

Media Sensitization
Workshop
On
Sex Determination

May 2-4, 2003
Goa

(A Report)

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Media Sensitization Workshop On Sex Determination Goa

Background information

The media consultation workshop in Goa held from 2 to 4 May 2003 was aimed at sensitising mediapersons about the declining sex ratio in India. It was a follow-up to an earlier workshop held in Delhi in January 2003. The entire exercise was carried out with the wider purpose of bringing about awareness among the masses through the media about the seriousness of the problems cropping up from an adverse sex ratio, which is the consequence of sex determination of the fetus and female feticide.

2 May 2003

THEMATIC ADDRESS: SUMAN PARASHAR

What sex ratio means

Sex ratio is an index of male-female balance in population. In Census 2001, sex ratio of population stood at 933 females per 1000 males. Child sex ratio in the age group 0-6 showed considerable decline from 945 in 1991 to 927 in 2001.

Sex ratio in the 0-6 years age group is influenced by

- ❑ Sex ratio at birth
- ❑ Sex selective mortality at younger ages

The sex ratio at birth is usually a biological constant with a value that lies between 943 to 954. Therefore, the sex ratio in the 0-6 age group is much lower than the globally accepted constant.

Provisional Population Totals Paper 1 of 2001 India

The Paper remarks: “It is clear that the sex ratio in the age group 0-6 has decreased at a much faster pace than the overall sex ratio of the country after 1981. The decreasing sex ratio in this child population perhaps has a cascading effect on the population over a period of time leading to diminishing sex ratio in the country. One thing is clear – the imbalance that has set at the early age group is difficult to be removed and would remain to haunt the population for a long time to come. To say the least, demographically the sex ratio of 927 of the population in the age-group 0-6 does not augur well for the future of the country.”

A slide presentation indicated among others

- 1) Sex ratio of total population and child population in the age group 0-6 years from 1961 to 2001. It clearly showed the decline over the different censuses.
- 2) Child sex ratios of states in 1991 and 2001: It showed that states with 900 or lower sex ratio were only 2 in 1991 (Punjab and Haryana), but 3 more states were added to them by 2001 (Delhi, HP and Gujarat).
- 3) Distribution of districts by sex ratio in the 0-6 age group in the major states of India
- 4) Top ten and bottom ten districts according to child sex ratio in the 0-6 age group
- 5) Rural and urban differences in child sex ratio in selected states
- 6) Maps of India and some states

▪ **Thematic address: main points**

- In Census 2001, sex ratio of population stood at 933 females per 1000 males.
- Child sex ratio in the age group 0-6 showed considerable decline from 945 in 1991 to 927 in 2001.
- This sex ratio is much lower than the globally accepted figure.

showing child sex ratio

KEYNOTE ADDRESS: PROTECTING THE GIRL CHILD AND HER RIGHTS
SPEAKER: ERMA MANONCOURT

The Census of India 2001 figures show that the demographic situation of women and girls continues to deteriorate. The net deficit of females in India was 3.2 million in 1901 and is over 35 million in the 2001 Census. In the child population of 0-6 age group, the situation is worse (at 927 girls per thousand boys). The greatest decline has been in urban India as opposed to rural India. This appears to be a result of willful elimination of the female child in early stages of conception.

The attitudes leading to this phenomenon

In India, amidst other socio-economic factors, two factors that have contributed to discrimination against women and girls are:

- 1) Son preference and
- 2) Practice of dowry

Son preference curtails the access of girl children to food, education and health care. This is compounded by increasing use of newer medical technologies to determine fetal sex, resulting in elimination of the female fetus.

Tasks in hand

To change this scenario adverse for female children

- ❑ Mindsets would have to be changed: from policy makers to all men and women, mothers and fathers, friends and neighbours, all have to act
- ❑ The human rights of girls will have to be promoted: through a comprehensive strategy

Role of media critical

Media could play a critical role in tackling the negative consequences of sex determination:

- Raise public awareness
- Provide visibility to gender violence when and where it occurs
- Break the gender stereotype and highlight biases when they occur
- Give voice to girls and women

▪ Protecting the girl child and her rights: main points

- Son preference and practice of dowry contribute to discrimination against women.
- Newer medical technologies result in more sophisticated ways of eliminating the girl child.
- To change this scenario, mindsets would have to be changed.
- Media could play a critical role in tackling the negative consequences of sex selective abortion.
- Gender equality has to be brought about by a rights based approach.

- Give a balanced portrayal of implementation of the law and the social dimensions of the problem
- Increase public dialogue on partnerships that aim to improve care for girls/women in their families and communities and promote male responsibility in family life.

Rights based approach

This approach introduces some additional considerations in the sex determination debate:

- ❑ Legal and moral obligation and accountability of the state and its institutions
- ❑ The affirmation that children and women are subjects of rights – they are right holders. This initiates a process whereby children participate in the processes and decisions that concern them
- ❑ There is need for shared interests between rights holders and those working to help them realize rights.

Guiding principles for promoting gender justice

- 1) Gender equality starts early
- 2) Women's rights and girl's rights are interdependent
- 3) Children's rights cannot be achieved without girl's rights
- 4) Civil society partnerships are needed to end the marginalisation of women and girls

HEALTH SCENARIO IN GOA SPEAKER: REENA RAY

Goa Children's Act

- ❑ The Act has become legislation recently
- ❑ It is the first Act of this kind in the country
- ❑ Makes CRC legally justiciable
- ❑ Includes every aspect of child rights
- ❑ It relates to all children including the fetus
- ❑ Goa is the first state that has abolished child labour
- ❑ It also prohibits child prostitution

INAUGURAL ADDRESS SPEAKER: MR FRANCOIS FARAH

Preference for the male child

There is a very strong demand for sex selection: the selection of the male child over the female child.

- ❑ The trend has become very steep over the last 10 years.
- ❑ It should be curbed before it becomes unmanageable.

- ❑ There has been significant progress in terms of early detection of the sex of the fetus. From amniocentesis in 1974, ultrasound screening is now available and affordable to the upper level groups.
- ❑ People are educated, interested in smaller size families, there is a strong son preference.
- ❑ People whose first child is a girl, the next child is expected to be a boy.

The 2-child norm

- ❑ Over the last 20-30 years a 2-child family has been projected as the ideal family, with one son and one daughter.
- ❑ There is nothing wrong with a 2-daughter family, but here the discrimination comes in.
- ❑ A number of institutions in society (like dowry, age at marriage, rituals and traditions, etc.) have made a girl not an asset but a burden.
- ❑ Girls and boys are brought up with a yardstick that is gender biased, male-dominated, discriminatory.

Stakeholders involved

- ❑ The service recipient: the pregnant woman, who directly or indirectly seeks female feticide
- ❑ The immediate motivators: husband, in-laws, putting pressure on the woman
- ❑ The health system, radiologists, health professionals, paramedics, medical doctors, all on the supply side
- ❑ The wider circle is social institutions, groups, committees, civil society, NGO policy frames

Need for action

- **Inaugural address: main points**
- The tendency to select the male child over the female child has to be curbed before it becomes unmanageable.
- The 2-child norm has partly been the reason for son preference.
- In this practice of sex selection, individuals, the society, the health system: every aspect is involved.
- Each of these has to be reached out to, if any action is planned.
- Media can keep the issue alive by contributing to the debate.

Involves reaching out to:

- ❑ The recipients
- ❑ The health service providers
- ❑ Different institutions in society
- ❑ Religious leaders
- ❑ NGOs

To sensitize them about the negative fallout of female feticide and also impart a sense of equity so that eventually this practice would end.

Role of media

Media has a very important role

- ❑ To shape mindset
- ❑ To contribute to the debate in society
- ❑ To keep alive on the burner issues such as discrimination

What to focus on

Sex selection is a manifestation of a number of institutions. As media practitioners, media analysts, reporters and journalists have to keep the debate going on the following issues

- ❑ Discrimination
- ❑ Rights
- ❑ Equality

**SHARING SESSION: PANEL THAT BRINGS IN MEDIA PRACTITIONERS
CHAIRPERSON: DR NALINI ABRAHAM**

Six media persons shared their experiences while they were doing reports on female feticide or handling related issues.

