are different from those that the government invokes through GCPS in its policy document. Neither son preference nor female infanticide is 'prevented' through GCPS. All the families who had applied to GCPS had stopped reproducing for medical, financial, cultural and other reasons. On the other hand, some commentators also feared that the money, if ever received, could be used for meeting dowry expenses in a daughter's marriage (George 1997). The likelihood of spending the money on dowry is quite high considering the fact that money will be released to an unmarried daughter only when she completes schooling (standard 10^{th}) by her 20^{th} birthday, considered as the appropriate age for marriage for rural girls. In such a scenario, the scheme may appear to reinforce the very reasons (dowry) for avoiding the birth of daughters, which it claims to counter by providing financial incentives. Likewise, the government's pushing for girls' education (through GCPS), without creating an adequate educational infrastructure, pointed to populist intentions rather than a desire to solve the problem (Krishnakumar 2002). Even some people in the government department administering GCPS openly commented that the dominant son preference in their area meant it would be unwise to believe that families would undergo sterilisation and enrol in the scheme without having already produced son/s. For example, when I asked the then Social Welfare officer of Salem if anyone had received the incentive money so far and what the prospects of the scheme were, she replied:

> *…..the first beneficiary in the state would receive the money in 2012 only because the money would be credited to the girl's account at the age of 20, and only after she has completed her 10th standard from a public school….. Honestly speaking, there is a big question mark to the GCPS; what if Ms. Jayalalitha [the then Chief Minister] steps down from power in the next election? DMK government has no interest in such matters. I really doubt if the money would ever be released to beneficiaries. One of the major obstacles is the periodical renewal. Every five years, either of the parents has to come and renew their account book at a certain date. If they failed to turn up on a specified date, such families would be disqualified from the scheme. Many have already failed to do so.*
>
> *[Reconstruction from field notes dated August 22, 2005]*

It would, then, be wrong to suggest that government officials operate in a cultural vacuum. Some do have an understanding of the cultural reasons behind a family's logic for their son preference, although they usually say this off the record. The point, however, is that despite this knowledge, the state constructs its own version of who is to be held guilty of female infanticide or sex-selection and how son-preference and daughter dis-preference needs to be addressed.

6 Conclusion

My ethnographic study of the CBS and the GCPS not only highlights the inherent contradictions within the Tamil Nadu government's understanding of the problem of how female infanticide and son preference operate, but also elucidates the politics behind such interventions which entail implementing a programme of population control. On the one hand, the government claims to put forward some understanding of female infanticide rooted in a selective diagnosis of poverty, dowry and demographic and reproductive changes, on the other hand, its interventionary measures tend to reinforce those very reasons responsible for sex-selection. The end result is the increase in reported cases of sex-selective abortion over which the government lacks a corresponding programming.

Ironically, the government's understandings and its concurrent projects do not situate the problem of female infanticide and sex selective abortion in a social, cultural, and technological context. Rather, a serious implication of the government's understanding is that all government schemes and programmes on female infanticide, and by extension on sex-selective abortion, have become merged with programmes to counter population growth, increasing emphasis on (female) sterilisations, and the provision of maternal and infant healthcare. An example of such merger can be seen in the usage of the term 'death due to social causes'. The term refers to one of the 21 possible causes of infant mortality, used by Primary Healthcare Centres, and is the only non-medical cause in the register. All suspected and/or confirmed cases of female infanticide are registered in this category, hence, also rendering the term an euphemism for female infanticide in Tamil Nadu.

During my fieldwork, extensive interaction with mothers and families led me to see how the widespread practice of female infanticide and sex-selective abortion are strongly linked with the intensification of family-planning and the small family norm – themselves arguably the result of a broader Indian discourse on 'overpopulation' in the context of poverty and development (see

Hodges 2004). Consequently, the pressures and constraints generated by government modes of family-planning campaign and its links with other policies and programmes continue to create and maintain the cultural milieu of son preference in Tamil Nadu within which female infanticide and sex-selective abortion have been rendered intelligible and acceptable for those families wanting to control the number of children born to them. Indeed, the implementation of a small family norm through current programmes will always lead to catastrophic consequences for the girl-child population (Sabu George 2001 cited in Sunder Rajan 2003: 184). Unless the government dissociates its policies and programming on gender issues from those of population control, a large section of Tamil Nadu's female population will continue to bear the callousness of the state intervention on issues of on population and health.

