Asian Centre For Human Rights

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THE STATE OF FEMALE FOETICIDE IN ASSAM

1. Executive summary

In the 2011 census, Assam recorded the 26th lowest Child Sex Ratio (CSR) of 962 girls per 1000 boys among 35 States and UTs against all India CSR of 919 girls per 1000 boys. Though Assam registered 43 points higher than the national CSR during 2011 census,[1] the CSR has consistently been declining in the State from 1002 in 1971 to 975 in 1991 (the CSR for 1981 is not available as census was not conducted in the State) and from 975 in 1991 to 965 in 2001[2] and to 962 in 2011.[3] From 1971 (1002) to 2011 (962), Assam registered 40 points decline in the CSR.

In 2011 census, out of total 27 districts, 15 districts registered decline in CSR. Dhemaji district with 20 points registered the sharpest decline, followed by Karbi Anglong district (-14), Nagaon (-11), Goalpara (-11) and Morigaon (-10). Despite registering a mild improvement of 3 points, Kamrup Metropolitan district topped being the district with lowest CSR with 946, followed by Dhemaji (950), Cachar, Kokrajhar and Hailakandi districts with 954 point each.

The statistics collected for the Annual Health Survey in Assam, one of the nine high focus States with relatively high fertility and mortality account are not encouraging. As per the sample survey which claims to be the largest demographic survey in the world, Assam recorded Sex Ratio at Birth (SRB) of 937 in 2011-2012[4] and 947 in 2012-2013,[5] and both figures are well below the State average CSR of 962 as recorded in the 2011 census. If the existing under-five mortality rate (U5MR) of 48 deaths per 1,000 births[6] in India is applied in Assam's context, the Child Sex Ration (CSR) of 962 as per 2011 census will further reduce to below 917 girls per thousand boys.

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According to a written reply given by the Union Health Minister J P Nadda in the Lower House (Lok Sabha) on 27 February 2015, only five cases were filed under the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act of 1994 (PC&PNDT) since the inception of the Act in 1994 while no conviction was secured in any of those cases. During the corresponding period, only two machines were seized or sealed while no medical license of any doctor was cancelled or suspended.[7]

The reasons for filing only five cases under the PC&PNDT Act across the state and not securing a conviction in any of these cases in Assam are not hard to find. There has been absolute lack of seriousness on the part of the State Government of Assam to implement the PC&PNDT Act.

Though Assam registered 43 points higher than the national CSR as per 2011 census, the consistent decline in the CSR from 1002 in 1971 to 975 in 1991 and from 975 in 1991 to 965 in 2001 and to 962 in 2011 is a matter of concern. The Sex Ratio at Birth (SRB) figures recorded in the Annual Health Survey (AHS) conducted consecutively for three years during 2011-12 and 2012-13 in nine Empowered Action Group (EAG) States including Assam confirmed that the Majoni scheme has not been of much help to improve the sex ratio.

First, Assam did not have the statutory mechanisms under the PC&PNDT Act until May 2001. Till the directions of the Hon'ble Supreme Court dated 4 May 2001 in *CHEHAT* case, the basic mechanisms for implementing the PC&PNDT Act was nowhere to be found, not to speak about implementing the law smoothly. Advisory Committees at the District level were constituted only through an Order dated 31 May 2001[8] while the officials of the District Appropriate Authorities were first appointed as late as 31 May 2001.[9] Even the notification for constitution of the District Inspection & Monitoring Committee was issued for the first time on 11 June 2012.[10]

The State Supervisory Board (SSB) as provided under Section 16A of the PC&PNDT Act was constituted as late as 6 August 2011[11] while the Inspection & Monitoring Committee (SIMC) was constituted as late as 5 April 2012.[12]

Second, State Government of Assam failed to reconstitute or appoint members of the statutory bodies of the PC&PNDT Act such as State Supervisory Board, State Advisory Committee and State Inspection and Monitoring Committee of the PC&PNDT Act on time. Because of non-appointment of members or non-reconstitution on time, these bodies remained defunct and this heavily hampered the statutory duties of these bodies.[13]

Third, non-implementation of the decisions adopted by the statutory bodies at the state level such as the State Supervisory Board, State Advisory Committee, Multi Member Appropriate & State Inspection and Monitoring Committee by the statutory bodies at the District level.[14]

Fourth, there has also been absolute lack of review of implementation of previous resolutions or decisions in subsequent meetings by the statutory bodies at the state level.[15]

The Majoni scheme launched by the State Government of Assam in February 2009 to provide special financial assistance to girl children in the State failed to act as an incentive for retention of the girl child. As per estimates of the State Government of Assam the Majoni scheme which targeted to cover nearly 2.80 lakh new born girls each year, could cover only a total of 2,59,020 beneficiaries in four years from FY 2009–2010 to 2012–2013.[16]

Conclusion and recommendations:

The Sex Ratio at Birth (SRB) figures recorded in the Annual Health Survey (AHS) conducted consecutively for three years during 2011-12 and 2012-13 in nine Empowered Action Group (EAG)

States including Assam confirmed that the Majoni scheme has not been of much help to improve the sex ratio. The Annual Health Survey 2011-12 recorded sex ratio at birth of 937 female per 1000 males[17] while the Annual Health Survey 2012-13 recorded sex ratio at birth with 947 females per 1000.[18] The 2012-13 survey registered only mild improvement of 10 points over the previous year suggesting that the Majoni scheme had failed miserably to encourage families for retention of the girl child.