Chair's comments:

Too much focus on rights results in missing out on the responsibility. All are responsible. Media is very critical to actually influence the society.

YOGA RANGATIA, PIONEER

She has covered the sex determination issue in Haryana during the last 2 years.

When she started writing on the issue

- ❑ The doctors' level of sensitivity was very low.
- ❑ SC rulings came in every now and then, hauling up the health secretary, making good copies and making the campaign stay in the limelight for a long time.
- ❑ A number of MPs were opposed to the amendments.
- ❑ In a sensitivity class for the appropriate authorities, chief surgeons and doctors present, people who had the power to make a difference, were only finding loopholes.

The coverage of the issue in the media

▪ **What Yoga Rangatia said**

- Doctors' level of sensitivity is very low.
- The media too has a hand in making sex selection tests popular by ads and editorials.

What Anna Veticad said

- Most infertility clinics offer XY separation technique.
- A male child is given as preference when this technique is used.
- If the technique fails and the fetus conceived is female, it is aborted and the method is tried again.

- ❑ Not that media is doing all good work.
- ❑ They also have a hand in undoing the efforts other people are making.
- ❑ Some want to support the advertisers to such an extent that they want to print an editorial favouring that position.

She found that "many MPs were either indifferent to the whole issue or they were so offended by my questions" that they told the organisations that the media shouldn't be anywhere around them.

ANNA VETTICAD, INDIAN EXPRESS

She wrote a story on sex determination a couple of years ago, for which she and a colleague went to a few clinics in Punjab and Haryana posing as a young couple who wanted to have a male child. They tried to get the human angle, and it was very easy to get the information they required as nobody was trying to cover up, although the PIL was pending at that time, and they knew that the Court was very keen on enacting the PNDDT Act.

- ❑ Some of the clinics claimed that they had a 60-70% success rate by Erikson's method of choosing the sex of the child.
- ❑ If the child conceived by this method was not male, they suggested ultrasound tests and abortion so they could try the method again.
- ❑ The term "infertility clinic" was very often a euphemism for clinics that offered XY separation.

Two reasons for encouraging the pre-conception technique given by Dr Aniruddh Malpani, pioneer in the method were:

- 1) It helps balance the sex ratios within families
- 2) This method is so expensive it would reach very few people

The other side of the argument given by Sabu George was:

- ❑ Today it is expensive, tomorrow it might not be.
- ❑ The point is not how many people it reaches, but what it stands for: deciding that a baby girl is not wanted and that it is perfectly acceptable to make that choice.

RADHIKA M, NEW INDIAN EXPRESS, BANGALORE

She had done an investigation in Belgaum for 5 days, and it changed her perception about the whole issue. The idea was to find out if mobile clinics were coming to Belgaum.

- 1) Maharashtra's stark differences in sex ratios were reflecting in Karnataka as well, and Belgaum, situated on the border, was one of the districts affected.
- 2) A perfect network of doctors and quacks (e.g. students from homeopathy and ayurveda) operated in the area.

- **What Radhika M said**
- In Belgaum, a perfect network of doctors and quacks operate to attract pregnant women for ultrasound tests.
- Mobile clinics do the rounds and carry out tests in specified tests.
- Raids were conducted several months after the news report by Radhika was published, but no doctor was arrested.

3) In Belgundi too, a village 10 km off Belgaum, the effect of this technology could be seen.

4) A doctor justified by saying that a qualified doctor conducting such abortions was much better than unqualified doctors doing it.

- 5) 3 months after the report was published, raids were conducted and ultrasound machines were confiscated. But none of the doctors were arrested.
- 6) There is a lull there in these activities now. Even the mobile clinic has not visited for some time. But they expect it some time in the future.

According to Radhika, “From Jahnavi Pulharly’s (doctor) statement, the entire issue is just to get the girl married and make her a childbearing machine. Her version of women’s right was saving the girl from becoming a childbearing machine. She thought she was doing a very noble job. That was the excuse most of the other doctors gave. It’s the attitude that needs to be hit out at.”

MANISHA SUBEDAR, TARUN BHARAT, BELGAUM

The problems media face

- ❑ Media gives importance to spicy stories and not to such social issues. The editor has to be convinced that this issue is important, and should be published.
- ❑ If something is published against a doctor, advertisements appear in other newspapers in favour of that doctor. People forget the news and remember the ad.
- ❑ In a small town like Belgaum, journalists cannot do investigative stories because people recognize them.
- ❑ Without proof, nothing can be done against doctors.

The decision-makers

- ❑ It is necessary to change the mentality of decision-makers in the media, who are very few in numbers.
- ❑ Mindset of people has to be changed, for which journalists have to write continuously. For that to happen, convincing the editor (decision-maker) is necessary.

Manisha had gone to Atit in Satara, Maharashtra, for a survey, where she asked women why they were doing abortion. A woman said that otherwise she would be thrown out of the house, and she did not have anywhere to go. According to Manisha, “I have to save the girl in that woman’s womb, but I also have to save the woman.”

What Manisha Subedar said

- Media gives importance to spicy stories.
- The editor has to be convinced that this issue (sex determination) is important and should be published.
- In small towns, journalists cannot do investigative stories as they are recognised by most people.
- Without investigation and therefore proof, nothing can be done against doctors.

VIDYA SUBRAMANIAN, TIMES OF INDIA

She discussed about the article that appeared in *Times of India* written by Dr Malpani, and the counter to it written by Sabu. Malpani talked about freedom of choice, to choose the gender of the child. “All this is a cocktail of global market culture and regressive cultural

preference for a son,” Vidya said.

DISCUSSION

Studies help journalists

- 1) Any study by organizations, whether of one year or six months’ duration, helps in writing newspaper stories and convincing the seniors to publish the report.
- 2) NGOs working in the area must be made aware of this issue (female feticide) so that they could integrate it with their activities and work accordingly.

3 May 2003

INTERNET SITE DEMONSTRATION: DATAMATION FOUNDATION
SPEAKER: CHETAN SHARMA

Features of the portal:

- ❑ A resource centre with audio, video and films, more than 500 articles and publications, constantly updated. Has PNDT handbook also.
- ❑ A platform to exchange information and initiate a dialogue. One could initiate a discussion, and that gets automatically hosted on the site.
- ❑ Every week, approximately 500 people get updates from the site.
- ❑ The site also has local language capability, currently in Hindi, but there is the capability to host material in any Indian language.
- ❑ A new channel, medical ethics, has been added, to bring more views from the medical community.
- ❑ Any complaint could be registered on the website against an ultrasound clinic, radiologist, paediatrician and maternity home. The identity of the complainant is protected.
- ❑ There is database of clinics with ultrasound machines and of competent authorities.
- ❑ Currently the focus is on the PNDT and the pre-birth elimination of the fetus.
- ❑ Database of the women's groups/NGOs working on this issue could be accessed.
- ❑ Till date it has received about 600 complaints against maternity homes and radiologists, which have been passed on to the different authorities as well as to the GOI.

How has the site helped?

1. Sensitising people in general. People are coming back to the site with their feedback.
2. The competent authorities are also aware that such a watchdog mechanism exists.

The nature of various efforts underway:

▪ **Internet site demonstration: main points**

- The website of Datamation Foundation is a large database.
- It is also a platform to exchange information and initiate a dialogue.
- Complaints against doctors and clinics could be registered on the website.
- It is a watchdog mechanism and also

- ❑ This movement would be sustained for 20-30 years before there is some improvement in the sex ratios in the country.
- ❑ Views have been invited from several other countries, notably Korea (which had a similar gender crisis) to know how Koreans were successful in solving it, and establish any linkages if any.
- ❑ Views have been sought from

outsiders who've lived in India, what they feel about this crisis and how they could sensitize the policy makers as well as the society in general.

