

**POPULATION
STABILIZATION
& SEX RATIO**

Chapter

8

8.1 POPULATION STABILIZATION

8.1.1 National Commission on Population (NCP)

In pursuance of the objectives of the National Population Policy 2000, the National Commission on Population was constituted in May 2000 to review, monitor and give directions for the implementation of the National Population Policy (NPP) 2000 with a view to meet the goals set out in the Policy to promote inter-sectoral coordination, involve the civil society in planning and implementation, facilitate initiatives to improve performance in the demographically weaker states in the country and to explore the possibilities of international cooperation in support of the goals set out in the National Population Policy.

The first meeting of the Commission was held on 23.07.2000 after which the then Hon'ble Prime Minister announced formation of an Empowered Action Group within the Ministry of Health & Family Welfare for paying focused attention to States with deficient national socio-demographic indices and establishment of National Population stabilization fund (Jansankhya Sthiritha Kosh). This was done to provide a window for channelizing funds from national voluntary sources to specifically aided projects designed to contribute to population stabilization.

The National Commission on Population has since been reconstituted in April, 2005 with 40 members under the Chairmanship of the Hon'ble Prime Minister, Minister of Health & Family Welfare and the Deputy Chairman of the Planning Commission (now, NITI Aayog) as Vice Chairman of the Commission. The membership also includes the Chief Ministers of the States of Uttar Pradesh, Madhya Pradesh, Rajasthan, Bihar, Jharkhand, Kerala and Tamil Nadu.

NPP 2000 was reviewed/ examined by National Commission on Population (NCP) in its 1st meeting held on 23.07.2005 and again in its 2nd meeting on 21.10.2010. In these meetings, the NCP suggested on programmatic interventions and inter sectoral coordination with various line Ministries such as Ministry of Women and Child Development, Ministry of Panchayati Raj, Ministry of Human Resource Development as well as within the Ministry of Health

and Family Welfare with Adolescent Health Program under RCH Division itself.

The States have submitted action taken on the recommendations of NCP, 2010 to meet from time to time. Various programmatic interventions on the front of Family Planning for population stabilization have been compiled.

8.2 SEX-RATIO

8.2.1 Adverse Child Sex-Ratio in India

The Child Sex Ratio (CSR) for the age group of 0-6 years as per the 2011 Census has dipped further to 918 girls as against 927 per thousand boys as recorded in the 2001 Census. This negative trend reaffirms the fact that the girl child is at higher risk than ever before. Except for the States/ UTs viz. Puducherry (967), Tamil Nadu (943), Karnataka (948), Delhi (871), Goa (942), Kerala (964), Mizoram (970), Gujarat (890), Arunachal Pradesh (972), Andaman & Nicobar Islands (968), Himachal Pradesh (909), Haryana (834), Chandigarh (880) and Punjab (846), the Child Sex Ratio has shown a declining trend in 18 States and 3 UTs. The steepest fall of 79 points is in J&K and the largest improvement of Child Sex Ratio of 48 points is in Punjab. **(Annexure-I)**

Jammu and Kashmir, Maharashtra and Haryana have had the worst decline in the past 30 years in Child Sex Ratio. Among the larger States, Chhattisgarh has the highest Child Sex Ratio (CSR) of 969 followed by Kerala with 964. Haryana (834) is at the bottom followed by Punjab (846). The Census 2011 saw a declining trend even in North Eastern States except in Arunachal Pradesh and Mizoram.

Half of the districts in the country showed decline in the Child Sex Ratio greater than the national average. The number of districts with Child Sex Ratio of 950 and above has reduced from 259 to 182.

8.2.2 Reasons for adverse Sex Ratio

Some of the reasons commonly put forward to explain the consistently low levels of Sex Ratio are son preference, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female foeticide, higher maternal mortality and male bias.

Easy availability of the sex determination tests and abortion services may also be proving to be catalyst in the process, which may be further stimulated by pre-conception sex selection facilities.

Sex determination techniques have been in use in India since 1975, primarily for the determination of genetic abnormalities. However, these techniques were widely misused to determine the sex of the foetus and subsequent elimination, if the foetus is found to be a female.

8.2.3 Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994

In order to check female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was brought into operation from 1st January, 1996. The Act has since been amended to make it more comprehensive. The amended Act came into force with effect from 14.2.2003 and it has been renamed as "Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994" (PC&PNDT Act).

