

lopment of Homoeopathy, including educational institution and its utilisation in medical care and Family Planning programme on extensive basis.

(b) So far, the Governments of Kerala and West Bengal have appointed Directors of Homoeopathy and the Governments of Madhya Pradesh and Uttar Pradesh have appointed Deputy Directors of Homoeopathy.

(c) Only some states e.g. Kerala have separate budget allocation for Homoeopathy.

#### Provision for Maternity Leave etc.

2844. SHRI MUKUNDA MONDAL:  
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the provisions for maternity and medical leave for Ph.D. students who are employed in various Government and semi-Government research schemes at All India Institute of Medical Sciences; and

(b) whether there is no provision for maternity leave for women students who may work in a project for five years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAJ NARAIN): (a) There is no provision for maternity leave for women students registered for any, of the post-graduate course including the Ph.D. Course at the All India Institute of Medical Sciences.

(b) Leave rules for scientists who are not Ph.D. students vary from agency to agency funding the project. The I.C.M.R. Research Fellows are not entitled to any maternity or sick leave benefit. The C.S.I.R. leave rules provide for payment of half of the Fellowship to married women for absence upto 3 months on ground of maternity.

#### Misuse of Medical Termination of Pregnancy Act

2845. SHRI SHIV SAMPATI RAM:  
SHRI ANANT DAVE:  
SHRI SHANKARSINHJI  
VEGHELA:

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

(a) whether some cases of public misuse of the provisions of the Medical Termination of Pregnancy Act have come to the notice of Government, if so, the particulars thereof;

(b) whether Government are aware that the number of people seeking the test to determine the sex of a baby during pregnancy, discovered by the All India Institute of Medical Sciences, New Delhi is quite large and is increasing day by day;

(c) whether it has come to the notice of Government that they are going for this test simply for the prevention of the birth of a daughter which is considered to be a liability; and

(d) what steps Government propose to take to make suitable amendments in the Medical Termination of Pregnancy Act?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAJ NARAIN): (a) Yes, Sir.

Some instances have come to the notice of the Government where pregnant women having come to know of the sex of their child by a pre-natal sex test, have requested abortion with the ulterior motive of preventing the birth of a female child.

(b) All-India Institute of Medical Sciences performed in all 224 tests for determination of sex. They have since stopped performing pre-natal sex determination test freely and have restricted its use only in indicated cases of sex-linked genetic disorders.

(c) Yes, sir.

(d) There is no provision in the M.T.P. Act which allows termination

of pregnancy on the basis of sex. As such the amendment of the Act is not considered necessary to stop the misuse of the test. However, Government have already issued instructions to strictly limit the use of pre-natal sex determination test only for medical indications and for no other purpose

**Deaths of Children due to Diseases**

2846. SHRI DINESH CHANDRA JOARDER: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether attention of the Government has been drawn to the fact that an estimated five million children in the developing countries die every year because of six main diseases; and

(b) if so, the reaction of Government thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAJ NARAIN): (a) and (b). The Government have not come across any such report. However, it is a well known fact that child mortality due to diseases in the developing countries is high. In India major causes of mortality among children are childhood diseases like diphtheria, tetanus besides diarrhoea, dysentery and malnutrition. To prevent these diseases several measures such as Immunization Programme, Supplementary Feeding Programme, Drinking Water Supply Programme etc. have been started.

क्षय रोग के अस्पतालों का खोला जाना

2847. श्री मीठा लाल पटेल : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या देश में क्षय रोगियों की संख्या में प्रति वर्ष वृद्धि हो रही है ;

(ख) यदि हां, तो इस समय उनकी राज्यवार, संख्या कितनी है और उन अस्पतालों की संख्या कितनी है जिनमें

रोगियों के लिए आवास की व्यवस्था है; और

(ग) क्या देश को क्षय रोग से मुक्त करने के उद्देश्य से सरकार का, विचार चालू वर्ष में कुछ नए क्षय रोग अस्पताल खोलने का है और यदि हां, तो उनका राज्यवार व्यौरा क्या है ?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री राज नारायण): (क) और (ख) . इस बात का कोई प्रमाण नहीं है जिससे यह पता चल सके कि देश में क्षय रोगियों को प्रचलित दर में हर वर्ष वृद्धि हो रही है। जिन क्षय रोग अस्पतालों, संस्थानों में क्षय रोग पलंग हैं, उनकी संख्या का एक विवरण (राज्यवार) सभा पटल पर रखा है।

(ग) जी हां, राज्य योजना क्षेत्र के अन्तर्गत वर्तमान वित्तीय वर्ष में 660 पलंग लगाने का प्रस्ताव किया गया है और राज्यों को तदनुसार सलाह दे दी गई है। इन पलंगों का राज्यवार व्यौरा सभा पटल पर रखे गए विवरण में दिया गया है।

**विवरण-1**

क्रम सं० राज्य / संघ शासित उन क्षेत्र का नाम रोग पलंगों की संख्या अस्पतालों की संख्या जिनमें क्षय रोग पलंग लगे हुए हैं।

1	2	3	4
1. आन्ध्र प्रदेश	.	25	2927
2. असम	.	28	799
3. बिहार	.	45	1714