

Gender based sex selective abortion in india



Term Paper On Gender Biased Sex Selective Abortions in India For Public Public Analysis By N. K. Sudhansu PGPPM Indian Institute of Management, Bangalore 2011 ABSTRACT The population census of 2011 has given the familiar pattern of declining Child Sex Ratio (Age 0-6 years). From 976 in the census of 1961, it has come down to 914 in census of 2011 (provisional figures). Some of the States like Haryana (830) have reached a dangerous level. What is startling is the rate of decline, which has gathered momentum from the decade of 1970s.

Interestingly it coincides with the introduction of Pre Natal Diagnostic Techniques like Amniocentesis and Ultra Sonography. Because of the historical bias against the girl, female infanticide, honour killing, dowry deaths etc. have been common in our society. However, the modern, non invasive prenatal diagnostic techniques have enabled early and quick sex determination and sex-biased selective termination of pregnancy. Though it is very difficult to attribute exact numbers to sex-biased elective abortion, a recent study has estimated that the estimated gap in the girls to boy at the age of 0-6 years due to selective abortion of female fetuses in the last 40 years is between 13.3 to 13.7 millions[1]. The Government has responded to the issues of sex-biased abortions very late. Till 1971, the illegal abortions were dealt with under the provisions of IPC. In the year 1971, the Medical Termination of Pregnancy Act was passed. Though passed with good intention, it resulted in increase in sex biased abortions.

To prevent the misuse of the Pre Natal Diagnostic Techniques, the Pre-natal Diagnostic Techniques (regulation and Prevention of Misuse) Act was passed in 1994 which came into force in 1996, which provides for Advisory

committees and Appropriate Authorities for enforcing the act at the district level. Analysis of the policies and its implementation reveal that more efforts are needed both in managing the demand as well as supply of PNDDT services. Target community specific awareness generation strategy is needed. The district level apparatus needs to be strengthened and broadened to implement these campaigns.

The appropriate authorities, members of the advisory committees themselves need sensitization on the severity of the problem. On the supply side, the solutions are easier. There has been gross under reporting of both the use of ultrasonography, as well as MTPs. The experiments carried out in Kolhapur, Maharashtra of installation of SIOB (Silent Observer) with the ultrasonographs is worth taking note. Online reporting combined with SIOB has minimized the under reporting of the cases and has facilitated quick action on violators. Sensitizing the judiciary on the implementation of PNDDT Act has immensely benefited in securing speedy convictions.

The AGPs and the Appropriate Authorities need to be trained in instituting and arguing the cases as the cases under PNDDT do not go to the police for investigation.

1. Introduction

The continuous decline in sex ratio in India and particularly the child sex ratio has started to show its effects on the social setup of our society. As shown below, the pace of decline in the child sex ratio seems to be increasing. With new states like Maharashtra joining the league of declining sex ratio states, the need to take the issue seriously has grown.

At the rate of today, we are creating a shortage of more than 11 crore girls assuming 120 crore population. [pic] Caste system in India is considered to be one of the deepest rooted social phenomenon which is difficult to break completely. And the test of existence of Caste system in any society is the way marriages happen in that society. Even though, with economic development, increasing spread of education and migration, some of the caste related social behaviour is getting modified, when it comes to marriage, even in the most liberal societies in India, the search for the match is done in one's own caste.

However in some of the communities in North and western India, which are identified with the caste system, the search for bride is taking people to outside caste, region and some times even to states that are socially, culturally and linguistically totally different. The reason is that there are not enough girls in these communities to marry every boy. In fact the sex ratio in some of these communities have gone below 800. The Khandesh region of maharashtra comprising the districts of Jalgaon, Dhule, Nandurbar is dominated by the Lewa Patil community which is basically an agrarian and are categorized as OBC in the caste hierarchy.

Dowry and heavy expense is prevalent in this community. However recent trend shows that in the northern parts of the district, people have gone as far as Bengal, Jharkhand and Orissa in the search of Bride. The Child Sex Ratio in of Jalgaon district stands at 829 (2011) coming down from 880 in 2001. A huge sum of money is being paid for getting girls for marriage. The study on the effect of declining sex ratio on marriage indicate that “ Men from Uttar

Pradesh, Haryana, Punjab and Rajasthan are marrying women from West Bengal, Assam, Bihar, Andhra Pradesh and Tamil Nadu.

