GLOBAL RESEARCH ANALYSIS

ISSN No 2277 - 8160

Listed & Indexed with

ISSN Directory, Paris



Multi-Subject Journal

Volume : 1 | Issue : 2 | July 2012 | ₹ 250/-

GLOBAL RESEARCH ANALYSIS

ISSN No 2277 - 8160

GLOBAL RESEARCH ANALYSIS

Editor In-Chief :

Dr. Khansa Memon
SARA Publishing Academy

Dr. Ashok S. Pawar Associate Professor, Dept. of Economic Dr. Babaasaheb Ambedkar Marathwada.University, Aurngabad.(MS-India)-431004	**Dr.(Prof) Vijay Kumar Soni** Principal, Jai Meenesh College, Phagi, Jaipur, Rajasthan	**Dr. A.R. Saravankumar** Assistant Professor in Education DDE, Alagappa University, Tamilnadu
Dr. R. Ramachandran Commerce DDE Annamalai University Tamilna	**Dr. R Ganpathy** Assistant Professor in Commerce Directorate of Distance Education Alagappa University Karaikudi.	**Dr. Amit Bandyopadhyay** Assistant Professor Department of Physiology University of Calcutta
Dr. V. Kumaravel Professor and Head Vivekanandha Business School for Women Tiruchengode, Namakkal Dist	**Dr. K. Prabhakar** Professor, Department of Management Studies, Velammal Engineering College, Chennai - 600 066.	**Dr. Sunita J. Rathod** Maharashtra Education Service Group-B DIET Dist. Jalna

SUBSCRIPTION DETAILS

Period	Rate	Discount	Amount Payable
One Year (12 issues)	3000/-	Nil	3000/-
Two Years (24 issues)	6000/-	200/-	5800/-
Three Years (36 issues)	9000/-	300/-	8700/-
Five Years (60 issues)	15000/-	600/-	14400/-

You can download the Subscription form from website www.theglobaljournals.com. You will require to print the form. Please fill the form completely and send it to the Editor, GLOBAL RESEARCH ANALYSIS along with the payment in the form of Demand Draft/Cheque at Par drawn in favour of GLOBAL RESEARCH ANALYSIS payable at Ahmedabad.

- Thoughts, language, vision and examples in published research paper are entirely of author of research paper. It is not necessary that both the editor, and editorial board agrees with the author. The responsibility of the matter of research paper/article is entirely of author.
- Editing of the Global Research Analysis is processed without any remittance. The selection and publication is done after recommendations of atleast two subject expert referees.
- In any condition if any National/International University denies accepting the research paper published in GRA, then it is not the responsibility of Editor, Publisher and Management
- Only the first author is entitle to receive the copies of all co-authors
- Before re-use of published paper in any manner, it is compulsory to take written permission from the Editor-GRA unless it will be assumed as disobedience of copyright rules
- All the legal undertaking related to Global Research Analysis is subject to Ahmedabad Jurisdiction.
- The research journal will be send by normal post. If the journal is not received by the author of research paper then it will not be the responsibility of the Editor and publisher. The amount for registered post should be borne by author of the research paper in case of second copy of the journal.

Editor,
GLOBAL RESEARCH ANALYSIS
3, SUHANA, Near. Ruby Apartment, B/h NID, Rajnagar Road, Paldi Ahmedabad – 380007. Gujarat (INDIA)
Cell : +91 98247 02127, 8866 00 3636

