

574

DEPARTMENT OF FAMILY WELFARE

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MINUTES OF THE FIRST MEETING OF THE CENTRAL SUPERVISORY BOARD, 24TH APRIL, 1997.

The first meeting of the Central Supervisory Board constituted under the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was held at 3.00 p.m. on 24th April, 1997 in Nirman Bhavan, New Delhi. The meeting was chaired by Shri Saleem I. Shervani, Union Minister of State for Health & Family Welfare (Independent Charge). The list of members present is annexed.

Welcoming the members to the first meeting of the Central Supervisory Board (referred to hereafter as the Board), Minister of State for Health & Family Welfare (MoS) stated that the Board is an important mechanism for the implementation of the Act. While the diagnostic techniques sought to be regulated under the Act have bonafide medical uses, they are being misused widely. The detection and subsequent abortion of female foetuses reflects the bias for male children in Indian society, and abortion of female foetuses is tantamount to pre-planned murder. To implement the Act successfully, stringent action of penal nature needs to be taken under the Act. (Though the Act has been in force for over one year, not one case has been registered anywhere in the country for violation of the Act.) On the other hand, the Act itself has been challenged by a medical practitioner in the High Court of Calcutta. Female illiteracy, and the fact that women

573

are often unable to resist social and familial pressures to abort female foetuses, are major impediments to successful implementation of the Act. The Department of Family Welfare intends to allocate a budget for information, education and communication (IEC) to generate public awareness about this Act, focussing on the criminality of detection of female foetuses with the intention of aborting them. Violations of the Act may take place at places located at a distance from the headquarters of the Appropriate Authority appointed under the Act. State Governments will be advised to appoint a larger number of Appropriate Authorities, at least one in every district, for implementation of the Act.

Shri K.S. Sugathan, Joint Secretary in the Department of Family Welfare, made a presentation on the objectives of the Act, the salient features of the Act, actions taken after the passage of the Act, status of setting up the statutory mechanisms in the States and Union territories, and the composition and functions of the Board.

Dr. (Smt.) Raj Baveja of Kamla Nehru Hospital, Allahabad, observed that the Act has not been given wide publicity. Pre-natal diagnostic techniques are being carried out all over the country. The statutory authorities responsible for implementation of the Act, non-Governmental organisations and social activists need to work on publicising the Act and reporting violations. The confidentiality requirement attached to performance of medical termination of pregnancy would prevent medical professionals from

572

reporting abortions done. Though the Act attempts to improve the quality of genetic counselling, the non-existence of genetic counselling centres and facilities for training genetic counsellors would come in the way of offering genetic counselling service. She recommended appointment of an Appropriate Authority in every district and publication of the list of Appropriate Authorities through the print and electronic media, to enable people to file complaints. Offering rewards for supply of information pertaining to violation of the Act, according to her, would not be a desirable practice.

Smt. Jaya Arunachalam of Working Women's Forum, Chennai, stated that female foeticide was rampant in Tamil Nadu and social mobilisation was required for successful implementation of the Act. She stated that women are often compelled by doctors, dais etc. to abort female foetuses. The Act, she stated, needed to be publicised, and medical professionals oriented to complying with the law. Social activists giving information or filing complaints should receive protection from the State Government concerned. The Governmental authorities responsible for implementation of the Act should prosecute violators and ensure that stringent punishment was given to the violators.

Dr. Rajiv Sharan of the Children Hospital, Allahabad, stated that a large number of cases of pre-natal sex determination and subsequent abortion go unreported. The techniques sought to be regulated under this Act are useful from the medical point of

871

view, but are also misused. Such techniques should be confined to reputed and established hospitals, to prevent their misuse.

Dr. S.P. Agarwal, DGHS, stated that ultrasound is a widely used medical diagnostic technique. Mostly, persons having two daughters choose to go in for abortion if the foetus were determined to be also female. Following up cases in which a woman sought abortion after having two female children would bring out cases of illegal pre-natal sex determination.

