

Empowering the Girl Child: Evaluating the Role of Frontline Workers in the Beti Bachao Beti Padhao Scheme in Rural Datia, Madhya Pradesh

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Abstract: This study examines the implementation of the Beti Bachao Beti Padhao (BBBP) scheme in rural areas of Datia district, Madhya Pradesh, with a focus on the role of frontline workers such as Anganwadi staff, ASHAs, and schoolteachers. Using a mixed-methods approach, it explores their engagement in awareness generation, service delivery, and community mobilisation. While the study finds growing public awareness and committed field-level engagement, it also highlights challenges like resource constraints, weak inter-departmental convergence, and entrenched patriarchal attitudes. The paper argues that empowering frontline workers with better training, recognition, and coordination is essential for advancing the scheme's core objective of gender equity.

Keywords: Beti Bachao Beti Padhao, frontline workers, child sex ratio, gender equity, rural Madhya Pradesh, community mobilisation, implementation challenges.

Introduction - Gender inequality in India has long remained a deeply entrenched issue, persisting despite decades of economic growth and policy initiatives aimed at social development. Although constitutional guarantees, legislative safeguards, and targeted welfare programmes have sought to enhance the status of women and girls, structural discrimination continues to limit their life chances in numerous ways. This gendered disadvantage often begins even before birth, manifesting most visibly in skewed demographic indicators such as the child sex ratio (CSR). The CSR, defined as the number of girls per 1,000 boys aged 0–6 years, has consistently highlighted the extent to which son preference influences reproductive choices in Indian households. The 2011 Census marked a particularly stark turning point, recording a national CSR of 918, the lowest since Independence a figure that dropped further in districts like Datia, Madhya Pradesh (Census of India, 2011). This demographic distortion is not merely a statistical anomaly but a symptom of deeper cultural biases, economic considerations, and systemic failures. Scholars such as Jha et al. (2011) have attributed the worsening CSR to the misuse of prenatal diagnostic technologies, which, although developed for legitimate medical use, became tools of sex-selective abortion in regions with strong patriarchal norms. While the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act of 1994 attempted to address this misuse, enforcement challenges have limited its effectiveness (Variath, 2024).

In response to the alarming decline in CSR and the broader concern of gender-based discrimination, the Government of India launched the Beti Bachao Beti Padhao (BBBP) scheme in January 2015. With its launch in Panipat, Haryana one of the worst-performing states in terms of gender indicators the scheme aimed to deliver a multi-sectoral strategy involving the Ministry of Women and Child Development (MWCD), Ministry of Health and Family Welfare (MoHFW), and Ministry of Education. It sought to ensure the survival, protection, and education of the girl child through awareness generation, improved service delivery, and community mobilisation (MWCD, 2019).

While the BBBP campaign has garnered visibility and political endorsement, its implementation has been uneven across regions. Evaluations from independent agencies and parliamentary committees have pointed out that a disproportionate share of funds over 78% in some years was directed toward media campaigns rather than grassroots service delivery (CAG, 2021; Chandra, 2021). This imbalance between symbolism and substance has attracted criticism from scholars who argue that the scheme's media-heavy strategy may raise awareness, but without corresponding structural reforms, its long-term impact remains uncertain (Sahoo, 2023).

Empirical studies from districts like Datia offer nuanced insights into the scheme's effectiveness at the local level. Research by Govindharajan (2022) demonstrates that while district-level campaigns succeeded in generating

community interest, particularly in urban and semi-urban clusters, behavioural change was slower and less visible in rural gram panchayats. These findings underscore the importance of frontline workers, such as Anganwadi staff, Accredited Social Health Activists (ASHAs), and teachers, who play a pivotal role in translating the scheme's objectives into community-level action. However, inadequate training, delays in remuneration, and weak inter-departmental coordination often hinder their ability to deliver impact effectively (Verma, Dhaka, & Agrawal, 2018).

In addition, literature suggests that intersectional barriers compound the challenges faced by girl children in marginalised communities. While the scheme is designed as a universal intervention, it lacks targeted mechanisms to address the needs of Scheduled Castes, Scheduled Tribes, and minority communities who face additional hurdles in access to health, education, and social mobility (Gangle & Reddy, 2014; Maradiya (2019). Scholars such as Kabeer (1999) argue that genuine empowerment requires not only symbolic affirmation but also the material redistribution of resources, decision-making autonomy, and institutional recognition of women's agency.

