This letter was sent to Margaret Alva.

Dear Madam,

The Forum Against Sex Determination & Sex Pre-Selection has re
the women's movement, people's science movement and civil liberties
been consistently campaigning in Bombay for the last 3 years. Our
this blatant misuse of science and technology to eliminate one gend
species bore fruit when the State Govt. of Maharashtra passed the '
Regulation of Use of Pre-natal Diagnostic Techniques Act' this yea
these techniques for purposes of sex determination.

Abuse of these technologies are not restiricted to Maharashtra
ban in Maharashtra, the neighbouring states of Goa and Gujrat are a
greater proliferation of sex determination techniques. Reports have
over last 5 years it has proliferated multifold in Punjab, Haryana, UP, Delhi and
other neighbouring areas. The nation now looks forward to the Govt. at centre to
bring forward a legislation covering entire country following the positive step taken
by Maharashtra. It is very urgent today that such an act is passed before the tests
become more widespread.

Ms. Ela Bhatt suggested your name to us when we met her in this context recently.
We are aware about the recommendation the National Perspective Plan banning amniocent-
esis for sex determination. We wish that in the forthcoming winter session this issue
is taken up and Govt. brings in a central act. Knowing your thrust for justice, we
are sure that you would help initiate the process to curb sex determination tests all
over the country. Your support will be invaluable for our campaign.

We are enclosing a note prepared by us regarding the proposed central act.

Thanking you,

Yours sincer

Preeta

For, Forum Against
Sex

NATIONAL PROTEST DAY 24-11-88

by

FORUM AGAINST SEX DETERMINATION AND SEX PRESELECTION (INDIA)

PROGRAMMES IN DIFFERENT STATES OF INDIA

Since the last two years, a signature campaign is being conducted by women's groups, people's sciencegroups and democratic rights organizations in Bombay, Delhi, Gujarat, Kerala, Karnataka, Andhra Pradesh, Nagpur, Maharashtra, Tamil Naduand internationally too. As a result, today, we have 5000 signatures asking for a central legislation, applicable all over India, to ban the abuse of sex-determination and sex-preselection techniques leading to femicide. Today, on 24.11.88, a wide variety of action programmes are being organized in several states of India.

Gujarat:

* In Valsad, a daughter's rally is organized by a Women's group "Astitwa". They will have Garba dance, monoacting, and speeches by girl-students, as well as skits on the theme of femicide.
* In Surat, AIWC has organized a public meeting on this subject.
* In Baroda, two public meetings with exhibition, songs, children's play and Garba are being organized. PTI film and "Samadhan" by MK Shankar will be shown in the University. Findings of their survey will be made available to the press.
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* " Samata", a feminist group in Mysore has organized a protest rally.

Goa:

* "Bailancho Saad" -- Women's voice in Panaji and Margoan has organized a protest rally on the issue.

Punjab:

* In Bhatinda, the Punjab Human's Right's organization has demanded a central a centrally applicable legislation.

Punjab (contd.)

* In Faridkot, Nari Manch has organized a public meeting.
* In Chandigarh, "Shamshir" has organized a public meeting on this issue.

Tamil Nadu:

* Pennurimai Iyakkam in Madurai and the Rural Women's Liberation organization in Arakonam have prganized protest meeting to focus on female infanticide as well as female foeticide.

Delhi and Bombay:

* A press conference and video-film show are being organized-

OLDEST OF ALL NEW BHANDARI HOSPITAL

AMRITSAR IS FUNCTIONING AT DELHI, J-153, RAJOURI GARDEN (Behind Main Post & Telegraph Office), NEW DELHI-110 027. PH: 5454100

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NEW BHANDARI HOSPITAL, Chowk Moni Amritsar. Ph.: 33000, 32500

NBH

Oct 30, 88
Times of India

Lakshmi Sandhu.
G-67 Coh. Circus
New Delhi 110001.
Oct 31, 1988.

Dear Saheliis,

I do hope you all are well and doing good job for women's cause.

I was shocked to read an advertisement in Times of India (Oct 30, 88) for sex determination. How can such a responsible news paper put an add of this kind, which I think is un-lawful. In fact I wanted to send this add in the mail Column of Times of India, but thought it better I send it to Saheli so that all of us can jointly put in a word of Complaint.

I would request you to please keep me informed of all the latest activities in Saheli.

I am keeping well and fighting fit.

My regards to all of you.

Sincerely

Lakshmi Sandhu.

PHONE 332-9854.

Amniocentesis

Lawyers,
Doctors
Colleges
Editors
M.P's
women's orgs.
Ministries
Civil Rights Orgs.
NIHFW
ICMR
NIPCED
UNICEP
Nurses Association
JNU - CHealth Dept
- Imrana Quadeer

Select Committee

1) Ask for (law commission) to set up committee to hear what qs org have to say as happened in Dowry Bill (Mrs Butalia knows abt this).

2) If we go to ruling party, they may hurriedly pass something & there will not be enough discussion on it.

3) Take up case of 2-3 women who went for amniocentesis.

4) Ask VHAI to do study in Delhi.

5) Take delegation to Health Ministry to find out what is happening.

Agnivesh rang up to ask abt. amniocentesis after they did 4 demonstrations were told by Govt that they are introducing Bill in the Last Session.
Some committee was formed to look into & prepare Bill - Someone in AIIMS was responsible?
Can ask Sujjaya.

AIIMS.

Sujjaya

SAHELI SOUVENIR, 1988

Date of Release	August 9, 1988
Occasion	Saheli's 7th anniversary
Contents	Women's issues on which Saheli has been working
Language	English and Hindi
Printing Process	Offset

ADVERTISEMENT TARIFF

Back Cover	Rs. 5,000*
Inside Back Cover	Rs. 3,500
Inside Front Cover	Rs. 3,500
Inside Full Page	Rs. 2,000
Inside Half Page	Rs. 1,000
Inside Quarter Page	Rs. 600

Advertisements will be only in black and white.

*For the back cover, should the advertiser want more than two colours, the rates will increase on a pro rata basis.

MECHANICAL DATA

Size of Souvenir	$7\frac{1}{4}''$ X $9\frac{3}{4}''$
Print Area	
Full Page	6" X 8"
Half Page	4" X 6" horizontal
	3" X 8" vertical
Quarter Page	3" X 4"

We request advertisers to allow a margin of approximately $\frac{1}{4}''$ to adjust space with other ads on the same page.

Please send us camera ready artwork or the text for composing your advertisement.

Please Note :

1. All advertising material should reach us by June 30, 1988.
2. Cheques should be made out in favour of **SAHELI WOMEN'S RESOURCE CENTRE.**

Recd 28/10/88

Dear Nalini and Ranjana,

This note is in addition to the accompanying letter. This is to ask clarification as to where we should send all material ~~etc~~. Has any collective body emerged or has any one group taken responsibility for co-ordination on this issue? We should have clarified this at the first joint meeting itself. Anyway, would it be possible for you to discuss and let us know soon.

We are also writing a detailed letter to Jagori but could both of you (ie Saheli & Jagori), share the responsibility of sharing this information with the other groups who had come for the joint meeting. We will be writing to Janwadi Mahila Sakshata, Manushi, DSF etc. to contact you or Jagori for whatever material we send. We are just being extra cautious after the first joint meeting mix-up. Hope we are not confusing matters more

If you need any more information, clarifications just write. It would be easier if you could write to our home addresses. This is all for now. Do keep us updated on events and non-events too.

Love,

Chayanika.

Read 28/10/88 25:10:88

Bombay.

Dear Nalini, Ranjana and other saheli's,

We have all come back after the Delhi trip and are back into our routines including the regular Monday meeting of the 'Forum Against sex-determination and sex preselection'. Yesterday we reported on our Delhi trip and we tried to list out the various tasks that need to be done and the directions in which we need to pursue the matter.

Firstly as far as the lobbying in the two Houses go. As had emerged in our meeting with Elaben & Kalindi Deshpande, we feel that first of all we should try and find out what is the Govt's position on the legislation today i.e. are there any chances of Govt. itself introducing such a bill in this session. For this probably it would be useful to keep in touch with Jayanti Natrajan (Cong (I) Rajya Sabha member) and also find out the M.Ps on the consultative committee for the Health ministery. The opposition M.Ps would be of great help in raising questions / calling attention to the issue once the session gets started. Lastly of course would be an independent member's bill for which also Jayanti Natrajan had shown a lot of interest.

On our part here, we are writing letters to all those M.Ps in the list that we sent you earlier and one detailed letter to Margaret Alva. We will send a copy of both of these for you once they are ready. Maybe you could follow up with them (at least with those who can be contacted) after this.

For 24 th November, we have decided to write to all groups in the country who have shown some interest so far. We thought of sending a draft of an 'open letter to the P.M.' which these groups could release to the local press on 24 th Nov. alongwith whatever action they would take in their area. We will mail you copies of these letters too.

We are mailing a copy of the survey conducted in B'bay to Meera Shiva and also one to Manushi. Hope you have been able to get in touch with Meera and VHAI. has decided to carry out the survey. We are writing to Ahmedabad and Baroda also and shall send you the figures they have as soon as possible.

How was the meeting on the 25th? Did Sanwadi and Mahila Dakshata also come? What all has been decided? We are waiting for the reports. Please do keep us informed.

All the best.

In sisterhood,

Chayanika, Kamaxi,

Sanskruti, Preeta.

5/11/88

Dear Chayanika, Kamaxi, Sanskruti and Preeta,

How are all of you? We received your letters of 20/10/88 and 25/10/88. Here is a summary of what has happened since you all left.

We have had 2 meetings on amniocentesis — one on 25/10 and one on 29/10 (drafting committee). Aside from the groups which had come for the meeting at Tapovan, the following have responded positively:

ISST, AFIW, YWCA, VHAI, Ankur and Janwadi.

Swami Agnivesh did not attend the meeting but said he was interested and will participate in any action.

Mahila Dakshita was contacted but did not come for the meeting. We'll contact them again. Manushi also did not come.

So far, the result is

1) All these groups have agreed to get a statement signed by prominent people in Delhi. The statement has been drafted and a list of people who should sign it has been made. The draft statement + responsibility for getting signatures is to be finalised at a meeting on 8/11/88.
2) Mira Shiva has been finally persuaded to do a study of doctors/clinics involved in amniocentesis.
3) Mira Shiva has written and asked for a film on amniocentesis to be sent to us.

4) Through Kamla Bhasin, Asha has contacted a producer in Doordarshan who is willing to make a film on amniocentesis. This producer will contact Bombay Doordarshan and will be getting in touch with you directly. I will send you the name of the person when Asha comes back from Shreemala.

5) Kapila Hingorani said the entire Bill was drafted by her and some others and given to the health ministry in June. She is to contact the health ministry and get the latest position.

For Nov. 24, if things work out, suggestion is to

a) Have film show
b) General meeting
c) Press conference at which signatures collected by you + statements from people here + anything else can be released.

We'll discuss the issue of co-ordinatorship at the next general meeting on 8/11/85 and let you know what is decided. We'll also send you a copy of the statement etc once these are finalised.

Will write again as things develop.

Love, and all the best,

Nalini

Dear Nalini, Ranjana and other sahelis,

We are enclosing here a copy of the letters to sympathetic M.Ps, Ms Margaret Alva. and the letter that we have sent to groups all over the country. There is also a copy of the report from Baroda. We are also sending five letters to MPs whose addresses we did not have. Could you please find the addresses and mail these?

What is happening at your end? We are still waiting to hear from you.

In sisterhood

31:10:88

Chayanika.

PS:

Copy of letter to groups

FORUM AGAINST SEX DETERMINATION AND SEX PRE-SELECTION

c/o Women's Centre ; B-104 Sunrise Apartments ; Vakola ;
Santacruz (E) ; Bombay 400 055.

Dear friends,

We are back again to you with an urgency. The process of implementation of the Maharashtra Act has yet to take place and we are preparing to pressurise the State Govt. into acting. However, with the winter session of the Parliament beginning on Nov. 2nd it has become extremely urgent to raise our voices for a Central legislation banning the use of pre-natal diagnostic techniques for sex determination.

On 24th Sep. we had a workshop with Lawyers Collective to discuss the Maharashtra Act and also to consolidate our recommendations ~~This letter~~ for the Central Act. We have enclosed a note on the same alongwith this letter. We strongly feel that while campaigning for the Central Legislation it is important to point out and stress the deficiencies in the Maharashtra Act.

Last week four of us had been to Delhi to meet the women's groups there and to explore the possibility of forming a network for nationwide action. We could meet most people and also had a joint meeting with a few groups. In the discussions that we had there and subsequent ones in Bombay the following plan of action has emerged.

The date for the action has been chosen as 24th Nov. We decided we would submit all the signatures collected on the memorandum to the P.M. Alongwith that groups in Delhi have agreed to have a joint press conference. They would also get opinions of citizens from all walks of life on this issue and release it at the press conference.

All of us here feel that if on the same day we could have actions at various places in the country it would really stress the demand of a legislation covering the whole country. We are enclosing a draft of an open letter to the P.M. on which some signatures of important people could be taken and the letter released to the local press so as to appear on 24th Nov. Alongwith that actions of various kinds could be organised. Please do send us reports of the activities that you are planning to do on this issue. Also please mail back any signature campaign sheets that may still be with you, before 20th of Nov.

We look forward to hearing from you.

In solidarity,

Kamaxi, Preeta, Sanskruti, Chayanika.
Harpal, Premkumar, Rajneesh, Vibhuti, Ravi

27/10/88

Open letter to PRIME MINISTER

Over the last decade or so, as advanced prenatal diagnostic techniques like amniocentesis, chrionic villi biopsy, super sonography etc. were introduced, these have proliferated multifold in their abuse as "Sex determination methods". The greedy and unscruplous doctors and hospitals have joined in to facilitate selective abortion of female foetuses. Today, thousands of clinics are operating all over the country to perpetrate this sinister crime.

India is one of the few countries in the world which have an adverse female to male ratio. The present sex ratio according to 1981 census is 1000 : 935 in favour of males and the census records from 1901 onwards show that the proportion of women in the population is declining. The abuse of above-mentioned techniques will no doubt abet this alarming trend and Indian women may soon become an 'endengered species'.

In this gloomy scenario, Maharashtra Government has provided a ray of hope for the future. Respecting the popular pressure it has passed an act to ban prenatal diagnotic techniques for "Sex Determination". The Central Government too had acted decisively to ban these techniques for 'Sex Determination' way back in Government hospitals. For the last few years, women,health, people science, civil liberty groups have been stressing need to ban this practice in the private sector all over the country. We urge you to intervene at this juncture to end the inaction of the Government and help bring forward immediately a bill seeking the ban on abuse of these techniques by private doctors/hospitals for selective female foeticide or sex-preselection at birth, in the Parliament. Your timely action will go a long way in curbing this menacing practice in the country.

INFORMATION SHEET
ON
SEX DETERMINATION AND SEX PRESELECTION TECHNIQUES

November 24, 1988 is being observed as a national protest day against the misuse of medical technology to selectively eliminate the female sex. Forums in Gujarat, Maharashtra, Goa, Karnataka, Tamil Nadu, Punjab, and the Union Territories of Chandigarh and Delhi will be registering their protest through Garba, skits by girls, mother-daughter rallies and public meetings. These forums consist of women's groups, human rights organizations, people's science and health groups, mass organizations, sensitive lawyers, doctors journalists and educationists.

Most of us are aware that amniocentesis is being misused to detect the sex of the unborn child and that this practice is leading to the selective elimination of the female foetus. However, today amniocentesis is only one of a long list of medical technologies which are being misused to predetermine the sex of the foetus or even to preselect the sex of the would be child. It has taken a mere 10 years for these technologies to proliferate even in a country like ours. It is shocking to find that places like Bijnor district in U.P. Dhulia, Satara and Sangli districts in Maharashtra, or Saurashtra in Gujarat, which do not have basic amenities such as potable water and elictricity, today have flourishing clinics for doing amniocentesis. Hoardings, advertisements, wall writing in several regional languages unscrupulously announce amniocentesis as a solution to the dowry problem.

Rural health centres in Gujarat and Maharashtra, where facilities do not exist to examine sputum for tuberculosis or to maintain the cold chain for oral polio vaccine, are sending samples of amniotic fluid in ice packs through courier service to district towns of Rajkot, Bhavnagar, Anand, Ahmedabad etc. for sex determination.

Business has become so profitable that in a span of 3 years, a backward tribal district like Dhulia has doubled the number of clinics offering amniocentesis. Even marginal farmers and landless labourers were found to be willing to pay 25% compound interest on loans from money lenders to avail of these tests.

In cities ofcourse, aside from amniocentesis there are atleast five more techniques being popularised to preselect or determine the sex of the foetus eg. sonography, fetoscopy, needling, chorion biopsy and genetic manipulation.

The medical lobby, which justifies the use of these techniques on philanthropic grounds of saving women from repeated pregnancies in anticipation of a son, eliminating the stress and distress of producing an unwanted female child, preventing later murders and suicide in the women population by aborting them before they are born, quite forget the basic purpose for which these technologies were developed.

The government and the sychophants of population control are actively colluding with the medical profession in their mindless and ruthless pursuit of acheiving a Net Reproductive Rate of 1 (one female child per woman). Therefore it lies in their interest to not regulate any technology which has even the remote potential of helping them achieve this goal.

The irony of the situation is that these reproductive technologies are not available when needed most and for the purpose they were intended to serve. This is best illustrated by the medical response after the Bhopal gas disaster. When activist groups in Bhopal demanded that amniocentesis be made available to pregnant women who were exposed to the toxic gas , no equipment was provided in Bhopal for the socially relevant purpose of averting the birth of congenitally malformed babies. It is thus the avarice of the medical establishment which dictates how and where these technologies will be used.

The mystification of medical technology together with the myths in the minds of even the progressive intelligensia, has led to ~~the~~ women being perceived as mere commodities. Consequently, we are confronted with bizarre arguements such as women's value will automatically increase if their number decreases. Reality contradicts this viewpoint as all societies with a low ~~xxxxxx~~ female-male sex ratio have a high incidence of sex based crimes as well as the attendent low status of women. Infact, contemporary Indian society provides enough evidence to support our contention; high female sex ratio in Kerala for instance, goes hand in hand with higher female literacy rateand higher work participation as compared to States with low female sex ratio such as U.P. and Rajasthan.

Passive and active resistance of all these forces which constitute the pro-femicide lobby has prevented any regulation of sex determination and sex preselection techniques despite concerted efforts on the part of concerned groups for the last 8 years.

It has taken all these years of relentless struggle on the part of women's ans people's science groups, especially in Maharashtra, to get a-State legislation regulating the use of these technologies. The Central government, apparently desiroud of regulating these technologies for the last two years, has still to introduce a Bill to this effect.

The Campaign in India

In 1974, amniocentesis was being tested/as a technique for detecting genetic abnormalities, in government run hospitals. The survey outcome of 11,000 couples who had volunteered for this test revealed that the basic motivation for such an enthusiastic response had been the possibility of getting to know the sex of the child in-utero, which was followed by a preponderance of abortion of female foetus. Following the publication of these results, in 1976, six women's groups from Bombay registered the first protest and demanded a ban on these tests. As a result of this protest, these tests were banned in government run hospitals during the Janata regime. However, it did not take long for the vested interests in the private medical sector to exploit these technologies for commercial purposes. By 1980, the private medical sector began to blatantly advertise these techniques for the specific use of sex determination through wall writing, hoardings, pamphlets etc. The issue was taken up in a major way by women's groups, science and health groups in the early 80's but the response of the government remained one of passive silence. Occassionally one heard support for ~~these technologies~~ the misuse of these technologies as a tool of population control.

In order to highlight the enormity of the problem, it became necessary for activist groups to gather primary data on the extent of misuse of amniocentesis. Investigations also revealed that workers were submitting large medical bills to industrial houses after having undergone amniocentesis in a bid to bear male children.

A two day seminar in Bombay to discuss this issue brought home the fact that except for some feminists and activists, the majority of lawyers, doctors etc. were vehement in their support for the new found use of amniocentesis. This seminar clarified the need to focus on the technical aspects of these tests; the socio-economic cultural and religious factors which shaped attitudes towards the use of these tests; a creative way of organizing the campaign to raise consciousness; and to struggle for legal regulation of these technologies.

In the last 5 years, the campaign had intensified in terms of daughter's rally, picketing in front of hospitals conducting these tests, songs, skits, exhibitions, three video films "Samadhan", "Ajata" and "Boy or Girl" dedicated to the cause. All these efforts have raised public awareness and increasing numbers of sensitive doctors, lawyers, journalists, artists, social scientists and mass organizations have got involved in this issue. Many activists with the background of medicine, law and social science have consciously done research to build up a sucessful campaign.

Taking the campaign forward

Inspite of public protest, the alarming rate at which new reproductive technologies are penetrating the core of Indian society is really nightmarish. Sex determination is only one menace. There are a series of medical technologies such as genetic engineering, cloning, test tube babies, surrogate motherhood, which are being glorified by the medical lobby. Inherent sexist, racist and class bias of these techniques which reduce women to "male producing machines" a nd raw material for scientists/doctors lusting to enhance the "quality of the population" by conquering the imperfections of nature need to be exposed. Since all these techniques are now internationally patented, and big money is involved, we need to build international resistance on these issues.

It is time for all concerned individuals to pressirize the government to take a principled stand on science and technology related to reproduction. The government also must show the political will to create effective and innovative ways to monitor and regulate these technologies. Women's organizations, consumer groups and human rights organizations need to urgently pool their resources to monitor these technologies and act as a watchdog.

Medical bodies such as the Me dical Council of India, Indian Medical Association, Federation of Obstetricians and Gynaecologists must come out vociferously against malpractice by their members and urgently take steps to de-register all doctors violating medical ethics.

Mechanisms also need to be devised to enable the public to sue erring doctors. This necessarily requires strict record keeping by doctors and access of these records to monitoring agencies.

The media on their part need to give detailed and extensive coverage to such medical malpractice. They should also ban forthwith carrying all advertisements for sex determination and sex preselection.

It is time that people from all walks of life view the misuse of sex determination and sex preselection techniques as a reflection and part of the overall discrimination, degradation and violence perpetrated on women.

Prepared by the Forum against sex determination and sex preselection Bombay and Saheli Women's Resource Centre, Delhi.

NATIONAL PROTEST DAY 24-11-88

by

FORUM AGAINST SEX DETERMINATION AND SEX PRESELECTION (INDIA)

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FORUM AGAINST SEX DETERMINATION AND SEX PRESELECTION

To,
The Chief of Bureau,

22/11/88

Dear Sir/Madam,

Several organizations in Delhi and other cities have come together to form the Forum against Sex determination and Sex Preselection.

A meeting is being called jointly by the Bombay and Delhi Fora to demand for a Central Legislation against sex determination and sex preselection techniques (such as amniocentesis). The meeting is on Nov.24, at Constitution Club, Rafi Marg, at 3.30 pm.

This demand stems from the prolonged ~~af~~ agitation against sex determination and the selective abortion of female foetuses. So far, it has resulted in the Maharashtra Government passing a Bill to regulate the use of these techniques. Currently, a private Member's Bill has been tabled in the Lok Sabha. A draft Bill has also been circulated to all the State Governments by the Centre.

The meeting at Constitution Club will focus on the urgent need for a Central legislation and discuss the crucial factors needed in the formulation of such a Bill.

We will also be releasing a signature campaign carried out throughput the country to raise this demand.

You are requested to attend this meeting and cover the event.

Thanking you,

Action India, Ankur, Jagori, Janwadi Mahila Samiti, Joint Women's Programme, Kali for women, Mahila Dakshita Samiti, National Federation of Indian Women, Saheli, Shakti Shalini, Swami Agnivesh, Voluntary Health Association of India, Young Women's Christian Association.

REGULATION ON

SEX DETERMINATION TEST AND AMNIOCENTESIS

There has been a controversy in the Press as well as in the public regarding the misuse of Sex Determination Test. Ante-natal diagnosis of genetic defect and selective abortion is used for eugenic purposes and it is voluntary procedure for which a couple may request after counselling with a previous history of malformed baby or early neonatal loss due to metabolic disorder or some blood dyscrasias.

There are various means of antenatal diagnosis such as Amniocentesis, Ultrasonography, chorionic ville biopsy and foetoscopy to rule out presence of genetic chromosomal metabolic disorders. But, by the time, applicability of these procedures becomes feasible, pregnancy in most cases is advanced to midtrimester.

Chorionic ville-biopsy is relatively new technique for pre-natal diagnosis in first trimester. Reports based on small number of patients with limited follow-up have indicated feasibility of chorionic villus tests and have provided some preliminary information on safety, efficacy and reliability of this method in first trimester. It has gained acceptance as an alternative to amniocentesis as it has advantage of diagnosing genetic disorders early in first trimester but it is relatively new procedure and requires more experience.

Prenatal diagnosis of diseases is done by these tests to benefit women and her family by providing selective abortion for a malformed baby. But this scientific tool has got into misuse, bacause the society have lost the sight of main goal of antenatal diagnosis of genetic diseases and it is being used for antenetal sex determination for selective abortion specially in the case of the female foetus.

There is widespread deep rooted stigma in our society which places female child at serious disadvantages and parents resort to selective abortion in such cases. Intensive education is needed to prevent this evil. It requires a sustained building up of public opinion to mobilise all sections of the society and media which can play an important role to prevent this evil. We have embarked upon this exercise and official

...2/-

media like radio, T.V., Press etc. are helping to build up awareness of issue relating to equality of sexes to raise the status of women in the society.

Ante-natal Sex Determination in Government Hospitals is done in very exceptational cases that too for research or for diagnosing sexually linked genetic diseason reports. It is being done by private clinics for selective abortion of female foetus. Most of these are midtrimester abortions and therefore carry a much higher risk of maternal mortality and morbidity because of the meagre facilities in such clinics.

Newspapers have been reporting with growing concern the misuse of Amniocentesis test. This is being used to find out the sex of the unborn child and in most of the cases abortion is reported if it is a female child and the doctor invariably certifies that as the failure of contraceptive device.

Circulars were sent to all State Health Secretaries, DHSs, SFWOs, RDs on June 10th,1977, August 13 1982 December 18 1985, May 27 1988. In these circulars it was emphasized that the State should be vigilant so that they are able to ascertain from the clinic indulging in such prenatal sex determination test and to take appropriate action whenever necessary. The Ministry of Law was consulted in this matter and is of the opinion that "till you establish a nexus between the tests and the subsequent abortion you cannot take any action against the parents or clinics".

In order to have an overall view of this issue Government of India constituted a Committee of Administrators, Medical Experts, Voluntary Organisations and legal experts so that future course of action could be spelt out. The Committee had the following terms of reference:-

1. To go into the details of comprehensive legislation.
2. To suggest in-built mechanisam for an infrastructure for ensuring proper implementation of the proposed legislation.
3. To propose measures for generating public opinion against these tests, either in the legislation itself or otherwise.