Dr. (Smt.) Mira Shiva of the Voluntary Health Association of India stated that most people do not mentally connect the ultrasound technique with female foeticide. A large number of ultrasound machines are being imported and used, often without proper training for the technicians. The Act needed to be demystified and if required, the title of the Act changed, so as to indicate its focus on prohibition of pre-natal sex determination and female foeticide. Though certain districts in Punjab like Bhatinda are the worst in terms of gender ratio, adverse to females, Punjab is yet to set up the statutory machinery for implementation of the Act. These districts are among the most affluent in India, and it cannot be argued that female foeticide there is related in any way to poverty or to dowry. While explicit advertisement of pre-natal diagnostic techniques had come down, implicit advertisements like 'guaranteed male child' were being seen and she had seen a large hoarding in Meerut district of Uttar Pradesh. The reporting procedure envisaged under the Act was cumbersome. Since most pre-natal sex determinations

510

were done in gynaecological clinics, association of medical practitioners through the Indian Medical Association, FOGSI, etc. needed to be ensured for regulation of this malpractice. She requested that a copy of the petition filed in the High Court of Calcutta be supplied to her. She suggested that the IEC material already developed be used for discouraging pre-natal sex determination. She suggested that hospitals practicing pre-natal sex determination be debarred from being certified 'baby friendly'.

Shri Lov Verma, Secretary, Family Welfare, Government of Uttar Pradesh, suggested that rewards be offered for giving information regarding violation of the Act. He also suggested that feature films on the subject be sponsored on television, in addition to spots, to build awareness against pre-natal sex determination.

Prof. S.S. Aggarwal of the Sanjay Gandhi Institute of P.G. Medical Education, Lucknow, stated that the Act appears to be one intended to regulate the practice of medical genetics, rather than an Act intended to prevent female foeticide. At present, the practice of medicine is not regulated by law, except blood banks, and this Act would perhaps be a unique case of regulation of medical practice. He suggested that title and content of the Act be changed to focus more on female foeticide. He opined that the requirement of registration etc. under the Act would act as a disincentive to the growth of the medical genetics branch of medicine, which was not desirable in view of the fact that genetic defects were widespread, and 3 percent of the population

were estimated to be thallemic. He stated that medical genetics is not included in the under-graduate medical curriculum at present, and there are no qualified medical geneticists anywhere in the country except in the Sanjay Gandhi Institute, Lucknow. The Act, he stated, has not been given wide publicity and he himself was not aware that his hospital was required to be registered under this Act within a period of six months from its coming into force.

Smt. Sumitra Mahajan, Member of Parliament (Lok Sabha), stated that under the Act, registration of facilities should have been completed within six months from the date of the Act coming into force. State Governments should report the status of registration.

Dr. A.P. Ranga Rao, representing the Government of Andhra Pradesh, stated that 196 facilities have been registered in the State of Andhra Pradesh under this Act. He suggested that registration under this Act, as well as under other Acts like Infectious Diseases Act and the Hospital Waste Disposal Act / Rules should be made compulsory for financing of hospitals or clinics by any financial institution.

Shri B.A. Agrawal, Joint Secretary & Legal Adviser, Ministry of Law and Justice, informed the Board that the Board was required to frame regulations governing the conduct of its business and that the non-existence of regulations may vitiate the proceedings of the Board if those were questioned.

568

Responding to the issues raised during discussions, Shri K.S. Sugathan, Joint Secretary, stated while the title of the Act does not directly focus on prevention of female foeticide, the regulation of pre-natal diagnostic techniques was intimately linked with prevention of misuse of such techniques, and it was not possible to separate the two issues. Regarding the suggestion to follow up cases of abortion following two female children, he stated that the vast majority of abortions are illegal and unregistered, and tracing such cases was not a workable proposition.

