

श्री सभापति: तीन सवाल पूछे गये हैं। ... (व्यवधान)...

श्री उदय प्रताप सिंह: सर, मुझे एक सवाल पूछ लेने दीजिए। ... (व्यवधान)...

श्री सभापति: देखिए, अगर बीस सवाल हैं, तो ... (व्यवधान)...

श्री उदय प्रताप सिंह: सर, मुझे एक सवाल पूछना है। ... (व्यवधान)...

श्री तरलोचन सिंह: सर, मैं एक निवेदन करना चाहता हूँ। ... (व्यवधान) ... सर, पंजाब, हरियाणा ही दो स्टेट हैं जो इंडिया की फुड बास्केट हैं और इनका नाम कोई नहीं लेता है। ... (व्यवधान) ... पंजाब और हरियाणा ही हैं, जो इंडिया को फुड दे रहे हैं। ... (व्यवधान)...

MR. CHAIRMAN: Please allow the Question Hour to proceed.

श्री तरलोचन सिंह: सर, यह बड़ी सीरियस बात है, जिसको मैं हाउस के सामने रखना चाहता हूँ। ... (व्यवधान)...

MR. CHAIRMAN: Please allow the Question Hour to proceed.

श्री उदय प्रताप सिंह: सर, मुझे एक क्वेश्चन पूछ लेने दीजिए, चाहे मंत्री जी उसका जवाब दें या न दें ... (व्यवधान)...

श्री तरलोचन सिंह: सर, मैं आपसे रिक्वेस्ट करता हूँ कि पंजाब, हरियाणा ही दो ऐसी स्टेट हैं। ... (व्यवधान)...

श्री सभापति: श्राप इस पर पूरा डिसकशन कर लीजिए, मगर इस वक्त क्वेश्चन ऑवर को चलने दीजिए। ... (व्यवधान) ... क्वेश्चन 328.

Special programme to check the declining sex ratio

*328. KUMARI NIRMALADESHPANDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) is there a steep decline in sex ratio in India;
- (b) if so, what are the special programme taken up by his Ministry to change this trend;
- (c) what are the main reasons for this crises; and
- (d) what is the role assigned to NGOs to set things right?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (d) A statement is laid on the Table of the House.

Statement

(a) to (d) The Sex Ratio (SR) (number of females per thousand males) has increased from 927 to 933 from 1991 to 2001. However, the Child Sex Ratio (CSR) has declined from 945 to 927 during the same period. State-wise Sex Ratio and Child Sex Ratio is given in the Statement (See below).

Some of the reasons for low levels of sex ratio are son preference prevalent in the society, neglect of the girl child resulting in higher mortality, female infanticide and female foeticide.

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

In order to check female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was brought into operation from 1st January, 1996. The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, has since been amended to make it more comprehensive. The amended Act and Rules came into

force with effect from 14.2.2003 and the PNDT Act has been renamed as "Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994".

The technique of pre-conception sex selection has been brought within the ambit of this Act so as to pre-empt the use of such technologies, which significantly contribute to the declining sex ratio. Use of ultrasound machines has also been brought within the purview of this Act more explicitly so as to curb their misuse for detection and disclosure of sex of the foetus lest it should lead to female foeticide. The Central Supervisory Board (CSB) constituted in terms of the Act under the Chairmanship of Minister of Health and Family Welfare has been empowered for monitoring the implementation of the Act. The National Inspection and Monitoring Committee has been constituted at the Centre to undertake field inspections frequently and report to the concerned State/UT Governments to take corrective measures wherever shortfall or violations of the Act have been noticed. The National Support and Monitoring Cell advises the Centre in putting in place a mechanism, including legal framework, for effective implementation of the Act.

State level Supervisory Boards on the lines of CSB have been introduced for monitoring and reviewing the implementation of the Act in States/UTs. The State/UT level Appropriate Authority have been made a multi member body for better implementation and monitoring of the Act in the States. More stringent punishments are prescribed under the Act so as to serve as a deterrent for minimizing violations of the Act. Appropriate Authorities are empowered with the powers of Civil Court for search, seizure and sealing the machines, equipments and records of the violators of law including sealing of premises and commissioning of witnesses. It has been made mandatory to maintain proper records in respect of the use of ultrasound machines and other equipments capable of detection of sex of foetus and also in respect of tests and procedures that may lead to pre-conception selection of sex. The sale of ultrasound machines has been regulated through laying down the condition of sale only to the bodies registered under the Act.