The Committee has met several times and the draft regarding Regulation of Sex Determination Test is finalised. As this issue has been emerging as a very sensitive one and needs

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immediate attention the State Government who are to implement the scheme, hence they have been requested to consider to bring out Legislation on the lines of Maharashtra. The State Government's view in this matter has been requested. The draft Bill finalised by this Committee constituted by this Ministryhas been sent to the State Health Ministers for their comments/approval. The draft is exhaustive and takes care of all details regarding sex determination test.

This matter was also discussed in the C.C.H. meeting held on 15th to 17th February,1988 and a unanimous view taken was that these facilities should be regulated so that these are used only to control the eugenic problem in the Health field.

This matter was also considered and discussed in the meeting of Health Ministers of State/UTs held on 30th May,1988 and they were of the opinion that there was a need to consider the desireability of bringing a legislation on the line of the Legislation passed by the Maharashtra Government.

In the last session of the Maharashtra Assembly an Act called "Maharashtra Regulation of use of prenatal Diagnosis Technique Act, 1988" has been passed about the regulation of Sex Determination Test. As per this Act no person or medical practitioner can use or allow to be used the prenatal diagnostic technique for the purpose of diagnosing the sex of the foetus with or without the possible object of female foeticide. Similarly no centre can given advertisement in any manner regarding these facilities. As per this act Sex Determination Test facility will be available only under medical advise in Government approved institutions.

TO BE INTRODUCED IN LOK SABHA

Bill No. 75 of 1988

THE BANNING OF SEX DETERMINATION TESTS BILL, 1988

By

SHRIMATI BASAVARAJESWARI, M.P.

A

BILL

to provide for ban on pre-birth sex determination tests and for matters connected therewith.

BE it enacted by Parliament in the Thirty-ninth Year of the Republic of India as follows:—

1. This Act may be called the Banning of Sex Determination Tests Act, 1988. Short title.

2 In this Act, unless the context otherwise requires, 'sex determination test' means scientifically gaining knowledge of the sex of the foetus by means of use of amniocentesis or other modern techniques used on the pregnant women to determine the sex of the foetus. Definition.

3. All types of pre-birth sex determination tests are hereby banned. Ban on pre-birth sex determination tests.

4. Notwithstanding anything contained in any other law for the time being in force,— Punishment.

(*a*) any medical practitioner or any person who conducts any test to determine the sex of the foetus in a pregnant woman; and

(*b*) any expectant mother who undergoes such pre-birth sex determination test,

shall be punishable with imprisonment for a term which may extend to five years or with fine which may extend to five thousand rupees or with both.

Power to make rules.

5. The Central Government may, by notification in the Official Gazette, make rules for carrying out the purposes of this Act.

STATEMENT OF OBJECTS AND REASONS

Sex determination test centres are being operated for the last so many years in our country. Many people have earned a lot of money by operating such centres. These tests are now increasingly been used by the parents and the medical practitioners for pre-birth sex determination with the intention of aborting the female foetus. If this is allowed to continue, it would result in imbalance in male-female ratio in the country. This is high time that a legislation is brought forward to ban such tests in the country.

Hence this Bill.

NEW DELHI;

June 30, 1988.

BASAVARAJESWARI

MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 5 of the Bill empowers the Central Government to make rules for carrying out the purposes of the Bill. These rules will relate to matters of detail only and as such the delegation of legislative power is of a normal character.

LOK SABHA

A

BILL

to provide for ban on pre-birth sex determination tests and for matters connected therewith.

(Shrimati Basavarajeswari, M.P.)

SAHIYAR(STREE SANGATHAN)
Above Zankar Dresses
Panchmukhi Mahadeo Pole
B A R O D A - 390 001.

L.C. BILL NO. OF 1988.

A BILL

to previde for the regulation of the use of medical or scientific techniques of pre-natal diagnosis solely for the purpose of detecting genetic or metabolic disorders or chromosomal abnormalities or certain congenital anomalies or sex-lined disorders and for prevention of the misuse of these techniques for the purpose of pre-natal sex determination leading to female foeticide; and for matters connected therewith or incidental thereto.

WHEREAS it is expedient to regulate the use of pre-natal diagnostic procedures like Amniocentesis or any other present or future techniques, solely for the purpose of detection of genetic or metabolic disorders or chromosomal abnormalities or certain congenital anomalies or sex-linked disorders and to prevent the misuse of such techniques for pre-natal sex determination leading to female foeticide; and to provide for matters connected therewith or incidental thereto; it is hereby enected in the Thirty-ninth year of Republic of India as follows: -

CHAPTER- 1

PRELIMINARY

Short title extent and commencement.

1. (1) This Act may be called the Maharashtra Regulation of use of pre-natal Diagnostic Techniques Act, 1988.

(2) It shall extend to the whole of the State of Maharastra.

(3) It shall come into force on such date as the State Government may by notification in the Official Gazattee appoint.

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Definitions:

2. In this Act, unless the context otherwise requires:-

(a) "advertisement" means any notice, circular, label , wrapper, printed matter or other document on display and also includes any announcement or visible representation made with the help of light, sound, smoke, gas, cinematograph films of video tapes;

(b) "Appropriate Authority" means the State Appropriate Authority constituted by the State Government under section 6 ;

(c) "Genetic Counselling Centre" or "centre" means a place registered under this act for the purpose of carrying out the activities of a Genetic Counselling Centre as well as a Genetic Laboratory;

(d) "Genetic Counselling Centre" or 'centre' means an institute, Hospital, Nursing Home or any place by whatever name called, registered under this act for providing genetic counselling to patients and for performing obstetrical or gynaecological procedure such as foetoscopy, taking samples of amniotic fluid, chorionic villi, blood or any tissue of a pregnant female for being sent to genetic clinic or laboratory for pre-natal disgnostic test;

(e) "Genetic Laboratery" or "laboratory" means a place registered as such under this Act which provides facility for carrying out the analysis or tests of samples received from Genetic Counselling Centres for pre-natal diagnostic test;

(f) "gynaecologist" means a person who has acquired a post-graduate qualification in gynaecology after obtaining M.B.B.S. degree;

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(g) "Local Vigilence Committee" means a committee appinted under section 16 ;

(h) "Medical Geneticist" means a person who has acquired a degree or diploma or certificate in Medical Genetics in the field of pre-natal disgnostic techniques or has experience of at least two years of work in that field after obtaining any of the following degrees namely :

(i) M.B.B.S. or any other degree equivalent thereto;

(ii) M.Sc. or Ph.D. in Biological Sciencies or any other degree equivalent thereto

(i) "pre-natal diagnostic procedures" means all gynaecological or obstetrical or medical procedures such as foetoscopy taking or removing samples of amniotic fluid, Chorionic Villi, blood or any tissue of pragnant female for being sent to a genetic clinic or laboratory for pre-natal diagnostic test;

(j) " Pre-natal diagnostic Technique" includes all pre-natal diagnostic procedures and pre-natal diagnostic tests;

(k) "pre-natal diagnostic test" means any test or analysis of amniotic fluid, Chorionic Villi, blood or any tissue of a pregnant female carried out in a Genetic clinic or laboratory in order to detect genetic or metabolic disorders of chromosomal abnormalities or certain congenital anomalies or haemoglobinopathies or sex-linked disease;

(l) " prescribed" means prescribed by rules made under this Act;

(m) Registered medical prectitioner means a medical practitioner who possesses any recognised medical qualification as defined in clause(h) of section 2 of the Indian Medical Council Act,1956, and whose name has been entered in the register prepared or deemed to be papered and maintained under the Maharastra Medical Council Act,1965.

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(n) "State Vigilance Committee"means the Committee appointed by the State Government under section 13.

(o) "Voluntary Organisation" means any Voluntary Organisation working in the field of Health or Women Welfare or Human rights.

CHAPTER II

REGULATION OF CENTRE, LABORATORY, CLINIC AND PRE-NATAL DIAGNOSTIC PROCEDURE AND TECHNIQUES.

3. (1) No Genetic centre, laboratory or clinic or place,unless registered under this Act shall carry out activities relating to the prenatal diagnostic techniques with the help of procedures such as Amniocentesis, Chorionic Villi Sampling or any other pre-natal diagnostic techniques.

(2) No registered centre, laboratory or clinic shall employ or take services, whether honorary or on payment from persons, including, Gynaceologists, who do not possess the prescribed qualification.

(3) No Medical Geneticist or Gynaecologist or Medical Practitioner or person shall carry out or help in carrying out or cause to carry out either himself or through his assistants, agents or associates, any pre-natal diagnostic techniques at a place other than a Genetic Counselling centre, a Genetic Clinic or a Genetic Laboratory registered under this Act.

4. (1) No place including the registered Genetic Counselling Centre or Genetic Clinic or Genetic Laboratory shall be used and no person shall use or cause to be used the pre-natal diagnostic techniques except for the purpose specified in sub-section(2) and(3).

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(2) The pre-natal diagnestic techniques shall not be used or carried out unless the person qualified to do so is satisfied that any one or more of the following conditions are fulfilled in each case, namely:-

(i) Agecof the pregnant woman is above 35 years;

(ii) History of two or more abortions or foetal loss;

(iii) History of expcsure to drugs, radiation, infection or hazardous chemicals;

(iv) Family History of mental retardation or Physical deformities such as spastic or deaf-mute child or any other genetic disease;

(v) Any other condition as may be approved by the appropriats authority.

(3) The pre-natal diagnostic technique shall be carried out under this Act solely for the purpose of detection of any one of the following abnormalities, namely :-

(i) Chromosomal abnormalities;

(ii) Genetic Metabolic diseases;

(iii) Haemoglobinopathiss;

(iv) Sex-linked Genetic diseases;

(v) Congenital anomolies;

(vi) Any other abnormelities or diseases as may be declared by the Appropriate Authority for the purpose of this sub-section.

(4) Before carrying out the pre-natal diagnostic procedures, the person qualified to do so shall obtain a written consent of the female-patient in the prescribed form after all possible side-effects and after-effects of such procedure are clearly explained to her.

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5. On and from the date of commencement of this Act -

(i) No Genetic Counselling Centre, laboratory clinic, gynaecologist, medical prectitioner or any other person shall use or allow to be used the pre-natal diagnostic techniques including ultra-sonography for the purpose of indicating the sex of a foetus with or without the possible object of female foeticide.

(2) No centre, laboratory or clinic shall give advertisement in any manner regarding facilities of pre-natal prediction of sex available at the centre, laboratory, or clinic.

(3) No person or members of family of a pregnant female shall seek to get the pre-natal diagnostic procedure done for a purpose other than those mentioned in sub-section(3) of section 4.

CHAPTER III

STATE APPROPRIATE AUTHORITY

Constitution of state Appropriate Authority.

6. (1) On the commencement of this Act, or as soon thereafter as may be, the State Government shall, by a Notification in the Official Gazette, constitute a State Appropriate authroity which shall consist of the following members, namely:-

(i) The director of Health Services, ex-officio Chairman;

(ii) The Joint Director of health Services, ex-Officio Secretary;

(iii) two representatives of Voluntary Organisations;

(iv) the Director of Medical Education and Research or his representative, not below the rank of a Deputy Director;

(v) A Gynaecologists;

(vi) A Medical Geneticist;

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(vii) a representative of the Indian Council of Medical Research.

The members referred to in clause(ii),(iii),(v), (vi) and (vii) shall be nominated by the State Government.

(2) The appropriate authority may invite for its meeting the Civil Surgeon or Chief Medical Officer of the local area concerned as an invitee-Member whenever it thinks necessary.

7. (1) The appropriate Authority shall meet as and when necessary but not less than two meetings of the committee shall be held every year. The appropriate Authority may frame rules for conduct of its business.

(2) All decisions in the meetings of the Appropriate Authority shall be taken by a simple majority of members present at a meeting and the quorum for a meeting shall be of five members including the Chairman.The decisions of the Authority shall not be vitiated or held as invalid only on the ground of vacancy or absence of any member.

(3) Any vacancy in the membership of the Authority on account of death, resignation or any other reason shall be filled expeditiously by the State Government and until the vacancy is to filled the remaining members shall continue to function as if no vacancy has fallen.

(4) The terms, conditions and duration of office of the non-official members shall be such as the State Government may from time to time determine.

8. (1) The function of the Appropriate Authority shall be as follows, namely:-

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(i) to advise Government on policy matters relating to use of pre-natal diagnostic techniques;

(ii) to recommend to Government changes necessary in the rules prescribed under the Act in keeping with progress in science, evolution of new procedures and techniques and in the light of the experience of the implementation of the Act.

(iii) to consider all applications made to it under section 10 for renewal of registration of centres, laboratories and clinics.

(iv) To consider the complaints of breach of provisions of this Act and rules and to take action of suspension of cancellation of registration under section 11.

(v) To prescribe guidelines about standards to be maintained by the registered centres, laboratories and clinics;

(vi) to supervise and monitor the performance of centres, laboratories or clinics;

(vii) to evolva a code of a conduct for the persons who own, manage or run the centre laboratory or clinic and for persons employed in such centre, laboratory or clinic;

(viii) to create public swareness against the practice of female foeticide which results in discrimination against women even from the pre-natal stage;

(ix) generally to supervise the implementation of the Act and rules made thereunder:-

(x) to take such other action as the State Government may direct.

..9/-

(2) In discharging its functions under this Act, the appropriate Authority shall have all the powers of a Civil Court in respect of the following matters under the Code of Civil Procedure, 1908 in trying a suit-

(a) proof of facts by affidavit;

(b) summoning and enforcing the attendance of any person, and examining him on oath or affirmation;

(c) compelling the production of documents;

(d) issuing commissions for the examination of witnesses.

CHAPTER IV

REGISTRATION OF CENTRE LABORATORY OR CLINIC

9. (1) Every Genetic centre, laboratory or clinic engaged, either partly or exclusively, in pre-natal diagnoatic teachiques for any of the purposes mentioned in sub-section(3) of section 4 of this Act shall apply for registration within sixty days from such date as the State Government may, by notification in the Official Gezette, appoint in this behalf, being a date not earlier than the date of constitution of the Appropriate Authority. Such application shall be made in such form and manner and shall be accompanied by such fees as may be prescribed.

(2) Subject to the provisions of section 5, any centre, laboratory or clinic engaged in pre-natal diagnostic techniques for any of the purposes mentioned in sub-section(3) of section 4 on the date appointed under sub section(i) shall cause to carry out any pre-natal diagnostic technique on expiry of six months from such date unl ss such centre, laboratory or clinic has already made an application for registration and is so registered before that date under this Act.

(3) No person shall open a new genetic centre, laboratory or clinic after the commencement of this act unless it is duly registered under this Act.

(1) The Appropriate Authority shall, after holding an enquiry, if necessary, and after satisfying itself that the applicant has complied with all the requirements of this Act and the rules made thereunder, grant a certificate of registration in the prescribed form to the centre, laboratory or clinic, as the case may be.

(2) If the applicant does not comply with the requirements of this Act and the rules, the Appropriate Authority may give reasonable time to the applicant to effect such compliance. If, after the inquiry, and giving an opportunity to the applicant of being heard, the Appropriate Authority is satisfied that the applicant has not complied with such requirements, it shall reject the application for registration after giving reasons thereof.

(3) Every certificate of registration shall be renewed in such manner and after such period and on payment of such fees as may be prescribed.

(4) The certificate of registration shall be displayed by the registered centre, laboratory or clinic in some conspiceous place in its office or place of business.

11. The Appropriate Authority may suo moto or shall on receipt of recommendation from the State Vigilence Committee or a local Vigilence Committee, issue a notice to the centre, laboratory or clinic to show cause why its registration should not be suspended or cancelled for the reasons mentioned in the

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notice. If after giving a reasonable opportunity to the centre, laboratory or clinic the Appropriate Authority is satisfied that there has been a breach of any of the provisions of this Act or rules, it may, without prejudice to any criminal action that it may take against such centre, laboratory or clinic, cancel or suspend its registration for such period as it may think fit.

12. (1) The centre, laboratory or clinic of which application for registration has been rejected or against which an order of suspension or cancellation of registration has been passed by the Appropriate Authority, may, within thirty days from the date of receipt of the order, file an appeal to the State Government in the prescribed manner. The order of the State Government on appeals shall be final.

(2) If no appeal against the order of the Appropriate Authority directing suspension or cancellation of registration has been filed or if the appeal so filed has been rejected by the State Government, the copy of the order of the Appropriate Authority or the State Government, as the case may be, shall be forwarded by the Appropriate Authority to the Maharashtra Medical Council for taking suitable action against the medical practitioner practicing in such centre, laboratory or clinic and in respect of which such order has been passed.

CHAPTER V

VIGILANCE COMMITTEES

13. On the commencement of this Act, or as soon thereafter as may be, the State Government shall appoint a State Vigilance Committee which shall consist of -

..12/-

(i) Secretary of the Appropriate Authority as Chairman and Convener;

(ii) Two representatives of Voluntary Organisations;

(iii) The Director-General of Information and public Relations or his representative

(iv) A Gynaecologist;

(v) A Medical Geneticist;

(vi) A Civil Surgeon or Chief Medical Officer.

14. The functions of the State Vigilance Committee shall be -

(a) to pay periodic and surprise visits to the centers, laboratories and clinics, with a view to check compliance of the provisions of the Act and the rules;

(b) to investigate complaints by members of public or other Institutions or in the Press about contravention of the provisions of this Act or the rules;

(c) to seize incriminating evidence or record for further administrative or legal action;

(d) to recommend to the Appropriate Authority, the cancellation or otherwise of registration of, or prosecution against a centre, laboratory or clinic;

(e) to check and prevent operation of unauthorised centres, laboratories or clinics;

(f) to take such other action as the Appropriate Authority or the State Government may direct;

15. (1) The State Vigilance committee shall hold meetings as and when necessary to conduct business which may be placed before it. The Committee shall have powers to frame rules for conduct of its business.

..13/-

(2) All decisions in the meeting of the State Vigilance Committee shall be taken by a simple majority of members present at the meeting. There shall be a quorum of five members including the Chairman for a meeting.

(3) The decisions or any actions of the State Vigil ance Committee shall not be vitiated or held as invalid only on the ground of vacancy or absence of any member.

16. (1) There shall be a local Vigilence Committee for any such local area as the Appropriate Authority may specify. A local Vigilence committee may consist of the following members namely:-

(i) Deputy Director of Health Services of the Region, ex officio Chairman and Convenor;

(ii) District Health Officer of the concerned district;

(iii) Civil Surgeon or Chief Medical Officer of the local area;

(iv) any officer not below the rank of a Tahasildar having the powers of an Executive Magistrate nominated by the Collactor;

(v) A Gynaecologist;

(vi) A Medical Geneticist;

(vii) A representative of Women's organisation;

(viii) A representative of any other voluntory organisation.

(2) The non-official members of the local Vigilence Committee shall be nominated by the Appropriate Authority.

17. (1) All decisions in the meetingof local Vigilence Committee shall be taken by a simple majority of members present at the meeting.There shall be a quorum of four members including the Chairman for a meeting.

..14/-

(2) The decision or any actions of a local Vigilence committee shall not be vitiated or held as invalid only on the ground of a vacancy or absence of any member.

(3) All decisions and actions taken by a local Vigilence Committee shall be reported by it to the State Vigilence in such manner and at such intervals as may be prescribed.

(4) The function and powers of a local Vigilence Committee shall be the same as that of State Vigilence Committee, which shall be discharged by it within its local area.

18. (1) The non-official members of the State Vigilance Committee and a local Vigilence Committee shall be appointed for a period of three years and after expiry of the period of appointment they shall be eligible for re-appointment.

(2) The non-official members of these committee shall be entitled to travelling, sitting and other allowances at such rates as the State Government may, from time to time determine.

CHAPTER VI

OFFENCES AND PENALTIES

19. (1) Any Medical Geneticist, Gynaecologists, Registered Medical Practitioner or any person who owns a centre, laboratory or a clinic or is employed in a centre, laboratory or clinic or who gives his services to or at such a centre, laboratory or clinic, whether as an honarary or otherwise, and who contravenes any of the provisions of the act or rules made thereunder shall on conviction be liable to be punished with rigorous imprisonment or a term which may extend to three years and with fine which may extend to rupees five thousand.

Provided that, in the case of every conviction the period of sentence shall not be less than one year and fine shall not be less than rupees five thousand.

..15/-

Provided further that, the name of the Gynacologist or Registered Medical Practitioner who has been convicted by Court shall be reported by the Appropriate Authority to the Maharashtra Medical Council for taking suitable action including that of suspension of his name from the Registar of the Council for a period of two years for the first offence and for permanent removal for subsequant offence.

(2) Any person who seeks the aid of a centre or laboratory or clinic or of a Medical Geneticist or a Gynacologist or a Medical Practitioner for carrying out pre-natal diagnostic techniques on a pregnant female for any purpose other than those specified in sub-section(3) of section 4 shall, on conviction be liable to be punished with rigorous imprisonment for a term which may extend to three years and with fine which may extend to rupees three thousand;

Provided that, in the case of every conviction under this sub-section the period of sentence shall not be less than one year and fine shall not be less than rupees one thousand;

Provided further that, the court shall always presume, unless otherwise proved, that a woman who seeks such aid of pre-natal diagnostic procedures on herself has been compelled to do so by her husband or members of his family, who shall, on conviction, be liable to be punished for abetment of the offence under this sub-section for the same sentence and in that case the woman shall be liable to pay a fine of rupees fifty for each such offence.

(3) Whoever contravenes any of the provisions of this Act or any rule or any direction issued thereunder, for which no penalty has been elsewhere provided in this Act, shall be punishable with imprisonment for a term which may extend to three months or with fine which may extend to one thousand

..16/-

rupees or with both, and in the case of continuing contravention, with an additional fine which may extend to five hundred rupees for every day during which such contravention continuous after conviction for the first such contravention.

20. Every offence punishable under sub-section(2) or(3) of section 19 shall be cognisable, non-bailable and non-compoundable.

21. (1) No Court shall take cognizance of any offence under this Act except on a complaint made by:-

(a) the Appropriate Authority, State or Local Vigilence Committee or any officer authorised in this behalf by the State Government or the Appropriate Authority or the State local Vigilence Committee.

(b) any person who has given notice of not less than sixty days, in the manner prescribed, to the Appropriate Authority, any Vigilence Committee or an officer authorised as aforesaid, of the alleged offence and of his intention to make a complaint to the Court.

and no Court inferior to that of a Metropolitan Magistrate or a Judicial Magistrate of the first class shall try any offence punishable under this Act.

(2) Where a complaint has been made under clause(b) of sub-section(1), the Court may, on demand by such person, direct the Authority or Vigilence Committee to make available the relevant records in its possession to that person.

Provided that the Authority or Committee may refuse to make any such record available to such person if the same is, in its opinion, against the public interest.

..17/-

(3) The court for adequate and special reason to be recorded in judgment, impose a sentence less than the minimum sentence that can be imposed under this Act.

CHAPTER VII

MISCELLANEOUS

22. (1) All records, charts, forms, reports, consent letters and all other documents required to be maintained under this Act and the rules shall be preserved for a period of two years or such period as may be prescribed;

Provided that if any criminal or other proceedings are instituted against any centre laboratory or clinic the records and all other documents of such centre laboratory or clinic shall be proserved till the final disposal of such proceedings;

(2) All such records shall at all reasonable times be made available for inspection to the members of the Appropriate Authority or members of the State or local Vigilence committee or to any other person as may be authority by the State Government in this behalf.

23. (1) If the Appropriate Authority or the State or Local Vigilence Committee has reason to believe that any breach of the provisions of this Act has been committed at any centre, laboratory or clinic, or that pre-natal diagnostic procedures or techniques are used for prediction of sex, then the Chairman of the State or Local Vigilence Committee or any other member duly authorised by the State Government, the Authority or the committee shall have power to search the premises of such centre, laboratory or clinic and to seize such records and documents as may be necessary, on granting a receipt for the same, and the

..18/-

records and documents so seized shall be retained by the Authority or the Committee for so long as period may be necessary in connection with any proceeding or for a prosecution under this Act.

(2) The provisions of the Code of Criminal Procedure, 1973, shall apply to the proceedings taken under sub-section(1) and the person taking such proceeding shall take the assistance of a police officer of the nearest police station whenever necessary.

24. No suit, prosecution or other legal proceedings shall lie against the State Government, the Appropriate Authority, State or local Vigilence Committee or any person acting under their authority for anything which is in good faith done or intended to be done under this Act.

25. The State Government may, exempt a Genetic centre laboratory or clinic run by it or by any local authority from any or all of the provisions of this Act on recommendation by the Appropriate Authority that such exemption is in public interest.

26. (1) The State Government, may subject to the condition of previous publication in the Official Gezette, make rules for carrying out the purposes of this Act.:

Provided that, if the State Government is satisfied that circumstances exist which render it necessary to take immediate action, it may dispense with the previous publication of any rule to be made under this Act.

(2) In particular and without prejudice to the generality of the foregoing power, such rules may provide for -

(i) the minimum qualification of the persons employed at a registered centre or laboratory or clinic;

..19/-

(ii) the form and manner of application for registration, records to be maintained, consent of a female patient to be obtained at registered centre or laboratory or clinic;

(iii) minimum equipments necessary at the centre or laboratory or clinic;

(iv) the standards to be maintained by the centre or laboratory or clinic,

(v) the code of conduct of persons working at the centre or laboratory or clinic;

(vi) the manner in which an appeal may be filed to the State Government against the order of refusal, cancellation or suspension of registration;

(vii) the duration of validity of registration procedure of renewal of registration and fees to be charged for registration and renewal thereof;

(viii) manner of and intervals at which a local Vigilence Committee shall report its decisions and actions to the State Vigilence Committee;

(ix) the records, charts, reports and other documents to be maintained in centre, laboratory or clinic period for which such records and documents shall be maintained and preserved; and

(x) any other matter that is required or may be prescribed under this Act.

(3) Every rule made under this section shall be laid as soon as may be after it is made before

each House of the State Legislature while it is in session for a total period of thirty days which may be comprised in one session or in two successive sessions and if, before the expiry of the session in which it is so laid or the session immediately following, both Houses agree in making any modification in the rule or both houses agree that the rule should not be made, and notify such decision in the Official Gazette, the rule shall from the date of publication of such notification have effect only in such modified form or be of no effect, as the case may be, so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done or omitted to be done under that rule.

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STATEMENT OF OBJECTS AND REASONS

It has been brought to the notice of the State Government that pre-natal disgnostic procedures and techniques intended to find out probable genetic disorders in an unborn child are freely carried out to determine the sex of the unborn child with a view to terminating the pregnancy with or without the consent of the mother, if the unborn child is predicted to be a female'.