FIRST MORNING SESSION: MACRO PERSPECTIVES
CHAIR: FRANCOIS FARAH

The dilemma of action

- ❑ Should one act on the supply side, or on the demand side
- ❑ Should it be short, medium or long-term strategy
- ❑ Only one aspect should not be addressed, leaving the other aspects unattended

What needs to be done

- 1) Create the right environment so there is conversion in different quarters against this practice.
- 2) Focus on some of the intervention areas with key institutions that impact the code of conduct: policy makers, opinion makers, MPs, media, religious leaders.
- 3) Working through the health system.

Not an easy task

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| <ul style="list-style-type: none">▪ Macro perspectives: main points▪ All aspects of the problem of sex determination have to be addressed.▪ That includes both the patient/family and the doctor.▪ Focus should also be on key institutions of society. | <ul style="list-style-type: none">❑ The task is not easy as change has to be brought about in something very deep rooted.❑ A path definitely has to be set and the first step has to be initiated❑ All other efforts could capitalize on that first step and bring about gradual change to curb this practice. |
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SEX RATIOS BY ECONOMIC CLASSES
SPEAKER: SATISH AGNIHOTRI

In the 2001 Census, there has been a qualitative shift in the low proportion of women in India's population. In the 0-6 age group – which is the feeder group – the sex ratio has declined by 18 points. The decline is 32 points in urban and 14 points in rural areas, together making it 18 points.

Advantages of using the 0-6 age group in demographic studies:

1. It shows what is happening in recent years
2. It plugs one big escape hatch – migration. In the 0-6 year age group, male child sex do not selectively migrate out for economic reasons or the girl child do not migrate out for marriage.

The rural and urban connection

In both rural and urban areas, both among adults and children, as prosperity increases, sex ratio decreases. At the root of what is happening, is something deeper and relates to the unwantedness of the girl child.

Observations

In the North East, Assam, West Bengal, Jharkhand, where this problem isn't very severe, both in 1991 and 2001, even though urban sex ratios declined, the rural sex ratios stayed in a narrow band. This indicates that the rot has not spread to the rural areas.

In Punjab and Haryana, both in 1991 and 2001, as urban ratio declined, rural ratio also declined quite strongly. The strength of the association (rural and urban) is roughly about 37%. Now it has increased to 58%. Between 1991 and 2001, Maharashtra has changed very fast.

The 2 aspects: demand and supply

Supply:

The feticide service providers, who operate for profit alone, come up with a social argument. The regulatory part of the solution relates to the supply side. The doctor eliminating the fetus against an established Act is doing a criminal act.

Demand:

On the demand side where the woman is constrained to demand the elimination of the girl child, advocacy has to be done, they have to be educated and the reasons for the unwantedness of the girl children have to be brought down.

How to make the girl child wanted

As far as the unwantedness of the girl child is concerned, there are 3 aspects that have to

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| <ul style="list-style-type: none"> ▪ Sex ratios by economic classes: main points ▪ In both rural and urban areas, both among adults and children, as prosperity increases, sex ratio decreases. ▪ All aspects of the problem have to be | <ul style="list-style-type: none"> be addressed; otherwise it will be a lopsided intervention. □ The cultural aspect, that the male child is needed for death rites, etc. is a very convenient excuse. □ Wherever women's workforce participation is high, sex ratios are high. |
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- ❑ The concept of a daughter as a liability is strongly emerging on account of crime against women.

DISCUSSION

Why is ultrasound practised more in certain areas

- ❑ Proximity to Punjab (and therefore ultrasound clinics) is a very big factor even in villages across the border of states.
- ❑ Urban areas tend to resort more to the practice as the upper class is interested in having smaller families.
- ❑ There are also other opportunistic factors, like the presence of a doctor in a particular area.

**HISTORY OF SEX DETERMINATION AND LEGISLATION: MAHARASHTRA
CAMPAIGN OF 1980S
SPEAKERS: DR SANJEEV KULKARNI, SWATIJA MANORAMA**

DR SANJEEV KULKARNI

- The government of Maharashtra constituted a committee in 1985-86 to study the magnitude of the problem.
- 50 gynaecologists of Bombay were interviewed and almost all of them admitted that they were doing sex determination and female feticide.
- Practically every maternity home was doing this and they all had their own justifications. But nobody had the idea of the long-term implications.
- No statistics were available about this practice at that time.
- In 1994, the Central government passed the PNDT Act.
- Though it passed the Act, it did not act upon it, which forced Dr Sabu George, Sehat and Masoom to file a writ petition in the SC and force the Central government to act on it.

SWATIJA MANORAMA

- Campaigns were carried out against the mainstream pro-son and anti-girl belief. In novel sort of morchas proud parents marched on the roads saying “we are proud of our daughters”.

- Many girl children came on the road and 14 Nov was a campaign day. Posters were hung in local trains that said “we love our girl child and we are against abortion”.

History of sex determination and legislation in Maharashtra: main points

- Practically all gynaecologists and every maternity home in Bombay was doing sex selective abortion in the 1980's.
- The 1988 Act passed in 1994 was hardly acted upon.
- The PNDT Act passed in 1994 was hardly acted upon.
- The Act is a weapon that has to be made stronger and implemented better.
- Sex selective abortion has lowered the number of women in society but their status has not improved.

- The 1988 Act was unique, but no effort was made either by the government or the advertising media, to act on it. A few cases were registered for advertising on sex determination clinics, but there was no response. No quarterly publication of all the amniocentesis tests carried out by genetic labs was never submitted.

- The whole issue is about how technology is used against women.

Though ultrasound has larger use, it is still used only for female feticide.

- ❑ The fight is about the status of women. The argument that fewer women in society would bring definite change in the status of women has not been proved as there has been no drastic change in the status of women in India.

DISCUSSION

- ❑ Sex selection is a matter of discrimination, against the girl. Abortion is one of the ways of discrimination.
- ❑ The discrimination cuts across a number of institutions in the society. So in the media one has to be vigilant about what one reports on and not get dragged into the polemic of the issue.

Fewer women does not increase the value of women

- ❑ That fewer women would make women valuable in society, is a wrong argument. Women are human beings and not commodity.
- ❑ Fewer women have not increased the value of women. In certain female deficit districts of UP (Jhansi, Bulandshahr, etc.) men have been marrying girls from poorer regions as far off as Nayagarh in Orissa. When these women go there they are not looked upon as equal citizens. Those who do not survive in the marriage and go out of it, join the flesh trade, or return after some time.
- ❑ In certain female deficit districts of Bihar like Birbhum, agents and brokers talk to parents and in some places parents are aware what is going to happen to their daughters. But arranging alliances in this way is a superficially acceptable way of getting rid of her.
- ❑ Agents from Gujarat and Punjab establish links with poor parents of girl children and give them money. These contract marriages are very much practised in Dharwar and Belgaum districts.

The medical technology scenario

- ❑ In India and the Indian subcontinent, before the '80s, excess female child mortality occurred during the first 5 years of life, due to neglect and unequal access to life-sustaining resources like food, nutrition and health care.
- ❑ Between '80s and '90s different technologies came and decline was more. In 1985-86 it was only amniocentesis. Ultrasound came in 1986-88. It was a non-invasive simple technique, and a boon to obstetrics. Its misuse began some time later, more when portable and lighter machines came to the market.

- After '90s there has been more speedy decline.

Impact of the PNDT Act

- The Act is useless basically because it has not been implemented properly. But the other way of looking at it is that at least there is an Act at the Central level.
- Though not implemented properly, it is a weapon. It has to be made stronger, implemented better.

VIOLENCE-RELATED ISSUES

CHAIR: C P SUJAYA

**SPEAKERS: DR ARVIND MATHUR, ALBERTINO ALMEIDA,
SWATIJA MANORAMA**

Chair's comments:

- 1) In every generation, in every technological age, there have been ways of getting rid of female infants, more in some communities, less in others.
- 2) The method of getting rid of the female infant match the technological evolution of that age.
- 3) There has always been violence against women and it's only a question of how it is justified.

