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33

Minutes of the Meeting of the Central Supervisory Board (CSB) constituted under the PNDD Act held at 10.30A.M. on 11 May 2001.

A list of Members and special invitees who attended the meeting is annexed.

After brief introduction by the newly constituted Members of the CSB and Special invitees, Smt. Meenakshi Datta Ghosh, Joint Secretary (Policy), Department of Family Welfare, welcomed all the participants. She explained the importance of the meeting and the background in which the meeting was being held particularly about the results of the Census, 2001 which showed adverse sex ratio in most of the States and the Order of the Supreme Court in a Public Interest Litigation filed by the Centre for Enquiry into Health & Allied Themes (CEHAT) about pre-conception sex selection, female foeticide and female infanticide cases occurring in all parts of the country and more particularly in the northern Indian States of Punjab, Haryana, Himachal Pradesh, Delhi and Rajasthan affecting overall sex ratio. It was explained that the Hon'ble Supreme Court expressed concern over the tardy progress made in the implementation of the PNDD Act in various States. The copy of Supreme Court Order dated 4th May, 2001 was read out and circulated among the participants.

The Court has finally directed that Central Supervisory Board and the States/UTs are to report the progress made in the matter to the Supreme Court on or before 30th July 2001. The matter has been ordered to be listed on 6.8.2001 for further directions.

It was explained by her to the participants in the meeting that in the latest Census Report the sex ratio has shown improvement in the overall figures of the last census. Number of females per thousand males was 927 in 1991 and it is 933 in 2001. The

32

figures in the age group 0-6 years are quite worrisome. Pre-conception sex selections, female foeticides and female infanticides seem to be the main contributors. In the light of emerging technologies, it has become necessary to consider certain amendments to the PNDT Act. Also certain immediate steps have to be taken to ensure implementation of the Act at State/UT level. The deliberations of the Board will give suitable directions and guidelines on the issue. The Small Family/One Child Norm policy of China and its affects were also mentioned in brief.

The Chairman of the Board (Dr. C.P. Thakur, the Hon'ble Minister for Health & Family Welfare) acknowledged that the situation is really painful. On one hand we worship women as goddess and on the other hand we practise female foeticide/infanticide. He explained the main reasons of declining sex ratio. He informed that he had already brought this to the notice of all the Chief Ministers of the States alongwith other adverse findings of the latest census. The sex selections/female foeticide/female infanticide and pre-conception sex selection (separation of X and Y chromosomes) and high maternal morbidity needs to be immediately tackled, particularly in view of the recent directions of the Hon'ble Supreme Court. The Medical Council of India has to impose strict code of conduct disqualifying the doctors indulging in pre-conception sex selection/female foeticides. Such doctor should be debarred from practicing medical profession. He reminded that the situation is worse in the affluent regions of Punjab (793), Haryana (820), Chandigarh (845), Delhi(865) and Himachal Pradesh (897). He agreed that some of the reasons for consistently low levels of sex ratio are (i) neglect of the girl child resulting in their higher mortality at young age, (ii) high maternal mortality, (iii) female foeticide/infanticide, (iv) male bias in enumeration of population and (v) sex selected female abortions. Sex selected female abortions/female foeticide/infanticide are matters of great concern to us. There may be socio-economic reasons for this .(e.g. practice of dowry and son preferance in the family). Though the PNDT Act was enacted and enforced in this country w.e.f. 1.1.96, it has not made significant impact. Its implementation has not been upto the mark at the States/UTs levels. Under this act determination and disclosure of sex of the unborn child (foetus) is prohibited and is a penal offence. Yet the practice of pre-conception sex selection/female

31

foeticide/infanticide is being followed. The States/UTs have been advised to mount effective awareness campaign to make public and service providers aware of the provisions of the Act. States/UTs have also been advised to provide protection to social activists and NGOs giving information or filing complaints of violation of the provisions of the Act. Workshops/Seminars are being organized at State/district levels to create awareness about this Act. The cooperation of the NGOs has also been sought for listing the names and addresses of the premises where medical termination of pregnancies (MTP) are being performed with a view to detect unregistered units. Recently, the Hon'ble Supreme Court has given certain directions to both the Central Govt. and State/UTs Govts to, inter alia, give wide publicity for generating awareness about the Act. Further the Act may need amendments so as to cover new technologies emerging for diagnostic techniques as well as pre-conception sex selection. The Hon'ble Minister hoped that all these matters will be looked into by this Board by meeting regularly.

