



## Pre conception and pre natal diagnostic techniques Act 1994: Its impact & social campaign on sex ratio in Rajasthan

Chatrugun Khaldhania<sup>1\*</sup>, Maya Jakhar<sup>2</sup>, Sumitra Sangwa<sup>3</sup>

<sup>1</sup> Department of Law, Govt Law College, Nagaur, Rajasthan, India

<sup>2</sup> Department of History, SMDM Girls College, Nagaur, Rajasthan, India

<sup>3</sup> Department of English, SBRM Govt PG College, Nagaur, Rajasthan, India

### Abstract

The discrimination against female starts from the womb and ends up in the tomb. Daughters are precious and the Rajasthan Government has left no stone unturned for the cause of girl child. The publication of the Census of India 2011 shows that the ratio of girls to boys below the age of 6 years continues to decline at an alarming rate. The PC & PNDT Act was implemented in 1994 and its rules were framed in 1996, and gradually some amendments were made in early 2003 and 2004. The act has banned prenatal sex determination. 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:** PNDT Act, prenatal sex determination, education campaigns, female foeticide

### Introduction

Rajasthan is infamous for female foeticide as well as skewed gender ratio. Instances of female infanticide is also not uncommon in the state, especially in Jaisalmer. In order to deal with this burning problem, in Rajasthan, a team constituted under the Pre conception and Pre Natal Diagnostic Techniques (PCPNDT). Act which was passed by the Central government in 1994 and puts a ban on prenatal sex screening and female foeticide and punishes offenders, have been conducting decoy operations to catch doctors operating a racket of illegal sex determination of foetus. This racket, however, not only is limited within the state, but has spread its network in neighbouring states of Punjab and Haryana too. The first decoy operation by Rajasthan PCPNDT cell was conducted on December 13, 2009. After that since around a decade, total 130 such operations have been conducted so far. The child sex ratio at birth has gone up by four points in Rajasthan in 2018-19. It was recorded at 948 girls for 1,000 boys, according to government data. In 2017-18, it was 944 girls for 1,000 boys. According to the data of the Pregnancy and Child Tracking System (PCTS) of the state Health Department, an improvement is being witnessed in the child sex ratio for the past some years. In 2015-16, there were only 929 girls for 1,000 boys in the state, which rose to 938 in 2016-17, 944 in 2017-18 and now 948 in 2018-19. As per the 2011 Census, the sex ratio at birth in the state was 888 girls per 1,000 boys. Banswara outperformed other districts with 1,003 girls per 1,000 boys in 2018-19. In 2015-16, the sex ratio at birth in the district was 841, 964 in 2016-17 and 954 in 2017-18, state Health and Medical Education Minister Dr Raghu Sharma said. He said the sex ratio at birth in Churu stood at 986 girls for 1,000 boys followed Barmer (982),

Hanumangarh (977) and Jalore (974). The minister said the Pre-Conception and Pre-Natal Diagnostic Techniques Act (PCPNDT), 1994, was being strictly followed in the state, adding that since 2009, 152 decoy operations, including 11 this year, had been carried out in a crackdown on sonography centres. In 2019 so far, 978 sonography centres had been inspected, he said. Every year, about 17 lakh deliveries take place in the state, of which 14.50 lakh institutional deliveries are tracked under the PCTS. Jaisalmer district has a sharply skewed sex ratio of 869 girls per 1000 boys. It is a belt notorious for killing its daughters.

### Factors responsible for female foeticide

Indian society, particularly in the north and west, is very patriarchal with a deep-rooted preference for boys. In India, as in China and many societies, the male is considered the breadwinner and the carrier of the family name and the business. (Bhat, M.2006). In China and India, a son also provides security in old age. The girl, on the other hand, is considered a future member of another house hold, namely, that of her husband. (Aravamudan, G. 2007) [2]. More importance given to the male child for cultural and religious reason. The status of women is low in and outside the home. Women is depend on Economical and social factor. In Indian society the dowry is an evil. Easily affordable and accessible process for sex determination

### Consequences of a declining sex ratio in Indian states

The most significant consequence is that there is a shortage of at least 37.3 million females in India. Furthermore, a sex ratio of 914 among children in the age group of 0-6 years means that >7 million young men in India will not have a partner in 10-15 years' time. The child sex ratio in 2011 in

the 35 individual states and union territories (which fall directly under the central government) ranges from 830 to 971. In 8 states, there is a slight improvement in this sex ratio with respect to the figures in 2001 (although in 5 of these, it is still below the national average), but in 27 states, the child sex ratio has declined, also in traditionally “female-friendly” states in the south, Kerala, and Puducherry (Census of India 2011) [8]. The shortage of

women is more acute in Punjab, Haryana, and Rajasthan than that in other states. There are reports of some villages in Rajasthan with no female births in decades. The consequences of millions of men not being able to find a mate are given below. It has been predicted that a shortage of women can lead to increase in violent crimes against women Sex ratio female per 1000 males in states of India. (As per 1991, 2001 and 2011 Census Report)