These unusual marriages are consequence of a combination of factors like adverse sex ratio, acute poverty and the desire of parents to escape dowry. While men from low sex ratio states of Punjab, Haryana, parts of Uttar Pradesh and Rajasthan are 'improving', 'foreign' women from the eastern and southern states as marriage partners, women too may be choosing this as a migration strategy to move from poorer to more desirable location. " An Study has shown that Low sex ratio has a large impact on the marriage practices[2].

Between Talwada Block (Sex ratio 1006, year 2001) and Ludhiana Block (Sex Ratio 854, 2001) it observes startling differences between the marriage practices. It reveals that average of the girl at which parents starts searching for groom has declined from 20. 13 in 1997 to 18. 92 in 2007 in case of Ludhiana, it has increased from 19. 7 years in 1997 to 21. 60 years in 2007. Similarly the average age females at the time of marriage has declined in Ludhiana from 22. 33 years in 1997 to 19. 76 in 2007 whereas it has increased from 20. 92 to 23 years in the same period in case of Talwada.

In contrast with the above trend, the average age of marriage of boys has increased from 23. 08 years in 1997 to 25. 37 years in 2007 in case of Ludhiana. The early marriages of girls have impacted their chances of getting higher education and pursuing independent careers. As common in traditional Indian family, a daughter-in-law generally is not allowed to pursue their careers. This trend has potential to further undermine the socio

economic status of women in India. Also the increasing age gap between the husband and the wife has its own consequences in the growth of the family.

Increasingly men are finding it difficult to find girls to marry. It is particularly true in north-western part of the country. However the trend is fast spreading to other parts of the country. Growth of middlemen getting into the business of procuring girls for marriage with men at high cost has been extensively reported in the media[3]. These are not stray incidents. The study of these cases have revealed that these purchases have often been approved by the family. This solution however works only with people who are well off. For poor people who cannot afford to spend more, there is very little choice.

So this phenomenon is impacting the poor more than the rich and is becoming another class based tension. The above mentioned happenings are just the symptoms of a problem that is fast becoming endemic to the Indian Society. The biasness of the Indian society in favour of boy child is well known and studied. There have been given several reasons, social, religious and economic. Indian society has seen the crime against women in various forms. Female infanticide was common in many parts of the country specially in the northwest and some districts of Tamil Nadu.

Neglect of girl child during early childhood and her death also have been reported as practice in some parts. More rampant has been death related to dowry and body offences including rape against the women. All these go to show that Indian society which is, barring few exceptions, strongly patriarchal, patrilocal and patrilineal, does not welcome a girl child in their

homes. The Modern methods of sex determination and termination of pregnancies have made it easier and cheaper for the families to determine the sex of the foetus in its early stages and abort it if it is a female.

The arrival of Amniocentesis and ultrasound techniques in the decade of 70s coincides with the start in the slide of the child sex ratio. [pic] Child Sex ratio in India at district level 1971-2001 (boys per hundred girls) [4] [pic] 1. 2-31. 1-1. 151 - 1. 05 1. 15- 1. 21. 05- 1. 10 - 1 Ultrasound clinics today has spread to district and taluka headquarters. According to an estimate, today there is more than 40, 000 ultrasound clinics including the mobile ones providing the services. The Child Sex ratio has over the last decades has shown the distinct urban bias as shown below.

Table: Child Sex ratio in Urban and rural areas, India 1981-2011(Source: Census) | Year | Total | Rural | Urban | | 1981 | 104 | 103. 8 | 107. 4 | | 1991 | 105. 8 | 105. 5 | 107 | | 2001 | 107. 9 | 107. 1 | 110. 4 | | 2011 | 109. 4 | 108. 8 | 110. 8 | It is widely known that Sex-biased Selective abortions are practiced in India, however it is very difficult to ascertain its quantum.

It is because, the doctors engaged in illegally determining the sex and terminating the girl child are not reporting these cases though reporting of every MTP and examination of pregnancy by ultrasound is mandatory.