The Hon'ble Minister invited all the participants for a fruitful discussion on the issues and requested them to give suggestions for successful implementation of the Act.

Agenda Item No. 1

The Action taken status on the issues raised in the meeting held on 3.2.2000 was noted by the Members.

Agenda Item No. 2

Shri A.R. Nanda, Secretary (FW) informed that Appropriate Authorities have been appointed in all States. Advisory Committee(s) has been appointed in all States except in Bihar. These statutory bodies have been constituted for all UTs by the Central Government except in Lakshadweep where the Advisory Committee could not be

30

constituted for non-receipt of the proposal from the U T Administration even after repeated reminders.

The concerned State Government/UT Administration are required to send a report regarding the status of the implementation of the Act to the Central Government. These reports do not reflect the correct position and many States have either given nil reports or sent no report at all.

National Level Non-Governmental Organisations are being involved to conduct projects for generating awareness about the provisions of the Act, among doctors/clinics/law enforcing authorities and public at large. Grant-in-aid has also been released to two NGOs viz. Orissa Voluntary Health Association and Voluntary Health Association of India, New Delhi to conduct seminars and workshops and other Information, Education and Communication (IEC) activities in the States of Orissa, Punjab, Madhya Pradesh, Uttar Pradesh, Himachal Pradesh, Rajasthan and Tamil Nadu.

Shri A.R. Nanda, Secretary (FW) invited VHAI to make a presentation on the activities undertaken by them in this regard.

Dr. Meera Shiva, Executive Director, VHAI, New Delhi, made a presentation and distributed some posters developed by them in favour of female child and against female foeticide. Transparencies were shown for creating awareness about PNDT Act/MTP Act/Dowry Act and other Acts like those concerning property rights for women. Dr. Meera Shiva specifically mentioned that the root cause of bias against female is the dowry that a family has to prepare for marriage of their daughter. She advocated that registration of abortion clinics under MTP Act and PNDT Act are to be seriously reviewed. The principle of equal pay for equal work and Erricsson's method of sex selection before birth/conception need to be properly brought home to the people in rural areas. Role of doctors should be specifically taken care of. Provisions of MTP Act should be strictly imposed in rural areas. Dowry practice is the main reason for female foeticide/pre-conception sex selection/female infanticides. Son is considered as bread-

28

earner for the family, whereas daughter is considered as a social burden and a liability. Girls have no share in property. Baby Friendly Hospitals should be there. Registration of pregnancies should be made. During scrutiny of pregnancies/abortions records, the women should not be penalized. All records relating to women mortality should be strictly scrutinized/audited. Dr. R.S. Dahiya's research on the subject in Haryana was lauded. Medical Council should disqualify doctors doing sex selective abortions. **Third party complaints should be recognized under Law.** A short film and two video spots on female foeticide were shown which were appreciated by the participants.

Prof. Usha Nayyar of Third World Centre for Comparative Studies stated that there is a mis-conception in the minds of rural people that the clinics performing sex selection tests are there with machines installed with the permission of govt. to reduce child birth. Since girl child is considered as a curse on the parents, the rural people go in for inhuman techniques of abortion if a female foetus is detected. MTP Act and PNDDT Act are being considered as female child birth control measures. A sincere appeal to the medical fraternity is needed. The medical professionals should rise above profit making motives and stop female foeticide.

Dr. Ravindra of IIT, Mumbai, was of the view that only government hospitals should be allowed abortions under MTP Act and tests under PNDDT Act. There should be incentive for birth of girl child with political backing. Licenses given to private clinics/nursing homes under MTP Act and PNDDT Act should be cancelled as their entire motive is profit making. Every doctor and medical professional should be carefully watched and they (doctors/medical professionals) should be aware of the same. The existing Acts are not complete. Legislations of Maharashtra and Goa are better. Medical Council of India Act should also be amended. Vigilance Committees should be set up.