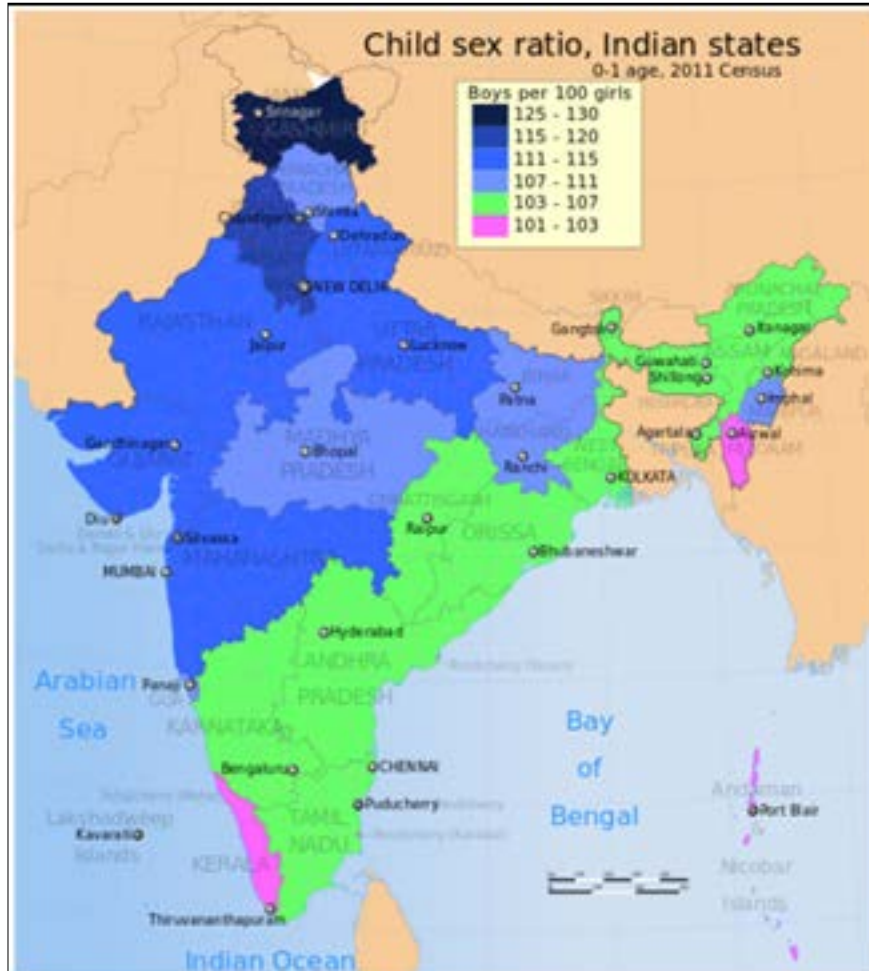


Fig 1

Table 1

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

Repeated abortions can have an adverse effect on the mental and physical health of women, especially on child brides.

**Laws and Regulations**

The central government and various state governments have passed laws that should contribute to preventing the decline of the sex ratio.

Table 2

Laws	Year
The Infanticide Regulation Act	1870
The child marriage restraint Act	1929, Amended 2006
The Dowry prohibition Act	1961, Amended 1985
The Pre-natal diagnostic technique (PNDT) act and the Pre-conception Pre-natal diagnostic techniques (PCPNDT) Act	1994, Amended 2003

An important aspect is that the preference for a boy is deep rooted in the culture. It is difficult to implement these laws when medical professionals and the legal authorities all come from the same culture. India passed its first abortion-

related law, the so-called Medical Termination of Pregnancy Act of 1971, making abortion legal in most states, but specified legally acceptable reasons for abortion such as medical risk to mother and rape. The law also established physicians who can legally provide the procedure and the facilities where abortions can be performed, but did not anticipate female feticide based on technology advances. With increasing availability of sex screening technologies in India through the 1980s in urban India, and claims of its misuse, the Government of India passed the Pre-natal Diagnostic Techniques Act (PNDT) in 1994. This law was further amended into the Pre-Conception and Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) (PCPNDT) Act in 2004 to deter and punish prenatal sex screening and female feticide. However, there are concerns that PCPNDT Act has been poorly enforced by authorities.

The impact of Indian laws on female feticide and its enforcement is unclear. United Nations Population Fund and India's National Human Rights Commission, in 2009, asked the Government of India to assess the impact of the law. The Public Health Foundation of India, an premier research organization in its 2010 report, claimed a lack of awareness about the Act in parts of India, inactive role of the Appropriate Authorities, ambiguity among some clinics that offer prenatal care services, and the role of a few medical practitioners in disregarding the law. The Ministry of Health and Family Welfare of India has targeted education and media advertisements to reach clinics and medical professionals to increase awareness. The Indian Medical Association has undertaken efforts to prevent prenatal sex selection by giving its members *Beti Bachao* (save the daughter) badges during its meetings and conferences. However, a recent study by Nandi and Deolalikar (2013) [28] argues that the 1994 PNDT Act may have had a small impact by preventing 106,000 female feticides over one decade.

According to a 2007 study by MacPherson, prenatal Diagnostic Techniques Act (PCPNDT Act) was highly publicized by NGOs and the government. Many of the ads used depicted abortion as violent, creating fear of abortion itself within the population. The ads focused on the religious and moral shame associated with abortion. MacPherson claims this media campaign was not effective because some perceived this as an attack on their character, leading to many becoming closed off, rather than opening a dialogue about the issue. This emphasis on morality, claims MacPherson, increased fear and shame associated with all abortions, leading to an increase in unsafe abortions in India.

