

# **ALL INDIA CONFERENCE OF STATE SECRETARIES - HEALTH, WCD, DGPS AND NGOS ON IMPLEMENTATION OF THE PC & PNDT ACT**

## **I. BACKGROUND**

“It is unfortunate that for one reason or the other, the practice of female infanticide still prevails despite the fact that the gentle touch of a daughter and her voice has soothing effect on the parents.”

Four years since the Supreme Court has made the above-mentioned observation, the situation remains grim and this is reflected in the overall sex ratio in various states where female infanticide still prevails. However, the traditional system of killing the girl child after her birth has now given way to the more modern techniques of sex selection and female foeticide.

A study of the census reports of 1991 and 2001 shows that the situation has worsened in most parts of India. The census 2001 further reveals that the situation is far worse in respect of Girl child population in the age group of 0-6, particularly in the affluent areas of Punjab (793 girls to 1000 boys), Haryana (820), Chandigarh (845), Himachal Pradesh (897) and Delhi (865).

It was felt that, though the PNDT Act 1994 was amended and the amendment Act came into force in January 2003, no significant impact of the Act was felt at the grassroots level because of the difficulties associated with the implementation of the Act.

With a view to understanding the ground realities and impediments, in the implementation of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994, the National Commission for Women, decided to organize an All India Conference to debate the issue and to involve the concerned Government departments and NGO's in the consultative process.



*Smt. Gurpreet Deo, Deputy Secretary welcoming the chief guest and other dignitaries*

## **II. INTRODUCTION**

The All India Conference of State Secretaries - Health and Women and Child Development, DGPs and NGOs on implementation of the PNDT Act, was convened at the Vigyan Bhawan, New Delhi on 11th August, 2005, by the National Commission for Women. Hon'ble Minister of Health and Family Welfare, Dr. Anbumani Ramadoss, was the Chief Guest. Hon'ble Minister of State for Health and Family Welfare, Smt. Panabaka Lakshmi and Hon'ble Minister of State for Women & Child Development, Smt. Kanti Singh were the Guests of honour. Shri Prasanna Hota, Secretary Health, Smt. Reva Nayyar, Secretary Women and Child

Development, Govt. of India, along with Dr. Girija Vyas, Chairperson, National Commission for Women shared the dais with the other dignitaries.



*The Hon'ble Minister of Health and Family Welfare, Dr. Anbumani Ramadoss along with Hon'ble Minister of State Smt Kanti Singh, the Chairperson, National Commission for Women Dr Girija Vyas, Member Ms Sushila Tiriya and Secretary DWCD Smt Reva Nayyar lighting the lamp.*

### III. ADDRESS BY CHIEF GUEST AND OTHER DIGNITARIES

#### ● ADDRESS BY DR. GIRIJA VYAS, CHAIRPERSON, NCW

Dr Girija Vyas, Chairperson, National Commission for Women, stated that the startling figures of the sex ratio of the 2001 census have highlighted the grim situation, questioning the very premise of the existing development paradigm. The stark truth is that this decline in sex ratio is a direct fall out of our failure in ensuring a dignified life to the girl child. A pertinent question that needs analysis is whether this decline in sex ratio is attributable only to the introduction of and easy access to sex determination technology or equally to the social practice of patriarchy and the evil social customs which have belittled the status of women. Every child has the basic right to survival, healthcare and education. Likewise every girl child has the right to be protected from abuse, violence and discrimination. These rights are implicitly enshrined in the Indian Constitution and embodied in the Convention on the Rights of the Child, to which India is also a signatory. This right will become a reality only if every girl child is able to realize her full potential and her rights are



not circumscribed by social customs and antique evils. Our focus has to be on empowering the womenfolk at the earliest.

Elimination of the female foetus is a very sensitive and emotional issue. It has its ethical and legal dimensions too. It has to be highlighted that it cannot and must not be used as the easiest escape route to preventing dowry deaths. Keeping this in mind, the Commission, in its endeavor to combat the situation which is leading to a serious demographic imbalance and social consequences, has prepared basic information material to create mass awareness against female foeticide in the country which is one of the leading causes of the sex imbalance facing the country.

The PC & PNDT Act however is different from other social legislations because it involves not only change in social behavior and practices but also demands ethical medical practice and the regulation of medical technologies, which have potential for misuse. Focused initiatives on the latter have a good potential in enforcing social change and elimination of the discriminatory practice of sex selection. As concerned citizens we have the responsibility of seeing that our fellow citizens do not indulge in the abhorrent practice of sex-selection, which discriminates against the women, there is also an urgent need to keep a close vigil on such practice being practiced by some of the unscrupulous persons in medical profession. It is our responsibility to respect the provisions of the PC&PNDT Act and blow the whistle if violations take place. The conference would also look into the various issues of the law and the NCW would send its recommendations to the government at the earliest.

● **ADDRESS BY HON'BLE MINISTER OF STATE FOR HEALTH AND FAMILY WELFARE - SMT. PANABAKA LAKSHMI**

The Hon'ble Minister of State for Health and Family Welfare, stated that in India, some preference for the male child has existed traditionally due to various factors such as old age security, carrying forward name of the family, performing religious rites etc. Daughters have been for various factors, considered as an economic liability which has led to discrimination against women in the form of

female foeticide, sati, neglected girl child etc. All this puts tremendous psychological pressure on women as a whole out of which many undergo frequent abortions following sex determination tests. The female child sex ratio has been gradually declining. As per census 2001, the sex ratio has declined to less than 900 girls for 1000 boys in some of the prosperous parts in the country.



*Hon'ble Minister of State for Health and Family Welfare - Smt. Panabaka Lakshmi speaking during the inaugural session*

The PC&PNDT Act prohibits determination of sex of the foetus and the violators are liable for punishment with imprisonment along with fines. The present Government under the guidance of the UPA Chairperson, Smt. Sonia Gandhi and the Hon'ble Prime Minister, Shri Manmohan Singh, is taking keen interest to improve the primary health care services in the country. The recently launched National Rural Health Mission would address the problems including the declining sex ratio. Law alone will not be able to solve the problem. Each one within his or her own domain, has to play a role to curb this practice whether as parents, teachers, doctors, lawyers, journalists etc. All of us have to work together to create a gender-balanced society.

● **ADDRESS BY HON'BLE MINISTER OF STATE OF WOMEN & CHILD DEVELOPMENT - SMT. KANTI SINGH.**

At the outset the Minister of State for Women & Child Development , Smt. Kanti Singh appreciated the efforts and initiative of the Chairperson, National Commission for Women, Dr. Girija Vyas for organizing a National Conference on the issue of sex selection/foeticide. The Hon'ble Minister was of the view that the issue of sex selection/foeticide was of extreme urgency and a matter of great concern as the sex ratio was declining rapidly, especially in relatively prosperous States. The law was amended in 2003 but despite that nothing concrete has been achieved. The strict implementation of the law is the need of the hour and this is primarily the responsibility of the State Governments.



*Address by Hon'ble Minister of State of Women & Child Development - Smt. Kanti Singh.*

● **ADDRESS BY THE CHIEF GUEST HON'BLE MINISTER FOR HEALTH AND FAMILY WELFARE DR. ANBUMANI RAMADOSS.**

The Hon'ble Union Minister, for Health and Family Welfare, emphasized the need for action and for strict implementation of the PNDT Act in order to save the lives of millions of women in the future. Punjab being one of the well developed States in the country, was worst affected so far as the sex selection was concerned. The issue was not merely that of health or medical services, but a deep rooted social issue in the country. Therefore, there is a need to initiate measures not only in the Health Sector, but also measures which should include education and awareness camps of the medical fraternity, the society and the public.