2. There seems to be a misconception about the objectives of the existing laws in the minds of many a medical practitioner. Instead of furthering the National policy on Family Planning by preventive measures they find it convenient as well as lucrative to terminate the pregnances in breach of the laws and the rules and

regulations thereunder. In breach of the professional athics unscrupulous medical practitioners do not hesitate to perform abortions even when the sole or one of the reasons for doing so is female foeticide. By doing so, they conveniently ignore the fact that not only in such an act against the law, but it is dangerous to the health of the pregnant woman apart from being degrading or detrimental to the status of women.

3. The malpractice is often done under the cover of Explanation II to sub - section (2) of section 3 of the Medical Termination of Pregnancy Act, 1971, which allows termination of pregnancies by registered Medical Practitioners where any pregnancy occurs as a result of failure of any device or method used by any married woman or her husband for the purpose of limiting the number of children.

4. It has become necessary in the interest of upholding human dignity of nearly fifty per cent of the total population which comprises the females of the country and the future unborn female children to enact specific legislation for prohibiting pre-natal disgnostic procedures and techniques for determining the sex of the child with a view to committing the female fosticide. At the same time it is necessary to allow the use of the modern medical science and techniques to find out the possible genetic deformities or disorders in an unborn child so that the parents may have the option to abort a deformed baby which may cause miseries throughout the life to the child as also to its parents. It is therefore proposed to regulate the use of pre-natal

..22/-

disgnostic procedures and techniques for the benafide purposes and to prohibit its misuse for protecting the health of the mother and for preventing female foeticide.

5. It is proposed to constitute a State-level Appropriate Authority which shall grant registration to genetic centres, laboratories and clinics to carry out the pre-natal diegnostic procedures and techniques at approved place where proper equipments and persons with adequate qualifications as may be prescribed are available. It is also proposed to set up Vigilence - Committees at State-level and for any local area to check unauthorised centres and assure compliances of previsions of the Act and rules by approved centres and clinics. Deterrant penal provisions are proposed in the bill for those Medical practitioners who contravene the provisions of the Act. A husband and his family members who compelx a wife to undergo pre-natal sex determination test are also, under certain circumstances, made punishable for abetment of the offence.

Bombay, dated

Minister of Public Health.

..23/-

MEMORANDUM REGARDING DELEGATED LEGISLATION

The Bill involves the following proposals for delegation of legislative powers namely :-

Clause 1(3) - This clause enables the State Government to bring the act into force from such date as may be appointed by Notification in the official gazette.

Clause 4(4) - A Qualified Medical Practitioner is required to obtain a written consent of the female patient before carrying out the pre-natal diagnostic procedure or technique. The form in which such written consent is to be obtained shall be such as may be prescribed by rules.

Clause 6 - This clause empowers the State Government to constitute a State Appropriate Authority which will be a body mainly in charge of administration of the Act.

Clause 9 - Every Genetic Centre, laboratory or clinic shall have to apply for registration to the Appropriate Authority within sixty days from the date appointed by the State Government, by notification in the official gazette and in such form and manner as may be prescribed by rules.

Clause - 10 - This Clause empowers the State Government to prescribe the form of certificate of registration which may be granted to the centre, laboratory or clinic. The State Government may also by rules prescribe the manner in which the certificate of registration shall be renewed.

Clause - 12 - The State Government has been empowered to frame rules regarding the manner of filing an appeal against the order of refusal suspension or cancellation of

..24/-

registration of a centre, laboratory or clinic.

Clause 22 - All records, charts, forms, reports consent letters and all other documents required to be maintained under the Act shall be preserved for a period of two years. The State Government may by rules prescribe any other period for which such record shall be maintained and preserved.

Clause 26 - This Clause empowers the State Government to make rules generally for carrying out the purposes of this Act. Sub clause (2) also empowers the State - Government to frame rules for the purposes specified therein. It is also proposed that the rules framed by the State - Government may direct that a breach thereof shall be punishable with fine not exceeding two thousand rupees, and when the offence is a continuing one with a daily fine not exceeding one hundred rupees during the continuance of the offence.

2. All the above-mentioned proposals of delegation of legislative powers are of normal character.

S U P P O R T E R S

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Yogini C. Pathak	Reader (2) Dept. of Child Development Faculty of Home Science	
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Jyotsna Shah	Social Worker Vikas Jyot Nagarvada, Char Rasta, Baroda.	
Jagdish bhai Shah.	Editor - Bhumiputra Sarvoday Karyakar.	
Dr.Meera P. Desai	Consultant Gynecologist, Baroda.	
Dr.Noorbanu M. Saqui.	Consultant Gynecologist, Baroda.	
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....2

NAME	ORGANISATION	SIGNATURE
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Nimisha Shah	Swashraya Baroda.	
Sanjiv Shah	M [illegible] Baroda.	
Vali Sujaat J.	Resident Doctor S.S.G. Hospital. Baroda.	
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Rena Khanna	'Sahaj ' Baroda .	
Arun Gandhi	Parivartan, Baroda.	
Ghanshyam Shah	" "	

30/12/88

Mr. R. Srinivasan
Secretary
Ministry of Health & Family Welfare
Nirman Bhavan
New Delhi-110001

Dear Mr. Srinivasan,

I am writing to you on behalf of the Forum Against Sex Determination and Sex Preselection (Delhi). Representatives of this forum would like to come and discuss with you, the proposed Central Legislation to regulate the use of these techniques.

Kindly let us know when it would be convenient for us to meet you.

Hoping for an early reply from you.

Good wishes for the New Year!

Sincerely,

Nalini

NALINI BHANOT

17/12/88

Dear Chayanika,

How are all of you? Sorry for the delay in writing - the last few days have been a little chaotic.

Vibhuti must have told you about the press conference - it went off well and we got good coverage. Most papers covered it on pg 3. I am enclosing cuttings.

At the press conference we circulated:

1. Maharashtra Bill (2*) Private members bill
3. Comments from FRCH study & Baroda Study Report
(*5). Newspaper cuttings of Ads & news items
6. Programmes in different states on 24-11-88
(*7). Information sheet (8*) Press Release (Eng & Hindi)

I am enclosing the * items as you must be having the rest.

Follow-up since then

In keeping with the Dec 10 deadline, we asked everyone in the Forum to collect sigs. and also took responsibility to get appt. with the P.M.

In the meantime we went and met Dr. Owaisy in Min. of Health to find out status of the draft bill. Our purpose was to also try & get a copy of the bill + find out if the ministry would consider

Saheli

Women's Resource Centre

April 30, 1988

Dear Sir/Madam,

This is a call to ask you to join hands with the Women's Resource Centre, Saheli.

We are a voluntary organization that has been working since 1981, towards an ideal where women can live with dignity, and in peace.

Our major efforts are therefore geared towards helping women who have been victims of dowry demands and other forms of cruelty and violence.

In the course of our work, we have come to realize that inequalities, violence and other social issues have an inevitable impact on the state of women. Consequently, the scope of our activities has broadened to encompass the struggle for women's rights to equality, safe shelter, dignity of portrayal in media, better employment and greater health awareness.

As an organization, we have gained a fair amount of recognition for our work and earned the confidence of a growing number of women. This of course means that greater resources are called for.

As a voluntary organization, you will understand, our access to funds is limited. We are therefore calling upon you to support us with your contribution, in the form of an advertisement in a souvenir we are planning to release on the 9th of August, 1988.

This souvenir will be released at a public function that will celebrate 7 years of our work. It will also be mailed to a variety of organizations like women's craft, health, environmental, and college groups, and other non-governmental organizations; and a diverse range of concerned professionals like lawyers, doctors and working women.

In addition, this souvenir will be placed at bookshops, sales outlets of other women's organizations in major metros, and large documentation centres. It will also be exhibited at forthcoming national and international conventions. Your advertisement could therefore earn a far and wide reach.

Of course our souvenir would be made so much more worthwhile if you actually sponsored public service advertisements on any social issue that concerns you.

Just one last note :

Please make sure that your advertisement does not carry a derogatory image of women.

Looking forward to hearing from you. And assuring you that your contribution, however large or small, will be of significance in helping us continue our work.

Thanking you, Sincerely

Kindly find attached our tariff details.

Donation are exempt from Income Tax under Section 80G.

Unit above Shop 105 to 103, Shopping Centre, Defence Colony Bridge (South side), New Delhi-110024
Phone : 616485

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Cols.7-8)

By Vibhuti Patel to be filed. System
Saheli

IN her article in the Times of India (December 9), on ~~9-12-88 by Dharma Kumar,~~ "Ban On Sex Test Clinics Unwise", Dharma Kumar, in support of her thesis, ~~she~~ provides certain arguments which we as Forum Against Sex-determination and sex-preselection (FASDSP), Bombay, feel obliged to respond.

Her first observation is, "many people instinctively feel that such clinics should be banned ..." Here we would like to clarify that those who are asking for ban on sex-determination tests leading to female foeticide have scientifically and logically proved that female foeticide is harmful to the society from all angles -- demographic, social, cultural and moral. In fact from 1976 onwards, women's movement in India has consistently campaigned to create a public opinion against this form of termicide so that Indian women don't become "endangered species" within coming 50 years. Survival of Indian women is at stake and here we have an eminent scholar urging "legislators, feminists and others to reflect more on these issues, before taking hasty action." Oh! dear Rip Van Winkle! We have had enough reflections, now the time is for action, to stop this menace.

Dharma Kumar also feels that "one can not cure social prejudices merely by legislation". Yes, we are aware of this platitude. But at the same time legislation banning S.D. tests would definitely take away respectability attached to this "scientific advancement" aggressively advocated by our doctors with crude, anti-women advertisements such as "Better five hundred now than 5 lakhs later" "S.D. tests = solution to dowry problem". Doctors who are boasting openly in seminars/workshops and public forums like demigods will be forced to do it under the carpet, a punishable "crime". We are not complacent that such ban will stop the evil of female foeticide, but it will definitely strengthen the hands of social

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reformists/women's groups to bring the culprits to book. Moreover, social reform movement has asked for series of law banning inhuman practices such as Sati, Dowry, child-marriage, inspite of its ineffectiveness in reality. Would Dharma Kumar say that there should be no law against these anti-women practices, and let there be only the law of jungle which will open all gates to victimise Indian women with the help of those barbarous customs? To us, legal reform can also be a means for social awakening.

[Her sycophancy for population control makes her desperate and here she blurts out ".... a country whose desperate need is to persuade a poor (who often have the largest families) to practise birth-control". Does she know that the average Indian woman has to produce 6.2 babies to see at least 2 of them reach upto adulthood ~~live?~~ Poverty, higher child mortality and absence of state security for an old age are responsible for poor people to have more babies. Without solving this structural malady, just by reducing female population you can't control population! As it is, female population has continuously declined from 1901 ~~onwards~~, even in the absence of new scientific techniques of femicide!

[Further, she asks "Is female infanticide preferable to female foeticide?". Forum says both are bad and should be fought vehemently. But it is distressing to note that our economists/policy makers like Dharma Kumar also talks like Natzis and her cynical logic leads her to victimise the victim. Because Indian women are ill-treated, killed due to female infanticide, dowry-murders, Sati, why not kill them before they are born? By this logic she can also recommend that to get rid of poverty, malnutrition, famines, just throw bombs on shanty towns and get rid of the poor!!

[After giving detailed description of degraded and subordinate status

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of women, discrimination and indignities girls and women face in India society, she contradicts herself by retorting back "How can they deny the women's right to decide whether or not she will give birth to a daughter? ". Does Indian women have any decision-making power in the real sense of the term? The proponents of 'voluntary sati' also talk like Dharma Kumar. Instead of confronting patriarchal power that makes 'woman betray her own sex', she resorts to victim-baiting!

Her advice to Forum to "raise the social status and life expectancy of the female children who are born in India" is well-taken. That is exactly what women's movement in India is working for. But the irony of our sterile academicians and elitist policy makers is such that they are strengthening the patriarchal power with their intellectual input and even when they suggest any solution it is as absurd as training women to become nurses and "publicise the fact that nurses can easily emigrate to the U.S.A." She sees it as a powerful substitute of dowry thereby implying dowry is God-given and can't be eradicated. This shows ~~that~~ her utter disregard for social reform movement.

Campaign Against Abuse of Sex-determination (SD) and Sex-preselection Techniques for ~~f~~ermicide:

Since 1976 women's groups have expressed their anger against pre-natal sex-determination test, i.e. amniocentesis that results in ~~s~~ selective abortion of female foetuses. In response to the protest actions by women's groups the tests were stopped in the government hospitals but ~~it also~~ this gave way to widespread commercial use of this test by private gynaecologists and laboratories. By the mid-eighties many ~~lot~~ more ~~new~~ techniques for ~~f~~ermicide came in the medical market. Chorion-Villi-Biopsy, Fetoscopy, neddling, ultra-sound etc. were introduced to aid female-foeticide. To avoid "ethical arguments" concerning abortion at an advanced stage of ~~pre-~~

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pregnancy, some well-known doctors started advocating ~~for~~ sex-prosele-ction techniques ~~evolve~~ introduced by Dr. Ronald Ericsson.

As these tests are popular in Gujarat, Maharashtra, Madhya Pradesh, Uttar Pradesh, and Bihar ~~as well as in major cities such as Calcutta, Bombay, Delhi and Madras~~, it is important to launch a nationwide campaign against the abuse of the SD and SP tests. Several researchers started collecting data-base to get a realistic picture of the popularity of tests, class-background of pregnant women going for these tests, various arguments in support and in opposition to the tests. In a society where systematic neglect and discrimination against daughters and son-preference are so deep-rooted, ~~in every segment of society,~~ poses ~~a basic~~ crisis to the survival of women, these issues need to be taken up in its socio-cultural, economic and political context. What we need is creating cultural alternates like ~~this~~ jathas, contesting the social myths concerning sons and daughters, launching anti-dowry movement, promoting positive images for women to be self-sufficient ~~dependent~~, assertive, special support structures for promotion of education and employment of women, and ~~situating this issue~~ placing these in the matrix of women's liberation movement against every form of oppression, exploiting ill-treatment and injustice against women ~~is the answer.~~

For Dharma Kumar female foeticide is 'a powerful method of lowering birth-rate without coersion'. But the Forum asks "Is not female-foeticide a 'coersion'?".

Amniocentesis file

CTRLBILL

THE PREVENTION OF MISUSE OF PRE-NATAL DIAGNOSTIC TECHNIQUES ACT 1980

(A Bill to prevent the mis use of thepresent and the future medical or other scientific procedures of prenatal diagnosis, like amnocentesis, Chorionic Villus Biopsy, etc. solely for the purpose of detecting genetic disorders, chromosomal abnormalities, metabolic disorders or certain congenital malformations or sex-linked disorders and to provide for prevention of the misuse of these techniques.)

Be it enacted by Parliament in the Thirty Eighth year of Republic of India as follows.

Statement of object of Bill No. of 1988

The Article 14 of the Constitution of India guarantees equality before the law and equal protection of law to women, Article 15 of the Constitution disallows any discrimination against its Citizens on account of sex alon. The women and children constitute a major proportion of our population and their welfare and health is very important for the country. Of late, there has been a growing tendency 1. to Perform certain procedures or take certain substanc claimed to affect the sex of the foetus so that they are claimed to make sex preselection possible and 2. to misuse pre-natal diagnostic procedures such as amniocentesis to predict the sex of the foetus and then to terminate the pregnancy if the sex of the foetus is predicted as female. The pre-natal diagnostic procedures are necessary to detect genetic or chromosomal disorders or congenital malformations or sex-linked disorders etc. The misuse of these procedures to terminate the pregnancy when foetus is found to be of female sex is wholely discriminatory for the female sex and affects the dignity and status of women. It is therefore, necessary to enact a legislation to ban any kind of misuse of these procedures and to provide for regulation of these procedures for the appropriate scientific use for which they are intended.

..2..

SHORT TITLE

1. This Act may be called "The Ban on Misuse of Pre-natal Diagnostic Techniques Act, 1989".

COMMENCEMENT

It shall come into operation on the day of the receipt of the assess of President to this act.

Definitions

1. State Appropriate Authority shall mean Authority appointed by State Government under Section 10 of this act.

2. Genetic Analysis Centre : A Centre created and run by Government preferably attached to Government Medical College, which provides facilities of (a) genetic analysis for detection of genetic disorders and (b) the obstetric procedures involved in drawing of sample for testing.

3. Sanctioning Authority: An authority/Committee to examine and then certify in each case whether the prenatal diagnostic tebts or any part of the said test may be performed or not.

4. Pre-natal Diagnostic Procedures shall mean all present and future Gynaocological or Obstetrical or medical procedures such as taking or removing samples of amniotic fluid, chorianic villi, Blood other tissues of pregnant woman's body etc. for analysis by a Genetic Laboratory in order to perform pre-natal diagnostic tests or determination but shall not include pre-natal diagnostic tests.

5. Pre-natal Diagnostic Tests shall mean all Tests or analysis of samples of amniotic fluid, chorianic villi, blood other tissues from a pregnant woman's body etc. carried out in an approved Genetic Laboratory in order to

detect genetic or metabolic or chromosomal abnormalities or certain congantal anamalies or hemogloginopathies and shall include Sex Determination Tests.

6. Pre-natal Diagnostic Techniques shall include Pre-natal Diagnostic Procedures and Pre-natal Diagnostic Tests.

7. A Medical Geneticist shall mean a person who has acquired a degree of diploma or certificate in Medical Genetics in the field of Pre-natal diagnosis or has experience of atleast two years of work in that field after passing.
   i) MBBS, or
   ii) MSc. or PHD in Biological Sciences.

8. A Gynaecologist mean a person who has post-MBBS qualification in Gynaecology.

9. Registered medical practitioner means a medical practitioner who possesses any recognised medical qualification as defined in clause (h) of Section (2) of Indian Medical Council Act 1956 and whose name has been entered in a state medical register.

10. Voluntary Organisation means any Registered Voluntary Organisation having reputation of working in the field of Health, women's welfare or human rights including science and technology groups.

11. Women's organisation means any registered voluntary organisation which has a reputation of working for women's rights/development.

RESTRICTIONS ON PLACES

No Institution, Hospital, Nursing Home, Clinic, Laboratory or Centre or place except for the Genetic Analysis Centre as defined in Section 2 of this Act and Rules. Shall carry out or associate or help in carrying out activities relating to the prenatal

diagnostic techniques with the help of precedures such as Amniocentesis, Chorion villus Sampling or any other present or future prenatal diagnostic or techiques.

5. RESTRICTIONS OF PERSONS

No Gynaecologist or Medical Geneticist or Medical Practitioner or person shall carry out or help in carrying out or cause to carry out either himself or through his Assistants, agents or associates etc. any pernatal diagnostic Techniques at a place other than a Genetic Analysis Centre created under the Provisions of this Act or Rules framed under this Act.

6. RESTRICTIONS ON PLACE / AND PERSONS

No place including the Genetic Analysis Centre or any other place shall be used and no person shall use or cause to be used the prenatal diagnostic techniques shall ad Amniocentesis, C.V.B. or such other present or future techniques, for a purpose other than for prenatal detection of genetic disorders as indicated in the types of cases mentioned hereafter in this section.

i) The Pre Natal diagnostic facilities by chromosomal analysis are of importance to identify the genetic disorder in the foetus. Hence the use of such facilities should be restricted to any of the indications as stated below.

   i. A previous pregnancy that resulted in the birth of a chromosomally abrormal offspring.

   ii. Chromosomal abnormality in either paren, including
   a. balanced translocation carrier state
   b. aneuploidy
   c. mosaicism

   iii. Down syndrome or other chromosomal abnormality in a close family member.

   iv. A previous infant with multiple major malformations but

no cytogenetic study was performed.

v. Fetal sex determination in pregnancies at risk of a serious X-linked disorer.

vi. Biochemical studies in pregnancies at risk of a serious autonomal or X-linked recessive disorder.

vii. A previous child or a parent with a neural tube defect or on routine screening maternal serum fetoprotein level in abnormally high.

viii. Pregnancy above 35 years of age.

ix. Previous history of three or more spontaneous abortions (as certified by a medical doctor)

Provided further, the prenatal diagnostic technique shall not be used or carried out unless sanctioning Authority qualified to certify for such test is satisfied that any one or more of the following condition are fulfilled in each case, namely:

Same as in Section 6 above (i to ix)

Provided further the prenatal Diagnostic test shall be used or carried out in case the sanctioning authority unanimously decides to do so for any other health rear our such as VII & VIII of centralbill.

Provided, further the use of Sex prediction or Sex Determination Techniques for the purpose of indicating the sex of a foetus shall be strictly prohibited and will be considered as a misuse of the prenatal Diagnostic Procedures and Techniques, and be punishable under Section 29 of this Act.

Provided further that to undergo any procedures or take/buy/sale any substance with a view to select the sex before or during pregnancy will be liable to be punished under this Act and Rules.

7. No Genetic Counselling Centre Genetic Laboratory or Genetic Clinic shall give or cause to be given advertisement regarding Facilities of Pre-natal prediction of sex available at the Genetic Counselling Centre or Genetic Laboratory or Genetic Clinic.

Provided further any person or company or agency or authority which carries or helps or allows to carry or exhibits or helps or allows to exhibits any such advertisement on its premises or through its medium or in any other, way, shall be punishable under Section 30 of this Act.

8. In no case should a woman be subjected to Prenatal Diagnostic Procedures unless a written consent is obtained from her in the form prescribed under Rules after all possible side effects and after effects of such procedures are clearly made known to her, preferably in the language she understands.

Provided further, any person including the relatives of the pregnant woman who seeks to get Prenatal Diagnostic Precedures done for a purpose other than the one permissible under this Act shall be punishable under Section of this Act.

9. POWERS TO FRAME RULES

Government shall frame detailed Rules to carry out the previsions of this Act and for running of the Genetic analysis centre as proposed in Section 18 of this Act.

They may also include requirements relating to and such Rules :

i. the place of such a Centre or Laboratory or Clinic
ii. The minimum qualifications of thepersons giving services at such a centre.
iii. the forms and manner of applications, maintanances of record etc. at such a centre.
iv. the minimum equipment necessary at the centre

x.

v the types of cases which indicate the need for services of such a centre

vi the standards to be iaintained by the Centre

vii the code of conduct of persons working at the Centre

10. STATE APPROPRIATE AUTHORITY

The State Government shall by a notification within 3 months from the commencement of this Act establish a State Appropriate Authority (hereinafter refered to as the Authority) consisting of.

1. Health Minister as Chairman
2. Minister of State for Health as Vice Chairman
3. Secretary, Ministry ofhealth as Member
4. An Officer, not below the rank of by Joint Secretary or Director of Medical Education as Secretary of the Committee.
5. A Medical Geneticist
6. A Gynaecologist } full time employed by Government
   A Representative of Ministry of Law
   A Representative of Ministry of Social Welfare
9. Three Representatives of Women's Organisations
10. Three Representatives of Voluntary Organisations.

FUNCTIONS OF STATE APPROPRIATE AUTHORITY

11. The functions of the State Appropriate Authority shall be as follows :

1. To formulate policy regarding regulation of pre-natal diagnostic techniques and to prevent the misuse of such techniques
2. To advise Government on all policy matters relating to the use of above techniques.
3. To decide about changes in the Rules framed under the Act.
4. To superwise the performance of Genetic analysis Centres and Generally to snsure the working ofthe provisions of this

Act and Rules made under this act.

5. To take steps to create necessary social awareness amongst people against Female discrimination.

6. To ensure that steps are taken by M.T.P. Centre, Hospitals, for women and children, genetic centres, genetic laboratories, genetic clinics, pathology laboratories Nursing Home, Maternity Homes, Gynaec legists in the professions, to exhibit preminently notices, or messages at their business premises in order to generate social awareness for the successful implementation of this Act and its objectives in letter and in seirit, as follows.

a. M.T.P. after sex-determination tests only with the object of ~~xx~~ female foetucide is banned by law and the concerned family of apuse as also the Doctor will be liable for punishment for it.

b. Mother is not responsible for the sex of the child. It is the father who decides the sex of a child

c. Modern techniques of pre-natal diagnosis are available only for detecting genetic deformities or congenital abnormalities. Their use for sex determination is illegal.

d. That there are dangers and hazards to the health of the woman and the foetus if doctors do the pre-natal diagnotic procedures at a place other than the genetic analysis centre run by Government.

e. It is illegal to undergo any procedures or take/buy any substance with an intention of sex preselection or purpose of choosing sex before or during pregnancy.

f. That pre-natal sex determination with thehelp of only ultra-senography machine is not fully reliable.

g. M.T.P.after twelve (12) ~~x~~ weeks is a difficult precedure

and M.T.P. after 20 weeks is hazardous to the health of the mother.

h. That women are equally important to the society than men is and they can reach high levels of accomplishments.

7. a. To pay or periodic or surprise visits to approved centres, laboratories and clinics with a view to ensure compliance of and adharence to prescribed rules.

b. To investigate complaints by members of public or other institutions or in the press about contraventions of the provisions of this Act or Rules.

c. To seize incriminating evidence or documents or record for further ~~xxxx~~ action through a duly authorised person

d. To check and prevent operation of unauthorised centres laboratories or clinics.

d. Generally to check contravention of provision of the Act. and Rules and to take actions if they are formed so may direct.

To consider appeals against the orders of sanctioning Authority at Genetic analysis centre and to revise such orders, if necessary.

12. The State Appropriate Authority shall meet as and when necessary but not less than four meetings of the Appropriate Authority shall be held every year.

13. No decision or proceedings of the State Appropriate Authority. Shall be held as invalid because of a vacancy or absence of any members.

14. The terms and conditions of Service of the non-official members of the Appropriate Authority shall be such as may be decided by State Government.

15. SANCTIONING AUTHORITY

The State Government shall by a notification within 3 months from the commencement of this act establish sanctioning authority attached to each genetic Analysis Centre consisting of

a. Gynecologist
b. Geneticist
c. Pediatrician

} Working full time with the Govt.Medical College or hospital running the genetic centre

d. Dean of the Medical College or Head of the Department of Obst.Gynecology of the medical college to which the genetic ~~genetic~~ analysis is attached will be an ex-officio member of this authority.

e. Three representatives of the Women's activist groups and/ or a Voluntary health agency. The person/organisation so selected should have reputation of wotking for women's rights and women's development.

16. FUNCTIONS OF SANCTIONING AUTHORITY

The functions of the sanctioning Authority will be as follows :

1. To conduct medical examination of a case from beginning.
2. The sanctioning authority shall not allow the test to be performed if the motive for demanding the test is to know the sex of the foetus.
3. To find out if female roeticide is implicit in the process. If such is the case then the santioning Authority may refuse the tests. Active education of the women and her family should be done in such a case as laid down under section 12.6 of the act.
4. To certify in writing whether the genetic analysis tests should be conducted in particular case or not.
5. To monitor the performance of the genetic Analysis centre

6. To take active measures to see that in no case the sex of the foetus is known toanyone else than the geneticist who conducts the test.