The government of India, in a 2011 report, has begun better educating all stakeholders about its MTP and PCPNDT laws. In its communication campaigns, it is clearing up public misconceptions by emphasizing that sex determination is illegal, but abortion is legal for certain medical conditions in India. The government is also supporting implementation of programs and initiatives that seek to reduce gender discrimination, including media campaign to address the underlying social causes of sex selection.

Given the dismal Child Sex Ratio in the country, and the Supreme Court directive of 2003 to State governments to enforce the law banning the use of sex determination technologies, the Ministry set up a National Inspection and

Monitoring Committee (NIMC) Dr. Rattan Chand, Director (PNDT) was made the convenor of the NIMC. The NIMC under the guidance of Dr. Rattan Chand conducted raids in some of the districts in Maharashtra, Punjab, Haryana, Himachal Pradesh, Delhi and Gujarat. In April, it conducted raids on three clinics in Delhi. In its reports sent to the Chief Secretaries of the respective States, the committee observed that the Authorities had failed to monitor or supervise the registered clinics.

**How Rajasthan is implementing Beti Bachao**

State PCPNDT cell conducts decoy operations to catch medical practitioners involved in sex determination racket, spread awareness in rural areas. A doctor and his agent were arrested for allegedly being involved in sex determination activities during a decoy operation conducted at a private hospital in Sirohi on Nov 23, 2021. The operation was conducted by the states's Pre-conception Pre-natal Diagnostic Technique (PCPNDT) cell at Sanjeevni hospital in Sirohi.

CRIME AGAINST THE GIRL CHILD				
YEAR	NUMBER OF DECOY OPERATIONS	NUMBER OF ARRESTED AGENTS	NUMBER OF ARRESTED DOCTORS	TOTAL ARRESTS
2009	3	0	3	3
2010	8	0	8	8
2011	3	0	3	3
2012	2	0	2	2
2013	5	11	3	14
2014	3	4	2	6
2015	5	10	2	12
2016	25	58	13	71
2017	42	92	26	118
2018	45	86	17	103
TOTAL	141 (inter-state 45, in state 96)	261 (inter-state 93, in state 168)	79 (inter-state 33, in state 46)	340 (inter-state 126, in state 214)

Fig 2

**Legal impact assessment of PC and PNDT Act**

The oblique sex ratio has been a cruel reality of the Indian society since the eighteenth century. Several laws were enacted to disallow the application of amniocentesis for sex selection which later transmuted into selective abortion of girl child. During British era, since maximum British administrators were belonging to upper middle strata they found the practice of killing of female child an inherently obnoxious crime, but since this tradition was prevalent amongst the wealthy and powerful. They took the resort in "shastras" and ancient Indian text for putting a restrain over it. Slowly and gradually they did away with their cautious approach and legislated Female Infanticide Prevention Act, 1870, which initially was operative in Punjab, Oudh and North-Western Provinces. Further, the aforesaid legislation provided for "special surveillance" over particular communities and lineages, in which the mortality rates amongst the particular groups covered in the Act were monitored with the help of data collected by chaukidars, patwaris and mohurrirs, and the penal action was taken against the people so implicated by the investigators. In addition to this, even census figures also helped in

appraising the rate of mortalities of females lying within a particular age group, clan and area. All the deaths of children below one year of age, particularly females were to be recorded and, in an eventuality, where death of a female below six months was reported, the police inquest was to be conducted on spot. One of the very interesting fact about the surveillance made by chaukidars was that in such declared villages, both the contingencies, firstly, departure of pregnant woman from village; secondly, arrival of pregnant women was to be reported to the police station by the chaukidars, and more so over, it was mandatory as per the Act that these officials should not be near relative or of same caste. The PC and PNDT Act passed in the year 1994, was in continuation of these laws. The major highlights of this Act were: it did not specifically banned the abortion of female foetuses but merely banned determination of the sex of the foetus, every facility which was capable of determining the sex of the foetus was to be registered and in case of any violation the doctor as well as the family members of the women were penalized. In the year 2001, India witnessed the first conviction under the Act in the case of State through District Appropriate Authority-cum-Civil Surgeon, Faridabad v. Anil Sabhani, Prop. Anil's Ultrasound Opp. G.H. Palwal, Faridabad. In same year the census was released and the nation felt the inadequacies of the Act ergo, the Act was amended in 2003 and PC and PNDT Act was formulated. There are chapters on management of pre-natal diagnostic techniques, genetic counseling centers, and registration of genetic counseling centers, central supervisory boards, offences and penalties etc. which form a part of this Act. This Act did not specifically ban the abortion of female foetus but prohibited the exercise of pre natal diagnostic techniques to determine the sex of the foetus however; it allowed the use of these techniques in order to diagnose any genetic abnormalities.<sup>19</sup> Additionally it has also imposed a total ban on any kind of advertisement for pre conception and pre natal determination of sex of the foetus. In the year 2003 while expressing an urgent apprehension towards the working of the Act the Supreme Court in CEHAT, MAUSAM and Sabu George v. Union of India gave instructions for better realization of the Act. In the year 2016 through a writ petition filed in the case of Voluntary Health Association of Punjab v. Union of India, Dipak Misra, J. again expressed his distress towards the realization of the Act and its provisions. He directed all the authorities to display the total number of births of boys and girls on their websites, strict adherence must be given to sections and of the Act, judicial officers must be trained so that they are sensitive towards the objectives as well as the sundry dimensions of the Act. Alas! Despite of all these directions of the Supreme Court the Act still suffers from some major lacunas which need to be resolved immediately. The foremost hurdle in the success of the Act lies in its acceptance by the Indian society. It cannot be denied that it is the harsh reality that even in the twenty first century a male child is favored over a female. Moreover the insistence on having a small family coupled with the favoritism of a male child further inflates the pressure of using the sex selection techniques so as to have a desired composition in the family. Another obstacle lies in the fact that the crime of female foeticide is committed behind the closed doors where nobody comes forward to file a complaint against this horrendous act and the only evidences that can be gathered

