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Centre says no to Census based on caste

The Congress-led UPA government has decided against including caste as one of the parameters in the 2011 Census.

Parties like the PMK, DMK, RJD and JD (U) had, over the past few years, called for a caste-based Census, and the PMK even approached the Supreme Court last April with its demand. The apex court, however, shot down the demand as it felt that "the proposed move could cause immense strife" and that "this is why it had not been done for the last 60 years".

The last caste-based Census was held in 1931, but there have been sporadic calls for one after the implementation of the Mandal Commission Report. West Bengal's Left Front government was the only state government to make a representation to the Centre for conducting a caste-based Census, Parliament was informed last week.

Union Home Secretary GK Pillai also confirmed that caste would not be included as a parameter in the 2011 Census. The office of the Registrar General of India, that oversees the Census exercise, comes under the Home Ministry.

Data on demographic and socio-economic parameters like age, sex, SC/ST status, literacy, religion, mother tongues/languages known, economic activity status and migration are among the 15 parameters that would be collected as part of the 2011 Census. It is learnt that details for the coming Census, including the parameters being employed to prepare the National Population Register, were shared with the Union Cabinet.

While the majority political opinion — including the Congress and the BJP — was said to be against a caste-based Census, sources in the government also cited "practical and logistical difficulties" in including caste in the Census exercise. "For one, the idea of Caste is not uniform across the country. Also, how would an enumerator cross-check the claims of someone belonging to caste A or B," a source said.

Sources also said that a comprehensive database on the population would be made available, in electronic form, in a year's time after the commencement of the exercise as against around five in the past.

Inside

Anganwadi : A quiet miracle

In the vast rural hinterland of India, a new social force has silently emerged, unlike anything ever seen before. Today, it numbers 30 lakh educated and mostly young women. In a few years, it may well cross the 50-lakh mark. They don't have economic or political power of the usual kind. Yet, they are in every village, and have social acceptance that is fast turning into a power of its own.

They are anganwadi (day care centre) workers and helpers, health workers and other quasi-governmental or contractual workers all from local areas, all educated and all entrusted with the enormously important responsibility of providing healthcare to women and children.

There are about 19 lakh anganwadi workers and helpers under the government's Integrated Child Development Services (ICDS) programme, nearly 7.5 lakh accredited social health activists (ASHAs), another 2 lakh health workers, midwives etc. of different types, both under the National Rural Health Mission (NRHM), and about 2 lakh nurses and nursing associates.

These numbers are expected to reach nearly 50 lakh in the near future as the government expands its health and nutrition programmes. Under the Supreme Court's directions, the government has to universalise and strengthen the anganwadi system. It will mean an additional 6-8 lakh women joining this army. The number of ASHAs, nurses, midwives and health assistants is also set to increase under the NRHM. Then there are mid-day meal cooks and workers in schools, sanitary workers, panchayat workers etc.

This army of women is widely respected in the village for they fulfill crucial needs — like helping with childbirth and sickness, distributing nutrition, giving pre-school education and generally advising womenfolk on various personal and social matters. Vimla Rani, a 24-year-old college dropout is an ASHA in Sitapur district of Uttar Pradesh. She visits most homes in the four villages under her charge.

''I take the weight of infants, check out pregnant women, give iron supplements to them, discuss medical and even family problems. Even at night, I may be woken up to take a woman for delivery in the CHC nearby,'' she says softly. Her colleague, Radha who runs the anganwadi interrupts, ''Try handling 55 small children at a time! Then you will know what is hard work.''

But there are murmurs of discontent among these women. Anganwadi workers are paid only about Rs 1,500 a month, with some states giving more. ASHAs get a measly amount of about Rs 800 a month and Rs 200 for every delivery case that they take to the health centre.

The government calls them voluntary workers thus washing its hands of any responsibility for better salaries and other benefits. But these women are doughty. In many states, ASHAs and anganwadi workers have already formed organisations. Last year, in Patna, 20,000 ASHAs organised a protest march as they had not been paid for almost one year. An all-India federation of anganwadi workers recently held a dharna in the Capital demanding regularization. ''The government's policies are forcing these women to organize and fight,'' says Sindhu, an activist.