The Hon'ble Minister, was of the considered view that the need was to empower women, educate them and emphasized on the need to act fast not only on the issue of foeticide but also for the empowerment of the women. As regards foeticide and the sex selection practices, the problem was that since both the patient and the doctor are accomplices, there is simply no way to reach the persons



committing this crime and the practice is carried out clandestinely. This issue needs to be tackled by generating awareness against the abhorrent practice. The Hon'ble Minister agreed with the Chairperson's views that the PC&PNDT Act needs to be given more teeth and called for a national campaign on saving the girl child. He urged for enlightening the MPs, MLAs, govt. servants etc.

The Hon'ble Minister also broached upon the Ministry's recent decision to set up a National Surveillance Cell to counter the practices of sex-selection/foeticide. Another issue requiring attention was the two - child norm which needed to be reviewed. Though there is a need to stabilize increasing population rate but this should not be done through coercive tactics, the 2 child policy appears to have contributed to the declining sex - ratio.

In India, we do have comprehensive legislations, however the implementation of the same is lacking. The Hon'ble Minister agreed with the Chairperson's view of formulating a system of rewards as encouragement to the Govt. Servants as well as the public for speedy implementation. He also emphasized the need for interaction with religious leaders so as to enlist their cooperation in tackling the issue. He assured that the comprehensive recommendations emerging from the convention would be acted upon by his Ministry and thanked the Chairperson, National Commission for Women, Dr Girija Vyas for her initiative and efforts.

#### **IV. BUSINESS SESSION - I**

The key speakers for this session included Shri. Prasanna Hota, Secretary, Health and Family Welfare; Puneet Bedi, MD Foetal Medicine Specialist and Mr. Joe Verghese, Co-ordinator, Policy Advocacy and Research Group.

#### **● KEYNOTE ADDRESS BY PRASANNA HOTA, SECRETARY, HEALTH AND FAMILY WELFARE**

Shri Hota shared his thoughts on the issue by stating that seriousness and commitment to arrest the declining trend of sex-ratio was lacking. Though the Health

Sector as such had shown improvements in various areas such eradication of polio, leprosy, etc. However, in two areas concrete results have yet to emerge. One of these areas is HIV AIDS and the other is female foeticide/ declining gender ratio. Shri Hota emphasized that in the area of female foeticide and the declining sex ratio, there is no significant improvements, the Police also have no role to play under the Act. The Central Government has only a supportive role to play and effectiveness real results can only be achieved by State Governments in this regard. The PC&PNDT Act has to be taken up as a personal mission and not seen as a Central process. He indicated the setting up of a National Surveillance Cell/ Commission that would include retired senior police, lawyers, and Health professionals. He also stressed upon the need to empower the Law and Order authorities more effectively because of the fact that prosecution by Doctors of Doctors has not happened and the authorities empowered under the Act are not trained in the art of prosecution.



*Address by the secretary Shri Prasanna Hota*

## ● PRESENTATION BY DR PUNEET BEDI

Dr Puneet Bedi, MD Foetal Medicine Specialist, Delhi, addressed the conference on the topic of “Medical Profession & The Disappearing Girls”. He drew attention to the work of, Prof. Verma and Prof Bakshi, both eminent professors at the All India Institute of Medical Science, who had published a paper in 1975 and announced a scientific breakthrough of Amniocentesis, which could determine the gender of a foetus.

“Amniocentesis is resorted to know the sex of the foetus and if it turns out to be a female, it is aborted. From Amniocentesis to CVS and from CVS to Ultrasound, the transition was smooth, what did not change was GREED! A Weapon of Mass Destruction (WMD) was found!”



*Dr. Puneet Bedi addressing the conference*

According to Dr. Bedi, the ULTRASOUND was invented in 1950's for safer motherhood but has killed millions of foetuses and is a leading cause of maternal mortality. According to Dr. Bedi, the doctors have deliberately tried to trivialise

Foeticide by calling it a social evil and it has to be noted that most people doing it are not like other criminals.

According to Dr. Bedi, The main reasons that prompt a medical professional to kill a female foetus are:

- A Doctor's greed to get money, name, fame & status.
- The criminal activities of doctors largely go unpunished.
- Too many medical colleges/graduates, Medical education is expensive. Degrees do not ensure adequate clinical training and the escalating cost of establishing a private practice and cost of gadgets
- In spite of strict code of ethics on paper, the practice of female foeticide continues. The MCI and other professional bodies keep strict guidelines that everyone has to follow and penal action is taken if one does not comply.

The International Federation of Obstetrics and Gynaecology, 2000 rejects sex selection when used as a tool for sex discrimination and The United Nations International Conference on Population and Development, 1995 exhorts the governments of all Nations "To take necessary measures to prevent pre-natal sex selection."

Infanticide has been practiced for centuries with all kinds of social sanctity. The Medical profession provided an antiseptic method of getting rid of an unwanted female. The term 'foeticide' is designed to give a clinical name to fetal murder. Female Foeticide is a crime against humanity and the doctors as a community are involved. The main problem in implementing the PC&PNDT Act is that almost all those involved in bringing the doctors to book are doctors themselves, and when doctors sit on a regulatory body over doctors, they forget their first basic clause of medical ethics i.e., "exposure of unethical doctors".

The doctors consider infanticide, sex selection and foeticide as Low Risk-High Profit Business. Money made per case is not much and those involved, do many cases per year, to make real big money. Besides the money charged is directly a lot more by getting a reputation of a “LARKA WALA DOCTOR” There is almost no risk so far.

The solution would not lie only in awareness and other campaigns but a systematic campaign to book the guilty. Some of the suggestions in this direction are :-

- ✓ Proof in form of Audits – record is obligatory under the Act
- ✓ Inspection of these records
- ✓ Severe punishments to the doctors
- ✓ The whole business of Low Risk with High Profit needs to be inverted and made as a High Risk Business

● **SECOND SPEAKER: MR. JOE VERGHESE, CO-ORDINATOR, POLICY ADVOCACY AND RESEARCH GROUP**

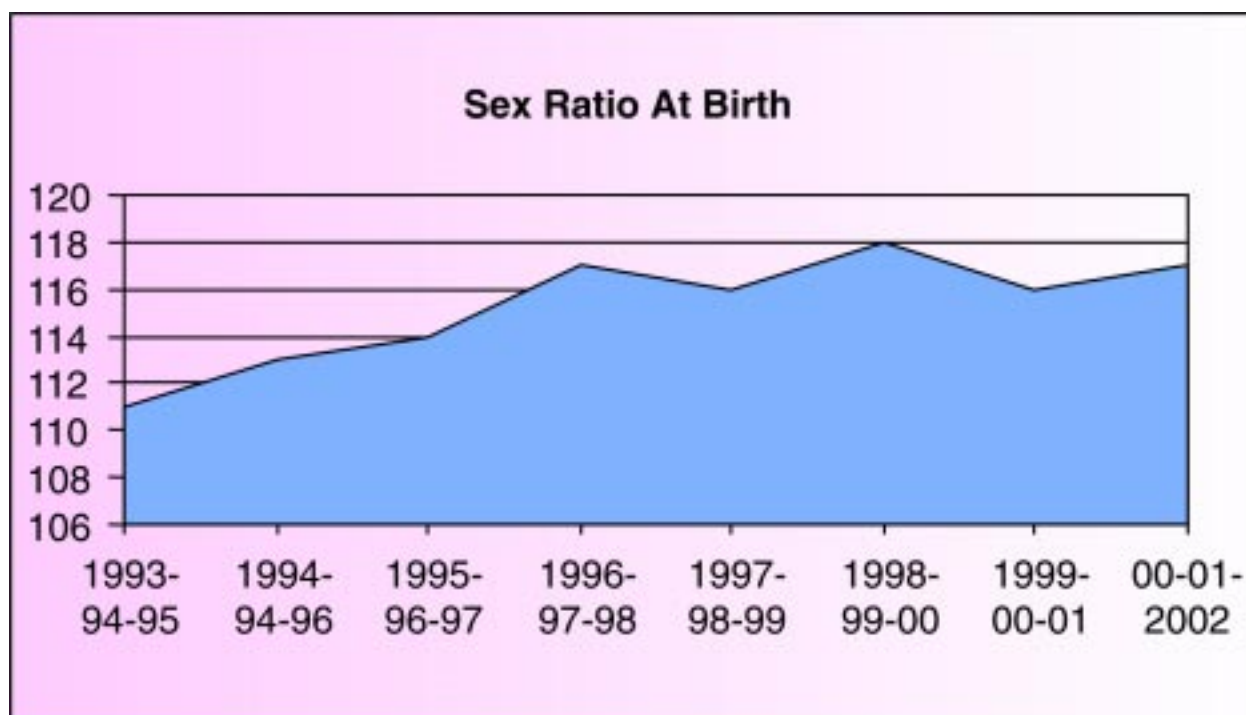
Mr. Joe Verghese, in his speech, highlighted the main findings of the **“ANALYSIS OF TRENDS IN SEX RATIO AT BIRTH OF HOSPITALISED DELIVERIES IN THE STATE OF DELHI”** carried out by his organization. **The objectives of the study were to** understand the trends in ‘sex ratio at birth’ of last 10 years among hospital deliveries in Delhi and to identify the effect of different demographic and socio-economic factors on the sex ratio at birth.

