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4TH MEETING OF THE CENTRAL SUPERVISORY BOARD (CSB) HELD ON 3RD FEBRUARY, 2000 AT 4.30 P.M. UNDER THE CHAIRMANSHIP OF SHRI T. SHANMUGHAM, MINISTER OF STATE (HEALTH & FAMILY WELFARE).

A list of participants is placed at Annexure-I.

While welcoming the members Shri Shanmugham explained that the chief philosophy during the Pre-Natal Diagnostic Technique procedures is to facilitate the detection and if necessary, the pre-emption of genetic or chromosomal disorders. However, in our country on account of the 'son' preference there is a growing tendency to determine the sex of the foetus and if it happens to be a female foetus, sometimes steps are taken to terminate the pregnancy. Misuse of the procedures contained in the Pre-natal Diagnostic Techniques Act, has led to increasing female foeticide. The implementation of this Act rests with the concerned States/Union Territories. The reporting of the cases, however has been negligible, though, in some States the practice appears to be common. Therefore, all States and Union Territories must generate awareness, together with information and counselling about the provisions of the Act and evolve programmes for gender sensitisation. Finally, there is an urgent need to book offenders violating provisions of the Act. Ministry<sup>of</sup> State, then invited the members to give their valuable suggestions for implementation of the Act more effectively.

Commenting on the recommendations made by the Board in its earlier meetings, Mrs. Kumudesh Bhandari stated that there was no identification mechanism for recognition of agencies, which are doing good work in Pre-natal Act. Although the task is difficult but this may help. Likewise sufficient feedback may be made available on various activities undertaken during the year. The members would be interested in knowing about these developments. She emphasised on securing positive response from private nursing homes, and larger number of NGO's.

Dr. S.S. Agarwal expressed concern about non-availability of data or authentic information with regard to genetic procedures leading female foeticide. Some degree of research was necessary. He suggested that independent studies must be conducted through qualified personnels, medical research centres/institutions which are involved in family welfare programme. Some mechanism needed to be evolved for collection of authentic information. He further said that looking to the changing technologies and methodologies adopted in genetic procedures there was a need for reviewing the Act.

Dr. Meera Shiva of Voluntary Health Association of India agreed with the observations made by Dr. Agarwal that there may be newer technologies that may be used in sex determination. Baby friendly hospitals are not really girl-child friendly. There is no decline in the practice of sex determination of foetus. Clinics and laboratories are openly indulging in this practice. It is necessary that representatives from National Commission for Women and Department of Women and Child Development and similar other organisations involved in the field of women empowerment may be associated with this work for long-term results. The implementation of this Act alone would not be able solve the problem. The other Acts for ensuring survival of women may be linked with the implementation of this Act. Violence against women is increasing in general. Also, there is need for sensitising people to know about 'X' & 'Y' Chromosomes.

Mrs. Jaya Arunachalam said that misuse of technology for sex determination of foetus is mainly to earn more money. The Act should be made more stringent. At present, nobody is taking the provisions seriously. Offenders should be brought to book. These provisions may be used on case to case basis. Implementation of the Act is very important. A social and physical

environment has to be created. Punitive provisions have to be specified. Sensitisation has to be generated at the grassroot levels. Female child is a victim of exploitation. Gender sensitivity has to be codified. Medical fraternity has to share responsibility for it and therefore they have to play an important role to stop the activity. We may think of sending decoy customers. It should be in our plan of implementation.

Dr. Mira Shiva said that this was happening nowhere in the World except India and Bangladesh. The Act should not be implemented in isolation. More facilities should be provided to women in Government hospitals. There should be amendment in Acts like Dowry Act and Property Act. She also suggested that this activity should be brought under the purview of RCH programme.

Dr. S.S. Aggarwal further said that the Act has not achieved the desired goal. The Act regulates only the practice of genetics whereas ante-natal diagnosis of sex has nothing to do with the practice of genetics. Great majority of ante-natal sex determination is now done by the use of ultrasonography. This technique is now used by radiographers. They have nothing to do with genetic counselling etc. Therefore, they are not covered within the purview of the Act. It may be stated that the problem of female foeticide is more a cultural and social problem rather than a medical one. The present Act does not take care of this aspect. Thus the most effective approach will be to enact a social Act in preventing all kinds of discrimination against women.

Dr. Prem Aggarwal of Indian Medical Association was of the view that there are many quacks who are working in this field. Sophisticated technology is available now-a-days in this field. We have to take stock of the situation regularly otherwise, it would lead us to nowhere.

The responsibility for such a situation lies on medical fraternity. There should be concerted effort to pass the message through advertisement in papers, magazines and electronic media. IMA as an Association can do it if its hands are strengthened by the Government. All the doctors are enlisted with the Association. Provisions of the Act can be brought to the notice of all. Medical community should know that this Act is a preventive Act and this will help in combating the problem.

Dr. Rajiv Saran said that all the State Governments may notify some of the persons involved in this field. A meeting in the States will focus more on this Act.

While appreciating the several sound suggestions made by the Members, Secretary (Family Welfare ) assured them that the meetings of the Board will be held regularly, at least once in six months. The delay in holding this meeting was due to a number of factors. He assured the members that since the regulations are now in place, an exclusive Cell will be formed to ensure that the suggestions made by the members and various other issues raised in the meeting are taken care of. Looking to the suggestions and concern expressed due to non-availability of data, the programme would be made more data based. The data was available with IMA, with NGOs apart from what was available from National Crime Bureau. If need be Government could go to other sources to get some additional data.

As regards scope of the Act and its implementation, Secretary(FW) suggested to concentrate in those States and those districts and villages where complete data is available.

On a question about the Genetic Counselling Centres, Dr, Aggarwal, DGHS clarified that the motive was prevention of female foeticide. In this respect a great deal of social

awareness and advocacy need to be done. From medical point of view, we can attack the problem through MTP Act.

Many members were of the view that appropriate Authorities, Advisory Committees may be constituted in all the States. The name and addresses of such authorities may be made available to the members, and circulated.

Members took note of changes in membership of the Board.

Members expressed the view that the Department may engage special counsel to defend cases arising out of PNDT Act.

Secretary(FW) mentioned that as adequate action is lacking in implementation of the Act, there is need to send a letter from the Minister to the concerned Chief Ministers of the States informing them about the wide-spread practice of the female foeticide and request them to address the issues raised by the members. Looking to the tardy implementation and need for addressing a number of issues concurrently, Secretary proposed that a Sub-Committee may be constituted which will discuss about the innovative strategies and programmes for awareness and for advocacy and other related issues. The following composition was suggested for the Sub-Committee.

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1. Dr. Jaya Arunachalam
2. Dr. Rajiv Saran
3. Mrs. Jayaben B. Thakkar, M.P.
4. Dr. Rajeshwaramma Vukkala, M.P.
5. Dr. Mira Shiva

Further, due to technological changes, the provisions in the Act needed re-examination. Secretary (FW), therefore, suggested to constitute a Technical Sub-Committee of the CSB to advise in the matter. The members of the Committee could be:

1. Dr. S.S. Agarwal
2. Dr. Kumudesh Bhandari
3. Dr. Prem Agarwal
4. Representative from Ministry of Law.

It was decided that the next meeting of the Board may be convened during the first week of July, 2000 and the Sub-Committee meeting was proposed to be held in April, 2000.

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