are through decoys which again are not easy to create. As noted by the Supreme Court lack of awareness and information amongst the judicial officers, public prosecutors as well as the lawyers further leads to a delayed justice in cases under the PC and PNDT Act. It was believed that illiteracy and poverty were the major causes resulting in female foeticide but over the period of time it is argued by several authors that selective female foeticide is not related to any of this rather it is manifested more amongst the rich. The implementation and administration under the Act has further proved to be ineffective in curbing female foeticide. Problems such as automatic renewal after ninety days of receiving the application of renewal, lackadaisical approach in regular inspection of USG centers, irregularity of documentation of inspection report, inability of tracking system for USG machines etc. are some other complications that are reflected in the Act. There are some unintended drawbacks of the Act as well. The Act has unfortunately created a road block in the access of medical care for the populace residing in the rural areas. As the Act requires that ultrasound needs to be performed by either a trained radiologist or an obstetrician who has undergone a training for six months, this means that less number of experts are available to perform the diagnostic techniques and this leads to delays in diagnosis and difficulties in the follow up procedure. Moreover, it has imposed a heavy burden on the rural people as they have to commute to lengthy distances to find a registered radiologist or obstetrician to perform an ultrasound. The medical fraternity has further alleged that they are made responsible even for minutest error on their part and the penalties are more stringent than what is required. When the Act was drafted it was firmly believed that sex selective abortions are morally wrong and need to be completely eradicated from our society however, the census of 2011 shows a completely opposite figure. If soon a full stop is not imposed on this heinous practice then this will lead to an increase in other atrocities on women like human trafficking, gender violence etc.

#### **Initiatives Rajasthan has under taken in recent years to implement PC & PNDT Act**

The Rajasthan Government has taken many initiatives under the National Health Mission and has its own PCPNDT cell to implement the Act. The PCPNDT cell of Rajasthan has been most active in the last few years and many strict measures have been taken by it. The Honorable High Court of Rajasthan has issued many directions on which the State Government has been working very hard. As a result, the implementation of PCPNDT Act has improved considerably over these years. Firstly, all sonographic machines have been connected to an active tracker which is a mechanism to look into the activities undertaken at the registered centres. It acts as a deterrent against the misuse of sonographic machine. Now, GPS machines are also installed on sonographic machines in Rajasthan after 2015. In this way, directions of High Court as well as many decisions by the Government and strict enforcement by the PCPNDT cell have improved the overall sex ratio at birth which will finally lead to a better child sex ratio in 2021.

#### **Initiative under taken by Rajasthan to stop sex determination as well as sex selective abortion**

Active trackers have been installed on all the sonographic machines and from 2015 it has become mandatory to install

GPS also on all sonographic machines which are capable of sex determination. Secondly, a very strict monitoring is done over these machines to keep active trackers working efficiently. Thirdly, the PC & PNDT Bureau of Investigation has been constituted by the Rajasthan Government and now, this government has equipped this bureau with competent persons. The bureau is headed by the Secretary Medical and Health for Rajasthan, while an Additional SP and many officers from the circle inspector and SHO cadre have been provided on deputation by the Police Department. Moreover, this bureau has been made capable by adding Additional Director Prosecution and medical experts. It has done many operations successfully. In addition to that, the informer scheme has been made more attractive by announcing a reward of Rs 2.5 lakh for a successful decoy operation. The informer is given Rs 1 lakh and the pregnant women, who acts as the decoy, is also given a reward of Rs 1 lakh. If any person assists in the operation he or she is given a reward of Rs 50,000. In this way, the informer scheme has become very successful. Many information against illegal sex determination are

coming to the bureau and based on that decoy operations are conducted. In all these years, the judiciary has been very much helpful and as a result people who have been caught red handed are kept in jail for longer period. Constant follow-ups during the trial has improved conviction rate as well. All these initiatives jointly have helped create a better environment for the birth of girl child in the State.

For the people of Piplantri in the Rajsamand district of Rajasthan, the birth of a girl child meant bad news. Female foeticide and infanticide were not unheard of. This was mainly due to the hefty dowry system prevalent in the village. Enters social campaigner and ex-sarpanch of Piplantri village, Shyam Sunder Paliwal who envisioned a bright future for the girls. He believed that if the parents of newborn girls planted trees and nurtured them for 18 years, they could arrange enough money for the girl's wedding when she comes of age. Piplantri village in Rajasthan is making news for initiatives that encourage empowerment of women and environment conservation, along with increasing employment opportunities.