The benefits namely Rs.1,000 cash to the mother and fixed deposit of Rs.5,000 under the Majoni scheme which was calculated to yield a maturity amount of Rs. 25,000 – 30,000 when the girl child completes 18 years[19] do not certainly act as incentives to parents for retention of girl children.

The implementation of the PC&PNDT Act has been abysmal. Till the directions of the Hon'ble Supreme Court dated 4 May 2001 in CHEHAT case, the basic mechanisms for implementing the PC&PNDT Act was nowhere to be found. Even the notification for constitution of the District Inspection & Monitoring Committee was issued for the first time on 11 June 2012. Since 1994, only five cases were filed under the PC&PNDT Act while no conviction was secured in any of those cases while only two machines were seized or sealed.

In order to address the continuous decline in CSR and to address the scourge of female foeticide in Assam, the Asian Centre for Human Rights recommends the following to the State Government of Uttar Pradesh:

- Launch a universal scheme providing post birth benefit of at least Rs.1.5 lakhs and educational scholarship of at least Rs.50,000 to each girl child,[20] provide educational scholarship of Rs. 50,000[21] and further additional financial assistance of Rs. 1 lakh to be paid to surviving girls for assistance during marriage[22];
- The benefits of post birth grants, scholarship and for marriage should be entitled to all girls below 18 years of age irrespective of economic or social status of their parents;
- Undertake specific programme for increasing coverage of all families under the new scheme by connecting the programme with all hospitals;
- Upload all details of physical and financial achievements under the proposed scheme on a dedicated website and update the website regularly to provide all relevant information such as list of beneficiaries, funds sanctioned and utilization certificates;

PC&PNDT Act:

- Establish PC&PNDT Bureau of Investigation staffed by the State Police under the Department of Health and Family Welfare to assist the appropriate authorities for effective implementation of the PC&PNDT Act;
- Launch a *Mukhbir Yojana* to reward those providing information with amount of rewards of at least Rs 200,000 to decoys and *Mukhbirs* along with (i) specific incentive in the form of bond/ scheme for the unborn baby of the decoy customer[23] apart from undertaking of not aborting the foetus under any circumstances; (ii) specific allowance to the decoys and Mukhbirs to attend each hearing during the trials; (iii) ensure anonymity of the complainants, informers etc to the extent possible;[24] and (iv) sanction adequate financial resources for implementation of the scheme in all the States and UTs;
- Introduce Integrated Monitoring system for PC&PNDT Act and installing tracking devices in all sonography machines;
- Ensure proper implementation of the PC&PNDT Act inter alia through: (a) ensuring efficient and effective system of

registration of all ultrasound/ genetic clinics so as to ensure compliance with the provisions of the Act; (b) ensuring regular and effective inspection of the ultrasound/ genetic clinics for curbing the violation of Act & Rule; and (c) ensuring proper enforcement mechanism and taking appropriate action for violations of the provisions of Act;

- Ensure proper implementation of the PC&PNDT Act inter alia by (i) reconstituting or appointing members of the statutory bodies of the PC&PNDT Act such as State Supervisory Board, State Advisory Committee and State Inspection and Monitoring Committee of the PC&PNDT Act on time; (ii) ensuring strict implementation of decisions adopted by these by the statutory bodies at the District level; (iii) ensuring review of implementation of previous resolutions or decisions in subsequent meetings by the statutory bodies at the state level;
- Ensure time bound trial of the cases under the PC&PNDT Act; and
- Make necessary budgetary allocations for implementation of all these measures.

2. The state of female infanticide and foeticide in Assam

India is infamous for female foeticide and female infanticide, the crudest forms of gender based violence. The reasons are known: "*son preference and the belief that it is only the son who can perform the last rites, that lineage and inheritance runs through the male line, sons will look after parents in old age, men are the bread winners, exorbitant dowry demand is another reason for female foeticide/ infanticide*".[25]

2.1 The scale of female infanticide in Assam

Prior to the invention of technology, female infanticide was widespread in India. Section 315[26] and Section 316[27] of the Indian Penal Code criminalised female infanticide.