At the policy level, the BBBP scheme is aligned with broader development goals, including Sustainable Development Goal 5 on gender equality. It also interfaces with national policies such as the National Education Policy 2020 and the National Policy for Women (2016 draft). Despite this alignment, gaps in convergence and coordination remain a critical concern. Studies have noted that although BBBP mentions linkages with health and education programmes, operational overlaps are often absent or poorly executed (Nakray, 2018; Parveen, 2024). For instance, poor access to girls' toilets and lack of menstrual hygiene infrastructure continue to be major factors in school dropouts, particularly in rural Madhya Pradesh, as shown by UDISE+ data (UDISE+, 2022).

Another underexplored area in BBBP research is the involvement of male stakeholders. Transforming entrenched patriarchal norms requires engagement not only with women and girls but also with men, boys, and community leaders. Evidence from Vietnam and South Korea demonstrates that male-inclusive strategies are more successful in shifting gender norms (Guilmoto, 2012). In India, however, the absence of male-centric interventions in BBBP has limited its transformative potential.

The literature points to significant gaps in monitoring and data transparency. Although the scheme mandates regular reporting and monitoring through web portals and MIS tools, real-time district-level data on fund utilisation, outreach efforts, and outcome indicators are either unavailable or not publicly accessible (Richards et al., 2021). Without such data, it becomes difficult for researchers, civil society, and policymakers to evaluate the scheme's progress or suggest mid-course corrections.

While the scheme's objectives are laudable, its

potential can only be fully realised through sustained, evidence-based evaluation and policy feedback. Longitudinal research, district-level comparisons, and participatory assessments involving frontline workers and community voices are essential for improving the scheme's design and execution. As pointed out by Parmar and Sharma (2020), shifting social attitudes is a long-term endeavour that cannot rely solely on slogans and visibility but requires deep, continuous engagement with local realities.

Objective of the Study: The present study is grounded in the urgent need to assess the effectiveness of gender-focused schemes at the grassroots level, particularly in regions marked by socio-cultural conservatism and poor gender indicators. Among the first 100 districts selected under the Beti Bachao Beti Padhao (BBBP) scheme, Datia district in Madhya Pradesh stood out for its alarmingly low Child Sex Ratio (CSR), deeply embedded patriarchal norms, and gender-based disparities in education, healthcare, and child welfare (NFHS-5, 2021). Rather than attempting a wide-ranging evaluation of the national-level implementation of the BBBP scheme, the study narrows its focus to a single, clearly defined objective in order to preserve analytical clarity and offer practical insights that emerge from local contexts. The primary objective of the study is to assess the role and effectiveness of frontline workers in implementing the Beti Bachao Beti Padhao (BBBP) scheme in rural areas of Datia district, Madhya Pradesh.

Database and Methodology: This research adopts a mixed-methods approach to investigate the effectiveness of the Beti Bachao Beti Padhao (BBBP) scheme in Datia district, Madhya Pradesh. One of the 100 gender-critical districts initially identified for focused intervention. Rather than examining the scheme in its entirety at the national level, the study narrows its focus to a single objective: assessing the role and effectiveness of frontline workers in rural areas of Datia in implementing the core aims of BBBP.

Study Area and Rationale: Datia, located in the Bundelkhand region of Madhya Pradesh, has historically reported low gender development indicators. According to NFHS-5 (2021), Datia recorded a child sex ratio (CSR) of 889 girls per 1,000 boys, considerably below the national average. Additionally, the district exhibits high rates of female illiteracy, early marriage, and limited healthcare access, especially in rural areas. These socio-demographic characteristics made Datia a representative site to explore how BBBP operates at the grassroots level.

Research Design and Sampling: The study employed a purposive sampling method, focusing on actors most directly involved in scheme implementation and those impacted by it. The fieldwork was conducted in five Gram Panchayats spread across two development blocks of Datia district. Selection criteria included: Historical trends in CSR, Active Anganwadi centre operations and willingness of participants to be interviewed.