It is, nevertheless, recognized that mere legislation is not enough to deal with this problem that has roots in social behaviour and prejudices. Various activities have been undertaken to create awareness against the practice of pre-natal determination of sex and female foeticide through Radio, Television and print media units. Workshops and seminars are also organized through Voluntary Organizations at State/regional/district/block levels to create awareness against this social evil. Training of the judiciary and other legal professionals are undertaken to sensitize them on the issues related to PNDT Act.

An amount of Rs. 5.00 lakh each has been given to 126 Members of Parliament (Lok Sabha and Rajya Sabha) from States of Chandigarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Punjab and Rajasthan to create public awareness on sex selection and declining sex ratio by organizing exhibitions, seminars, workshops, trainings/orientation programmes for PRIs, SGHs, public meetings, debates, essay competitions, nukkad nataks, stage shows etc.

The Government, on continuing basis, is monitoring and taking action to strengthen the Pre-Conception and Pre-Natal Diagnostic Techniques Act (PC & PNDT Act) as well as creating awareness on the issue through various IEC mechanisms though the active participation of the State/UT Governments, NGOs and other institutions.

Statement*State/UT-wise sex ratio and child sex ratio during 1991 and 2001*

India and State/Union territory*/District	Sex ratio		Child Sex Ratio	
	1991	2001	1991	2001
1	2	3	4	5
INDIA	927	933	945	927
Jammu & Kashmir	896	892	NA	941
Himachal Pradesh	976	968	951	896
Punjab	882	876	875	798
Chandigarh*	790	777	899	845
Uttaranchal	936	962	948	908
Haryana	865	861	879	819
Delhi*	827	821	915	868
Rajasthan	910	921	916	909
Uttar Pradesh	876	898	927	916
Bihar	907	919	953	942
Sikkim	878	875	965	963
Arunachal Pradesh	859	893	982	964
Nagaland	886	900	993	964
Manipur	958	978	974	957
Mizoram	921	935	969	964
Tripura	945	948	967	966
Meghalaya	955	972	986	973
Assam	923	935	975	965
West Bengal	917	934	967	960
Jharkhand	922	941	979	965
Orissa	971	972	967	953
Chhattisgarh	985	989	974	975
Madhya Pradesh	912	919	941	932
Gujarat	934	920	928	883
Daman & Diu*	969	710	958	926
Dadra & Nagar Haveli*	952	812	1013	979
Maharashtra	934	922	946	913
Andhra Pradesh	972	978	975	961
Karnataka	960	965	960	946

1	2	3	4	5
Goa	967	961	964	938
Lakshadweep*	943	948	941	959
Kerala	1,036	1,058	958	960
Tamil Nadu	974	987	948	942
Pondicherry*	979	1,001	963	967
Andaman & Nicobar Islands*	818	846	973	957

SOURCE: Census 1991 & 2001, O/O Registrar General of India. * Union Territory.

KUMARI NIRMALA DESHPANDE: Sir, it is a paradox that those who are affluent and those who have the means, and also are educated, they go in for sex determination test and the ratio is declining in those areas. Fortunately, those who are illiterate, live in the villages, you find that the ratio among them is almost equal. Why is this happening? It is because there is something wrong with the education system also that the educated people are going for this sex determination and not allowing the girl child to be born. So, this is a serious issue and it should be tackled in various ways. I would like to ask whether there are any plans or campaigns because one of the major reasons why people do not want girl child and why they want only son is that they feel who is going to perform their last rites. Can we start a campaign that the girls have not only rites to perform the last rites of their parents but they should be preferred?

MR. CHAIRMAN: Question please.

KUMARI NIRMALA DESHPANDE: In Maharashtra, this has already started. Can we start some kind of a campaign for giving rights to the girls to perform the last rites of their parents?