As per the National Crime Records Bureau (NCRB) under the Ministry of Home Affairs, Government of India from 2001-2015, a total of 1559 cases of infanticide were recorded i.e. 133 in 2001, 115 in 2002, 103 in 2003, 102 in 2004, 108 in 2005, 126 in 2006, 134 in 2007, 140 in 2008, 63 in 2009, 100 in 2010, 63 in 2011, 81 in 2012, 82 in 2013, 121 in 2014 and 88 in 2015.[28] Out of these, 4 cases were reported from Assam with 1 case each during 2002, 2005, 2006 and 2015.[29]

2.2 The scale of female foeticide in Assam

According to the NCRB, 1,663 cases of feticide were reported across India in the last 15 years from 2001 to 2015. These included 55 cases in 2001, 84 cases in 2002, 57 cases in 2003, 86 cases in 2004, 86 cases in 2005, 125 cases in 2006, 96 cases in 2007, 73 cases in 2008, 123 cases in 2009, 111 cases in 2010, 132 cases in 2011, 210 cases in 2012, 221 cases in 2013, 107 cases in 2014, and 97 cases in 2015.

Among the States, Madhya Pradesh topped with 360 cases followed by Rajasthan (255), Punjab (239), Maharashtra (155), Chhattisgarh (135), Haryana (131), Uttar Pradesh (93), Delhi (69), Karnataka (60), Gujarat (52), Andhra Pradesh (30), Himachal Pradesh (25), Bihar and Jharkhand (10 each), Odisha (6), Kerala, West Bengal and Andaman and Nicobar Islands (5 each), Jammu and Kashmir, Sikkim and Telangana (4 each), Assam (4), and Tamil Nadu, Uttarakhand, Chandigarh and Dadra and Nagar Haveli (1 each).[30] The four cases from Assam included 1 case each in 2005, 2006, 2007 and 2015.[31]

Although, the NCRB has been collecting data on foeticide over the years, it started collecting data on female foeticide only from 2014. It recorded 39 cases of female foeticide in 2015 and 50 cases in 2014. The State/UT-wise data relating to female foeticide is given in the table below:[32]

Table 1: No of female foeticide cases recorded by NCRB

Sl. No.	States/UTs	Cases registered		
		2014	2015	Total
1	Andhra Pradesh	0	0	0
2	Arunachal Pradesh	0	0	0
3	Assam	0	0	0
4	Bihar	0	0	0
5	Chhattisgarh	2	3	5
6	Goa	0	0	0
7	Gujarat	0	0	0
8	Haryana	4	2	6
9	Himachal Pradesh	3	0	3
10	Jammu & Kashmir	0	0	0
11	Jharkhand	0	0	0
12	Karnataka	0	1	1
13	Kerala	0	0	0
14	Madhya Pradesh	15	8	23
15	Maharashtra	1	9	10
16	Manipur	0	0	0
17	Meghalaya	0	0	0
18	Mizoram	0	0	0
19	Nagaland	0	0	0
20	Odisha	0	0	0
21	Punjab	7	2	9
22	Rajasthan	11	1	12
23	Sikkim	0	0	0
24	Tamil Nadu	0	1	1
25	Telangana	2	6	8
26	Tripura	0	0	0
27	Uttar Pradesh	4	5	9
28	Uttarakhand	1	0	1
29	West Bengal	0	N/A	0
30	Andaman & Nicobar Islands	0	0	0
31	Chandigarh	0	0	0
32	Dadra Nagar Haveli	0	0	0
33	Daman & Diu	0	0	0
34	Delhi	0	1	1
35	Lakshadweep	0	0	0
36	Puducherry	0	0	0
	Total	50	39	89

In two years from 2014 to 2015, the NCRB recorded 59 cases of female foeticide across India. Madhya Pradesh topped in female foeticide with 23 cases, followed by Rajasthan (12), Maharashtra (10), Punjab and Uttar Pradesh (9 each), Telengana (8), Haryana (6), Chhattisgarh (5), Himachal Pradesh (3), Karnataka, Tamil Nadu, Uttarakhand and Delhi (1 each). As per Census 2011, three states with most adverse child sex ratios namely Punjab, Haryana and Jammu & Kashmir had reported 9, 6 and 0 cases respectively.

2.3 Child sex ratio in Assam

Child Sex Ratio (CSR) is defined as the number of females per 1000 males in the age group 0-6 years.[33] In Assam the CSR has consistently been declining from 1002 in 1971 to 975 in 1991 to 965 in 2001[34] and to 962 in 2011.[35] The CSR figure for 1981 is not available.

