

POPULATION STABILIZATION & SEX RATIO

8.1 POPULATION STABILIZATION

8.1.1 National Commission on Population (NCP)

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

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

The National Commission on Population has since been reconstituted in April, 2005 with 40

members under the Chairmanship of the Hon'ble Prime Minister, Minister of Health and Family Welfare and the Deputy Chairman of the Planning Commission (now, NITI Aayog) as Vice Chairman of the Commission. The membership also includes the Chief Ministers of the states of Uttar Pradesh, Madhya Pradesh, Rajasthan, Bihar, Jharkhand, Kerala and Tamil Nadu.

8.1.2 Jansankhya Sthirata Kosh (JSK)

Jansankhya Sthirata Kosh (JSK) also known as National Population Stabilisation Fund is an autonomous body under the Ministry of Health and Family Welfare (MoHFW), constituted on the recommendations of the National Commission of Population.

It was established in 2003 as an autonomous society under the MoHFW and was reconstituted in 2005 with the addition of a General Body. Its mandate is to promote and undertake schemes, programmes, projects and initiatives to meet the unmet need for contraception, and reproductive and child health. It is aimed at achieving population stabilisation at a level consistent with the needs of sustainable economic growth, social development and environment protection by 2045. It is a key institution for sustaining and strengthening advocacy efforts towards achieving population stabilisation at the national and state level.

8.1.3 Aims and Objectives of JSK

- To provide or undertake activities aimed to

achieve population stabilisation, at a level consistent with the needs of sustainable economic growth, social development and environment protection, by 2045;

- To promote and support schemes, programmes, projects and initiatives for meeting the unmet needs for contraception and reproductive and child healthcare;
- To promote and support innovative ideas in the Government, private and voluntary sector with a view to achieve the objectives of the National Population Policy 2000;
- To facilitate the development of a vigorous people's movement in favour of the national effort for population stabilization and
- To provide a window for channelling contributions from individuals, trade organisations and others within the country and outside, to further the national cause of population stabilisation.

Since the inception of JSK, a series of strategies have been implemented towards improving advocacy for preventing early marriage, involving private sectors for quality services in family planning, creating a conducive environment for changing norms and attitudes and fulfilling the need for information on issues related to reproductive, sexual, infant and child health. Through these strategies JSK has created inroads in the high fertility states, established and maintained close contact with the health and other related departments at the state and district-level for fulfilling the mandate of population stabilization.

8.1.4 Prerna Scheme: Promoting responsible parenthood practices

One of the most important cultural factors in India that adversely affect the health of the mother and child is the practice of early marriage. It is

conducted at a stage when girls are physically under developed and unprepared for pregnancy and childbirth. Unable to negotiate reproductive rights, these young girls give birth to children with poor chances of survival and growth.

Prerna

Prerna, an innovative strategy seeks to reverse this trend to help push up the age of marriage of girls, delay the birth of the first child and promote birth spacing. It identifies and awards Below Poverty Line (BPL) couples in select districts with poor social and economic indicators of the country, who fulfill certain responsible parenthood criteria which includes marriage at least on or after 19 years, first child on or after 21 years, spacing of three years between children and voluntary adoption of sterilization by either of the parent after two children. The couples who have broken the stereotype are felicitated at large public functions and promoted as role models for responsible parenthood.

Santushiti

Focused on the high population States of Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand, Chhattisgarh and Odisha, *Santushiti* scheme invites private sector health facilities to conduct sterilisation in public-private partnership mode.

Under this scheme, an accredited private nursing home/hospital/NGOs, having requisite facilities as specified in the guidelines of Ministry of Health and Family Welfare (MoHFW) (Quality Assurance Manual for Sterilisation Services) and already conducting sterilization operation under the NHM scheme of Government of India, can sign a Memorandum of Understanding (MoU) with JSK. Upon signing the MoU, private hospitals/nursing homes are entitled for incentive, whenever they perform 10 or more tubectomy/vasectomy operation in a month.

National Helpline: Reproductive Health, Family Planning and Child Health Toll-free No. 1-800-11-6555 (9 am-11pm except national holidays)

JSK initiated India's first national helpline to fill the wide information gap on reproductive and sexual health, infant and child health and family planning. The helpline provides reliable and confidential information to those who want telephonic advice, particularly adolescents, newly married and about-to-be-married couples.