DR. ANBUMANI RAMADOSS: Sir, the hon. Member has said that this is not only a medical problem but this is a social evil being practised for decades in our country and there are some States, in fact, some progressive States, which are the most affected. In States like Punjab, Haryana, Himachal Pradesh, Delhi and in Delhi, South Delhi, Gujarat, and Madhya Pradesh there has been a steady decline of the sex ratio. The Government of India has been trying to do a lot on this issue and we have been coordinating with various agencies, not only with the State Governments but also with a lot of civil societies, NGOs, community-based organisations, faith-based organisations. There has been a lot of "raths" going around. Religious leaders have been involved in this. The mother-NGOs, whom we are taking care of in each district, have been propagating this message of this social problem. As the hon. Member has said, the issue here is about preference of boys in some families and there is also a problem with regard to dowry. Some business families want their boys to take over their business and there are some feudal families, like the hon. Member has said, where the last rites should be done by the boys. All these issues have been there. We have a campaign of 'Save the Girl Child', It is the Government of India's campaign, where we have a brand ambassador. We have started with Sania Mirza. We have taken all the other young girls who have been the pioneers in their own field and campaigned. In fact, Sir, we have given Rs. 5 lakhs to each Member of Parliament from both the Houses in these six affected States only for campaigns on declining sex ratio. So, there is a lot of mass movement of campaigns. There is also a lot of information, education, communication, etc. There has also

been a lot of campaign through print and electronic media. We are setting up appropriate authorities by empowering them, by changing the law. The Central Supervisory Board, which is supposed to enforce this Act is, headed by myself and we meet twice a year. The next meeting is on the 12th of December this year. Taking this opportunity, I would like to invite all the Members of Parliament, if they are free on that day, i.e. on December 12th to come as a special invitee to the Central Supervisory Board and give their inputs on how we could further tackle this problem, because this is not only a problem of the Health Ministry as such but the entire community and this is something which we need to take up in a very, very urgent manner. The hon. Member is right in saying that in some of the tribal areas in this country, specially in the North-East, there has been a healthy increase of sex ratio rather than a decline. But then, the problem is with the well affluent sections and specially, in South Delhi, we have been having a lot of problems. Recently also, we have seen two clinics where a very eminent doctor has been doing this. There are a lot of activities happening and a lot of steps are being taken now with this Government and also, some issues which the hon. Member has said that in Punjab and in Haryana also, if any property is registered in a lady's name, there is two per cent rebate on the stamp duty and if an electricity account is on a women's name, then there is 10 paise rebate on each unit. There are the things, which have been taken up and in some Panchayats in Punjab and Haryana, there has been Rs. three lakhs as incentive given to the Panchayats as such where there is an increase of sex ratio. So, these are individual efforts but then we need a collective effort and we need all the Members, the entire Government, the entire India to take up this issue.

KUMARI NIRMALA DESHPANDE: Sir, I would just like to recall that during early 80s when Madam Indira Gandhi again became Prime Minister once she told me, 'This new technique is coming to India. But, I am afraid that testing sex of an embryo creates problems for us. I am thinking of banning it. But, how long can we ban this. I am really disturbed about this and this may, in future, create serious problems.' I just wanted to share this with the House and would like to ask the hon. Minister whether there is any possibility of banning testing of sex determination.

DR. ANBUMANI RAMADOSS: Sir, there are a number of clinics in India. In fact, way back in 1972 where the genetic assessment of the embryo, because of certain genetic disorders like Thalassaemia or haemophilia of individuals or families, this was legally approved. Then, Sir, the PNDT Act was passed in 1994 and further amended, I think, in 2002, which says that preconception and prenatal diagnostic test—preconception has been added later as an amendment—is prohibited. Preconception takes care of the entire regulation of sex determination as such. There are two issues here. The first one is the preconception issues and the second one is ultrasound issues. Sir, ultrasound, *per se*, is rather more life-saver than a life-taker. There are nearly 32,000 ultrasound machines in this country. I don't think we can ban ultrasound clinic as such, because they are not only used for those purposes, but are also useful for more healthy purposes for body scanning. In fact, ultrasound saves millions of not only children but also mothers. We are regulating the entire mechanism. The clinics, since come under the PNDT Act, have been regulated and authorities have also been set up and are empowered. In fact, in the last two years, there has been a series of activities. We are empowering. We are giving finances. In fact, we are giving incentives to those who inform us about sex-determination tests or violating the provisions of the PNDT Act. After the NRHM put into place, ASHAs are living in all the villages. We are giving them incentives if anybody informs us of the issues like sex-determination test or declining sex ratio or infanticide or foeticide going on. So, a number of activities are happening and these

clinics are being regulated. But, we need to do more than this and we are definitely doing this.

