



# Tamil Nadu's Cradle Baby Scheme – How One Policy Saved Thousands of Girls

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**Abstract** – Female infanticide is one of the most organized oppressed pinnacles of gender-based violence in the contemporary history. Over 6,000 newborn girls were killed in Salem district in Tamil Nadu, India, over two years in the late 1980s, a number that by far underestimates the scale of the crisis due to the domestic and informal character of such murders. In 1992, Chief Minister J. Jayalalithaa launched the Cradle Baby Scheme, which was an intervention of modest structure, free of stigma, allowing parents to leave unwanted newborn girls without marking her death at specified public places. The state became the legal parent of all surrendered children. This paper will discuss the socioeconomic origins of son preference in Tamil Nadu, the mechanical structure and geographic proliferation of the scheme, and its quantifiable demographic consequences. The child sex ratio in Tamil Nadu rose by 927 in the pre-scheme period to 943 by the 2011 census and a 2019 National Family Health Survey reported an almost even ratio of 995 girls per 1000 boys. Based on this experience, the article concludes a generalizable governance-based social change model, claiming that structural behavioral interventions are always more effective than attitude-change efforts when dealing with deeply rooted cultural behaviors. The Tamil Nadu case has important lessons of replication to the policymakers, the administrators of the Indian public health, and the leaders of civil society in settings where embedded social behavior is difficult to change through the usual reform.

**Keywords:** Female infanticide, Cradle Baby Scheme, Tamil Nadu, Jayalalithaa, child sex ratio, Behavioral policy design, gender equity, son preference, social governance.

## 1. INTRODUCTION

### 1.1 The Crisis No One Wanted to Name

This is a special sadism inherent in a culture that glorifies the birth of a child and at the same time kills that child because it is of the opposite sex. This is no description based on fiction or early history. Government records in the southernmost state of India, Tamil Nadu, have officially registered over 6,000 instances of female infanticide in Salem district alone in 1987 and 1988. Two years. One district. there were over 6,000 girls who never drew long enough breath to be named. Here, special attention should be paid to the term government records. Such were but the instances that came to formal record by the little means that then existed. Female infanticide was a domestic exercise by nature it was committed inside the four walls of houses and under the pretext of sickness, accident or still birth. The killed girls were washed away, so that they might not be counted. All scholars who have studied this era agree that the official estimates are a floor and not a ceiling of the true number of dead.

What followed after this story is what made it unique compared to a statistic. Tamil Nadu did not merely document the loss, prepare a report and issue instructional posters. In 1992 a newly elected Chief Minister, J. Jayalalithaa, took a governance decision that in its conceptual formulation was nearly appallingly straight

forward, and in its long-term effect perhaps one of the most far-reaching health and gender equity interventions in Indian history. She initiated the Cradle Baby Scheme.

## THE CRISIS NO ONE WANTED TO NAME: FROM TRAGEDY TO A MODEL FOR CHANGE

A journey from **female infanticide** in Tamil Nadu to a pioneering social intervention

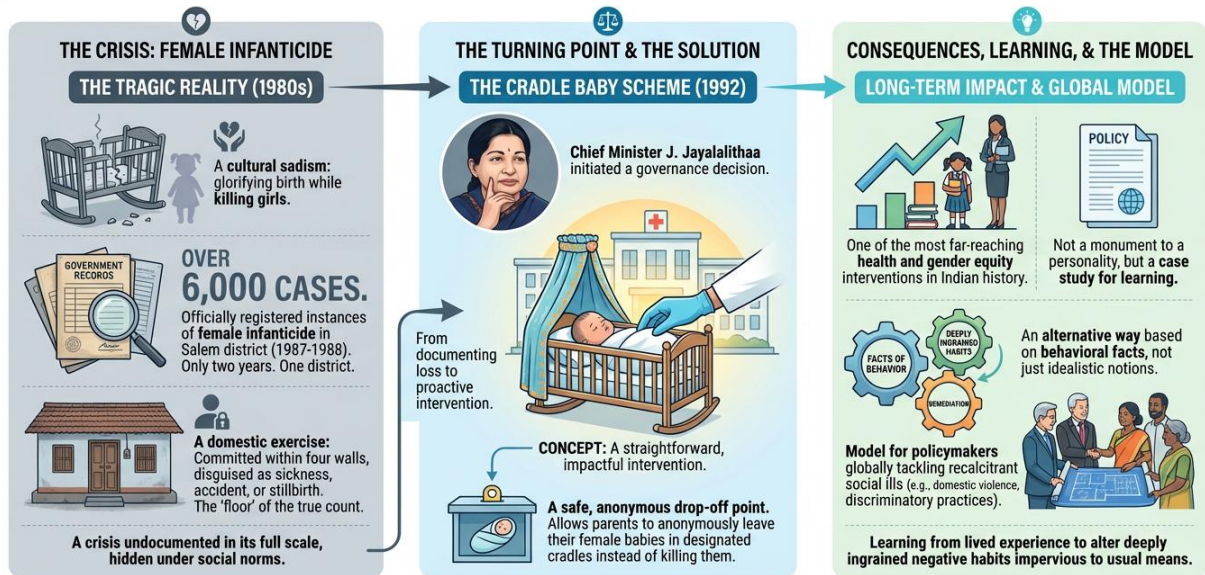


Fig -1: A Journey from Female Infanticide in Tamil Nadu

This paper looks at that ruling in detail why it was needed, how it was designed, the consequences it produced over 30 years, and the model it provides to any person attempting to alter the most recalcitrant habits of people. It is not to build a monument to a political personality or to make the scheme some kind of panacea to the solution. Aim is to learn out of a lived and recorded experience the values that helped bring it to pass, and to inquire how they can be applicable to new settings where deeply ingrained negative habit has become impervious to the usual means of remediation. The interests of such a question are scholarly in a more limited meaning. Policymakers and local leaders around the globe are still grappling with social ills, such as domestic violence, drug abuse, and discriminatory cultural practices, where sensitization and legal prohibition have shown minimal success. The Tamil Nadu experience provides an alternative way that is based on facts of behavior as opposed to idealistic notions of human motivation.

## 2. OBJECTIVES

There are five main research and policy objectives which guide this article.

The former aims to recreate the historical and socioeconomic environment that created the crisis of female infanticide in the most devastated districts in Tamil Nadu in the 1980s, and especially the structural factors that rendered daughters economically and culturally unattractive in the context of certain community structures.

The second aim will evaluate the design logic of the Cradle Baby Scheme and find out the particular policy mechanisms that have made it effective in the reduction of infanticide rates compared to previously existing awareness-based interventions and, subsequently, made it a functional intervention.

The third aim is to record and explain the demographic results of the scheme, such as in changes in child sex ratios between successive census years and National Family Health Survey data points, and place those results in the context of the history of women welfare indicators in Tamil Nadu.

The fourth goal is to look at the problems, and constraints of the scheme frankly, such as the continuation of son preference in disguised versions like sex-selective abortion, the unequal quality of institutional care of surrendered children, and the economic structural factors which the scheme itself was incapable of dealing with.

The fifth goal is to translate the essence design principles of the scheme into a transferable governance system that policymakers, public administrators, organizational leaders, and civil society practitioners can extend to similar social issues across geographic and cultural settings.

### 3. HISTORICAL BACKGROUND UNDERSTANDING WHY GIRLS WERE KILLED

#### 3.1 The Social Architecture of Son Preference

The occurrence of female infanticide in Tamil Nadu was not an accident and it cannot be explained. It was the logical consequence of a certain social and economic structure that systematically depreciated daughters.