The study was designed in two stages:

1. SRB of eight hospitals for 10 years (three public sector hospitals and five private hospitals) [37,000 birth information per year]
2. Socio-economic and demographic variables were correlated with the SRB estimates from about 12,000 birth information of the year 2000 and 2001 available with one of the hospital.

Various results and data emerged out of this study, some of which are as under.

**Three-year floating average SRB of hospitalized deliveries of Delhi between 1993-2002**



**Sex selection at higher birth order; chi-square trend analysis**

Birth Order	Present Child male	Present child female	Number of female birth per 1000 male birth	Mental Haenzel Odds Ratio	( $\chi^2$ P value)
1	3085	2853	925	1	< 0.000
2	2412	1763	731	1.27	
3	855	348	407	2.27	

**SRB by sex of the previous children**

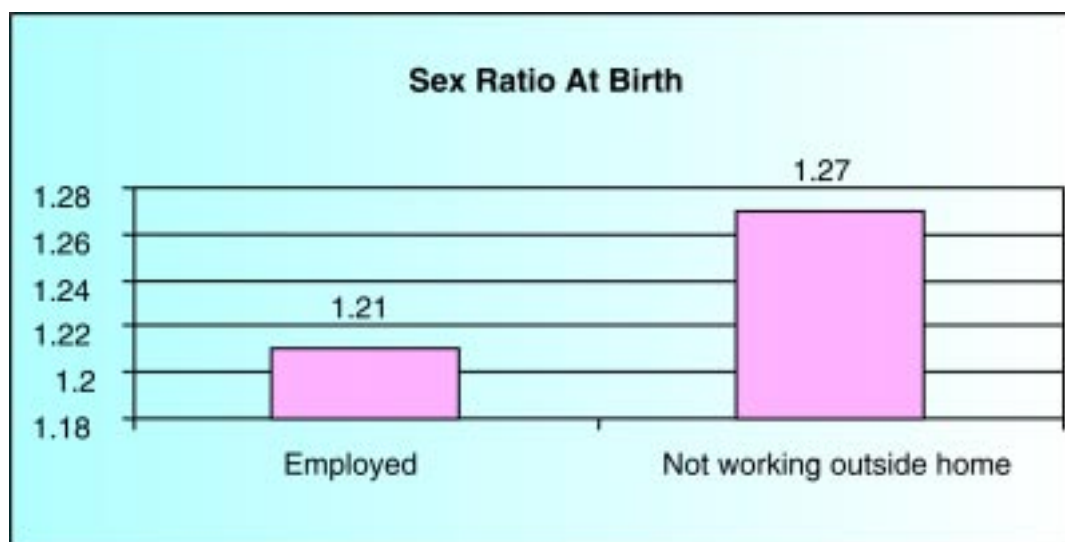
<b>Birth Order</b>	<b>Sex composition of previous Children</b>	<b>N</b>	<b>Number of female birth per 1000 male birth</b>
2 <sup>nd</sup> Order	One male child	2091	959
	One female child	2075	542
3 <sup>rd</sup> Order	One male child and One female child	391	558
	Two male children	161	894
	Two female children	474	219

	<b>Mother</b>		<b>Father</b>		<b>Both Parents</b>	
	<b>N</b>	<b>No. of female birth per 1000 male births</b>	<b>N</b>	<b>No. of female birth per 1000 male births</b>	<b>N</b>	<b>No. of female birth per 1000 male births</b>
0 to 7 years of schooling (upto middle school complete)	880	763	409	840	265	934
8 to 10 years of schooling (<middle school to high school complete)	2365	741	2051	690	1050	690
11 to 15 years of schoolig (<h)	6135	794	6995	807	4762	813
More than 15 years of education (higher than graduate education)	1887	769	1811	763	943	769

### SRB by Occupation of Mother

Employment status of mother	N	Number of female birth per 1000 male birth
High-end professional job	469	839
Employed	981	809
Not working outside home	9904	783

### Sex ratio at birth among educated mothers [12 years or above of education]



Occupational of Father	Occupation of Mother	N	Number of female birth per 1000 male birth
High-end professional job	Employed	197	859
High-end professional job	Not working outside home	448	743
Business + Farmer	Employed	196	847
Business + Farmer	Not working outside home	2815	823
Employed	Employed	1050	823
Employed	Not working outside home	6524	783



### Child Sex Ratio

Census	Total	Rural	Urban
1981	962	963	931
1991	945	948	935
2001	927	934	903

From the data compiled as above, Mr. Verghese reached the conclusions, that intensity of son preference is a result and a warning against the *coercive population policy, especially the two-child norm*. He also emphasized on the need for more information on this subject. He said that high risk families should be targeted and a system of hospital based registration of Sex Ratio at Birth (SRB) should be developed. A proper information collecting mechanism should be in place.

● **Written submissions presented by Sanjay Parikh, Advocate on “FEMALE FOETICIDE: STRICT IMPLEMENTATION OF THE LEGAL PROVISIONS REQUIRED”**

Recent reports in the media have cautioned the concerned citizen and the law implementing authorities that the evil of female feticide, if not dealt with sternly and promptly, will have a serious consequence on the society. It has, therefore, become imperative that not only legal provisions of the Act and Rules be enforced but its implementation should be monitored constantly. It was recognized legislatively in the year 1994 when the enactment took place and now it is established that doctors cannot wriggle out of their responsibilities in creating the situation of what is considered to be gravest form of human rights violation i.e. genocide.

According to Mr. Parikh, in spite of Act being in force nearly a decade and even after the pronouncement of the Supreme Court nothing much in terms of implementation has taken place. The Appropriate Authorities have virtually failed in exercising their obligation under the Act.