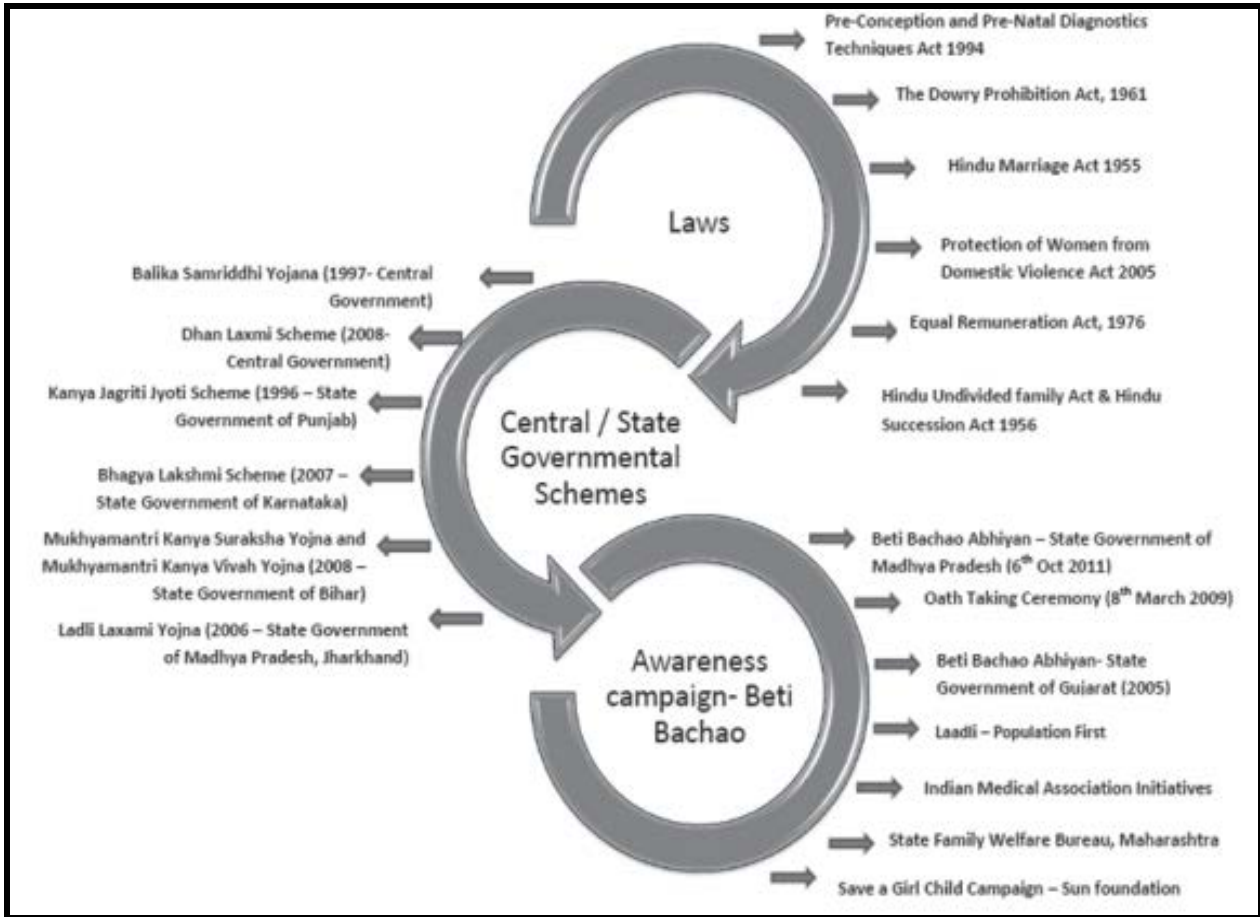


Fig 3: To celebrate the birth of a girl child, 111 trees are planted by her parents, grandparents and relatives

**Indirect laws leading to prevention of female foeticide**

Empowerment of women in India has been a dream of our first Prime Minister, Pandit Jawaharlal Nehru. Under his guidance some critical steps were initiated. Some of the laws listed below endeavours to provide due respect, position and power to women members at par with their male counterparts. It is expected that women can gather equal status to men in the society which may indirectly reduce the menace of female foeticide and infanticide.

**The dowry prohibition Act (1961)**

This act tries to address the problem at the root itself. It prevents giving and taking of any kind of dowry. On doing so it will be considered as a punishable offence leading to imprisonment.

**Hindu Marriage Act (1955)**

It regulates married lives among Hindus and defines its conditions for validity, conditions for in-validity, and applicability. It acts to prevent the interest of valid marriages for both men and women.

**Protection of women from domestic violence act (2005)**

This act has been passed to protect women lives in marriages or in relationships.

**Equal Remuneration Act (1976)**

The act stands to provide equal remuneration to both men and women and prevent all instances of gender discrimination at work places

**Hindu undivided family Act**

The concept of karta, manager, in joint Hindu business has traditionally been bestowed on only male members. Over the past few years courts have allowed senior most female members of the joint family to become the karta in the absence of a senior male member.

**Hindu Succession Act (1956)**

This act was amended in 2005 and it gives equal rights to daughters to inherit property as much as sons.