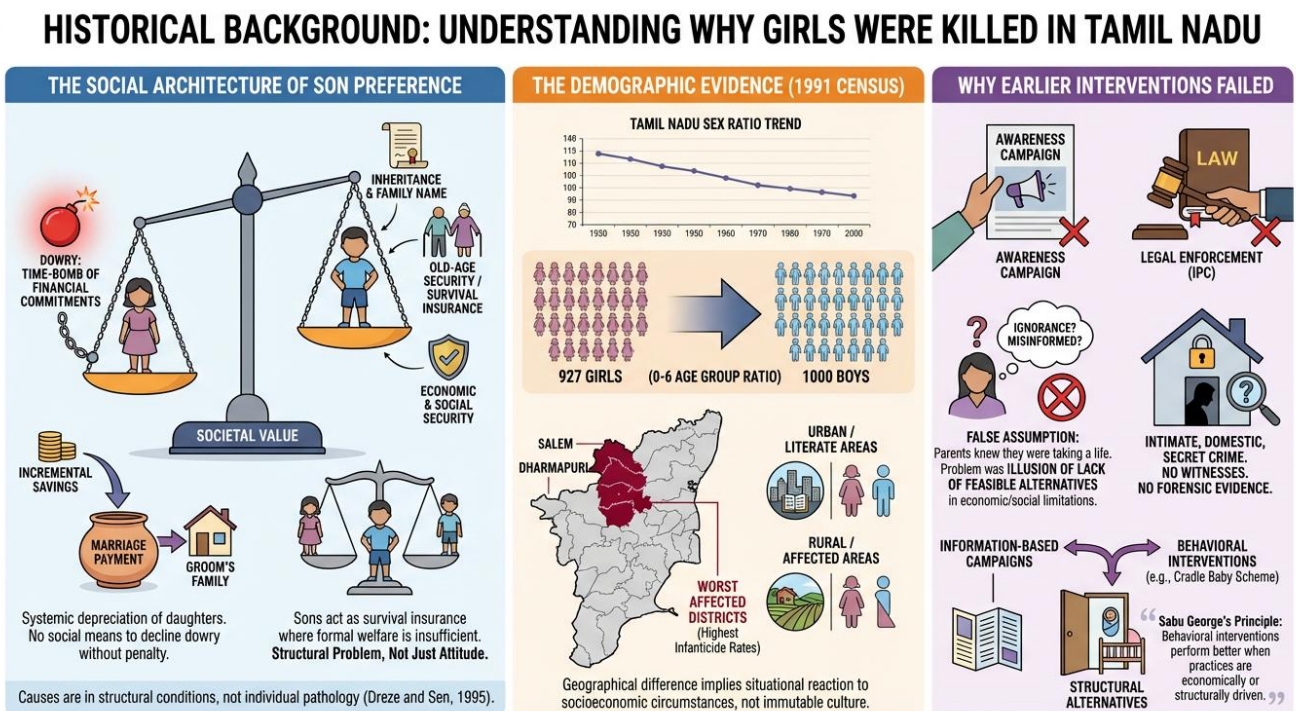


Fig -2: Understanding Why Girls Were Killed in Tamil Nadu

During the 1980s in some districts such as Salem, Dharmapuri, Madurai and so on, when a female child was born, a time-bomb of financial commitments was set off. Although Dowry was legally banned by Dowry Prohibition Act of 1961, it was still culturally engrained because it was not a bargaining point. A family that had a daughter had the years of incremental savings invested in the making of marriage payment. A major part of the household assets accumulated would be permanently passed on to the family of the groom at the



time of marriage. The expectation of compliance was not legally appealable, there was no social means to decline, and the culture did not allow the expectation to be questioned without penalty in regard to community status and the marital status of the daughter. One of the sons was acting in a completely different economic calculus. He would get an hereditary property, continue to carry a family name, introduce a family to a new marriage settlement and serve as the main source of the family economic and social security during old age. Sons acted as survival insurance to parents in societies where formal pension regimes, social insurance and old-age welfare were either unavailable or grossly insufficient to do so structurally, unlike daughters.

This is not provided as an excuse to commit infanticide nor in support of moral atrocity as a defense about economic rationality. It is provided due to the fact that the knowledge of the real mechanism which predetermines the behavior is the precondition of the development of an effective response. According to the work by Dreze and Sen (1995) on development and gender in India, as they termed the missing women phenomenon, which is a demographical deficit of women in South and East Asia compared to the expected ratios, the causes of this phenomenon are not in an individual pathology but in the structural conditions. It will not help to address a structural problem by describing it as an attitude problem.

### 3.2 Demographic Evidence

The 1991 census in India showed that, the total sex ratio of Tamil Nadu was reducing in the past decades. The number of girls in comparison to the number of boys in the zero-to-six age group was in a ratio of about 927 and this was the sex ratio of children at the time when the Cradle Baby Scheme was being conceived. The same research of Venkatramani (1992) and some of the later studies conducted by the department of health and family welfare, government of Tamil Nadu have identified Salem and Dharmapuri along with the belt to be the worst affected by sex ratio distortion, the distortion that is directly proportional to the highest rates of infanticide of the female sex that are recorded. The trend was not similar throughout the state. The areas and urban zones with a greater level of female literacy and a better employment situation in terms of developed women demonstrated fewer distortions of the sex ratio as extreme. This geographical difference was also an evidence. It implied that this issue was not an immutable cultural absolute but a situational reaction to certain socioeconomic circumstances, which in its turn implied that the behavior could be altered in response to alterations in these circumstances, or availing structural alternatives in them.

### 3.3 Why Earlier Interventions Failed

The attempts to combat female infanticide in India preceding the Cradle Baby Scheme were based mostly on awareness and the implementation of the law. Awareness created by the government tried to change the cultural mindset by promoting the virtue of the girls. It was theoretically legal but practically virtually impossible in practice to act under the Indian Penal Code since the crime was intimate, domestic and secret and there were no witnesses who could testify to witness its occurrence and no such forensic evidence of the kind that courts could act. The awareness campaign strategy comes with an unspoken assumption that the individuals involved in harmful behavior become so because they are unaware of the fact that the habit is wrong, or because they are misinformed and thus can be informed through education. It is an assumption that is often false. In Tamil Nadu, parents who murdered newborn daughters understood that they were taking away a life in most instances. It was not ignorance as a problem. It was an illusion of lack of feasible alternatives in their economic and social limitations. An item like a poster could not eradicate the dowry system. In societies where the structure had not altered no pamphlet could turn a daughter into a financial value. The Indian sex-selective practices researcher Sabu George has suggested that behavioral interventions would always perform better than information-based campaigns in situations where the

practices under question are economically or structurally driven (George, 2002). The Cradle Baby Scheme is, perhaps, the best actualized instance in the Indian policy history of that principle.

## 4. THE CRADLE BABY SCHEME DESIGN, MECHANICS, AND ROLLOUT

### 4.1 The Central Design Logic

The plot has only one, obvious behavioral assumption, which is that, when the alternative to infanticide is available, anonymous, and really risk-free, a significant percentage of those parents who would otherwise kill their daughters will adopt the alternative.