### **Recommendations for effective implementation of the legal provisions:**

1. The very first requirement is that the appropriate authorities and the Advisory Committees throughout the country should be made aware of the provisions of the Act as well as the Rules. A copy of the judgment by the Supreme Court in CEHAT & Ors should also be provided to them. The lack of information about the relevant provisions of law and their powers coupled with duties is one of the reasons of non-implementation.
2. Periodic meetings of the Appropriate Authorities and Advisory Committees, as provided in the Act & Rules and their monitoring by the State and Centre Supervisory Boards is a must. The decisions taken in these meetings should be made public. The National Commission for Women, may also ask for these reports for its independent assessment.
3. Under the provisions of the Act as well as the Rules (Rule 3-A), the appropriate authority can have particulars about the total number of machines equipments, which have potentiality to detect sex of the child In the State/UT along with names of the users of this facility. A State/UT-wise inventory should be available to the people. Further a National Inventory should be prepared for public information under Rule 17(3). Any new equipment/machine added can thus be easily identified.
4. There is a total control on the clinics/labs/centre, which are registered (by virtue of section 4(2), disclosure by Form A, maintenance of record under Form F, cancellation of registration under section 20), and the Appropriate Authority can take immediate action if there is any violation.
5. If the registered centres/clinic maintain records as required by the Act and such records inspected by the appropriate authority regularly, it will be possible to control the unwanted application of ultrasonography/ other techniques of detecting sex of the foetus. Neither the centres/clinics/laboratories are

maintaining these records' nor are these inspected by the appropriate authorities. The urgent requirement, therefore, is that the maintenance of keeping records be implemented vigorously and if those centers/clinics/labs fail to maintain records, their registration should be suspended in addition to the criminal action.

6. Under the Act; violation of the provisions is punishable with imprisonment and fine, whereas under Rule 11(2), if the appropriate authority seizes any ultrasound machine or other equipment capable of detecting sex of foetus, which is used by an organization not registered under the Act, the machine of the organization is released only on payment of penalty equal to 5 times the registration fee and on such organization giving an undertaking that it will not indulge in detection of sex of foetus or selection of sex before and after conception. The Rule takes away the rigour of the punishment provisions under the Act. It permits a clinic/laboratory to run without registration, thus indulge in violation of the provisions of the Act but it can be let off merely on payment of fine and undertaking. This rule is required to be deleted/amended. Otherwise, it will be misused 'by those who are indulging in heinous practice of sex determination of foetus.

Along with awareness in the society, strict implementation of the legal provisions and its close monitoring is an urgent requirement to curb the growing menace of female foeticide.

## **V. THE POST LUNCH SESSION - BUSINESS SESSION II**

- **KEY NOTE ADDRESS BY MS. REVA NAYYAR, SECRETARY, DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT.**

The Secretary, Department of Women and Child Development, Govt. of India, appreciated the Commission's role in calling of a meeting on the very important subject and thanked the Chairperson for her initiative. According to her, the girl child

has remained neglected for long and today the problems relating to girl child have become disturbing. With regard to the issue of sex selection and foeticide, the problem is a very difficult one, the secrecy shrouding the medical advice, the secrecy in a client and doctor relationship, this is a code of medical ethics? The doctor's role is to heal and not kill, this is one very important legal arguments and the second legal argument is the law of the land, which prohibits pre-conception and pre natal sex selection.

The doctor's role is dangerously criminal in this issue and it is strange as to how the doctors still continue with this abhorrent practice and are not caught. The solution lies in making women aware and to empower them and create a mass awareness.



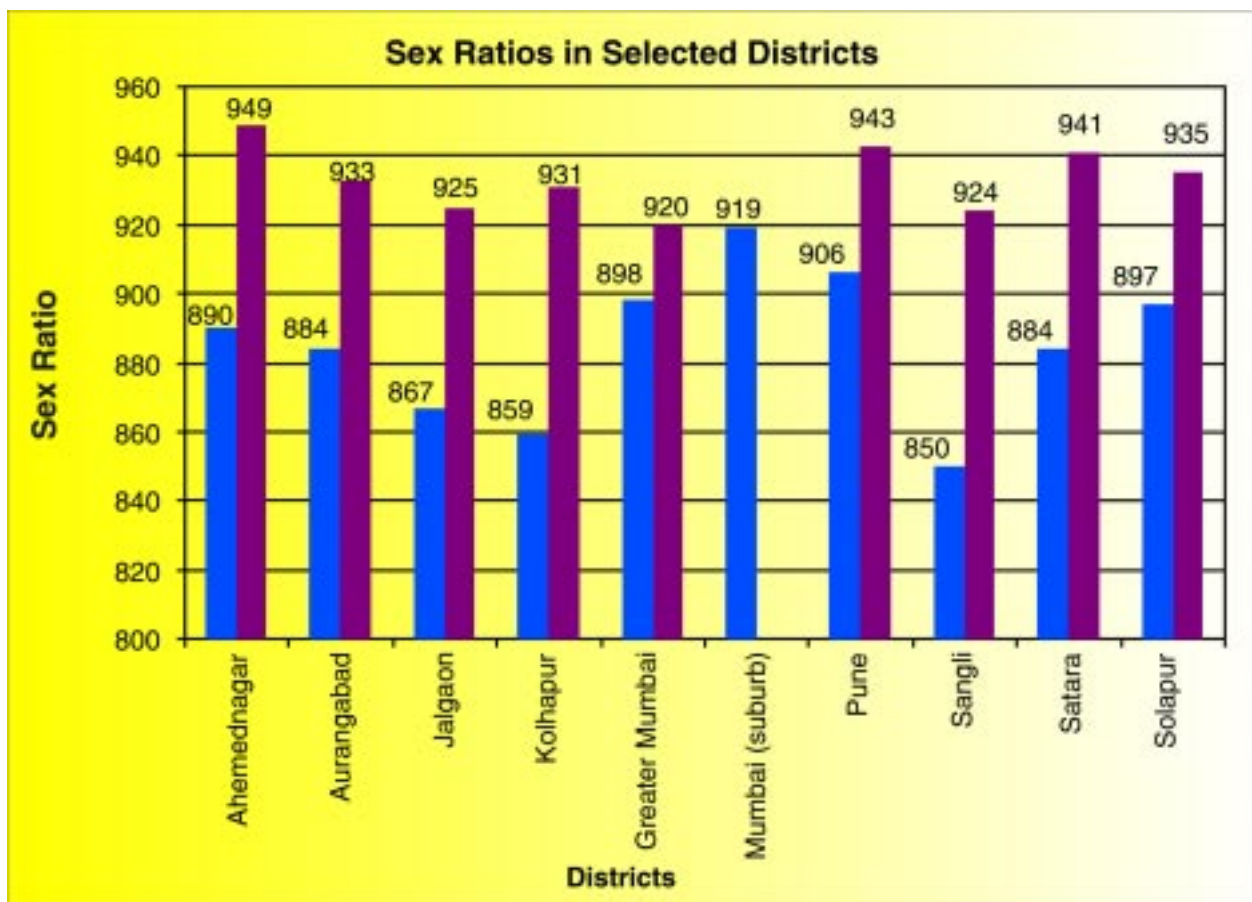
*Address by smt Reva Nayyar Secretary DWCD*

Women and educated people in the society are the custodians of moral and ethical values in the society and if our ethical and moral values deteriorate we are all guilty. There is the human argument too. "Is it justified to kill a foetus only