**Save the Girl Child: Schemes and Policies**

Schemes and policies by both central and state government have been developed specially to encourage families to have girls and to bring them up well. Some of the key objectives of these schemes are provided below:

- Stricter implementation of PC & PNDT Act
- Directly reduce instances of female foeticide by increasing preference for girl child
- Increase the status of girl child in the family
- Protect the future of girl child and improve the quality of her life
- Educating and spreading awareness to change beliefs and attitude
- Extending support to the weak and manipulated summarizes the schemes and initiatives and the programs undertaken by the central and state Governments from the point of view of social marketing



Fig 4

The National Commission for the Protection of Child Rights (NCPCR), which links the deaths to the money given to the mothers for hospital deliveries. Each mother gets free

transport, medicines, food as well as ₹ 1400 a substantial sum in rural Rajasthan. It has asked the state government to take strict action.

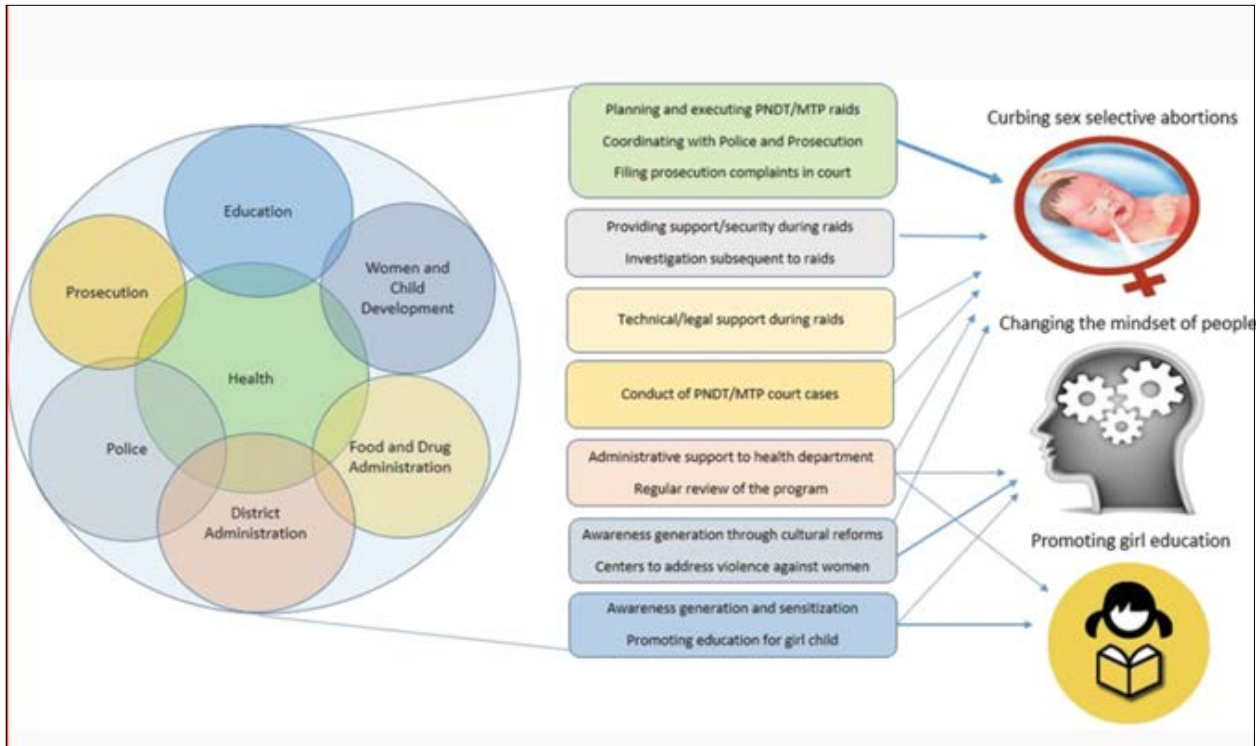
**Changing Attitude**

As per Census 2011, of the 33 districts in Rajasthan, the child sex ratio (CSR) counted in the 0-6 age group was the worst in Jhunjhunu and Sikar, a neighbouring district. In Jhunjhunu, 837 girls were born per 1,000 boys, while the figure stood at 848 girls per 1,000 boys in Sikar. The sex ratio at birth (SRB), however, has been on the rise every year since 2013. As of March 2018, the SRB increased to 949 girls per 1,000 boys in Jhunjhunu while in Sikar its 947 per 1000 boys.

**Beti Bachao, Beti Padhao Scheme**

The Govt. of India has launched this scheme for girl child that aims to generate awareness among the people and

improving the welfare services meant for women. Our Prime Minister Narendra Modi has launched a scheme for girls named Beti Bachao Beti Padhao in order to save the girl child and educate the girl child all over the India. The programme was launched on 22nd of January, Thursday in 2015 at Panipat. This scheme was launched especially in Haryana as this state has lowest female sex ratio (775 girls/1000 boys) all over the country. Govt. has also launched the Sukanya Samridhi Yojna (girl child prosperity scheme), under which girl children below 10 years will have bank accounts with more interest and income tax benefits. Parents need to deposit only Rs 1,000 at the time of her birth, followed by any amount in multiples of 100 thereafter, for the girl to get Rs 1,50,000 when she is 18 years old.