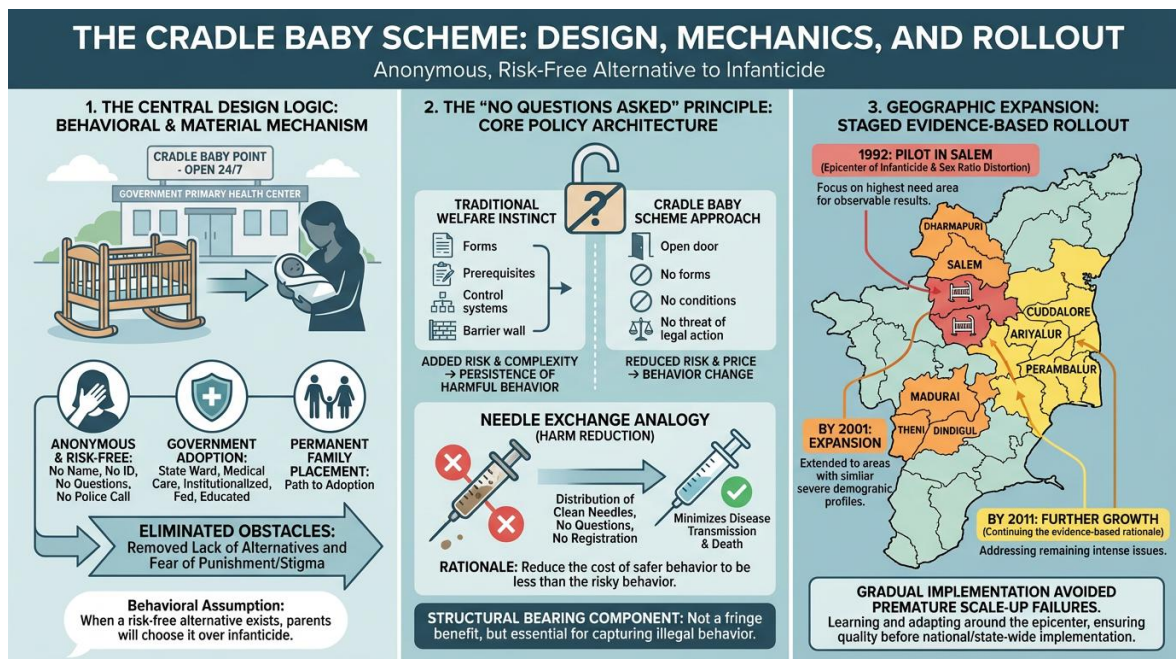


Fig-3: The Cradle Baby Scheme

The mechanism was material and physical. In 1992, cradles were introduced at the primary health centers, government hospitals, temples, orphanages and other publicly available places in Salem district. A parent would go to any of these places, place a newborn in a cradle and walk away. No paper work to do. No name to provide. No identification required. None of the staff members would make a call after the parent, inquire about anything, gather information, or call the police. The state would adopt the child, get medical attention, place the child as a government ward, and help place the child in a residential care facility.

The legal obligation of the government was also quite evident all the children that were handed over under the scheme would be officially adopted by the government, granted legal protection, institutionalized, fed, educated, and helped to develop, and offered to families that would adopt them forever. In design, the scheme had done something specific and thoughtful. It eliminated the two main obstacles that made parents unable to find an alternative to infanticide. The initial obstacle was the lack of a viable alternative before the scheme, there was actually no place a parent could put an unwanted daughter that was not risky or convoluted. The second obstacle was the fear of a legal and social punishment: any effort at placing a



child via the legal system increased the risk of being interrogated, suspected of crime, and facing community stigma. The scheme abolished the two bulwarks at once.

## 4.2 The "No Questions Asked" Principle as Core Policy Architecture

The move to ensure total anonymity was not a fringe benefit in the design of the scheme. It was the structural bearing component. It would not have been possible without it. This deserves elaboration as there is an instinct in policy formulation, especially in welfare and children protection, to impose conditions, prerequisites, and control systems upon government services. There are usually sound reasons behind those instincts. However, when the target behavior is an illegal act and the government is attempting to capture the behavior before it happens, adding risk and complexity to the interception path will ensure that individuals will persist in the harmful behavior instead of taking the approved path.

The needle exchange analogy is didactic. Findings in the literature on harm reduction in community health have been consistent that distribution of clean needles to intravenous drug users minimizes transmission of diseases and death. The most effective types of programs are ones that pose no questions, no registration is necessary, and they pose no threat of legal action should the service be used. The rationality of the behavior is the same as the Cradle Baby Scheme reduce the price of the less risky behavior to less than the price of the risky behavior and the behavior changes (Des Jarlais et al., 2009). The Cradle Baby Scheme used this concept in effect on an entirely different issue, and the mechanics were the same.

## 4.3 Geographic Expansion A Staged Evidence–Based Rollout

The implementation plan of the scheme demonstrates an evidence based, gradual policy expansion which in itself is worthy of research. Salem district was the first place where this began in 1992, selected due to its having the highest female infanticide rates as well as the worst sex ratio distortions of any district in Tamil Nadu. Beginning with Salem focused resources where they were most needed and gave observable results in a specified geographic location. The scheme grew as evidence continued to mount that the scheme was operating as planned and as government administrative capacity kept pace with the requirements of running surrendered children.

By 2001, the program had expanded to include Madurai, Theni, Dindigul and Dharmapuri, which have the same demographic profile of severe sex ratio distortion as Salem and those which have reported incidences of infanticide. By 2011, the growth had extended to Cuddalore, Ariyalur and Perambalur, again on the same rationale of expanding to areas where the issue was still the most intense. This gradual implementation led to the usual failure pattern of massive social initiatives the premature national or state-wide implementation that congests the administration and waters down resources and results in uneven quality before the model has been adequately evaluated. The Tamil Nadu government designed the scheme around the epicenter of the scheme, learning and adapting at every turn, precisely what complexity researchers and development economists have advised social programs built in heterogeneous cultural and administrative settings should do (Easterly, 2006).

## 5. AKSHAYA AND THE HUMAN REALITY BEHIND THE DATA

Data is required to learn about the magnitude of a social problem, and to identify whether a policy response is effective. But data do not convey the moral gravity of what is involved, nor do they convey the total human meaning of change at the margins. Akshaya was one of the first children who were handed over under Cradle Baby Scheme in Salem in 1992. By the stroke of mere chance, which, had it been not for the scheme, would have seen her roundly follow the lines of thousands of other female infants in that district, she came into the

world in a cradle at one of the scheme stations. The government took her in, she grew up in an SOS Children's Village, a residential facility where orphaned, abandoned and otherwise parentless children are raised in family-like environments, and educated within the institutional support structure the scheme depended upon. She graduated with a degree in computer engineering.

