(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

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(c) the steps Government propose to take to maintain male-female ratio in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No data is available on female foeticide, since these are not done openly.

(b) Details of cases filed against clinics/doctors for communication of sex of foetus as on 31.3.2004 is given below:-

Haryana	12
Karnataka	1
Maharashtra	2
Punjab	6
TOTAL:	21

(c) In order to contain the practice of female foeticide, which is one of the main reason for fall in sex ratio adverse to female population, the Prenatal Diagnostic Techniques (Regulation ad Prevention of Misuse) Act, 1994, which was brought into operation from 1.1.1996 has been further amended to make it more stringent. The implementation of the Preconception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act rest with the States and Union Territories. They have been requested to ensure wide publicity to the provisions of the Act and Rules and to effectively implement the same in letter and spirit.

It is, nevertheless, recognized that mere legislation is not enough to deal with a problem that has roots in social behavior and prejudices. Various activities have been undertaken to create awarenes against the practice of pre-natal determination of sex and female foeticide through Radio, Television and Print Media units. Workshops/seminars are also organized through Voluntary Organizations at State/regional/district/block levels to create awareness against this social evil. Cooperation has also been sought from religious leaders, as well as medical fraternity, to curb this practice.

Recently, the Government of India has also launched 'Save the Girl

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Child Campaign' with a view to lessen son preference by highlighting achievements of young girls.

Upgradation of Government hospitals

136. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have formulated any scheme for upgradation of the existing Government hospitals functioning at present in different parts of the country;

(b) if so, the hospital-wise details that are to be upgraded by Government during the current financial year; and

(c) the details of progress achieved so far, in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (c) The upgradation of the existing Government hospitals in different parts of the country is being assisted through external funds, mainly loan by World Bank and Government of India's financial assistance. The World Bank assisted State Health Systems Development projects are presently under implementation in the States of Orissa, Maharashtra, Uttar Pradesh and Uttaranchal. The projects of Andhra Pradesh, Karnataka, West Bangal and Punjab have been completed (details at Statement (see below). Focus of these projects is mainly on repairs, renovation and expansion of the existing secondary level health care facilities, provision of diagnostic, surgical and medical equipment and upgraded laboratory facility.

Ministry of Health and Family Welfare, Government of India is also providing financial assistance to the States/UTs through the project for upgradation and strengthening of emergency facilities of States' hospitals located on National Highways. The proposals received from the State Government hospitals during the current financial year would be considered for financing under this project only after the approval of Cabinet Committee on Economic Affairs (CCEA) on this project is obtained.

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