Through indirect methods though, it is possible to gauge the degree of sex-selective abortions. If we carefully observe the Sex Ratio at Birth (SRB), for various orders of birth, the preference for son gets reflected. Based on the NFHS data, Retherford and Roy analysed the pattern of SRB for Haryana, Punjab and India for the period 1978-98 as below. Table ; Sex ratio at birth

by birth order, India, 1978-98 Year | India | Haryana | Punjab | | Date | 1978-92 | 1984-98 | 1978-92 | 1984-98 | 1978-92 | 1984-98 | | All birth order | 106 | 108 | 110 | 114 | 114 | 120 | | 1st birth | 105 | 108 | 109 | 110 | 109 | 101 | | 2nd | 107 | 107 | 100 | 114 | 111 | 123 | | 3rd | 107 | 108 | 114 | 129 | 117 | 136 | | 4th+ | 106 | 108 | 116 | 108 | 122 | 134 | Source: Retherford and Roy.

The above data indicates that though during the first pregnancy, the preference for son may not be felt strongly but with increasing order of birth, the preference can be inferred clearly from the data. This clearly suggests that people are engaged in selective abortions specially when they already have one or more than one girl child.

A recent study has shown that the conditional Sex Ratio at Birth (boys per 100 girls) increases sharply for higher order births given that earlier births were girl child. Based on the figures of NHFS-3 the study concludes that in the last 40 years, the approximate figure of sex biased selective abortions of female foetus is 13.7 million. The trend is shown below. [pic] Trend:

Conditional Preference for boys at various orders of birth[5] This phenomenon has been seen to be relatively independent of the income, contrary to expectations. The urban bias in preference for son and easy availability of PNDT services has resulted in relatively greater slide in Child Sex Ratio in the Urban areas.

The response of the government to the whole situation came late. During the initial years after independence, the focus was more on population control and low sex ratio was not on the agenda of policy planners. Till 1971, the Sections 312 to 315 were the only tools available for tackling illegal abortions. These sections do not tell anything about the qualifications of the

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service provider etc. In the year 1971, the Medical termination of Pregnancy Act was passed which came into force in 1972. MTP Act prescribed the who could do the abortions (the term registered medical practitioner was defined) and also the conditions under which it could be done.

An RMP was protected under law if a pregnancy is terminated in accordance with section of MTP act based on opinion formed in good faith. Pregnancies not exceeding 12 weeks may be terminated based on a single opinion formed in good faith where in case of pregnancies between 12 and 24 weeks, MTP requires opinion of two PMPs formed in good faith. Also the MTP centers needed certificate of approval from the district committee headed by the chief medical officer. This law was conceived as a tool to let the pregnant women decide on the number and frequency of children. It further gave them the right to decide on having or not having the child. However, these provisions were misused and more and more women were forced to abort the female foetus.

To prevent the misuse of the Pre Natal Diagnostic Techniques mainly the Ultra sonography, the Pre Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT Act)was passed. It was subsequently amended in 2003 to include the pre-conception techniques also in its ambit. It basically bans the determination of sex of the foetus except in certain circumstances. Most importantly it lays down a detailed system at district, State and Central level to enforce the act. At the district level, the appropriate authorities are appointed who are advised by an advisory committee. The advisory committee consists of members from medical field, legal expert (AGP) and NGOs.

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The genetic counseling centers need to be registered with the appropriate authority before start functioning. The appropriate authority has been given power of search and seizure in case of centers suspected to be violating the act. The reporting of all the analysis done in the centre has been made compulsory and punishment of three years of imprisonment and 10, 000 fine has been prescribed for violations. Despite the penal provisions and control over functioning of these sonography centres, the under reporting and illegal sex determination and termination of pregnancy has not decreased. The demand side of the service seems to have increased rather than decreasing.

So the doctors who indulge in unethical practices are willing to take risk for large financial gains. On the supply side, these centers have been mushrooming in the small towns and effectively bypassing the provisions of the PNDT Act. 2. Methodology This paper analyses of the trend of declining sex ratio in India, specifically the Child Sex ratio (0 -6 years) in the context of complexities of the Indian Society and goes on to see some ill effects of the declining Child Sex Ratio visible today. The aim of the analysis is to ascertain the effects of the policies, acts and rules on curbing the menace of sex-biased selective abortions and then find some practical ways to implement the law and thus arrest the declining trend in Child Sex Ratio.