References

Antony, T. V. 1992. 'The Family Planning Programme – Lessons from Tamil Nadu's Experience'. *The Indian Journal of Social Science*, 5 (3): 319-327.

Athreya, V. 1998. 'Social Mobilization for Change'. *Frontline (online edition)* 15 (20): October 9.

Caldwell, J. C., J. F. Phillips and Barkat-e-Khuda. 2002. 'The Future of Family Planning Programs', *Studies in Family Planning,* 33(1): 1-10.

Chunkath, S. R. and V. B. Athreya. 1997. 'Female Infanticide in Tamil Nadu: Some Evidence'. *Economic and Political Weekly* 32 (17): WS 21-28.

Clark, C. W. 1990. *Mathematical Bioeconomics: The Optimal Management of Renewable Resources* (2nd ed) New York: John Wiley & Sons.

Devi, V. V. 1991. 'Socio-economic Context of Female Infanticide: A Study of Usilampatti Taluk in Tamil Nadu'. *Fifth National Conference in Women's Studies.* Jadhavpur, Calcutta: Mimeo.

Dyson, T. and M. Moore. 1983. 'On Kinship Structure, Female Autonomy, and Demographic Behavior in India'. *Population and Development Review* 9 (1), 35-60.

Ganatra, B. R., S. S. Hirve, S. Walawalkar, L. Garda, and V. N. Rao. 1999. 'Induced abortions in rural community in western Maharashtra: Prevalence and patterns'. *Ford Foundation Working Paper*: New Delhi.

George, S. M., A. Rajaratnam and B. D. Miller. 1992. 'Female Infanticide in Rural South India'. *Economic and Political Weekly* 27 (22): 1153-56.

George, S. M. 1997. 'Female Infanticide in Tamil Nadu: From Recognition Back to Denial'? *Reproductive Health Matters* 5(10): 124-32.

GoTN. 2006. *Chapter 2: Women and Child Welfare, Social Welfare and Nutritious Meal Programme*, Policy Note - 2005-2006, Demand No. 43. Chennai; Tamil Nadu.

Gubhaju, B. 2007. 'Fertility Decline in Asia: Opportunities and Challenge', *The Japanese Journal of Population,* 5(1): 19-42.

Hodges, S. 2004. 'Governmentality, Population and Reproductive Family in Modern India'. *Economic and Political Weekly* 39(11): 1157-63Kapadia, K. 1995. *Siva and Her Sisters: Gender, Caste, and Class in Rural South India*. Oxford: Westview Press.

Khan, M. E., R. B. Gupta and B. C. Patel. 1999. 'The Quality of family planning services in Uttar Pradesh from the perspective of service providers'. Chapter 12 in M.A. Koenig and M.E. Khan (eds). *Improving quality of care in India's Family Welfare Programme*. New York: Population Council.

Krishnamoorthy, S., N. Thenmozhi, J. Sheela and N. Audinarayana. 2004. 'Pregnancy Outcome in Tamil Nadu: A Survey with Special Reference to Abortion Complications, Cost and Care'. Coimbatore: Department of Population Studies, Bharathiar University.

Krishnakumar, A. 2002. 'A Programme without a Plan'. *Frontline (online edition)* 19 (03): February 02.

Krishnakumar, A. 2005. 'Behind the Façade'. *Frontline (online edition)* 22 (11): May 21.

Kumar, V. P.C. 2008. 'Where do rejected little girls go…'. *Tehelka Magazine* (online edition). 5(12): March 29. Available here: http://archive.tehelka.com/story_main38.asp?filename=Ne290308where_rejected.asp: last accessed on August 23, 2013.

Kumaran, T. V. and S. A. Norbert. 1989. 'Family Welfare Planning Programmes in Tamil Nadu: An Appraisal of Fertility Trends'. *Geographia Medica*, 19, 35-54.

Nagaraj, K. 2000. 'Fertility Decline in Tamil Nadu: Social Capillary in Action?', *Monograph1, Themes in Social Sector Research: The S Guhan Memorial Series.* Chennai: Madras Institute of Development Studies.

Narayana, D. 2008. 'Intensifying Infant Mortality Inequality in India and a Reversal by Policy Intervention', *Journal of Human Development* 9(2): 265-81.