VIOLENCE AND HEALTH: WHO EFFORTS

SPEAKER: DR ARVIND MATHUR

The WHO report 2002

- For the first time WHO, in the World Health Report of 2002, has recognised violence as a public health problem.
- The report talks about different aspects of violence, collective violence, sexual violence (the issue of sex selective abortion, many other sexual abuses and violence), self-directed, elder abuse and neglect, violence by intimate partner, child abuse by partners and other care givers.
- Violence as defined by WHO is an intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community

that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

- ❑ By this definition, the pre-birth elimination of females fall in the definition of violence, both as a psychological trauma to the mother, or a kind of threat to her existence from the family or from the husband, or even imposing a kind of technology to undergo a particular act repeatedly.
- ❑ By this definition, sex selective abortion is violence against women.

Steps to be taken

To make people conscious and aware of:

- ❑ The different types of violence
- ❑ Different types of related issues (willingness for a son, reasons why a woman had undergone abortion repeatedly)

More awareness and awakening should be brought through different channels/media.

The huge costs involved in violence

1. Direct costs: medical (for providing treatment), whether the health system has the capacity to provide that.
2. Indirect costs: a traumatized client/community, productivity, the quality of life, etc.

The solution:

- ❑ The report gives some options, like the ecological model providing individual to social development programmes to vocational training to issues of victim's care and support. Each country or region or area will have to look into what they are doing and where they are.

- **WHO efforts: main points**
- In its 2002 report, WHO has recognised violence as a public health problem.
- Sex selective abortion is violence against women.
- In violence, huge costs are involved, both direct and indirect.
- The solution lies in addressing the individual, the family, the society and the country.
- A national plan for violence prevention is recommended.

- ❑ At the family or societal or community level: the options or interventions possible.
- ❑ Data collection and all other efforts: research, evaluation, prevention, advocacy, policy and services.

Recommendations of the report

- ❑ Create, implement, and monitor a national plan for violence prevention.
- ❑ Capacity enhancement for data

collection and violence.

- ❑ Make medical doctors more sensitive and sensible and aware about ethics: through the medical curriculum, and sensitizing them about medical ethics through different channels.

DOMESTIC VIOLENCE
SPEAKER: ALBERTINO ALMEIDA

Global culture and feudal/patriarchal set-up

- ❑ Whatever happens in the family affects the society and vice versa.
- ❑ The society today is a mix of global culture and feudal make-up.
- ❑ As part of the global culture, profits are at the centre of development and not human beings.
- ❑ Therefore in the prevalent culture human beings are commoditized, and are dispensable. The consumerist culture is capitalizing on gender discrimination.

▪ **Domestic violence: main points**

- The Indian society has a feudal make-up in a global culture.
- Human beings have become commodities in this culture.
- Gender discrimination capitalizes on commodification of human beings.

Questions to be addressed

- ❑ Many technological developments like sex determination tests becoming more advanced. Each of these have to be addressed.
- ❑ In the patriarchal set-up, violence is justified. This needs to be addressed.
- ❑ The media should write about the work being done on these issues.

ADOLESCENT CONCERNS
SPEAKER: SWATIJA

Adolescent girls in Bombay in no better situation

- ❑ A study was done on 2500 early adolescent girls, 9-12 years old in Bombay. They are an invisible section of the population, and face unreported violence at many levels.
- ❑ As far as policy is concerned, they are not taken into account because the ICDS programmes or girl child programmes are for 0-6 years.
- ❑ It is a multicultural study. 90% attended 33 municipal schools from 5-7 Std of 7 languages.

- ❑ 90% girls did not know their addresses and birth dates. 60% did daily chores. They were not allowed to use the public paid toilet facility. Child marriage was a fallout of declining sex ratio.

How they are trained to take violence

- ❑ The early adolescent girls are trained to take subterranean violence.
- ❑ Low self-esteem causes her to take violence. She's not economically independent and

- **Adolescent concerns: main points**
- Early adolescent girls in urban areas like Bombay are trained to take subterranean violence.
- They are an invisible population and policies have not been addressed towards their needs.
- Documentation should be done of this age group in both rural/urban areas.

- her psyche is developing in such a way that she is always supposed to take it low.
- ❑ Regarding their perception of their health status, many of them accept what is happening. Their male family members get more to eat, but they don't find it objectionable. As a child also they don't have any voice. All this is ingrained in them at this age, which is a very crucial stage as far as their physical or psychological

development is concerned.

Conclusion

- ❑ Urban areas are no better as far as girls are concerned.
- ❑ At the policy level – health policy, nutrition policy, or even child development policy – these girls are not taken into account.
- ❑ There has to be some documentation in rural/urban areas, giving specific importance to this age group.

DISCUSSION

Changing mindsets

- 1) There is social conditioning about the size of the family, and there is emphasis (in the light of globalisation) on symmetry and uniformity.
- 2) Bias is deeply rooted in society and institutions consecrate the superiority of males. Rituals that lead to gender bias should not be practised.
- 3) In the debate in society about these practices, the media has a big role to play.
- 4) The medical curriculum needs to be gender sensitive.
- 5) The message that the boy is valuable/priceless is reinforced by everything – fiction, news, etc, with complete marginalization of the girl, and that gets picked up.
- 6) The mindset has to be changed.

Chair's remarks:

- ❑ One has to look much below the surface, because the arguments are at a very sophisticated level.
- ❑ Patriarchy in an era of globalisation needs much more sophisticated tools for analysis.

POPULATION CONTROL AND ELIMINATION OF GIRLS BEFORE BIRTH
SPEAKER: FRANCOIS FARAH

India’s population

The growth of India today has 3 components:

- (1) Effect of the momentum: India for the last 40 years has been growing @ close to 1.8 to 2%. The bulk of the population is in the reproductive age group – between 15 and 24/25 years the largest cohort India has ever known. Part of the growth is momentum. No matter what is done, India will continue to grow.
- (2) Unmet needs: 20 to 22 % couples are eager to plan their families, yet the services are not there either to space, or to permanently stop having children
- (3) 5 to 7% of the population would have children, whatever may be done to stop the growth.

Any population policy that does not take this structure of the growth into account is likely to have adverse and perverse impact.

China’s 1-child policy

- ❑ The growth in China today is very low, not because of the 1-child policy. The rate had gone down to 2.7 children per woman by 1970. The 1-child policy came only in 1979.
- ❑ The fertility decline had taken place before the 1-child policy due to strong investment in the social sector – health, education, water and sanitation, shelter, etc. the budget could be 10 to 11% of GDP.

- **Population control: main points**
- Whatever may be the population policy India follows, the population will continue to grow.
- Lack of adequate health care facilities and the momentum of growth would keep the growth in the future at more or less the same rate.
- The 2-child policy too would not have any demographic impact due to the number of unmet needs (like health facilities).

- ❑ In India, health budget is less than 1% of the GDP; education is less than 3%. With these percentages of investment, the social sector is likely to continue suffering from the deficit.
- ❑ If the social sector suffers from this deficit, people who don’t have access to either education or health tend to have more children than they would like to, either because of

illiteracy or ignorance, lack of exposure or services.

- This situation puts pressure of numbers puts pressure on policies and resources, prompting interest in reducing the numbers.

Human resources policy

- After the International Conference on Population in Cairo, it became very clear that the population policy is an investment in human resources.
- One of the adverse impacts of the 2-child policy is sex selection, because of the pressure to have smaller families and strong son preference. A population policy that goes in that direction is likely to strengthen that trend.
- India has to stabilize population, but the cost and the strategy has to be kept in mind.
- A 2-child policy is going to have demographically zero impact because of the momentum, and the unmet needs.

