

## FINDING THE DATA ON MISSING GIRLS

Relevant for: Developmental Issues | Topic: Rights & Welfare of Women - Schemes & their Performance, Mechanisms, Laws Institutions and Bodies

An awareness campaign in Bengaluru in November 2013. | Photo Credit: [Bhagya Prakash K](#)

Female foeticide continues to increase at an alarming rate, as per the Sample Registration System (SRS) data released in July for the period 2015-2017. The sex ratio at birth (SRB) has been dropping continuously since Census 2011, coming down from 909 girls per thousand boys in 2011-2013 to 896 girls in 2015-2017, to quote the yearly SRS Statistical Reports. In the 2014-2016 period, of the 21 large States, only two — Kerala and Chhattisgarh — had an SRB of above 950 girls per 1000 boys. Thus at present, about 5% of girls are 'eliminated' before they are born, despite the promises of the Beti Bachao Beti Padhao scheme.

Taking into consideration the SRS estimates, the Niti Aayog acknowledged the seriousness of the problem in its latest report. However, despite all the officially acknowledged facts, Women and Child Development Minister Smriti Irani claimed in the Lok Sabha that SRB has improved from 923 to 931 girls. She was quoting data from the Health Management Information System (HMIS), a fundamentally flawed source that largely considers home deliveries and births in government institutions. Data from the HMIS are incomplete and not representative of the country as a whole as births happening in private institutions are under-reported. The HMIS report itself acknowledges that based on the estimated number of births, the number of reported births is much less in both the years considered — 2015-16 and 2018-19.

The differences among the three points of delivery become evident when SRB is calculated using data from National Family Health Survey-4 (NFHS-4). Of the 2.5 lakh reported births in the 2010-2014 period, the distribution of births at home, government hospitals and private hospitals was 21%, 52% and 27% respectively and the corresponding SRB figures were 969, 930 and 851.

Thus, private hospitals had a disproportionate excess of male children births, which the HMIS sample excludes. It is to be noted here that sources in the Niti Aayog confirmed that they did consider HMIS data but found after statistical examination that it was unreliable and therefore used SRS.

Further, even when we only consider institutional deliveries in government hospitals, the SRB is falling. The worst regional SRB for government sector was for Northern India (885 girls per thousand boys). The picture was somewhat better for Central India (926) Southern India (940) while the performance of Eastern India (965) and Western India (959) was even better.

In the Northeast, where the government is the dominant health-care provider, the government sector SRB rivalled that of the private sector (both are 900).

For too long, institutional births have been the goal of the government. That data for the private sector are more skewed has not been articulated in the NFHS reports or adequately dealt with by the Health Ministry. For two decades, in visits to hospitals, particularly private, too often we observed more male children even when the total number of births were small in number. So, we used NFHS 4 data to quantify this bias. It is criminal to use public funds to privilege boy births and facilitate discrimination against girls right from birth. However, for years, in the special neonatal care units (SNCU) set up by the government, there was an excess of about 8% male children in several States.

Regrettably, the government has prioritised an expansion of SNCUs rather than deal with the issue of the 'missing girls'. Protecting the integrity of birth statistics will help the people, governments and health professionals to focus on ameliorating the known gender gaps at birth rather than be complacent with dubious claims.

An analysis of the NFHS-4 data also revealed a bias when it comes to the first-born child — the SRB is among first-born children was 927, meaning that 2.5% of first-born girls are eliminated before birth. This was not the case historically.

Our field visits to various parts of India in the past five years, particularly in Uttar Pradesh and Bihar, where one in every three Indians is born, revealed a massive expansion of ultrasound clinics even in remote corners. And in the absence of a stringent implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PCPNDT Act), practically anyone who wants to determine the sex of the foetus is able to get it done illegally. Therefore, the increased deterrence in States like Maharashtra, Haryana and Rajasthan in recent years has been undermined by the laxity of the biggest States.

We are disappointed that the Central Supervisory Board established under the PCPNDT Act has not met for over one-and-a-half years. It should have ideally met at least thrice during this period. We hope the new Health Minister restores the regularity of the meetings. The Supreme Court has been continuously reminding medical associations since 2002 of their obligation to follow the law, its latest reminder being the formidable 92-page judgment against the Federation of Obstetrics and Gynecological Societies of India (FOGSI) earlier this year. The Indian Medical Association (IMA) has to ensure that private hospitals don't profit from discrimination against girls before birth.

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