

I am telling you I will convey your feelings to them. Similarly Shri Ranga has referred to the library and the Gandian philosophy and Rajhansji has also expressed his views and also urged to change the name of Rajghat I would like to submit that this Bill relates only to a specific committee. I would, however, convey your feelings to the concerned Ministry through this Ministry.

I have nothing to say much. There are rules and sub-rules and we want that the Bill should be passed according to Rule and hope that prospective Members of this committee would maintain the Samadhi in a better way giving due respect to the feelings of the hon. Members. Party-politics have nothing to do in this regard. There is no question of what has been said by this or that side. All of us should keep the ideals of Gandhiji in our mind and maintain the literature and other articles related to him properly.

With these words I appreciate the feelings of the hon. Members and thank them.

[English]

MR. CHAIRMAN : The question is :

"That the Bill further to amend the Rajghat Samadhi Act, 1951, as passed by Rajya Sabha, be taken into consideration."

The motion was adopted

MR. CHAIRMAN : The House will not take up Clause by Clause consideration of the Bill.

The question is :

"That Clauses 2 to 4 stand part of the Bill."

The motion was adopted

Clauses 2 to 4 were added to the Bill

MR. CHAIRMAN : Now the question is :

"That clause 1, the Enacting Formula and the Long Title stand part of the Bill.

The motion was adopted

Clause 1, the Enacting Formula and the Long Title were added to the Bill

SHRI DALBIR SINGH : I beg to move :

"The the Bill be passed".

MR. CHAIRMAN : The question is :

"That the Bill be passed."

The motion was adopted

16.10 hrs.

DISCUSSION UNDER RULE 193

[English]

Continued growth of Population

MR. CHAIRMAN : We shall now take up discussion under Rule 193. Mr. Digvijay Singh may raise it.

16.10 hrs.

SHRI DIGVIJAY SINH (Surendranagar) : Mr. Chairman, Sir, before I say anything, let me first express my gratitude to all those from all political parties who are in the Business Advisory Committee for having considered the importance of this issue and allowed me to raise this debate. I shall be failing in my duty if I did not recognise their support.

For the last two-and-a-half years there has been no debate on this very vital issue. I have been attempting to convince those who can decide for the last two years and that clearly proves that in our political thought process, because we all are creatures of this so-called process from all political parties, the importance that we give to this vital issue.

When we say that here is an issue on which the future of India depends, and unless we do not tackle it, we cannot raise, we cannot improve our living standards, it is considered so important, then why don't

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we introspect and ask ourselves, 'Why is it that this issue has so low priority in the political arena? Obviously we know the answer. We say that because this is an issue which is not really vote-getting. Are we here only as miserable specimens of humanity that depends only on votes or do we have any initiatives of our own to be able to champion the causes that are as important and paramount as family planning? Do we have that gumption in us? That is the question. But before I go into the nitty gritty, Sir, let me try and tell this House as to the historical perspective of the family planning programme and the whole concept of family planning in India. Many of us may not know this. We are proud to say that the first time in the history of the world family planning was accepted as a State policy was as early as 1932 by Maharaja Krishna Rajendra Wadiyar of Mysore. He accepted it as a State policy. Many don't know this. We should know this. No place in the world had ever thought of it before the Mysore Administration did it. And thereafter, we are proud to say that ours is the first country to accept family planning as a policy programme as early as 1951. No other country has thought of it. Many other countries in Africa suffer from problems which are probably even graver than ours. But we are proud to say that that became a national programme as early as 1951. But the problem is that if one studies the net growth rate in our country, it was only after 1921 era, that decade 1921 to 1931—right up to 1921 our net growth rate was negligible. It was probably less than 1 per cent because our death rate was so high. So, this shooting of the massive increase in population of the country is a phenomenon that we experienced after 1921. In 1921 it was 0.03 per cent increase, in 1931 it was 1.4 per cent and in 1941 it was 1.33 per cent increase every year. In 1951, it was 1.25. In 1961, it was 1.96; in 1971, it went up to 2.20, despite the fact that we have family planning programme, despite the fact that we have active involvement of various agencies and the drop in birth rate, and even so, the death rate was low. It was constantly rising. Even as late as 1981,