The Sex ratio related data from the Decadal Population Census, NFHS (National Family and Health Survey) and other specific surveys/studies have been used to understand the gravity of the problem. Some detailed studies carried out in north western part of the country have been relied upon for field level data on the social behaviour aspects. The reports from the international organizations like UNFPA, UNICEF etc have also been used. For <https://assignbuster.com/gender-based-sex-selective-abortion-in-india/>

arriving at some workable suggestions regarding the implementation of PNDA act as well as awareness generation strategies, the experiences of the group members from their respective fields have been used. The field level experience in implementing the PNDA act in the district of Kolhapur and Jalgaon has been used. 3. Literature Review) Characteristics of Sex-Ratio Imbalance in India and Future Scenarios, by Christophe Z Guilmoto, LPED/IRD, Paris , UNFPA This work studies all the issues related to declining sex ratio in India. Starting from the analysis of the declining trend of Child Sex Ratio/Sex Ratio, it goes into the history of female infanticide in India and connects it to the modern methods of sex-biased selective abortions techniques. It observes that and based on the data, tries to show that the declining sex ratio is not a phenomenon prevalent only in the lower income group. It has been found not only to be income neutral, but rather has an urban bias. Christophe also describes the effects of declining sex ratio on various social behaviour.

He interestingly talks about the marriage squeeze and emphasis the point that due to decreasing availability of girls for marriage, poor people will be more affected as they would not have sufficient money to buy girls for marriages. The paper also traces the legal response to the problem and observes that the implementation of the PNDA act has to be more effective to result in some improvement in this front. It makes a very important point about the role of advocacy by media, NGOs, International agencies, civil-society etc in awareness campaigns. Recognizing the effects media coverage had on awareness creation, it recommends that press should be involved more closely with the campaigns to implement this act. In the end the paper

tries to project the future trend in the gender biased abortions and its impact. i) Sex-Selective Abortions in India, Data and Perspective, by Fred Arnold, Sunita Kishor and T. K. Roy This is a comprehensive work done by the authors touching almost all issues related to sex-selective abortions in India. Tracing the history of female feticide and legal responses and its effects, it tries to get an estimate of the induced abortions in India. On the basis of NFHS survey data it draws a conclusion that the rate of induced abortion could be almost about 11% of the total pregnancies. It analyses the this data in the background of preference for son. It comes to the conclusion that for higher order births, the preference for son is clearly reflected in higher child sex ratio in favour of boy.

Through the use of NFHS-2 data on the use of Ultra sonography as mode of antenatal checkups it conjectures that the wide and more use of the these machines are indications of its gross misuse for sex determination and sex-selective abortion. Using the NFHS 2 survey it tries to explain the sex-selective abortions and stopping rules. iii) Effect of Low Sex-Ratio on Marriage Practices: A study in Punjab, by National Institute of Public Cooperation and Child Development, Regional Centre, Lucknow Through a field study in the two blocks of Ludhiana, with low and declining sex ratio and Talwada with a high sex ratio, the study has tried to see the change in the processes of marriage with change in sex ratios in both the cases over a period of 10 years.

The effect of changing sex ratio in both the cases have been analyzed over Age of Marriage (Female), Age of Marriage (Male), Marriage Proposal (Male), Marriage Proposal (Female), Difficulties in Arranging Marriages (Male),

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Difficulties in Arranging Marriages (Female), Source of Finding a Match, Spouse Age Gap, Early marriage and Girl Education, Dowry and Polyandry. The results are interesting For example, while there was hardly any impact seen on the Dowry and Polyandry, there was a distinct effect seen on the Age of Marriage and Difficulties in Arranging Marriage. The study gives an insight from the field, about the possible social changes to expect in view of huge gap developing between population of male and female.

The paper also comes out with recommendations for implementing the PNDR act properly. One of the suggestions it makes is that “ the gender issues specifying effects of sex ratio imbalance should be included as subject in curriculums of schools and colleges. ” iv) Trends in Selective abortions of girls in India: analysis of nationally representative birth histories from 1990 to 2005 and census data from 1991 to 2011, by Prabhat Jha, Maya A Kesler, Jayant K Banthia etc This paper applies statistical methodology on the data from the NFHS 3 survey data and the census data till census 2011 to arrive at the probable rate of selective abortions of girls.