### AKSHAYA AND THE HUMAN REALITY BEHIND THE DATA

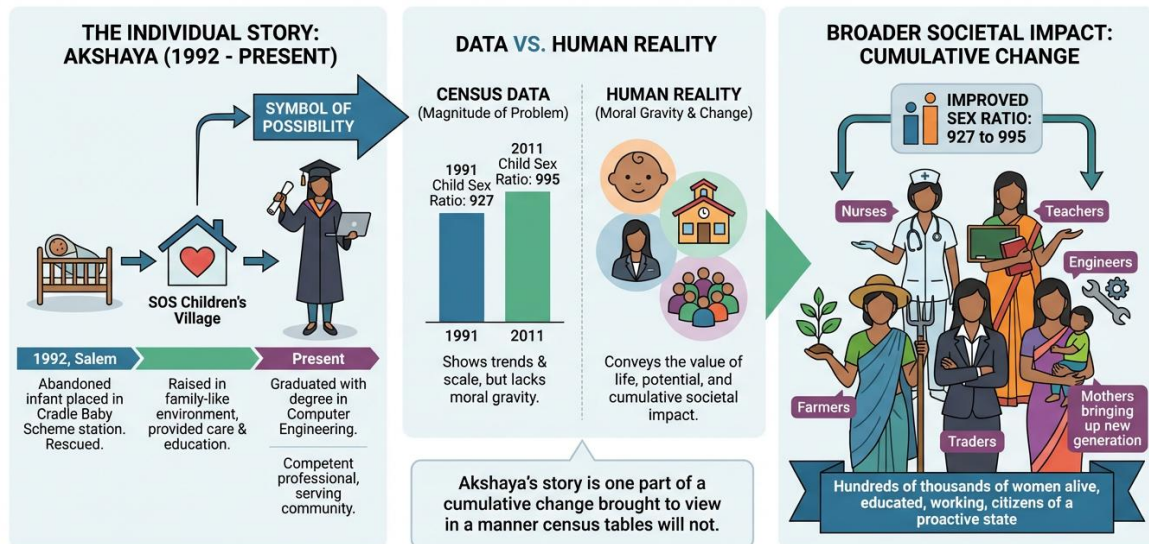


Fig -4: Akshaya and The Human Reality Behind the Data

This is not a rule that Akshaya will not break. It symbolizes a possibility the possibility that a child who would have been deleted off the face of the planet prior to being name might become a competent professional, serving her community and her country. It is not the story in itself that is important but the implication of that story if it is repeated many thousands of times as large as the scale of the scheme. The gap between a child sex ratio of 927 and 995 is a difference of hundreds of thousands of more women alive, educated, working and in their communities. A fraction of those women are engineers, nurses, teachers, farmers and traders. Others are mothers bringing up the new generation. They are all citizens of a state that decided to intervene other than to turn a blind eye. Akshaya is the story of one side of that cumulative change, brought to view in a manner which the census tables will not.

## 6. MEASURING OUTCOMES THE DEMOGRAPHIC TRAJECTORY

### 6.1 The Pre-Scheme Baseline

The child sex ratio in Tamils Nadu in the years immediately before and after the launch of the scheme was circa 927 girls per 1,000 boys in the zero to six age group. More to the point, the trend line was going the wrong way. The ratio had been falling instead of increasing over successive census years, and showed that unless something was done, the disparity between boys and girls in the youngest age group in the state would only increase. The demographic meaning of the sex ratio is not the only important aspect of the policy metric. A falling child sex ratio, in a world where biological sex ratios at birth are stable and well-recorded, is direct testimony that girls are being selectively eliminated out of the population by selective infanticide or by

neglect. It is a conspicuous indication of a latent crime, and this is specifically because it generates a noticeable and quantifiable change in the population statistics even when the cases are hidden on an individual basis (Sen, 1990).

### MEASURING OUTCOMES: THE DEMOGRAPHIC TRAJECTORY

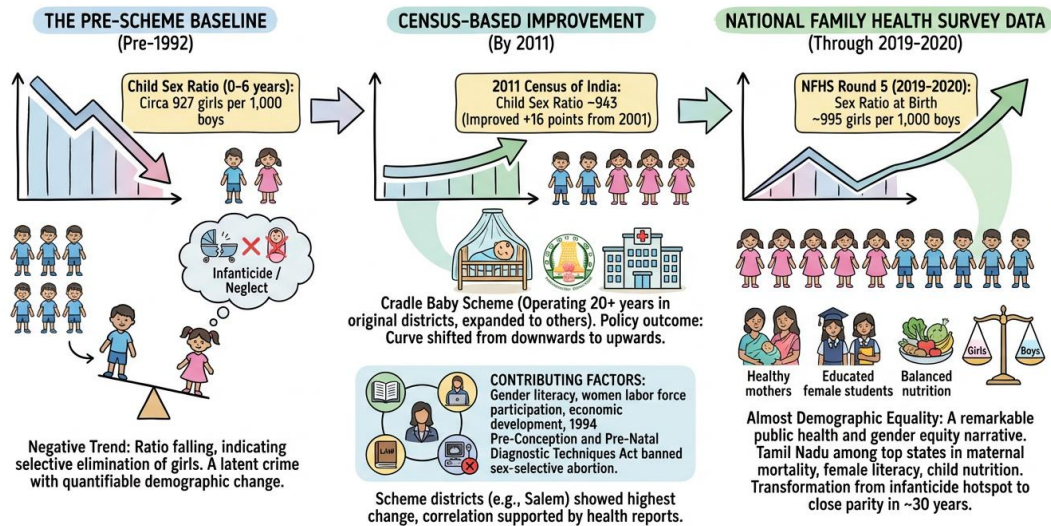


Fig -5: Measuring Outcomes the Demographic Trajectory

### 6.2 Census-Based Improvement by 2011

In the 2011 Census of India Tamil Nadu had a child sex ratio of 943, a 16 point improvement over that of 2001. This was an improvement to almost a twenty year period of the Cradle Baby Scheme running in its original districts, and perhaps ten years of further expansion into other districts. The curve had now gone the other way downwards to upwards, which was a policy outcome (It is analytically significant that we should not put this advancement down to the Cradle Baby Scheme alone as that would give the social change its due complexity. Gender literacy gains during the same time, the increase in women labor force participation and economic development in Tamil Nadu all helped change the circumstances that led to a need to inflict infanticide on certain families. A policy environment that supported the objectives of the scheme was also established by the 1994 Pre-Conception and Pre-Natal Diagnostic Techniques Act that banned sex-selective abortion.

Yet, the districts, in which the Cradle Baby Scheme was first implemented, had the highest changes in child sex ratio in comparison with their baselines. Research published by the Tamil Nadu Health Systems Project and later reports in the literature of public health give support to the scheme as a significant factor in the demographic change instead of just a coincidental policy operating concurrently with the larger trends and its implementation in Salem and surrounding districts is supported by the correlation between scheme implementation and sex ratio improvement (Chunkath and Athreya, 1997).

### 6.3 National Family Health Survey Data Through 2019

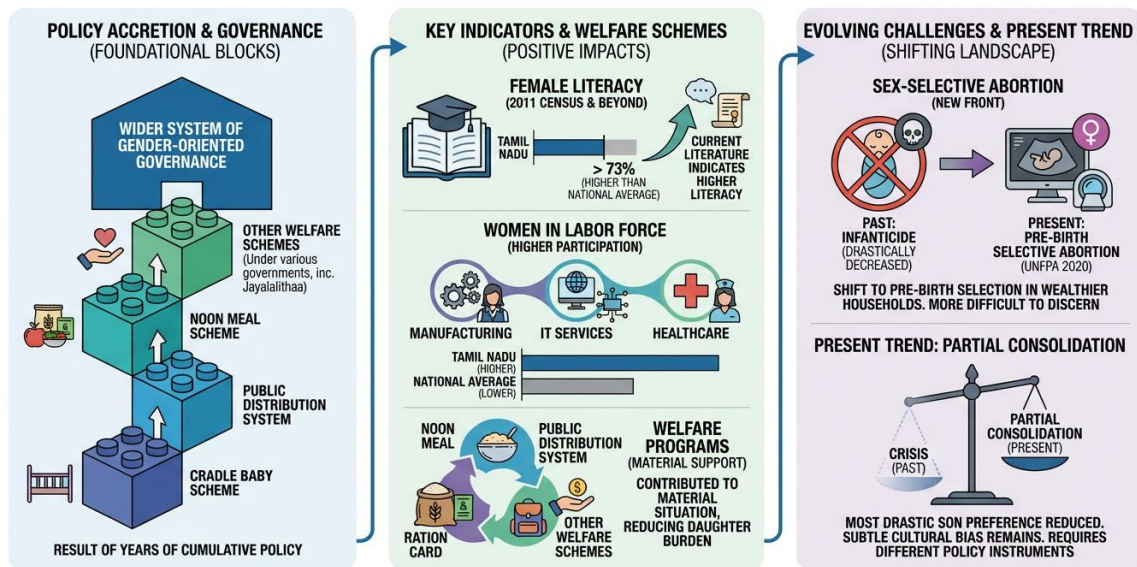
According to the Tamil Nadu sex ratio at birth as noted by the Ministry of Health and Family Welfare in 2019 and 2020, in the National Family Health Survey Round 5, the sex ratio was estimated at a figure of about 995 girls per 1,000 boys. This amount points to an almost demographic equality, a state of affairs that would have

been hard to forecast, much less assert as possible, in the context of the late 1980s crisis. The performance of Tamil Nadu on gender related health indicators in NFHS Round 5 has always left it as one of the better performing states in India, in not only the sex ratio at birth, but also in maternal mortality, female literacy and child nutrition. The history of the state since a recorded hot spot of female infanticide to a close to parity demographic situation over the next thirty years is one of the more remarkable public health and gender equity narratives in the Indian post-independence history, and it has been underrepresented internationally compared to its prominence.