NHRC DECLARATION SPEAKER: CP SUJAYA

Rights

- In the Indian Constitution, both the Fundamental Rights, and the Directive Principles give rights. The Fundamental Rights relate to individual rights, and the Directive Principles refer to collective rights.
- The Fundamental Rights and Directive Principles have not remained static. The creative contribution made to Directive Principles by the Supreme Court is unparalleled in South Asia. Directive Principles are guiding principles, but Supreme Court has brought it closer to the Fundamental Rights.
- However, there is a big gap between what the Constitution guarantees and what happens on the ground. The Universal Declaration of Human Rights, and more than that, the CEDAW and the CRC have filled a gap, because there is a protocol of reporting in both these Conventions which is very useful for people engaged in action on the ground, for researchers, policy makers.
- Rights have become a very contested area in this era of globalisation, because when 1 person has a right, the other person also has an equal and opposite right.

- **NHRC declaration: main points**
- There is a wide gap between the rights the Constitution guarantees and what happens on the ground.
- There is constant oscillation between population control and people's need to have children out of their own volition.
- Population Policy 2002 is a much more gender-sensitive policy than the previous policies.
- The question is how to make this policy a rights based document.

The population policy and rights

- As far as population policy is concerned, there is constant oscillation between need for population control and need for people to have children out of their own volition.

- ❑ The 2-child norm has already affected a number of elected women and men across the country.
- ❑ Population policy 2000 is more gender-sensitive. It talks about the entire package of reproductive health services (anaemia, nutrition, education, employment, everything). The point is how to make use of the policy document to make it a rights based instrument.
- ❑ Children are the bridge between the present and the future. How can there be a policy that is anti-children?
- ❑ The joy of the entire process of seeing a child born and grow up, is not reflected in the family planning policy.

A stable population

- 1) The media needs to look at the spurious debate of balance versus stable population, because the worst-case scenario is an unbalanced and unstable population, which nobody wants.
- 2) It is possible to have a balanced and stable population, through women's empowerment.

DISCUSSION

Human rights

- ❑ The right is the right to move the state to give something that is already given by law, by the Constitution, by policy. The responsibility of finding resources and of a fairly efficient implementation is that of the state. The rights are basically against the state, which is looked at as a provider.
- ❑ Child rights (rights of fetus) do not get as much focus as child labour does.
- ❑ Rights and responsibilities go together, especially collective responsibility.
- ❑ Governance today is perhaps at one of its lowest levels and therefore the entire level and quality of governance. So people go straightaway to the court and then come with a paper and ask the government.

MEDICAL ETHICS

SPEAKER: DR ARVIND MATHUR

Ethics is a moral code of conduct defining the right and wrong behaviour in a civil society, it comes from within. Ethics is different from law. In the present world, an ethical practitioner is looked at as an anomaly.

Role of a good physician

Primary duty of physicians is:

- ❑ to their patients
- ❑ to maintain confidentiality
- ❑ to avoid institutional entanglements that would compromise independent judgement
- ❑ refrain from unsavoury financial deals
- ❑ refrain from advertising
- ❑ professionalism with patients and colleagues

The code of conduct of the MCI says

- ❑ Pre-natal sex determination is corrupt, dishonest and unethical conduct.

- **Medical Ethics: main points**
- Nowadays an ethical practitioner is looked as an anomaly.
- Patients have to be sensitised to receive quality ethical practices from the doctors.
- Unethical practice is not justifiable under any circumstances or citing any reason (e.g. to recover the cost of medical education).

- ❑ Advertisement is unethical, even promoting this kind of practice is unethical.

Steps to be taken

- 1) Sensitize the larger masses that they have a right to receive quality ethical practices from the service providers
- 2) This is necessary, as the supply side cannot be attacked only with the regulatory mechanisms of Acts or enforcement

DISCUSSION

Recovering cost of medical education

- (1) Recovering the cost of medical education could not be a justification to practise unethically (determination of sex and female feticide).
- (2) It is not a reason but an excuse.

MEDICAL ETHICS

SPEAKER: SANJEEV KULKARNI

MCI and other medical bodies

- ❑ MCI was formed in 1956 to lay down the rules and regulations for the conduct of medical professionals. But it has always remained a paper tiger.
- ❑ Even the Hippocratic Oath is not taken by medical graduates in any seriousness. Not a paper is given as to how they are going to conduct themselves and their practice.

- ❑ Yet, whenever any Act is passed, the medical professionals react very defensively as a united body in most of the cases.
- ❑ Ethics is internal, laws are external. Together they complement to form a wholesome body of proper conduct for any profession.
- ❑ Most of the doctors - 99% - are not aware of the legislations, or the long-term consequences of the legislations.
- ❑ Ignorance cannot be an excuse for wrong behaviour. They must formulate a mechanism to dispense the new ideas, knowledge, regulations and rules and improve upon their conduct.

Self-regulatory mechanism

- ❑ In India, the medical profession has no self-regulatory self-evaluation mechanism and there has been no systematic effort to pool in data.
- ❑ In the West, medical profession all over the world is moving towards evidence-based practice, because patients are aware of their rights.

Inculcating ethical behaviour

- **Medical Ethics, Regulatory mechanism: main points**
- Ethics and law together form a body of proper conduct for any profession.
- Most doctors are not aware of the legislations or their long-term consequences.
- Ethical behaviour can be the long-term solution to sex selective abortion.
- Issues of ethics should be incorporated in the medical curriculum and taught seriously.

- 1) Ethical behaviour can be the long-term solution to this problem. Legislation can help to a certain extent, but ultimately the solution lies in ethics.
- 2) Gender issues and the ethics issues have to be incorporated in the medical curriculum and taught seriously.
- 3) Here the media and the activist has to be very vigilant:
 - to incorporate these issues into the medical profession, and
 - see that these are taught with seriousness.

GOI COMMITMENT SPEAKER: JVR PRASADA RAO

Some important points amended in the Act

- (1) The pre-conception sex selection technique has been brought within the ambit of the Act to pre-empt its use.
- (2) The use of ultrasound machines and definition of ultrasound clinic has been made more explicit.

- (3) Central Supervisory Board has become an empowered board, which can monitor, give directions, bring in amendments in the Act, make regulations. Now it is a widely represented body with members from the government, civil society, NGOs, etc.
- (4) State Supervisory Boards were also brought in.
- (5) Appeal against orders of the appropriate authority has been made possible
- (6) Appropriate authority have been made multi-member bodies and members from the civil society have been included to make decisions objective.
- (7) Punishments under the Act have been made more stringent. Appropriate authority have been invested with the power to search the premises, seize and seal the machines.
- (8) The manufacturers of the machines have been made responsible that the machines are sold to registered medical practitioners only. Almost on a quarterly basis sellers inform the government to whom they are selling the machines.

Implementation

- The Central Supervisory Boards and the State Supervisory Boards in a number of states have been established. These matters are periodically reported to the court. Apart from handling complaints with the provisions of the Act, the government has also conducted workshops and seminars at various levels to create awareness. Voluntary organisations have been involved in conducting some of the workshops. Some religious leaders' meets have also been organized because religious leaders are also great opinion builders.
- States were also asked to conduct awareness campaigns. Chief ministers were addressed to take a number of initiatives at the state level.
- The appropriate authorities have been for the first time given the charge of implementing an Act. Extensive training programmes and workshops at the state level are being conducted for them.
- In the National Institute of Health and Family Welfare, Delhi, a regular training programme for all the appropriate authority at the district and sub-divisional level has been arranged, a periodic training course is conducted in batches.
- A very comprehensive handbook has been brought out. It contains the Act, rules, regulations & all instructions issued from time to time. Now it is being translated into Hindi and all the other regional languages.

▪ **GOI commitment: main points**

- Some important points were amended in the PNDT Act.
- According to the amendments, steps have been taken for implementation.
- These include constituting State Supervisory Boards, other boards and committees, carrying out surprise inspection of clinics and bringing culprits to book.
- The appropriate authorities have been given the sole responsibility to implement the Act.