पांच साल में एड्स मिटाने का दावा

अगर एड्स से लड़ने की नई रणनीति अपनाई जाए तो एड्स को पांच साल में नियंत्रित किया जा सकता है। साउथ अफ्रीकन सेंटर फॉर एपिडेमियोलॉजिकल मॉडलिंग एंड एनालाइसिस के वैज्ञानिक डॉक्टर ब्रायन विलियम्स ने दावा किया है कि अगर एड्स के गंभीर खतरे वाले इलाकों में हर व्यक्ति की जांच की जाए और एड्स से संक्रमित लोगों का तुरंत इलाज शुरू किया जाए जो ऐसा कर पाना, मुमकिन है।

डॉक्टर ब्रायन का कहना है कि अगर एड्स से संक्रमित पाए गए लोगों को उपचार की दिशा में जोरदार कार्यक्रम चलाया जाता है तो इससे न सिर्फ लाखों लोगों का एड्स से बचाया जा सकता है बल्कि इसके प्रसार को भी रोका जा सकता है।

डॉ. विलियम्स का कहना है कि एंटी–रेट्रोवायरल दवाइयों से चलाई जाने वाली यूनिवर्सल थेरपी ही आज की तारीख में इस रोग को नियंत्रित करने की सबसे बेहतर उम्मीद है। इस उपचार से एचआईवी एड्स से जुड़े टीबी के संक्रमण की दर को भी आधा किया जा सकता है।

उनका मानना है कि अगर एड्स से संक्रमित लोगों के रोग का पता चलने के एक साल के भीतर एआरवी थेरपी के अंतर्गत इलाज किया जा सके तो इस संक्रमण की संभावना को दस गुना तक कम किया जा सकता है। इस तरह धीरे–धीरे यह रोग खुद खत्म हो जाएगा।

Survey reveals low level of condom consciousness

Less than one in three women know that a condom can be used just once, and just one in six know that a condom cannot disappear into a woman's body.

These are some of the findings of "Youth in India: Situation and Needs. A study carried out by the Indian Institute of Population Sciences and the Population Council.

The findings show that just 46 per cent of young men and 24 per cent of young women were aware that a condom cannot disappear inside a woman's body. Only 31 per cent of young men and 25 per cent of young women felt that condoms do not reduce sexual pleasure.

Marital status affects condom consciousness, with 57 per cent married young men compared to 44 per cent unmarried young men being aware that condoms cannot slip off the man and disappear into a woman's body; the corresponding percentages among young women were 29 and 17 .

The findings also underscore the limited awareness young people have of most sexual and reproductive matters with only 37 per cent of young men and 45 per cent of young women being aware that a woman could get pregnant in her first sexual encounter, and 19 and 15 per cent respectively of young men and women reporting awareness of sexually transmitted infections other than HIV.

Leading sources of information on sexual matters, according to the study, were friends and the media for both young men and women. In contrast, just 10 per cent of young men and women cited teachers and 3-7 per cent cited health care providers as a source of information; just 2 and 9 per cent of young men and women respectively cited family members.

Teachers and health care providers were relatively infrequently reported as sources of information on contraception.

The study further points out that only 15 per cent of respondents had attended sex education programmes either in or outside the school setting, notwithstanding the Adolescence Education Programme, the School AIDS Education Programme, the Red Ribbon Clubs and special programmes for out-of-the-school youth.

Speaking on the occasion, Nobel laureate Amartya Sen stressed the need for education on sexual and reproductive matters. Basic schooling can be central to human security as illiteracy and innumeracy are forms of insecurity themselves, he said.

Significant barrier

When people are illiterate, their ability to understand and invoke their legal rights can be very limited. This can be a significant barrier for illiterate women to make use even of the rather limited rights that they do actually have. Importantly, it can also muffle the political voice, Prof. Sen said. "The removal of survival disadvantages of women, the reduction of child mortality and moderating influences on fertility rates are all among the basic issues involved in removing the "downside risks" that threaten life and dignity," he said.

The study was carried out in Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan and Tamil Nadu in 2006-07, and is based on interviews of over 51,000 individuals.

As south greys, poor states will be most youthful

Southern India-especially, Kerala, Karnataka and Tamil Nadu-is greying much faster than the rest of the country. Uttar Pradesh, on the other hand, is projected to remain the youngest state for three decades, starting from 2011, and will be followed by Maharashtra, Bihar and West Bengal, says a study by the International Institute of Population Sciences.

UP, much to the chagrin of certain parties in Maharashtra, is expected to throw up an army of workers twice the size of Maharashtra's and thrice that of Gujarat's. Many Indian states, including Maharashtra, can therefore expect job-seekers from UP to swamp them if the state does not see a remarkable turnaround in generation of new jobs.