### 7. CURRENT TRENDS GENDER EQUITY IN TAMIL NADU TODAY

The present demographic and social situation in Tamil Nadu is the result of years of policy accretion, and the Cradle Baby Scheme is only one of the building blocks to a wider system of gender-oriented governance.

### CURRENT TRENDS: GENDER EQUITY IN TAMIL NADU TODAY



**Fig -6:** Gender Equity in Tamil Nadu Today

The state of female literacy in Tamil Nadu is now over 73 percent, as per census in 2011, which is higher than the national average, and current literature is leading to higher literacy. Women are more likely to be in the labor force in the state although still subject to structural issues, the participation of women in the labor force is highest in the state in the manufacturing sector, services in information technology, and healthcare, compared to the national average. All these welfare programs launched and extended through the Public Distribution System, Noon Meal Scheme and a range of other welfare schemes of the state initiated under different governments including those of Jayalalithaa, have all contributed to the material situation that rendered daughters burdensome in the last generation.

There is sex-selective abortion. According to a research released by UNFPA India (2020), although sex ratio at birth in Tamil Nadu has improved significantly, surveillance records indicate that although sex-selective practice has not been eliminated completely, it has in some instances shifted to pre-birth selective abortion in more economically and technologically powerful households. This change is more difficult to discern and to

detect using any one policy tool, and it is the new front of the issue the Cradle Baby Scheme was designed to solve in the first place. The Tamil Nadu trend at present is not an order of crisis, but that of partial consolidation. The most drastic type of son preference, the immediate killing of newborn girls, has been drastically decreased. The more entrenched cultural bias toward sons comes in more subtle forms, but still exists, and must be countered with a different policy instrument than that which dealt with infanticide.

### 8. LEADERSHIP, GOVERNANCE, AND THE ROLE OF PERSONAL CONTEXT

The decision taken by Jayalalithaa to introduce the Cradle Baby Scheme was a governance action yet the insight into the individual who has taken the decision would bring an extra layer that cannot be brought out through the simple structural analysis.

#### LEADERSHIP, GOVERNANCE, AND THE ROLE OF PERSONAL CONTEXT: JAYALALITHAA & THE CRADLE BABY SCHEME

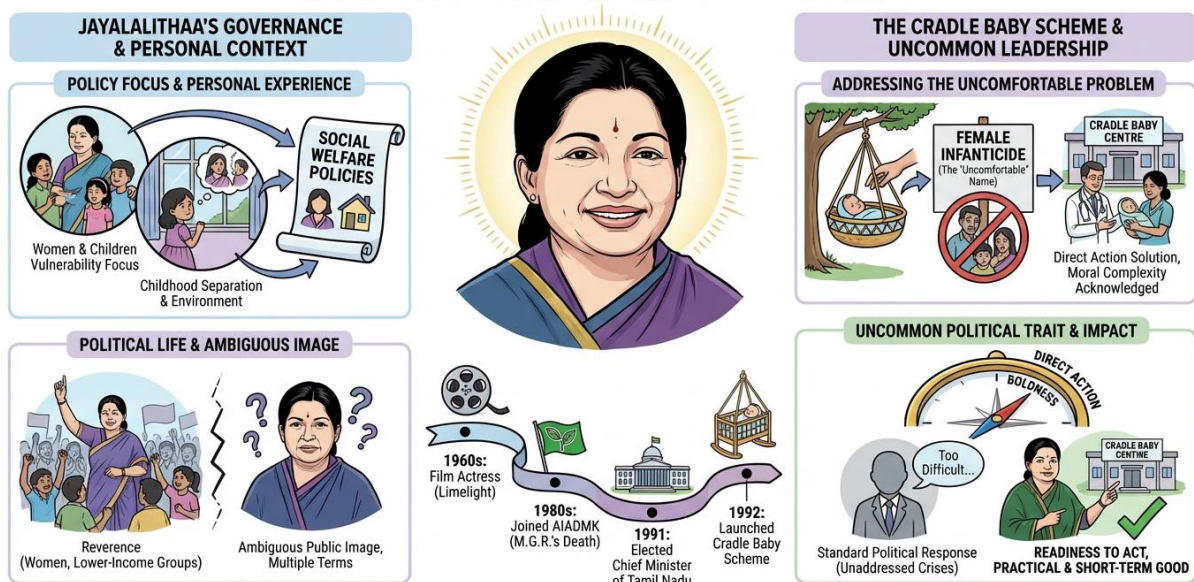


Fig -7: Jayalalithaa & The Cradle Baby Scheme

Jayalalithaa got into the limelight as a film actress way back in the 1960s and joined the AIADMK party, the party of Tamil Nadu, in 1980s after the founder of the same party, M. G. Ramachandran died. In 1991, she was elected Chief Minister of the Tamil Nadu state and took over in 1992. The hallmarks of her political life include numerous contests, multiple terms of Chief minister interspersed with stay in opposition, and an ambiguous public image that was held in great reverence by a large number of voters in the state of Tamil Nadu, especially women and the lower-income groups.

Individuals that have studied her governance record add that her policies on social welfare were always focused on women and children amid situations of vulnerability. She had delivered several speeches about her childhood experience of being separated with her mother, growing up in an environment whereby people had made certain choices, and operating in a professional and political environment where women were at a structural disadvantage. The question of whether these biographical details were a factual basis on certain policy decisions or just an interpretation is more of a subjective issue than an objective one. A trend in the

history of policy is a tendency of ruling that put practical, short-term and good to the vulnerable women on the agenda of the government. The Cradle Baby Scheme is an expression of a certain kind of political leadership that is in addition to administrative competence, the readiness to call a problem by a name that is uncomfortable to name, to devise a solution that does not deny the moral complexity of the situation but rather seeks to put into action a response that most political regimes would have found too difficult to take direct action against. Such a trait is uncommon and, as to why most similar crises in other states and countries have remained unaddressed or only done so by processes that could never have worked, this lack of such a trait accounts for it.

## 9. CHALLENGES AND LIMITATIONS

### 9.1 The Scheme Addresses Consequences, Not Causes

The candidest evaluation of the Cradle Baby Scheme is that it is a terminal intervention. It works at the end where a family has already made the decision that they do not want their daughter. It offers a substitute to death at that time of choice, and thus it saves lives. It does not however alter the preference that caused the decision. The families who cradled did not tend to go ahead to invest the same and love the daughters equally. The mechanism overcame the fatal consequence of the son preference but not the son preference itself.