Child Sex Ratio in Assam districts: 2001-2011[36]

Sl. No.	District / State	Census 2001	Census 2011	Change in points (-/+)	Ranking as per lowest CSR as per 2011 Census
Assam		965	962	-3	
01	Kamrup Metropolitan	943	946	+3	1st
02	Dhemaji	970	950	-20	2nd
03	Cachar	961	954	-7	3rd
04	Kokrajhar	955	954	+1	4th
05	Hailakandi	927	954	+24	5th
06	Morigaon	966	956	-10	6th
07	Karbi Anglong	973	959	-14	7th
08	Lakhimpur	967	959	-8	8th
09	Sivasagar	968	960	-8	9th
10	Tinsukia	957	960	+3	10th
11	Barpeta	961	961	0	11th
12	Dibrugarh	962	962	0	12th
13	Goalpara	974	963	-11	13th
14	Golaghat	963	963	0	14th
15	Nagaon	975	964	-11	5th
16	Jorhat	967	964	-3	16th
17	Sonitpur	974	966	-8	17th
18	Baksa	960	966	+6	18th
19	Kamrup	964	967	+3	19th
20	Nalbari	961	967	+6	20th
21	Dima Hasao	955	967	+12	21st
22	Chirang	957	968	-9	22nd

23	Dhubri	965	968	-3	23rd
24	Darrang	977	969	-8	24th
25	Bongaigaon	972	969	-3	25th
26	Karimganj	965	969	+4	26th
27	Udalguri	974	973	-1	27th

In the 2011 census, Assam recorded the 26th lowest Child Sex Ratio (CSR) of 962 girls per 1000 boys in among 35 States and UTs against all India CSR of 919 girls per 1000 boys. Assam registered 43 points higher than the national CSR.[37] In Assam the CSR has consistently been declining from 1002 in 1971 to 975 in 1991 to 965 in 2001[38] and to 962 in 2011.[39] The CSR figure for 1981 is not available. From 1971 (1002) – 2011 (962), Assam registered 40 points decline in the CSR.

Out of total 27 districts, 15 districts registered decline in CSR. Dhemaji district with 20 points registered the sharpest decline, followed by Karbi Anglong district (-14), Nagaon (-11), Goalpara (-11) and Morigaon (-10). Despite registering a mild improvement of 3 points, Kamrup Metropolitan district topped being the district with lowest CSR with 946, followed by Dhemaji (950), Cachar, Kokrajhar and Hailakandi districts with 954 point each.

Table 2: Ranking of the districts as per 2011 census (CSR) and Annual Health Survey 2011-12 and 2012-13 (SRB)

Ranking of districts in terms of lowest CSR	Name of the district	CSR as per 2011 census	Name of the district	SRB 2011 -12 AHS	Name of the district	SRB 2012 -13 AHS
1st	Kamrup Metropolitan	946	Hailakandi	796	Hailakandi	822
2nd	Dhemaji	950	North Cachar Hills	888	Kokrajhar	892
3rd	Cachar	954	Kokrajhar	893	North Cachar Hills	897
4th	Kokrajhar	954	Barpeta	908	Marigaon	914
5th	Hailakandi	954	Marigaon	910	Dibrugarh	922
6th	Morigaon	956	Dhubri	914	Goalpara	922
7th	Karbi Anglong	959	Dibrugarh	914	Karimganj	925
8th	Lakhimpur	959	Goalpara	920	Barpeta	926
9th	Sivasagar	960	Karimganj	922	Cachar	928
10th	Tinsukia	960	Sibsagar	923	Karbi Anglong	928
11th	Barpeta	961	Karbi Anglong	926	Dhubri	931
12th	Dibrugarh	962	Cachar	929	Sibsagar	931

13th	Goalpara	963	Golaghat	940	Golaghat	947
14th	Golaghat	963	Bongaigaon	946	Bongaigaon	950
15th	Nagaon	964	Tinsukia	948	Tinsukia	954
16th	Jorhat	964	Nagaon	954	Sonitpur	957
17th	Sonitpur	966	Sonitpur	959	Nagaon	958
18th	Baksa	966	Dhemaji	969	Jorhat	980
19th	Kamrup	967	Jorhat	973	Lakhimpur	984
20th	Nalbari	967	Darrang	974	Dhemaji	988
21st	Dima Hasao	967	Lakhimpur	976	Nalbari	993
22nd	Chirang	968	Kamrup	977	Kamrup	1001
23rd	Dhubri	968	Nalbari	984	Darrang	1003
24th	Darrang	969				
25th	Bongaigaon	969				
26th	Karimganj	969				
27th	Udalguri	973				
State Average		962		937		947

The statistics collected for the Annual Health Survey in Assam, one of the 9 high focus States with relatively high fertility and mortality account are not encouraging. As per the sample survey which claims to be the largest demographic survey in the world, Assam recorded Sex Ratio at Birth (SRB) of 937 in 2011-2012[40] and 947 in 2012-2013[41] and both figures are well below the State average CSR of 962 as recorded in the 2011 Census. If the existing under-five mortality rate (U5MR) of 48 deaths per 1,000 births[42] in India is applied in Assam's context, the Child Sex Ration (CSR) of 962 as per 2011 Census will further reduce to below 917 girls per thousand boys.

3. Implementation of the PC&PNDT Act

3.1 Provisions of the Act

India enacted the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT Act) to address sex selective abortion. The PNDT Act has since been amended to make it more comprehensive and keeping in view the emerging technologies for selection of sex before and after conception and problems faced in the working of implementation of the Act and certain directions of Supreme Court. The amended Act came into force with effect from 14 February 2003 and it was renamed as Preconception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PC&PNDT Act).