- A National Monitoring & Implementation Committee was constituted for surprise inspections. Violations were brought to the notice of state government. In some cases clinics were raided & doctors were arrested.
- Something needs to be done in a much more intensive fashion. At the Central level the tune is set, but ultimately it has to be carried out at

every state, distinct level by the appropriate authority.

- ❑ Sufficient funds are earmarked for enforcement of this Act. And also the fund that is realized from registration of machines could be used for generating awareness among the people, for conducting meetings, etc by the appropriate authority.

A contract between doctor and patient

- ❑ Mere enforcement of law cannot stop this practice. It can only generate some fear.
- ❑ A lot of sensitization among people is needed.
- ❑ It is a contract between the doctor and the patient/family, where it becomes extremely difficult for a third party like government or enforcing machinery to oversee.
- ❑ Between the doctor and the patient, the party that could be sensitized more is the doctor because of his education and exposure to society.
- ❑ Doctors' professional bodies need to play a very vital role.
- ❑ Members of the media should see that the medical community gets sensitized.
- ❑ The violations have to be brought out in the newspapers and other media.

The fence sitters

In all such cases there are 3 categories of persons:

1. Those who comply
2. Those who are die hard, out to make money
3. In between there are a lot of fence sitters, who if sensitized and the fear of god is put in them, could become ambassadors to this programme. This is the crowd that has to be addressed.

Finding a solution

- ❑ There could be a simple solution. A number of strategies how to be thought up to sensitize the medical community.
- ❑ Sensitizing society is a much bigger job, which needs education.
- ❑ The status of women is important and the small family norm is important in some cases.
- ❑ These are all interrelated issues, but basically the emphasis should be more on the service providers.

DISCUSSION

Use of ultrasound machines

The amendment distinguishes very clearly between 2 types of ultrasound machines

- 1) Those used for non-gynaecological purpose do not come under the Act – machines used by cardiologists, renologists, orthopaedists.
- 2) Machines used on pregnant women come under these regulations. The 23 conditions under which a pregnant woman could undergo ultrasound are very clearly laid out.

Prosecutions

There have been 365 prosecutions under this Act and 230 machines have been seized and sealed in the country. In some cases doctors have been arrested.

Updating knowledge

- ❑ In the West, the medical profession has a mechanism of updating knowledge on a periodical basis by having continuing medical education programmes.
- ❑ Continuing medical education programmes for doctors in India who are already into practice is the only way of giving them the latest information in the field of medical ethics or medical technology, thus making them more sensitized towards these issues.
- ❑ This issue should be taken up by MCI or Central government.

2 issues Ministry of Health had taken up:

- 1) To include sex determination as one of the unethical practices in the medical regulations. Doctors' registration could be suspended or cancelled by the MCI.
- 2) The re-registration of doctors every 5 years. This would probably come into the Act very soon. For every 5 years a doctor has to put in a minimum number of hours of continuing education, without which the certificate would not be renewed.

Implementation and prosecutions

- ❑ Quite a few of the prosecutions have been by surprise checks.
- ❑ To check for unethical practice, if the records of doctors are properly kept, the appropriate authority could see whether a particular pregnancy has been registered or not, and why it has been terminated.
- ❑ States respond in different ways. In certain states there are highly motivated political leaders who take it as a priority. But there are states which are indifferent also.
- ❑ In southern states, not many raids have been conducted, but registration of machines, submission of reports, etc. is fairly regular.

The financial aspect

- ❑ There are certain provisions in the GOI's budget to be given to the states.
- ❑ This could also be a self-generating scheme, because the charges to register a machine are quite substantial. If it is put together in a bank account, the appropriate authority could utilize that to take care of implementation of the Act.

PROGRESS IN GOA
SPEAKER: RINA RAY

Discrepancy between records and Census

- As per the Census, the 0-6 sex ratio in Goa is 933.
- Goa is the only state with 100% registration of births and deaths. According to the state government records, the sex ratio is 911, not 933 which the Census says.
- This has implications for the rest of the country because in the other states, figures for sex ratio would be much lower than what the Census is actually showing.

Goa's policy

- Goa has looked at the fetus as an individual, as a child, as a person, and to see it links with the issue of gender, of the rights of the girl child, of the children as a whole, of the rights of the mother.
- Goa is trying to start from every issue which leads to a woman agreeing to female feticide, to how she could be prevented from doing it.
- The competent authority under the Goa Child Act has absolute powers to enter, search, seize any relation when it is concerning a child. And a child in the Act includes a fetus.

▪ **Progress in Goa: main points**

- The actual sex ratio for Goa is much lower than that given by the 2001 Census.
- Since Goa is the only state in the country with 100% registration of births and deaths, an anomaly of this kind means that the sex ratio of other states as given by the 2001 Census is much lower in reality.
- Goa would be the first state to have a children's court.

- The competent authority could take a number of actions including immediate fines up to 50,000 plus referring the matter to the police or the appropriate authority under the PNDDT Act or to a children's court.
- Goa would become the first state to have a children's court, and trial would be by jury.
- Goa has tried to look at female feticide not only as a health issue, but totally rounded so that the mothers are empowered so that they don't allow this to happen.

IMPLEMENTATION OF THE PNDDT ACT
SPEAKER: ALBERTINO ALMEIDA

- ❑ After an advisory committee was constituted in '96-97, the next problem was to get them to call meetings. They had certain activities like putting up posters, doing awareness programmes, etc.
- ❑ The first ever meeting of the committee did not happen until the PIL was filed and quarterly reports had to be submitted.
- ❑ The ongoing debate in the committee is which department should handle issues of gender, whether it should be the Women and Child department.

THE KHAMMAM EXPERIENCE
SPEAKER: ARVIND KUMAR

Implementation of the Act in Khammam

- ❑ Khammam district is part of Telengana, one of the backward districts. Has 1 district HQ hospital, 5 civil hospitals and 57 public health centres, 39 scanning centres. Out of this, 4 are government institutions, the rest are private. General reach of public for medical facilities is comfortable. Doctors are actually staying in PHCs, one of the rare things, and response has been tremendous.
- ❑ Two workshops have been conducted for all 39 centres, their associates and their doctors including government doctors.

- **The Khammam experience: main points**
- Workshops to sensitise clinics and doctors have been carried out.
- The appropriate authority kept tabs on clinics that did not attend the workshops and found a case of sex determination by mobile ultrasound scanning.
- Another case was of a doctor who had declared the sex of the fetus in writing.
- Prosecution is under way.
- Getting proof is the most important problem the appropriate authority is facing to book culprits.

- ❑ In the first workshop, out of 39 scanning centres, 6 did not attend. In the second workshop 4 clinics did not attend, and 3 out of these 4 had not attended the first workshop also. The appropriate authority noted this and kept tab on them.

Case for prosecution (1)

- ❑ One doctor, who had his scanning unit in Khammam district HQ plus lot of mobile scanning centres, did roaring business on Sundays.
- ❑ Registered medical practitioners in rural areas brokered for him throughout the week, fixing a

particular village mobilizing pregnant women approximately in a 10 km radius that scanning would be done on Sunday and they would know the sex of the child

- ❑ A show-cause notice was issued to him as there were 2 proofs against him: (1) in writing he had disclosed the sex of the child, (2) he had told a woman that the fetus was female, and the lady gave the details in writing.
- ❑ His registration obviously would be cancelled followed by prosecution.