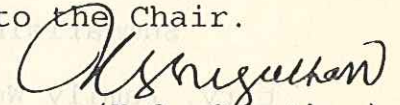
Summarising the discussions, Shri Y.N. Chaturvedi, Secretary, Family Welfare, Government of India, stated that Department of Family Welfare will assist and if necessary, fund NGOs to take up cases of violation of the Act. Prima facie, the Act provides a reasonable legal framework for regulation of the use of pre-natal diagnostic techniques, and for prevention of their misuse. This, alongwith notification of Appropriate Authorities at district level, should provide adequate support for enforcement of the Act. Public education and awareness generation was relevant upto a point, but strict enforcement and punishment would be needed to really drive home the purpose of the Act. Medical practitioners were knowingly conducting illegal pre-natal sex determination, with commercial motives, and such practitioners of medicine needed to be punished. Regarding the suggestion for linking financing of medical facilities to registration under various Acts, he stated such restrictions run counter to the

587

prevailing spirit of liberalisation and were likely to become sources of delay and corruption in relation to bonafide cases also.

MoS requested the members of the Central Supervisory Board to devote thought to the measures needed for implementation of the Act, and requested each member of the Board to communicate 5 actions which, in their view, were most needed for the successful implementation of the Act. The suggestions received would be circulated and another meeting of the Board will be held towards the end of May, 1997.

The meeting ended with a vote of thanks to the Chair.



(K.S. Sugathan)
Member Secretary

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56

FIRST MEETING OF THE CENTRAL SUPERVISORY BOARD
CONSTITUTED UNDER THE PRE-NATAL DIAGNOSTIC TECHNIQUES
(REGULATION AND PREVENTION OF MISUSE) ACT, 1994

24th April, 1997 at 3:00 PM
Committee Room No:150, A Wing,
Nirman Bhavan, New Delhi-110011

List of Members present

1. Shri Saleem I. Shervani - Chairman
Union Minister of State for
Health and Family Welfare
(Independent Charge), New Delhi.
2. Shri Y.N. Chaturvedi - Vice Chairman
Secretary, Department of
Family Welfare, New Delhi.
3. Dr. S.P. Agarwal - Member
D.G.H.S., New Delhi
4. Dr. Raj Baweja - Member
Kamla Nehru Hospital, Allahabad.
5. Ms. Jaya Arunachalam, - Member
President, Working Women's Forum,
55, Bhim Sena Garden St.,
Maylapore, Chennai.
6. Dr. Rajiv Sharan - Member
Professor, Children Hospital,
Children Hospital, Medical College,
Allahabad.
7. Dr.(Mrs) Namita Md. Ali - Member
Director of Health Services,
Andaman and Nicobar Administration,
Port Blair.
8. Dr.(Mrs) Mira Shiva - Member
Head, Public Policy Division,
Voluntary Health Association of India,
Tong Swasthya Bhavan, 40-Institutional
Area, South of IIT, New Delhi.
9. Smt Sumitra Mahajan - Member
Member of Parliament (Lok Sabha),
2-4, South Avenue, New Delhi-110011.
10. Dr. S.S. Agarwal - Member
Director, Sanjay Gandhi Institute
of Post Graduate Medical Education,
Lucknow.

(contd.)

501

- 11. Shri Lov Verma - Member
Secretary, Department of Family Welfare, Lucknow.
- 12. Dr. A.P. Ranga Rao - Member
Jt. Director (Family Welfare), Govt. of Andhra Pradesh, Hyderabad.
- 13. Dr. P.R. Deshpande - Member
Pediatrician, Aswin Clinic, Sakina Manzil, 1st Floor, Junction new Charni Road, Queens Road, Above Gokul Travels, Mumbai - 400004.
- 14. Shri B.A. Agrawal - Member
Joint Secretary and Legal Adviser, Ministry of Law & Justice, New Delhi.
- 15. Shri K.S. Sugathan - Member-Secretary
Joint Secretary (Policy), Ministry of Health & Family Welfare, New Delhi.