**Fig 5:** Conceptual framework for *Beti Bachao Beti Padhao* Programme

**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. 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.

**Awareness about punishment under PCPNDT Act**

There are different provisions of punishments under this act for doing illegal prenatal gender detection. This includes monetary fine, imprisonments or both, suspend or dispend



form the job if a person is employed somewhere. Only 1/3rd (27.97%) was exactly aware of punishment under the PCPNDT Act. Girls were more aware compared with boys (2.61:1).

### Offences and Penalties

1. Any medical geneticist, gynaecologist, registered medical practitioner or any person who owns a Genetic Counselling Centre, a Genetic Laboratory or a Genetic Clinic or is employed in such a Centre, Laboratory or Clinic and renders his professional or technical services to or at such a Centre, Laboratory or Clinic, whether on an honorary basis or otherwise, and who contravenes any of the provisions of this Act or rules made thereunder shall be punishable with imprisonment for a term which may extend to three years and with fine which may extend to ten thousand rupees and on any subsequent conviction, with imprisonment which may extend to five years and with fine which may extend to fifty thousand rupees.
2. The name of the registered medical practitioner shall be reported by the Appropriate Authority to the State Medical Council concerned for taking necessary action including suspension of the registration if the charges are framed by the court and till the case is disposed of and on conviction for removal of his name from the register of the Council for a period of five years for the first offence and permanently for the subsequent offence.
3. Any person who seeks the aid of a Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic or ultrasound clinic or imaging clinic or of a medical geneticist, gynaecologist, sonologist or imaging specialist or registered medical practitioner or any other person for sex selection or for conducting pre-natal diagnostic techniques on any pregnant women for the purposes other than those specified in sub-section (2) of section 4, he shall, be punishable with imprisonment for a term which may extend to three years and with fine which may extend to fifty thousand rupees for the first offence and for any subsequent offence with imprisonment which may extend to five years and with fine which may extend to one lakh rupees.
4. For the removal of doubts, it is hereby provided, that the provisions of sub-section (3) shall not apply to the woman who was compelled to undergo such diagnostic techniques or such selection.

### Conclusion

Sex selection and abortion of the female foetus is big business with big players. Although efforts and resources have been invested by different change agents and little awareness has been generated about the social evil, a lot is still to be done. The removal of this practice in Indian society is a serious challenge. 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. Beti bachao beti padhao scheme is the way to achieve positive changes in the human negative mindset for girls. This scheme may make a call to people to end the discrimination between sons and daughters and work as a key to end female foeticide. 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. 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. 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. We conclude that the knowledge and attitude regarding PCPNDT act need to reach to maximum sections of the community the provisions have to be implemented compulsorily.

### References

1. Anu Kumar P. Female Foeticide and PNDT Act: Issues and Challenges. *Global Research Analysis*,2012;1(2):37-38.
2. Aravamudan G. *Disappearing Daughters: The Tragedy of Female Foeticide*. Penguin Books; New Delhi, India, 2007.
3. Baraskar VJ, Shinde PP. To study the gender difference in personality factor and anxiety in adolescents- sociality self-confidence ambition and Anxiety. *Journal of Evidence Based Medicine and Healthcare*,2018;5(18):123-129.
4. Banker JM, Patel UJ, Modi VS, Leuva BR. Awareness and Attitude about Prenatal Sex Determination and the Preconception and Prenatal Diagnostic Techniques Act Among Pregnant Women Attending the Antenatal Clinic. *Journal of South Asian Federation of Obstetrics and Gynaecology*,2018;10(3):199-203.
5. Basumatary A. The study of the institution of female infanticide in colonial India. *Journal of International Academic Research for Multidisciplinary*,2015;3(7):26-33.
6. Berna JL, Cummins S, Gasparrini A. Interrupted time series regression for the evaluation of public health interventions: a tutorial. *International Journal of Epidemiology*,2017;46:348-55.
7. Bhat M. Sex ratio in India. *Lancet*,2006;367:1725-1726.
8. Census of India 2011. <http://www.imaginmor.com/census-of-india-2011.html> Accessed 8 August 2013
9. Chakraborty T, Kim S. Kinship institutions and skewed sex ratios in India. *Demography*,2010;47:989-1012.
10. Chawla A. "Female Foeticide in Punjab". *M.D.U. Law Journal*,2007;12(2):189.
11. Chung W, Gupta MD. The Decline of Son Preference in South Korea: The Roles of Development and Public Policy. *Population and Development Review*,2007;33(4):753-783.
12. Dadwani RS, Thomas T. Knowledge regarding sex ratio & PCPNDT Act: Across sectional study. *International Journal of Science and Research*,2014;3(8)274- 276.
13. Dyson T. Causes and consequences of skewed sex ratios. *Annual Review of Sociology*,2012;38:443-61.