During 2014-15 total calls received from all over the country were 3,35,302 (3,12,561 last year). The maximum numbers of queries received were on the issues related to contraception, pregnancy, sexual health and infertility. Nearly 31% of the callers were women and 69% were men. Most of the calls received were from age group of 21-25 years men and women, indicating that the call centre number is widely accessed by the youths. The service however does not substitute the services of qualified doctor.

Awareness generation and sensitisation

JSK, in collaboration with other partners, organises several awareness and sensitization events round the year. World Population Day (WPD) observed every year on July 11 is one of such event, for which the organization worked with several other Ministries of Government of India, schools and colleges for creating a conducive environment for population stabilization. Events organized on WPD include "Walkathon" & "National level Workshop" at New Delhi and population rallies at state capitals of high focused States.

Alongside, JSK has conducted State level sensitization workshops, put up a stall at India International Trade Fair (IITF), generated awareness through posters and banners at Surajkund Mela and awareness and sensitization troupe with the help of Song and Drama division of Ministry of Information and Broadcasting. In

past, JSK had also entered into a Memorandum of Understanding with India Posts (Rajasthan Circle) aimed at promoting the Prerna strategy in some selected underdeveloped districts of Rajasthan.

Several media sensitisation workshops had also been organised to create a forum for discussion and sensitise the journalists and orient them towards population stabilisation issues.

It has also worked on strengthening its partnerships with Ministries like Railways, Communications and Information Technology and Ministry of Youth and Sports Affairs (NYKS) to promote its strategies and support its work towards mindset change.

JSK had also organized series of Population rallies in 6 high fertility States namely, Bihar, Uttar Pradesh, Jharkhand, Chhattisgarh, Madhya Pradesh and Odisha in collaboration with National Service Scheme (NSS), Ministry of Youth Affairs and Sports on World Population Day July 11th, 2015.

8.2 SEX-RATIO

8.2.1 Adverse Child Sex-Ratio in India

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

Jammu and Kashmir, Maharashtra and Haryana have had the worst decline in the past 30 years in Child Sex Ratio. Among the larger States, Chhattisgarh has the highest Child Sex Ratio (CSR) of 969 followed by Kerala with 964. Haryana (834) is at the bottom followed by Punjab (846). The Census 2011 saw a declining trend even in North Eastern States except in Arunachal Pradesh and Mizoram. Half of the districts in the country showed decline in the Child Sex Ratio greater than the national average. The number of districts with Child Sex Ratio of 950 and above has reduced from 259 to 182.

8.2.2 Reasons for adverse Sex Ratio

Some of the reasons commonly put forward to explain the consistently low levels of Sex Ratio are a preference for sons, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female foeticide, higher Maternal Mortality and male bias. Easy availability of the sex determination tests and abortion services may also be a catalyst in the process, which may be further stimulated by pre-conception sex selection facilities. Sex determination techniques have been in use in India since 1975, primarily for the determination of genetic abnormalities. However, these techniques were widely misused to determine the sex of the foetus and subsequent elimination, if the foetus was found to be a female.

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

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

(Prohibition of Sex Selection) Act, 1994” (PC & PNDT Act).

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

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

- **For doctors/owner of clinics:**
 - Up to 3 years of imprisonment with fine up

to Rs. 10,000 for the first offence;

- Up to 5 years of imprisonment with fine up to Rs. 50, 000 for subsequent offence;
- Suspension of registration with the Medical Council if charges are framed by the court and till the case is disposed of, removal of the name for 5 years from the medical register in the case of first offence and permanent removal in case of subsequent offence.

➤ **For husband/family member or any other person abetting sex selection:**

- Up to 3 years of imprisonment with a fine up to Rs. 50,000 for the first offence and
- Up to 5 years of imprisonment with fine up to Rs. 1 lakh for subsequent offence

➤ **For any advertisement regarding sex**

selection:

- Up to 3 years of imprisonment and up to Rs. 10,000 fine.