It gathers the SBR data at the first and higher order births with the condition that the initial births were all girl child. The conditional Sex Rate at Birth (SBR) is then used to estimate the selective abortion figures. As a result of the analysis it arrives at a result that in the 30 year period till 2001 the estimated abortions is 8. 13 million in number. It clearly establishes that the conditional probability of SBR increasing with birth of girls in the earlier order of birth increases significantly. 4. Analysis Though the declining child Sex ratio in India is a problem in itself, it is , in a way, manifestation of a larger

and perennial problem of discrimination against women prevalent in the Indian Society.

So the problem of declining Child Sex ratio has to be tackled at various levels, cutting across the departments. However, there is a strong case for countering the technical edge that the problem of Sex selective abortion is gaining. It is because of the simple reason that the pace with which various social and propaganda methods will tackle the problem, will be much less than the pace with which the modern techniques of sex determination is spreading itself. Demand for the services: There is no doubt that the illegal sex determination and Sex Selective Abortions has a lot of demand today. This explained by the rapid increase in the number of genetic counseling centers all over the country.

The increased number of these service centers do not match with the reported abortions due to complicated genetic cases as specified in the MTP act. The overall economic and social condition of women in the Indian society despite reforms and social legislations remains poor. The legislations like Dowry prohibition act 1961, The Indecent Representation of women (Prohibition) Act, 1886, The Immoral Traffic (Prevention) Act, 1956 etc. have had limited effect on elevating the condition of women, though they certainly created awareness. There have been other positive legislations like Maternity Benefits Act 1961 and Minimum Wages Act 1948 and various other labor related acts which provide for equality to women in economic sphere.

Then there are schemes by the Central Government like Janani Suraksh Yojana which tries to tackle the health related issues of mothers and free

educations for the girl child to promote the literacy and education among the girl child. The States governments have also made various schemes mainly focusing on social development of women. Despite plethora of development schemes relating to girl child being implemented by the state and the central governments, in most of the households today in India, the birth of a girl child is considered as coming of a liability in the family which has to be paid off. The economics of Marriage plays a very strong role in shaping the preference of families towards a boy child.

Women as a source of earnings and power in the family is not a common phenomenon. The reservation for women in the PRIs and in jobs has certainly helped in changing the perception towards women at the family level. Still the demand for boy child far outweighs the demand for girl child. Most surprising, the female members of the family also subscribe to the patriarchal views as Mother-in-Laws and mothers. This may also be the reflection of their own status in the family with relation to the decision making power in the family matters. MTP vs PNDT Before the MTP Act, the control over abortions was through the sections under IPC. Sections 312 to 316 provides for punishment for causing miscarriage or death of a fetus.

It however does not distinguish clearly between abortions that may be needed for medical reasons and forced and selective abortions. It basically makes abortions illegal. The Medical Termination of Pregnancy act 1971 on the other hand responds to the need for the right to a women over her pregnancy and makes abortion more liberal. The basic idea prevailing at the time of making of the act was that of population explosion and the need to contain it. The MTP act provides for the circumstances in which abortions can

be carried out by registered experts before a certain stage in the pregnancy. The loose definition of these conditions basically resulted in increase in the number of abortions all over the country.

The earlier practice of female infanticide, to an extent transformed into sex selective abortions which could be fitted in the legal definition of abortions. PNDT aims to prevent the sex selective abortions by banning the sex determination using the modern techniques. There is a link between the implementation of the two acts. In most of the cases, both the services is sex determination and abortion are provided at the same place or by the same service provider or same network of service providers. It is because, more the number of people involved in the illegal act, more the chances of getting exposed and caught. Various women organizations have been campaigning for the effective implementation of the PNDT Act.

There have been fear from some women rights groups that over emphasis on reducing abortions rather than sex selective abortions could actually prove counter productive. It actually negates the right of women to decide about the birth of a child. In short, there is a conflict between the rights of the mother and the fetus. Issues with implementation of PNDT Act Though the PNDT Act bans the sex determination except in certain well defined medical conditions, the genetic counseling centers have been doing it with impunity. The following are the main reasons why the PNDT act is not being implemented as laid out in the Act. Lack of Awareness among the Appropriate Authorities. PNDT act provides for Appropriate Authorities at various level in the field for implementation of the provisions of the Act.