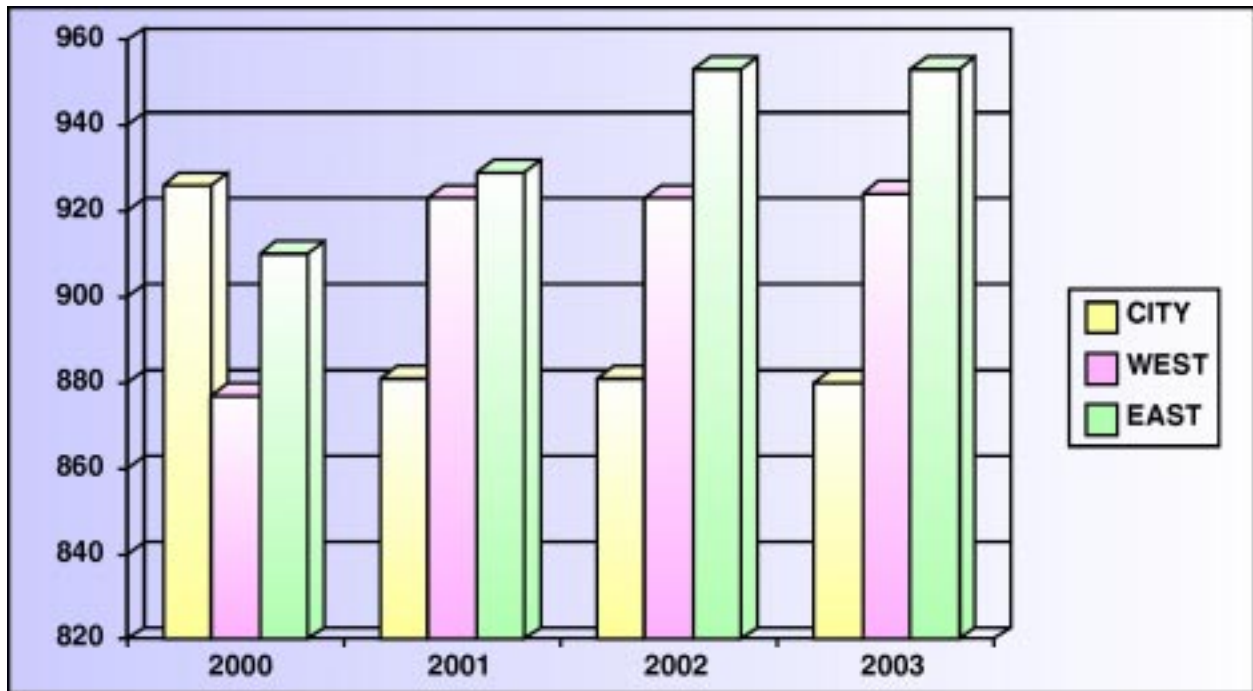
because it happens to be a male or a female?” “Beyond the legal, moral and ethical issues there is a natural and prudential argument, also can we imagine a world without girls? Can we let our women to face a catastrophe with Socio-cultural and Health Implications.”

● **ADDRESS BY MS KAMAYINI BALI MAHABAL, CEHAT**

Ms. Kamayini Bali of CEHAT started her presentation with the sex ratio in selected Districts of Maharashtra where sex selection is going on at a rampant pace.

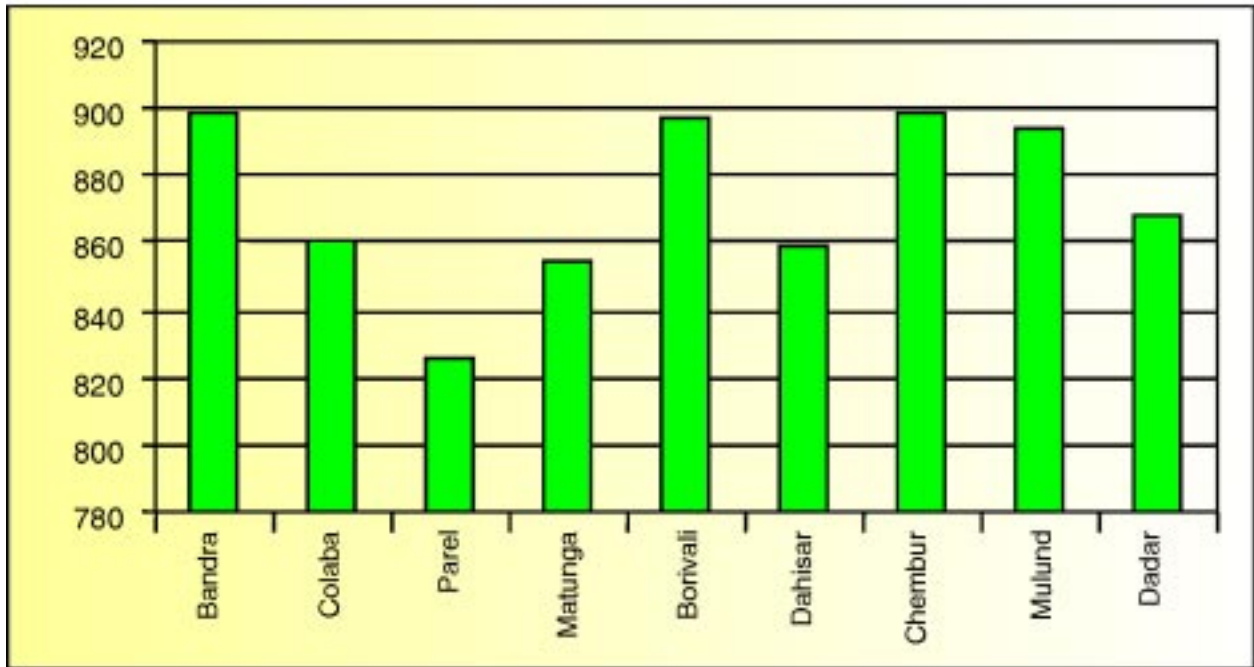


The above districts are the best-developed districts in the State of Maharashtra. The chart below shows the sex ratio birth rate in Mumbai for the period 2001-2003.

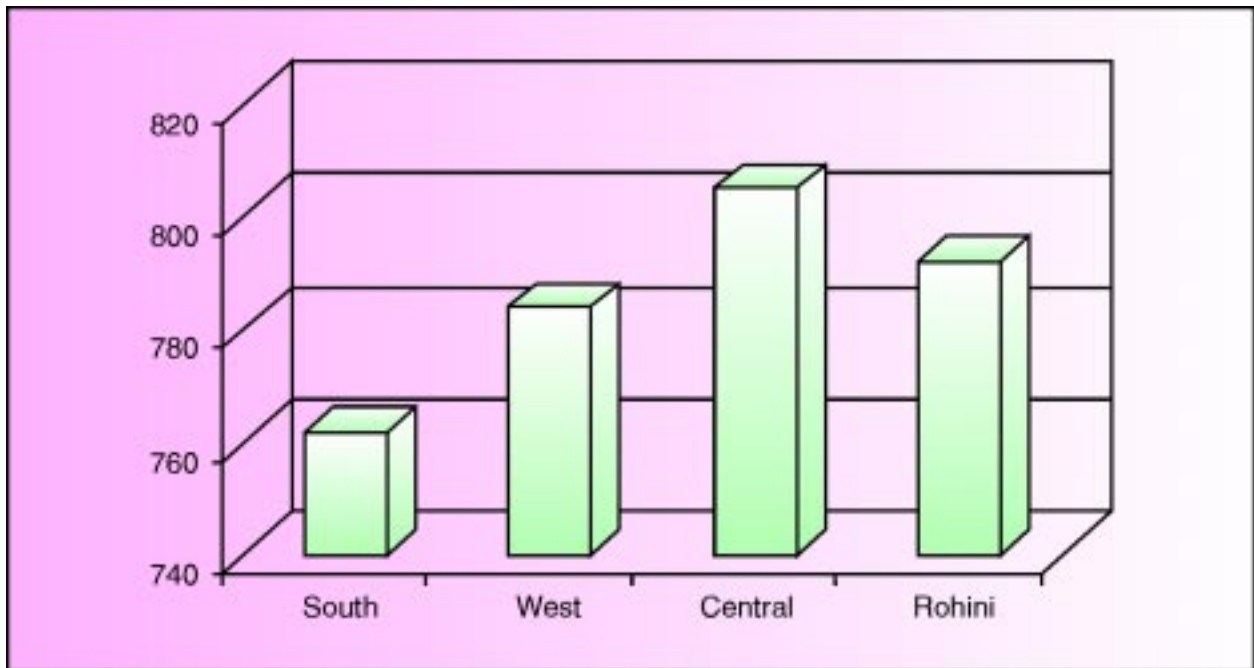


According to Ms Kamayini, CEHAT is a part of the Advisory Committee in the State, However, CEHAT has hardly been called for a single meeting of the Advisory Committee which shows the seriousness of the State Government in the implementation of the Act. The charts shown below show the trend in Mumbai and Delhi that reflects clearly that the issue of sex selection/ foeticide is practiced by the educated and the prosperous persons in the society. The misconception that only the illiterate and the poor resort to such practices is factually incorrect.

