



# Rashtra Mahila

JUNE 2007

Published by the National Commission For Women

## Editor's Column

As the world celebrated the Mother's Day last month, the state of mothers in the country is far from satisfactory as India records the highest number of maternal deaths across the globe. The state of the World's Mothers Report, 2007 states that India tops the list of countries in maternal deaths, recording 1,36,000 deaths every year. The number is even higher than the maternal deaths reported in the less developed countries such as Ethiopia, Congo and Nigeria. India stands at a low 61st position in the Mother's Index Ranking-2007, with just five countries behind it; the reason being the increased lifetime risk of maternal mortality in India, which is around 48 per cent.

Despite high budgets in the Reproductive Child Health Programme-II of the Union Health and Family Welfare Ministry, the maternal mortality rate (MMR) continues to be unacceptably high and has shown no sign of reduction in the past one decade.

In India, according to a survey conducted by National Survey organization and UNICEF, every five minutes a woman dies of

pregnancy-related causes. It is estimated that for each woman who dies, 30 others develop chronic, debilitating conditions that seriously affect the quality of life. For every 1,00,000 live births in India, 407 mothers die - a number four times higher than the National

## FOCUS MATERNAL DEATHS

Population Policy (NPP) 2010 goal of restricting the incidence to 100.

While there are a number of reasons for the high MMR including early marriage and childbirth, lack of adequate health care facilities, inadequate nutrition and absence of skilled personnel, the problem is also caused by posts of doctor and trained health worker remaining vacant at the village and block levels. According to the 11th Plan approach paper, across States six to 30 per cent of the posts of doctor are vacant and random checks show that from 29 to 67 per cent doctors remain absent.

Moreover, the lack of emergency referral transport is a major impediment to reduction of maternal mortality. A majority of

women have very poor access to appropriate emergency obstetrics care, what with the distance of health facilities with trained medical personnel.

Under the National Rural Health Mission, ASHAs (accredited social health activists) are being seen as a vital link to government programmes of reducing maternal mortality. They will address the health needs of rural population particularly among the vulnerable sections and guide women to access facilities for ante-natal care, institutional delivery, post-natal care and counselling on nutrition and family planning services.

However, lack of empowerment of women, gender inequalities and discrimination limit their choices and contribute directly to their ill health and death. Even the best infrastructure and facilities will be of no use unless women are aware of and have access to them.

Therefore, more than good quality health services, what is required are empowerment of women and a guarantee of their human rights, right to life, liberty and security to have access to appropriate health care, and the right to survive childbirth.

## Domestic violence raises risk of asthma

Researchers from the Harvard School of Public Health have found that women, who are victims of domestic violence have a 37% increased risk of suffering from the common respiratory condition.

On the other hand, women who had not experienced domestic violence themselves but had witnessed such acts against other female members in the same household were at an increased risk of developing asthma by 21% in comparison to women who lived in violence-free environment.

## Awareness about Domestic Violence Act must : Experts

Experts have opined that there was a need to create more awareness about the Protection of Women from Domestic Violence Act (PWDVA) so that a maximum number of affected women can use it.

Reviewing the Act at a two-day workshop, National Commission for Women (NCW) Chairperson Dr. Girija Vyas said strict implementation of the law was necessary as domestic violence was loosely interpreted under section-498A of the Indian Penal Code.

The speakers said, PWDVA was in keeping with Articles 14 (equality), 15 (prohibition of discrimination on caste, religion and sex) and 21 (protection of life and liberty) of the Constitution.

It provides a remedy for victims of domestic violence and should prevent such occurrences in the society.

The advantage of this law is that the victim is not dependent on the police to initiate action. Also, a woman can file a criminal complaint under section 498A of the IPC, seeking the arrest of those who assaulted her at the same time.

### Steps to check unwanted Advance

Women can use, in self defence, the umbrella, the safety pin or the deodorant spray as effective weapons to defend themselves against male advance.

A key chain tied to a duppatta can also be used to hit a person who is out of reach. A small 5 to 10 gram packet of chilly powder thrown on the nose or eyes of the assailant can destabilise him.



*Dr. Girija Vyas addressing the workshop.*

### Focus on Protection of Women from Domestic Violence

More than a year after the Protection of Women from Domestic Violence Act (PWDVA) was passed by Parliament people continue to have misconceptions about the law, with most of them believing the Act is going to be rampantly misused, reveals a new study by the Centre for Media Studies (CMS), a research organization.