Case for prosecution (2)

- ❑ Another mobile scanning unit in a village (that belonged to a clinic that had not attended the workshops organised by the authorities) was deliberately seized just to create an impact
- ❑ The appropriate authority had alleged that it was not registered to perform scan in that village
- ❑ They had to make this allegation as they did not have any proof against them

Problems confronted by appropriate authorities

- ❑ Most of the scanning is done on women less than 35. The Act says they should be more than 35 years.
- ❑ No registers are maintained in any of the scanning centres, one of the pre-conditions of the Act.
- ❑ There has to be a more scientific systematic and well-defined monitoring mechanism at the clinic level.
- ❑ In rare cases there is proof of disclosing sex of child. So it is very difficult to catch the culprit.
- ❑ Enforcing authorities lack interest, take it as a routine part of the job and make no effort to go out of the way to find out what is happening.
- ❑ The importance of the PNDT Act is not even 2-3% on the list of priorities of the appropriate authority, who has other things to do (like meeting family planning targets)

Action taken in Khamman

- ❑ From Dec onwards, teams have been formed of DMHO, Deputy DMHO, Deputy civil surgeons that go out once a month to inspect scanning centres for maintenance of registers, how many scans done, whether patients have given written consent, etc.
- ❑ Media interaction has been very positive and regular since December.
- ❑ Some impact has been made by the reports in the Press that decoy patients might be sent to the clinics.
- ❑ The PNDT Act has been displayed in Telugu in all the 39 centres. Posters have been developed – more of pictorials highlighting what a doc should and should not do and what a patient should and should not ask.

DISCUSSION

Birth registration

- ❑ Registration in urban areas is much better than in rural areas.
- ❑ If it is possible to get the birth registration data on a quarterly basis, it would be possible to figure out areas where sex ratio at birth is unusually low.
- ❑ That would be one very clear indication of this kind of determination leading to abortion.
- ❑ It would give immediate clue of where to prioritize action and focus.

Monitoring the machines

- ❑ Like photocopy or X-rays machines that indicate the number of exposures, putting a counter registering number of exposures in ultrasound machines could help count the number of exposures and could be matched with the clinic records to see if are any anomalies
- ❑ But counting exposure has not come in the existing ultrasound technology.
- ❑ Once the ultrasound machine is switched on, it is a continuous activity and not separate exposures like X-rays. Once it is switched on, any number of exposures could be done.

Policing appropriate authorities

~ Implementation of this legislation cannot be left to government functionaries alone. It needs to be substantially supported by civil society action.

~ Information about violations by appropriate authorities need to come through NGOs, activists, informal organizations, etc. If an appropriate authority does not respond within 15 days, it is a cognizable offence and the police has the right to go and arrest him. The person concerned could directly go to the court and make a complaint.

Involving religious leaders in creating awareness

- ❑ Always there is a possibility of the issue getting diluted when religious leaders are involved. All established religions have been very conservative on all these issues, as by definition religion is a conservative force.
- ❑ All sections of society have to be mobilized including opinion builders. Definitely religious leaders are opinion builders.
- ❑ The tremendous influence of religious leaders on people could be used for awareness.
- ❑ There are pitfalls in bringing religious leaders because they would bring their own agenda.
- ❑ Some religious leaders have come up with positive messages. The Akal Takht said that feticide was a sin and those practising it would be excommunicated.
 - ❑ Starting a dialogue is important although the concerned may not agree with everything.

May 4 2003

REALISING CHILD RIGHTS: FROM RHETORIC TO ACTION
SPEAKER: ERMA MANONCOURT

UNICEF and India

- UNICEF in the mid-90s really took on the CRC to which GOI is a signatory on behalf of its citizens.
- It made legally binding commitments on the international fora on what it could be held accountable for.
- India has just completed its second report to the committee on the Rights of the Child.

Translating rhetoric into action

- Use of technology is the issue of rights, as most of it has dual use (for good and bad) and thus depends upon the intent and the will.
- One has to go beyond the manifestation of the symptoms (son preference, dowry) and find out the root cause.
- When media talks about rights, it has to understand the root cause and ask the hard questions.

Role of the media

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| <ul style="list-style-type: none">▪ From rhetoric to action: main points▪ One has to find the root cause and ask the hard questions.▪ When the media tries to understand the root cause and talks about rights, it has to remember that rights are all linked together and cannot be segregated.▪ There has to be investigative reporting and also focus on cases that have been successes rather than criticizing all the time. | <ol style="list-style-type: none">1. To do follow-ups.2. Do investigative reporting. But there is not much reporting on those who are doing the right thing. A lot of time is spent criticizing.3. Media has to put things up for people to see and question. There may not always be answers, but if the questions are not asked, there won't be any answer.4. There has to be faith that the work being done now would bear fruit, |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- although it would take time.

DISCUSSION

Media coverage

- ❑ There is much expectation from the media – that stories don't get front-page space.
- ❑ Development has become a hot topic for newspapers.
- ❑ Not necessary that development issues should get page 1 always. Those who are interested would read them on any page.
- ❑ Coverage of this issue is increasing steadily.
- ❑ If capsules of news are available to journalists, it makes the job easier.
- ❑ Whether it is politics, economics, violence – the media should bring out the gender component in their articles. If that is done, then separate space for gender issues would not be required.

ON NFI FELLOWSHIPS
SPEAKER: PARTHA RUDRA

- ❑ Before taking any point of view, media should be able to reflect, research, get convinced, then write.
- ❑ NFI is committed to the issues of the girl child.
- ❑ NFI supported research to look at the declining sex ratio, the practice of female infanticide, also feticide.
- ❑ NFI also supported campaigns in Haryana, Punjab, HP. The idea was to involve all civil society groups and actors.
- ❑ Nobody could be excluded as this is about social change. The task is to impact the mindset and take along everyone including community and religious leaders.
- ❑ Medical practitioners belong to the same society and imbibe the norms of the society. The mindset of the medical practitioners have to be changed.
- ❑ Only curbing the supply side has its limitations. Work has to be done intensively on the demand side also.

THE PNDDT ACT
SPEAKER: SANJAY PAREKH

The PNDDT Act was enacted in 1994, but was not brought into the statute book till 1996. No action was taken till the PIL was filed.

Monitoring the ultrasound machines

- 1) For proper implementation of the Act, it is important to know how many ultrasound machines exist in the country. The number of ultrasound machines in each state, district is now known with data from manufacturers and the IMA.
- 2) Now it is possible to monitor the situation if a new ultrasound machine is added in a district or sub-district because under the amended Act, machines can be sold only to labs/clinics registered under the Act.

Importance of the PIL

- ❑ Following the PIL the Act was enforced, and it became a tool for bringing down elimination of the girl child.
- ❑ Directions were issued, monitored, and each body (supervisory board, appropriate authority, advisory board) was asked to file reports before the Supreme Court.
- ❑ Multiple layers have been created in the system to see that the provisions of the Act are implemented properly.
- ❑ If a doctor conducts ultrasound tests on pregnant women, he has to give an undertaking that he has not performed any sex determination. Similarly, the pregnant woman has to give a declaration to the effect that no sex determination test has been done.
- ❑ A clinic is supposed to keep all the records of whatever tests performed – and this could be checked by the appropriate authority.

▪ The PNDT Act: main points

- After the amendment of the Act, the exact number of ultrasound machines is available to the appropriate authorities.
- It is now possible to monitor the use of ultrasound machines, as any new machine added is sold by manufacturers on to registered clinics/labs.
- Sustained awareness programmes should continue, and media could play a very important role here.
- The solution has to be found among the people.

it.

Areas that need to be altered

- (1) Awareness needs to be created among the people, where media could play a very important role. The awareness created by the government is of a routine kind. Sustained efforts on the awareness programmes should continue. The solution has to be found among the people, by efforts made by individuals, NGOs, and those working in this area because bias against women is deep-rooted.
- (2) Doctors should take it as their moral obligation that sex determination is abhorrent and should stop practising

MEDIA VIOLATION

SPEAKER: NIRMALA SAWANT PRABHAWALKAR

What Maharashtra government is doing

- ❑ After Parliament has passed the amendment, the state government is taking a lot of initiative.
- ❑ Every dispensary all over Maharashtra are to display boards that say ultrasound machines are not carried out and sex determination tests are not done there.

- PNDT committee has been formed and it would go with decoy patients to check doctors and clinics.

An example of having a small family without female feticide

- The Loka Sahabhatun Kutumba Kalyan Karyakram, a population control programme, encourages the concept that a small family is a good family. People's participation without compelling them is the main aim.
- In health camps where women, husband and family participate, women are felicitated and operations are carried out, without compelling anyone.
- Operations are carried out after one daughter or two daughters.
- Cash incentives are given – Rs 10,000 to an operation after the first female child, which matures after the child becomes 18 years old. For an operation after 2 girls, the child gets Rs 5,000.
- These incentives are very helpful to check elimination of the female child.