The technique of pre-conception sex selection has been brought within the ambit of this Act so as to preempt the use of such technologicis, which significantly contribute to the declining Sex Ratio. Use of ultrasound machines has also been brought within the purview of this Act more explicitly so as to curb their misuse for detection and disclosure of sex of the foetus, lest it should lead to female foeticide. The Central Supervisory Board (CSB) constituted under the Chairmanship of Minister for Health and Family Welfare has been further empowered for monitoring the implementation of the Act. State level Supervisory Boards in line with the CSB constituted at the Centre, have been introduced for monitoring and reviewing the implementation of the Act in States/UTs. The State/UT level Appropriate Authority has been made a multi-member body for better implementation and monitoring of the Act in the States. More stringent punishments are prescribed under the Act, so as to serve as a deterrent against violations of the Act. The Appropriate Authorities are empowered with the powers of Civil Court for search, seizure and sealing the machines, equipments and

records of the violators of law including sealing of premises and commissioning of witnesses. It has been made mandatory to maintain proper records in respect of the use of ultrasound machines and other equipments capable of detection of sex of foetus and also in respect of tests and procedures that may lead to pre-conception selection of sex. The sale of ultrasound machines has been regulated through laying down the condition of sale only to the bodies registered under the Act.

8.2.4 Punishment under the Act: The PC&PNDT Act, 1994 protects the pregnant woman but provides for the following penalties:

- for doctors/owner of clinics:
 - Up to 3 years of imprisonment with fine up to Rs. 10,000 for the first offence.
 - Up to 5 years of imprisonment with fine up to Rs. 50,000 for subsequent offence.
 - Suspension of registration with the Medical Council if charges are framed by the court and till the case is disposed of, removal of the name for 5 years from the medical register in the case of first offence and permanent removal in case of subsequent offence.
- for husband/family member or any other person abetting sex selection:
 - Up to 3 years of imprisonment with a fine up to Rs. 50,000 for the first offence.
 - Up to 5 years of imprisonment with fine up to Rs. 1 lakh for subsequent offence.
- for any advertisement regarding sex selection:
 - Upto 3 years of imprisonment and upto Rs. 10,000 fine.

8.2.5 Implementation of PC&PNDT Act in States/UTs

As per Quarterly Progress Reports (QPRs) September, 2016 submitted by States/ UTs, 54647 diagnostic facilities including Genetic Counselling

Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centre have been registered under PC& PNDT Act. So far, a total of 1633 machines have been sealed and seized for violations of the law. A total of 2352 court cases have been filed by the District Appropriate Authorities under the Act and 386 convictions have so far been secured. Following conviction, the medical licenses of 108 doctors have been suspended/ cancelled. 27.1% of total on-going court cases have been filed in Rajasthan alone, followed by 24.2% in Maharashtra. State wise details are **Annexure II**. As a result of intensification of the drive against illegal sex determination, 474 cases have been filed in 2013-2014, 288 in 2012-13, 279 in 2011-12 as compared to 157 in 2010-11.

Progress Card

Sl. No.	Indicators	Up to Sept. 2015	Up to Sept. 2016	Progress in last year
1	Total registered facilities	51795	54647	2852
2	On-going court cases under PC & PNDT Act	2140	2352	212
3	No. of cases disposed off	759	1021	262
4	No. of convictions secured	304	386	82
5	No. of medical licenses cancelled	100	108	8

8.2.6 Steps taken by the Government of India

Amendment to the 'Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996: Government of India has

notified several important amendments in the rules under the Act, as mentioned below:

- Rule 11(2) has been amended to provide for confiscation of unregistered machines and punishment against unregistered clinics/facilities. Earlier, the guilty could escape by paying penalty equal to five times of the registration fee.
- Rule 3B has been inserted with regard to the regulation of portable ultrasound machines and regulation of services to be offered by Mobile Genetic Clinic.
- Rule 3(3)(3) has been inserted restricting the registration of medical practitioners qualified under the Act to conduct ultrasonography in a maximum of two ultrasound facilities within a district. Number of hours during which the Registered Medical Practitioner would be present in each clinic would be specified clearly.
- Rule 5(1) has been amended to enhance the Registration fee for bodies under Rule 5 of the PNDT Rules 1996 from the existing Rs. 3000/- to Rs. 25000/- for Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic or Imaging Centre, and from Rs. 4000/- to Rs. 35000/- for an institute, hospital, nursing home, or any place providing jointly the service of a Genetic Counselling Centre, Genetic Laboratory and Genetic Clinic, Ultrasound Clinic or Imaging Centre.
- Rule 13 has been amended mandating every Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centre, to intimate every change of employee, place, address and equipment installed, to the Appropriate Authority 30 days in advance of the expected date of such change, and seek issuance of a new certificate with the changes duly incorporated.
- Rules for Six Months Training in ultrasound for the MBBS Doctors have been notified vide GSR.14 (E) dated 10 January, 2014. The rules include the training curriculum, criteria for accreditation of institutions and procedure for competency based evaluation test.