figures, we were still rising. It is 2.25 net increase constant increase every year, despite the fall in the birth rate, because death rate is falling faster. The crux is around that year 1981, when the birth rate was falling little faster than the death rate and, therefore, we see, at least that is what the Government statistics say, there has been a slight fall, from 2.25 in 1981 statistics to, it is now supposed to be, 2.11. It is a slight fall. I hope these figures are true and what the Government statistics say are believable.

But I find some very interesting data which I would like to repeat before I go into the arguments as to what the targets of the Government are. The targets are made for the year 2,000 and the targets are as follows :

We want a crude birth rate fall from 32 per thousand population today to 21 per thousand. This is the most important thing, *i.e.* falling in crude birth rate from 32 to 21. Correspondingly, our death rate will also fall, falling phenomenally and probably falling further. It will fall from 13 per thousand today to a targetted figure of 9 per thousand in the year 2,000. This can happen, if what they call, reproductive couples are protected with family planning methodology. That is what they all, couple protection rate which is expected to rise from 37 per thousand to 60 per thousand. If we want to achieve this target, you have to increase the couple protection rate from 37 to 60 per thousand.

One more statistics is the infant mortality rate which is 95 per thousand today. It is also expected to fall to 60 per thousand. And this would bring the required statistics, which statisticians calculate in annual growth rates and net reproductive rates. Annual growth rate is birth of daughters per one woman irrespective of the fact whether the daughter lives or dies. Today the annual growth rate is much higher. But the goal is to achieve an annual growth rate of what they call, 1.2 daughters per one woman, and therefore a net reproduction rate of one woman to one living daughter. If we achieve this NRR-1 net reproductive rate of one, one fertile woman to one living daughter, then you

can think of the population of our country to fall. In China, they had very forceful measures. There was no family planning in China till 1978. The Programme started in 1978 and the practice was to have one child norm in 1978 and, in 1979, they had the first census after many years and by 1981, their statistics said by 1985 they achieved NRR 1 and they expected that from 1985 to 2000, they would reach a stage whereby it will be zero.

We have to reach our NRR 1, as I said, in the year 2000 which is, I think, a very fervent hope because these practices have been revised and the stand of those who handle affairs is shifting and now they say that it is not probably in the year 2000 but probably in the year 2014 or 2015 that they could reach that NRR 1. I have grave doubts about where we are going. Probably we will achieve NRR 1 in the year 2025.

In all family planning programmes, the main issue is the time factor. We have to look at all family planning programmes from the time perspective because that is the most important thing. A family planning programme will certainly achieve its goal but the question is in how much time. If crude methods are adopted for bringing down the birth rate, the progress of the success story of your programme will be slow and so the crux of the matter is how effectively can you bring down your birth-rate. Let us hope that we can achieve at least to some extent this NRR 1 even by the year 2015.

I was studying the 1978 declaration where many countries including India participated in a town called Alma Ata in the USSR from which new approaches and new directions have been brought forth, specially in the field of Mother and Child Health Care because family planning acceptance very much depends on the success of the Mother and Child Health Care. As long as a couple does not feel assured of the survival of the child, they are not going to easily accept unless you have very strong political pressures as in China. But, normally it is difficult. The paramount importance is how to promote this Mother and Child Health Care. I have gone through the statistics and I think, by and large,

Mother and Child Health Care Programmes have been highly successful now.

I was reading from the Report where they said that they are going to have a welfare centre for a population of 3000 instead of 5000 today. It is very commendable. But we need to do much more than depend only on our Mother and Child National Health Care Programmes. We need to have much better Services within those welfare centres. I am sure my other colleagues will speak much better about their personal experience there.