YOUNG INDIA
(Number of people in 15-59 age-group in 2011)

Uttar Pradesh	116m (58%)
Maharashtra	73m (64%)
West Bengal	59m (66%)
Bihar	58m (59%)
Andhra Pradesh	56m (66%)
(Figures in brackets represent working age numbers as % of state's total population)	

The statewise population figures projected recently by IIPs also reveal that India's population will remain young till 2040, which translates into large numbers working and driving the economy.

Drop in child death rate will fetch rewards

Concerned by the lack of substantial steps by states to control infant deaths in the country, the 13th Finance Commission has recommended linking states' performance in reducing infant mortality rate to grants from the Centre. The commission has set aside Rs 5,000 crore as incentive grant for the purpose.

The Finance Commission held that "incentivising states to improve their human development indicators is desirable". According to the Registrar General of India, the country had an IMR of 53 deaths per 1,000 live births in 2008, which is much higher than most developed countries. In fact, one of the major targets of the National Rural Health Mission (NRHM) is to reduce IMR to 30 per 1,000 live births by 2012.

All India IMR for rural areas is a whopping 58 while infant mortality in urban areas is a much lower 36. Madhya Pradesh has the highest IMR in the country at 70 followed closely by Orissa (69), UP (67) and Assam (64).

The government has accepted the recommendation to provide an "incentive grant" of Rs 5,000 crore for reduction in infant mortality, to be released to states starting 2012-2013 depending on the reduction in IMR achieved by states with reference to baseline level of 2009-2010 data.

According to child rights activists, the worrying factor is the lack of health, education and nutritional services in the country.

Mobile Creche's founder member Devika Singh said, "Incentivising grants for states is a good thing but for such sanctions to be successful, it must be accompanied with systemic changes. There must be outreach of health and nutritional services, for instance, improvement in ICDS and proper health infrastructure. There are a complex set of systemic interventions that need to be put in place before there is any impact. There must be a detailed plan of action for this to be successful."

This concern is reflected in the yawning gap between the mortality rate in urban vis-a-vis rural areas in the five worst affected states.

According to the Finance Commission, the grant will be dispensed over a three year period between 2012 to 2015, with Rs 1,500 crore for the first two years and Rs 2,000 crore in 2015.

Referring to a study on improving outcomes, conducted by the Administrative Staff College of India, the commission pointed out that bringing improvement from a higher base was often more difficult and required more effort than bringing about improvement from a lower base. Keeping this in view, ASCI has suggested that states be rewarded not just for achieving the target but also for exceeding the established target for the year.

UNDP Report shows shocking gender disparity

India has the maximum number of women dying in the Asia-Pacific region because of discriminatory treatment in access to health and nutrition and sex-selective abortion, according to a report prepared by the United Nations Development Programme (UNDP) that reveals shocking levels of gender disparity in the country.

In 2007, the latest year for which figures were available, 42.7 million women died due to this reason.

The report, released on the occasion of the International Women's Day, pointed out that "Asia has the highest male-female sex ratio at birth in the world, with sex-selective abortion and infanticide leaving approximately 96 million missing women" in seven countries. In 2007, an estimated 42.6 million women died in China, while the figure was 6.1 million in Pakistan.

UNDP said "missing women" meant those who have died as a result of discriminatory treatment in access to health and nutrition or through pure neglect or because they were never born in the first place. India also has the lowest percentage of female population after Bhutan in the Asia-Pacific region despite a better sex-ratio at birth, the report said.

According to the report "Power, Voice and Rights", India also has a large number of cases of women being married off early. Only Nepal and Bangladesh have

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Educate women on emergency contraception

Morning-after pills should be back on air. And not just private companies but even the Union health ministry should advertise them.

This is the view of a four-member expert committee set up by the Drug Technical Advisory Board (DTAB) recently to assess the pros and cons of allowing advertising of emergency pills.

The Drug Controller General's office banned advertising of all emergency contraceptives like Unwanted-72 and I-Pill on January 11, 2010, after serious concerns were raised that the ads were promoting the drugs as regular contraceptives and misrepresenting abortion. The committee headed by Dr Sunita Mittal, head of the department of gynaecology in AIIMS, has told DCGI to allow advertising and proper use of emergency contraceptives even in rural India.