- Revised form F has been notified Vide G.S.R. 77 (E)-dated 31st January 2014. The revised format is more simplified as the invasive and non-invasive portions have been separated.
- Rules for Code of conduct for Appropriate Authorities have been notified Vide G.S.R. 119(E)-Dated 24th February 2014. Legal, monitoring, administrative and financial procedures have been explicitly laid down to facilitate appropriate authorities in the course of effective implementation of the PC&PNDT Act.

8.2.7 Monitoring and review of the implementation scaled up

- Central Supervisory Board (CSB) under the PNDT Act has been reconstituted. A meeting of the CSB was held on 24 June 2015 where important policy decisions were taken for effective implementation of the Act.
- Judgement dated 08.11.2016 of the Hon'ble Supreme Court in the matter of WP(C) 349/2006 were communicated to the States/ UTs at the level of Health Secretaries to ensure immediate compliance.
- In the current year 7 NIMC inspections have been conducted in the States of Arunachal Pradesh, Jammu and Kashmir, Himachal Pradesh, Rajasthan, West Bengal, Karnataka and Delhi. As a result of these NIMC visits, 3 clinics were recommended for sealing in Himachal Pradesh, in Jammu and Kashmir documents of 4 centres were seized, 2 ultrasound machines were recommended for sealing in Arunachal Pradesh, 2 clinics were sealed in West Bengal, registration of 2 clinics were suspended in Delhi were and in Karnataka 7 Clinics were sealed for the non-compliance of the provisions of the PC&PNDT Act
- National Scheme "Beti Bachao, Beti Padhao" anchored by the Ministry of WCD in partnership with MOHFW and HRD, has now been extended to 61 more districts in addition to the identified 100 gender critical districts. Ministry of Health &FW has actively participated for creating awareness and capacity building on PC&PNDT Act in all the orientation programmes/ multi-sectoral District Action Plans for the additional 61 districts.
- State Inspection and Monitoring Committees have been constituted in the States/ UTs and are conducting regular inspections. In the last quarter (July-September 2016) Maharashtra conducted maximum inspections (7318) followed by Punjab (1138) and West Bengal (826).
- A Handbook on Standard Operational Guidelines (SOG) has been developed and disseminated to the Appropriate Authorities for effective and standard implementation of the PC & PNDT Act, 1994 and Rules in the country.
- A National Capacity building programme for the Appropriate Authorities for hands on training on SOGs is planned in March 2017. Further, a session for SOGs for district authorities is also planned for all the four regional review meetings that are commencing from January 2017 onwards.
- Standardisation of online Form F and developing software for the same to minimise clerical errors for preventing unwarranted cases against the doctors has been deliberated in January at a national workshop.
- The Central Government is rendering financial support to strengthen implementation structures under NHM for including setting up dedicated PNDT Cells, capacity building, monitoring, advocacy campaigns etc. In 2016-17, Rs. 1168 lakhs have been approved for PNDT cells, monitoring and capacity building besides giving financial assistance for IEC campaigns.
- An Expert Committee has been reconstituted under the chairmanship of Joint Secretary on the recommendation of Central Supervisory Board to look into the amendments to the PC&PNDT Act. The first meeting of the Expert Committee was held on 4th July, 2016.

8.2.8 Other initiatives taken by MOHFW

- The annual function of AIIMS (PULSE) with central theme on Girl Child and significance of PC&PNDT Act was supported by Ministry of Health and Family Welfare.
- Medical Council of India has been directed to cancel registration of doctors convicted under the Act.

- A dedicated website (www.pndt.gov.in) and a Toll Free Telephone (**1800 110 500**) has been in operation to facilitate the public lodging complaint anonymously, if so desired, against any violation of

the provisions of the Act by any authority or individual and to seek PNDT related general information.