INDEX

Sr. No.	Title	Author	Subject	Page No.
1	Application of One Way ANOVA and Tukey's HSD Post Hoc test to Ecological Data	T B Mruthunjay, Dr. Shankar P Hosmani	Biotechnology	1-3
2	"New Area and Management Through Value Based"	Dr. Pankaj. K. Trivedi	Commerce	4-5
3	E-Supply Chain Strategies	Dr. Vipul Chalotra	Commerce	6-7
4	Socio-economic and Cultural factors in health, health services and prevention: An over view	Jaibarath Mageshkar	Economics	8-9
5	A Discriminant Analysis on Demographic Factors and Satisfaction Level of Credit Card Users in Coimbatore City	Dr.Malarvizhi.V	Economics	10-12
6	Effects of Socio-Cultural Determinants on Fertility	Prof. Dr. K.J. Thankachan	Economics	13-15
7	"Need of Effective Communication Model in Teaching Learning Process"	Dr. Mujibul Hasan	Education	16-18
8	Awarness on Special Education for B.Ed Students	Dr. S. K. Panneer Selvam	Education	19-20
9	Quality Improvement in Elementary Teacher Education	Ramesh B. Sakhiya	Education	21-22
10	Mobile operating system: A Case study on Symbian and Android	Vidyasagar S.D.	Engineering	23-25
11	IIR Filter Design to remove noise from ECG signal	Aarti J Patel	Engineering	26-28
12	Assessment of Godavari River Water For Sustainable Utilization.	I. B. Ghorade, S. S. Patil, M.D. Wagh	Environment Science	29-32
13	Shiksha, Saksharta aur Media	Dr Subodh Kumar	Journalism	33-34
14	Television Viewing Behaviour of Rural Women	Dr. H.Ramakrishna	Journalism	35-36
15	Female Foeticide and PNDT Act: Issues and Challenges	Dr. Anu, Dr. Pawan Kumar	Law	37-38
16	Product Invasion from foreign Competitors Whether Indian Product will win this Competition?	Dr. Ashish Singh	Management	39-40
17	"Role of State Wise Employment Exchanges on Condition That Employment In India."	Mr. Vimal P. Jagad	Management	41-43
18	A Study for The Growth of Micro, Small, Medium Service Enterprises Thorugh Tourism Development	Prof. Nikita Gupta, Prof. Parag Gadve, Prof. Farha Hussain	Management	44-45
19	To Study The Need of Capacity Building for Rural Tourism	Prof. Parag Gadve, Prof. Nikita Gupta, Prof. Farha Hussain	Management	46-47
20	CRM and Information Technology	Prof KVSN Jawahar Babu	Management	48-49
21	Strategies for Seizing Rural Markets- A Checklist for Fmcg Firms	Prof KVSN Jawahar Babu, N Meena Rani	Management	50-52
22	Implementation of Adaptive Controller based on FPGA for Flow System	Ankit V Bhaiya, Prof. Vandana V. Patel	Management	53-55
23	"A Study of Evaluation of Operating Performance of Selected Mutual Fund in Global Era"	Mital R Menapara, Bhavesh P Chadamiya	Management	56-57
24	"Remarks on the Measurement, Valuation and Reporting of Intangible Assets"	Dinesh C. Dhoniya	Management	58-59

Sr. No.	Title	Author	Subject	Page No.
25	Corporate Social Responsibility: Micro and Macro level	Parul Jain	Management	60-61
26	Role of Management Schools in Transformation of Rural India	Dr. H.Ramakrishna	Management	62-64
27	A Study on Customer Experience in Modern Retail Stores with Reference to Big Bazaar, Hyderabad	N Meena Rani	Management	65-67
28	Impact of Satellite Television on Adolescent Girls of Silchar Town in Southern Assam	Dr Partha Sarkar	Mass Communication	68-70
29	Quality Assurance Procedure for Computerised Tomography Scanners(Test Followed In India)	Suresh Sukumar, Sushil Yadav	Medical Science	71-74
30	Magnetic Resonance Imaging of Routine shoulder protocols	Suresh Sukumar, Sushil Yadav	Medical Science	75-76
31	A Simple Teaching Module for Brain Sections: Integration of Traditional Teaching Methods and Modern Computer Technology.	Dr. Archana U. Shekokar, Vandana A. Tendolkar	Medical Science	77-78
32	Effects of Mand Training on Negative Behaviours and Verbal Behaviour Development: A Case Study	Prasanna V, Sunila John, B Rajashekhar	Medical science	79-81
33	Effectiveness of Videotaped/Photographs in Teaching Handling Techniques for Caregivers of Children with Spastic Cerebral Palsy	V.Guruprasad, KR.Banumathe, T. BalaKrishnan	Medical Science	82-84
34	Comparision of Thresholds of Single Frequeny and Muti Frequency Auditory Steady State Responses in Normal Hearing Adults	Sadanand Gore, Hari Prakash P	Medical Science	85-87
35	Clinical applications of Speech Evoked Cortical Auditory Potentials (SECAPs) in Pediatric Hearing assessment & Aural habilitation- A case report	Ayas Muhammed, Archana, Kishan, Hariprakash, Prajakta Prabhu	Medical science	88-89
36	Rudimentary horn pregnancy: A Case Report	Dr Ashwini Avinash Yelikar , Dr Vidya Vijender Ambatkar, Dr Kishore Hol, Dr G S Shekhawat	Medicine Science	90-91
37	A rare case: Typhoid fever with ARDS	Dr. Ramakrishna Ghubde, Dr. Archana Shekokar	Medicine Science	92-93
38	Motivation, Well-Being & Adjustment of Economic Downturn Survivors: An Empirical Study in a Manufacturing Industry	Vijaya.R, Dr.M.Y.Manjulat	Psychology	94-96
39	Diversity of cladocerans, copepods and ostracods of Kapsi Lake Kapsi, Akola (MS) India	P. P. Ade	Zoology	97-100
40	Study of macromolecular contents of different tissues of Channa punctatus under stress condition	Pooja S. Thakur	Zoology	101-102
41	Spider diversity of Katepurna Sanctuary District Akola (MS) India	Shegokar M.M.	Zoology	103-106