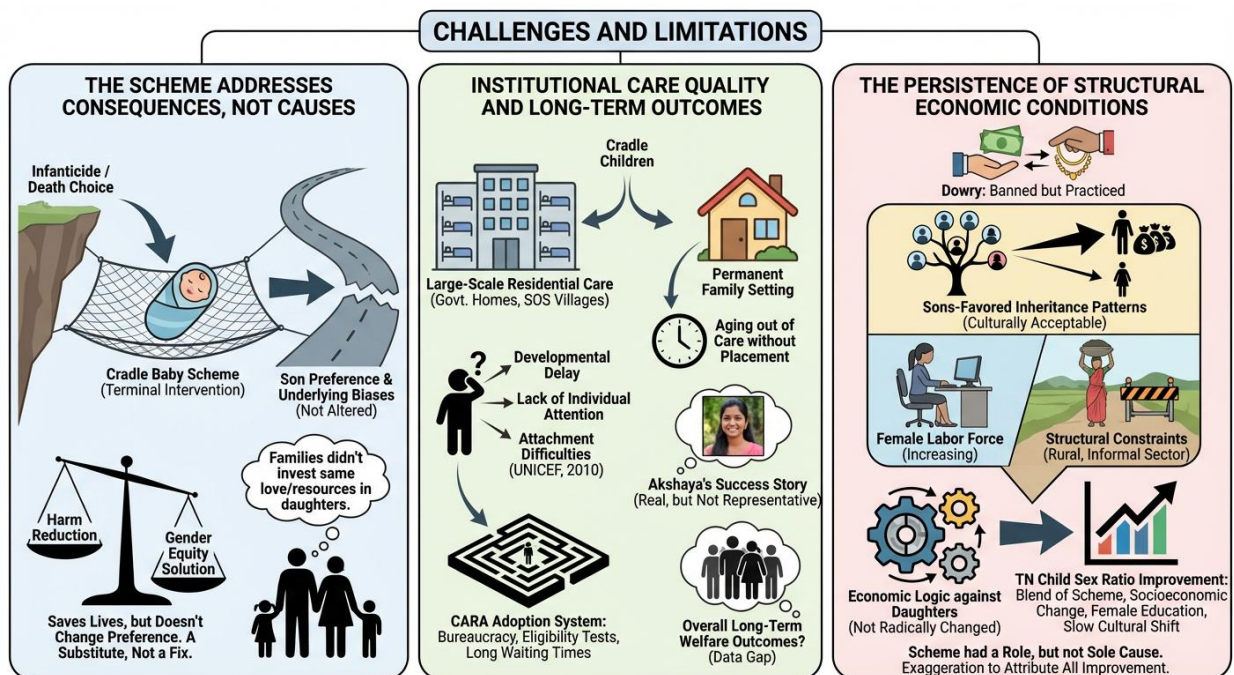


Fig -8: Challenges and Limitations

This does not amount to a criticism which renders the scheme invalid. The decrease in deaths is a justified and worthy policy objective despite the fact that the predisposing factors that cause the deaths have not been entirely addressed. However, it implies that it should be perceived as a harm reduction instrument, which works in terms of its scope of application, but not a solution to gender equity. The second-order problem is lacking in policy frameworks that consider the scheme to be sufficient.



## 9.2 Institutional Care Quality and Long-Term Outcomes

The children that were put in the cradles were brought under the care of the Tamil Nadu government where they are kept in SOS Children Villages and government run orphanages and residential care homes. There is a high disparity in the quality of care in such institutions. The studies on institutional childcare in the world, such as those by the WHO and UNICEF, all point to the dangers of large-scale residential care, such as developmental retardation, lack of individual attention, and difficulties in establishing secure attachment relationships that can be used to promote healthy psychological development (UNICEF, 2010). This is further complicated by the adoption system in India. India has adopted a formal system of adoption, which is under the jurisdiction of the Central Adoption Resource Authority (CARA) and is characterized by bureaucracies, eligibility tests and waiting times that complicate the process to most of the would-be adoptive parents. Many cradle children have grown beyond the age of institutional care without being placed in permanent family settings and this begs the question of the long term welfare outcomes of the scheme whose success in preventing infanticide on the spot does not necessarily solve. Such stories as Akshaya is a real one and ought to be shared. They are real results that the scheme facilitated. However, they are not to act as representatives of the overall assessment of the performance of the cradle children, a question that is not addressed to the fullest extent in the available data.

## 9.3 The Persistence of Structural Economic Conditions

Dowry remains a real economic practice in most communities of the Tamil Nadu and the entire India although it has been banned as a law. Sons-favored inheritance patterns are still culturally acceptable among large groups of the population. The level of female participation in employment is still increasing, however, it is still affected by structural constraints in rural regions and in the field that is associated with informal employment relations. It is these conditions, which, in the first place, established the economic logic according to which daughters became unwelcome members of some families, that have not been radically changed in response to the Cradle Baby Scheme, or to any individual policy tool. The change in the child sex ratio in Tamil Nadu which has gone up by a factor of three in thirty years is a blend of the direct impact of the scheme, general socioeconomic changes, rising female education and slow cultural change. To say that the scheme had only the demographic improvement would be an exaggeration. However, ascribing it solely to the background trends would undermine the role of the scheme especially in the districts and the time periods where the scheme was most highly implemented.

## 10. A TRANSFERABLE FRAMEWORK: FIVE PRINCIPLES FOR BEHAVIORAL POLICY DESIGN

The Tamil Nadu Cradle Baby Scheme which is regarded as an exercise in the design of policies has five principles that could be applied in the broad spectrum of social problems, organisational settings and governance settings. These principles do not come out of an abstract theory but rather out of the mechanics of an intervention that proved to work.

**Principle One:** Place the intervention at the epicenter, as opposed to the capital. Salem was not the biggest or most politically significant city of Tamil Nadu. It was the district that had the largest number of infanticides recorded. Starting there, instead of in Chennai, took the political boldness and the expediency of telling the truth about the location of the problem. The lure to treat the problem where it is most noticeable or where it is most conveniently treated, usually dominates the discipline of treating the problem where it is most serious, in any organization or system which is occupied with a persistent problem. It was by not succumbing to that temptation that the success of the Cradle Baby Scheme commenced.

## A TRANSFERABLE FRAMEWORK: FIVE PRINCIPLES FOR BEHAVIORAL POLICY DESIGN

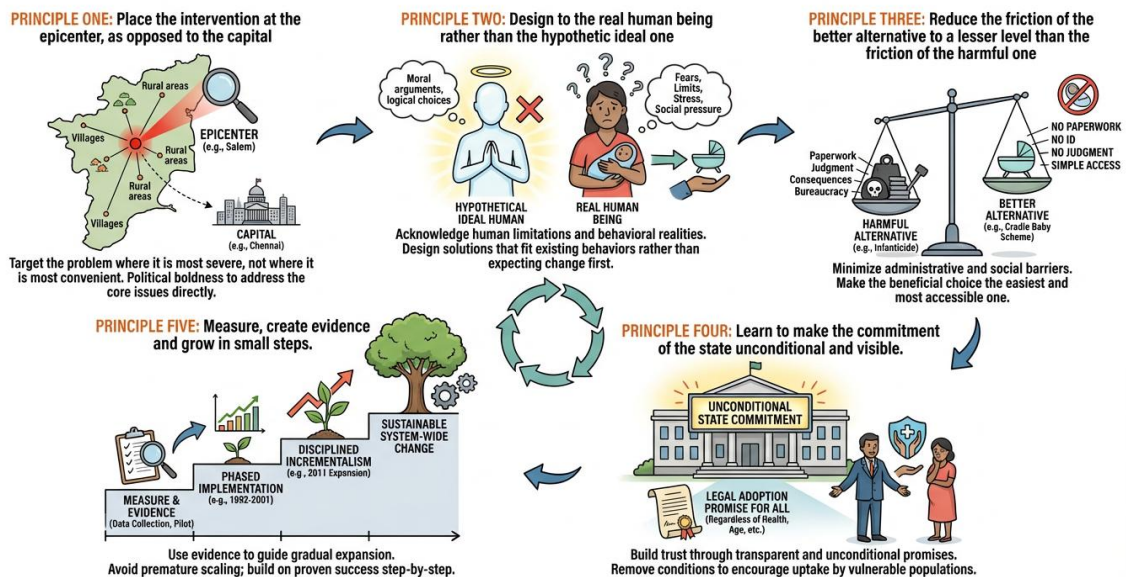


Fig -9: Five Principles for Behavioral Policy Design

**Principle Two:** Design to the real human being rather than the hypothetical ideal one. The plan did not presuppose that the moral arguments would convince the parents who had already made the decision to kill their daughter at the time when they made it. It supposed that they were acting in a certain range of fears and limits, and it devised an alternative which was acting within those limits instead of requiring them to overcome those limits in the first place. Effective policy design will introduce a truthful version of real human behaviour including behaviour that is unpleasant to accept as opposed to a normative version of how people are supposed to act.