Annexure -I**Trend of Child Sex Ratio in the Last Three Census**

Sl. No.	State / UT	1991	2001	Absolute Difference (1991-2001)	2001	2011	Absolute Difference (2011-2001)
		Total	Total	Total	Total	Total	Total
	INDIA	945	927	-18	927	918	-9
1	Jammu & Kashmir	NA	941	NA	941	862	-79
2	Dadra & Nagar Haveli	1013	979	-34	979	926	-53
3	Lakshadweep	941	959	18	959	911	-48
4	Daman & Diu	958	926	-32	926	904	-22
5	Andhra Pradesh	975	961	-14	961	939	-22
6	Rajasthan	916	909	-7	909	888	-21
7	Nagaland	993	964	-29	964	943	-21
8	Manipur	974	957	-17	957	936	-21
9	Maharashtra	946	913	-33	913	894	-19
10	Uttarakhand	948	908	-40	908	890	-18
11	Jharkhand	979	965	-14	965	948	-17
12	Uttar Pradesh	927	916	-11	916	902	-14
13	Madhya Pradesh	941	932	-9	932	918	-14
14	Odisha	967	953	-14	953	941	-12
15	Tripura	967	966	-1	966	957	-9
16	Bihar	953	942	-11	942	935	-7
17	Sikkim	965	963	-2	963	957	-6
18	Chhattisgarh	974	975	1	975	969	-6
19	West Bengal	967	960	-7	960	956	-4
20	Meghalaya	986	973	-13	973	970	-3
21	Assam	975	965	-10	965	962	-3
22	Puducherry	963	967	4	967	967	0
23	Tamil Nadu	948	942	-6	942	943	1
24	Karnataka	960	946	-14	946	948	2
25	Delhi	915	868	-47	868	871	3
26	Goa	964	938	-26	938	942	4
27	Kerala	958	960	2	960	964	4
28	Mizoram	969	964	-5	964	970	6
29	Gujarat	928	883	-45	883	890	7
30	Arunachal Pradesh	982	964	-18	964	972	8
31	Andaman & Nicobar Islands	973	957	-16	957	968	11
32	Himachal Pradesh	951	896	-55	896	909	13
33	Haryana	879	819	-60	819	834	15
34	Chandigarh	899	845	-54	845	880	35
35	Punjab	875	798	-77	798	846	48

Annexure-II

State-wise status of implementation of the PC&PNDT Act as on September, 2016						
Sl. No.	States/ UTs	No. of bodies registered	No. of ongoing Court	No. of Machines Sealed	Convictions	Medical licenses suspended
1	Andhra Pradesh	2623	12	12	0	0
2	Arunachal Pradesh	58	0	-	0	0
3	Assam	749	5	3	0	0
4	Bihar	1714	129	0	1	0
5	Chhattisgarh	641	9	1	0	0
6	Goa	160	1	1	0	0
7	Gujarat	5295	0	0	15	1
8	Haryana	1860	182	241	66	14
9	Himachal Pradesh	265	1	0	1	0
10	Jammu & Kashmir	378	6	71	1	0
11	Jharkhand	710	22	0	0	0
12	Karnataka	4203	67	5	0	0
13	Kerala	1737	0	0	0	0
14	Madhya Pradesh	1588	44	20	2	2
15	Maharashtra	7471	567	462	84	68
16	Manipur	107	0	0	0	0
17	Meghalaya	41	0	0	0	0
18	Mizoram	62	0	0	0	0
19	Nagaland	49	0	0	0	0
20	Odisha	887	62	0	3	0
21	Punjab	1477	193	30	31	1
22	Rajasthan	2657	634	457	137	21
23	Sikkim	19	0	1	0	0
24	Tamil Nadu	6201	91	0	18	0
25	Telangana	3180	32	112	1	0
26	Tripura	51	0	0	0	0
27	Uttarakhand	589	48	10	1	0
28	Uttar Pradesh	5463	139	39	8	1
29	West Bengal	2691	13	19	0	0
30	A & N Islands	14	0	0	0	0
31	Chandigarh	130	1	0	0	0
32	D & N Haveli	15	0	0	0	0
33	Daman & Diu	10	0	0	0	0
34	Delhi	1570	93	149	17	0
35	Lakshadweep	9	0	0	0	0
36	Puducherry	100	1	0	0	0
	Total	54774	2352	1633	386	108