At Taluka level, the Tahsildars ie revenue authorities and the Medical Officer are the appropriate authorities where as at the district level, the Chief Medical Officer for the rural area and CMO of the Municipal Corporation are the Appropriate Authorities. The Act gives a lot of responsibility and power to the Appropriate Authorities for enforcement of the Act. In reality, however the authorities are not well informed about the gravity of the problem and also about the technical requirements for bringing the cases to the court and see them through. PNDDT is low on the agenda of the Appropriate Authorities. With several other routine works, PNDDT takes the back seat unless there is a monitoring at the higher level bodies and pressure from the society and press.

For Example in Maharashtra, during the recent years, PNDDT has attracted a lot of attention of the society, press and the policy makers. As a result the general level of awareness among the Appropriate Authorities have certainly increased. PNDDT Act provides that the cases on the illegal ultrasonography centres will be done by the Appropriate authority themselves and will be presented to the court. Unlike other acts, it does not give power of investigation to the police. The charge sheet is required to be prepared by the Appropriate Authority and presented to the court along with all the evidence. The Appropriate Authorities are generally not very conversant with the legal aspects of formulating and running a case.

Though the Advisory committee at the district level also has Assistant Government Pleader as one of its member, often the legal abilities of the Appropriate authorities are tested in the cases that go to the court. Conflict of Interest In Cases where the Appropriate Authorities are also qualified

handlers of the Ultrasonography machines, it has been seen that since in most of the states, the medical officers are allowed to practice outside, they are employed in one or more of these genetic counseling centers. Result is a conflict of interest in the minds of the Appropriate Authorities working as enforcers of the law and having commercial interests in running of the counseling centers. There have been found active collusion between the owners of the counseling centers and the Appropriate Authorities. Network of the Doctors

Doctors or Handlers (people qualified to operate the machines as defined in the act and rules) engaged in illegal sex determination are generally not acting alone. They have formed network of General Practitioners and paramedics in the rural and small areas who channel the patients to the doctors. Since the risk of getting caught is often high, these doctors admit patients desiring sex determination only on the reference from any of the trusted practitioners in their network. Portable Centers Under the Act, the genetic counseling centers are required to be registered with the Appropriate Authority. In practice today there are a large number of portable counseling centers which go to the remote areas and provide services.

Legally, portable centers are permissible but it makes detection of illegal activity of sex determination much more difficult because of the simple fact that the geographical area that needs to be patrolled increases significantly compared to the resources available for enforcement. Under Reporting and Misreporting by the Centers Both under MTP Act and the PNDDT Act, it is compulsory to report all the registrations in a given format. This format contains the medical and pregnancy details of the patient, the consent of the

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patient and their address. Under the PNDT Act, non keeping of the record or keeping wrong information is also made punishable. Monthly reports need to be sent to the appropriate authorities.

However there a large misreporting and underreporting done by the centers. Infact underreporting is the most important factor which limits the effective implementation of the Act. Today with the spread of basic health facilities, the pregnancies are generally reported accurately to a large extent by the village based functionaries like Anganwadi Sevikas and ANMs. However, the births are not necessarily reported immediately. Though the registration of birth has been made compulsory today, the enforcement is not complete. Because of the underreporting by the sonography centers and the MTP centers, a large number of pregnancy which do not result into birth should be considered suspicious.

Though, unsubstantiated, the extent of underreporting is estimated to be to the extent of more than 50 percent. Tackling this issue forms core of the problem of implementation of the Act as it is not only applicable to the Ultra Sonography centers but to all the modern methods of sex determination like Amniocentesis as well as DNA tests etc. If it is ensured that these centers report all the cases they are handling, these cases can be traced back to their pregnancies and they can be tackled in various ways. The breakup of the category of cases of the total cases in Delhi in gives an indication of problem of reporting. [pic] Offence wise Analysis, Delhi 2011 Challenges to detection

The very complex nature of the crime of illegal sex determination and sex selective abortion makes it difficult to detect it and catch the culprits. In a typical case of Sex selective abortion all the parties ie the Family members, doctors/handlers, referring practitioner and the paramedics are in active collusion. Hence it is very difficult to catch it red handed as the patient itself, most of the time is colluding or is forced by the family to undergo sex selective abortion. Moreover, for instituting a strong case, it requires a body of evidence which can prove the guilt. In the absence of any record anywhere, unless the culprits are caught red handed through some intelligence, it is difficult to gather reliable evidence once the abortion is complete.