(176)

SUMMARY RECORD OF THE SECOND MEETING OF THE CENTRAL SUPERVISORY BOARD (CSB) CONSTITUTED UNDER THE PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATION AND PREVENTION OF MISUSE) ACT, 1994, HELD AT NEW DELHI ON 09.09.97.

The second meeting of the Central Supervisory Board (CSB) constituted under the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was held at Nirman Bhavan, New Delhi under the Chairpersonship of Smt. Renuka Chaudhury, Minister of State for Health and Family Welfare, on 9th September, 1997. The list of participants is annexed.

Smt. Renuka Chaudhury, Minister of State for Health and Family Welfare (MoS):

Welcoming the participants, MoS stressed the need for public participation for the implementation of the Act and the importance of sensitising the public conscience against female foeticide.

Shri K.S.Sugathan, Joint Secretary, Department of Family Welfare and Member Secretary, CSB:

The minutes of the first meeting held on 24.04.97 were read by Shri Sugathan and confirmed by all members. The action taken report was also read and recorded. He informed that a publicity campaign had been taken up by the Government for publicising the Act, and as part of this campaign, a number of advertisements

have been issued in the Press.

Dr. (Smt.) Mumtaz Khalil Mukadam:

Dr. Mukadam stressed the necessity of making known the Act and its requirements among medical practitioners. She stated that no circular on the subject has been issued by the FOGSI, though FOGSI had recently advised its members to counter wrong propaganda on the subject. Similar action was also required with the Indian Academy of Paediatricians, and for including the subject in the medical college curricula. She stated that the publicity campaign, including both print and electronic media, should be produced in an imaginative manner so as to attract attention. Outdoor advertisements like hoardings could be put up at railway stations and other places where the public congregates. There is a need to educate the public about the value of the female child and significant achievements of women in various educational/professional fields. The public should be informed that it is the male sperm which determines the sex of the child, and that the mother should not be held responsible. She also mentioned that while pre-natal sex determination was earlier being done by the amniocentesis technique, ultrasound had now become the most widely used technique, as it was capable of giving 80 percent accurate results in the thirteenth week of pregnancy and 90% accuracy in the fourteenth week.

Dr. P.R. Deshpande :

Dr. Deshpande stated that Government should improve its communication and coordination with the Indian Medical Associa-

tion and its members, to spread knowledge of the Act and its importance to society.

Dr. Rajiv Saran:

Dr. Saran stated that implementation of this law requires the full and willing cooperation of the three parties mainly involved, namely parents, facilities having equipment for pre-natal diagnostic tests and clinics conducting medical termination of pregnancy. It was common knowledge that even ANMs employed by Government were conducting flourishing business in abortions. There were two ways of ensuring implementation of the Act, either by intensive education of the public, or by being strict and imposing punishments. For detection of clinics violating the Act, the idea of using decoys was a good one, provided that it would stand judicial scrutiny. In any case, the Act would succeed in its objectives only if the image of the girl child was improved.

Smt. Jaya Arunachalam :

Speaking on the basis of her experience of implementing development programmes for over 9000 slum families, Smt. Arunachalam stated that discrimination against the female child starts from the foetal stage itself. Apart from female foeticide and infanticide, this discrimination results in several consequences like higher female infant mortality, general neglect of the female, marriage below legal age and maternal mortality.

Pre-natal sex determination, she stated, is now a big busi-

⑩ Circular to all States/U.T.s requesting them to issue administrative instructions directing their medical/paramedical staff to desist from involvement in any way in pre-natal sex determination, or M.T.D. solely if the foetus is female.

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ness. For conducting abortions, where Government health infrastructure does not exist or does not function, even traditional birth attendants are conducting abortions. She expressed reservations about the effectiveness of the proposed use of NGOs for detecting and prosecuting of illegal sex-determination cases, as persons conducting pre-natal sex determination and consequent abortions were rich and powerful, and also enjoyed the support of the sections of society utilising their services. Consequently, anybody giving information would require protection in respect of his person and property.