श्रीमती सुषमा स्वराज: सभापति जी, धन्यवाद। सभापति जी, इस प्रश्न के उत्तर में मंत्री जी ने काफी विस्तृत विवरण सदन के पटल पर रखा है, लेकिन उसका ज्यादातर हिस्सा पीएनडीटी ऐक्ट की इम्प्लीमेंटेशन के बारे में है। मंत्री जी ने स्वयं स्वीकार किया कि यह एक सामाजिक समस्या है और ऐसी धारणाओं पर आधारित है, जिसे कानून के द्वारा दूर नहीं किया जा सकता है। जैसा कि निर्मला जी ने कहा कि हमारे देश में यह धारणा है कि दाह संस्कार का अधिकार केवल बेटे को है, इसी तरह यह धारणा भी है कि पिंड दान का अधिकार या सालाना श्राद्ध करने का अधिकार भी केवल बेटे को है। ये बातें न तो एनजीओज़ मिटा सकती हैं, न कानून मिटा सकता है और न ही सांसदों की जो बैठक आपने बुलाई है, वह मिटा सकती है। इसे यदि कोई मिटा सकता है तो केवल धर्माचार्य मिटा सकते हैं। मुझे खुशी है कि जैन सम्प्रदाय के महामुनी आचार्य महाप्रज्ञ ने इसके खिलाफ एक अभियान छेड़ा है, जो बहुत प्रभावी हो रहा है। सिख धर्म के धर्मावलम्बियों ने भी एक अभियान छेड़ा है।

मैं आपसे जानना चाहूंगी, जैसा आपने कहा कि आपने एमपीज़ की मीटिंग बुलाई, क्या सभी धर्मों के धर्माचार्यों की भी एक बैठक आप बुलाएंगे और उनको कहेंगे कि वे अपने-अपने यहां लोगों को इस चीज़ के लिए मोटिवेट करें और यह कहें कि ये धारणाएं बहुत पुरानी और आउटडेटेड हो चुकी हैं और बेटों को यह तमाम अधिकार उसी तरह से हासिल होंगे, जैसे बेटे को हैं। यदि आप ऐसा करते हैं, तब तो यह बात समाप्त होगी, वरना जितना मर्जी हम कानून को कड़ा करते जाएं, जितना मर्जी हम सेक्स डिस्टर्मिनेशन को बैन करते जाएं, यह समस्या जस की तस बनी रहेगी। तो क्या रिलिजियस हेड्स की कोई मीटिंग बुलाने की बात आप सोच रहे हैं?

DR. ANBUMANI RAMADOSS: The meeting of the Central Supervisory Board (CSB), the highest board to regulate and enforce the PNDT, is on 12th instant. As special invitees, Members of Parliament could also be called there. In the CSB, there are members from the NGOs, civil societies and some specialists are also there. The Ministry of Health, Government of India, is also involved with the religious leaders. I have personally attended some of the religious sects. *Rathis* have also been going around in the affected States. In Punjab, involvement of *Jatthedars* of the *Takht Shri Damdama Sahib* and *Anandpur Sahib* in preaching and advocating the cause had been sought. In fact, we have been funding some of these programmes. We have also been holding meetings with the National Minorities Commission to discuss steps to improve sex ratio, with special focus on Punjab. Then, workshop had also been organized at Chandigarh by the Planned and Voluntary Health Association of India. Sensitisation of MLAs with the CII; celebration of the *Lohri* festival for the newly born girl child, annually, by the Women and Child Department; launching of the *Balari Rakshak Yojana*, a State-funded scheme for preference of girl child, are some of the steps that have been taken in this regard. So, we are actively coordinating with these religious leaders, as such. Then, the *melas* are also held to spread the message. We ask the big religious sects also to preach the importance of girl child.