The PC&PNDT Act, as amended in 2003 provides for regulation and punishment. Section 3 of the PC&PNDT Act provides for regulation of Genetic Counselling Centres, Genetic Laboratories and Genetic clinics through the requirement of registration under the Act, prohibition of sex selection and sale of ultrasound machines to persons, laboratories, clinics, etc. not registered under the Act. Section 4 provides that no such place shall be used for conducting pre-natal diagnostic techniques except for the purposes specified and requires a person conducting such techniques such as ultrasound sonography on pregnant women to keep a complete record in the manner prescribed

in the Rules. Section 5 requires written consent of pregnant woman for conducting the pre-natal diagnostic procedures and prohibits communicating the sex of foetus. Section 6 provides that no pre-natal diagnostic techniques including sonography can be conducted for the purpose of determining the sex of a foetus and that no person shall conduct or cause to be conducted any pre-natal diagnostic techniques including ultra sonography for the purpose of determining the sex of a foetus. Section 22 provides prohibition of advertisement relating to pre-natal determination of sex and punishment for contravention with imprisonment for a term which may extend to three years and with fine which may extend to ten thousand rupees. Section 23 provides for offences and penalties with imprisonment up to three years and fine up to Rs. 10,000. For any subsequent offences, there is imprisonment of up to five years and fine up to Rs. 50,000/1,00,000. The name of the Registered Medical Practitioner is 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. On conviction, the name of Registered Medical Practitioner is removed for a period of 5 years for the first offence and permanently for the subsequent offence. Section 24 provides for punishment for abetment of offence as prescribed under sub-section (3) of section 23. Section 25 provides for penalty for 'contravention of any provision of the Act or rules for which no specific punishment is provided' with imprisonment for a term which may extend to three months or with fine, which may extend to one thousand 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 continues after conviction for the first such contravention. Section 26 provides for offences by companies.[43]

Assam effectively had not implemented the PC&PNDT Act of 1994 until 2012. The first meeting of the State Supervisory Board (SSB) as provided under Section 16A of the PC&PNDT Act was held on 11 June 2012. It implies that there was no State Supervisory Body to ensure implementation of the Act. The Inspection & Monitoring Committee (SIMC) too was constituted only 5 April 2012.The first meeting of the SIMC was held on 8 May 2012 and no information is available about any subsequent meeting. Mechanisms are not functoining properly.

3.2 Status of implementation of the PC&PNDT Act

According a written reply by the Union Health Minister J P Nadda in the Lower House [Lok Sabha] on 27 February 2015, there were a total of 750 registered bodies across the state of Assam, 5 cases were pending while no conviction was secured in any case under the PC&PNDT Act. During the corresponding period only two machines were seized or sealed while medical license of any doctor was not cancelled or suspended.[44]

The reasons for filing or institution of only five cases under the PC&PNDT Act across the state and not securing conviction in any of these cases in Assam are hard to find. There has been absolute lack of seriousness on the part of the State Government of Assam to implement the PC&PNDT Act.

First, Assam did not have the statutory mechanisms under the PC&PNDT Act until May 2001. Till the directions of the Hon'ble Supreme Court dated 4 May 2001 in *CHEHAT* case, the basic mechanisms for implementing the PC&PNDT Act were nowhere to be found, not to speak about implementing the law smoothly. Advisory Committees at the District level were constituted only through an Order dated 31 May 2001[45] while the officials of the District Appropriate Authorities were first appointed only on 31 May 2001.[46] Even the notification for constitution of the District Inspection & Monitoring Committee was issued only on 11 June 2012.[47]

Assam Government constituted the State Supervisory Board (SSB) as provided under Section

16A of the PC&PNDT Act as late as 6 August 2011.[48] The first meeting of the SSB was held on 11 June 2012, about a year after its constitution.[49]

The Inspection & Monitoring Committee (SIMC) was constituted as late as 5 April 2012[50] while its first meeting was held as late as 8 May 2012 and no information is available about any subsequent meeting.[51]

Second, State Government of Assam failed to reconstitute or appoint members of the statutory bodies of the PC&PNDT Act such as State Supervisory Board, State Advisory Committee and State Inspection and Monitoring Committee of the PC&PNDT Act on time. Because of non-appointment of members or non-reconstitution on time, these bodies remained defunct and this heavily hampered the statutory duties of these bodies.[52]

Third, non implementation of the decisions adopted by the statutory bodies at the state level such as the State Supervisory Board, State Advisory Committee, Multi Member Appropriate & State Inspection and Monitoring Committee by the statutory bodies at the District level. As per minutes available in the website of the Assam PCPNDT Cell (http://www.nrhmassam.in/pc-pndt/meeting.php), the statutory bodies at the state level held regular meetings and adopted important decisions. However, those decisions remained unimplemented including at the district level. The non-implementation of decisions of the statutory bodies at the state level by the statutory bodies at the district level only led to the failure of the PC&PNDT Act in Assam.