8.2.5 Implementation of PC & PNDT Act in States/UTs

As per Quarterly Progress Reports (QPRs) submitted by States/UTs, 51795 bodies have been registered under the PC & PNDT Act. So far, a total of 1435 machines have been sealed and seized for violations of the law. A total of 2140 ongoing court cases and 304 convictions have been secured under the PC&PNDT Act, and following conviction the medical licenses of 100 doctors have been suspended/cancelled. (**Appendix-II**)

As a result of intensification of the drive against illegal sex determination, 474 cases have been filed in 2013-2014, 288 in 2012-13, 279 in 2011-12 as compared to 157 in 2010-11.

Progress Card

Sl. No.	Indicators	Up to March 2014	Up to Sept. 2015	Progress made
1	Total registered facilities	49544	51795	2251
2	Ongoing court cases under PC & PNDT Act	1798	2140	342
3	No. of cases disposed off	590	759	169
4	No. of convictions secured	192	304	112
5	No. of medical licenses cancelled	81	100	19

8.2.6 Steps taken by the Government of India

New Amendment to the 'Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996 :- Government of India has recently notified several important amendments in the rules under the Act, as mentioned below:

- Rule 11(2) has been amended to provide for confiscation of unregistered machines and

punishment against unregistered clinics/facilities. Earlier, the guilty could escape by paying penalty equal to five times of the registration fee.

- Rule 3B has been inserted with regard to the regulation of portable ultrasound machines and regulation of services to be offered by Mobile Genetic Clinic.

- Rule 3(3) (3) has been inserted restricting the registration of medical practitioners qualified under the Act to conduct ultrasonography in a maximum of two ultrasound facilities within a district. Number of hours during which the Registered Medical Practitioner would be present in each clinic would be specified clearly.
- Rule 5(1) has been amended to enhance the Registration fee for bodies under Rule 5 of the PNDDT Rules 1996 from the existing Rs. 3000/- to Rs. 25000/- for Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic or Imaging Centre and from Rs. 4000/- to Rs. 35000/- for an institute, hospital, nursing home or any place providing jointly the service of a Genetic Counselling Centre, Genetic Laboratory and Genetic Clinic, Ultrasound Clinic or Imaging Centre.
- Rule 13 has been amended mandating every Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centre to intimate every change of employee, place, address and equipment installed, to the Appropriate Authority 30 days in advance of the expected date of such change, and seek issuance of a new certificate with the changes duly incorporated.
- Rules for Six Months Training in ultrasound for the MBBS Doctors have been notified vide GSR.14 (E) dated 10 January, 2014. The rules include the training curriculum, criteria for accreditation of institutions and procedure for competency based evaluation test.
- Revised form F has been notified Vide G.S.R. 77 (E)-dated 31st January 2014. The revised format is more simplified as the invasive and

non-invasive portions have been separated.

- Rules for Code of conduct for Appropriate Authorities have been notified Vide G.S.R. 119(E)-dated 24th February 2014. Legal, monitoring, administrative and financial procedures have been explicitly laid down to facilitate appropriate authorities in the course of effective implementation of the PC & PNDDT Act.

8.2.7 Monitoring and review of the implementation scaled up

- Central Supervisory Board (CSB) under the PNDDT Act has been reconstituted. The 18th, 19th, 20th and 21st meetings of CSB have been held at an interval of six months on 14th January 2012, 20th July 2012, 16th January 2013 and 23rd July 2013. The 23rd meeting of the CSB was held on 24 June 2015 where important policy decisions were taken for effective implementation of the Act.
- 14 States with the most skewed Child Sex Ratio have been identified for concerted attention.
- Directions given vide Order dated 04.03.2013 by the Hon'ble Supreme Court in the matter of WP(C) 349/2006 were communicated to the States/UTs at the level of Health Ministers to Chief Ministers and Chief Secretaries to ensure immediate compliance.
- National Inspection and Monitoring Committee (NIMC) pool has been expanded. A pool of 140 people from different disciplines has been created. The targets for Results-Framework Document (RFD) have been increased from 5 inspections in 2012-13 to 20 in 2015-16. In the current year, out of the proposed 20 visits, 12 NIMC inspections have been conducted till Nov

2015 in the 12 States of Punjab, Puducherry, Tripura, Sikkim, Uttar Pradesh, Odisha, Bihar, Mizoram, Andhra Pradesh, Haryana, Rajasthan, Maharashtra. As a result of these NIMC visits, 4 show cause notices were issued, 8 Ultrasound machines were recommended for sealing, 2 clinics were sealed, 2 registrations were cancelled and 1 registration was suspended besides sealing of two 2 Mobile Medical Units (MMUs). The four NIMC visits in the states of Gujarat, Chhattisgarh, Telengana and Jharkhand have been conducted in Dec. 2015, reports of these visits are awaited.