7. To see that the person responsible for discloser of sex of foetus shall be punished.

17. MAINTENANCE OF RECORDS

All important records, charts, forms, reports, consent letters and all other documents required to be ianintained under the rules framed under this Act shall be preserved for a period of atleast three years or as may be laid down in the rules or if there are any legal proceedings during such period further as may be required for the legal processes. provided further all such record will be available for inspections to the persons duly authorised by the State Appropriate Authority or to such other persons as may be duly authorised by State Government.

Provided further any member of the State Appropirate Authority or any officer duly authorised by the State Appropriate Authority or State Government shall have powers to seize the records or documents as given under Criminal Procedure Code 1978 if he has resonable apprehensions that pre-natal diagnostic techniques or any part of the precedures performed are used for prediction of sex or the provisions made in this Act or Rules made under the Act are contravened in any other respect.

Provided further that an seizure of such record by the concerned person a panchnema be made by him in the persence of two independent withnesses.

Provided further the non-availability of any type of record prescribed in this Act or Rules framed under the Act to the

Authorised person shall be construed as contravention of the provisions of this Act.

PENAL PROVISIONS

18. V of our earlier recommend action Alternatively a Medical ☒ Geneticist or a Gynaecologist or a Registered Medical Practitioner or any person who owns a centre or a Laboratory or a clinic or is emloyed by the Centre or a Laboratory or a clinic or who gives his services to such a centre or clinic or any other person and who contravencs any of the provisions of this Act or Rules framed under the Act shall be liable to punishment of riporous imprisenment for a period of upto two years and fine upto Rs.10,000 ☒ for the first offence and for any subsequent offence the punishment may textend upto 5 years and fine upto Rs.50,000 for each subsequent offence subject to a minimum period of 3 years and fine of Rs.25,000/-.

Provided further the name of the Gynaecologist or Registered Medical Practitioner or any other person who contravences the provisions of this Act or Rules framedunder the Act shall in addition be reported to the Medical Council for suspension of his name from the Registers of the Council a period of two years for the first offence and for permenant removal for any subsequent offences.

Provided further any person who carries out pre-natal Diagnotic Techniques at a place not approved under this Act or Rules framed under this Act shall be liable to a punishment of at least 5 years and a fine of Rs.25,000/-.

19. Any person who seeks the aid of a Centre or Clinic or of a Medical Geneticist or a Gyneacologists or a Medical Practitioners for carrying out pre-natal diagnostic procedures or techniques for a purpose prohibited under this Act on other women shall be liable to punishment of rigorous imprisonment

for a period of upto 1 year and a fine of upto Rs.10,000/- the first offence and a punishment of rigorous imprisonment upto two years and a fine of upto 25,000/-for every subsequent offence.

Provided further it shall always be presumed that a woman who seeks such aid for pre-natal diagnostic precedures on herself has been compelled to do so by her spouse or in laws who shall be liable to punishment as indicated above in this Section.

20. Whoever contravenes any of the provision of this Act or any rule or any direction issued there under, for which no penalty has been provided elsewere in this Act, shall be punishable with imprisonment for a term which may extent to three months or with a fine which may extent to one thousand rupees or with both, an in the case of continued contravention, with an additional fine which may extend to five hundred rupees for every day during which such contravention continues after condition for first such contravention.

21. Any offence punishable under this Act shall be congnisable non bailable and non compoundable offence.

22. All money realised by way of fine imposed under this Act shall constitute a separate fund for being utilised by the State Appropriate Authority for creation social awareness conducive to the objects of this Act.

23. Government will set aside specific budget/funds to create social awareness conducive to objects of this Act i.e. with a view to eluminate any discrimination of basis of sex.

the study we were planning. Dr. Dwairy has been on the committee of 8 members which was to draft the Bill.

According to him, the draft Bill had been prepared by Mr. Ravindran from Bombay and this is what they have sent to Health Secy of each State/UT for comments and to find out what kind of rules they would like to frame for implementation. According to Kapila Hingorani, the committee had also prepared a draft but this has not been circulated - instead the draft made by Mr. Ravindran has been circulated.

When we asked him whether this meant that each State would have different rules, he was very vague, and said they had made a rough kind of draft for the rules also but were waiting for comments from the States.

According to him, there was no time frame for the States to respond. After their comments were received & incorporated, the draft would go to the Law ministry, then to the cabinet and then to Parliament. All this can take years!!

When asked whether the Health Secy's would seek comments from voluntary agencies / doctors etc. he said that was

the normal democratic process! He asked us to go to the Health Secy and ask for the draft Bill, as he claimed he had no power to give it to us,

For commissioning the study, he said we would have to ask the Dir. Gen, of Health services, but it could take 2-3 months.

In the meantime, we came to know that a student of Lady Irwin College has done a study of women going for sex determination. She has interviewed 100 such women. We called a meeting of the Forum and she came and shared her findings. As some of the doctors threatened her badly during the study, she will release her findings shortly after taking some precautions! I'll send you a copy when we get it. According to her G. Practitioners send women to docs who then tap ~~for~~ amniotic fluid, and send this to genetic labs. The abortion is done in a 4th place. She has found no gynaecologists involved, in the cases she studied. We also heard from someone that govt. hospitals here are sending samples of fluid to Bombay for analysis.

In the context of all this info. we decided here:

1) To ~~collect~~ step up efforts to collect signatures and present these to the P.M. ~~Before~~ the next session of Parliament. We did not go on the 18th of Dec as we coned not get an appointment and the sigs. from Bombay and other groups had not reached.

Deadline is Jan 30 now

2) We will try to get ~~the~~ draft Bill in Delhi. Please see if you can get a copy from Mr. Ravindran / we feel it is important for people in each state to demand to see this draft and to give suggestions as per the findings in their State.

(or the Health Secy.

3) We plan to do a study among Gynaecologists in Delhi. 7 groups of the former have agreed to participate by giving one member for the study team.

4) ~~As part~~ along with the drug campaign currently going on, we'll be taking posters / pamphlets on sex determination to various Basts / Colleges / Groups etc.

That all for now.

love,

Nalini

16-12-88
Borivli

Dear Kalpana, Nalini, Ranjana, Satyamala,

Did you read Dharm Kumar's article in TOI 9-12-88. It is obnoxious. I've written very strong rejoinder which is approved by both FAOW and FAS DSP. We will meet resident editor of Times of India to publish it. If Delhi's permission is needed, I will mail it and you can push it there. If you feel like adding and putting your names along please do so. Arun Bidani has not kept up his promise!!!

Very Very Imp-

Mr. Bijlani of CENDIT has not returned two video cassettes on JD and SP as per his promise. Please remind him to SEND them at-

DR. AMAR JESANI
FRCH - Ed
84-A, R.G. Thadani Marg,
WORLI, Bombay-400018
I'm in great trouble due to this delay. Vibhuti

OMS





To,
Kalpana Mehta
"SAHELI" 105-108
Shopping Centre,
Defense Colony,
Flyover Market

1	1	0	0	2	4

पिन PIN DELHI

ywca of india

mrs. omana abraham
president

miss ivy khan
general secretary

December 13, 1988

Ms Ranjana Padhi
"SAHELI"
Women's Resource Center
Unit above Shop. 105, to 108,
Shopping Centre, Defence Colony,
Bridge (South Side)
NEW DELHI - 110024

re: Issue - Amniocentesis

Dear Ranjana,

Thank you for your letter of December 10th informing us of progress made on the above issue.

Signature campaign

We enclose 75 signatures collected to meet the original December 10th deadline, since the meeting is now being held on 14th Kavita, our representative will hand these over to you.

Meeting on 14th

Kavita Reddy will represent YWCA of India and participate in the next meeting on 14th December at 4.30 p.m. at NFIW Office, 1002 Ansal Bhavan, Kasturba Gandhi Marg.

We have noted that the Agenda includes:

1. Target & Time schedule for signature campaign.
2. Discussion & planning of the proposed study of Amniocentesis in Delhi (keeping in mind the study whose findings Minu Sondhi will share with you on 14.12.1988).
3. Responsibility for procuring and critiquing the draft Bill.
4. Any interim action steps such as picketing demonstration etc. to keep the issue alive.

YWCA of India's commitment

In addition to any particular point which Kavita may indicate to us, YWCA of India could:

1. Circulate around the country to 62 YWCAs, the signature campaign sheets, to be returned by the date decided upon on 14.12.1988.
2. Join in the responsibility of a study on 'Amniocentesis' after drawing up the objectives & frame work for the study and appointing a staff person.

...p.2

regarding strategies to keep the issue alive

Could this be done through letters to the Editor & articles in the Press. May be a separate group with representatives from our organisations could take this responsibility.

Further Follow-up: As decided by the meeting.

Yours sincerely,

Sadhona

(Ms. Sadhona Ganguli)
Secretary
Leadership & Programme Development

Encl: As stated

CC: Ms. Kavita Reddy

Ms. Mary Khemchand

Ms. Ivy Khan

SG/B

VOLUNTARY HEALTH ASSOCIATION OF INDIA

40, INSTITUTIONAL AREA, SOUTH OF I I T

NEW DELHI - 110 016

665018
Telephones : 668071
668072

Grams "VOLHEALTH" NEW DELHI-110016
Telefax No: 011-676377

PEHA-1 (23)

December 12, 1988

Ms. Nalini
SAHELI
105-108 Shopping Complex
Under Defence Colony Flyover
(South Side)
New Delhi 110 024

Dear Nalini,

There is a girl called Minu Sondhi who apparently has done her Ph.D. thesis on Ameniocentesis. Strangely she is not been in touch with any groups. Since she has been working on the amniocentisis clinics in Delhi, in case you haven't found someone to do the Delhi field fesearch may be we will ask her to do it for us.

Alok has apparently met her and seemed satisfied.
I will be out of station till 27th.

With regards,

Yours sincerely,

Dr. Mira Shiva
Coordinator
Low Cost Drugs & Rational Therapeutics

(dictated by Dr. Mira and signed in her absence)

jg

अन्तर्देशीय पत्र
INLAND LETTER





Ms. Nalini
SAHELI
105-108 Shopping Complex
Under Defence Colony Flyover
(South Side)
New Delhi 110 024

पिन PIN

पहला मोड़ FIRST FOLD

तीसरा मोड़ THIRD FOLD

दूसरा मोड़ SECOND FOLD

भेजने वाले का नाम और पता : SENDER'S NAME & ADDRESS

VOLUNTARY HEALTH ASSOCIATION OF INDIA
40, INSTITUTIONAL AREA, SOUTH OF I I T
NEW DELHI - 110 016.

पिन PIN

Minu Sondhi

max 38,
35-40

Age: above ~~30~~ only 4%
also cone & tumor only 4%

max 25-30 45%.

20-35 — 94%.

2% < 20 yrs.

had cone twice or thrice
11%.

2 daughter — 3 abortion
in 1 yr.
Jan/May/Oct.

Come from: Yemen, Dubai
56 Delhi
22 UP
17 Haryana
3 M.P.

Ed. 49% graduate
12 Post Grad
5 MBBS docs
1 LLB

Husbands: 50 graduates

Women 3 Advocates

(2)

→ motivation 25% self motivated

[redacted] – doctor 2% motivated
– relatives 2%
– friend 1%
– family member 1%
– husband/wife 33%.
– Parent In law 26%

Cost → amnio – 900 – 1200
ultrasound 250 – 500
8 – 12 wks. CVB – 2500 – 3000.
not even one Gynaecologist
~~Family Size when went for test~~ ~~Dr.~~ Loomba clinic not even Doc. woman taps fluid. MMBS

for testing flourescent
8 lakh microscope needed.
he spent – Loomba.

Birth Defect Centre in Maharashtra.

Family income 1000 – 2000 27%
2 – 3
3000 – 4000 } 41%.
4 – 5 12%
5 – 6 4%
> 10 – 1 lakh 16%

6 concealed income

Family Size

5% – had son

majority 2 daughters / no son

90% Hindu
7 Sikhs
3 Jains

no of tests – total average of 7 clinics / 37 in 1 shift 9 – 1

For C. Malf. – X

when started →

longest – 9 yrs Bhandari
– 6 mths

Lastly, when so much needs to be done, the assertion by the Minister Smt. Alva in the preface of this P. Plan that it does not seek more investment or more resources, points to the fact that the great thrust needed by almost all the sectors are just declarations and not to be implemented. The recommendations made in the Part II of P. Plan contradicts this statement that no finances are needed. This is contradicated in the recommendations in many places. For example, voluntary action which has been accepted as a prime mover to rouse women to realise their own demands and inculcate confidence in their own strength, the draft says: "There is need for the Government to encourage voluntary action for the development of women by provision of adequate financial support". Such are the inconsistences in the P. Plan and it has to be corrected by the touchstone of more realistic analysis of conditions as they prevail and what needs to be done to really bring women into the mainstream of national development. Our organisation must be in the forefront of this struggle for implementation of the good parts of the Plan and changing that which is not.

It is necessary that the grass root experience of conditions of women as they exist today and how to really benefit them must be sent by the NFIW units in states, districts, blocks so that the NFIW at the national level can give a truly useful and correct analysis of what has to be done if women are to gain by development and become a valuable human resource for the nation.

gynae's — Random.

Sig Campaign
30th Jan.

Study.

Jamvadi
NFIW
JWP
YWCA
Jagori
Saheli
Manu — VHAI.

Lastly, when so much needs to be done, the assertion by the Minister Smt. Alva in the preface of this P. Plan that it does not seek more investment or more resources, points to the fact that the great thrust needed by almost all the sectors are just declarations and not to be implemented. The recommendations made in the Part II of P. Plan contradicts this statement that no finances are needed. This is contradicated in the recommendations in many places. For example, voluntary action which has been accepted as a prime mover to rouse women to realise their own demands and inculcate confidence in their own strength, the draft says: "There is need for the Government to encourage voluntary action for the development of women by provision of adequate financial support". Such are the inconsistences in the P. Plan and it has to be corrected by the touchstone of more realistic analysis of conditions as they prevail and what needs to be done to really bring women into the mainstream of national development. Our organisation must be in the forefront of this struggle for implementation of the good parts of the Plan and changing that which is not.

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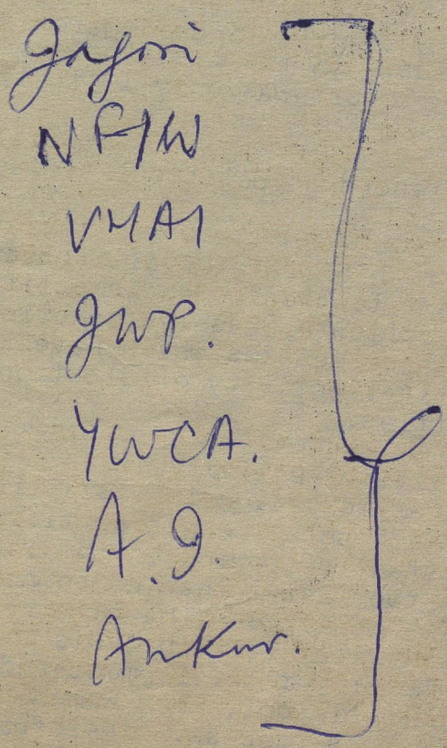


6/12/88

Dear Nalini,

I am writing to you after a long time. We heard about the press conference. So what is the follow up action in Delhi? Could you send us copies of the press coverage? Could you also send (if possible) a copy of all the material that you had prepared for the press conference. All that Vibhuti had brought has got mixed up and seems to be misplaced.

We too had a press conference. O.K. kind of coverage. Now we have again sent letters to MLA's during the session demanding implementation. We are seriously considering public interest litigation asking for implementation. Have started consulting lawyers here.

Other than this we are trying to prepare for Dhaka because having a wide debate on this issue has been a need felt by FASDSP for quite some time. We all felt that it would be a good idea to have a panel on campaigns. and hence we have written in our forms to FINRRAGE about the same. We have put your name as one of the panelists; Kamaxi and Padma Prakash are the others. We will be meeting here and discussing soon. So shall let you know whatever is the outcome. It would be a great help if you could elaborate on what you had in mind (since it was you also who suggested the topic).

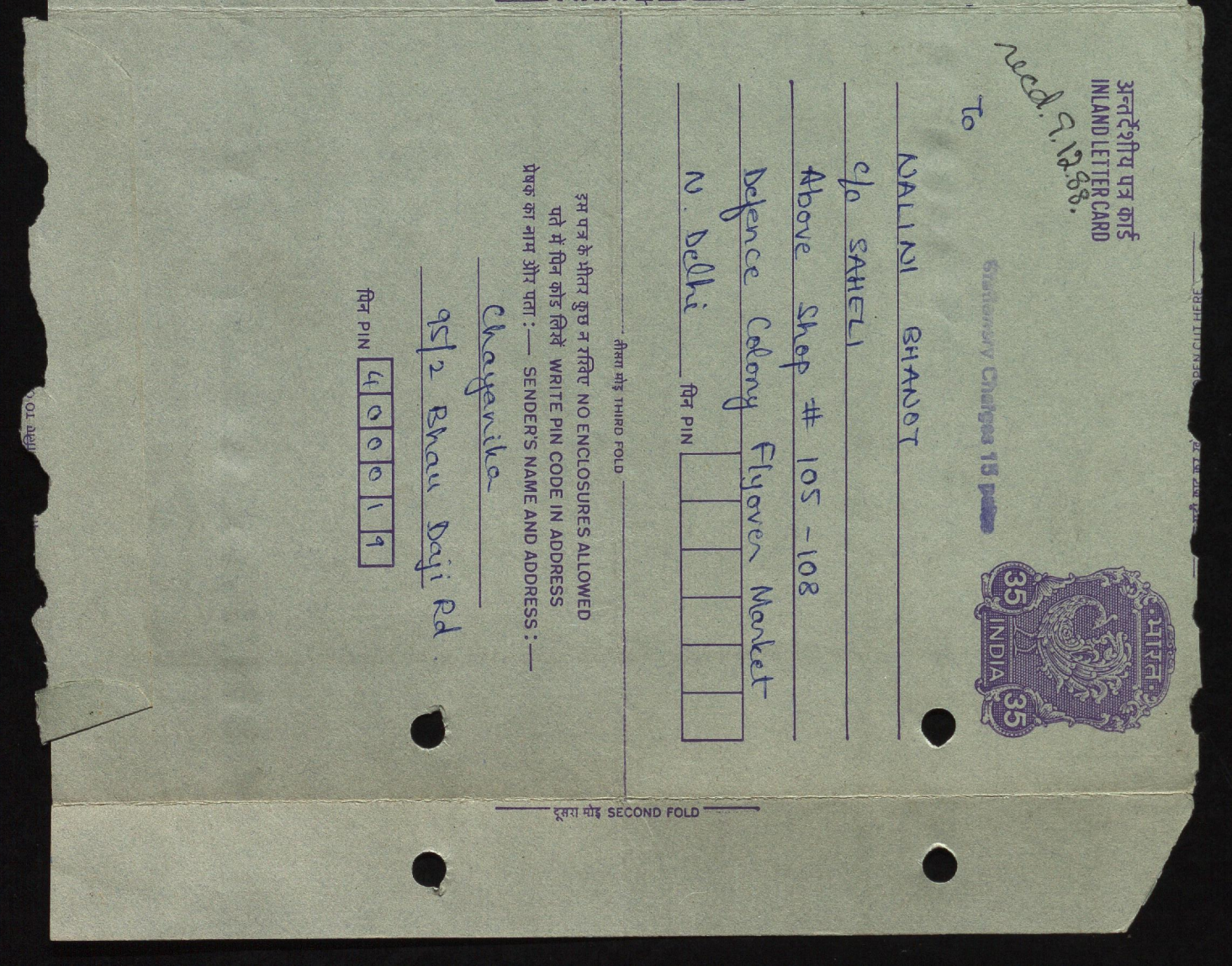
In Bombay, we are planning to have a number of meetings / workshops to clarify our under-

standing of these issues. Right now they are vague ideas but ~~as~~ we hope to give some shape to them as we begin.

O.K. then do write and keep in touch. We are forever waiting for news from you people.

Love,

Chayanika.



30/12/8

Dear Chayanika & all friends at Forum

Enclosed are cuttings & rejoinders published in TOI to Dharma Kumar's article.

What is happening in Bombay Forum? Haven't heard from you all for many days.

Am also waiting for your letter re: Bangladesh Conference.

Do write. & HAPPY NEW YEAR to you all.

Love,

Nalini

2-12-88.
Borivli

Dear Kalpana, Nalini, Ranjana, Sathyamala,

Upto Kota, till Mr. S.S. Malik was there, I had no problem. He and one police inspector were very kind. They both got down at Kota. New conductor was very rude and he asked me to quit I class compartment immediately as the jurisdiction of my ticket was getting over at Nagda. So from Kota to Baroda I travelled unreserved. At Baroda I got berth in III tier 2nd class sleeper. By then I was so tired that I could not get up at Borivli and reached Dadar. I returned from Dadar as there was enough time, came home, got ready and reported for work in time! Thus, I made it.

I've circulated whatever material I brought from Delhi and made some more

Xeroxed copies of our appeal for signature campaign so that you get more signatures before 10-12-88.

Yesterday's meeting for all those who are going to Bangladesh was very good. Cheyanika, Kamakshi, Sanskruti and Sandhya have taken all responsibilities for organisation. You will get detailed report from them. Sathya and Nalini, Padma's suggestions were very useful.

This month I will be busy with organisational work concerning AICCW and Women's Centre's National Conference on Women, Religion and Family laws in India. Will everybody come from Delhi?

Ranjana, Mina express comes from Waltair to Bombay. From Bombay nearly 20 women will be going to Waltair. You can stay with me.

Yours sincerely, Vibhuti

Satya, your sleeping bag will be sent to you with Ranjana or Arun

18:11:88

Dear Nalini, Ranjana and other friends,

We received two letters from you. One last week and one today. In this letter (the second one) written on 16/11 you have forgotten to enclose the letters to be signed by prominent citizens as also the letter to Mira Shiva. As to the other points in the letter:

(1) We are also collecting signatures of prominent citizens. The proforma of that letter we shall enclose with this letter.

(2) Vibhuti is coming to Delhi for the 24th programme. I just fixed up with her before coming home that she would reach Delhi on 24th by the first flight and leave back on 25th. Now after reading your letter I am trying my best to get in touch with her and asking her to reach on 23rd morn. It is difficult as she is not available on phone. Anyway shall try our best to see that she reaches on 23rd. She will bring detailed reports about B'bay and what we are doing here.

(3) There is one tragedy. There seems to be a misplacement of many of the earlier signature campaign sheets. So the total no. of signatures that we have is quite small (~ 3000 to 3500). Maybe then it would be wiser strategy in the press conference to just mention the signature campaign and stress on other aspects of the campaign. You would be able to discuss in greater detail with Vibhuti.

(4) We haven't heard yet from B'bay Doordarshan.

(5) We shall try our best to locate the film by Mira.

(6) Will send copies of 'Samadhan' and 'Ajāta' with Vibhuti in case you can't get the earlier film. Ajata has covered a lot of details of the campaign. Although not very good & catchy it raises almost all the related issues.

(6) I could not find the news item of 5/11 in the Bombay edition of Indian Express regarding the private members bill. Have seen a snippet in Lok Sabha news of 17/11 in the I.E. about a draft legislation being sent to all the states for discussions and recommendations - statement made by Saroj Khaparde. Any idea what exactly is happening?

(7) We have got no replies from the MPs we wrote to as yet.

This is all I can think of right now. Do call up if there is anything urgent either at my no. (437948 2) or Nandita Gandhi's place (# 8110811).

All the best.

In sisterhood,

Chayanika

AN APPEAL TO PRIME MINISTER

Central Government should ban sex determination techniques throughout India by passing a new act in the present session of Parliament. Under this act,

a. The victim woman should be considered absolutely innocent and not subjected to any punishment.

b. Practice of pre-natal diagnostic techniques be completely abolished from private sector.

c. Individuals/groups should have unrestricted right to move the court against the doctors/clinics indulging in sex-determination and female foeticide.

NAME	OCCUPATION	ADDRESS

Arun Bidani Res
631019
Cendit 6439692

(1) Action India —
(2) Ankur ✓
(3) Jagori ✓
AIWC
CWDS
ISST
(4) Janvadi ✓
TST
(5) TWP. —
(6) Kali ✓
Manushi
(7) M.DS. —
(8) APIW ✓
(9) Shakti Shalini
Kannika
(10) VHAI ✓
(11) YWCA ✓
(12) Agnivesh. ✓
(13) Saheli.

To Forum for Sex Det & Sex Pre Sel.

16/11/88

Dear friends,

We received the packet of letters sent by you and have mailed the letters to the M.P's.

Progress is as follows:

1. Statement to be signed by prominent people has been finalised and groups are already getting signatures. A copy of the same is enclosed.
2. We have written an official letter signed by various groups to Mira Shiva to conduct study in Delhi (Copy enclosed).
3. Mira is trying to get film on Amniocentesis made by Mira Johar. She has asked Anjum at CED to get it for us. If you can help in this matter it will be good.
4. Any news from Doordarshan Bombay?

5. Indian Express of 5/11 carried a news item that a Cong I MP has introduced a private members bill in Parliament on the 4th of Nov. We are trying to get a copy of it.

Kapila Hingorani has finally obtained a copy of the bill she and others had drafted for Central govt. We are trying to persuade her to let us see it as she seems a bit reluctant to reveal the content just now.

6. For the 24th we plan to have a press conference + film show if the film arrives. It may not be possible to mobilize for a large gathering because there are too many meetings (on communalism, Sati, Anniversaries) taking place in and around the week of Nov 20.
When are you arriving? Please arrange to come atleast 2 days

in advance.

7. In the last meeting here it was decided that Sahelí should co-ordinate the amniocentesis work here. We are sharing all the info. sent by you with the others.

8. Veena Shiva has received the Bombay report. We will get a copy from her.

That all for now. The rest when we meet.

With love,

Valsa.

Dr. Mira Shiva
Head of Division
People's Education for Health Action
V.H.A.I.
Institutional Area,
South of IIT
New Delhi.

8/11/88

Dear Mira,

As you are aware, several interested groups have been meeting to plan ways of getting the government to pass a central legislation against sex determination and sex pre selection techniques.

In the course of discussions with Members of Parliament and other government officials, we find that a lack of concrete statistics prevents them from taking the issue seriously. As such we feel that it is very important to do a comprehensive study ~~of~~ in Delhi, both of the extent of this practice and the attitudes of doctors and the public towards these techniques.

We believe V.H.A.I. would be the best organization to do such a study and request you to undertake it. We believe the Bombay group has sent you a copy of the proforma used by them, as well as the report of their study.

We look forward to a positive response from you.

