

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

STARRED QUESTION NO:173

ANSWERED ON:08.03.2013

TREATMENT OF CANCER PATIENTS FEMALE FOETICIDE

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**Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:**

- (a) whether instances of female foeticide continue to remain high in the country;
- (b) if so, the number of cases of female foeticide reported from various States during each of the last three years and the current year, State/UT-wise;
- (c) the funds allocated, released and utilised during the said period on the campaign against female foeticide; and
- (d) the further steps taken by the Government for strengthening infrastructure and augmentation of human resources required for effective implementation of Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PC&PNDT Act) including scaling up of inspection by the National Inspection and Monitoring Committee?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a)to(d): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO.173 FOR 8TH MARCH, 2013

(a)&(b): Though sex ratio in the country has improved from 933 in 2001 to 940 in 2011 as per Census 2011(Prov.), Child Sex Ratio has dipped from 927 in 2001 to 914 in 2011. However, sex ratio at birth has shown an improvement from 901 in 2005-07 to 905 in 2008-10.

As per the National Crime Record Bureau, a total of 123, 111, 132 and 114 cases of foeticide have been reported in various States in 2009, 2010, 2011 and 2012(Prov.) respectively as per details at Annexure-I.

(c) The funds allocated/released and utilized for effective implementation of the Pre- Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection ) Act,1994, are given at Annexure – II.

(d) Government has adopted a multi-pronged strategy to check female foeticide which includes awareness generation among youth and legislative measures as well as programmes for socio-economic empowerment of women. Some of the measures are:

# For prohibition of sex selection before and after conception and for regulation of prenatal diagnostic techniques, the Government has enacted a comprehensive legislation, the Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act in 1994. It was further amended in 2003.

# The Government has intensified effective implementation of the said Act and amended various rules covering provision for sealing, seizure and confiscation of unregistered ultra-sound machines and punishment against unregistered clinics. Regulation of use of portable ultrasound machine only within the registered premises has been notified. Restriction on medical practitioners to conduct ultrasonography at maximum of two ultrasound facilities within a district has been placed. Registration fees have been enhanced. Rules have been amended to provide for advance intimation in change in employees, place, address or equipment.

# Ministry of Health and Family Welfare has requested all the State Governments to strengthen implementation of the Act and to take timely steps to stop use of illegal sex determination. All the State Governments have been urged to provide leadership to reverse the declining trend in child sex ratio and address the neglect of the girl child through focus on education and empowerment.

# Ministry of Health & Family Welfare has intensified efforts to exhort the States and UTs to pay utmost attention to serious implementation of the Act.

# The Central Supervisory Board (CSB) under the PNDT Act has been reconstituted and regular meetings are being held.

# The National Inspection and Monitoring Committee (NIMC) has been reconstituted and inspections of ultrasound diagnostic facilities have been intensified. Inspections have been carried out in many states including Bihar, Chhattisgarh, Delhi, Haryana, Madhya Pradesh, Maharashtra, Odisha, Punjab, Uttarakhand, Rajasthan, Gujarat, Jharkhand and Uttar Pradesh. So far a total of 83 clinics

were inspected in 26 districts and 35 machines sealed. 19 cases have been filed in court.

# Capacity building has been given attention. Programs have been organized for State Appropriate Authorities and PNDD Nodal Officers and also for Judicial Officers and Public Prosecutors.

# The Government is rendering financial support to the States and UTs for Information, Education and Communication campaigns and for strengthening structures for the implementation of the Act under the National Rural Health Mission.

# States have been advised to focus on Districts/Blocks/Villages with low Child Sex Ratio to ascertain the causes, plan appropriate Behaviour Change Communication campaigns and effectively implement provisions of the PC & PNDD Act.

# Religious leaders, women achievers etc. have been involved in the campaign against skewed child sex ratio and discrimination against the girl child.