In total, 40 individuals participated in the study, grouped

as follows:

- 20 frontline workers, including:** 8 Anganwadi workers, 6 Accredited Social Health Activists (ASHAs) 4 government schoolteachers and 2 Auxiliary Nurse Midwives (ANMs)
- 5 local officials, comprising:** 2 Block Development Officers and 3 Panchayat Secretaries
- 15 community members, including:** 7 parents of girl children, 5 adolescent girls and 3 senior community leaders or SHG members

This sample size was sufficient to yield data saturation, allowing for reliable thematic analysis within the context of the study's focused objective.

Data Collection Techniques: The study made use of four key data collection tools:

- Semi-structured interviews:** Conducted with 25 respondents (frontline workers and officials) to explore roles, responsibilities, and operational challenges.
- Focus Group Discussions (FGDs):** Held in three villages, involving 15 community members, to gauge awareness levels and attitudes toward the girl child.
- Field observation:** Visits were made to 4 Anganwadi centres and 3 rural schools, focusing on infrastructure, IEC material use, and staff-community interaction.
- Document analysis:** Reviewed district-level BBBP reports, IEC pamphlets, state circulars, and NFHS/ UDISE+ data to triangulate findings.

All instruments were pre-tested in a non-sample village to refine language, sequencing, and cultural relevance before use in the field.

Data Analysis Approach: A two-tiered analysis process was adopted:

- Qualitative data were subjected to thematic content analysis, using NVivo software. Transcripts from interviews and FGDs were coded to identify recurring patterns around institutional coordination, morale of workers, and barriers in community engagement.
- Quantitative data, primarily from structured interview responses and government documents, were summarised using descriptive statistics (percentages and frequencies) in Microsoft Excel. Tables were created to display key trends such as participation rates, training availability, and awareness metrics.

Data Analysis and Interpretation: This section presents the findings derived from the primary data collected from frontline workers, community members, and local officials in five Gram Panchayats of Datia district. The interpretation is guided by both quantitative summaries and qualitative narratives, providing a layered understanding of how the Beti Bachao Beti Padhao (BBBP) scheme is perceived, implemented, and internalised at the grassroots level.

1. Awareness and Understanding of BBBP Among Frontline Workers

Category of Respondents	Number Interviewed	Aware of BBBP (%)	Understood Objectives Clearly (%)
Anganwadi Workers	8	100%	75%
Accredited Social Health Activists (ASHAs)	6	100%	66.7%
School Teachers	4	100%	100%
Auxiliary Nurse Midwives (ANMs)	2	100%	50%

All interviewed frontline workers had heard of the BBBP scheme, largely through official meetings or IEC materials distributed during block-level trainings. However, a clear understanding of its multi-sectoral objectives particularly the convergence aspect involving health, education, and women's development was limited, especially among ANMs and ASHAs. Some Anganwadi workers expressed confusion between BBBP and general child nutrition programmes.

A 35-year-old ASHA from Badoni village remarked, "We do inform families about girl child welfare, but sometimes it is difficult to say what is BBBP and what is ICDS. They seem the same to people, and even to us sometimes."

This points to a need for targeted capacity building and role clarification among ground-level staff.

2. Community Engagement and Behaviour Change

Response Variable	Number of Community Respondents (n=15)	Responded Positively (%)
Heard of BBBP Scheme	11	73%
Can Name at least One Slogan/Message	9	60%
Changed Behaviour (e.g., school enrolment for girls, delay in marriage)	6	40%
Believe Girls Should Get Equal Opportunities	12	80%

Community-level awareness of BBBP messages was moderate, with slogans like "*Beti Bachao, Beti Padhao*" having a stronger recall than the scheme's actionable objectives. Among families that had daughters under age 10, six parents reported deliberate efforts to continue their daughters' education beyond Class 8, citing influence from schoolteachers and ASHA encouragement.

One father shared, "My daughter is now going to school regularly. The ASHA bahu comes often and talks to my wife. Earlier we thought it was okay to stop education after primary."

Despite such positive shifts, attitudinal change remains limited, particularly among older male members and in families where girls are seen as economic burdens. A common refrain heard during FGDs was the phrase "*Parayadhanhaibeti*," reflecting persistent patriarchal

thinking.