Dr. Sabu George of Bangalore congratulated the Hon'ble Minister for taking the Supreme Court's directions seriously at such a short notice. He informed that Govt. of Tamil Nadu has registered a lot of clinics under PNDDT Act. Registration is slow in Kerala and many other States. Implementation of PNDDT Act is very slow. Hardly anything has

28

been done to arrest disclosure of the sex of unborn child. The only source of sex ratio is SRS. In rural areas, there are 104.8 boys per 100 girls. In urban areas there are 106.7, in Punjab 113.6, in U.P. 110, in Haryana 110.8 and in Tamil Nadu 107.1. The girls, if they are allowed to be born, die generally in the first year of their life. Dr. George wanted the PNDT Act to be extended to J&K. The sex ratio in J&K and cases of female foeticide are there like Punjab and Himachal Pradesh. He was of the view that in terms of Oxford Dictionary "pre-natal" includes pre-conception. He made a passing remark that Indian Medical Association (IMA) is a patriarchal society and they are not much interested in stopping the deteriorating sex ratio. He stated that the situation is still worse in China, where women are not available for marriage. He wanted that all the machines conducting the tests under PNDT Act need to be registered. He was not convinced about the stand taken by government about the ICMR's opinion on the applicability of PNDT Act to pre-conception sex selection procedure.

Dr. Anuradha of Indian Medical Association (IMA) explained that IMA is not a patriarchal society. It has no authority to enforce PNDT Act or MTP Act. It can only create a pressure to see that doctors do not do anything wrong. IMA is very much in favour of enforcing MTP Act and PNDT Act.

Ms. Leena Mehendale, Joint Secretary, National Commission for Women, stated that IMA has been doing a lot of good work to generate awareness against female foeticides. If possible, they may use their good offices to pressurize doctors to put a signboard in front of their clinics that sex determination tests or any other test leading to female foeticide are not conducted by them. She desired that a representative of the National Commission for Women should be there on the Central Supervisory Board. She felt that pre-conception sex selection tests fall within the ambit of PNDT Act. It is only a question of interpretation. She informed that sex related data in respect of 0-6 years age group is available with District Collectors taluka-wise/village-wise.

Dr. K. Kalaivani of NIHFV felt that districts where sex ratio is improving should also be identified.

27

Shri A.R. Nanda, Secretary (FW) intervened that Census 2001 figures about sex ratio of 0-6 age group will come after some time. Excepting Kerala, the sex ratio figures are not good. Changes are taking place. We have to promote awareness campaigns. Railways could also be part of the campaign in as much as the message could be conveyed by writings in the railway compartments.

Dr. Meera Chatterjee of World Bank felt that we should show better results by 2011. By then there should be all round development in all sectors including economic and social sectors affecting deep rooted practices of female foeticides. She desired that instead of 33%, the reservation for women should be 50%. Materialism should stop. The expectation of families having son that their daughter-in-law will bring machines, refrigerators, cars, scooters etc. should stop. We should promote healthy messages. She further said that interval between meeting of C.S.B. should be reduced and there should be frequent meetings. Sub-Committees may be constituted and should meet quickly/regularly.

Dr. Ashok Kumar Datta of Lady Harding Medical College felt that all the members of CSB should be given specific responsibilities for promoting PNDT Act. In this context JS(P), Department of F.W., read out the provisions of PNDT Act and the recent directions of the Supreme Court. Dr. Datta felt that registration of pregnancies should be made just like registration of deaths and births. All MTP cases should be audited.

Prof. D.D. Guru of A.N. Sinha Institute of Social Studies, Patna, felt that the members of CSB can do a lot within the existing provisions of the Act. Like Child Labour Act, PNDT Act is also being misused. The position in 5-6 States is very bad, particularly in prosperous areas. There should be a detailed study keeping in view the census figures. There should be stringent penalties on clinics doing illegal acts. Pregnancies should be registered.