Fourth, there has also been absolute lack of review of implementation of previous resolutions or decisions in subsequent meetings by the statutory bodies at the state level.

The first meeting of the SSB was held on 11 June 2012, about a year after its constitution[53] while the second meeting was held on 1 January 2013, third meeting was held on 22 October 2013 and fourth and last meeting was held on 1 August 2015.[54] In its meetings, the SSB adopted different resolutions or decisions for implementation by it as well as subordinate bodies under it. An analysis of the decisions adopted in four latest meetings of the SSB reveals that only decisions were taken but neither implemented nor reviewed their implementation in subsequent meetings of the SSB. For example, in its first meeting held on 11 June 2012, the SSB adopted the five decisions. However, three of the five decisions were just reiterated in the second meeting while two of the resolutions did not find any mention in the subsequent three meetings of the SSB. This only means that none of those decisions was implemented at all.

Likewise, the SSB adopted the six decisions in its second meeting held 10 January 2013. However, only two of the resolutions were followed up in the third meeting as the same were reiterated. But, implementation of any of the resolutions adopted in the first, second and meeting was neither reviewed nor any of those were reiterated in the fourth meeting of the SSB held on 1 August 2015.[55]

Majoni scheme is is restrictive in its outreach as it covers only two girls. That means families with more than two children all the girls shall not be eligible for entitlements under this scheme.The benefits namely Rs.1,000 cash to the mother and fixed deposit of Rs.5,000 in the name of the beneficiary girl child which shall be redeemable only on completion of 18 years of age is too meager as an incentive aimed at retention of a girl child. When the beneficiary girl completes 18 years of age, the fixed deposit of Rs. 5,000 is expected to grow to Rs 25,000-30,000 only.

4. The status of implementation of the MTP Act

4.1 Provisions of the MTP Act

India also enacted the Medical Termination of Pregnancy (MTP) Act in 1971 to regulate and

ensure access to safe abortions. The MTP Act of 1971 (amended in 2002) allows abortion up to 20 weeks of pregnancy in cases where "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", or, "there is substantial risk that if the child were born, it would suffer from such physical or mental abnormalities to be seriously handicapped".[56] When the pregnancy is caused by rape or as a result of failure of family planning device or method used by any of the married couples, pregnancy can be terminated.[57] Abortion is allowed only when it is conducted by registered medical practitioners at a hospital established or maintained by the Government or a facility certified by the Government or a District Level Committee constituted by the Government[58]. However, in special circumstances, pregnancy can be terminated any time (i.e. beyond 20 weeks' gestation) and without approval of a second doctor when "the termination of such pregnancy is immediately necessary to save the life of the pregnant woman."[59] In this case, the registered medical practitioner need not have the requisite experience or training in gynecology and obstetrics as required under Section 2 (d) to perform the abortion.[60] Specific punishments were prescribed for any illegal abortion under the MTP (Amendment) Act of 2002, which shall not be less than 2 years rigorous imprisonment but which may extend to 7 years under the IPC.[61]

Assam seems to be properly reporting the MTP cases. Assam with a population of 31 million as per 2011 census reported a total of 3,53,309 cases of termination of pregnancies under the MTP Act during 2008-2009 to 2012-13. Uttar Pradesh with a population of 199 million during the same period reported only 3,60,555 cases. Andhra Pradesh, Bihar, Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Tamil Nadu and West Bengal despite having more populatoin than Assam had reported less cases under the MTP than Assam.

4.2 The status of implementation of the MTP Act

While the government of India does not have any official data on illegal abortions, the Ministry of Health and Family Welfare has unambiguously acknowledged that "*Although abortions were made legal in 1971, actually illegal abortions still outnumber legal abortions by a large margin. It is estimated that 10-15 thousand women die every year due to complications resulting from unsafe abortions conducted at unapproved places by untrained providers.*"[62] The official number on abortions varies. According to the Ministry of Health and Family Welfare's report "Health and Family Welfare Statistics in India 2013", a total of 6,49,795 medical termination of pregnancies (or abortions) were performed during 2008-2009; 6,75,810 during 2009-2010; 6,48,469 during 2010-2011; 6,25,448 during 2011-2012 and 6,36,010 during 2012-2013.[63] Further on 6 August 2013, then Union Minister of Health and Family Welfare Mr. Ghulam Nabi Azad told the Rajya Sabha that a total of 11.06 lakh abortions were recorded in the year 2008-09 in India.[64]

But unofficial estimates made by independent research study of 2004 "Abortion Assessment Project - India (AAPI)" coordinated by CEHAT, Mumbai and Health watch, Delhi estimated a staggering 6.4 million (64 lakhs) abortions taking place annually in India. Of these, 1.6 million (16 lakhs) abortions i.e. 25% were performed by informal (traditional and/ or medically non-qualified) abortion providers.[65] The Population Research Institute, a non-profit research group, states that at least 12,771,043 sex selective abortions had taken place in India in the years between 2000 and 2014. The yearly average of sex selective abortion is 851,403 or daily average of 2,332.[66]