Punishment should be meted out not only to the woman undergoing pre-natal sex determination, but also to the members of the family and others who pressurise her into misusing such techniques. Above all, she stated, the objectives of the Act would be met only if women, including senior family members of the family, were empowered by way of education and employment, and by becoming part of women's organisations actively promoting social causes. She also stated that the Act and rules should be translated into regional languages for wider publicity.

Smt Tadeparthi Sharda, M.P. (Lok Sabha)

Smt. Sharda stated that though the Act has been brought into force from 1st January, 1996, pre-natal sex determination continues and is a major cause for the declining sex ratio. While people are aware of the criminal nature of sex determination and consequent abortion, social practices like dowry and the impact of modern consumerism are responsible for the spread of these

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⑥ Circular to all states/UTs to ~~be~~ to
(i) instruct medical/paramedical personnel to report violations of the Act to the appropriate authority concerned
(ii) to extend protection to all informants.

practices. Similarly, in Tamil Nadu female infanticide by asphyxiation and poisoning are common.

She suggested that before any publicity programme is undertaken, a study should be taken up to determine the incidence of these practices, both geographically and in terms of social classes, and the publicity campaign should be designed to target these areas/social classes.

Action point
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Dr. (Smt.) Raj Baweja:

Dr. Baweja suggested that the Act should be made more powerful. Nodal genetic centres should be set up, to provide genetic counselling services. The implementation of the Act should be monitored at the district level. Adolescents, including students, should be mobilised into action group against pre-natal sex determination and consequent abortion. Similarly, community leaders should be mobilised.

She stated that ultrasonography is now done routinely at 20 weeks of pregnancy to rule out congenital malformations. Since medical termination of pregnancy should not be done after 20 weeks, abortion of the foetus at this stage posed a grave risk to the health of the mother. Society should, therefore, be sensitised to the misuse of ultrasonography.

Dr. Baweja opined that lack of female education is the real cause of the problem of female foeticide. In the area of operation of her hospital, female literacy was only 11 percent.

④ file containing list of districts has been submitted to JS(S). sensitive

Dr. Baweja suggested that a calender of events should be drawn up for publicity to the Act.

Smt. Kumudesh Bhandari :

Smt. Bhandari expressed concern at the fact that the registration of facilities under the Act was at an extremely low level and there were no complaints, let alone prosecutions. Regarding the publicity campaign, she stated that imaginatively done TV spots highlighting female achievements in education and professions, as well as publicising the role of girls in looking after aged parents, should be created and broadcast. A booklet should be brought out for training medical professionals in counselling of prospective parents.

Smt. Bhandari advocated that religious rites traditionally done by men only should be entrusted to women by law.

She stated that the Indian Medical Association is not showing adequate concern in the matter of implementing this law, though they are quite active in raising their voice against the Consumer Protection Act.

She advocated restrictions on manufacture and marketing of products which are used in pre-natal sex determination.

She stated that no registration should be granted to any facility under the Act unless the facility concerned offers genetic counselling.

As part of the publicity campaign, she suggested a conference of parents of girl children to be organised by NGOs and supported by Government. Awards should be given for creative

advertising in the field, as well as to women who have achieved excellence in various fields.

Shri B.A. Agarwal, Joint Secretary & Legal Adviser, Ministry of Law and Justice:

Shri Agarwal seconded the proposal made by Smt. Sharda for a study aimed at identifying the geographical and social class incidence of the practice of pre-natal sex determination. He reminded the Board that regulations were required to be framed by the Board governing their business, and that failure to frame such regulations may call the proceedings of the Board into question.

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Dr. S.S. Agarwal:

Citing a positive instance of peoples' participation, Dr. Agarwal informed the Board that an NGO named 'Vatsalya' has recently held a meeting at Lucknow on the issue of female infanticide and foeticide. Similar efforts can be made by other organisations to decondition the society of its preference for male children, and to condition it into greater acceptance of the female child.