- The intensification of the drive against sex determination through effective implementation of the Act is being reviewed regularly in State level meetings. Five regional review workshops are proposed to be conducted in the current year for reviewing the implementation of PC & PNDT Act in the country. First one in the series was conducted for the north eastern states in Imphal on 6th Nov 2015 and the second workshop for the Northern States was conducted on 4th December 2015 at Chandigarh.
- A National review under the chairmanship of Additional Secretary and Mission Director, Ministry of Health and Family Welfare was held on 21 September 2015 through video conference. It was attended by 18 States and 5 UTs.
- A meeting under the Chairmanship of Director (PNDT) was held on 14 September, 2015 with FICCI Medical Electronic Forum to discuss the prevailing issues related to the manufactures and sellers of ultrasound machine.
- An Expert Committee has been constituted

under the chairmanship of Joint Secretary on the recommendation of Central Supervisory Board to look into the amendments to the PC & PNDT Act. The first meeting of the expert committee was held on 24th November 2015.

8.2.8 Capacity building programme for all stakeholders

- State level capacity building programmes on enforcement of the Act are organized for all district PNDT officers in the States of Bihar, Chhattisgarh, Goa, Gujarat, Haryana, Himachal Pradesh, Jharkhand, Maharashtra, Odisha, Rajasthan, Sikkim, Uttarakhand, Uttar Pradesh, West Bengal, Chandigarh and Puducherry.
- Sensitisation programmes for Judicial Officers and public prosecutors are also being conducted in the States of Andhra Pradesh, Gujarat, Jharkhand, Karnataka, Maharashtra, Rajasthan, Uttarakhand, Uttar Pradesh, West Bengal and Chandigarh.
- The national capacity building workshop for State Appropriate Authorities and State Nodal Officers of PNDT is being planned by Ministry of Health & Family Welfare in collaboration with UNFPA.

8.2.9 Other initiatives taken by Ministry of Health & Family Welfare

- National campaign “Beti Bachao, Beti Padhao” has been launched in 100 gender critical districts in partnership with Ministry of WCD and HRD. As a part of pre-launch activities under the scheme, 6 regional consultations with the State/UT Governments, District Collectors/Deputy Commissioners and District Chief Medical Officers were organized to discuss the District Action Plan under the “Beti Bachao

Beti Padhao” Scheme.

- Medical Council of India has accepted the proposal to include a chapter on the issue of declining of Child Sex Ratio in the MBBS curriculum for the sensitizations of MBBS doctors.
- Medical Council of India has been directed to cancel registration of doctors convicted under the Act.
- The Central Government is rendering financial support to strengthen implementation structures under NHM for setting up dedicated PNDT Cells, capacity building, monitoring, advocacy campaign etc. Rs. 2935.79 lakh, Rs.1731.56 lakh, Rs 2311.19 lakh and Rs. 3470.53 lakh have been allocated under NHM during 2012-13, 2013-14, 2014-15 and 2015-16 respectively, besides the financial assistance for IEC campaigns.
- Ministry for Health & Family Welfare has a dedicated Toll Free Telephone (**1800 110 500**) to facilitate the public to lodge complaint anonymously, if so desired, against any violation of the provisions of the Act by any authority or individual and to seek PNDT related general information.