More than 50.7 per cent of the 513 people interviewed in Delhi for the in-house study said they had heard about the Act, but while 46.6 per cent of them understood domestic violence to be lack of understanding between husband and wife, some confused it with property disputes or conflicts in the husband's family. It is the crux of the Act that people have failed to understand.

There are a number of civil measures in the Act that complement the existing criminal aspects.

The thrust of Act that seeks

correction of the perpetrator's behaviour more than punitive measures is lost on the people. Though more than 80 per cent of the respondents have heard, seen or were aware of domestic violence, according to them, a significant number of victims (25.4 per cent) did not approach anyone for help, while a few others turned to friends and relatives.

Though 42.5 per cent of the victims approached the police, 421 respondents said that in 50.6 per cent of the cases no action was taken against the perpetrators. Interestingly, the study points out that the primary reason for inaction was mutual compromise arrived at by the parties concerned.

Mutual compromise was arrived at in more than 50 per cent cases and money was used in 16.9 percent instances to withdraw the case.

Significantly, the respondents felt women belonging to the upper class were most likely to make use of the Act, in contrast to women of lower and middle classes.

## NCW pulls up Haryana govt. on foeticides

A three member fact-finding team appointed by NCW comprising Member Malini Bhattacharya, NCW Public Relations officer Ms. Romi Sharma and an advocate visited the Beaulia Maternity and Nursing Home in Pataudi after meeting top police and health department officials in Gurgaon.

The team pulled up the Haryana government and its agencies for having shut its eyes on the clinic illegally run by a quack in Pataudi for 13 years. The NCW would seek an explanation on why it did not take action to prevent the alleged prenatal tests and subsequent female foeticides.



*NCW team at the site of Pataudi's foeticide*

The NCW, which initiated an enquiry into the alleged illegal prenatal tests and female foeticide reported at this clinic wondered what the district administration, health and police department officials were doing when the quack continued to conduct prenatal tests of pregnancies and female foeticide since 1994 in Pataudi despite the presence of the PNMT, MTP and IMC Acts in force.

## Members' Visits

- Member Malini Bhattacharya recently attended a discussion on Women and Media in Kolkata. Later, She went to Dow Hill school, Kurseong and held a meeting with teachers and discussed the problems of school education of girls. Thereafter, she met SP Darjeeling and discussed with him the problems of trafficking in Siliguri. In the afternoon, the activists of Durbar Mahila Samanay Samiti met her to discuss the case of Marjina Khatun, who was trafficked from Assam and rescued at Siliguri. The SP was advised to take necessary action against the trafficker.

Reaching Kolkata, Ms. Bhattacharya visited the state women's Commission and discussed the dowry harassment case of Shruti Gupta and implementation of the Prevention of Domestic Violence Act in West Bengal.

Ms. Bhattacharya attended a meeting organised by the West Bengal Nurses' Association to discuss sexual harassment at workplace and Human rights of HIV AIDS victims. Later, she had hearing on some of the West Bengal based cases at the State Women's Commission. She also had meetings at the Institute of Development Studies to monitor the progress of the ongoing projects on ICDS implementation and study of Muslim Women in West Bengal sponsored by NCW.

Later, she visited the rainbow projects at Loreto House, Sealdah, where orphans girls are being looked after.

From Kolkata, Ms. Bhattacharya went to Imphal and reached Moreh. She had a meeting with the representatives of the Relief Committee looking after displaced persons. She interviewed 29 displaced persons, (which included 25 women) and inspected the place where they were camping.

On reaching Imphal, she attended a meeting organised by the Manipur State Chairperson with women State groups and women activists.

She also held a meeting with NGOs at Guwahati, where she appealed to the NGOs working at the grassroots to co-operate with NCW in organising awareness camps all over the state.

She also attended a function organised by the Tea Garden Shramik Sanstha, on the occasion of May Day.

- Member Neeva Konwar visited the Agriculture Research Centre in Jorhat and later met the officials of Women and Child Development as well as Chairperson and members of the State social Welfare Board. She discussed the programme of Panchayat Mahila Sakti Abhiyan with the officials of the Panchayat Ministry.