14. Garg R, Garg P. Develop India: Save The Girl Child and Educate The Girl Child. *International Journal of Research in Medical and Basic Sciences*,2016;2(2):1-6.
15. Gautam U, Tewari DB. Equal Right To Life For “Never Born” And Pre-Conception And Prenatal Diagnostic Techniques Act In India: Mapping The Regional Disparities And Socio - Economic Correlates. *ILI Law Review*,2019;2:180-199.
16. George SM. Millions of missing girls: from fetal sexing to high technology sex selection in India. *Prenatal Diagnosis*,2006;26:604-9.
17. Gera R, Mehta S. Changing Trends of Sex Ratio at Birth at Tertiary Hospitals of Rajasthan. *International Journal of Scientific Research*,2018;7(7):27-29.
18. Gupta MD, Chung W, Shuzhuo L. Evidence for an Incipient Decline in Numbers of Missing Girls in China and India. *Population and Development Review*,2009;35(1):401-416.
19. Hesketh T, Xing ZW. Abnormal sex ratios in human populations: Causes and consequences, *Proceedings of the National Academy of Sciences*,2006;103(36):13271-13275.
20. Implementation of the PCPNDT Act In India - Perspectives and Challenges Public Health Foundation of India, Supported by United Nations FPA, 2010.
21. Jha P, Kesler MA, Kumar R. Trends in selective abortions of girls in India: analysis of nationally representative birth histories from 1990 to 2005 and census data from 1991 to 2011. *The Lancet*,2011;377:1921-8.
22. Luthra R. A Case of Problematic Diffusion. *The Use of Sex Determination In India. Knowledge: Creation, Diffusion, Utilization*,1994;15(3):259-272.
23. Madan K, Breuning MH. Impact of prenatal technologies on the sex ratio in India: an overview. *Genetics in Medicine*,2014;16(6):425-432.
24. Mehta S, Acharya A, Meena R, Acharya R, Sharma G. A Study of Attitude, Awareness and Practice on Female Feticide of Pregnant Women in Bikaner of Rajasthan. *Journal of Medical Science and clinical Research*,2017;5(1):17185-17187.
25. Metri SS, Venkatesh GM, Thejeseeri HL. Awareness regarding Gender preferences female foeticide among the teachers in Hassan District, South India. *Journal of Clinical and Diagnostic Research*,2011;5(7): 1430-1433.
26. Ministry of Health & Family Welfare, Government of India. Five Years (2009–2014) Achievements & New Initiatives – National Health Mission, 2014.
27. Murarkar SK, Ghate MM, Joshi AM. A study of knowledge and attitude of adolescent girls in the rural area regarding prenatal sex determination and female foeticide. *Indian Journal of Maternal and Child Health*,2013;15(4):2-7.
28. Nandi A, Deolalikar AB. "Does a legal ban on sex-selective abortions improve child sex ratios? Evidence from a policy change in India". *Journal of Development Economics*,2013;103:216-228.
29. Padma AS, Bharathi GV. “Save The Girl Child” - An Effective Strategy To Create Awareness About The Value Of Girl Child In Y.S.R. District. *International Journal Of Management And Development Studies*,2013;2(1):29-33.
30. Pandey VV, Singh AK, Upadhaya SK. Beti Bachao Beti Padhao Program to Save the Girl Child-Educated the Girl Child: Impact Analysis of Government of India Flagship Program in Uttar Pradesh, India. *Biomedical Journal of Scientific & Technical Research*, 2018;10(4):7970-7974.
31. Ranjan A, Kumar D, Shinde PP. Pre-Conception and Pre-Natal Diagnostic Techniques Act: Knowledge and Attitude of Students of Commerce College in Rajasthan. *International Journal of Current Research and Review*,2020;12(20):148-151.
32. Patil P, Singh V, Chavan S. Knowledge and attitude regarding PCPNDT Act among medical undergraduate. *Innovative Journal of Medical and Health Science*,2014;4(2):83-85.
33. Registrar General & Census Commissioner, Ministry of Home Affairs, Government of India. SRS Report 2012 [Internet] [cited June 6, 2016].
34. Rohini M. "How PM Modi's Beti Bachao, Selfie Banao campaign became a rage to rewrite gender-skewed script in Haryana". *Economic Times*. Retrieved 1 July 2015.
35. Roy TK, Chattopadhyay A. Daughter discrimination and future sex ratio at birth in India. *Asian Population Studies*,2012;8:281-99.
36. Sadh A, Kapoor PS. Save the Girl Child Initiatives in India - A Social Marketing Perspective,2012;4(3):18-34.
37. Sanyal A. "Selfie With Daughter Trends Worldwide After PM Modi's Mann ki Baat". *NDTV*. Retrieved 1 July 2015
38. Sharmila V, Babu T, Singh D. Knowledge, awareness and attitude about prenatal sex determination, pre-conception and pre-natal diagnostic techniques act among pregnant women in the South Indian union territory of Puducherry. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*,2016;5(10):3470-3474.
39. Siddhu TK, Kumar S, Paramjit E, Kaur S. A study of knowledge and attitude regarding the PCPNDT Act among medical undergraduate regarding prenatal sex determination & female foeticide. *Int J Med Commu Health*,2011;13(3):410-417.
40. Siwan A. "The Economics of Dowry and Bride price". *Journal of Economic Perspectives*,2007;21(4):151-174.
41. Tandon SL, Sharma R. Female Foeticide and Infanticide in India: An Analysis of Crimes against Girl Children. *International Journal of Criminal Justice Sciences*,2006;1(1):
42. Yadav KJ, Ganapa P, Fernandes J. Awareness and perception regarding female foeticide among adolescents in the rural community of Nalgonda district, Telangana. *International Journal of Community Medicine and Public Health*,2018;5(7):3106-3110.