PROF. P.J. KURIEN: Sir, the most important reason for decline in sex ratio is female foeticide, which is prevalent mostly in the affluent sections of the society. Spreading education and coordinating with the religious leaders is good. But the strictest laws will act as a deterrent. And, the PNDT Act is already here. The hon. Minister, in his reply, says that this Act was implemented on 14.2.2003. I would like to know from the hon. Minister, after the implementation of this Act, how many cases have been detected and how many prosecutions have been there? Sir, female foeticide is just terminating a life. It is nothing less than a murder. So, it should be treated as killing a born child. Will the hon. Minister consider to increase the quantum of punishment, and also to make the punishment more stringent, where female foeticide will be treated as a murder of girl child, in order to deter the people from keeping away from such crimes?

DR. ANBUMANI RAMADOSS: Sir, there are 403 ongoing cases and 132 ultrasound machines have been seized and sealed. In this year, about 125 cases have been reported, and there have been four convictions. The conviction is low because it is a clandestine operation and the accomplices, both, doctor and the patient, don't give away each other. That's why even under the PNDDT and despite the CSB in existence, we have been empowering the State authorities to have decoy customers so that they could go and approach the doctors, frame them and book a case against them. But these are individual instances. We are sensitising the Judiciary. We have had workshops in Madhya Pradesh and in Delhi on Judiciary sensitisation because the number of cases may be high but convictions are very few. Not only that, in the last meeting of the CSB, a lot of recommendations were given by the hon. Members. Some of them were even with regard to bringing amendments in the Act, which we are contending to do. In this meeting, we are trying to finalise the desirable changes so that the penalty is more stringent. Hon. Members have been raising point about the implications of that. Let me inform that there will not only be fine, but even life imprisonment too. So, all these recommendations, with regard to making the punishment more stringent, will be considered in the coming CSB meeting.

श्री सभापति: श्री तरलोचन सिंह ...(व्यवधान)...

श्री बनवारी लाल कच्छल: सर, सबसे पहले मैंने हाथ उठाया है। अगर आप हम लोगों को बोलने नहीं देना चाहते हैं, तो हम वाक आऊट कर जाते हैं। हम और क्या करें, सर? हर क्वेश्चन पर पूरे सत्र में आपने एक बार भी बोलने का अवसर नहीं दिया है। इसलिए मैं आपके इस काम के लिए सदन से वाक आऊट करता हूँ।

(माननीय सदस्य सदन से बहिर्गमन कर गए)

श्री सभापति: श्री तरलोचन सिंह।

श्री तरलोचन सिंह: सर, अभी मंत्री जी ने बहन सुषमा जी के कहने पर एक बयौरा दिया, मैं आपके माध्यम से यह बताना चाहता हूँ और इसमें एक सवाल है कि यह बीमारी सबसे ज्यादा सिखों में है। Concede कि जितनी फिगर उन्होंने दी है, जो worst happening हुई, वह पंजाब में हुई। वहाँ एक गांव है, जिसका फिगर इंडिया में Lowest था। मंत्री जी के कहने पर हमने ही माइनोरिटी कमीशन में, first time ever, हमारी जो highest religious authority है, जत्थेदार, अकाल तख्त, उसने अपना protocol break किया और वे हमारे दफ्तर आए। उस दिन के बाद in every Sikh temple, every day in the morning, there is an announcement by the Granthi कि यह बात बुरी है, इसको रोका जाए। उसकी जो improvement हुई है, that worst village, जो इंडिया में थी, उसकी जो improvement है, इतनी बड़ी है कि सारे अखबारों में उसके बारे में चर्चा है कि इतनी progress हुई है। मेरा मंत्री जी से कहना है कि जैसे हमने सिखों की all religious authorities involve की है, क्या जो बाकी मजहबों की religious authorities हैं, वे उनको involve करेंगे?

मेरी दूसरी बात यह है कि हमने यह सुना है कि एक नई device आई है। Ultrasound खत्म है, अब कोई नई device आई है, जिससे चौथे हफ्ते में ही उस device से pregnancy में सेक्स का पता चलता है। क्या सरकार के नोटिस में यह बात है और इसके बारे में क्या action हो रहा है?

DR. ANBUMANI RAMADOSS: Sir, I am not aware of this programme. We will get some information from the hon. Member. We will go through that programme. If it is a good programme, we will be very happy to take it up.