Regarding the publicity campaign, Dr. Agarwal stated that it was handicapped by poor availability of data. Advertisements should be specific to the audience.

Dr. Agarwal stated that the World Health Organisation has brought out guidelines for practice of and research into medical

④ to consult over legal Cell
reg. procedure for framing
Regulations, and to prepare
a draft Regulation.

genetics. The Act, he opined, appears to be intended for regulating the field of medical genetics, instead of preventing pre-natal sex testing. Actually, ultrasonography and radiology should have been focussed on by the Act.

Shri Lov Verma, Secretary (FW), Govt. of Uttar Pradesh :

Shri Lov Verma stated that IEC efforts, in respect of the Act, needed to be strengthened and separate budget should be provided, including the requirements of States.

The prevention of pre-natal sex determination and prevention of female foeticide/infanticide should be made a part of population education at school and college level, to sensitise people from a sufficiently young age.

Involvement of NGOs should be sought actively for implementation of this Act and for this purpose, financial assistance would be available from the USAID assisted IFPS project in Uttar Pradesh.

Shri John Koshy, Secretary (FW), Government of West Bengal:

Shri Koshy stated that all family welfare IEC programmes should have propagation of the message of the Act built in. For instance, the Mahila Swasthaya Sanghs should be motivated to propagate the message of the Act.

In the State of West Bengal, most establishments are not coming forward to register under this Act. In fact, in certain areas like Haora district, the medical practitioners have actively protested against the Act. The cooperation of the medical practitioners is minimal, and the Indian Medical Association

should take a more active role in implementing this Act.

For effective implementation, he suggested that all units having ultrasonograph machines should be compulsorily required to obtain registration from the Appropriate Authorities appointed under this Act. Similarly, the Appropriate Authorities appointed under the Clinical Establishments Act should be the same as the Appropriate Authorities appointed under this Act, so that they were enabled to be in position of upto date information.

Shri T.M. Vijay Bhaskar, Director, Department of Women and Child Development :

Shri Vijay Bhaskar stated that the Act has had the effect of driving underground the practice of pre-natal sex determination, and increasing its cost. Disclosure of the sex of the foetus is now done orally, and no record is maintained. Since pre-natal sex determination and consequent abortion is a victimless crime and all parties concerned collude, the crime rarely come to light.

He stated that based on figures supplied by Registrar General of India, 65 districts in the country having sex ratio (males to thousand females) of more than 1100 have been identified, and IEC as well as detection efforts should be concentrated in these districts.

Further, a study commissioned by the Department of Women and Child Development in 9 States regarding female foeticide and infanticide has disclosed certain startling facts. Female infanticide is found mainly in the land owning classes and upper

castes and the practice is now percolating down the caste hierarchy. Female foeticide is found mostly among the educated classes and among the land owning gentry.

At least the districts identified on the basis of studies or proximate indicators should have one Appropriate Authority per district. The Appropriate Authorities are also medical professionals and feelings of brotherhood with the medical fraternity may prevent them from acting in the manner required. In the circumstances, Task Forces consisting of medical and non-medical persons were needed.

On the IEC side, he suggested regional workshops conducted jointly by Department of Family Welfare and Department of Women and Child Developments, to discuss female foeticide and infanticide, and to create pressure.

Dr. (Smt.) Mira Shiva :

Dr. Shiva stated that she had been involved from 1982 in the process which led ultimately to the passage of this Act. In the early 1980s, amniocentesis was the most prevalent method of prenatal sex determination. By the end of the 1980s, ultrasonography had become the most prevalent technique.

Five action areas are there for effective implementation of the objectives of the Act. These are :-

- (i) Women's issues
- (ii) Legal Action
- (iii) Medical technology
- (iv) Medical ethics and

(v) Medical education.