State-wise medical termination of pregnancies performed during 2008-09 to 2012-13 is given below.[67]

Sl No	State/Union Territory/ Agency	No. of Terminations					
		2008-09	2009-10	2010-11	2011-12*	2012-13*	Total
1	2	3	4	5	6	7	
I.	Major States (population>20 million)						
1	Andhra Pradesh	6,826	7,490	5,315	6,794	6,417	32,842
2	Assam	78,155	70,294	69,937	70,866	64,057	**3,53,309**
3	Bihar	9,182	15,884	18,555	13,129	11,145	67,895
4	Chhattisgarh	7,375	5,151	4,323	2,832	2,531	22,212
5	Gujarat	14,931	29,980	17,914	21,863	20,213	1,04,901
6	Haryana	29,656	25,726	27,085	27,808	25,888	1,36,163
7	Jharkhand	3,862	17,665	10,613	6,454	9,079	47,673
8	Karnataka	22,366	22,660	22,107	31,763	31,514	1,30,410
9	Kerala	12,375	11,746	12,090	11,689	11,041	58,941
10	Madhya Pradesh	24,994	20,090	26,009	30,391	30,634	1,32,118
11	Maharashtra	90,990	86,339	109,806	109,282	148,254	**5,44,671**
12	Odisha	24,372	27,547	14,537	17,473	19,217	103,146
13	Punjab	12,267	11,003	11,204	9,171	9,799	53,444
14	Rajasthan	36,846	41,743	27,734	29,167	22,980	158,470
15	Tamil Nadu	59,793	60,359	57,893	61,718	59,320	**299,083**
16	Uttar Pradesh	72,522	83,952	81,289	63,826	58,966	**360,555**
17	West Bengal	50,460	58,916	58,774	52,249	48,692	269,091
II	**Smaller States**						
1	Arunachal Pradesh	990	957	973	1,192	1,574	5686
2	Delhi	45,285	32,318	29,298	21,620	20,798	149,319
3	Goa	1,175	978	919	963	1,118	5,153
4	Himachal Pradesh	2,010	2,785	2,068	1,742	1,691	10,296
5	Jammu & Kashmir	6,663	9,222	12,855	11,078	10,713	50,531
6	Manipur	6,525	6,968	6,307	5,660	4,148	29,608
7	Meghalaya	216	411	477	652	338	2,094
8	Mizoram	930	588	497	370	477	2,862
9	Nagaland	372	816	1,103	1,135	1,578	5,004
10	Sikkim	19	20	11	11	6	67

11	Tripura	7,417	7,485	5,934	4,533	3,890	29,259
12	Uttarakhand	11,047	8,653	8,316	7,373	6,723	42,112
III	Union Territories						
1	A&N Islands	260	98	153	126	209	846
2	Chandigarh	1,028	1,148	980	1,026	1,066	5,248
3	D&N Haveli	184	162	140	259	471	1,216
4	Daman & Diu	NA	NA	123	197	338	658
5	Lakshadweep	0	3	6	9	34	52
6	Puducherry	1,199	1,996	916	680	604	5,395
IV	**Other Agencies**						
1	M/O Defence	5,956	2,531	1,883	-	-	10370
2	M/O Railways	1,547	2,126	325	347	487	4832
	All India	649,795	675,810	648,469	625,448	636,010	3235532

* Figures are provisional, NA = not available

It is assumed that States with more population will report more such cases. Assam with a total population of 31,205,576 as per 2011 census reported a total of 3,53,309 cases of termination of pregnancies under the MTP Act during 2008-2009 to 2012-13. Whereas Uttar Pradesh with a population of 199,812,341 as per 2011 census reported a total of 3,60,555 cases during the same period. In other words, Uttar Pradesh despite having 159 million population more than Assam reported only 7,246 cases more than Assam. On the other hand, Maharashtra having a population of 112,374,333 as per 2011 census i.e. less than Uttar Pradesh reported 5,44,671 cases of termination of pregnancies under the MTP Act during the said period.[68]

There are other major States with population more than Assam as per 2011 census but reported less number of cases of termination of pregnancies. These States include Andhra Pradesh (32,842 cases) with over 84 million population; Bihar (67,895 cases) with population of over 100 million; Gujarat (1,04,901 cases) with population of over 60 million; Karnataka (1,30,410 cases) with population of over 61 million; Madhya Pradesh (1,32,118 cases) with population of over 72 million; Odisha (103,146 cases) with population of over 41 million; Rajasthan (158,470 cases) with population of over 68 million; Tamil Nadu (299,083 cases) with population of over 72 million; and West Bengal (269,091 cases) with population of over 91 million.[69]

Whether the MTP Act is being used for female foeticide in Assam remains a matter of speculation.