With regards,

Asha Ramesh (Joint Women's Programme)

[illegible] (Agnivesh - Dalit Mukti Morcha)

Reddy (YWCA of India)

Saliba Husain (Jamuadi Mahila Samiti)

Swathi Bhatkal (Kali for Women)

Gowri Choudhury (Action India Women's Prog)

Nalini Ann (Saheli)

Nature

इन्दौर
8.3.87

प्रिय मित्रों,

campaignews, April 87

[redacted] अंक से आपका पता मिला।

हम कुछ दोस्त मिलकर "जागरूक डाक्टर्स समूह" बनाए हैं, जो सालसे दवाओं (Rational Drug policy etc.) पर काम किया है, अभी हमें मालुम हुआ कि हमारे शहर में स्त्री भ्रुण हत्या हो रही है जिसमें कुछ नर्सिंग होम लगे हुए हैं, हमारा समुह इस मुद्दे को लेकर काम करना चाहता है, जनजागरण, कोर्ट, विधानसभा के स्तर पर काम करने की सोचते हैं हम लोग।

आपसे हम उम्मीद करते हैं कि आपके द्वारा किये गए संघर्ष का विस्तृत ब्योरा और मुश्किलो की जानकारी हमें मिल सकें तो हम

आपके अनुभवों से सीख
लेकर काम कर सकें। ②
आपके पास उपलब्ध जानकारियाँ
Amniocentesis / sex preselection
को लेकर हो तो, हमें प्राप्त हो सकें।
③ हम यहाँ कुछ सामग्री भी
(Book let / Hand Bills) छपवाने
का सोचते हैं, अगर कम किमत
का यह Material हो तो V.P.P. से
भेजें (~~50/- तक~~ आपका
(Total amount up to 50/-) राजु.

From-
जागरूक डाक्टर्स समूह
c/o डॉ. राजीव लोचन शर्मा
५६३ सुरामा नगर,
इन्दौर (म.प्र.) ४५२-००९

भारत
INDIA



To,
SAHELI.
105/108, Shopping centre,
Defence Colony
Flyover Market,
New-Delhi

1	1	0	0	2	4.

पिन PIN

304 Prerna Bldg
Panjim 403 001
24 April 1989

Saheli Women's Resource
Centre,
Under Defence Colony
Flyover (S. side)
New Delhi 110 024

Dear Friends,

We have managed, after much lobbying to get the Goa Regulation of Use of Pre-natal Diagnostic Techniques Bill, 1989, introduced in the Legislative Assembly on 21.4.89. It will come up at the next Assembly session for discussion.

Enclosed is a copy, giving the main points of departure from the Maharashtra Regulation of Use of Pre-natal Diagnostic Techniques Act 1988.

What we would like you to do to keep the matter before the

minds of our Chief Ministers and M.L.As, so that a knowledgeable and fair discussion could take place at the next Assembly.

1. Pressurize the Goa Government especially Shaikh Hasan Haroon, Health Minister and Pratap Singh Rane, Chief Minister, explaining why the State should pass the bill in the absence of a Central Legislation.
2. Involve other groups especially those in health, Peoples' Science movements and human rights.
3. Keep a look out for people from Delhi, and if possible, from other States, seeking Sex-determination tests in Goa.
4. Anything else you think fit.

At present we know of one clinic in Margao that does these tests and our ratio is 981 women to 1000 men.

Thanking you for your cooperation

Yours sincerely,
Gemma de Sa
for BAILANCHO SAAD

*been in operation for 2-3 yrs.

Enc.

Saheli

Women's Resource Center

Date 5/5/89

Dear Nirmla,

Hi, how are you?

This is a somewhat late response to the question I was to discuss with Rahul re: the women & Health meeting. We discussed the possibility of our co-ordinating and organizing the meeting in Sept/Oct + the preliminary meeting in June. As it turns out, several group members will not be in a position to devote much energy during these months due to various compulsions. Right now, it seems more possible for us next year sometime. So please see if any other group can take on the organizing. I have written to Chayanika, but have forgotten the 4th person I was to inform. If you remember who this was, please inform them for me.

Sabiya said she has mailed information about national

Unit above Shop. 105, to 108, Shopping Centre, Defence Colony, Bridge (South Side),
New Delhi-110024 PHONE : 61 6485

work on Bhopal issue.
Did you receive the material?
If you need more details, do
write and ask. You can write
to Sabhya at this address

Bhopal Gas Peedith Sangharsh Sahyog Samiti
4 Bhagwan Das Road
New Delhi.

Sabhya is out of town right
now but will be back by
3rd week of May. So I guess what
the court will decide by then.

That all for now.

With love,

Nalini.

Saheli

Women's Resource Center

5/5/89

Date.....

Dear Chayanika and friends at Forum,

How are all of you?

This is a somewhat late response to the question I was to discuss with Saheli re: the women & Health meeting. We discussed the possibility of our co-ordinating and organizing the meeting in Sept/Oct + the preliminary meeting in June. As it turns out, several group members will not be in a position to devote much energy during these months due to various compulsions. Right now, it seems more possible for us sometime next year! So, please see if Forum or any other group wants to take on the organizing. I am writing also to Vimita but have forgotten the 4th person to be informed. was it Madhu of Vimochana? Please can you inform this person for me?

What further news about the Maharashtra legislation. What are your future campaign plans?

Unit above Shop. 105, to 108, Shopping Centre, Defence Colony, Bridge (South Side),
New Delhi-110024 PHONE : 61 6485

Laxmi and I are planning to do a study on issues related to these SSSP technologies. Will send you details when we have something worked out.

Did you receive the news about Goa introducing a Bill to regulate SSSP? This was introduced on 21.4.89. If not you can write to BAILANCHO SAAD, 304 Prema building, Panjim 403001.

Bab all the news for now. Sabhya is fully involved with the Bhopal protest against the settlement and is out of town right now. I wonder what will happen in this case.

Do keep us informed about development.

With lots of love,

Vali

Copy of letter to M.P.s.



FORUM AGAINST
SEX DETERMINATION AND SEX PRE-SELECTION
लिंग चिकित्सा और लिंग चुनाव विरोधी मंच

C/o Women's Centre, B-104 Sunrise Apts., Above Canara Bank,
Vakola, Santacruz (E), Bombay 400 055. Phone : 6140403

नारीकेंद्र, १०४, 'बी' ब्लॉक, सनराइझ एपार्टमेंटस, नेहरू रोड,
सांताक्रूझ (पूर्व) बंबई-४०००५५. फोन : ६१४०४०३

Dear

The Forum against Sex Determination & Sex Pre Selection has representatives from the women's movement, people's science movement and civil liberties movement. We have been consistently compaigning in Bombay for the last three years against the inhuman practice of sex determination followed by discriminatory female foeticide. As you must be aware, our efforts bore some fruit when the state Government of Maharashtra passed the "Maharashtra Regulation of use of Pre-natal Diagnostic Techniques Act" this year banning the use of these techniques for purposes of sex determination. (These techniques are actually meant for detection of genetic abnormalities should be allowed for the same)

Although this has been a step taken by the Maharashtra Government, abuse of these techniques is not restricted to this state alone. In fact with the passing of the legislation in Maharashtra, the neighbouring states of Goa, Gujarat and Karnataka are already reporting greater proliferation of this practice. An isolated Act of this kind should hence be taken as a precedent to follow with a central legislation. It is very urgent today that such an Act covering the whole country is passed soon before the tests become more widespread. It is in this context that we are writing to you.

Ms. Ela Bhatt suggested your name to us when we met her recently. Knowing your stand on various issues of importance especially related to women, we are sure that you would appreciate the gravity of the situation and take whatever action as is possible for you. Your support is invaluable right now for the campaign.

We are enclosing alongwith this letter a note prepared by us on the proposed central act. It contains in brief the main features of the Maharashtra act and also gives our comments

p.t.o.

and modifications that we feel are necessary. We are also enclosing a self-addressed inland letter. It would help us a lot if you could respond to our letter by giving your opinion on a central legislation and on the modifications suggested by us. We would be grateful if you could also let us know in what ways you could help the compaign. We would be ever willing to share with you whatever data and material we have collected during the course of the campaign.

Waiting for your positive response.

Yours gratefully,

Feb 13, 1989

To,
The Editor
The Times of India
New Delhi

Sir:

Vasant Sathe's shocking comments on
Amniocentesis

It is indeed very sad that comments such as the ones made in The Times of India on amniocentesis should come at a time when even the central government is planning legislation against sex determination and sex pre-selection tests. And the coverage this prize statement of his has received is only reflective of the controversy the media is trying to generate over an issue which requires no debate. Advocating Amniocentesis is akin to suggesting "Put all the poor together in one place and bomb them to remove poverty".

It is ironical that Mr. Vasant Sathe has the gall to support Amniocentesis and that too at a gathering organised in the memory of Smita Patil, who actively struggled against the oppression of women, including campaigning against Amniocentesis.

Yours truly,

10/2/89

Dear Nalini and others at Saheli,

We are writing to you after a long time. Some happenings have occurred meanwhile as far as the Mah. Act goes. The committees were formed and not unexpectedly they had a whole lot of unwanted names on it. Awabai Wadia of Family Planning Association of India & Dr. Banoo Koyaji of Pune — old foes of the women and health movement. The worst was the inclusion of Dr. Hema Purandare who is a gynaecologist doing the tests herself for the past so many years. She was the only person for whom we had concrete evidence about her pro-SD stand. We had a press conf. (press release enclosed) and ten days later Dr. Purandare resigned. We had plans of going in for a litigation questioning her appointment and hence the constitution of the whole committee. Now after she has resigned we do not have much of a ground to challenge both the committees.

Its really surprising that all members on these bodies other than the Govt. ex-officio ones are medicos. No social scientist / activist has been included. We've written a long letter now asking for the criteria for appointment of each of these members but don't think

its going to be of much use. We will really have to ensure somehow that the Central legislation has some provision for inclusion of criteria for appointment. At least the min condn that no person who has indulged in this practice in the past should be ~~of~~ allowed to be appointed on the com. has to be included as a safeguard. Anyway, we shall keep you informed about developments here.

How are things at Delhi? Heard that Malini has decided to work full time on this issue. Could you conduct the survey of the doctors in Delhi? What are the plans for March 8th? What is the prepn. for FINRRAGE? We are doing the booking and visa for people from B'bay and Pune collectively. We met two days ago and have fixed up two discussions ~~for~~ on (i) Social, political & economic implications of N.R.T and (ii) Organisation of science & alternatives. We plan to have a wider group discussion on 11th of March on these issues. OK. then do write and keep us informed about news from your end. Hope to hear from you and see you in Dhaka.

Chayanika

Heartta

Forum against Sex - Determination
and Sex-Pre-Selection

C/O. Women's Centre : 104-B, Surise Apartments, Vakola,
Santacruz (E), Bombay 400055.

Friends,

It is more than three years since we all began the campaign against sex-determination tests. Thanks to the substained pressure from groups like yours, the campaign is still alive and kicking. It has forced the Union ministers of Health as well as Women's Welfare to repeatedly issue statements supporting their Government's commitments to national legislation on this issue. Being part of the Government's National Perspective Plan (NPP) for Women - 2000 AD, this commitment has become an integral part of its policy. The women's Wing of congress (I), National front and CPI-M have supported the demand for national legislation banning Sex-Determination Tests.

However the Government's previous record on women's as well as health issues leaves no room of complacency. It is also networthy that the last few months have witnessed repeated attempts by the pro-sex-determination lobby to confuse people on this issue. The press too has been giving wide coverage to their spokespersons like Vasant Sathe Dharma Kumar and J.B.D'Souza. All these attempts are directed to delay the Central legislation.

The logic is simple with the approaching elections, the issue once sidetracked wojld be soon forgotten.

Failure to enact the national legislation in 1989 would seal the fate of this issue once and for all. It would be just impossible to revive this issue next year. We write to you at this crucial hour to share with you our agony and anger and to appeal to you for urgent action on this issue.

Please note that the Expert Committee on this issue appointed by the Union Ministry Health and family welfare has first submitted its report to the Ministry. The Draft bill prepared by the same committee was circulated by the Ministry to all the state Governments for comments. So far the Governments of Andhra, Assam, Bihar, Haryana, J & K, Punjab, Nagaland, West Bengal, Rajasthan & Sikkim have not reponded at all. The matter is still being considered by the Governments of Karnataka, Orissa, Tamil Nadu & Uttar Pradesh.

In this context we appeal to you to help the campaign in the following ways :

1. Pressurise your State Governments to expedite the comments on the draft national bill. We should ask for

a. Supporting a national level legislation

b. Opposing the clauses which spell out punishment to women undergoing SD Tests, allowing licenses for pre-natal diagnostic tests to privately owned clinics, public hospitals and depriving voluntary groups direct access to courts.

2. Demand the immediate publication of the report of the committee and the national level debate on the same before enactment of the law (Use press and write letters to Union Ministry of Health and family welfare).

3. Ask distinguished persons from various fields to sign the letter to the Prime Minister (copy attached) send the letters to the Prime Minister (and a copy to us) with wide publicity.

4. Maintain contact with and pressure on the State Health Ministry because the national legislation would be implemented through the State Government Machinery. We must ensure that activist groups are adequately represented on the bodies to be set-up for implementation of the Act. We must also keep up our efforts to raise consciousness of all concerned because law alone would be inadequate to solve this problem.

5. Meet your local MPs and pressurise them to raise the issue in the coming session in Parliament so that the legislation becomes a reality.

Please keep us informed of all your activities.

In Solidarity,

Sanskruti, Preeta, Odile, Harpal, Chayanika, Rajneesh, Ravi, Vibhuti, Swati , Sandhya, Prem Kumar.

to be filed

=== Forum Against Sex Determination and Sex Pre-Selection Techniques ===

Rcd. 22.8.90

Date: August 17, 1990

Dear Friends,

It is two years since the enactment of the Maharashtra Regulation of Pre-Natal Diagnostic Techniques Act (MRPNDTA). Maharashtra was the first state to enact such a legislation in an attempt to curb the inhuman practice of selective female foeticide using sex determination techniques. The implementation of this Act has, however, remained a neglected aspect. We would like to give you a brief description of the Act and an update on its enforcement so far.

The MRPNDTA calls for the formation of monitoring bodies at three levels:

1) The State Appropriate Authority (SAA). It is to act as a Civil Court. It can issue licenses to laboratories and clinics and has the authority to punish the transgressors of the law.

2) The State Vigilance Committee (SVC). It is a committee which investigates complaints lodged by the third body called,

3) The Local Vigilance Committee (LVC). Thus, individuals can lodge their complaints with the LVC, which in turn informs the SVC. The case is then investigated by the SVC. Individuals cannot lodge complaints directly with either the SVC or the SAA.

It took the state government more than eight months after the enactment of the legislation to announce the formation of the SAA and the SVC. Ironically, some of the members on these committees were themselves involved in conducting sex determination tests or had supported the practice. One such member of the SVC had to quit, thanks to the objections raised, and public pressure mounted, by the Forum Against Sex Determination and Sex Pre-Selection Techniques (hereafter the Forum) against her appointment.

Neither the SAA nor the SVC has so far held regular meetings. Some of their members do not even know that they are members of such a committee! The non-implementation of the Act is evident from the fact that even after sixteen months of its coming into being, some doctors continue to openly advertise sex determination activities at their clinics. The Forum gave a written complaint along with photographs of the signboards of such clinics. We were first asked to hand over the complaint to a non-existent LVC. Later on, we handed over the complaint to the SVC. To date, we have received no intimation as to what action has been taken, or is proposed to be taken, against these clinics. Such is the situation in Bombay where the Forum is active and the press is vigilant and sympathetic to our cause. One can easily imagine what might be happening in other places where the practitioners of sex determination have no one to fear.

Yet we feel that there are positive aspects of the legislation. For example, the very fact that since the Act has come, and sex determination has become 'illegal', many doctors refrain from continuing with the practice. It took us three years of continuous struggle to get the state government to legislatively ban this practice. If each state has to go through the same procedure before such a legislation is

.... 2

passed, it will be an extremely disheartening situation indeed. Besides, it would also lead to lack of homogeneity and difficulties in regulation. In view of this, we in the Forum feel strongly that we should continue to fight for the enactment of a central legislation. Also, it is necessary that we strengthen ourselves to ensure implementation of the Act once it is enacted because our intervention is extremely essential for even a marginal success in implementation.

A key pre-requisite for getting a central legislation enacted is systematic lobbying among MPs, political parties and influential public organisations in New Delhi, especially during Parliament sessions. We suggest that anti female-foeticide activists from all the organisations from all over the country take turns to go to Delhi for the purpose of lobbying. To help us in this endeavour, VANI, a New Delhi-based voluntary organisation, had shown its readiness to provide visiting activist-lobbyists with a chair and a telephone in its office. Activists could go to Delhi, camp there for eight to ten days, meet MPs, ministers and other key figures and mobilise support for the speedy enactment of a central legislation for an effective ban on sex determination.

In order to check out the feasibility and practicability of this suggestion or any other that we could have, it is extremely necessary that we communicate with each other. If necessary we could also meet for a day or two. But first we would like to hear what suggestions you have to make having been active in this campaign yourself. Please write to us immediately so that we get all the replies in a month or so and communicate again on the suggestions.

Waiting eagerly to hear from you,

Yours sincerely,

(Dr Kamakshi Bhate)

You may write to:

Dr. Chayanika Shah,
2, 'Vishwadeep',
15, Bhau Daji Road,
Matunga(East)
BOMBAY
400 019

Tel: 4379482

Regd. No. S. 783/1, S. C. of 1954-1955

Telegram : "MAHILA"
Phone : 3319541

National Federation of Indian Women

1002, Ansal Bhawan
16, Kasturba Gandhi Marg
NEW DELHI-110001

NATIONAL FEDERATION OF INDIAN WOMEN

Cordially invites you
for a Meeting
in Solidarity with The Republic of Cuba
on Tuesday, 10th December, 1991
at 2.30 P.M.
at ANSAL BHAWAN, 16, KASTURBA GANDHI MARG,
New Delhi-110001

Ms. SONIA DIAZ LIERA
The Ambassador of Cuba will be the main Speaker.

:=:=:=

INLAND LETTER CARD



Miss Asha,
Saheli,
105-108 Shopping Centre
Defence Colony Flyover,
N. Delhi - 110024

From :—

National Federation of Indian Women
1002, Ansal Bhawan,
16, Kasturba Gandhi Marg,
NEW DELHI-110 001

THE PRENATAL DIAGNOSTIC TECHNIQUES (REGULATION & PREVENTION OF MISUSE) BILL, 1991. :: OUR VIEW-POINTS

CLAUSE	TOPIC	PROVISION IN THE BILL	OUR DEMAND	REASON	SUPPORTIVE BILL/ACT
1 (3)	Commencement of Act.	Notification in official gazette.	On the day of obtaining President's assent.	prevent delay as has occurred in other progressive legislations.	CGEC Draft Bill Goa Bill
7 - 16	Central Supervisory Board	Functions & Methodology explained in detail. No powers are given.	Adequate powers, e.g. hearing appeals against Appropriate Authorities should be given.	The highest body has all functions, but no powers.	CGEC Draft Bill, Goa Bill.
17	Appropriate Authority.	All powers concentrated in the hands of only government officers.	Make this machinery accountable to people, e.g. publishing periodic reports of activities, etc.	No accountability. Scope for misuse, corruption or lethargy.	CGEC draft bill, Maharashtra Act. Goa Bill.
18	Registration of Genetic Centre/ laboratory/ clinic.	Government as well as private are eligible.	Restrict licences only to government controlled institutions.	i) Sufficient infrastructure available in govt. institutions. ii) Private institutions - main culprits - commercialisation & misuse of technique. iii) Govt. institutions have not violated the ban on misuse of tests for years. iv) Govt.institutions easier to control & take action, if reqd.	Gujarat Bill, Goa Bill.

./. 2

Clause	Topic	Provision in the Bill	Our Demand	Reason	Supportive Bill/action
23(1,2)	Offences & Penalties. to Doctor.	3 years' imprisonment & Rs.10,000/- fine	Support	O.K.	All bills / Acts & Draft Bills.
23 (3)	to woman undergoing test.	- do - (if proved that she was not compelled to undergo test)	Woman should be assumed to be innocent under all circumstances. No punishment to her.	i) Woman is victim of social system and is easily pressurised Even in dowry murders, women on the death bed do not reveal the fact if husband/in-laws are involved. They take guise on themselves and leave others scot-free. ii) Difficult to prove that woman forced to undergo test.	Goa Bill
24	to husband/ relative for abetment of crime.	-do-	No punishment should be given.	i) Difficult to convict. ii) Woman under constant pressure of later victimisation by family. iii) Doctors alone should be held responsible. If they do not make technique available, the issue would be sorted out. Being experts they alone are responsible for the correct use of technique. *	--

./.3

Clause	Topic	Provision in the Bill	Our demand	Reason	Supportive Bill/acti
28(1)b	Right to move Court.	A person should give 60 days' notice to Appropriate Authority before moving court.	i) Applicable to person/group. ii) Drop the clause of 60 days' notice. Mere information should suffice.	Biggest hindrance in implementation of Maharashtra Act.	⊕ ECEC draft bill. Goa Bill.

NOTE: i) A doctor has a chance to say 'nO to misuse the test. The doctpr cannot and should not entertain request for misusing a drug/technique. Doctors cannot blame it on people who ask for a wrong drug or a good drug for wrong purpose. Similarly, doctor alone should be held responsible for misusing the technique.

ii) The bill does not provide any scope to voluntary agencies in implementation of Act. However, in Maharashtra, we experienced that even where such representation is given in the Act, the government makes sure that active people are not taken up. Hence, instead of asking for representation on bodies, we feel that activist groups should keep pressure from outside and they should only have free access to judiciary.

⊕ Central Govt Expert Committee

BOOK - POST



To

Saheli
Above shops 105-108,
Defence colony
Flyover Market, New Delhi - 110024.



MAHILA DAKSHATA SAMITI

19, Fire Brigade Laen,
New Delhi-1.

Memorandum Presented to the Government on Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Bill, 1991.

The Mahila Dakshata Samiti supports the proposed legislation on the following grounds:

(1) That if the new technology is used for aborting the female foetus it will reinforce the prejudice aganist female children at birth and lower the status of women. Strategies designed to the Discrimination aganist women will be undermined and the clock reversed in the efforts to enlarge the rights of women.

(2) The Constitution permits discriminatory legislation to protect women. The proposed bill is social legislation to achieve this end within the meaning of Article 15(3).

(3) Sex determination tests do not guarantee male children. A continuous abortion cycle will undermine the health of both the foetus and women.

(4) Public interest lies in prohibiting sex determination tests for the purpose of aborting the female foetus. There are no competing public interests to justify why the proposed legislation should be dropped.

The Mahila Dakshata Samiti submits that the proposed legislation will undoubtedly restrict the right of the mother [illegible] to act as sole arbiter in the matter of having or not having a child. However most women are conditioned by attitudes of patriarchy and their choices are inavariably defined and dictated by men. Since easy recource to sex determination tests will only inferiorise women and perpetuate a psychology of fear and insecurity in women that they are economic drains and liablities the legislation is both necessary and justified.

The Mahila Dakshata Samiti is committed to defend women's rights to abortion over her reproductive process but this has to be a free choice i.e. one which is not conditioned by fear that the female child will be unwelcome and worthless in society. Such legislation will be unnecessary once there is legal literacy, equal opportunities and employment for women. Legislation by itself cannot raise the position of women. It is necessary for other concerted and multiple strategies such as free and compulsory education for girls of the poor sections of society. Discussion and debate on the act will generate an awareness of the underlying causes which devalue and debase women and reduce them to second class citizens.

<u>On Section 18</u>

The Committee by and large accepts the suggestions of the Forum of Sex Determination and Sex Preselection which have already been forwarded to the committee.

...2/-

The view put forward that section 18 should be confined to government controlled institutions is based on the fear of misuse of the procedure by private institutions for profit. Reserch suggests that 90% of those who use the technology use it for determining the sex of the foetus. While confining and restricting licenses to government institutions adequate steps must be taken to ensure that these government institutions are well equipped to provide efficient services to those who resort to the technology genuinely i.e. for the purpose of detecting genetic disease. Our experience unfortunately points to the contrary. Frustration with the bureaucratic procedures in government institution, drnies people to despair. This must be avoided at all cost.

Recommended amendment to Medical Termination of Pregnancy Act, 1971

The Mahila Dakshata Samiti recommends appropriate amendments in the Medical Termination of Pregnancy Act, 1971 as follows:-

(1) Section 3 of the Medical Termination of Pregnancy Act, 1971 which is as follows:-

Section 3

When pregnancies may be terminated by registered medical Practitioners - (1) Notwithstanding anything contained in the Indian Penal Code, a registered medical practitioner shall not be guilty of any offence under that Code or under any other law for the time being in force, if any pregnancy is terminated by him in accordance with the provisions of this Act.

(2) Subject to the provisions of sub-section (4), a pregnancy may be terminated by a registered medical practitioner ,-

(a) where the length of the pregnancy does not exceed twelve weeks, if such medical practitioner is, or

(b) where the length of the pregnancy exceeds twelve weeks but does not exceed twenty weeks, if not less than two registered medical practitioners are, of opinion, formed in good faith that-

(1) the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health;

(2) there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

Two clauses should be added -

New amendment

(1) No abortion can be induced for aborting a female foetus on the ground that it will cause mental or physical injury to the pregnant woman;

(2) The use of ultra-sound/ultra-synography only for the purpose of determining the sex of the foetus, followed by abortion, is punishable.

...3/-

On Central Supervisory Board

The Mahila Sakshata Samiti welcomes the composition of the Central Supervisory Board which includes representatives of women's welfare organisations. The criteria for appointing such representatives must be on the basis of the work done by such welfare organisations and should not be based on patronage. Such work must include providing legal assistance, legal literacy and welfare services to women.

Rules

While laying down rules under the Act, it is recommended that only registered geneticists with qualifications in generate should not be encouraged. Further every patient must make an application and fill in a form on oath stating -

(1) Reasons for the test :

(2) The family history of the patient :

(3) The week during the pregnancy when the test was performed :

(4) Specify the exact nomenclature of the test being undertaken

On Medical Reports

Further no medical report should disclose the sex of the foetus. The report should only specify the result of the test i.e. the sex linked disease for which purpose the test is undertaken.

BY HAND

Mr T.D Dhingra
Under Secretary
Lok Sabha Secretariat
(Committee Branch-II)
Parliament House Annexe.
New Delhi-110 001

D/25th Nov 1991

Dear Sir,

This has reference to your letter of 29th October 1991 re: Pre-Natal Diagnostic Techniques (Regulation & Prevention of Misuse) Bill 1991.

Enclosed please find the Ammendments proposed by us and the response to the questionnaire.

We welcome the fact that the Central Government has taken cognizance of our longstanding demand for Central Legislation to control the misuse of prenatal diagnostic techniques.

In order to strengthen the spirit of the legislation we have made specific and elaborate suggestions.

