

India CLEN Programme Evaluation Network and Clinical Epidemiology Unit of All India Institute of Medical Sciences (AIIMS), Delhi are conducting a study on "Assessment of Injection Practices in India". Their final report is awaited. The Government, however, have already initiated following steps to ensure zero risk injection to the people:—

- (i) Standard Operative Procedures on Hospital Associated infections have been made available to all State AIDS Control Societies for further dissemination to various Government hospital and clinics.
- (ii) Inclusion of use of sterilized syringes and needles in all awareness campaigns of national AIDS Control Programme.
- (iii) Training of medical and paramedical worker on hospital infection control measures including safe injection practices.
- (iv) Supply of needle cutters to various Government hospitals through State AIDS Control Societies.
- (v) Under the immunization programme to ensure proper sterilization of syringes and needles, pressure cooker sterilizers, stoves, assistance to procure fuel, glass syringes and needles are being supplied to all Government health facilities of States and Union Territories.
- (vi) Training on safe injection practices is being imparted as a part of regular training of all health functionaries.
- (vii) Under the Pilot Project for introduction of Hepatitis B Vaccine, all vaccines are being administered using Auto Disable syringes in the slums of 15 cities and in 32 districts. Government is also actively considering introduction of Auto Disable Syringes for the Immunization Programme in a phased manner.

Female/Male Ratio

†134. SHRI JANESHWAR MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Original notice of the question was received in Hindi.

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RAJYA SABHA

(a) whether it is a fact that the female/male ratio in the country has come down to a dangerous level;

(b) whether it is also a fact that despite this female foeticide is going on uninterruptedly;

(c) whether Government have conducted any survey in this regard;

(d) if so, the details thereof; and

(e) the number of cases that have come to light so far, and the action taken thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKALAKSHMI): (a) The female/male ratio in India had declined from 972 in 1901 to 927 in 1991. However, the sex ratio has since improved to 933, as per 2001 Census.

(b) No data is available on female foeticide, since these are not done openly.

(c) and (d) Research studies have been conducted to find out the cause of decline in sex ratio and female foeticide. These studies revealed that strong son preference and low valuation of girls, increasing dowry demands, difficulties involved in bringing up a girl child, and easy availability of ultrasound and abortion services by various private clinics are main reasons for the female foeticide reported in the country.

(e) No cases of sex-selective abortion/female foeticide have been reported, since these are done in a secret manner, in connivance with unscrupulous service providers.

Female foeticide

135. SHRI K. RAMA MOHANA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of cases of sex selection and female foeticide registered during the last three years; year-wise and State-wise;

(b) the details of cases filed against the erring doctors during the last three years: year-wise and State-wise; and