Volume : 1 | Issue : 2 | July 2012 • ISSN No 2277 - 8160

Research Paper | Law

Female Foeticide and PNDT Act: Issues and Challenges

Dr. Anu Assistant Professor, Faculty of Law, University of Delhi.

Dr. Pawan Kumar National Institute of Health and Family Welfare, New Delhi

ABSTRACT

The discrimination against female starts from the womb and ends up in the tomb. Female foeticides occurs when the foetus is killed while it is still in the womb of the mother after finding that it is female. As abortions before 20 weeks of pregnancy are legal, female foeticide could not be banned perse. The Government of India enacted the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse Act) 1994 to deal with the situation. The main problem in implementation is that in majority of the cases, both the service providers and the service seekers operate in agreement to defeat the provisions of the Act. Therefore it is by a combination of monitoring, education campaigns, change in the mind set of community and effective legal implementation that the deep-seated attitudes and practices against female foeticide can be eroded from the society.

KEYWORDS: Female Foeticide, PNDT Act, Challenges.

Introduction

Down the ages, women have been going through a hell like situation in a male-dominated society. It is true not only in the Indian context but elsewhere in the world also. The gender bias is prevalent not only at the societal level but it has embodied its deep roots into the basic unit of the society i.e. the family. The story starts from the moment it is known that the conceived baby is a girl and runs throughout her childhood, adolescence, married life, old age and ends only with her death. In other words the discrimination starts from the womb and ends up in the tomb (Nigam, 1999). The female foeticides occurs when the foetus is killed while it is still in the womb of the mother after determining that it is a female.

Prevention of Sex determination (The Pre-Conception and Pre-natal Diagnostic Techniques, Prohibition of Sex Selection Act, 1994)

The issue of abortion is complex and influenced by religion, morals, the socio-political context and sexual politics. The issue has been further compounded by sex-selective abortion in India. As abortion before 20 weeks of pregnancy are legal, female foeticide could not be banned per se. Hence, the requirement of a new law was felt to prevent the misuse of the MTP Act for sex selection abortions. The Government of India enacted the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 (PNDT Act), to deal with the latter situation. It came into force on 1st January 1996. The PNDT Act, 1994 (as amended by 2002 Amendment) provide for the prohibition of sex selection, before or after conception, and for regulation of pre-natal diagnostic techniques for the prevention of their misuse for sex determination leading to female foeticide.

The Act has three aspects viz. prohibitory, regulatory and preventive. In order to look into various policy and implementation matters, the Act provides for the setting up of various bodies along with their composition, powers and functions. The Act allows pre-natal diagnostic techniques to be conducted only for the purposes of detection of the abnormalities namely; Chromosomal abnormalities, genetic metabolic diseases, heamoglobinopathies, sex-linked genetic diseases, congenital anomalies, or any other abnormalities or diseases specified by Central Supervisory Board. Because the purposes have been specified, no relative or husband of the pregnant women can seek, or encourage the conduct of any pre-natal diagnostic techniques.

For breach of any of the provisions of the Act/Rules by any of the service providers (unit owners, medical professionals, employees of units who renders professional/technical services), the prescribed punishment is imprisonment for a term which may extend to 3 years and a fine which may extend to Rs. 10,000. For subsequent offences, imprisonment may extend to 5 years and fine up to Rs. 50,000.