Namely,

1. It is crucial to specify which pre- natal diagnostic tests/procedures/techniques the legislation proposes to control.

2. Based on 1 the legislation needs to specify the purposes for which these may be carried out,as an ongoing process, through the aegis of the Central Supervisory Board.

3. In keeping with the sophisticated and specialized nature of these tests/procedures/techniques, and the fact that the prevalence and incidence of the disorders concerned is not high enough to warrant their inclusion in the general health services, elaborate licencing procedure should be dispensed with. We strongly recommend that such services be available only through a) hospitals attached to medical colleges recognized by the Medical Council of India, b) Apex research institutions which have facilities on par or higher than teaching hospitals.

This alone can ensure that unscrupulous elements who are today responsible for rampant misuse of these tests/procedures/techniques are debarred.

Contd. Pg.2.

Ravindra R.P.
12/303, Manisha Ngr,
Kalva, Thane (W) 400605
14/10/91

Dear Mira, 21/10/91 Bombay

Thanks for ~~for~~ the 'bill'.

Both of your letters reached me quite late as you had sent them on my old residential address. In our last meeting I had given you my new address. Pl. send all letters on the new address (given above)

I am sending herewith a copy of the 'update'. It needs to be further updated in the context of the Central Bill.

Tomorrow we are holding a meeting of B'bay groups to decide our strategy -

Vis-a-vis the Cathal Bill we shall then write to groups all over India asking for their suggestions & what they can do. We shall also send them our viewpoint & a tentative plan of action.

As you know, the Bill is worse than Maharashtra Bill. Unless some important amendments are made it would be rather be counter-productive.

We cannot do much sitting here in Bihar. Things will have to work up in Delhi. Of course we shall try to mobilise support from groups ~~in Bihar~~ all over India. But the actual battlefield would be Delhi

So without waiting for the official FASDSP letter seeking your support & comments pl mail back fast to tell us -

i) Your comments on bill preferably exact amendments.

ii) Can you help us in -

a) Providing workspace (telephone/ place of residence/ ~~car~~ message system etc.) to people who might come to Delhi ~~the~~ for lobbying

b) Contacting people who matter & give us a feedback about the chances of bill being discussed in the ~~ex~~ next session of parliament

c) Contacting MPs/ bureaucrats / ministers who can help in getting amendments passed.

You see, we look at you & DIF with great hopes & expectations Because only you have the experience of this kind of work & the contacts in Health Ministry people. So we shall need your active help & suggestions

Hoping to hear from you soon

Sincerely,

Encl: As above.

Mr. T.D. Dhingra,
Under Secretary
Lok Sabha Secretariat,
Committee Branch-II,
Parliament House Annexe
New Delhi-110 001.

2nd December, 1991

Dear Sir,

This is further to our letter of 25th November, 1991.

We are submitting an additional 10 copies of our note on suggested ammendments in Bill No. 155 of 1991. This is to facilitate easier reading of pages 6 to 11 in the 40 copies submitted earlier, which have not been cyclostyled clearly. It has not been possible for us to redo all 40 copies so we hope this will suffice.

We request that these 10 copies be handed over to the Joint Committee in addition to the 40 copies submitted on 25th November, 1991.

Yours sincerely

Lopa
(for)
Saheli,
Unit above Shop.105 to 108, Shopping Centre, Defence Colony, Bridge (South Side), New Delhi-24. Tel : 616485,

Peoples Union for Democratic Rights,
Voluntary Health Association of India,
Action India,
Joint Women's Programme,
Dr. I. Quadeer (Centre for Social Medicine & Community Health, School of Social Sciences, JNU),
Medico Friend Circle.

Earlier Draft.

22 August 1994

The President of India,
Rashtrapati Bhawan,
New Delhi.

Sub: Appeal for withholding Presidential Assent to The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Bill, 1991 [Bill No 155 of 1991]

changed
Sin final.

Sir,

We, the undersigned organisations working on issues pertaining to women, health, social justice and human rights, have been concerned about the increasingly widespread misuse of pre-natal diagnostic techniques for sex-determination, ultimately leading to female foeticide. We welcome the move on the part of the government to take steps in this regard, one of which has been the enactment of legislation which would go some way in tackling this serious problem.

The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Bill No 155 of 1991 (Annexure I), has now been passed by both Houses of Parliament. The Bill had earlier been introduced in the Lok Sabha on the 12th September 1991. The motion for reference of the Bill to a Joint Committee of both Houses of Parliament (JPC), was moved in the Lok Sabha by the then Minister of Health and Family Welfare on 16th of September 1991 and was subsequently adopted. The Rajya Sabha concurred in the said motion on the 17th of September 1991. The first sitting of the JPC was held on the 22nd of October 1991, while the final Report was submitted on 16th December 1992. Various organisations and individuals sent 304 memoranda containing comments and suggestions on the provisions of the Bill. We had made representations suggesting amendments to the Bill and had also responded to the Questionnaire pertaining to the Bill.

It is of great concern that most of the recommendations made by us have not been incorporated. This Bill is an outcome of our active campaigns and protests against female foeticide, and concerns us very deeply. We are therefore once more highlighting some of the amendments to the Bill proposed by us, in the absence of which, the current legislation would miserably fail to achieve the purpose for which it has been enacted. [Please see attached List of Amendments]

We appeal to you with the hope that you will use your good offices to ensure that justice is not denied to the women of India, and humanity at large. This is a request to you to withhold your assent to this Bill and send the same back to Parliament for re-examination. We would like to stress here that it is of utmost importance that high priority be accorded to the reconsideration of the Bill, our suggestions and recommendations be incorporated and the Bill speedily processed, in order to check the growing menace of female foeticide.

Awaiting an acknowledgment and response,

Thanking you,

Sincerely yours,

ACTION INDIA WOMEN'S PROGRAMME Gouri Chaudhury

ALL INDIA PROGRESSIVE WOMEN'S ORGANISATION

AIDS BHEDBHAV VIRODHI ANDOLAN

ANKUR

JAGORI

JOINT WOMEN'S PROGRAMME

MAHILA SAMOOH, AJMER

PEOPLES UNION FOR DEMOCRATIC RIGHTS

SABLA SANGH

SAHELI WOMEN'S RESOURCE CENTRE

Enclosures

1. List of Recommendations
2. Annexure I - The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Bill, 1991 [As reported by the JPC]
3. Annexure II - Report of the Joint Committee
4. Annexure III - Note prepared for circulation among Members of Parliament
5. Annexure IV - Response to the Questionnaire
6. V - Note on suggested Amendments

Contact Address

c/o Saheli,
Under Defence Colony Flyover Market,
Defence Colony,
New Delhi 110 024

Phone: 4616485

14-10-91

प्रिय आशा काचरू, लक्ष्मी सत्यमाला,

आपका 26-9-91 का पत्र मिला। हमारे गुरु का मानना है कि पत्र में उठाये गये मुद्दे और सवाल अत्यन्त महत्वपूर्ण हैं और हम इस विषय में आपके साथ चर्चा में भी अवश्य हिस्सा लेना चाहेंगे। इसके लिए आपसे अनुरोध है कि यदि आप किसी भी बुधवार को कनाट प्लेस के इण्डियन काफी हाउस (मोहन सिंह प्लेस) में शाम 6.30 बजे आ सकती हैं कम से कम नवम्बर के अन्त तक हमारी regular weekly

meetings इसी दिन जरूर चलने वाले हैं क्योंकि हम विश्व एड्स दिवस (1 दिसम्बर) के लिए काम कर रहे हैं। यदि यह आपके लिए संभव न हो तो हमें 1 दिसम्बर के बाद का समय और दिन लिख दें जब हम आपस में मिल सके

धन्यवाद

जे० पी० जैन

(डा० जे० पी० जैन)

एड्स भेदभाव विरोधी आन्दोलन की ओर से

LOCAL

15 भारत INDIA



SAHELI, UNIT ABOVE SHOP 105

to 108, SHOPPING CENTRE,

DEFENCE COLONY BRIDGE

(SOUTH SIDE) NEW DELHI-24

1	1	0	0	2	4.

पिन PIN

Recd. 2-11-91

MOST IMMEDIATE

LOK SABHA SECRETARIAT
(Committee Branch-II)

Parliament House Annexe,
New Delhi-110001.

No.6/4(1)/91/CII

Dated 29th October, 1991
7 Kartika, 1913(Saka)

From

Shri T.D. Dhingra,
Under Secretary.

To

Smt. Kalpana Mehta,
Saheli-Women's Resource Centre,
Unit above Shop, 105-108, Shopping Centre,
Defence Colony Bridge(South),
New Delhi.

SUBJECT: Joint Committee on the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Bill, 1991.

Sir,

I am directed to state that the Joint Committee of both Houses of Parliament on the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Bill, 1991 had decided inter-alia that the various Medical Associations and other organisations etc. be addressed to send their comments or suggestions, if they so desire, on the provisions of the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Bill, 1991, for the consideration of the Committee so as to reach this Secretariat by the 25th November, 1991 at the latest.

2. In case your organisation/you wish to submit memorandum for the consideration of the Joint Committee, it is requested that preferably 65 copies thereof (45 copies in English version and 20 copies of the Hindi version) may be furnished to this Secretariat for circulation to the members of the Joint Committee. The memorandum may cover the specific questionnaire enclosed. If the representatives of your organisation wish to give oral evidence before the Committee, this may also be mentioned in your letter.

.....2/-

3. A copy of the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Bill, 1991, as introduced in Lok Sabha and published in the Gazette of India, Extraordinary, Part II, Section 2, dated the 12th September, 1991 is enclosed for ready reference. A copy of the composition of the Joint Committee is also enclosed.

4. The memorandum which might be submitted to the Joint Committee would form part of the records of the Committee and should be treated as strictly confidential and not circulated to anyone, as this act would constitute a breach of privilege of the Committee.

5. The receipt of this letter may please be acknowledged.

Yours faithfully,

UNDER SECRETARY

Encls: As above.

FORUM AGAINST SEX-DETERMINATION & SEX PRE-SELECTION

120, "SAFALYA"
Currey Road
B O M B A Y.

Dear Friends

You might have read the news items in "Times of India" and other News-paper regarding Government's intentions to introduce the Bill in the Parliament for banning the sex-Determination Test. We had done some investigations about the preposed bill. We had been shocked to know some of its provisions -

1) Punishment to Women undergoing S.D. Test :

The preposed bill assumes the women undergoing sex-determination test to be guilty and sentences for one year imprisonment. The onus proving innocence is on the women. The women is a victim of the un-just social structure to punish her would be further victimisation of the victim.

2) Role of Voluntary Organisation Vigilance Committees Appropriate Authorities :

The preposed bill has excluded the very concept of vigilance committees of voluntary organisation and instead it has vested all the powers in the hands of a single Government official.

3) Role of Private Sector :

The bill provides for the granting of licences to Government as well as Private Centres/Hospitals/ Clinics.

4) Punishment to the Doctor performing S.D. Tests :

The Maharashtra Act and the Bill drafted by the Central Government Expert Committee have clear provisions for punishing the doctor performing S.D. Test. There is no reason why these provisions should be dropped/diluted. However the proposed bill only recommends the Medical Council to take appropriate action against the guilty doctor.

We request you to pressurise the Government by writing letters to Government through your Organisation and even on individual capacity and insist that the following demands should be incorporated into the Bill :

In the light of the above facts we Demand :

1. Introduce in the Parliament a Bill in such a process that it allow sufficient time for discussion of the bills within and outside the Parliament. [Use the occasion of the passing of the bill as a measure to create awareness on this issue.]

p.t.o.

2. Release immediately the Report of the Expert Committee on this issue appointed by the Union Government.

3. Demonstrate the Political Will to implement the Law sincerely and without any compromise.

4. There should not be any punishment to woman undergoing sex-determination test as to punish women is to be further victimisation of victim.

5. The Vigilance Committees should be formed to check the implementation of the Law and the Voluntary Organisations should be incorporated in the Vigilance Committees.

6. The sex-determination test should not be allowed to be performed by Private Centres/Hospitals/ Clinics.

7. Doctors performing sex-determination test should be punished and the punishment should not be very linient.

FORUM AGAINST SEX-DETERMINATION & SEX PRE-SELECTION,

Ravi Chayanika Sanskruti. Kamaxi Rajneesh Preeta Sandhya and Others.

@@*@

11/12/91 Jyoti, Mali, Lopa, Lakshmi Satyam.

Note to MP

Suggestions (a) Summarize ✓

(b) Simplify language further ✓

(c) Attitude of doctors (??). ✗

(d) Add stuff on ultrasound ✓

(e) ~~When~~ When did the newer methods come on the scene. (If there is info)

- Signature campaign ~~for~~ done earlier to be submitted as evidence.

~~Note for ♀♀ groups~~.

Note to MP +(1) ~~Khambaj letter~~ add.

(2) ~~Fetal sexing~~ advert ~~from Jyoti press~~. Udaipur.

(1) Boy or Girl

(2) Select

(3) MP Diagnostic Centre

Advertisements

Covering letter: (1) Central bill is being circulated

(2) given amendments

(3) ~~As we want to be~~ ~~Note~~ Background info

(4) We would like to present evidence + explain the amendments

Not on Saheli letter head.

Plain paper c̄ all the organizations who sent amendment.

11/12/91

II Note to women's organization

- Someone to go to NFIW meeting
- ? Jyoti will go ~~&~~ ?? +
- Call them on the phone - Done

Decision about 'meeting to be held' to be made after attending NFIW meeting

Finalize letter say vaguely that we need to plan joint programme & send it off.

- attach note prepared for MPs.
- Myths & reality of SD
- If they require it they can ask for copy of ~~amen~~ bill, amendments, answers to questions

Make list of groups (1) c̄ in Delhi
(2) outside Delhi
to whom it needs to be sent.

III (i) Sabhar Singh is sending the same amendment & answers to Lok Sabha Com.

(ii) meeting will be called by SS for explaining amendments

(iii) perhaps a joint demo against Khamboj Clinic can be planned.

IV Madhavi of JNU is preparing
- note on skills / expertise / test reqd for detecting genetic ab
- visiting clinics to find out about SD.

File 320

16/12/1991 SUMMARY [redacted]

Extent of the problem

1. 1974 Amniocentesis was introduced into the country. 11,000 volunteered for the test at AIIMS - their basic motivation being the possibility of finding out the sex of the child.

2. 1978 Amniocentesis for sex-determination alone, banned in Government hospitals.

3. 1979 Amniocentesis facilities available through private clinics.

4. 1980 Facilities for sex determination blatantly advertised.

5. 1978-1982 78,000 (estimated) female foetuses aborted after sex determination.

6. 1986-87 30,000 to 50,000 female foetuses aborted.

7. 1982-87 Number of clinics for sex determination increased from less than 10 to 248 in Bombay city alone.

8. 1986 A Government sponsored study in Bombay reports 84% of the sample of doctors as performing amniocentesis for sex-determination alone with each other performing an average of 270 tests/month.

9. 1987 the Garbh Parkshan Virodhi Manch reports that 2400 sex determination tests were conducted in Baroda city. Only 3 out of the 30 doctors interviewed were againt sex determination.

10. 1987-88 13,000 sex determination tests were done in 7 Delhi Clinics surveyed.

11. Several new technologies capable of sex determination (such as testing of foetal cells in maternal blood) have been developed and are in use. The most commonly and routinely used of these is ultrasonography.

12. Beyond Sex Determination several sophisticated techniques for sex preselection are increasingly being developed and popularised commercially eg. Ericsson's Method.

13. Sex Determination facilities widely advertised through Newspapers, in trains and buses, on walls, hoardings, pamphlets, letters etc.

    Even training programmes for fetal sexing are advertised.

14. From 1974 to date sex determination tests have spread to the small towns of Punjab, Haryana, Himachal Pradesh, U.P., Bihar, Delhi, Rajasthan and Goa. Clinics have also been reported to exist in Hyderabad (AP) Managlore and Bangalore (Karnataka) Madras (TN) Calcutta (West Bengal) M.P. and Orissa.

..2

15. Sex Determination facilities are not restricted to Urban areas alone, Widespread 'misuse' reported from Bijnor (UP) Dhullia, Satara and Sangli (Maharashtra) Saurastra (Gujarat) where even basic amenities eg. potable water supply do not exist.

16. Rural Health centres in Gujarat and Maharashtra and sending samples of amniotic fluid (fluid in the birth sac) in ice packs for sex determination to laboratories in Rajkot, Bhavnagar, Anand, Ahmedabad, Baroda and Bombay.

17. Legislation in this regard has been demanded in Himachal, Punjab, Orissa, Haryana, T.N., Gujarat, Goa and Maharashtra. Maharashtra enacted a legislation regulating Prenatal diagnostic test in 1988. Goa and Gujarat have already introduced bills in this regards.

18. The need for central legislation has been constantly felt and demands made by concerned groups. Several Bills have been drafted.

Regarding the presently proposed central legislation major amendments necessary are summarized below.

1. It is crucil to specify which pre-natal diagnostic tests/ procedures/techniques the legislation proposes to control.

2. Based on the legislation needs to specify the purposes for which these may be carried out, as an ongoing process, through the aegis of the Central Supervisory Board.

3. In keeping with the sophisticated and specialized nature of these tests/procedures/techniques, and the fact that the prevalence and incidence of the disorders concerned is not high enough to warrant their inclusion in the general health services, elaborate licensing procedure should be dispensed with. We strongly recommend that such services be available only through a) hospitals attached to medical colleges recognized by the Medical Council of India, b) Apex research institutions which have facilities on par or higher than teaching hospitals.

   This alone can ensure that unscrupulous elements who are today responsible for rampant misuse of these tests/ procedures/techniques are debarred.

4. The legislation should not take a static view of technology. The pace of technological progress in this field is fast and the Central Supervisory Board has to continually upgrade a) the list of tests/techniques/procedures covered under the Act b) the specific disorders for which these may be used c) the infrastructure and expertise required for conducting these tests.

5. This crime is a crime against the whole society. As such any concerned individual/organization should have the right to report violations in this regard and to initiate prosecution.

6. In our opinion the primary responsibility for conducting these tests lies with the medical professionals. They therefore have to be treated as prime offenders. Also, under the prevailing social conditions the husband and other relatives of women are responsible for aiding and abetting the crime. The woman on whom such tests are conducted, is only a victim of existing gender bias and should not be liable for prosecution.

.....

From File 320

NOTE PREPARED BY SAHELI, VOLUNTARY HEALTH ASSOCIATION OF INDIA, PEOPLE'S UNION FOR DEMOCRATIC RIGHTS, JOINT WOMEN'S PROGRAMME, ACTION INDIA, MEDICO FRIEND CIRCLE, DR.IMRANA QUADEER, FOR CIRCULATION AMONG THE MEMBERS OF PARLIAMENT REGARDING THE PROPOSED BILL ON PRE NATAL DIAGNOSTIC TESTS, TECHNIQUES, PROCEDURES.

Extent of problem

1. In 1974, amniocentesis was being clinically tested in India as a technique for detecting genetic abnormalities for example birth defects in government run hospitals. The survey outcome of 11,000 couples who had volunteered for this test at AIIMS Delhi revealed that the basic motivation for this enthusiastic response had been the possibility of getting to know the sex of the child during pregnancy. Following protest by women's groups these techniques were banned by the Janata government in 1978 for sex determination in government run hospitals.

2. In 1979 tests such as amniocentesis became available through private clinics/hospitals for sex determination. By 1980 these clinics began to blatantly advertise these techniques for specific use of sex determination.

It is roughly estimated that between 1978 and 1982, 78,000 female foetuses were aborted after sex determination in our country (Times of India, June 1982).

3. The data collected by government of Maharashtra in 1986-87 showed that from less than 10 clinics in 1982 in Bombay city, the number of clinics had gone up to 248 in 1986. These 248 centres where amniotic fluid (fluid from birth sac) is collected, were linked to 16 genetic laboratories where the amniotic fluid was tested to determine the sex of the foetus. These 16 laboratories were known to receive samples of amniotic fluid from clinics located in towns as far away as 500 km from Bombay. According to an estimate made by a group of doctors, between 30,000 to 50,000 female foetuses were aborted in a year.

4. A study done by Dr. Sanjeev Kulkarni in Bombay at the initiative of the Maharashtra government in 1986 revealed that 84% of the gynaecologists interviewed were performing amniocentesis for sex determination. These doctors performed on an average 270 sex determination tests per month. While most of them had been using amniocentesis for sex determination since the last 5 years, some had been performing these tests for the last 10-12 years.

5. According to a report prepared by Garbh Parikshan Virodhi Manch, 2400 tests were conducted in Baroda city alone in 1987. A well known genetic laboratory in Baroda had tested 20,000 samples of amniotic fluid in the last 10 years.

6. A Delhi University researcher found that more than 13,000 tests were performed in one year only in seven of the several sex determination clinics in Delhi.

..2

7. Clinics for sex determination are not restricted to urban areas. Places like Bijnor district in U.P., Dhulia, Satara and Sanghi districts in Maharashtra, or Saurashtra in Gujarat which do not have potable water and electricity, have flourishing clinics for doing amniocentesis.

8. Rural health centres in Gujarat and Maharashtra, where facilities do not exist to examine sputum for tuberculosis or to maintain the cold chain for oral polio vaccine, are sending samples of amniotic fluid in ice packs through courier service to laboratories in Rajkot, Bhavnagar, Anand, Ahmedabad, Baroda, Bombay, for sex determination.

9. In the 10-12 years since amniocentesis was commercially introduced in India, sex-determination tests have spread to the small towns of Punjab, Haryana, Himachal Pradesh, Delhi, U.P., Bihar, Rajasthan, Gujarat, Maharashtra, Goa, Sex determination clinics are also reported to exist in Hyderabad (A.P.) Mangalore and Bangalore (Karnataka), Madras (Tamil Nadu), Calcutta (West Bengal), M.P. and Orissa.

10. Dr.Pai, President, Health Promotion Society who runs the Pearl Centre at Dadar, Bombay, claims "In our country amniocentesis is essentially done, I can say upto 90%, purely for sex determination of the foetus". "I have yet to come across a person who has come here for the test purely for detection of genetic diseases". (The Lawyers, March 1986, pg.5).

11. In the study conducted by Garbh Parikshan Virodhi Manch in Gujrat, out of 30 doctors interviewed, only 3 were against sex determination tests. The rest said they did not favour the test at a personal level but did it because of the demand for it. They claimed they would stop doing it if the government banned the test. Till then they would continue as their income would suffer if they stopped while others still did it.

12. Advertisements for sex determination appear in almost every newspaper, in trains and buses, through wall writing, hoardings, pamphlets, and letters to doctors. Recently doctors have started advertising training programmes on fetal sexing assuring other doctors that they can recover costs of the training in no time.

13. An Ayurvedic drug "SELECT" is in the market which promises the birth of a male child.

14. Several books have also appeared on the market promoting procedures for sex selection such as diet control, timing of insemination by coitus creating a favourable climate in the vaginal tract by douching etc.

15. Several new medical technologies are being developed which are capable of determining the sex of the foetus. Among them are:

a) Testing of fetal cells in maternal blood;

b) Detecting levels of Testesterone in amniotic fluid or maternal blood.

c) Determining the sex of test-tube embryos.

16. The most common and routinely (mis)used technique for sex determination purposes today is ultrasonography. Due to the wider applications of this technique in general gynaecological and obstetrical practice eg. for detection of growth deviation and establishing placental implantation, it becomes much easier to (mis)use it for sex determination under the guise of antenatal care. The regulation and control of such tests/ techniques/procedures as ultra sonography thus becomes imperative under the proposed central legislation.

17. Several techniques are also being developed for sex pre-selection i.e techniques for separating X and Y chromosome hearing sperms in-vitro (outside the body). The methods being tried include sedimentation or centifigation, Ericsson's methods, Electrophoresis, ion exchange through resins, froth floatation etc.

18. Demand for legislation has been raised in Himachal Pradesh, Punjab, Orissa, Haryana, Tamil Nadu, Gujarat, Goa and Maharashtra. In addition there has been continuous demand for central legislation.

19. The state of Maharashtra has enacted legislation in 1988 while Gujarat and Goa have itroduced legislation in the state Assembly.

Since 1988 the Central Government has drafted several Bills.

..4

Major Amendments suggested in the proposed Central Legislation.

It is crucial to specify which pre-natal diagnostic tests/ procedures/techniques the legislation proposes to control.

Medically speaking, the terms 'pre-natal diagnostic techniques', 'pre-natal diagnostic procedures', and 'prenatal diagnostic tests', cover a wide range of techniques, tests and procedures necessary for ante-natal monitoring and care. In our note on "suggested amendments in Bill No.155, of 1991", we have therefore used the terms designated tests and specified tests to pinpoint exactly which pre-natal diagnostic techniques, procedures and tests this legislation should control.

2. Designated tests are all pre-natal diagnostic techniques, procedures and tests currently available, and in use and those likely to develop in future which are essentially meant for the detection of chromosomal anomolies, genetic metabolic diseases, haemoglobinopathies, sex-linked genetic diseases and congenital anomalies. As part of the diagnostic procedure for detecting sex-linked genetic diseases, these tests are also meant to detect sex of the fetus which is necessary both for the rational management of the disorder and for the counselling of the parents. It is this aspect of the procedure that has been widely misused and which the proposed Bill undertakes to control.

3. Specified tests are all pre-natal diagnostic techniques, procedures and tests which apart from the function of detecting fetal abnormalities may also find wide use in general gynaecological and obstetrical practice. Some of these techniques, procedures and tests have within them the interest possibility of providing information regarding the sex of the fetus.

Specified tests thus include the specified part of all pre-natal diagnostic techniques, procedures and tests, whether or not they are designated to detect congenital and genetic disorders and which generate information on the sex of the fetus as well.

This legislation should make it incumbent upon the diagnostician to withhold information regarding the sex of the fetus from the woman undergoing such tests, her family and other interested parties unless it is related to the provision of genetic counselling in sex-linked disorders. Further under no circumstances should a specified test be used for the sole purpose of sex determination of the fetus.

The proposed legislation has rightly taken the view that the designated tests (as termed by us) are intended for the purpose of detecting chromosomal abnormalities, genetic metabolic diseases, haemoglobinopathies, sex-linked genetic diseases and congenital anomalies. In keeping with the sophisticated and specialized nature of these tests/procedures/techniques, and the fact that the prevalence and incidence of the disorders concerned is not high enough to warrant their inclusion in the general health services, elaborate licencing procedure should be dispensed with. We strongly recommend that such services be available only through a) hospitals attached to medical colleges recognised by the Medical Council of India b) Apex research institutions which have facilities on par or higher than teaching hospitals.

..5

5. The legislation needs to specify the purposes for which designated tests may be used. The proposed legislation nearly indicates the beoad categories of disorders and does not state the specific abnormality and disorders for which designated tests may be used. Further, not all abnormalities and disorders in the stated categories are detectable by the designated tests currently in use.