26

Dr. Joginder Singh, Director of Health & F.W., Punjab, admitted that his State is the worst in respect of deteriorating sex ratio. The reasons therefor are very deep rooted. There is no health awareness there. Social Organizations must come out to help the people in Punjab for generating awareness about the welfare of the girl child. Socio-Economic problem should be tackled. Mother of the girl child should not be victimized. Males should have specific responsibilities. There should be a law to punish dais and ANMs who are conducting abortions. The laws should be more strict.

Dr. B. D Sharma, Consultant, Govt. of Himachal Pradesh, informed that the problem varies from district to district. The districts bordering Punjab are bad and the other districts are having good sex ratio. They have been finding it difficult to enforce the PNDT Act there. There has been mushroom growth of ultrasound machines in the State. Powers should be delegated to Panchayati Raj Institutions to file complaints under the Act. Basically, the problem is socio-economic in Himachal Pradesh.

Prof. Alakh Sharma, Director, Institute of Human Development, New Delhi, felt that the PNDT Act should be enforced. The clinics performing illegal abortions should be identified and penalized. Registration of pregnancies will work as a pressure. The Appropriate Authorities should be more active.

Dr. Manmohan Sharma of VHAI, Punjab, stressed that the third party complaints should be registered against female foeticides under the PNDT Act.

Prof. S.S. Aggarwal of Centre for Genetic Studies, SGPGI, Lucknow, felt that pre-conception sex selection was difficult and cumbersome process and not a common practice.

Dr. Rajeshwaramma V. , M.P. (Lok Sabha) felt that PNDT should be fully implemented to reduce female foeticide. Atrocities on women should be stopped. Special attention should be given to the education of girls. The impression that male child promises security should be removed.

25

Mrs. Abha Mahto, M.P. (Lok Sabha) felt that there should be extensive Central Government sponsored campaign for generating awareness about the Act in Jharkhand . Status of equality between boy and girl should be part of the campaign. Dowry system should be removed. A girl can also do what a boy can do.

Dr. Raj Baweja, Member, Central Supervisory Board, felt that so far there has been no change in the situation. In fact, there has been rise in female foeticide cases. Record keeping is not proper. Education and employment of women can improve the situation. Doctors should be responsible.

Dr. Tripathi of Orissa, Voluntary Health Association felt that State level seriousness could be helpful to improve the situation.

Shri A. Raja, Hon'ble Minister of State for Health & Family Welfare felt that mere legislation is of no use unless mindset of the people is changed. PNDT Act is an important legislation. It will be modified/amended on the basis of the suggestions given here.

Agenda Item No. 3

Need to amend the Act keeping in view the new technologies.

In order to strengthen the Act so that it covers new technologies it was decided to constitute a sub-committee on technical issues. Similarly a need was felt to have a sub-committee of the board to suggest implementation strategies. Accordingly the following two sub-committees were constituted: -

(24)

1. Technical Sub-Committee to re-examine the PNDDT Act with the following composition and terms of reference.

Technical Sub-Committee

Composition:-

1. Secretary (Family Welfare) - Chairman
2. Director General of Health Services, - Member
Nirman Bhawan, New Delhi.
3. Dr. S.S. Agarwal, Prof. Medical Genetics - Member
SGPGI, D-13 Vivekananda Puri,
Lucknow-226002.
4. Dr. Anuradha Kapur, Asstt. Secretary, - Member
Indian Medical Association, New Delhi.
5. Dr. Mira Shiva, Voluntary Health Association - Member
of India, New Delhi.
6. Dr. Asha Oumachigui, Professor, Department - Member
of Obst. And Gynae., JIPMER, Pondicherry-605006.
7. Dr. Manorama Thomas, Head, Department of - Member
Anatomy Genetics (Retd.), St. John Medical
College, Bangalore.
8. Dr. S. Suresh, Director, Mediscan Prenatal - Member
Diagnostic and Fetal Therapy Centre,
203 Avvai Shanmugham Road, Royapettah,
Chennai-600014.
9. Dr. Sabu George, 327 Prasanth Nagar, - Member
Medical College (P.O.), Thiruvananthapuram-695011.
10. Shri D.R. Meena, Joint Secretary and Legal - Member
Adviser, Ministry of Law and Justice,
Shastri Bhawan, New Delhi.
11. Prof. M.K. Bhan, Department of Pediatrics - Member

AIIMS, New Delhi.
12. Dr. A.K. Datta, Director. - Member
Kalawati Saran Children's Hospital, New Delhi.