The name of the registered medical practitioner shall be reported by the appropriate authority to the State Medical Council for taking the necessary action including – (a) suspension of registration if charges are framed by the court and till the case is disposed of, and (b) on conviction, for removal of his name from the register of the council for a period of 5 years for the first offence and permanently for the subsequent offence.

Any person seeking sex determination tests or sex selection may be punishable with imprisonment for a period extending up to three years and with a fine extending to Rs. 50,000. For any subsequent offence, the imprisonment may extend to five years and fine up to Rs. one lakh.

Critical observations about implementation of PNDT Act

Despite the introduction of the PNDT Act the situation of female foeticide has not improved much in India. Though non-implementation of the Act could not said to be the root cause of the problem, the growing misuse of reproductive technologies have widened the gap in the already skewed sex ratio. According to reports by the United Nations Children Fund (UNICEF), up to 50 million girls are missing from India's population since 1991 because of systematic gender discrimination (Chawla, 2007). Medical and scientific procedures are becoming more efficient therefore it is becoming easier to get rid of a female child (CEHAT & Ors vs. Union of India, 2001). Of the 15 million illegal abortions carried out in the world in 1997, India accounted for four million, 90% of which were intended to eliminate the girl child.

Declining of child sex ratio is not a problem which is limited to metropolitan regions but has spread to even smaller towns. It is unfortunate that law which aims at preventing such practice is not implemented effectively since it has come into force in January 1996. Therefore, one non-governmental organization (NGO) approached the apex court for fresh guidelines on this issue and filed a writ petition under Article 32 of the Constitution of India in 1998. In the Centre for Enquiry into Health and Allied Themes (CEHAT) case the NGO highlighted that developed medical science is misused to get rid of a girl child before birth, knowing fully well that it is immoral and unethical as well as it may amount to an offence. Moreover, the poorer illiterate people who are unable to afford MTPs, go to quacks, often with fatal results. Such quacks include dai in the village. In case the wrong practices of doctors are reported, the doctors are known to have used their approach to waive off the punishment (Patel, 2007). Pressure to comply with the two child norm has an effect on the dire problem of sex determination and sex-selective abortions. Awareness campaign in this direction is failing to have an impact on general public even in urban areas. Seeing the low awareness about the Act and girls rights, in Cehat case, the Supreme Court of India has directed the central and state governments to launch an awareness campaign using electronic and traditional media (Kishore, 2005).

Table No1: Sex ratio female per 1000 males in states of India. (As per 1991, 2001 and 2011 Census Report)

State	1991	2001	2011
Punjab	882	876	893
Haryana	865	861	877

Chandigarh	790	777	818
Gujarat	934	920	918
Jammu & Kashmir	NA	892	883
Delhi	827	821	866
Rajasthan	910	921	926
UP	876	898	908
Bihar	907	919	916
Orissa	971	972	978
Madhya Pradesh	912	919	930
Uttarakhand	936	962	963
Jharkhand	922	941	947
Chhattisgarh	985	989	991
Sikkim	878	875	889
Arunachal Pradesh	859	893	920
Nagaland	886	900	931
Manipur	958	974	987
Mizoram	921	935	975
Assam	923	935	954

Issues and challenges: The main problem in implementation is that in most of the cases, both the service providers and the service seekers operate in agreement to defeat the provisions of the act and there is no complainant. Fraternity bias in implementation of act has been seen as district health authorities find it difficult to register cases against other colleague doctors. Lack of job clarity for the officers and staff who are given responsibility of implementation in the districts. Lack of commitment expressed through irregular meetings and non punishment of offenders by the authorities (Gupta and Sen, 2001). Lack of indicators for assessment of implementation of the act as no inbuilt indicators are there in the programme implementation. National advisory board meetings are not happening regularly. Monitoring of the implementation of the act is data based leading to increased burden of health department as no extra staff is given for this activity in the districts.

The easy availability of technology is making it easier to translate son preference into the elimination of female foetus. The crime takes place with the involvement of both parties (the doctor motivated by money, and the woman coerced by family and social pressure). Evidence for a legal case is difficult to put together and there may be limitations for the use of circumstantial evidence. There are limits to the quality of evidence from clinic records alone. While the law sought to punish sex determination, it is rendered ineffective because of the liberal MTP act which allows abortion on the ground of mental trauma. This is left to the discretion of the doctor to define and is grossly misused for monetary benefit. Results of sex determination tests are given verbally by doctors and are difficult to prove. The sex selection industry is run by medical professionals who have, so far, shown little inclination in this problem. More complex, is to prove that a woman is having an abortion because she is carrying a female foetus. Amniocentesis, chorionic biopsy, ultrasound (Prenatal Diagnostic Techniques) etc, have been allowed by the law for purposes of detecting genetic abnormalities in the fetus and as such they cannot be banned.