Legal aspects

- Dowry is a very bad practice which has lowered the status of women. It is necessary to curb this practice to increase the status of women. Since both giving and taking dowry is an offence at present, nobody comes forward to say who is giving or taking dowry. Giving dowry should be treated as under duress, so that to discourage dowry, the person giving dowry could come forward and say who had demanded dowry.
- Showing sex determination in films and TV/fiction should also be banned.
- Women should have right to residence.

Media Violation

a) The *Times of India* had published an advertisement of Genselect which was unethical. The Commission issued notices to the company and also to *Times of India*. Genselect apologized for the ad. This kind of dialoguing is important.

b) Duryodhana and Rakshasa disincentive awards are given for portraying women in a bad light. For example, companies advertising fairness cream.

c) In the Star Plus serial *Saas Bhi Kabhi...* sex selection was shown, so notices were issued to Balaji Telefilms and Shobha and Ekta Kapoor. BMC registered an FIR against them. They were given the benefit of doubt and told that even circulating such discriminatory ideas was an offence.

d) In the AIDS awareness campaign showing Balbir Pasha, many things were found highly objectionable and the intention of the ad seemed more like

- **Media violation: main points**
- Showing sex determination in films and TV/fiction should be banned.
- An FIR was filed against Balaji Telefilms for showing sex determination.
- Women should not be portrayed in bad light in ads/serials. Eg. in fairness creams.
- A dialoguing is going on and changes have been in some ads. Eg. the AIDS awareness campaign with the character Balbir Pasha.

selling condoms than preventing AIDS. The woman was also shown in a bad light. After objections were made, a changed version was made for telecast.

DISCUSSION

Monitoring of the implementation

1. It is the duty of the appropriate authority under the state to see that the person seeking registration has all the facilities for conducting clinical diagnostic tests. Only then registration should be granted. Otherwise, NGOs and civil society could point it out.
2. Each centre/lab has to keep records, and submit them to the appropriate authority. If records are not kept, or somebody is violating rules, complain could be made to the appropriate authority.
3. The different places where the machine would be used have to be registered.
4. Monitoring has to be done by the people.
5. Under the Act there is an appropriate authority that could take suo moto notice, and if on a complaint filed no action is taken, then appeal to higher authorities could be made.

MEDIA RESPONSIBILITY IN STOPPING SEX DETERMINATION CHAIR: S KULKARNI

Chair's comments:

- 1) Readership of English newspapers in the country is less than 10%. Almost 90% of the Press consist of regional languages. Efforts have to be made to involve the regional Press in the campaign.

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| <ul style="list-style-type: none">▪ Media responsibility: main points▪ Efforts should be made to involve the regional Press in the campaign as it has a large readership (90%) compared to the English Press (10%).▪ Whenever articles about the medical profession is written, one should be careful about the terminology. |
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profession dismiss the entire piece.

- 2) Media could play a very positive role in building up a campaign.
- 3) In this problem of female feticide, the medical profession caters to a particular need of the society. It could be solved with the help of law and social awareness.
- 4) Whenever articles about the medical profession are written, one should be careful about the terminology. Any small mistake would make the medical

RAKESH BHATNAGAR

- ❑ Sensitivity of the Press is at its lowest at present.
- ❑ Media these days is short of space for various reasons – priorities are different.
- ❑ Some Hindi and English newspapers have given adequate space to the problem, particularly to this area.
- ❑ It was because of writing on this issue that the government was compelled to come out with the Act and the Press still has some sensitivity left.
- ❑ Some severe penal offence should be there for female feticide. If the practice continues, it should also be a part of 302, for murder.

MR VENKATESAN

- ❑ *Hindu* has consistently given importance to all these issues.
- ❑ *Hindu's* articles have influenced the decision-makers, particularly state government officials.
- ❑ As a result, awareness has been created to a large extent.
- ❑ Policy decisions have been taken. Appropriate authorities have been created in Chennai.
- ❑ Most of the clinics have been registered and penal action has been taken. *Hindu* has played a greater role.

DISCUSSION

The fetus as human being

- ❑ Shape of the human body comes to the fetus by 8-10 weeks, but viability (to survive on its own if born) comes by 28 weeks.
- ❑ In the west, because of improved medical technology, 22-24 weeks is the cut-off mark because babies born at 22-24 weeks can survive.
- ❑ But an unborn fetus does not have the rights of an individual. Feticide cannot be considered murder.

MTP Act versus PNDT Act

- ❑ Under the MTP Act, up to 12 weeks, the termination of pregnancy is permissible with the opinion of one doctor. Between 12-20 weeks opinion of two doctors have to be taken. It is the woman's right to decide whether she wants to terminate pregnancy and termination is not an offence.
- ❑ The point is whether the abortion is for sex selection or for reasons permissible under the PNDT Act. Every year in India induced abortion is 10-12 million. Most common cause of abortion is sex selective abortion.

- ❑ Often there is clash between the PNDT Act and the MTP Act. The doctor determining sex does not do the abortion, which is done in the MTP clinic the woman goes to (after she is told sex).
- ❑ In the country MTP laws have not been implemented. The PNDT Act is clearly against sex selective abortion and not against abortion as such.

KEY RESPONDENT: TRUPTI SHAH

On the media

- ❑ One level of awareness has been achieved. Media has supported this campaign throughout, and it is because of the support of the media that the campaign has been able to pick up. Not only the English Press but the vernacular Press also has condemned this practice.
- ❑ Now the need is to go to the second stage: understand the complexity of the problem. Otherwise, everything remains at the level of emotions. The causes are not just emotional, but there are many complex issues.
- ❑ While doing media advocacy, it has to be understood who all are responsible and pin them down, but without clubbing them all together because the issue is very complex.

DISCUSSION

Percentage of doctors doing sex determination

- ❑ Majority of obstetricians and gynecologists do sex determination as a routine.
- ❑ Hardcore 10-20% is doing it only for money.
- ❑ There are 70,000 gynecologist members in FOGSI. Many gynecologists are not FOGSI members and there are many MBBS doctors who are practising.

MTP centres doing sex selective abortions

- ❑ In any MTP centre where sex determination is not done, first trimester abortions are almost 90%.
- ❑ If sex determination is going on, there are more second trimester abortions.

Media

- 1) In the Indian Press, there is no coverage of very significant amendments.
- 2) When ads for sex determination appear, these should be discouraged.
- 3) If a sex discriminatory article appears in the Press, there should be some editorial comment/ comment by correspondent of the area, or the reader should be invited to object to the article.
- 4) One of the central issues to strengthen is evidence-based reporting, creating an informed media. Unfortunately, gender is very inconsistently pursued.

5) The issue is about a terribly discriminatory trend that has set in, and how to reverse this trend, with everyone taking the share of responsibility.

Sensitising the editors

- ❑ People in the media who are in the borderline of this issue and dismissive about it, more editors, who are in a position to decide placing and the choice of news, should be converted to this side.
- ❑ Sensitize more of the male community in the media.
- ❑ In newspapers and publications, the gatekeepers are people on the desk. They are the ones who chop/cut, also give the headlines. It is important to hold workshops for them.

Writing about these issues in the regional Press

- 1) There is lot of freedom in regional newspapers to write about women's issues.
- 2) But there is disadvantage of being situated in the border of states. None of the state governments concerned takes seriously what is being published.
- 3) There is need for networking between states and Delhi

Journalist versus activist

- ❑ There is a fine line between a journalist and an activist and this line should remain if journalists should remain credible
- ❑ The moment they get too involved in the issue they become activists themselves, and lose a lot of credibility within the organisation.
- ❑ What is needed is sensitising people working within the mainstream media.
- ❑ Part of the commitment of being a journalist is doing follow-ups