**Principle Three:** Reduce the friction of the better alternative to a lesser level than the friction of the harmful one. A cradle. A location. No paperwork. No identification. No consequences. The fact that the scheme was simple to operate is not incidental or compromise. It was the mechanism. The pattern observed in harm reduction, in designing public health, organizational compliance, and social services is that increasing the uptake of beneficial services is negatively correlated with the administrative and social cost of utilizing them. Any shape, any need, any time of possible judgment upon the better alternative, alters the cost-benefit arithmetic to the detrimental.

**Principle Four:** Learn to make the commitment of the state unconditional and visible. The government had even gone as far as promise to adopt legally all surrendered children regardless of their health conditions, age, appearances or how they came. It was a promise that was determined to the letter and publicly expressed. This condition-less nature developed the confidence that enabled the scheme to be used. The first aspect that undermines trust is the conditions that come along with the help in any intervention where the target population has a reason to be suspicious of the system that is offering help to them. The most useful approach to reaching the people in need is often simply to remove conditions, or reduce the number of them to those which are truly needed.

**Principle Five:** Measure, create evidence and grow in small steps. The gradual implementation of the scheme between 1992 and 2001 and 2011 was supported by the fact that the next stage of the scheme was developed upon the basis of the results of the first stage. The government did not call the victory and cease, on the contrary, it did not grow faster than its administrative ability and evidence base could sustain it. This model of disciplined incrementalism is one that any social program intending system-wide change must follow. Evidence-based premature scaling both dilutes impact and destroys institutional credibility. Developing evidence at every level and enlarging where the model has been tested makes a sustainable structure of change.

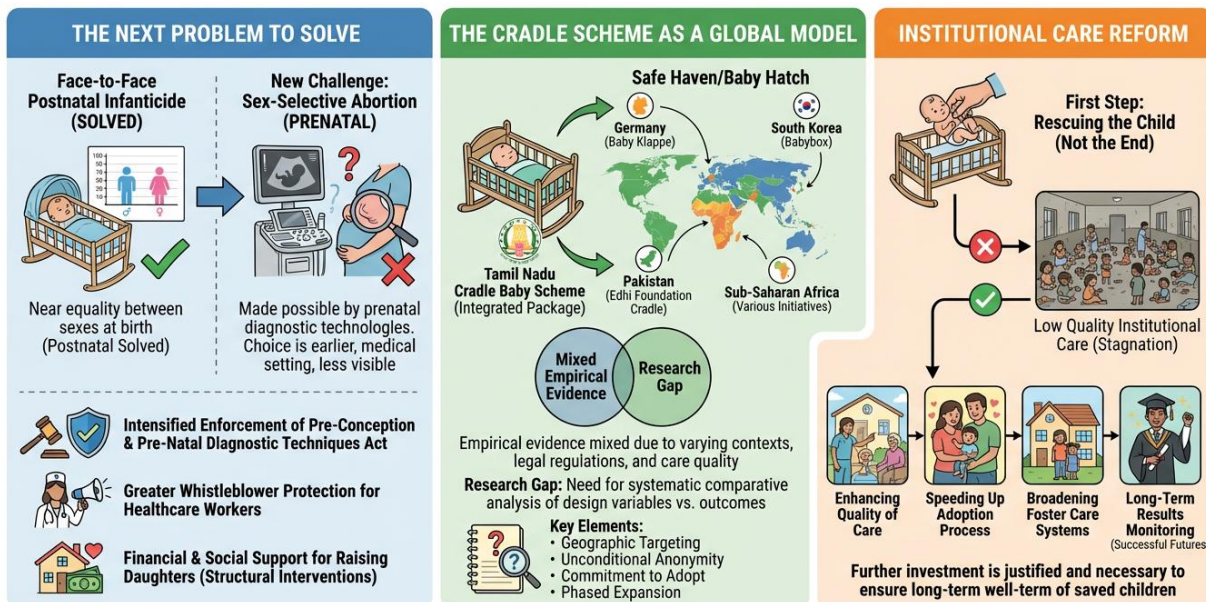
## 11. FUTURE PROSPECTS WHAT TAMIL NADU'S EXPERIENCE POINTS TOWARD

### 11.1 The Next Problem to Solve

The demographic evidence implies that Tamil Nadu has solved the worst form of son preference, which is face-to-face postnatal infanticide. Support of that is the near equality between sexes at birth in the state. The following stage of the issue, sex-selective abortion made possible by prenatal diagnostic technologies, is more difficult to respond to with the same type of behavioral intervention, since the choice is made earlier, in a medical setting, and it is also more covered by legitimate healthcare interactions.

Proper solutions to this new generation issue would involve a mix of the intensification of the enforcement of the Pre-Conception and Pre-Natal Diagnostic Techniques Act, greater protection of healthcare workers who blow the whistle concerning unlawful sex-selective interventions, and further financial and social support of the environment that would make the burden of raising daughters seem lighter. The experience of Tamil Nadu indicates that structural interventions and not enforcement only solutions will perform better in this field too.

## FUTURE PROSPECTS: WHAT TAMIL NADU'S EXPERIENCE POINTS TOWARD



**Fig -10:** Tamil Nadu's Experience Points Toward

### 11.2 The Cradle Scheme as a Global Model

Similar schemes known as safe haven or baby hatch have been put in place by various countries, and sub-national governments, in Germany, South Korea, Pakistan, and some sub-Saharan Africa. In part due to the contexts of dissimilarity of a problem under consideration, the quality of further institutional care and the legal regulations of child protection and adoption, the empirical evidence on these programs is mixed. The combination of targeting by geography, unconditional anonymity, commitment to adopt the scheme legally and expansion in phases has not been much copied as a package into another country. There is a research gap here. A systematic comparative analysis of baby hatch and safe surrender initiatives in various national settings, comparing the design variables, relative to the outcomes would create a great policy value to the countries still struggling with female infanticide and abandons.