"All forms of advertising of emergency contraceptives have been banned in India and the matter is being further examined. Concerns were being raised that women were popping the pills as a means to be free of tension after unprotected sex. Women also weren't being told that the pill hould be popped as an emergency measure, not a routine one. The ban, however, won't be revoked for at least the next six months." DCGI, Dr. Surinder said.

Ministry officials said, "Dr Mittl's committee feels that the pill should empower women and not be discriminatory. It has also suggested that maybe the I&B ministry can scan the ads before they come on air. The committee feels that women should be better educated about how to use, when to use and the side-effects of emergency pills."

Seven different companies market emergency contraceptives in India which are being sold over the counter (OTC) since September 2005. The DTAB, however, did not revoke the OTC status as no woman would want to go to a doctor for prescription to buy I-Pills, defeating the basic purpose of an emergency pill.

India records 7 million abortions annually and 20,000 women die because of abortion-related complications. Only two in five of these abortions are safe.

Emergency pills should be taken as early as possible and not later than 72 hours after unprotected sex. Doctors strongly advocate against its indiscriminate use.

Around 8.2 million pills were sold in India last year

One of the most common misconceptions revolving around the drug is that it is equivalent to an abortion pill. However, this is not true because an emergency contraceptive works in the time frame before a pregnancy is established. The emergency contraceptive acts as an interceptive agent and not an abortive one. In the case of I-Pill, lack of proper knowledge about its functioning has led to women popping them as regular oral contraceptives that are taken on a daily basis.

What people don't understand is that ECs are comparatively heavier in dosage than regular oral contraceptives or birth control pills and therefore cannot be taken regularly as a family planning method.

HIV can dodge drugs by hiding in bone marrow

The virus that causes AIDs can hide in the bone marrow, avoiding drugs and later awakening to cause illness, says new research that could point the way toward better treatments for the disease. Finding that hide-out is a first step, but years of research lie ahead.

Kathleen Collins of the University of Michigan and her colleagues report in the journal Nature Medicine that the HIV virus can infect long lived bone marrow cells that eventually convert into blood cells.

the virus is dormant in the bone marrow cells, she said, but when those progenitor cells develop into blood cells, it can be reactivated and cause renewed infection. the virus kills the new blood cells and then moves on to infect other cells, she said. "If we're ever going to be able to find a way to get rid of the cells, the first step is to understand" whre a latent infection can continue, Colline said.

Eliminating these sources patients to stop taking drugs after their infeciton was over. that's critical in countries where the treatment is hard to afford and deliver.

Haryana reverses the sex ratio trend

Haryana, which in 2001 was among the states with some of the worst sex ratios, has managed to reverse the trend through a combination of regulatory measures against female foeticide and affirmative action to change the situation of the girl child.

The state which had only 805 females per 1,000 males in 2001, notched up a tally of 850 females per 1,000 males in 2009. Gurgaon and Faridabad two of the most economically developed districts recorded striking improvement in the sex ratio in the 0-6 years category. While Gurgaon has gone up from 839 girls per 1,000 boys in 2008 to 859 girls per 1,000 boys in 2009, Faridabad rose to 903 girls per 1,000 boys in 2009 against 886 girls per 1,000 boys in 2008. Jhajjar moved up from 803 girls per 1,000 boys in 2008 to 825 girls per 1,000 boys in 2009.

The last census had showed Haryana and Punjab leading the brigade of states with the worst sex ratios, especially in the 0-6 age group. Haryana had 874 girls per 1,000 boys.

"We have reversed the trend, which is more difficult. We started monitoring the registration of newborns so that steps are taken for mid-term correction rather than waiting for 10 years to find whether we have improved our position,'' said chief secretary Urvashi Gulati. She added that the state government pushed the monitoring and regulatory measures on the one hand and improved the status of women through various schemes on the other.

In a state which had become notorious for female foeticide, the conviction of a Faridabad-based doctor in 2006 for conducting sex determination test was a watershed. "With advanced technology reaching villages, sex determination tests had become rampant. As we started improving our record in institutional delivery to minimise infant mortality rate, we found even educated people `designing' their families,'' Gulati said.

The political will to arrest female foeticide also played a key role, she says. Besides introducing reservation for girls in ITIs and providing social security to parents of girl children, the state also took steps to involve village women in local affairs. A team of top ranking women officers came out with innovative ideas for empowerment of women.

"Government gives a stipend to 18 lakh school students. All girl students get 50% more than what boys get. For higher education, the state decided to pay 5% of the interest on any educational loan that a girl takes. Moreover, in case of girls, the income of the family is not considered while granting loans,'' said Anuradha Gupta, additional principal secretary to chief minister Bhupinder Singh Hooda.