We need far more effective audio-visual and publicity programmes. The family planning methods are subtle now. Society is getting more sophisticated. We cannot have those crude things which you had a decade ago. You need to have more sophisticated methodology of promoting a cause in the modern society. You need time, funds and the initiative to do so. But most of all, you need a political will. I began my presentation by saying that that will had not existed and probably does not exist even today. How do we, who are already sitting in this august House, act as catalysts to create that will? I wish that after I sit down, more of my colleagues here to talk not so much about the problem because the world knows about the problem but how do we, in our capacity representing more than a million of people, act as catalysts within our own spheres. That is the important point.

Sir, there are a lot of stumbling-blocks. The stumbling-blocks are obvious. I see this time and again in my constituency and through out the country wherever I go to talk about the twin issues of population and environment because you cannot segregate one from the other. The two go totally hand-in-glove. Amongst the various apprehensions that the man in the village has, he asks.

[Translation]

They do not do. Why should we do?

[English]

If that society is not doing, why should

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we do it ? Looking into the statistics, I have found there is, to some extent, a certain distinction between communities. I do not want to create any rift or any schisms within communities. But there is a distinction between the various communities. For example, I found out that amongst people this thing probably it is because of lack of or a lower literacy rate or more poverty because it is an axiom. The higher the literacy rate and the higher the *per capita* income, the lower will be our birth rate. This is so throughout the world. It is an adverse one. Therefore that is the reason. Nevertheless, the statistics of the three major communities of this country—Scheduled Castes, Scheduled Tribes and Muslims—shows the following picture. These are Government statistics of 1971 and 1981. They say the Scheduled Castes population in 1971 was 14.60 per cent and today it is 16.75 per cent, *i.e.* 10 years later. In respect of Scheduled Tribes, it was 6.94 per cent and today it is 7.76 per cent—10 years later. In respect of Muslims it was 11.21 per cent and today it is 11.75 per cent—10 years later. That is no apprehension. We have to look much beyond this. We have to look at the problem from a much wider angle. These constraints will certainly come. But, we do not represent any one community sitting in this august House. We represent the entire society in this country. We have to overlook this. We have to convince our people. If there is any discrepancy, we have to go and tell, where there is less acceptance, to create an atmosphere whereby that society will accept the programme better. But there are many other constraints. I was shocked to hear that even in this Family Planning Programme, there is corruption. I do not know where this corruption is going to end. I was told—I hope I am not wrong but I stand corrected—that in the State of Bihar, something more than 52 per cent of the IUD—Intra-Uterine Device—cases are not traceable. So, this is the corruption at that level. I do not know how to overcome this. But, we have to find ways and means...*(Interruptions)* I may be wrong. But you know better. If we do not do that, the statistics say that India will be adding one Australia every year and we will

continue to do so for many years to come. Therefore, there is the imperative need for fresh initiatives.

Before I talk about fresh initiatives, let us find out why is it—as I mentioned earlier—there is difference in acceptance between communities. Why there is difference in acceptance between one stage and another ? Why is it so ? Here, I would like to compliment and I would like to ask the Members of Parliament who come from Kerala that what is it that in their State that they have gone head and shoulders among any other States if they talk of their achievements. We are very proud of that. I have got the statistics here which says that Kerala is head and shoulders in their acceptance rate beyond every other State. Kerala stands at number one; Tamil Nadu stand second; West Bengal is third, much lower. Kerala is way ahead. May I also draw the attention of all of us who come from these very popular States which are the lowest in the line ? The lowest is Rajasthan, way down; the second lowest is Madhya Pradesh, very little difference; a little above that are U.P. and Bihar, they are about the same in their acceptance rates. Why is their this difference ? These are all the things that we need to talk about.

I have been a great propagator for this to such an extent that I have been raising these issues and have even proposed legislative measures as early as . . .

MR. CHAIRMAN : If you want this discussion to be finished today itself by 6 O'Clock, then you have to be very brief.