Perwez, S. 2009. *Death before Birth: Negotiating Reproduction, Female Infanticide and Sex Selective Abortion in Tamil Nadu, South India*, PhD Thesis, Edinburgh: University of Edinburgh.

Perwez, S., R. Jeffery and P. Jeffery. 2012. 'Declining Child Sex Ratio and Sex-Selection in India: A Demographic Epiphany', *Economic and Political Weekly* 47(33): 73-77.

Ravindran, T. K. S. 1993. 'Users perspectives on fertility regulation methods'. *Economic and Political Weekly* XXVIII (46-47): 2508-12.

Ravindran, T. K. S. 1999. 'Rural women's experiences with family welfare services in Tamil Nadu'. Chapter 5 in M. A. Koenig and M.E. Khan (eds). *Improving Quality of Care in India's Family Welfare Programme*. New York: Population Council.

Sathar, Zeba A., C. Callum and S. Jejeebhoy. 2001. 'Gender, region, religion and reproductive behaviour in India and Pakistan', paper presented at IUSSP, XXIV General Population Conference, Salvador, Brazil, 18-24 August. Access here: http://www.archive-iussp.org/Brazil2001/s80/S87_03_sathar.pdf (last accessed on August 23, 2013).

Sekher, T. V. and N. Hatti. 2010. 'Disappearing daughters and intensification of gender bias: Evidence from two village studies in South India'. *Sociological Bulletin* 59(1): 111-33.

Sekher, T. V. 2012. 'Ladlis and Lakshmis: Financial Incentive Schemes for the Girl Child'. *Economic and Political Weekly* XLVII(17): 58-65.

Soundarapandian, A. 1985. 'Varadatchanaikkup-payandu Pen Kuzhandaigalai Kolgirargal (in Tamil)'. *Junior Vikatan*: 4 December.

Srinivasan, K. 1995. *Regulating Reproduction in India's Population: Efforts, Results, and Recommendations*. New Delhi: Sage.Srinivasan, S. and A. Bedi. 2009. 'Girl Child Protection Scheme in Tamil Nadu: An Appraisal'. *Economic and Political Weekly* XLIV (48): 10-12.

Srinivasan, S. and A. Bedi. 2010. 'Daughter Elimination: Cradle Baby Scheme in Tamil Nadu'. *Economic and Political Weekly* XLV (23): 17-20.

Srinivasan, S. and A. Bedi. 2012. 'Tackling Female Infanticide and Sex-Selection in Tamil Nadu: A Failure?' *Economic and Political Weekly* XLVIII (45): 80-82.

Sunder Rajan, R. 2003. *The Scandal of the State: Women, Law and Citizenship in Postcolonial India*. Durham, NC: Duke University Press.

Van Hollen, C. 2003. *Birth on the Threshold: Childbirth and Modernity in South India*. Berkeley: University of California Press.

Venkatramani, S. H. 1986. 'Born to Die: Female Infanticide'. *India Today* 31, 15 June: 26-33.

Visaria, L. 2000. 'Innovations in Tamil Nadu'. *Seminar*, 489 (May), 49-55.

The Centre for Development Studies (CDS), University of Bath

The Centre for Development Studies aims to contribute to combating global poverty and inequality through primary research into the practical realities of global poverty; and, critical engagement with development practice and policy making. In December 2011, the Bath Papers in International Development (BPD) working paper series was merged with the Wellbeing in Developing Countries (WeD) Working Paper Series, which has now been discontinued. The new series, Bath Papers in International Development and Well-Being continues the numbering of the BPD series.

Bath Papers in International Development and Well-Being (BPIDW)

Bath Papers in International Development and Well-Being publishes research and policy analysis by scholars and development practitioners in the CDS and its wider network. Submissions to the series are encouraged; submissions should be directed to the Series Editor, and will be subject to a blind peer review process prior to acceptance.