Terms of Reference

1. To re-examine the existing provisions of the pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 to cover:

- Changing Technologies such as pre-conception sex selection.
- Matters connected with the registration of clinics, radiological laboratories etc. who conduct tests on foetus.
- Provisions in other related Acts.

The Committee will submit its report to the Chairman of the Central Supervisory Board in the next meeting.

The TA/DA to the non-official Members of the Committee will be paid by the Department of Family Welfare as admissible under Government Rules. The TA/DA of the official members would be paid by the respective Government Department/Institutions to which they belong.

II. Sub Committee on Implementing Strategy under the Central Supervisory Board with the following composition and terms of reference

Sub Committee on Implementation Strategy


Composition

1. Secretary(FW), Ministry of Health and Family Welfare Chairman
2. Dr. Meera Chatterjee, World Bank, Member

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- 55 Lodi Estate, New Delhi.
3. Dr. K. Kalaivani, Head of Department of Reproductive Bio-Medicine, NIHFW, Munirka, New Delhi. Member
 4. Prof. Alakh N. Sharma, Director, Institute of Human Development, IP Estate, IAMR Building New Delhi-110002. Member
 5. Representative of National Commission for Women 4, Deen Dayal Upadhaya Marg, New Delhi Member
 6. Ms. Mira Shiva, Voluntary Health Association of India, New Delhi. Member
 7. Dr. Manmohan Sharma, Voluntary Health Association of Punjab, Chandigarh. Member
 8. Dr. Sabu George, 327 Prasanth Nagar, Medical College (P.O.), Trivananthapuram – 695011. Member
 9. Dr. Ravindra R.P. 22-QIP Quarters, IIT, Hill Side Powai, Mumbai-400076, Member
 10. President, Family Planning Association of India Mumbai. Member

Terms of Reference

1. Evaluate the implementation of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994.
2. Evolve a suitable mechanism to identify agencies doing good work in effective implementation of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994.

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3. Collection of Data related to implementation/violation of the Act.
 4. Conduct independent study through qualified personals, medical research centers/institutions for collection of authentic information.
 5. Sensitizing of the people about the provisions of the Act.
 6. Strengthening the Information, Education and Communication activities.
 7. Implement the directions of the Supreme Court, if any, in connection with the implementation of the Act.
 8. Any other activity found necessary by the Central Supervisory Board for the effective implementation of the Pre-natal Diagnostic Techniqueds (Regulation and Prevention of Misuse) Act, 1994.

The Committee will submit its report to the Chairman of the Central Supervisory Board in the next meeting.

The TA/DA to the non-official Members of the Committee will be paid by the Department of Family Welfare as admissible under Government Rules. The TA/DA of the official members would be paid by the respective Government Department/Institution to which they belong.

Agenda Item No. 4:

Noted.

20

Agenda Item No. 5:

With a view to provide secretarial assistance to the Central Supervisory Board and the Sub-Committees and to attend to matters relating to PNDT Act, it was found necessary to set up a separate cell in Department of Family Welfare with the following staff:-

1. Consultant:	-	1
2. Assistant Commissioner	-	1
3. Section Officer	-	1
4. Investigators	-	2
5. Assistants	-	2
6. PA	-	1
7. LDCs	-	2
8. Daftary	-	1
9. Peon	-	1

It was decided to constitute the above cell and create the proposed posts.

Agenda Item No. 6:

All the participants were of the view that timely action may be taken to implement the Order passed by the Hon'ble Supreme Court.

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