5. Post Birth Benefits Schemes for retention of the girl child

5.1 Majoni Scheme

On 27 February 2009, the Government of Assam launched the Majoni scheme, a special financial assistance scheme for girl child in the state. It was established under Chief Minister's Assam Bikash Yojana. The scheme is applicable only to would-be-mothers who get their check-ups done at a government hospital and girl child born at a government or charitable hospital. Majoni scheme is executed by the National Rural Health Mission (NRHM).[70]

The main objective of the Majoni Scheme is to promote women empowerment.[71]

Eligibility conditions:

Eligibility conditions under the Majoni Scheme are stated below[72]:

i. The beneficiary girl child should have born after 1st February 2009
ii. The birth must be institutional (in a government or charitable trust hospital)
iii. The beneficiary family should not have more than two children
iv. If both children are girls, both girls will be eligible.
v. The birth of the beneficiary girl child has to be registered
vi. Mother's health check-ups to be done at government-run hospitals.

Required documentation:

The following documents shall be attached with the application form[73]:

i. Copy of Birth Certificate from the Institution where delivery has taken place
ii. Copy of registered birth certificate issued by competent authority
iii. 2 sets of attested photographs of both mother and father. One set to be affirmed on form.

Benefits under the scheme and modalities for release:

As benefits under the Majoni scheme, pregnant mothers are paid Rs. 1,000 for two health check-ups, and Rs.5,000 is given as fixed deposit (FD) in favour of the beneficiary girl child.[74] When the beneficiary girl completes 18 years of age, the fixed deposit of Rs. 5,000 is expected to grow to Rs 25,000-30,000 at annual rate of interest to be accrued to the term deposit is 6%.

Assam Cooperative Apex bank manages the funds of Majoni scheme under Assam Bikash Yojana. The fixed deposit is issued by the designated bank. The FD matures only when the beneficiary girl child attains 18 years of age. In order to available the benefits of the fixed deposit, the girl child should not be married before attaining 18 years.[75] In case she is married before attaining 18 years of age, the fixed deposit will be forfeited. This scheme is applicable to families who are limiting themselves to two children.[76]

Application procedure:

The application forms is available with the DPM / Joint Director Health Services / Govt. Hospitals/ PHC

5.2 Assessment of performance of the Majoni scheme

A. Positive aspects of the Scheme

First, the best feature of the Majoni scheme is that it is universally available to all income groups. Unlike similar schemes for girl child operational in numerous states, the Majoni scheme does not prescribe any ceiling of annual family income of the prospective beneficiaries as an eligibility condition.

Second, the Majoni scheme also ensures that births are delivered in hospitals and the parents have registered the births of both their children.

B. Flaws in the structure of the scheme

The shortcomings of the Majoni scheme are:

First, this scheme is restrictive in its outreach as it covers only two girls. In other words, girls born to a family after the girl shall not be entitled to benefits under the scheme.

Second, this scheme is also restrictive in outreach because it prescribes two children norm as an eligibility condition. That means families with more than two children all the girls shall not be eligible for entitlements under this scheme.

Third, the benefits namely Rs.1,000 cash to the mother and fixed deposit of Rs.5,000 in the name of the beneficiary girl child which shall be redeemable only on completion of 18 years of age

is too meager as an incentive aimed at retention of a girl child. When the beneficiary girl completes 18 years of age, the fixed deposit of Rs. 5,000 is expected to grow to Rs 25,000-30,000[77] at annual rate of interest to be accrued to the term deposit is 6%.[78]

C. Limited coverage under Majoni scheme

As per estimates of the State Government of Assam the Majoni scheme was expected to cost the government Rs.150 crore for nearly 2.80 lakh girls born every year. According to former Social Welfare Minister of Assam Akon Bora, the scheme was to be extended to 25,000 girls in each of Assam's 27 districts.[79]

Starting with distribution of fixed Deposit of Rs. 5,000 each to 2,000 girls on 18 November 2009[80], fixed deposit was issued to a total of 2,50,020 beneficiary girls as of 31st March 2013.[81] No information is however available about the scheme beyond FY 2012-2013.

The year wise figures of beneficiaries under the Majoni scheme are stated below[82]:

Year	No. of fixed deposit issued
2009 - 10	43,541
2010 – 11	77,917
2011 – 12	73,617
2012 - 13	63,945
Total	**2,59,020**

However, the Assam State Government miserably failed to meet its target of covering 2.80 lakh girls born every year in the state under the Majoni scheme.[83] As stated above, only a total of 2,59,020 fixed deposits could be issued during four years from FY 2009–2010 to 2012–2013, let alone reaching the target of covering 2.80 lakhs girls born every year in Assam.

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ASIAN CENTRE FOR HUMAN RIGHTS
[ACHR has Special Consultative Status with the United Nations Economic and Social Council]
C-3/441-C, Janakpuri, New Delhi-110058, India Phone/Fax: +91-11-25620583, 25503624
Email: director@achrweb.org; Website: www.achrweb.org