**SRB Mumbai 2003**



**SRB Delhi, 2003**



As per the data available with CEHAT, the details of the court cases are as under:-

● Non registration	31
● Non Maintenance of Records	1
● Advertisement sex selection	2
● Conducting sex selection	1

Registered Institutions in the state till June 2004

● Genetic Counseling Centres	82
● Genetic Labs	22
● Genetic Clinics	659
● Ultrasound Clinic	3526
● Combined	102
● Mobile Clinics	21
● Others	19

She cited the famous case of Dr. Malpani Case in 2003 in which the case was ruled in favour of Dr. Malpani because of mistake on part of the State. Under the PNDT Act, any complaint is a private complaint and the appropriate authority that raided the clinic did not have any legal sanctity to raid because the State Government had not notified the creation of the authority in the Official Gazette. Ms. Kamayini pointed out that there have been number of cases filed in the courts with no concrete outcome.

The point which was stressed was the need to make the NGOs more active and support them with the required information and other forms of assistance and in reality nobody is aware of the Appropriate Authorities constituted at the State or the District Level.





*Ms Kamayini Bali of CEHAT Addressing the conference*

The recommendations made for strengthening the laws are:

- There should be provision for separate registration of Sonography/imaging techniques and gynecological techniques
- The applicant should have a choice to register for one or more specific gynecological techniques.
- All powers of AA should be clubbed together under **Sec. 17 A** of the Act.
- Sec. 30 (1) and 30(2) which deals with search and seizure, with the provisions of CrPc, 1973, needs to be included under Sec. 17 A to get a comprehensive view of the powers of AA.
- Sec. 31 “*any officer authorized in this behalf*” to perform all tasks of an AA related to, search and seizure. The officer also enjoys protection of action taken in good faith and powers under CrPC. (Sec. 30(2)).

- Qualifications of such a person, conditions under which such a power may be delegated by the AA, are not specified in the Act or Rules
  - Form of intimation to the AA and exact mechanism to be followed in case –
  - Non-working sonography machine
  - Exchange or disposal of obsolete machine
  - Change of ownership
  - The role of police in the implementation of this Act needs further elaboration
  - Moreover, in the absence of police intervention, the complaint filed by AA against an erring institution is regarded as a “private” complaint, thus denying the state support and sanction to the action taken by the AA as a state functionary
- **Value Girl Child Campaign** should include: -
- Complaints and Litigation
  - Documentation and Research
  - Consultations with all stakeholders
  - Sessions in medical colleges
  - Three short films on the issue
  - Campaign in colleges and schools
  - Media
  - Posters

● **ADDRESS BY DR SABOO GEORGE - COORDINATOR CENTRE FOR WOMENS STUDIES**

Dr Saboo George thanked the Commission for having invited him for this very important conference. He stressed upon the need that there should be no tolerance for sex selection and of falling sex ratios. Wherever there is female infanticide, sex selection spreads rapidly. This has been noticed in many parts of the country.

He urged The National Commission for Women to actively associate in cases of sex selection and urged that the Commission could take the initiative in getting an mid term evaluation of 2006 sex ratio at birth instead of waiting for the next census in 2011.

● **ADDRESS BY ASHMITA BASU FROM LAWYERS COLLECTIVE**

Ms Ashmita Basu, Advocate gave a background on the PC&PNDT Act and stated its salient features and stressed that strict interpretation of the law was the need of the hour and though there may be scope for further amendments but for the moment this is the only law available and therefore there is the need to strictly implement the law and its provisions

**VI. INTERACTION WITH THE REPRESENTATIVES FROM THE STATES & NGO'S:**

● ***Andhra Pradesh:***

The Commissioner Family Welfare and Special Secretary, Andhra Pradesh, shared his views and informed that the District Collector, Hyderabad had seized 50 ultrasound machines which were not registered according to the Act, which resulted in people landing in the office of the Chief Minister, stating that the whole health care system is being taken to ransom under the PCPNDT Act. He also expressed his concerns regarding the implementation of the Act as there is hardly any co-operation by the doctors.

● ***Assam:***

The Resident Commissioner from Assam was present on behalf the State Government. As per the information available with him, he stated that 269 nursing homes had been registered in the State of Assam. Appropriate Authorities have been appointed as required by the Act. State Supervisory Boards and Multi-member Appropriate Authorities have also been constituted in June 2003. Advisory Committees have been formed at the District and the Sub-district levels. Sex ratio in the state is 932: 1000; it is adverse but not so acute as females in the State as such have a strong position in society, which ensures a very low rate of female foeticide and infanticide.



● ***Bihar:***

The Secretary Medical Education, Government of Bihar informed that all the required Committees have been formed. Registration of clinics is still going on. As regards medical education, the State Government has tied up with the TATA

Foundation, a two months programme for gender sensitization of all the doctors in medical colleges. However, concern was expressed on the fact that female foeticide remains a non-issue in Bihar and there is hardly any reporting on this issue.

● ***Chandigarh:***

The Director Health Services Chandigarh stated that the sex-ratio in Chandigarh as per Census 2001 is 845 for 1000 males. That the main impediment in the implementation of the Act is the low level of awareness and therefore more funds need to be shifted to awareness programmes. A number of measures have been taken to address the issue. The Governor has submitted an action plan to arrest the violators, anti-natal counseling is being provided and the staff has been especially trained in this regard. Two vigilance teams have been constituted, spiritual leaders have been mobilized, to create public awareness and all required committees have been constituted.



*Seen from the left Member Neeva Konwar, Malini Bhattacharya, Sushila Tiriya, the Chairperson Dr Girija Vyas, Members Yasmeen Abrar, Nirmala Venkatesh and Member Secretary Shri NP Gupta hearing the views of the States and the NGO'S*

● ***Chattisgarh:***

The representative from the State police department informed the gathering that though it has been four years that the state has been formed, but no case of violation has been registered till date. He also drew attention towards the fact that since such acts of sex-determination are committed by the mutual consent of both, the husband and the wife, it becomes all the more difficult to curb violations. The representative was not aware regarding formation of any appropriate authorities under the Act.

● ***Gujarat:***

The Secretary Women and Child Welfare informed that all the committees have been constituted in all areas up to Talukas and village levels. As far as the testing centers are concerned, it is almost impossible to punish them for violations of the Act. It was commented that doctors are a very powerful community and it is only by way of very stringent punishments that their malpractices can be checked. It was also reported that there are 14 pending cases for disposal and no convictions have taken place. Further the police as such has no direct role to play as regards the PNDDT Act is concerned.

● ***Haryana:***

The representative from Haryana noted that there are only seven states that have maintained constant sex ratio or have improved their sex ratio over the figures of 1990 census. In spite of a booming economy and high literacy rate, female foeticide in the State continues. Again the two-child norm was blamed for such a decline in the sex ratio. It was also mentioned that the State was taking all steps to ensure effective implementation and the first three cases have been filed by the State. 23 cases on the matter are currently pending and recently a case has also been sent to the Medical Council of India. Besides awareness, certain measures have been taken to empower women such as 2% stamp duty rebate if the property

is in the name of the women, 33% reservation in jobs for women, 10% per unit if the meter is in the name of the women, etc

- ***Himachal Pradesh:***

The advisory boards and committees are in place. Surprise checks have been conducted particularly in Guna and Kangra, the fact remains that the doctors would not regulate themselves. The societal mindset needs to be changed and the role of police needs to be examined.

- ***Jammu and Kashmir:***

All committees have been constituted.



- ***Jharkhand:***

State level authorities and district advisory committees have been constituted; altogether 288 centres have been registered so far. Predominantly a tribal state there is not much problem however in areas as Bokaro, dhanbad, jameshdpur, the

industrialized belts, the sex ratio has declined. The state has launched awareness campaigns.