PNDT Act provides for the support for the NGOs working in this field to engage in sting operations on the illegal centers by employing decoy cases. Doing sting operation not only takes a lot of skill, it often takes a lot of time and money, which is generally not available with the Appropriate Authorities. There have been cases in Maharashtra where sting operations have been carried out successfully by motivated NGOs which have resulted in conviction of the culprit doctors. Cases in Kolhapur and Jalgaon are Examples. Cases failing in the Courts As indicated in the preceding paragraph, lack of legal skills and awareness among the Appropriate Authorities results in lacuna in the evidence collection, framing of the cases and its presentation which are essential to ensure conviction.

Apart from the above factors, the level of awareness among the Advocates and the Judges is also a factor which leads to delay in judgments and many a times rejection of the cases on technical grounds. In the year 2010, all over <https://assignbuster.com/gender-based-sex-selective-abortion-in-india/>

the country only 13 people were convicted of some offence under the PNDT Act. Of all the efforts, conviction of a culprit generates maximum awareness specially among the illegal center owners and works as a deterrent.

Awareness generation Awareness generation among the families, mothers/potential mothers and vulnerable communities in general forms an important part in tackling the demand for the sex determination services. Till now the awareness generation efforts have been very general limited to print and electronic Media.

More intense and specific forms of awareness generation strategies need to be formulated. The communities having large prevalence of sex selective abortions are, most of the time, clearly identified. Their culture, values, norms require that, we have awareness generation campaigns designed to go with their culture. Monitoring and Evaluation In the Overall implementation of the Act, the Bodies created at the Central, State level and the District level are supposed to play a very active role both in monitoring the progress of implementation and bringing out the changes in strategies for awareness generation. However, these bodies have till now not performed up to their potential and the role. Largely, the mplementation of the act has been left to the district level except for occasional seminar and review meetings at the state and central level. These boards have an important role to play in modifying the rules by giving timely and important feedback to the government. 5. The Way Ahead. The problem of declining Child Sex Ratio has to be tackled both by empowering the women, strengthening their social and Economic status and implementing the existing laws in the letter and spirit by removing the bottlenecks and

modifying the rules suitably. The efforts mentioned above can be categorized into two broad categories. 1. The Demand Factor and 2. the Supply factor. Tackling the demand: Women Empowerment The subject of women empowerment is a very big issue and it needs a separate focus.

However there is a need to see the opportunities of visible empowerment of women in the every schemes or programs being implemented by the state today. The Empowerment efforts should not only be focused, they should be visible. For Example the political empowerment of women through reservation of 50% of seats in the local bodies in Bihar has created a distinct visible effect on the society. It has resulted in start of the change in mindset towards women. There are various schemes being run by the government today which are aimed at families in different strata of the society. For Example Indira Awas Yojana, for the homeless families, Grant of Land to Landless families, PDS for BPL, APL etc, Group Health Insurance for the Family etc.

Though these schemes are aimed at family, it is generally sanctioned in the name of the male head of the family. If these schemes are either given in the joint name of spouses or in the name of the wife, it would create a sense of empowerment in the minds of the women. There is also a need to make the people aware about the rights of the women. There have been various legislations empowering women economically and socially however these are either not known to women or are not utilized. The amendment to the Hindu Succession Act which gives daughters equal rights to property as the sons is a very important legislation aimed towards empowering the girl child.

From July 2005, the new Act has come into force and the daughter is allotted the same share as is allotted to a son. The daughter shall have a right to claim partition in the joint family properties as well as the right to claim right of partition in the dwelling house of the joint family and she shall also have a right to claim partition during the lifetime of her father. In the wake of this amendment, in places where the awareness levels are high, the litigations relating to the division of property among the siblings have increased. However with time the rights will be settled. In most of the states however, this right is either not known or is not actively demanded. There is a need to make the women aware about their rights.