Series Editors: Susan Johnson & Shahid Perwez

Website: http://www.bath.ac.uk/cds/publications

Email: s.z.johnson@bath.ac.uk

1. Financial access and exclusion in Kenya and Uganda
   Susan Johnson, Centre for Development Studies, University of Bath; and,
   Max Niño-Zarazua, Independent Consultant, Mexico City

2. Financial inclusion, vulnerability, and mental models: From physical access to effective use of financial services in a low-income area of Mexico City
   Max Niño-Zarazua, Independent Consultant, Mexico City; and,
   James G. Copestake, Centre for Development Studies, University of Bath

3. Legible pluralism: The politics of ethnic and religious identification in Malaysia
   Graham K. Brown, Centre for Development Studies, University of Bath

4. Contesting the boundaries of religion in social mobilization
   Graham K. Brown, Centre for Development Studies, University of Bath,
   Séverine Deneulin, Centre for Development Studies, University of Bath; and,
   Joseph Devine, Centre for Development Studies, University of Bath

5. The politics of financial policy making in a developing country: The Financial Institutions Act in Thailand
   Arissara Painmanakul, Centre for Development Studies, University of Bath

6. 'Get to the bridge and I will help you cross': Merit, personal connections, and money as routes to success in Nigerian higher education
   Chris Willott, Centre for Development Studies, University of Bath

7. The role of informal groups in financial markets: Evidence from Kenya
Susan Johnson, Centre for Development Studies, University of Bath,
Markku Malkamäki, Decentralised Financial Services Project, Kenya; and,
Max Niño-Zarazua, Independent Consultant, Mexico City

8. Hope movements: Social movements in the pursuit of development
Séverine Deneulin, Centre for Development Studies, University of Bath; and,
Ana C. Dinerstein, Centre for Development Studies, University of Bath

9. The political economy of secessionism: Inequality, identity and the state
Graham K. Brown, Centre for Development Studies, University of Bath

10. Does modernity still matter? Evaluating the concept of multiple modernities and its alternatives
Elsje Fourie, University of Trento

11. Côte d'Ivoire's elusive quest for peace
Arnim Langer, Centre for Peace Research and Strategic Studies, University of Leuven

12. The role of social resources in securing life and livelihood in rural Afghanistan
Paula Kantor, International Centre for Research on Women; and,
Adam Pain, Afghanistan Research and Evaluation Unit

13. Beyond subjective well-being: A critical review of the Stiglitz Report approach to subjective perspectives on quality of life
Sarah C. White, Centre for Development Studies, University of Bath,
Stanley O. Gaines, Department of Psychology, Brunel University; and,
Shreya Jha, Centre for Development Studies, University of Bath

14. Inclusive financial markets: Is transformation under way in Kenya?
Susan Johnson, Centre for Development Studies, University of Bath; and,
Steven Arnold, Department of Economics, University of Bath

15. Human rights trade-offs in a context of systemic unfreedom: The case of the smelter town of La Oroya, Peru
Areli Valencia, University of Victoria, Canada

16. Limits of participatory democracy: Social movements and the displacement of disagreement in South America*; and,*
Juan Pablo Ferrero, Department of Social and Policy Sciences, University of Bath

17. Justice and deliberation about the good life: The contribution of Latin American *buen vivir* social movements to the idea of justice
Séverine Deneulin, Centre for Development Studies, University of Bath

18. Political economy analysis, aid effectiveness and the art of development management
James Copestake and Richard Williams, Centre for Development Studies, University of Bath

19. Patriarchal investments: Marriage, dowry and economic change in rural Bangladesh
Sarah C White, Centre for Development Studies, University of Bath

20. The speed of the snail: The Zapatistas' autonomy *de facto* and the Mexican State
Ana C. Dinerstein, Centre for Development Studies, University of Bath

21. Informality and Corruption
Ajit Mishra, University of Bath; and
Ranjan Ray, Monash University, Australia

22. 'Everything is Politics': Understanding the political dimensions of NGO legitimacy in conflict-affected and transitional contexts
Oliver Walton, Centre for Development Studies, University of Bath

23. The political economy of financial inclusion: Working with governments on market development
Susan Johnson, Centre for Development Studies, University of Bath; and
Richard Williams, Oxford Policy Management, Oxford

24. Behind the aid brand: Distinguishing between development finance and assistance
James Copestake, Centre for Development Studies, University of Bath

25. Beyond the grumpy rich man and the happy peasant: Subjective perspectives on wellbeing and food security in rural India
Sarah C. White, Centre for Development Studies, University of Bath

26. Understanding Policy and Programming on Sex-Selection in Tamil Nadu: Ethnographic and Sociological Reflections
Shahid Perwez, Centre for Development Studies, University of Bath