Conclusion

Sex selection and abortion of the female foetus is big business with big players. Home test kits are openly advertised and available through the internet (Editorial EPW, 2008). The message needs to go out to the offending medical professionals and in-charges of implementing the PNDT Act, that female foeticide will be treated as the very serious crime and be effectively punished. In addition to this, stringent steps should be taken to stop female foeticide completely which is a social, medical, moral and religious evil, and is threatening the very survival of human race. The trends of adverse sex-ratio are alarming for India and could be more disastrous if economic boom associated with son preference led to infanticides, female foeticides. As the states undergo the demographic transition to smaller families, they will continue to want more boys than girls. It is also submitted that a comprehensive law on reproductive rights, one which is grounded in a theory of right to gender equality would be a positive step in such a direction. Reproductive rights regime however needs to be complemented by a women empowerment regime, otherwise, in a patriarchal society like India, reproductive decisions may turn out to be disadvantageous for a girl child. The removal of this practice in Indian society is a serious challenge.

Steps like empowerment of women and a strengthening of women's rights through campaigning against practices and ensuring strict implementation of existing legislation, Inculcating a strong ethical code of conduct among medical professionals, simple methods of complaint registration, accessible to the poorest and most vulnerable women, wide publicity in the media of the scale and seriousness of the practice & NGOs should take a key role in educating the public on this matter. In addition to this all concerned i.e. the religious and social leaders, voluntary organisations, women's groups, socially responsible media, the doctors; the Medical Council/Association (by enforcing medical ethics and penalties on deviant doctors) and the law enforcement personnel should work in a coordinated way (Tandon and Sharma, 2006). It is only by a combination of monitoring, education campaigns, and effective legal implementation that the deep-seated attitudes and practices against female foeticide can be eroded from the society.

REFERENCES

· Annual Report. (2006). Implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act. PNDT Division. Ministry of Health and Family Welfare Government of India. New Delhi. | · CEHAT & Ors vs. Union of India and Ors. (2001) 5 SCC 577. (Para 3) Justice M.B. Shah and Justice S.N. Variava were the judges who delivered this judgement. CEHAT which is a research Center of Anusandhan Trust based in Pune. Mahila Sarvangeen Utkarsh Mandal (Masum) and Dr. Sabu M. George raised this before the court. | · Chawla, A. (2007). "Female Foeticide in Punjab". M.D.U. Law Journal, Vol XII, Part II, at 189. | · Editorials, (2008). Saving the girl child. Economic and Political Weekly. 43(7); 16-22 February 2008. | · http://censusindia.gov.in/2011-prov-results/data_files/india/s13_sex_ratio.pdf (Accessed on November 27, 2011.) | · Kishore, J. (2005). 'The Vanishing Girl Child'at 59. | · Nigam, S. (1999). "Denial of right to Health to Women". Legal News & Views, 11. | · Patel, T. (2007). 'Sex Selection Abortion in India',70. | · Tandon, S.L., & Sharma, R. (2006). Female Foeticide and Infanticide in India: An Analysis of Crimes against Girl Children. International Journal of Criminal Justice Sciences. Vol. 1 Issue 1. | · The Pre-Conception and Pre-natal Diagnostic Techniques, Prohibition of Sex Selection Act. (1994). Retrieved from http://pndt.gov.in/writereaddata/mainlinkFile/File50.pdf



Sara Publishing Academy

GLOBAL RESEARCH ANALYSIS

Multi-Subject Journal

Editor,

GLOBAL RESEARCH ANALYSIS

3, SUHANA, Nr. Ruby Apartment,
B/h NID, Rajnagar Circle, Paldi, Ahmedabad - 380007

Printed at Unique Offset, Novatsing Rupam Estate, Opp. Abhay Estate, Tavdipura, Shahibaug, Ahmedabad

Designed By : AdVoice Inc. +91 9824484447