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MINUTES OF THE THIRD MEETING OF THE CENTRAL SUPERVISORY  
BOARD HELD ON 31ST AUGUST 1998 IN NIRMAN BHAWAN, NEW DELHI

Sh. Dalit Ezhilmalai, Minister of State for Health & Family Welfare (independent charge) chaired the third meeting of the Central Supervisory Board held on 31.8.98 in Nirman Bhawan at 10.30 A.M. A list of participants is attached.

After the Minister welcomed the members for the third meeting of the Board, Secretary(FW) explained the background of the Pre-Natal Diagnostic Techniques (Regulation & Prevention of Misuse) Act which has come into force in all parts of the country except the State of Jammu & Kashmir w.e.f. 1st January, 1996. He mentioned that all States have notified the Appropriate Authorities. However, he felt that notifying the Authorities is not enough for effective implementation of the act. He highlighted the need for having more than one Appropriate Authority in large States and appreciated that in some States Appropriate Authorities have been notified at district level and Advisory Committees have also been constituted for such district level authorities. As action against wrong-doers has not yet started, he requested States to be pro-active for booking the offenders. He mentioned that the implementation of the Act was also discussed in the Conference of Secretaries of States/UTs held on 27-28th August, 1998 in New Delhi and all the States have been requested to take recourse to sending decoy customers to the suspected facilities where illegal pre-natal testing is carried out, as has been done in one case in Maharashtra. He also suggested that the help of social activists can also be taken for booking offenders.

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Sh.K.S.Sugathan, Member Secretary, then presented a brief description of the agenda items.

Agenda Item No.1: Change of membership of the Central Supervisory Board.

The chairman appreciated the services rendered by the outgoing members and welcomed the new members from Parliament and States.

Agenda Item No.2 : Action taken on the recommendations of the Central Supervisory Board in its meeting on and Agenda Item No.4 : 9th September, 1997; and Status of implementation of the Act.

Shri B.A. Agarwal of the Ministry of Law & Justice mentioned that the gap of nearly one year between the second and third meeting is not appropriate as the Act allows a gap of not more than six months between two meetings. The Member Secretary explained that State level workshops are being organised for creating awareness about the provisions of the Act. He mentioned that the proposals received from States are being favourably considered by the Department.

Smt.Urmila Ben Patel suggested that agencies doing good job in the implementation of the Act should be identified for recognition.

Dr.(Mrs.) Mira Shiva suggested that baby-friendly hospitals could be utilised for creation of awareness about the advantages of female children. She also suggested that action may be taken to ensure that the facilities engaged in pre-natal diagnostic techniques are duly registered. She, however, cautioned that while implementing the Act for detecting the cases, women should not inadvertently be put to any kind of trouble. The onus for conducting illegal pre-natal tests should lie with the doctor.

The Member Secretary clarified that under the provisions of the Act, the Court shall presume unless the contrary is proved that the pregnant woman has been compelled by her husband or the relatives to undergo pre-natal diagnostic test. This provision rules out harassment of women by prosecuting agencies.

Ms. Jaya Arunachalam was of the view that doctors have to take a moral stand and dissuade the client from opting to undergo pre-natal test. Awareness campaigns should be held for medical professionals and also for the general public, particularly the illiterate people, keeping the present-day social environment in view.

Minister of State stated that pre-natal tests followed by abortion of female foetus are conducted mainly in urban areas and much less in rural areas. He invited feasible suggestions for overcoming this problem in the urban areas.

Smt. Urmila Ben Patel suggested that running programmes for creation of awareness against discrimination towards females, collaboration with Indian Medical Association and with medical professionals/ para-medics would be required for eliminating the evil of female foeticide.

Ms. Jaya Arunachalam remarked that change of attitude towards women in families is a pre-requisite for change in the mind-set of the people at the grass root levels. This would require gender sensitive programmes for all levels including doctors. Further, networking and inter-personal communication within the community is all the more important.

Dr. Mira Shiva was disappointed to note that when the open violence against women, dowry system etc. cannot be checked,

implementation of the Pre-Natal Act would also pose a difficult question. She, however, suggested that database on violence against women should be set up by the Health Ministry.