Reaching up to the Families There is a need to design campaign strategies focusing on the families specially the influencers in the families. The college Students have been found to be effective in communicating the messages to their families. It is because at their age, they are not only very receptive to ideas, they are very communicative too. They can be very active in street campaigns through Street Plays, Folk songs etc. In our college courses, and organizations like NSS, among various activities, campaign against Sex Selective Abortions should be integrated specially in the high prevalence areas. These campaigns must reach the families during the pregnancies.

The data of various stages of pregnancies in the village is easily obtainable through the records at Anganwadi Kendra and Sub Centers. Also the NGOs working in this field needs to be trained and given adequate resources to advocate the cause at all levels more vigorously. The Role of Press Press, specially the print media forms an important channel to educate people on the social issues. Till now the involvement of Media in the awareness

campaign has been restricted to the advertisements and new items given occasionally by the government agencies. In Maharashtra, the press has successfully run long term campaigns on critical issues like environment, water etc. y reaching upto their readers and involving them. There is a need to not only sensitize media about the seriousness of the issue but also motivate them to campaign actively on the issue. The print media today has significant say on shaping the opinion of the masses specially in the rural areas. Enforcing the Law Training the Appropriate Authorities, Advisory Committee and others Appropriate Authorities, Members of Advisory Committee at the district level, Government Pleaders, the Judges, NGOs etc are all very important in successful implementation of the Act. The training and sensitization of these officers on various aspects will increase the effectiveness of the Act.

In the District of Jalgaon and Kolhapur of Maharashtra, significant improvement have been observed in the progress of the cases of violation of the Act in the Courts after the sensitization programs for the AAs, AGPs and Judges. In fact this is one of the most easy things to do. There are some very good NGOs working in this field equipped with legal knowledge in this field who have been giving training to the officers at all levels. Training on the way the search and seizure can be conducted, the framing of charge sheet, collection of evidence, presentation of the case is urgently needed. Also there is a need to train the NGOs and other voluntary organizations in conducting Decoy Cases. The importance of decoy cases in ensuring conviction of the culprits can not be overemphasized.

Inclusion of PCPNDT and related Laws in the medical syllabus The regulatory acts relating to sex determination and termination of pregnancy must be included in the syllabus of the medical course. The medical community must appreciate the severity of the situation and urgency to tackle the situation. Online Registration, Reporting and Silent Observer. The most important issue in tackling the menace of sex selective abortions is to ensure correct, unbiased and honest reporting of the cases of MTP and counseling as mandated by the MTP Act and PCPNDT Act. Despite being mandatory to report, the actual reporting is not only delayed and faulty but also significantly less than actual.

Also the manual reports keep piling up in the offices of the AAs without being effectively used. In this era of technology, online registration and reporting by the centers can be reduced to make reporting fast, accurate and analysis of the data meaningful. In the districts of Kolhapur and Jalgaon, the online registration and reporting by the counseling centers have been enforced strictly. The online reporting makes the data of MTP and consultations at counseling centers available immediately and also the relevant analysis can be performed instantly to see any unusual trend to take cognizance. This is however not mandated by law. It should be enforced with the force of law. Online reporting is however no guarantee of full reporting.

The underreporting which is the real problem in enforcement of law can be tackled by installing counters in the machines like Ultra Sonographs. The basic idea behind installing the counters is to match the numbers with the actual reported numbers. In Kohlapur, the SIOB (Silent Observer) has been installed with all the machines as an integral part of the machine. The silent

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observer turns on with the machine and records whatever is seen on the screen of the machine. The record is confidential and can be seen only by the Appropriate Authority in case it is needed. This is a method to secure compliance of reporting. Once the reporting improves, the individual cases can be traced to nail the culprits. _____ ————— 1] Trends in Selective abortions of girls in India: analysis of nationally representative birth histories from 1990 to 2005 and census data from 1991 to 2011, Prabhat Jha, Maya A Keslar, etc. www.thelancet.com [2] Effect of Low Sex Ratio on Marriage Practices: A study in Punjab, National Institute of Public Cooperation and Child Development, Regional Centre, Lucknow [3] <http://www.futurepundit.com/archives/003161.html>, <http://www.aed-ccsg.org/resources/reports/UPMarriage.pdf> [4] Source : Sex-ratio Imbalance in India, and Future Scenarios, UNFPA 2007 [5] Trend in selective abortions in India, Prabhat Jha and others, the Lancet Publication