6. We therefore strongly suggest that it should come under the purview of the functions of the central supervisory Board to make a list of:

a) Specific congenital abnormalities and genetic disorders, haemoglobinopathics, sex-linked genetic diseases and chromosomal anomalies.

b) the designated tests which may be used to detect the same.

7. The legislation should not take a static view of technology. The pace of technological progress in this field is fast and the Central Supervisory Board needs to continually upgrade:

a) the list of tests/techniques/procedures covered under the Act.

b) the specific disorders for which these may be used.

c) the infrastructure and expertise required for conducting these tests.

8. This crime is a crime against the whole society. As such, any concerned individual/organisation should have the right to report violations in this regard and to initiate prosecution.

9. In our opinion the primary responsibility for conducting these tests lies with the medical professions. They therefore have to be treated as prime offenders. Also, under the prevailing social conditions, the husband and other relatives of women are responsible for aiding and abetting the crime. The woman on whom such tests are conducted is only a victim of existing gender bias and should not be liable for prosecution.

10. In order to simplify regulation of prenatal Diagnostic tests/techniques/procedures capable of misuse for sex determination it is suggested that the legislation makes it incombent upon manufactures of equipment used to carry out specified tests (such as ultrasound) to register with the appropriate authority and provide information on a regular basis regarding name and addresses of the purchases of the specified equipement to the Authority so that periodic checls of such equipment to ensure that provisions of the Act are not contravened. The probibition of transferred lending lease of such specified equipment without the written authorization from the Appropriate authority is also suggested with the same intent.

....

File Pre Natal Diagnostic Regulation & Prevention of Misuse Bill 1991 submission to JT Parliamentary Committee

MAXILLOFACIAL INJURIES

Maxillofacial injuries are common but are many a time missed unless they are very gross. These injuries show themselves later on as functional problem or disfigurement of face which are than difficult to correct to the full satisfaction of patient and surgeon himself.

BURNS

The general concept in treatment of burn is that wounds should be dresses until they heal. This leads to gross deformities in-patients like neck contracture, ectropion of eyelids and hand deformities. These deformities are physically, economically and emotionally crippling for the patient and family. With the advent of early tangential excision and skin grafting (done on 4th and 5th day of burn), the role of plastic surgeon in burns has become more important.

DELAYED REFERRAL

When cases are referred only after few months or after a failed primary attempt, sub-optimal results are achieved in-spite of best of efforts. This scenario causes dissatisfaction in the minds of treating surgeon and the patient about the role of plastic surgeon. On the other hand when all the cases are done together, the rapport between the two teams increases, better results are achieved and cost also comes down.

In my opinion treatment of trauma is a team work which can give the best results in term of early healing of wounds and reconstruction of defects, cutting down the cost of treatment and early physical and economic rehabilitation of the patient. To create this sense of teamwork in our medical fraternity, there should be basic training of this aspect of plastic surgery at the undergraduate level. More over there should be better inter-department coordination at the institutional level.

In Defence of Female Foeticide

Before all you educated, professionally qualified and financially sound doctors, liberal intellectuals, dharma-gurus and conscientious citizens of this country start throwing brickbats at me for even considering the defence of the heinous practice of female feticide may I request you to consider, analyze and examine this problem in a more rational, objective and un-emotional manner.

One, if Indian society and law has accepted the need as well as right of every Indian Woman over her own body and left it solely on her to decide if she would like to have Abortion/Medical Termination of pregnancy on the grounds of Medical/social /financial considerations (as in the case of unwed mothers, rape victims, mentally/physically unsound women, genetically defective fetus or where there is grave danger to the mother in continuing with the pregnancy), why such a big fuss is being created about female feticide? If the Indian society concedes and grant this inalienable right to every Indian woman, why is the society to touchy if the same woman decides to exercise this right to terminate the pregnancy on knowing the sex of the fetus? In fact, it is the duty of any welfare state as well as a caring society to provide all possible medical, social, moral and financial support to its female citizens, once they so decide (to terminate the pregnancy). Unfortunately, in India where both the society as well as the state have historically and miserably failed or have abdicated this responsibility due to their apathy, lack of financial, medical or social framework, they have automatically given up their rights to expect the would-be-mothers to be amenable to their insensitive laws forbidding female feticide.

Two, in a pre-dominantly male-dominated and patriarchal society like ours, where woman are treated so unequally, right from their birth to their death, the society has no moral right to expect that a pregnant woman shall be forced and be deprived of the technological advancement in medical science (Ultrasound) to enable her take such an important decision of her life (to continue with the pregnancy or not) which would affect not only the future and status of her fetus but that of its carrier. Our society should first create equal opportunities and respect for women in their homes and outside, before making any demand on the pregnant woman to continue or not to continue with her pregnancy. It is not better that a female fetus is eliminated as early as possible and with least emotional, mental and physical trauma of bringing her into this unjust society to face lifelong inequality oppression, cruelty and a sub-human.

Three, in a country bursting at seams with over 100 crores people, and yet placing a premium on male progeny, would it not be prudent and less hypocritical to first check the sex of the unborn fetus, instead of increasing the population (with unwanted females), in the hope of a male heir. Making social conditions and mindsets where female child is as acceptable as a male child would eliminate framing laws that are inherently defective, insensitive and are followed by default only.

Four, the plea of our govt. that the female male ratio is reducing alarmingly in some states augmenting and buttressing the need for a law banning female feticide is unacceptable, defective and insulting to all women. On the contrary, this adverse female-male ratio might propel our male-dominated society towards a genuine need, awareness, respect and improvement in the status of women. Till that happens, should girls be brought into this society just to balance a mythical statistical male-female ratio in govt. records? Ask the most socially and financially challenged strata of women in our society their views about abortions and female feticide and they would unequivocally proclaim that such laws, the practice of female feticide is either being pushed towards medically unqualified quacks or has become unaffordable by the masses thereby defeating the very purpose for which this law has been designed.

Finally, the need of the day is to create awareness, propagate the use and make available economical family planning methods, sex education as well as create avenues for equality of boys and girls in our society and our homes, instead of framing archaic, impractical and unjust laws to bar female feticide that are doomed for failure.

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FORUM AGAINST
SEX DETERMINATION
AND SEX PRE-SELECTION
TECHNIQUES.

गर्भलिंग परीक्षा के सामाजिक संकेत

समाज की कुरीतियो को बढ़ावा देने में विज्ञान का योगदान

आज के युग में लिंग भेद स्थापित करनेवाले टेस्ट असंख्य मात्रा में स्त्री गूण को नष्ट करने के लिये स्त्री मात्र के विरूध्द करे जा रहे है। यह मेडिकल और वैज्ञानिक विकास स्त्री के विरूध्द, उनके शोषण और समाज के निम्नवर्गो के खिलाफ अपनाये जा रहे है। यह एक विश्वव्यापी सत्य है। पुरातन काल से तो होता ही आ रहा था पर अब विज्ञान का योगदान भी है। स्त्रीयों के गुप्त अगो को अंग मंग (Cliterodetomy) करना जिससे उसके साहचर्य की इच्छा का निराकरण हो जाये, यह तो अफ्रीका और पश्चिम एशिया के बहुत से देशो में सदियो से होता आ रहा है। कई स्थानो पर गरीब पुरूषो के अंगो को काटकर (हीजड़ा) बना कर अनेक शाहो - महाराजो की हरम मे रहनेवाली स्त्रीयो के स्तीतव की रक्षा के लिये चौकीदारी के लिये नियुक्त करा जाता था, यह एक कटु सत्य है। स्त्री और उसके यौनिक अंग केवल पुरूष के विनोद, मन बहलाने के लिये और पुरूष की सम्पत्ति और अधिकार माने जाते है। स्त्री को केवल बच्चा पैदा करने के लिये माना गया है, और वहभी केवल पुत्र बालक ऐसी मान्यता मानी गई है। पुरूष को बच्चे चाहिऐ और साथ मे लैंगिक आनन्द, अब तो अति यह हो गई है, कि (Hymenoplasty) जिससे शल्य क्रिया से कृत्रिम (Hymen) या ढिल्ली स्त्री के गर्भद्वार पर सी दी जाती है। जिससे वह "कुवारी कन्या" लगे और पुरूष के पौरूष को अभिमान हो कि वह लड़की के जीवन में प्रथम पुरूष है, दिन प्रतिदिन नये व अनेक अनुस्थान इसी दिशा मे किये जा रहे है। जिसमे स्त्री के ऊपर अनन्य अन्यायों के दिशा में कदम बढ़ रहे है।

विज्ञान की प्रगति में स्त्री के विरूध्द भेदभाव और भी अन्य दिशाओ में भी पक्षपात का रूख अपनाया जा रहा है। किसी भी औद्योगिक कार्यालय या फैक्टरी में जहा स्वयंचलित मशीन आ जाने से छटाई होती है। तो स्त्रीयों को ही निकाला जाता है। सन तीस में जब एक बड़ी मात्रा ऐसा हुया तो तर्क केवल यह था कि पुरूष को कमाना है और स्त्रीको घर पर रहकर बच्चो की देखभाल करनी चाहिये। सामाजिक दृष्टि से उसके मातृतव को बढ़ावादेकर उसके श्रमिक अधिकार छीन लिये गये तक्नोलोजी की तरक्की से रोजमर्रा में अपयोग आनेवाली वस्तुएं भी आखिर दहेज का जरूरी मात्र बनकर स्त्रीयो को कुचलने का एक और हथियार बन जाती है, रेडिओ, टी, व्ही, कैसेट प्लेयर और वी. सी. आर. और इन सबके साथ फ्रिज, मिक्सी, प्रेशर कुकर इत्यादि आजकल माध्यम और उचा वर्ग की शादियो में जरूरी तोहफे माने जाते है। कामगार वर्ग की कुछ जातियों मे भी जहाँ पहले लड़की बेचने का प्रचलन था आज वहाँ भी दहेज की प्रथा शुरू हो गई है, और इन सब वस्तुओ की मांग की जाती है।

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FORUM AGAINST SEX DETERMINATION SEX SELECTION & TECHNOLOGIES AHMEDABAD

भारत में पुरूष प्रधानता :

हांलाकि पुरूष प्रधान समाज द्वारा इस प्रकार का भेदभाव सारी दुनिया में होता है, अलग भागो में अलग अलग तरह से प्रतिबिम्बित होता है। पश्चिम एशिया में रूढ़िबध्द इस्लाम के फिर जागृत होने से यह शोषण नये जोश से हो रहा है उधर अफ्रीका में "अफ्रीकी पहचान" को कायम रखने के बहाने " Clitorodectomy " का कायम रखा जा रहा है। लातिन अमरीका मे अगर स्त्रीयो को "पुरूषत्व" का सामना करना पड़ता है तो दक्षिण पूर्व एशिया में हमेशा ही बच्चों मे लड़को को प्रधानता दी जाती है। साथ ही स्त्रीयो की अवहेलना, पुत्री के साथ तिरस्कृत दुर्व्यवहार कई बार स्त्रीयो की अंत हीन यत्रणा और मृत्यु का जाने अनजाने कारण बन जाती है।

इतिहास और प्रथाएँ :

अंग्रेजो ने भारतीय समाज में प्रचलित रूढि कायदो में जो मुख्य परिवर्तन किये थे वह थे - सती प्रथा और नवजात पुत्री को मार डालने की प्रथा पर रोकथाम जो दो दूसरे सुधार उनके समय में किये गये, वह थे विधवा पुर्नविवाह और शादी की उमर बढ़ाना इनमे से कई सारे सुधार भारतीय सुधारको की पहल और लगातार कोशिशो के कारण संभव हुए। परन्तु नवजात पुत्रीयो को मार डालने की प्रथा पर रोक केवल अंग्रेजो के कारण लाई गई। यह प्रथा राजपूतो में और आज के उत्तर प्रदेश, राजस्थान और गुजरात राज्यों की बुध्द जातियो मे काफी प्रचलित थी। इसे बरकरार रखने के लिये कई तर्क दिये जाते थे जिनमे दहेज न देने की अक्षमता से लेकर इसे राजपूत संस्कृति का एक मांग मानना सम्मिलित थे। दर असल एक समय पर कच्छ के राजा की ओर से दलील देते हुये अुनके प्रधानमंत्री ने अंग्रेजो से कहा कि कृष्ण भगवान के समय से चली आ रही प्रथा को आप कैसे छोड़ने को कह सकते है (कच्छ की जाड़ेजा जाति के लोग अपने आप को कृष्ण की जाति यानि यादवो के वंशज) मानते है, यह धारणा तर्क सगत है कि नवजात कन्या की हत्या का प्रचलन राजपूत और गुजरात के पाटीयारो मे प्रचलित थी। इन जातियों मे इस प्रथा का उल्लेख इतिहास मे कही कही मिलता है, दूसरी जातिओ मे भी होता रहा होगा परन्तु उनके बारे में पता नही चलता है, इन सबसे सती प्रथा को बंद करना, नवजात पुत्री की हत्या को रोकना और दहेज उन्मूलन से ही स्त्री जाति के ऊपर होने वाले अत्याचारों का अन्त नही हो जाता नारी के ऊमर दबाव और उसका शोशण और भी अनेक तरीको से हरेक जाति, समाज, परिवार मे होता आया है, स्त्री के ऊमर बहुत से अमानुषिक अत्याचार सभी जातिओ मे होते है चाहे सामाजिक स्वीकृती हो या न हो। लड़कियो को साधारणत: कुपोषण, स्वास्थय की ओर से लापरवाही, दवा का अभाव, काम की अधिकता, इन सबसे स्त्री के जीवन की अवहेलना भारत में स्त्री जनसंख्या की पुरूष के अनुपात मे कम होती जा रही है, इसी सन्दर्भ मे

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(Sex determination) (गर्भ मे पलते हुये बालककी लिगनांच) की उपलब्धी के असर के बारे में सोचना होगा हिन्दुओ मे धर्म के अनुसार पुत्र का होना बहुत मान्य है और उसके साथ साथ स्त्री के जीवन और स्वास्थ्य को नगण्य माना गया है। हिन्दु धर्म मे तो पुत्र के बिना उध्दार ही नही हो सकता यहाँ तक की पुत्रप्राप्ती के बिना मुक्ति नही मिल सकती। अन्तिम क्रिया, यानि कि मृत्यु के बाद अन्त्येाष्टि क्रिया भी पुत्र के हाथो सम्पन्न होने से मृत व्यक्ति की आत्मा को शाति मिलती है। दत्तक ले या गोद लेने की विधी, जिसमे जिस दम्पति के संतान न हो, उसमे हिन्दुओ मे केवल पुत्र दत्तक लिया जाता है "श त पुत्रवती हो" यह आर्शीवाद अभी कुछ समय से बंद हुआ है। बहुत सी हिन्दु धार्मिक कथाओ मे हवन और यज्ञो का उल्लेख आया है जो केवल पुत्र की कामना के लिये किये जाते थे , पुत्र को अमूल्य माना जाता था चाहे वह "क्षेत्रज पुत्र " ही क्यो न हो (पत्नि से उत्पन्न पुत्र चाहे किसी का भी हो, गर्भाधान मे पुरूष को बीज और स्त्री को धरती मानने की परम्परा थी) वह जायज और कानूनी माना गया था। शातन्नु की पत्नि सत्यवती ने महर्षि वेदव्यास की विधवा पुत्रवधु के लिये बुलाया जिससे पुत्र रत्न की प्राप्ति हो क्यो कि शातन्नु के पुत्र ने नंपुसक हो जाने के कारण स्वयं को भस्म कर लिया था। वेदव्यास सत्यवती का ही पुत्र था जो विवाह से पूर्व पराशर मुनि के सहवास से उत्पन्न हुआ था ऐसा कथा मे आता है। आज भी पुत्र का होना स्वर्ग मे स्थान के लिये बहुत आवश्यक अग है और पुत्र ही सब धार्मिक कार्य और पितरो को जल अर्पण के लिये जरूरी है। यह प्रथाए और उनकी प्रतिबिम्बित विचारधारा मूर्त या अमूर्त स्वरूप में चालू रहती है।

हमारे समाज मे पुरानी ऐतिहासिक, सामाजिक रीते शायद बंद कर दी गई हो परन्तु अभीभी गहराई मे जाये तो पुत्री गर्भ को नष्ट करना और उसको वैज्ञानिक और तकनीक उन्नति का नाम देना यह समझने के लिये ऐतिहासिक और सामजिक विष्लेशण बहुत जरुरी है। यह सब कथाए जैसा दिखती है कोरी गप्प नही है। असल में यह ही सब हमारे समाज के ढ़ाचे की नीव है जिसके दायरे मे यह अमानुषिक अत्याचार पनपते रहते है। आज भी आधुनिक समाज मे सदियों से चला आ रहा धर्म की आड़ मे इच्छा की जाती है कि गर्भ का बालक पुत्र हो और पुत्री गर्भ को बिना विचारे कि यह भ्रूण हत्या है। अन्त कर दिया जाता है, विज्ञान और मेडिकल टेक्नोलोजी स्त्री जाति को हीन और उसके शोषशा मे बढ़ावा देने बहुत योगदान कर रहे है।

आज के आधुनिक युग मे फिल्म, पोस्टर, टी. व्ही., नाटक जिनमे अधिकांश नारी को केवल भोग्य वस्तु जिसमे न बुध्दि है न सोचने की शक्ति, ऐसा परम्परागत

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स्त्री के रूप से कन्या को जन्म देना और विश्व मे लाना कुछ-प्रेरणादायक नही लगता और पुत्री को जन्म देने की इच्छ निष्क्रिय हो जाती है ऐसा घडियो, सूटिंग, शर्टिंग, सिल्क की साडी वालो के विज्ञापनों से पता चलता है कि यह सब दहेज को प्रोत्साहित करते है। यहाँ तक की राष्ट्रीय बचत योजना और बीमा बचत योजना जिसमे पुत्र की उच्च शिक्षा का विज्ञापन देते है तो दूसरी ओर कन्या के विवाह के लिये पैसे बचाने का दृष्टिकोश बताते है, कई स्त्री सघटनो ने इसके विरूध्द किया तब यह विज्ञापन बंद हुये।

यही समाज जिसमे स्त्री को बोझ माना गया उसने ही नवजात पुत्री की हत्या को रास्ता दिखाया। उन्ही कदमो पर आज यह गर्भजल परीक्षाआधारित है जिसमे पुत्री गर्भ को नष्ट करा जा सके और टेस्ट से पता चलते ही कि गर्भ कन्या है अबोरशन कराया जा सके यह प्रथा हमेशा से होरही स्त्री के ऊपर किये जा रहे अत्याचारो की श्रृंखला को पीछे की ओर नही खीच रहा है। कन्या को जन्म से पहले ही, इतने सस्ते तरीके से उसे नष्ट कर दिया जाये क्या यह "समझदारी" का काम नही है।

क्या स्त्री को कुछ कहने का अधिकार है।

इक्कीसवी सदी की ओर बढ़ते हुये स्त्रीयो का दर्जा और स्थान समाज मे कुछ सुधरा हुआ नज़र आता है लेकिन आज भी अज्ञान, गरीबी और धर्म - रुढिवाद से पीड़ित इसी समाज का एक बड़ा हिस्सा इन बदलावो से, सदियों से चले आ रहे बधंनो मे जकड़ा चला आ रहा है। आज भी जिन स्त्रीयो को जिनके बच्चा नही है, "बांझ" युवती का जीवन (कुछ ऊचें वर्गो को छोड़कर) बहुत ही कठिन और अंतहीन यातनाओं की श्रृंखला है और एक स्त्री जिसके केवल पुत्रीया हो उसको भी इस सबसे गुजरना पड़ता है। पुरुष प्रधानता हिन्दु धर्म मे मान्य है लेकिन यह और भी भारतीय जातिओ मे और धर्मो में फैला हुआ है। स्त्री को ऐसी दयनीय स्थिती मे होने से स्वाभाविक है कि इस यंत्रणा से युक्ति पाने का केवल एक उपाय है और वह है केवल पुत्र प्राप्ति और इसका सरल उपाय है कि गर्भ मे कन्या हो तो अबोर्शन करवा लेना, ऐसा करने से अजन्मी कन्या से छुटकारा मिल जाय तो बड़ी उपलब्धी हो जाती है। डाक्टर भी इस तात्कालिक दुख के निवारण मे कुछ ज्यादा ही आतुर होते है। यह केवल धनोपार्जन के लिये करते है। हांलाकि यह भी एक कारण है जिसकी वजह से यह गर्भ परीक्षा के क्लिनिक देशभर मे खुल गये है। उनके व्यवहार में और दृष्टिकोण मे स्त्री विरोधी तत्व है यह वह कदापि स्वीकार नही करेगें। उच्च वर्गो के डाक्टरो का सलाह देना कि इस प्रकार से परिवार सीमित हो सकता और जनसख्या रोकी जा सकती है। सरासर मिथ्या और भ्रान्ति पूर्ण है। शहरी डाक्टर जो उच्च वर्ग के होते है वह जनसख्या के बारे में अविवेकी विचारधारा को प्रतिबिम्बित करते है। जनसख्या नियंत्रण का व्यवहार

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अनैधित विभागो मे बाल जन्म रोका जाये और इस विभाग के अन्तर्गत आते है साधारणत: गरीब, लघुगति और महिलाए इत्यादि स्त्री गर्भ या पुत्री जन्म को रोकने के लिये सबसे सरल और ठोस तर्क हमारे डाक्टर जो "सामाजिक जागरूकता" का दावा करते है वह यह कह कर निदान पा लेते है कि यदि कोई भी स्त्री स्वयं अपनी इच्छा से हमारी सहायता लेने आती है तो हम मदद करने से कैसे न कह सकते है. यह सच है बहुत से केसो मे स्वयं जाच करवाना चाहती है पर क्या इस स्वेच्छा के पीछे सामाजिक डर है या नही यह जानना बहुत जरूरी है क्योंकि जन्म से बडे होने तक जहा पर स्त्री ने पुरुष प्रधान (Dominated) समाज, जहा पर पुरुष ही पूर्ण रूप से मान्य है और पुत्ररहित पत्नि का कोई भी स्थान नही है यह सोचकर स्त्री के लिये इस टेस्ट के अलावा और कोई चारा ही नही रह जाता कि यह इसे अपनी इच्छा से टेस्ट करवा कर पुत्र की प्राप्ति की पुष्टी करा ले.

इसके साथ ही कई जगह स्त्री गर्भजल परीक्षा करवाये कि नही और फिर जरूरत होने पर गर्भपात भी करवाये की नही. इसका निर्णय उसकी सास ही करती है "स्त्री ही स्त्री की शत्रु है" कथन सत्य हो जाता है. स्त्री का पति, ससुर और परिवार के अन्य वयस्क सदस्य भी इस सबमे साथ जरूर देते है. या तो इस कदम को जाहिर रूप से बढावा देकर या गौन समर्थन देकर लेकिन निर्णय सास का ही होता है. सास जिसकी उस गर्भवती महिला की ही तरह इस समाज मे अमानवीय करण किया जा चुका है वह भी "पुरुष ही सबकुछ"वाली मान्यता रखने वाली समाज जिसमे स्त्री को दबाया और कुचला जाता है एक "एजेन्ट" मात्र रह जाती है.

इस जांच का समय भयानक रूप से अमानवीय ज्वर का होजाता है, यदि किसी परिवार मे कन्या या स्त्री का कुपोषण हो या दुव्यवहार हो, बीमारी या किसी भी अनहोनी घटना के कारण मृत्यु हो जाये तो कम से कम बाहर का समाज आलोचना कर सकता है पर गर्भजल परीक्षा और उसके बाद पुत्री गर्भ मे हो और इसका गर्भपात करा लिया जाये उससे क्या होता है ? जब स्त्री चार महीने की गर्भवती हो तभी तुरन्त गर्भजल का टैस्ट करवा कर जिससे पुष्टि हो जाये कि गर्भ मे कन्या है या पुत्र और पुत्री गर्भ जानने पर तुरंत "चुपचाप गर्भपात" केवल यही अन्त नही हो जाता फिर से गर्भ रहना, टेस्ट और पुत्री गर्भ मे होने से गर्भपात या गर्भहत्या, अंतहीन श्रृंखला जब तक कि पुत्र कि प्राप्ति न हो जाये और सबको संतोष और चैन आ जाये और सबको संतोष और चैन आ जाये "गर्भ से कब्र" तक औरतो का शोषण यह, एक कडवा सत्य है, "चुपचाप" और "चोरी-छिपे" होने वाली इस परिक्षा

का एक और भी पहलू है. ढोग और अन्याय की नीव पर खडे हमारे समाज मे एक गुनाह तभी गुनाह कहलाता है जब बाहर की दुनिया उसे देखती है या जानती है. मन के दोषी होने की भावना भी दुनिया के जानने पर ही उठती है ऐसे मे यदि चुपचाप गर्भ में बढ रही लडकी से छुटकारा पा लिया तो यह नाही परिवार के किसी सदस्य के मन मे खटकता है और इसे जल्दी भुला भी दिया जाता है.

इस परीक्षा के हित मे दिये जानेवाले तर्क वही है जो हमेशा ही सारी की सारी स्त्री जाति के शोषण को वाजबी बनाने के लिये दिये जाते है कि लडका तो बुढापे की लाठी बनेगा, पैसा कमाकर घर चलायेगा, कुल दीपक बनेगा, अपने वंश की परम्परा निभायेगा, कुल दीपकबनेगा, अपने वंश की परम्रा निभायेगा और पता नही क्या क्या इसके साथ ही लडकी तो पराया धन होती है, शादी होकर दुसरे के घर चली जाती है, वह तो केवल एक बोझ है जिसे बडा करके शादी करवानी है इत्यादि यह सब बहुत ही जाने माने तर्क है जिनपर हम और नही लिखना चाहते.

एक बात और जो कही जाती है कि इस तरह भारत की बढती हुयी जनसंख्या को काबू मे लाया जा सकेगा पर जस सख्या के आंकडो से यह सिध्द किया जा सकता है कि इस तर्क का कोई आधार ही नही है सारी दुनिया में केवल चार देश ऐसे है जहां पर पुरूषो की संख्या महिलाओ की सख्या से ज्यादा है भारत इन चार देशों मे से एक है और पिछले छह दशको मे स्थिती और भी बढतर हो गई है परन्तु इससे जनसख्या के बढने की गति पर कोई असर नही है तो अब यहा से कहा जाये ? हमे न्याय और दोनो मे इस तरह के लिंग भेद परीक्षा और गर्भपात के विरुध्द सुधार की मांग करनी होगी.