Shri Vijay Bhaskar of the Department of Women and Child Development stated that 65 districts have been identified where sex ratio is low. Further they have prioritised districts on the basis of highest IMR, highest female child mortality, higher incidence of violence against women, etc. Special projects are proposed to be financed by the Department for improving the situation in the prioritised districts.

Smt.Urmila Ben Patel desired to know the names of the 65 districts and also suggested that more districts may be added to the priority list at a later stage.

The Member Secretary mentioned that although the Department of Family Welfare had invited proposals from four selected NGOs including VHAI for forwarding proposals for creating awareness and facilitating implementation of the Act, only two proposals have been received. Out of these, only one proposal can be pursued as VHAI, which appraised the other proposal, has given an unfavourable report regarding that NGO. Proposal of VHAI itself is still awaited.

Secretary(FW) clarified that due to inter-linkages of the issues involved in social problems like this, the wider issue of gender sensitivity is being addressed through NGO programmes and IEC programmes. He suggested that VHAI may identify capable NGOs for taking up such projects and may persuade them to forward proposals to the Government. Awareness programmes are also being taken up through Zilla Saksharata Samitis.

Smt. Urmila Ben Patel suggested that private nursing homes may also be involved in conducting the awareness programmes. Cooperation of IMA/FOGSI can also be solicited for achieving the results. She also suggested that necessary amendments to the Act may be made for making advice of two doctors mandatory before undertaking pre-natal test in any genetic lab or genetic clinic and to abort a foetus.

Mrs. Kumudesh Bhandari observed that the implementation report presented at agenda item no.4 shows a very dismal picture. She presented a summary of the status of implementation of the Act. She emphasised the need for ensuring that the State Governments take appropriate action for effective implementation of the Act and also to create awareness against the use of amniocentesis/ultra sound/biopsy, which contravene certain provisions of the Act. She suggested that doctors who violate provisions of the Act should be dealt with severely. She also mentioned that exemplary action against a few prominent testing facilities will have a deterrent effect on others. She also suggested that experts in the field may also be called in the meetings of the Board so that the advantage of their expertise could be put to use by the Board. She suggested the name of Dr. D.K. Tank, former President of FOGSI for being invited to the Board meetings. She was also of the view that sub-committees of the Board may be constituted as decided in the previous meeting.

Member Secretary clarified that the draft regulation under the Act may be first modified for *inter-alia* constituting Sub-Committees and action in this regard can be taken afterwards.

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Dr.S.P.Aggarwal mentioned the need for concentrating on radiologists and technicians for checking the illegal practice of pre-natal testing. If a woman having two or more daughters and no son and undergoes MTP, it can be construed as an almost sure case of selective foeticide. Such persons and the radiologists concerned who have tested these cases may be zeroed in. He suggested that principals of all medical colleges in the country may be persuaded to call a group of doctors and give an appropriate lecture to the Group for about an hour for creation of effective awareness about the Act among the medical professionals.

Agenda Item No.3: Draft Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Regulations, 1998.

Shri B.A. Agarwal of the Ministry of Law & Justice stated that the draft regulations attached with the agenda note do not mention the procedure for transaction of business, place of meetings, staff and their condition of service, although the Act mentions that regulations may be made for all these. He also felt the need for making a provision for constituting Sub-Committees of the Board.

Smt. Kumudesh Bhandari stated that the Regulations should mention the mode of despatching meeting notices, for which her preference was Speed Post. She also suggested to make provision in the regulation to disqualify members not attending a prescribed number of meetings consecutively. She also suggested that meetings be held in different places of the country so as to energise the State Governments concerned.

Ms. Jaya Arunachalam was of the view that meetings may be

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held at places where the problem of pre-natal testing is very rampant so that the people in those regions will also come to know of the existence of an Act like this.

Smt. Urmila Ben Patel suggested that if the meetings are held during the Parliament Session, it should be held in Delhi only.

It was decided to modify the Regulations taking into account the suggestions in the meeting and to put up revised Regulations before the Board in next meeting after legal vetting.

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

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