She added that the government took several other steps like creating 400 women chaupals and set up separate medical and engineering colleges for girls, all of which helped change the perception of families towards women.

Free sanitary napkins for BPL families in rural areas

To boost female health and hygiene in rural India, the Union government is working on a scheme to provide women living below poverty line (BPL) with free sanitary napkins.

The scheme, which will eventually supply "highly subsidised" sanitary napkins to women above the poverty line, is likely to be rolled out gradually, in three to six months from now. Once fully implemented, the scheme may touch the lives of 20 crore women.

Union Health and Family Welfare Minister Ghulam Nabi Azad said that the government intended to take care of the sexual and reproductive health needs of adolescent girls through a community-led programme for behaviour change by promoting the use of sanitary napkins. In the absence of affordable sanitary napkins, poor women are forced to use rags during menstrual cycle. Public health experts say this practice, and the resultant poor hygiene, are one of the reasons for the high incidence of reproductive tract infections in India.

It was learnt that the government was working on various models, including public-private partnership, to ensure that sanitary napkins were supplied free of cost to girls of BPL families, and at highly subsidised rates for others.

The scheme has to be sustainable, with provisions for disposal, a major problem in urban areas. Several meetings have been held to give a final shape to the scheme, which will cover 200 million rural women, each using 100 sanitary napkins a year.

Going by the expense involved, the government is looking at the possibility of roping in sponsors, and of implementing the scheme in phases.

शिशु मृत्यु दर में राजस्थान सबसे आग

राज्य व केंद्र सरकार की नौनिहालों का जीवन बचाए रखने के लिए चलाई जा रही योजनाओं और तमाम सरकारी दावों के बावजूद राजस्थान में आज भी शिशु मृत्यु दर राष्ट्रीय औसत से ज्यादा है। इन योजनाओं के संचालन में कोताही और लालफीताशाही के चलते प्रदेश में प्रति हजार में से 63 बच्चे जन्म लेते ही दम तोड़ रहे हैं जबकि जन्म लेने के बाद दम तोड़ देने वाले बच्चों का औसत प्रति हजार में से 53 ही है। सरकारी आंकड़ों के अनुसार राजस्थान में माता एवं शिशु के लिए चलाई जारही विभिन्न योजनाओं के बावजूद प्रसव घरों पर ही होते हैं जिससे जन्म लेते ही नवजात शिशु को होने वाली स्वास्थ्य संबंधी जटिलता का इलाज समय पर नहीं होता है। राज्य में राष्ट्रीय टीकाकरण कार्यक्रम के तहत पोलियो, गलघोंटू, काली खांसी, नवजात शिशुओं में टिटनेस, खसरा एवं क्षय रोग से सुरक्षा प्रदान करने के लिए टीका लगाए जाने की व्यवस्था है, लेकिन आमजन खासकर ग्रामीण क्षेत्रों में प्रचार–प्रसार के अभाव के चलते इनका प्रभावी क्रियान्वयन नहीं हो पा रहा है। सरकारी रिकार्ड में जननी सुरक्षा योजना के संचालन के दावों के विपरीत सरकार यह मान रही है कि प्रदेश में प्रसव संक्रमण के कारण काफी संख्या में शिशुओं की मौत हो रही है। कम वजन और समय से पूर्व जन्म के कारण भी कई शिशु काल के ग्रास बन रहे हैं। यहा तक कि सरकार खुद मानती है कि मलेरिया जैसी बीमारी जिसका इलाज आसान है, से भी शिशुओं की मौतें हो रही है।

देश और प्रदेश में अन्तर देखें तो स्पष्ट पता चलता है कि सरकारी योजनाएं कागजों पर ही संचालित हो रही हैं और गर्भावस्था के दौरान प्रसूता की पर्याप्त देखभाल और टीकाकरण नहीं होने से इनका जीवन खतरे में पड़ रहा है। राज्य सरकार को शिशुओं के स्वास्थ्य की रक्षा के लिए केंद्र से सालाना करोड़ों रूपए का बजट मिलता है, लेकिन मृत्युदर बताती है कि इसका कितना 'सदुपयोग' हो रहा है।