जैसा कि पहले कहा जा चुका है कि जनसंख्या नियंत्रण और परिवार नियोजन मे बहुत अंतर है। सामाजिक और राजकीय सत्ताधारी वर्ग अपनी सुविधा के अनुसार सत्ताहीन समाज विभागो की जनसंख्या का नियंत्रण करे यह तानाशाही नही तो और क्या है। समाज के लिंगभेद का आचरण इतना स्पष्ट नही दिखता जितना वर्ग भेद, जातिभेद, और धर्मभेद वास्तिवकता मे स्पष्ट होता रहा है इस कारण लिंग भेद के अन्याय के विरुध्द आवाज उठाना और संघटित रूप से आवाज उठाना बहुत कठिन हो जाता है। इसके अर्थ यह नही है कि स्त्री को परिवार नियोजन समझाकर गर्भ मे पुत्र की आशा रखवा कर पुत्रीगर्भ को नष्ट

करवाया जाये और वह भी बहुत आसानी से प्रोत्साहित करके बम्बई के एक अस्पताल मे करी गई सर्वेक्षा से पता चलता है कि लगभग हजार से ऊपर कन्या भ्रूण निकाले गये जबकि उसके अनुपात मे केवल एक पुत्र भ्रूण था यह सर्वेक्षण दो महिला कार्यकर्ताओ ने किया था। यह एक केस भी एक पारसी महिला का था जिसके एक पुत्र था और यह एक पुत्री के लिये इच्छुक थी, इस कथित अस्पताल के संचालक और अधिकारी बहुत ही धार्मिक प्रवृति के है और अबोरशन और भ्रूण हत्या के बिलकूलविरूध्द है, परन्तु इस प्रकार के "मानवीय और लाभदायक सुधार" उनकी पत्रिका मे खुले आम लिखा हुआ है. केवल कागजी कार्यवाही के लिये स्त्री से कहा जाता है कि गर्भपात के बाद अस्पताल में दर्ज करवा दे कि गर्भ मे लडका था या लडकी इस टेस्ट को सही और सुचारू रूप से उपयोग मे लाया ही नही जाता नही ही इसके बारे मे ढंग से बताया जाता है जिससे गर्भ मे पल रहे बालक मे किसी प्रकार से बढने और पनपने मे रूकावट हो या (genetically defective) हो तो उसका निवारण हो सके

यह कहना अनुचित नही है कि पुत्री गर्भपात और स्त्री के कानूनी हक, और अपनी इच्छा से गर्भपात मे काफी अन्तर है। यह दो भिन्न पहलू है कोई भी मातृत्व उसपर थोप नही सकता स्त्री को कम बच्चे चाहिये और परिवार छोटा और नियोजित रखना है यह सरासर ठीक और मान्य है इसलिए शादी शुदा स्त्री का भी गर्भ रखना या गिराना उतने ही मायने रखता है जितना कि अन्ब याही लडकी का गर्भ गिराना या निवारण करना उस समय यह विचार नही होता कि गर्भ मे पल रहा लडका है या लडकी बात तो यहा तक पहुंच गई है कि कई परिवारो में जिनकी जातिओ में जहा दहेज प्रथा और बहू जलाना मामूली बात है वहां पुत्री गर्भ को पहले ही नष्ट कर दिया जाता है चाहे घर परिवार मे पुत्री हो या न हो, बहुत से सुचारू रूप से चलने वाले समाजसेवी माननीय अस्पताल यह दावा करते है कि हम तो टेस्ट केवल तभी करते यदि परिवार में एक कन्या हो "सन्तुलित परिवार" होना जिसमे एक दम्पति के लडका और लडकी होना, केवल दो का होना मान्य रखता है, वह इस बात को अनदेखा करते है अगर दम्पति के "लडकिया" होती है तभी वह "सन्तुलन के लिये आते है और अगस लडके होते है तो कभी इस सन्तुलन की आवश्यकता ही नही होती और यह डाक्टर अन्य सहकर्मी डाक्टरो के वर्तन की जिम्मेदारी लेगे जो कोई भी

नियंत्रण के बिना टेस्ट कर रहे है.

इस अन्याय के प्रति आवाज.

महिलाओ के विरूद्ध के यह भेदभाव और मेडिकल तकनीकी का दुरूपयोग का आयोजन इस लेख के बस मे नही है. इसके विरोध मे कुछ सुझाव यहां दिये गये है जिससे आगे चलकर इस दिशा मे कुछ ठोस कदम लिये जा सके।

केवल कानूनी और वैज्ञानिक प्रतिबन्ध लगा देने से ही यह स्त्री गर्भ हत्या रूकने वाली नही है यह तो सामाजिक ढाचे मे पनपने वाली विचारो की श्रृखला को बदलन वाली दिशा चाहिये, सामाजिक स्तर पर स्त्रीयो की गलत धारणाए दूर करना और वैज्ञानिक शिक्षा जिससे उन्हे सेक्स और प्रजन्न क्रिया के बारे मे सही और सरल तरीके से बताना एक बहूत आवश्यक अंग है जैसा की -

ए) स्त्री और पुरूष दोनो ही प्रजन्न मे बराबर के हिस्सेदार और सहभागी होते है

बी) स्त्री x क्रोमोसोत्र देती है जबकी पुरूष x या Y chromosome देता है। यह पुरुष के क्रोमोसोम पर ही गर्भ के बालक के लिंग स्थपित होना निर्भर करता है यह यौन शिक्षा स्कूलो मे सामाजिक स्तर पर आरम्भ करी जा सकती है।

आजकल जब गॉव गॉव मे टी. वी. ट्रान्झिस्टर और रेडियो खेत खालिहानो तक पहुच गये है, तो उनके लिये सदिया पुरानी गलत धारणा दूर करने मे कोई कठिनाई नही हो सकती. समाचार पत्रो मे दहेज और बलात्कार की समस्या को काफी सुलझे रूप से उजागर करके सब वर्गो तक पहुचाने मे सहायता दी है। आजकल मुस्लिम स्त्रियो के तलाक का विषय प्रेस ने दिन रात समाचार पत्रो और सम्पादकीय टिप्पणी, इन्टरव्यू और रिर्पोताज की मेहनत से उनके हक का समर्थन किया और अधिकार दिलाने की चेष्टा करी है यही प्रेरणा स्रोत यद्दि स्त्री भ्रूण हत्या के विरूद्ध करा जाये तो सम्पूर्ण स्त्री जाति का कल्याण होगा और मानवता एक और घोर पाप और कलंक से बच सकेगी। प्रेस स्लाईडस् टी. वी. यह सब समानान्तर रूप मे इस अनैतिक स्त्री भ्रूण हत्या को बस मे लाने मे सहायक होगे अब तो परिवार नियोजन के विज्ञापनो ने भी इस दिशा मे नया कदम लिया है कि परिवार मे बच्चे अच्छे है दो चाहे पुत्र हो या पुत्री दो काफी है.

पिछले अनुभवो से अगर कोई मार्गदर्शन मिलता है तो यह कि सरकारी और कानूनी नियम के लिये पहले जन साधारण को इस अन्याय के प्रति विरोध और आक्रोश कडी आवाज मे उठाना होगा कन्या के जन्म से सम्बन्धत द्वेष और गलत धारणाओ का निराकरण करना होगा।

अनुवादक :- असुणा प्रकाश.

DRAFT

draft copy with changes made

STATEMENT TO BE SIGNED BY PROMINENT PERSONS IN DELHI: TO PRESS FOR CENTRAL LEGISLATION ON SEX DETERMINATION AND SEX PRESELECTION TESTS

The increasing use of technology to predetermine the sex of the foetus, leading to selective abortion of female foetuses is a cause of grave concern. Such practices undermine the status of women and have the potential ~~to~~ reduce women to baby-making machines ~~by~~ and further skew up the already adverse male-female ratio in our country.

Maharashtra is the only State which has passed an Act to regulate the use of prenatal ~~diagnostics~~ sex determination tests in the wake of a concerted campaign by women's and other grpups. While we welcome this beginning, the practice of sex determination and subsequent abortion cannot be effectively curbed with piecemeal legislation. The regulation of existing technology in one State has in no way prevented people from availing of these facilities in neighbouring States. Similarly, legislation regulating specific techniques still leaves open the question of new techniques coming up to serve the same purpose. These fears do not emanate from speculation alone, but from hard statistics of women crossing over to Gujarat to circumvent the ban on sex determination tests in Maharashtra. It is also not hidden from anyone that new tests and techniques are being developed not only for sex determination, but also for sex preselection.

An appeal for the Statement for Central legislation

In view of the above, we feel that it is imperitive that the Central Government takes a serious view of these practices and outlaws all technological interventions, ~~and~~ developments, and theories which have the potential to systematically prevent the birth of female children.

In framing this legislation, the government should seek and incorporate views of various organizations regarding :

a) Widening the scope of the Act to ~~include~~ regulate the use of all future techniques ~~xxxxxxx~~ for sex preselection/ sex determination.

b) Restrict ~~sex determination~~ pre-natal (such as amniocentesis) tests for ~~therapeutic purposes~~ detection of genetic abnormalities only. Further such techniques should be restricted to government medical sector and ~~abolish it~~ be banned completely from the private sector.

c) Strengthen the implementing mechanism, so that the Act does not remain merely a paper legislation.

e) The Central legislation should apply all over India and should supersede the Acts passed by State Governments in this regard.

d) Women who are (victims of ~~social~~ society's craze for sons) should on no account be punished under this ~~Act~~ Legislation.

~~Women undergoing such tests should not be held~~

The legislation should take into account the fact that ~~of~~ are ~~always~~ pressurized into undergoing such tests and therefore they should be viewed as victims ~~&~~ rather than culprits.

In the very limited cases where the sex of the child needs to be determined this should not be revealed to ~~the~~ ~~the~~ ~~parents~~ ~~& the other family members~~ anyone.

File 320

FORUM AGAINST SEX DETERMINATION AND SEX PRE-SELECTION

MEMORANDUM TO THE PRIME MINISTER:

The Forum Against Sex Determination and Sex Pre-Selection strongly condemns the growing abuse of modern medical advances, such as amniocentesis, chorionic villi biopsy, super sonography and other techniques for the purpose of sex determination. These techniques are being employed by greedy and unscrupulous doctors and hospitals to facilitate selective abortion of female foetuses, often in the name of population control.

India is one of the four countries in the world (besides Australia, Pakistan and Iran) which has an adverse female to male ratio. The present sex ratio according to the 1981 census is 1000 : 935 in favour of males and the census records from 1901 onwards show that the proportion of women in the population is declining. The misuse of the above mentioned techniques will no doubt abet this alarming trend and Indian women may soon become an "endangered species".

We urge the government to end its inaction in this matter. We demand that existing technologies and further advances in the field of reproduction should be used for approved medical purposes. Their misuse to facilitate selective foeticide or sex preselection at birth must be banned. We further demand that offending practitioners must be strictly and demonstratively punished.

Sr.No.	Name & Address	Occupation	Signature

Open letter to PRIME MINISTER

Over the last decade or so, as advanced prenatal diagnostic techniques like amniocentesis, chrionic villi biopsy, super sonography etc. were introduced, these have proliferated multifold in their abuse as "Sex determination methods." The greedy and unscruplous doctors and hospitals have joined in to facilitate selective abortion of female foetuses. Today, thousands of clinics are operating all over the country to perpetrate this sinister crime.

In this gloomy scenario, Maharashtra Government has provided a ray of hope for the future. Respecting the popular pressure it has passed an act to ban prenatal diagnotic techniques for "Sex Determination." The Central Government too had acted decisively to ban these techniques for 'Sex Determination' way back in Government Hospitals. National perspective plan (1988-2000 A.D.) by Government of India has taken the same stand. All political parties in their election manifesto condemn the abuse of pre-natal sex-determination tests for female foeticide but none of them have made concerted efforts to stop this menace. tThe Expert Committee on this issue appointed by the Union Ministry for Health and family welfare has submitted its report to the Ministry. The draft bill has been circulated by the Ministry to all the state governments for comments. But this is not enough. We are concerned about the fact that on the one hand, our government enthusiastically boasts about 1990 as a year of Girl Child for SAARC, but when it comes to protecting their basic right to survive it shows lethargy. As responsible citizens, we are extrmely disturbed by this fact and appeal to you to intervene at this crucial juncture and prove your credentials and committment to women's cause.

For the last few years, women, health, people science, civil liberty groups have been stressing need to ban this practice in the private sector all over the country. We urge you to end the inaction of the Government and help bring forward immediately a bill seeking the ban on abuse of these techniques by private doctors/hospitals for selective female foeticide or sex-preselection at birth, in the Parliament. Your timely action will go a long way in curbing this menacing practice in the country.

BOOK. POST



Forum Against Sex Determination &
Sex Preselection
c/o Saheli
Above shop # 105 - 108
Defence Colony Flyover Market
New Delhi 110.024.

PARTICULARS ABOUT THE GOA REGULATION OF USE OF PRE-NATAL DIAGNOSTIC TECHNIQUES BILL, 1989
Introduced in the Assembly today, 21.4. 1989

Mr. J.B. Gonsalves today introduced a bill in the State Legislative Assembly to regulate the use of present Pre-natal Diagnostic Techniques, including amniocentesis and the introduction of new Pre-natal Diagnostic Techniques. The Maharashtra Government had passed a bill banning the sex-determination tests in April 1988. So Goa is the second State to introduce such a bill.

The bill when it becomes law will be called "The Goa Regulation of Use of Pre-natal Diagnostic Techniques Act, 1989" and would be extended to the entire State of Goa.

The introductory note to the bill says -

> "To provide for the regulation of the use of medical or scientific techniques of pre-natal diagnosis solely for the purpose of detecting genetic or metabolic disorders or chromosomal abnormalities or certain congenital anomalies or sex-linked disorders and for prevention of the misuse of these techniques for the purpose of pre-natal sex-determination leading to female foeticide",

like the Maharashtra Act 1988. However it goes beyond the Maharashtra Act in also

> seeking to regulate the introduction of new pre-natal diagnostic techniques.

The bill intends to restrict the use of pre-natal diagnostic techniques to Government clinics and that too solely for the purpose of detecting genetic deformities.

A salient departure from the Maharashtra Act is that the Goa bill does not seek to penalise the woman undergoing the test, under any circumstances, because it assumes that she is completely and absolutely innocent.

Another departure from the Maharashtra Act is that this bill categorically states that -

> "Those who have been involved in use of and those who have supported use of pre-natal diagnostic techniques for sex-determination and female foeticide or other violations of the medical code of ethics or criminal negligence shall be disqualified for appointment to implementation bodies",

i.e. the implementation bodies stipulated in the bill.

The bill makes it mandatory for the Government to appoint the implementation bodies within 3 months from the date of the passing of the bill.

4-1-92

Dear friend,

Thank you for your letter and the note (5+3 pages) on the Proposed Bill regarding Pre-natal Diagnostic Techniques.

I shall circulate it amongst member-groups/orgn. working on the issue of AIDS viz. Ankur; J.W.P.; Indian Social Institute; Jagat Matha Kusht Ashram; Professional Blood Donors' Welfare Association (India); independent persons/social activists.

We are with you on the aforementioned issue, on any joint strategy to ensure that

the demands are incorporated. Please do keep us informed.

Yours sincerely,

Hal

POSTAL ADDRESS

P.S. SAHNI
B-30A, KAILASH COLONY
NEW DELHI: 110048.

LOCAL

15

वृक्ष जीवन आधार
TREES FOR LIFE

15 भारत INDIA



M/s 'SAHELI'
OFFICE ABOVE SHOP
105-108, SHOPPING COMPLEX
UNDER DEFENCE COLONY
FLYOVER
NEW DELHI

1	1	0	0	2	4

पिन PIN

Dear Everybody, 17.3.92

We have come to know that there was a meeting held in Delhi on 21st Jan where the committee of MPs together met various interested group including women's groups ~~not~~ to record oral evidence on the new Central legislation on Sex Determination Techniques.

We also talked with Malini Bhattacharya & found out that soon they would be coming to Bombay to do the same. Hence we would want to know from you whatever transpired in your meeting with this committee.

1. What is expected.
2. What actually transpired
3. What preparation is required

etc. And ~~et~~ any other things which you would think would be helpful.

(* 8 ~~more~~ diff States together)

Could you please urgently ~~let~~ us know about it.

We have also started working on the campaign against JNoplan. We had are meeting with various group in which with help of poster the functioning of lay acting committees (Chairmen) was explained & action programme was discussed. Beside awareness campaign amongst women in general & amongst medical professionals. There was a suggestion made that one could approach High Court* to get stay; for which more information will have to be collected.

What is your suggestion on this. Also could you tell us exactly what is the

Present State of affairs on
Net-EN petition.
If Also could you let us know
if you have any addresses
of women particularly in
Bombay & around, who have
been part of the trial. Even
address from Gujrat etc.
Since we saw Deepa D.'s
film we thought may be in
Delhi some people might
have addresses.
Many other things
were discussed regarding
National Conference. Those
we hope to communicate
soon
Replied Re NORPLANT
↳ Kalpana
with love
from
Chayanika, Sanskriti,
Sandhya.

पहला मोड़ FIRST FOLD

पर्ची काट कर खोलिए TO OPEN CUT HERE

अन्तर्देशीय पत्र कार्ड
INLAND LETTER CARD

to be filed
Pop: Con.

भारत
75 INDIA 75

Saheli,
Above Shop # 105 - 108
Defence Colony Flyover Market
N. Delhi पिन PIN 1 1 0 0 2 4

तीसरा मोड़ THIRD FOLD

इस पत्र के भीतर कुछ न रखिए NO ENCLOSURES ALLOWED
पते में पिन कोड लिखें WRITE PIN CODE IN ADDRESS
प्रेषक का नाम और पता :— SENDER'S NAME AND ADDRESS

FROM
Bombay
पिन PIN

SPEED POST
GUARANTEED DELIVERY SER

दूसरा मोड़ SECOND FOLD

Recd 18/1/92

Arvobindo Ghose
Gen. Secy., P.R.O.
(Peoples' Rights Organisation)
C-2/111-C Lawrence Road
Delhi - 110035
Tel: 7182115
Dated: 16-1-92

Dear Friends,

Namaskar! We have received your circular letter signed by Lopa, Nalini, Sathya and Lakshmi dated 20-12-91 along with a copy of the Joint Note on the Proposed Bill on Pre Natal Diagnostic Tests, Techniques and Procedures. Thank you.

We have gone through your Note carefully. We really appreciate the efforts SAHELI and other organisations are taking on such a vital and sensitive matter. We assure you of our co-operation in such joint efforts. Kindly inform us how we can contribute on this or any other human right concern. With best wishes.

Yours sincerely, Arvobindo Ghose

अन्तर्देशीय पत्र काई
INLAND LETTER CARD

LOCAL
110024

भारत
INDIA 75 75

SAHELI
Office Above Shop
105-108, Shopping Complex,
Under Defence पिन PIN 1 1 0 0 2 4
Colony Flyover (South Side)
NEW DELHI – 110024

तीसरा मोड़ THIRD FOLD

इस पत्र के भीतर कुछ न रखिए NO ENCLOSURES ALLOWED
पते में पिन कोड लिखें WRITE PIN CODE IN ADDRESS
प्रेषक का नाम और पता :— SENDER'S NAME AND ADDRESS :—

People' Rights Organisation
C-2/111-C Lawrence Road
Delhi पिन PIN 1 1 0 0 3 5

पहला मोड़ FIRST FOLD

दूसरा मोड़ SECOND FOLD

MAHILA DAKSHATA SAMITI

H.O. : 19, FIRE BRIGED LAEN OPP. CAMPA COLA FACTORY
CONNAUGHT PLACE, NEW DELHI Ph. : 3323570
B.O. : 21, NEW ROHTAK ROAD, KAROL BAGH NEW DELHI-5 Ph. : 518910
Registered under Registeration of Societies Act XXI of 1980
Registration No. 8995 of 16-1-78
Income Tax Exemption D.I.T. (Exemption Certificate No. 222)/78/24
1-4-90 to 31-3-91

30-1-1992.

Dear friends at Sahali,

Hearwith we are sending Memorandum Presented to the Government on Pre-Natal Diagnostic techniques (Regulation and Prevention of Misuse) Bill 1991 by Ms.Rani.

Jetlmalani

Please acknowledge receipt of the same.

Thanking You.

Yours sincerely,

for M. Bak
PRAMILA DANDAVATE.

President :
PRAMILA DANDAVATE
Tel. : 3782916

Vice-President :
KAILASH REKHI
Tel. : 618736, 611692
RANJANA KUMARI
Tel. : 674074

Secretary :
SUMAN KRISHNAKANT
Family Counselling
Tel. : 3329990
SUMAN KURADE
Consumer Protection
Tel. : 6333911

Treasurer :
PREM KHANNA
Tel. : 663680

Legal Cell :
RANI JETHMALANI
Tel. : 618145 (Res.)
(Off.) 3311111/212
Convenor
G.S. PURI
Tel. : 518910

(56)

22.7.1986

To,
Ms Lata P.M.
S 2/11, Barguinagar,
Bombay 400 090.

Dear Lata,

Kamla Bhasin sent us a copy of the letter she wrote to you, sharing with us the information of 'Foetal Sex determination and Sex Pre Selection'. You must already be aware of the fact that in 1982 we had launched a 'mini campaign' against amino-centisis, with the major thrust towards making more people aware of the unethical usw of it. Right now, we are busy fighting the Net-EN case in the Supreme Court, hoping against hope, to get Net-EN banned.

We would be interested in helping you in whichever capacity you think we could. Please write and give us more information.

All the best,
In solidarity,

(PRABEEN GAREWAL)
for Saheli.

FOOD AND AGRICULTURE ORGANIZATION
OF THE UNITED NATIONS
OFFICE OF THE FAO REPRESENTATIVE IN INDIA & BHUTAN

Please quote
Our ref.
FH/RAS/052 2.8.25

55 MAX MUELLER MARG
(EX LODI ESTATE)
NEW DELHI - 110003

P. O. BOX 3088
TELEX : 31-4232 FAO IN
CABLES : FOODAGRI NEW DELHI
TELEPHONE : 690410

10 July 1986

Dear Lata,

I received your letter of June 30th 1986. I am wharing it with Jagori and Saheli with the request that they also let you know whether and how they can support the campaign started by the Forum Against Foetal Sex Determination and Sex Pre Selection. It is indeed a very important campaign.

I have also suggested to one newspaper here to put, some reporters on the job of finding out about clinics doing sex-determination tests. Let us see whether anything comes out.

As far as raising this issue in the Parliament is concerned it can be done only by groups and not by individuals like me.

If you send me Shankar's film I could show it to some friends in the Ministry of Human Resource Development and see whether they would like to and could have it shown on the T.V.

I will definitely follow-up with UNICEF, New Delhi whatever you want me to do. Do send me copies of your letters to UNICEF.

Under separate cover I am sending you three copies of "Mamaara Shivir".

With love and regards,

Yours sincerely,

Kamla

KAMLA BHASIN
FFHC/AD Programme Officer

Ms Lata P.M.
S 2/11, Barguinagar
Bombay 400 090

cc:Ms Abha Bhaiya Jagori, B-5 Housing Cooperative
South Extension Part I, New Delhi 110 049.

cc:Ms Saheli, Under Defence Colony Fly over, Above Shop 105-108
New Delhi 110 049.

WORLD FOOD DAY : 16 OCTOBER

Lata. P.M.
S 2/11, Bangurnagar,
Goregaon (W.), Bombay.
400090

June 30, 1986.

Dear Kamla,

You must be aware of the campaign against sex-detn & sex pre-selection technologies initiated by the 'Forum Against Foetal Sex Detn & Sex Pre Selection', ~~ie etc~~ The 'Forum' consists of groups working in fields of women's liberation, health, human rights, science & technology. The English Press has been extremely helpful. Even 'Doordarshan' had to carry a programme on this theme in 'National Network' under 'the Roving Eye' (Earlier, they had [refused] two a permission for programmes on this theme.)

TOI ~~M~~ June 20 carried a PTI report ~~copies~~ quoting Mr. Krishna Kumar

Union Deputy Minister for Family welfare ~~as~~ that the govt. wants to ban the misuse of such techniques (amniocentesis etc) for foetal sex detn. This is the first time when the govt. has atleast verbally committed itself to such a ban. Earlier they left everything on 'people's education consciousness raising etc.'

I am specially writing this letter to you asking for help. We all. Vibhuti, I, all friends from FAOW & Women's Centre are very intensely involved with this issue. Ravinder, my husband has written a small report on this issue which is published by CED. (A copy enclosed herewith), we had earlier ~~to~~ written to hundreds of groups all over India (including many in Delhi) asking for help. ~~At also~~ We haven't received anything substantial. It is so strange to find that although the issue is catching up most groups outside Bombay are inactive.

We feel it is time for all of us to act at the same time. This time we can even succeed in pressurising the govt to put & implement the ban. We are in the process of filing a public interest litigation in Bombay High Court/ Supreme Court. A private bill asking for such a ban will soon be introduced into Mah. Legislative Assembly & Legislative Council. We want groups in Delhi to take this issue now. We urgently need the following help.

1) Data about S.D. & sex pre selection + (censuring birth of male child) clinics in Delhi - names locations & no. of such clinics, their 'output'/ photographs of advertisements, & newspaper clippings of ads/articles, cop leaflets, pamphlets/any other published material regarding clinic, case papers (blanks filled), taped interviews - anything which

-4-

goes to prove the link both the technique & its use for S.D. (or sex pre selection) & ~~its li~~ that both S.D. & female foetiade.

(we shall soon send a detailed letter about this. Meanwhile you can start collecting information)

2) Arranging to raise this issue in the parliaments.

3) A Kannada writer- 'Shankar' has made an impressive film on this theme entitled 'समाधान', in Hindi, duration 23 minutes. It has received 'U' certificate. Can you arrange to show it on TV? If you want, we can arrange to send you a ~~video~~ copy. Write to- Shankar M.K
Aditya Creative Film Makers
3/206, Manish Darshan, Ph. 6321836.
JB Nagr, Andheri (E)
Bombay- 400059

4) ~~UNICEF~~ We are going to approach UNICEF Delhi to get ~~Several~~ some posters printed & distributed - we shall soon write them a letter & send you a copy. Pl. try to follow up. We shall send you a set of handmade/artistic posters made by Dr. Mohan Deshpande. Apart from the using a few of them for UNICEF, how can we arrange to make use of them? How about printing post cards? See the posters & suggest. The idea is to raise money for campaign & also to convey the message.

I know I am also giving you a lot of trouble. Hope you won't mind. I am ~~really~~ terribly busy. Manav is fine. We have shifted to a new house (my in-law's, on rent). This one is quite

Spacious (compared to the earlier one).
So Manna is happy. So I am

I am in such a hurry, ~~[illegible]~~ to do the write ~~[illegible]~~ the handwriting ~~[illegible]~~ is really shabby. I hope it is not totally illegible.

Will you send me two copies of ~~[illegible]~~ copy of "हमारा शहर" I badly need them

With lots of love to you & all other friends

In sisterhood,

Lata.

for (Lata P.M.)