Appendix - I

Trend of Child Sex Ratio in the last three Censuses

Sl. No.	States/ UTs	1991	2001	Absolute Difference (1991-2001)	2001	2011	Absolute Difference (2001-2011)
		Total	Total	Total	Total	Total	Total
1	Jammu & Kashmir	NA	941	NA	941	862	-79
2	Dadra & Nagar Haveli	1013	979	-34	979	926	-53
3	Lakshadweep	941	959	18	959	911	-48
4	Daman & Diu	958	926	-32	926	904	-22
5	Andhra Pradesh	975	961	-14	961	939	-22
6	Rajasthan	916	909	-7	909	888	-21
7	Nagaland	993	964	-29	964	943	-21
8	Manipur	974	957	-17	957	936	-21
9	Maharashtra	946	913	-33	913	894	-19
10	Uttaranchal	948	908	-40	908	890	-18
11	Jharkhand	979	965	-14	965	948	-17
12	Uttar Pradesh	927	916	-11	916	902	-14
13	Madhya Pradesh	941	932	-9	932	918	-14

Sl. No.	States/ UTs	1991	2001	Absolute Difference (1991-2001)	2001	2011	Absolute Difference (2001-2011)
		Total	Total	Total	Total	Total	Total
14	Odisha	967	953	-14	953	941	-12
15	Tripura	967	966	-1	966	957	-9
16	Bihar	953	942	-11	942	935	-7
17	Sikkim	965	963	-2	963	957	-6
18	Chhattisgarh	974	975	1	975	969	-6
19	West Bengal	967	960	-7	960	956	-4
20	Meghalaya	986	973	-13	973	970	-3
21	Assam	975	965	-10	965	962	-3
22	Puducherry	963	967	4	967	967	0
23	Tamil Nadu	948	942	-6	942	943	1
24	Karnataka	960	946	-14	946	948	2
25	Delhi	915	868	-47	868	871	3
26	Goa	964	938	-26	938	942	4
27	Kerala	958	960	2	960	964	4
28	Mizoram	969	964	-5	964	970	6
29	Gujarat	928	883	-45	883	890	7
30	Arunachal Pradesh	982	964	-18	964	972	8
31	Andaman & Nicobar Islands	973	957	-16	957	968	11
32	Himachal Pradesh	951	896	-55	896	909	13
33	Haryana	879	819	-60	819	834	15
34	Chandigarh	899	845	-54	845	880	35
35	Punjab	875	798	-77	798	846	48
INDIA		945	927	-18	927	918	-9

**State wise status of implementation of the PC & PNDT Act as on
September 2015**

Sl. No.	States/UTs	No. of bodies registered	No. of ongoing Court/ Police Cases	No. of Machines Seized/ Sealed	Convictions	Medical licenses cancelled/ suspended
1	Andhra Pradesh	5003	52	132	0	0
2	Arunachal Pradesh	50	-	-	0	0
3	Assam	782	5	3	0	0
4	Bihar	1125	35	10	10	0
5	Chhattisgarh	691	7	-	0	0
6	Goa	152	1	1	0	0
7	Gujarat	4504	126	3	9	1
8	Haryana	1741	135	241	57	12
9	Himachal Pradesh	261	0	-	1	0
10	Jammu & Kashmir	354	6	71	1	0
11	Jharkhand	699	21	0	0	0
12	Karnataka	2878	45	-	0	0
13	Kerala	1737	-	-	0	0
14	Madhya Pradesh	1497	43	19	2	2
15	Maharashtra	9078	512	454	76	62
16	Manipur	103	0	-	0	0
17	Meghalaya	26	-	-	0	0
18	Mizoram	54	0	-	0	0
19	Nagaland	45	0	0	0	0
20	Odisha	791	58	-	3	0
21	Punjab	1435	136	13	30	1
22	Rajasthan	2446	621	426	85	21
23	Sikkim	19	0	0	0	0
24	Tamil Nadu	5991	84	-	18	0

Sl. No.	States/UTs	No. of bodies registered	No. of ongoing Court/ Police Cases	No. of Machines Seized/ Sealed	Convictions	Medical licenses cancelled/ suspended
25	Tripura	63	-	-	0	0
26	Uttarakhand	562	37	9	1	0
27	Uttar Pradesh	5142	137	37	4	1
28	West Bengal	2499	13	15	0	0
29	A & N. Island	11	-	-	0	0
30	Chandigarh	120	3	1	0	0
31	D. & N. Haveli	14	-	-	0	0
32	Daman & Diu	12	-	0	0	0
33	Delhi	1794	62	0	7	0
34	Lakshadweep	18	-	-	0	0
35	Puducherry	98	1	-	0	0
Total		51795	2140	1435	304	100