वर्ष 2009–10 के लिए नियमित टीकाकरण कार्यक्रम के संचालन के लिए केन्द्र सरकार ने 18.62 करोड़ रूपए का प्रावधान किया है जिसमें से अब तक 6.47 करोड़ ही मिल पाए हैं। बाकी राशि के लिए राज्य सरकार अभी हाथ पर हाथ धरे बैठी है। इस कार्यक्रम के संचालन के लिए राज्य सरकार ने जिलों को 12.06 करोड़ रूपए अब तक आवंटित किए हैं।

केंद्र सरका द्वारा शुरू पायलट कार्यक्रम के अंतर्गत पद्रेश में केवल जयपुर शहर में एक साल तक के बच्चों को हेपेटाइटिस–बी का टीका निःशुल्क लगाया जा रहा है जबकि अन्य जिले व जयपुर का ग्रामीण क्षेत्र अब भी इससे वंचित है।

हेपेटाइटिस–बी टीका राज्य के समस्त जिलों के बच्चों को निःशुल्क उपलब्ध करवाए जाने के लिए प्रस्ताव भी केंद्र को भिजवाए गए हैं, लेकिन अब तक इसका क्रियान्वयन नहीं हो सका है। मस्तिष्क ज्वर, चिकन पॉक्स एवं निमोनिया जैसी बीमारियों के टीके भी अभी तक नियमित टीकाकरण में शामिल नहीं किए गए हैं। राज्य सरकार अब तक इन टीकों की उपलब्धता के लिए केंद्र का ही मुंह ताक रही है जबकि इन बीमारियों से हर साल लाखों बच्चे काल का ग्रास बन रहे हैं। पिछले कुछ महीनों में सामने आई स्वाइन फ्लू बीमारी का मुफ्त टीका भी राज्य में उपलब्ध नहीं है।

चीन की वन चाइल्ड पॉलिसी खतरनाक

इकॉनमिस्ट के लेख के मुताबिक करोड़ों की तादाद में महिलाएं गायब हो रही हैं अबॉर्ट हो रही हैं, मारी जा जा रही हैं, उपेक्षित हैं। 10 करोड़ का आंकड़ा 1990 में अर्थशास्त्री अमर्त्य सेन ने दिया था, जो लगातार बढ़ा है। चीन में हालात सबसे ज्यादा खराब है। 1980 के दशक में हर 100 लड़कियों पर 108 लड़कों के अनुपात था। 2000 के दशक के शुरू में यह बढ़कर 124 हो गया। चीन के कुछ सूबों में यह 100 पर 130 के आंकड़े को छू चुका है। धीरे–धीरे यह प्रवृत्ति बढ़ते हुए पूर्व की ओर बढ़ रहा है। इनमें ताइवान, सिंगापुर, भूतपूर्व क्म्युनिस्ट देश और अमेरिका के कुछ हिस्सों में भी सेक्स रेशो बिगड़ रहा है। हर महाद्वीप में लिंग हत्या हो रही है। अमीर देशों मे हालत और भी खराब हैं। ताइवान और सिंगापुर अमीर देश हैं। चीन और भारत में भी जिन हिस्सों में लिंग अनुपात बिगड़ा है, वे सबसे अमीर और शिक्षित हैं। चीन में समस्या को वन–चाइल्ड पॉलिसी ने गहराया है।

लड़कियों की भ्रूण हत्या के लिए तीन बातें जिम्मेदार हैं। पहली, लड़के की चाहत की परंपरा, छोटे परिवार की मॉडर्न चाहत, और भ्रूण के लिंग की पहचान के लिए अल्ट्रासाउंड स्कैनिंग ओर ऐसी ही दूसरी तकनीकें। चार या छह बच्चे जिन सोसायटियों में आम बात है, वहां लड़के की कीमत पर लड़कियों को इस दुनिया में नहीं आने देना चाहते। यही वजह है कि चीन और भारत के मॉडर्न और खुले हिस्सों में सेक्स लिंग अनुपात भयानक रूप से गड़बड़ाया हुआ है।

Contd. from Pg. 4

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reported more such cases than India. The mean age at marriage in India is 20 for women and 25 for men, it said.

There is also a wide disparity between male and female child mortality rates in India. While on an average 72 out of 1,000 male children under the age of five died in 2006, it was 81 in the case of female children. The report said women suffer from some of the world's lowest rates of political representation, employment and property ownership in the Asia-Pacific region.

The report showed that India has 0.3 per cent of its people in the age group of 15-49 vulnerable to HIV/AIDS. The corresponding figure for Pakistan is 0.1 and Bangladesh 0.5.