She stated that female foeticide was a form of violence against women. Women were aware of the Act and of the rampant misuse of pre-natal sex determination, but were reluctant to report it for various reasons. The entire issue was linked to prevalent social practices like dowry. There was a feeling that if Acts intended for prevention of dowry, prevention of child marriage etc. cannot be enforced, this Act also stood little chance of being enforced.

She stated that only women's organisations have been vocal on the issue of implementation of the Act. The medical profession has largely been silent, and was now being compelled to act by law. Similarly, the laws of the country and the judiciary also needed to be more gender sensitive. Population education or sex education should necessarily have a large input of gender sensitivity. Teaching reproductive anatomy, physiology etc. would be of little use without gender sensitivity. People needed to have confidence in the survival with dignity of the girl child, if female foeticide was to be prevented. Dr. Shiva stated on the basis of studies conducted by her organisation that 3 districts of Punjab had been identified as the worst offenders in the country in the matter of pre-natal sex determination and abortion of female foetuses. In Bhatinda, practically every street had an ultrasound clinic indulging in pre-natal sex determination.

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⑩ d-o letter from Secy (Fw) to C.S., Punjab, to set up appropriate Authorities/Advisory Committees, and to check the rampant misuse in Punjab.

Dr. S.P. Agarwal, DGHS :

Dr. Agarwal stated that while social aspects had been discussed at length, the medical aspects in implementation of the Act needed some consideration. The Indian Medical Association needed to be involved in implementation of the Act and the subject should be carried into the curricula of the medical colleges. Currently, pre-natal sex determination by ultrasound is being done starting from the eleventh week of pregnancy. The second trimester abortions in women having one or more daughters were the most likely for being cases of abortions consequent on sex determination, and such abortions should be made notifiable under law.

Shri Y.N. Chaturvedi, Secretary, Family Welfare

Responding to the suggestion for compulsory notification of certain categories of abortions, Shri Chaturvedi stated that presently it was estimated that only 10 percent of the abortions done were being reported at all, and it was unrealistic to expect that any particular category of abortions would be notified by the doctors carrying out the procedure.

Smt. Renuka Chaudhury, MoS:

Concluding the meeting, MoS appreciated the large number of inputs furnished by the members of the Board. She stated that a society more aware of gender issues was needed. Among other things, the laws contributed to preference for the male child. The term of employment are adverse to women, and women tend to get paid less for the same work done. Inheritance laws were also

adverse to women except in a few States like Andhra Pradesh, Tamil Nadu, Karnataka etc., which had amended their laws to make women coparceners in inherited property.

Despite the adverse circumstances, the Government cannot wait for the social background to change. Very often, existence of a law on the statute book gives direction to society and initiates change. The practice of sati has been practically eliminated and widow remarriage encouraged primarily by the existence of laws on the subject. The threat of punishment and social standards set by law contribute greatly to social change.

MoS stated that the Department of Family Welfare would write to the Indian Medical Association and to FOGSI requesting their assistance and cooperation in implementation of the Act. The suggestions made on behalf of the Government of Uttar Pradesh and West Bengal would be examined for incorporation.

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On IEC efforts, she stated that publicity support to such Acts can never be enough. It is not the woman's responsibility to prevent foeticide. The issue should not be converted into a gender based issue, as such handling of issues often tended to antagonise other sections of society. The fact of pre-natal sex determination being illegal should be displayed prominently at all registered facilities. The Department, she stated, is actively considering utilising NGOs, including women's organisations, to detect, investigate and report cases of illegal pre-natal sex determination. Advertising, by itself, would not be

Refer Point
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⑧ d.o. letter from Secy (FW) to national level heads of IMA/FOGSI/IAP, and to call a meeting.

⑧ draft already put up

163

effective as the target audience is not open to the ideas conveyed through the advertisements.

Action
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She stated that two sub-committees would be set up from among the members of the Board to look into the legal aspects and IEC aspects of implementation of the Act.

The meeting ended with a vote of thanks to the Chair.

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② To propose two sub-committees, with TOR.

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