3. Challenges Faced by Frontline Workers

Nature of Challenge	Percentage of Respondents (n=20) Reporting Issue
Lack of regular training or refresher courses	65%
Delay in salary/honorarium	70%
Lack of inter-departmental cooperation	55%
Community resistance or apathy	50%
Difficulty in reporting and documentation	40%

A substantial number of frontline workers reported demotivation due to irregular honorariums and poor clarity about their responsibilities under the BBBP scheme. Several Anganwadi workers shared that their work is often unrecognised or treated as an “add-on” to existing tasks. One schoolteacher stated, “We are asked to speak about BBBP in morning assembly or meetings, but no formal guideline is given. Sometimes I feel it's just for show.”

The lack of convergence among departments especially between health and education was another barrier frequently cited. Teachers rarely coordinated with ASHAs or Anganwadi workers for joint campaigns, which diluted the impact of local awareness drives.

4. Institutional Coordination and Support

Parameter	Fully Satisfied (%)	Partially Satisfied (%)	Dissatisfied (%)
Support from Block-Level Officials	35%	40%	25%
Access to IEC Materials	30%	50%	20%
Clarity in Role and Responsibilities	25%	50%	25%

Institutional support was found to be inconsistent. Many functionaries expressed that BBBP was more visible during events or inspection visits, but in routine functioning, it lacked administrative follow-through. Anganwadi workers from Bhandar block mentioned receiving pamphlets and banners only during National Girl Child Day or Republic Day rallies, while regular supply of materials was absent. An ANM noted, “We are told to talk about the girl child, but we don't get materials like charts or videos that could help. Even our health centres lack such support.”

5. Perceived Impact of BBBP in Target Areas

Perceived Area of Impact	Improved (n=15)	No Change	Worsened
Girls' School Enrolment	10	4	1
Delay in Age of Marriage	5	8	2
Awareness about PCPNDT Act	3	10	2
Value of Girl Child in Community	6	7	2

While education-related indicators showed some improvement, there is limited awareness around legal and reproductive rights frameworks such as the PCPNDT Act.

Only three respondents, including a schoolteacher and an ANM, could explain the Act correctly. Moreover, behavioural change in terms of delaying child marriage was far from uniform.

A mother of two girls from Chirula village stated, “We want to educate our daughters, but after a certain age people talk. They say we should find a match soon or risk trouble.”

Such community pressures underline the fragile nature of gains made under BBBP, and reinforce the need for multi-pronged, sustained engagement.

6. Field Observations and Researcher Notes: During field visits to Anganwadi centres and local schools, several observations emerged:

1. Posters of BBBP were found faded or outdated, indicating weak upkeep.
2. Enrolment registers showed improved attendance among girls in Classes 1–5, but significant dropout beyond Class 8.
3. Meetings on girl child welfare were often clubbed with other schemes, limiting focused discussion.
4. Most schoolteachers were enthusiastic but under-supported in terms of materials or training specific to gender sensitisation.

The field-based insights from Datia district highlight a complex picture of partial success and persistent challenges in the implementation of the Beti Bachao Beti Padhao (BBBP) scheme. While awareness of the scheme has certainly increased over time, much of it remains confined to surface-level understanding primarily slogans and campaign visuals rather than a comprehensive grasp of the scheme's multi-sectoral design. Frontline workers, including Anganwadi workers, ASHAs, and teachers, demonstrate significant commitment and local credibility; however, their efforts are often hampered by resource constraints, inadequate training, and limited institutional support. Though there are signs of positive attitudinal shifts in some families especially in urban and semi-urban clusters the change remains uneven, with patriarchal norms still deeply embedded in rural mindsets. One of the most pressing challenges is the weak convergence between key implementing departments. Despite policy mandates for inter-ministerial coordination, departments often operate in silos, leading to duplication of efforts or missed opportunities for synergy. Furthermore, the scheme's monitoring and reporting mechanisms, though technically in place, are underutilised or not fully integrated at the grassroots level, limiting accountability and real-time responsiveness. Together, these insights underscore the need for deeper community engagement, stronger institutional coordination, and context-sensitive adaptations to enhance the impact of BBBP in regions like Datia.

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