Shri Niaz Ahmed, Addl DG Jharkhand stated that the police has not been given any role in the Act, under the Act prosecuting agencies have no role to play. He was of the view that keeping in mind the sensitivity of the issue, the investigating officer could be of the rank of a DYSP as in the SC/ST Act.

● ***Karnataka:***

Principal Secretary, Women and Child stated that in Karnataka between 1991-2001 the child sex ratio has declined from 960 to 949. The lowest has been recorded in Belgaum District (924) followed by Mandya District, (937). In Mandia there is a village where the sex ratio is the lowest at 580. As regards the statutory aspects the statutory bodies have been constituted as per the Act. The problem in the implementation of the Act is that the victim is the unborn child and there is no complainant. Only 36 cases has been filed as on date and there has been no conviction. The State Commission for Women also plays an active role in the





implementation and monitoring of the Act. A major area of concern was maintenance of the registers by the respective clinics. As no information is available as to why diagnostic test was done, it becomes very difficult to examine the issue. Unless clear reasons are recorded, it is very difficult to know as to why these tests were conducted. NGOs such as Vimochana are playing an active role in spreading awareness among the public. Measures such as workshops for Health Workers and Anganwadi Workers have been conducted, Rallies, TV campaigns etc. have been organized to spread awareness.

● ***Kerala:***

Secretary Health and Family Welfare stated that in Kerela the sex ratio has been better than other states as in Kerela there is a high level of literacy and awareness. As per the Act, the necessary authorities have been constituted. He agreed with Dr Bedi's opinion on the matter. The DGP Kerela stated that foeticide is a non-issue and the police have no role to play and till date no case is coming to notice despite the fact that the authorities are constituted.

● ***Andaman & Nicobar:***

Written submissions have been received from the Union Territory Andaman & Nicobar Islands where in it has been stated that the appropriate authority and the advisory committee have been constituted under the PNDT Act.

● ***Madhya Pradesh:***

The representative belonged to the State Police Department and he observed that police as such does not have much of a role to play. He also stressed on the need of public awareness in this area and said that the State Police Department was taking steps in spreading awareness about this issue and also training the NGOs and the police officials about the crimes against women. Data surveillance system and family counseling centres have been set up at the police stations. More than 1000 clinics have been registered and some licenses have also been cancelled

for violation of the provisions of the Act. Another loophole pointed out was the lack of proper infrastructure and the difficulty to change the mindset of the people. He claimed, however that the sex ratio among children of 0-6, in the state of Madhya Pradesh is better than the national average

● ***Maharashtra:***

The State Representative informed that all the required authorities have been constituted. 4,829 clinics have been registered till March, 2005. 39 cases are pending in the courts and there have been 14 convictions for non-registration, but the fine amount has been meager, amounting only to Rs.1000. sex ratio among 0-6 in the State is 917. In 2002, a Child Development Policy was formulated by the Maharashtra Government and active steps have been taken to check the declining sex ratio.

● ***Orissa:***

The State Representative differentiated between the sex ratio in rural and urban areas. While in urban areas it is 1002 females per 1000 males, in rural areas it is only 990. 320 clinics have been registered and all necessary authorities have been created. Workshops have been conducted up to the District level to sensitize people about the issue.

● ***Pondichery:***

The State Representative said that the sex ratio has marginally decreased from 963 to 958 and this is attributed to the small family norm. Awareness programmes are being conducted in various forms like displaying posters in Public Transportation System, and by conducting gender sensitization programmes amongst budding doctors, etc.



- ***Punjab:***

The representative observed that the penal provisions under the Act are not strong enough to act as a deterrent. He pointed out to the historical perspective of crimes against women and the lack of security among them. He also said that liberal abortion laws and the easily available technology further propagate the problem. 64 prosecutions have been launched, 95 licenses have been suspended and 1227 clinics have been registered. Surprise inspections have been conducted. The Govt. of Punjab was also of the view that the police ought to play a positive role in the enforcement of the Act which is presently lacking.

- ***Sikkim:***

Vigorous steps have been taken in the State for implementation of the Act. Sex ratio has gone up form 965 to 982 females per 1000 males. All the necessary authorities have been constituted.

● ***Tamil Nadu:***

2713 ultrasound centres have been registered. 93 cases have been registered and 2 cases have been registered through CBCID. All the necessary authorities have been constituted. Self-help groups have been associated with the programme. Cradle system has been started in hospitals where almost 300 unwanted girl children have been left who are being taken care of by NGOs. Many concessions are being given to girl child. Various awareness programmes are also being conducted.

● ***Tripura:***

As per the 2001 Census the sex ratio in Tripura is 950/1000 as per written submission received from the State Govt. no case has been reported on violation of the PNDT Act. However, as the system of dowry is prevalent in the State and is responsible for 40-50% of crime against women. The State Govt. is alive to the potential of the menace of dowry and female foeticide. The state supervisory boards and the appropriate authority has been constituted under the Act.

● ***Uttaranchal:***

It was mentioned that clear difference can be seen in the plain areas and the hilly areas and the rural and urban areas in the State. While the sex-ratio is higher in the hilly and rural areas, it is lower in the plain and the urban areas. A new Girl Child Protection Programme is in the pipeline.

● ***West Bengal:***

Several measures have been adopted. In 2002-03 a series of public awareness programme were undertaken. Special programmes have been conducted for police officials, panchayats, NGOs etc. up to June 2004, 871 machines were there in the state of which 116 were not registered. Also the representative opined that Special courts should be constituted for speedy trials of the cases coming under the Act, as it will ensure that evidences are not tampered with, which will further raise the

percentage of conviction. Also the State Women Commission and state run NGOs should be empowered to file the cases directly in the court.

● ***Uttar Pradesh:***

The fact that the Act has to be implemented by the doctors, itself dilutes the operation of the law in the sense that despite its existence over the years not even one conviction would have taken place under the Act. The penalty and fines imposed in case of non-registered centre is hardly of substance. There is need for public participation.

**Views expressed by NGOs**

- I. It was stated that in Haryana, there has been a strong preference for males. The state must adopt policies, which are pro- women and girl child.
- II. The seriousness in implementing the Act should be there.
- III. The appropriate authorities must meet at regular intervals and devise means to curb the practice.
- IV. Birth profiling was extremely important, and according to Dr BS Dahiya, Faridabad experiment was quoted where the births were being tracked and area profiles maintained and in the 4 years of efforts made there was a significant improvement in the sex ratio, the details provided by Dr Dahiya are:

2001	-	824
2002	-	851
2003	-	899
2004	-	932

- v. The NGOs felt the need for a concerted interaction between the NGOs, the government and the concerned authorities in the implementation of the Act.

- vi. Granting of 15 days time before a complaint to be filed allows the unscrupulous doctors to take advantage of the loopholes existing in the law. Therefore, the moment a complaint is registered, action should be taken immediately.
- vii. Scanning should not be done as a matter of right except in rare circumstances. The doctors are not maintaining records, which make the conduct of raids and other operations meaningless.



## **RECOMMENDATIONS**

### **❖ ADVOCACY, AWARENESS & SENSITISATION**

1. The Commission welcomed the proposal to set up the National Surveillance Cell to counter the practice of sex-selection. The inclusion of retired senior police officials, lawyers, NGO's and the women commissions would certainly provide the required impetus to the authorities constituted under the PCPNDT Act.