### 11.3 Institutional Care Reform

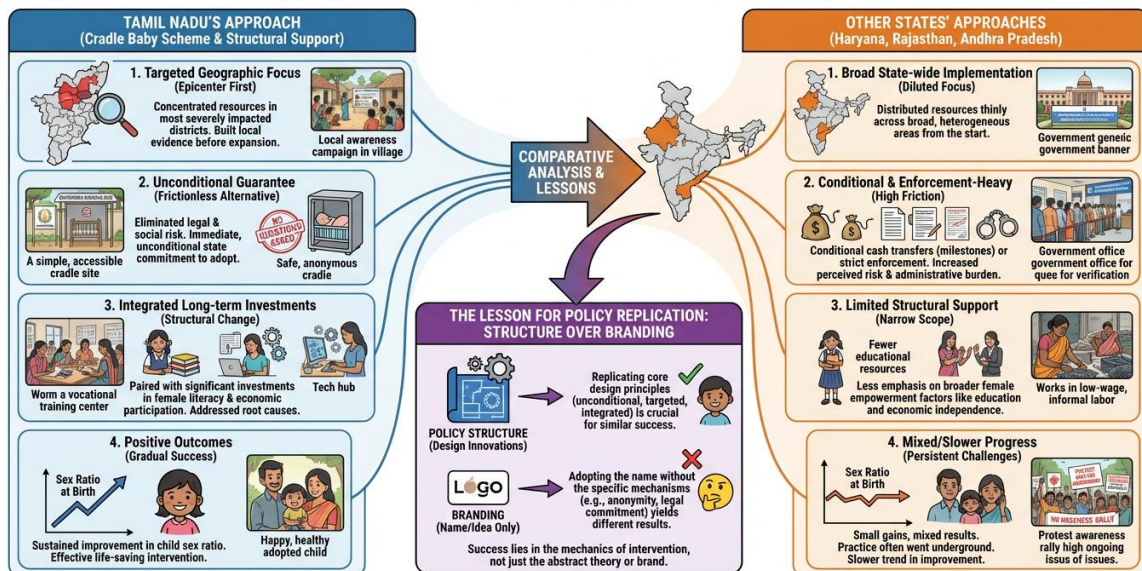
Another thing that the experience of Tamil Nadu teaches us is that rescuing a child which has been infanted is the first step to a duty, and not a step to the last step. The long-term plausibility of the scheme lies in whether the children that it saved received the quality of care and the opportunity into which the government pledged to offer them or not. Enhancing the quality of institutional care, speeding up the process of adoptions, broadening foster care systems, and following the long-term results of children placed in cradle are all aspects where the further investment is justified and, indeed, necessary.

## 12. WHY TAMIL NADU SUCCEEDED WHERE OTHERS DID NOT A COMPARATIVE STATE ANALYSIS

To grasp the reasons behind success of a policy, one needs to study beyond the actions of the policy. It involves its comparison to situations where similar issues had occurred and where similar solutions had been implemented or failed to produce similar outcomes.

### WHY TAMIL NADU SUCCEEDED WHERE OTHERS DID NOT: A COMPARATIVE STATE ANALYSIS

*Policy Design & Outcomes: The Cradle Baby Scheme vs. Alternative Approaches*



**Fig -11:** A Comparative State Analysis

The Cradle Baby Scheme in Tamil Nadu was not a vacuum in itself. It also did so in a nation where female infanticide, sex-selective abortion, and excessively skewed child sex ratios were reportedly observed in



several states, and each of them took different policy decisions with divergent results. That is a record that can be considered one of the best possible evidences to appraise the true contribution of the scheme.

## 12.1 The Haryana and Rajasthan Contrast

Haryana and Rajasthan are among the worst hit states in India in relation to child sex ratio distortion as compared to Tamil Nadu. The child sex ratio of 830 in Haryana in 2011 was the lowest in the country, despite decades of government awareness, law enforcement activity and community engagement programmes. In the same census period Rajasthan was 883. Both states also introduced a form of conditional cash transfer programs, most runnable the several daughter-support incentive programs of the Rajasthan government, which attempted to make girls economically attractive to their families by directly paying at certain milestones, including births and school admissions, and marriage.

These conditional cash schemes yielded small gains but failed to follow the trend that was registered in Tamil Nadu. Surveys conducted by the International Center of Research on Women (2011) on the impact of conditional cash transfer programs on female enrolment and, in some instances, lowering the rate of early marriages in Indian states revealed that conditional cash transfer programs did not essentially change sex ratios at birth in the highest burden districts. The motivation is educative: families who have conditional programs must retain and raise daughters in order to receive the benefits. They even presuppose that the initial choice of the family to keep a daughter has been made. Cradle Baby Scheme, in its turn, took action at exactly the moment when such decision had been reversed and provided an escape route that would save many lives without requiring a shift in family preferences beforehand.

## 12.2 The Andhra Pradesh Parallel

During the same period, Andhra Pradesh which is a bordering state to Tamil Nadu introduced its own awareness and enforcement program on female infanticide. The results were more mixed. In a 2002 study on infanticide patterns in Andhra Pradesh, the Centre for Health and Social Justice found that, as a rule, when enforced heavily, the practice went even deeper underground instead of being eradicated, and that families grew wary of covering their tracks instead of growing willing to seek alternatives. This is in line with the behavioral logic explained in the framework section of this article: making something illegal does not eradicate the undesirable behavior, it eradicates its publicity.

## 12.3 What Tamil Nadu Did Differently

There are three aspects of structure that differ between the approach of Tamil Nadu and the comparison states. First, the Cradle Baby Scheme was implemented in the area of the most severe impacted districts instead of being implemented state-wide at the very beginning, focusing resources and developing local evidence before expansion. India The programs in Haryana and Rajasthan were usually state-wide when it started distributing administrative attention and resources over a broad heterogeneous area. Second, there was an unanimous government guarantee in the scheme of Tamil Nadu which eliminated any legal and social risk. Comparison state programs near-universally added terms, rules or surveillance procedures increasing the apparent risk of using formal channels. Third, the scheme was paired with larger investments in female literacy and economic participation of women in the state of Tamil Nadu which enhanced the structural factors that led to preference of sons in the long-term. The scheme intervened on the actual death cases as the overall policy framework addressed the cause factors.

## 12.4 The Lesson for Policy Replication

The relative image implies that the Cradle Baby Scheme did not succeed due to the fact that it was practiced in Tamil Nadu but it did manage to succeed because of certain design innovations that were not reproduced



in other states. This is one of the critical differences that a policymaker must take into account in regards to adaptation. Even using the name or the overall idea of a baby surrender scheme but not recreating the unconditional anonymity, the geographic focus, the state legal obligation and the created system of support will hardly produce similar outcomes. The structure is more important than the branding.

## 13. CONCLUSION

### 13.1 What Cradle Teaches About the Nature of Change

Most foreign textbooks on public administration, gender policy or development economics do not mention the Cradle Baby Scheme. It should. Its telling is not a comfortable and easy story. It opens by discussing over 6,000 girls who are murdered in two years, in one district, in a state that was already regarded as a reasonably developed one, by Indian standards. It goes about by such a policy response so effortlessly that the effectiveness of it may blind one to the boldness needed to conceive and execute it. And it concludes, three decades later with a sex ratio almost even, hundreds of thousands of other women living in Tamil Nadu and at least one computer engineer who was conceived in a cradle in Salem in 1992 and had an opportunity to exist in the world.

The lessons are immediate and applicable. In a case where social problems are very structural, attitude-change campaigns will not suffice. In the situation when the harmful behaviors have an economic or structural basis, the best intervention is the kind of intervention that alters the structure of the available options instead of trying to alter the beliefs prior to the intervention. The intervention that eliminates those barriers will be more effective when the target populations are working in fear, being stigmatized, and seeing themselves as at risk than will be the moralizing one. And when a government gives a promise to the weakest its promise must be unconditional and kept.

Good governance does not necessarily present itself in a loud voice. It almost resembles a cradle put out of a major health facility in a medium-sized district in southern India, in the first months of 1992, telling the families they needed to hear something exact and essential: we know what is going on, we are not here to chastise you, and the life of this child has value to us even though, at this particular point, you are not able to see it. The evidence that it did is in the girls who have matured, because that message was brought to them, in cradles and classrooms and SOS villages all over Tamil Nadu.

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