## Important Decisions

- **Deserted Muslim women entitled to maintenance under Cr. PC. :** The Supreme Court has ruled that a Muslim woman deserted by her husband is entitled to maintenance from him under Section 125 of the Criminal Procedure Code (Cr. PC) notwithstanding the provisions of the Muslim Women (Protection of Rights on Divorce) Act, 1986, enacted in the wake of the Shah Bano judgement.
- **Man fined for abuse of live-in partner :** The first-ever ruling came recently under the new Domestic Violence Act asking the man to pay Rs. 1.5 lakh compensation to his live-in partner for walking out on her after holding out hopes of marriage.  
The ruling, delivered by a city magistrate is on grounds of emotional violence, not physical abuse. It also marks the legal recognition of a certain responsibility in relationships too as it deals with a live-in arrangement between two adults.
- **Women to make up 10% of police force :** The Home Ministry, has agreed to increase the representation of women in the security forces to ten per cent, from its existing two per cent.  
They will try to implement it from the next recruitment onwards.
- **Court says denial of sex valid ground for divorce :** The Delhi High Court has ruled that denial of sex for a considerable period without any valid reason by either wife or husband amounts to mental cruelty and is a ground for divorce.
- **Courts can issue NBWs in divorce case : SC :** Courts can issue non-bailable warrants (NBWs) against a husband or wife to secure their

personal presence in matrimonial proceedings with a view to attempting reconciliation before passing a decree of divorce or judicial separation under the Hindu Marriage Act, 1995, the Supreme Court has said.

The Bench said the order issuing NBW was in consonance with Section 23(2) of the Act which cast a duty on the court to explore options for reconciliation before allowing judicial separation or divorce.

## Marital Abuse High among Educated

The latest National Family Health Survey of India 2005-06 reveals that a substantial proportion of married women have been abused by their husbands at some point in their lives. The preliminary report of five states, namely Chhattisgarh, Gujarat, Maharashtra, Orissa and Punjab, released by the Union health ministry, shows a bleak picture of Indian women, with the survey recording that "spousal abuse even extends to women who have secondary or higher education".

Women with no education are most likely to have suffered spousal violence, adds the report, highlighting spousal abuse as one of the failures in the attempt towards emancipation of women in the five states. However, results have indicated that knowledge of AIDS among women in these states has been increasing rapidly over time.

While use of modern contraception has continued to rise in all five states, only 55-75 per cent of women receive antenatal care at the recommended rate of at least three times during their pregnancies. Institutional births have been steadily increasing over time in all states except Chhattisgarh, where there has been only a slight increase in the last seven years.

## Monitoring Committee visits clinics

A team of the National Inspection and Monitoring Committee of Union Health Ministry to investigate compliance with PCPNDT Act, consisting of the Director, Dr. K. Singh, other members and Malini Bhattacharya, member, NCW, visited clinics in Delhi, North West on 16 June. They were accompanied by Dr. Thapa, CMOH and District Appropriate Authority, PCPNDT, member of the District Advisory Committee, officers and staff. There has been a decline in the 0-6 age group sex ratio between 1991 and 2001, but it was a matter of concern that well-known clinics in this area were still blatantly violating the provisions of the Act. While direct evidence of sex-selection is not easy to find, the team found ample examples of violations of the law in the form of under-reporting of USG (Obstetrics) cases, failure to keep records of such tests, incomplete Form Fs and USGs done by doctors whose names have not been registered with the Authority by the clinics. These provide enough circumstantial evidence of possible underhand dealings. Some clinics were persisting with such practices even after being warned. The clinics visited were (1) Nanda Diagnostic Centre, Pitampura, (2) Ganesh Diagnostic Centre, Rohini, Sector VIII, (3) Sundarlal Jain Hospital, Ashok Vihar and (4) Maharaj Agrasen Hospital, Ashok Vihar. On the basis of violations of the PCPNDT Act, found in each case, registration of the clinics were suspended and the USG machines were sealed by the Appropriate Authority.

for further information visit our website at : [www.ncw.nic.in](http://www.ncw.nic.in)

Published by the National Commission for Women, 4 Deen Dayal Upadhyaya Marg, New Delhi-110002. Printed at Sub-Urban Press, 244/5, Gali No. 13, Than Singh Nagar, Anand Parbat, New Delhi-110 005 • Editor : Gouri Sen