2. The Appropriate authorities and the Advisory Committees throughout the country should be made aware of the provisions of the Act as well as the Rules. A copy of the judgment by the Supreme Court in CEHAT & Ors should also be provided to them, and programmes undertaken to sensitize them.
3. The National Commission for Women in league with the Ministry of Health & Family Welfare and the other participants such as the State Governments, State Women Commissions, the medical fraternity and NGO's , would launch campaign against sex-selection in a concerted manner, to create awareness among medical fraternity society and the public.
4. There is a need to empower women and educate them and also to create awareness and sensitization amongst the MPs, MLAs, Govt. Servants, and to involve them in the campaign against sex selection.
5. Interaction with religious leaders who are willing to cooperate in preventing sex-selection is needed.
6. A System of awards as encouragement to the govt. servants as well as the public may be instituted.
7. "Value Girl Child" Campaign may be initiated which may include, Documentation and Research, Consultations with all stakeholders, Sessions in medical colleges, short films on the issue, Campaign in colleges and schools, Media campaigns
8. Specific commitment should be there at the policy level by the Central Government to reach equal sex ratio at birth by 2010.

❖ **MONITORING AND IMPLEMENTATION**

1. A state Level inspection and Monitoring Committee may be constituted from within the state level Advisory committee which may visit the districts from time to time. In this committee, representatives from the state commission for women, social welfare department, legal activists, NGO's who are members of the Advisory Committee may be included. Similarly, monitoring committees may

be constituted at District level to assist the AA's in regularly visiting and monitoring registered clinics .

2. The records of all diagnosis done by the ultrasound machines or other machines, as well as charts, forms, reports, consent letters etc. used for the purpose of pre-natal diagnosis should be maintained for at least two years or as directed by the AA. All new machines should have the facility of blocking any deletion from the memory unless authorized by the AA.
3. The addresses and names of various members constituting the AA should be displayed at every registered Genetic Counseling Center, Genetic Laboratory, Genetic clinic and Imaging Center so that any body interested in filing a complaint can do so easily.
4. Periodic meetings of the Appropriate Authorities and Advisory Committees, as provided in the Act & Rules and their monitoring by the State and Central Supervisory Boards is a must. The decisions taken in these meetings should be made public. THE National Commission for Women and State Commissions should be authorized to ask for these reports for its independent assessment.
5. The mandate of the National Commission for Women Act, 1990 under Section 10 of the Act clause 1(a)(f), clause 2 and clause 4(b), (d) and (e), empowers the Commission to investigate and inquire into the proper implementation of any Act and accordingly the Commission as well as the State Commissions may use their mandate for ensuring the proper implementation of the PC&PNDT Act and may either suo-moto or on receipt of a complaint may make the required inquires and cause the appropriate authorities to conduct an inquiry leading to search, seal and seizure of machines, records and documents.

❖ **MODIFICATION IN Act /Rules**

1. There is a need to strengthen the provisions of the Act and make the sex selection practices, a high- risk business, instead of a low risk business. The



Commission proposes to form an expert committee, comprising of representatives from the Ministry of Health & Family Welfare, Advocates and the representatives from the medical fraternity, to look into the provisions of the Act and make suitable recommendations on the amendments.

2. NCW and SCWs must be represented at the appropriate levels in the advisory and monitoring committees and the appropriate authorities and advisory committee and may also be given the power for periodic inspections of centres and clinics.
3. Under the Act; violation of the provisions is punishable with imprisonment and fine, whereas under Rule 11(2), if the Appropriate Authority seizes any ultrasound machine or other equipment capable of detecting sex of foetus, which is used by an organization not registered under the Act, the machine of the organization is released only on payment of penalty equal to 5 times the registration fee and on such organization giving an undertaking that it will not indulge in detection of sex of foetus or selection of sex before and after conception. The Rule takes away the rigor of the punishment provisions under the Act. It permits a clinic/laboratory to run without registration, thus indulging in violation of the provisions of the Act but it can be let off merely on payment of a fine and an undertaking. This rule is required to be deleted, otherwise, it will be misused 'by those who are indulging in heinous practice of sex determination of foetus.
4. The mandatory regular submission of Form F by all clinics to the AAs must be ensured through Rules 9(8). This would make it possible also to monitor abortions conducted after 12 weeks of pregnancy. A team for auditing these documents regularly to help the AAs may be formed possibly by using law interns for the purpose. It shall be mandatory for all registered centres to maintain all records, charts, forms, reports, consent letters for a period of two years or until permitted by the concerned AA in case if legal proceedings are instituted against it. These must be available for inspection by AAs or any other person authorized by AAs or by the National Commission for Women or the

State Commissions. If records are not properly maintained this may lead to suspension of registration.

5. Birth profiling is extremely important and studies from time to time should be conducted in order to ensure that proper records are maintained in hospitals at the time of birth of children. There should be strict implementation of universal registration of births.
6. The conviction rate has been practically nil, it would be worthwhile to get a study conducted, to see the reasons and take remedial measures, such as setting up of fast track courts.
7. Disincentives and other coercive measures to ensure small family norms must be dropped from all population policies and measures at Central and State Levels.

## **CONCLUSION**

A positive supportive environment for women is required if one has to tackle the problem of female foeticide. The issue of decline in sex ratio of women cannot be addressed unless there is an improvement in the implementation of the laws for women. We also need to enhance the status of women, support women in employment and education. The efforts in this direction, therefore, need to be continuous and dynamic to facilitate better implementation of the law and to provide an effective solution to the problem of female foeticide.

The commission has set the agenda by this meeting and proposes to launch a Nation wide campaign against the practice as well as review the existing laws on the subject matter, along with the active participation of the Ministry Of Health and Family Welfare as well as the NGO's.

**ALL INDIA CONFERENCE OF  
STATE SECRETARIES -  
HEALTH, WCD, DGPS AND NGOS  
ON IMPLEMENTATION OF THE  
PC & PNDT ACT**



**NATIONAL COMMISSION FOR WOMEN  
NEW DELHI**

# INDEX

<b>I. BACKGROUND</b>	1
<b>II. INTRODUCTION</b>	2
<b>III. ADDRESS BY CHIEF GUEST AND OTHER DIGNITARIES</b>	4
Presidential address by the Chairperson	4
Address by Hon'ble Minister of State of Health and Family Welfare Smt Panabaka Lakshmi	5
Address by Hon'ble Minister of State for Women and Child Development Smt Kanti Singh	7
Address by the Chief Guest Dr Anbumani Ramadoss Hon'ble Minister for Health and Family Welfare	8
<b>IV. BUSINESS SESSION - I</b>	9
1. Key note address by Shri Prasanna Hota, Secretary Health and Family Welfare	9
2. Presentation Dr. Puneet Bedi	11
3. Dr. Joe Verghese	13
4. Sanjay Parikh, Advocate	17

<b>V. BUSINESS SESSION - II</b>	19
1. Key note address by Smt Reva Nayyar, Secy. WCD	19
2. Ms Kamayani Bali, CEHAT	21
3. Address by Dr Saboo George	27
4. Ashmita Basu, Lawyers Collective	27
<b>VI. Interaction with the representatives from the States and NGO's</b>	27
<b>VII. RECOMMENDATIONS</b>	38

## PREFACE

Prenatal sex selection and female foeticide continue unabated in our country, despite the PC&PNDT Act. There is an imperative need to find out the reasons for ineffectiveness of this Act and suggest ways to plug the loopholes and take measures to curb and arrest the trend of declining child sex ratio.



The National Commission for Women, organized the All India Conference of State Secretaries of health , women and child, DGP's and NGO's on the implementation of the PC&PNDT Act on 11th August, 2005. The recommendations which emerged from the consultation would undoubtedly provide an impetus to the campaign against female foeticide.

I acknowledge with appreciation the earnest and relentless efforts and valuable contribution of Ms. G M Padma Priya and Ms. Divya Chaturvedi, final year students of Guru Gobind Singh university, University school of law and legal studies, Delhi, Shri Yogesh Mehta, Law officer, Shri S.K. Nanda, SRO, Shri D.S. Miyan, Co-ordinator in preparing of this report.

  
**DR. GIRIJA VYAS**  
*Chairperson*