SHRI C. MADHAV REDDI : It is a very interesting subject for all of us.

MR. CHAIRMAN : Will we be able to take it to next week ? We have to complete the agenda.

SHRI DIGVIJAY SINH : I wish to inform you that I have been such a strong exponent of this that as early as 21st March, 1968, when I was an MLA in Gujarat, I did not introduce a Private Member's Bill for sterilisation. That was more to give a shock treatment. I thought

I would follow that up by introducing a Bill in the Lok Sabha which I did. A Private Member's Bill was introduced in 1985 called the Family Welfare Bill (No. 106). But Private Members' Bills in this House come up more like a lottery because they go through the ballot. Anyway, the main features of this are like these. I got the information from two very relevant documents that are available to us, one prepared by the Department on possible incentives and dis-incentives; and another prepared by a voluntary organisation called the Family Planning Foundation; they had also prepared a list of incentives and disincentives. I thought I would take a few samples of these incentives and disincentives, put them in the form of a Bill and bring it up before this House so that we have at least a discussion. Though such Bills do not have the chance of coming through, it is a mode of raising a discussion and creating consciousness and appealing to the media to reach the masses. I have given a list of incentives and disincentives. I need not go through them. I have got some copies and can have them distributed.

Among the disincentives, one of them which would be interesting for us is this. If we represent the masses, I would say, let us have the conscience to feel how we can have so many children—we, meaning not only MPs and MLAs, but I am talking of every elected office-bearer; he may be a member of a Gram Panchayat or a member of an elected cooperative society. If he is an elected man, he should at least be in a position to say that he has done something which the country can be proud of.

PROF. N.G. RANGA (Guntur) : By that time he must have produced four children.

SHRI DIGVIJAY SINH : If he produces four children, after such an enactment is passed, he is disqualified. This is what my Bill says. Let us talk about how important it is. I have said that the same should be applicable to government servants. Then I have suggested raising the marriage age which is difficult, but here is one way of doing it because that is the fertile age when the birth rate is the highest. Then I added some incentives. Amongst

incentives, I suggested was that you give three months' salary to a woman who undergoes an operation after one child. On two children, a little less, one month's salary. But give her incentive. Another incentive I suggested was : give a person who has got proof that he or she has undergone terminal treatment of Vasectomy or Tubectomy. Give him or her loan on ten per cent less interest rate in the rural sector or from wherever a person is. And the third thing I had suggested, in my Bill was something which, to a lesser extent, the Government of Gujarat has already accepted, that if a couple has one or two children who are girls and they undergo terminal operation of Vasectomy or Tubectomy and if the age of that couple is less than 32, then a certain bond should be given to the couple realisable after a certain number of years depending on the resources available. Here is an incentive to stop after one or two daughters. Otherwise, people will keep on producing children just because they don't have son. I would like these kinds of debates to be raised in the State Assemblies and the initiative should come from us, from a decision that we take today and from the Ministry of Health and Family Welfare. And they should act as a catalyst to show that such debates take place in every State.

I would not like to say very much more except to say that I really look forward to listening to the debate from everybody who is here. I would like to say that since I have been a Member for Parliament, since 1980, I have been asking questions in the Parliament about this. And I am getting only the stereo-type answers that no new incentives have been given since 1980. Therefore, I would suggest that in a democratic society like ours, where we cannot force an issue down as they have done in China, the only panacea, the only redeeming feature, the only thing we can do is that to think about new incentives. If you do not do this, besides the miser of human population, you can look to what is happening to our towns. Probably, in other country in the world you have cities as big as we have in our country where half of the population live unauthorisedly. This influx from rural areas is a phenomenal thing. The life in cities is fast

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degrading than in any other country of the world. We cannot talk of protecting our grass-land, we cannot talk of protecting the forest land if you have this kind of population increase every year.

Just today we have finalised a very impactful audio-visual which will come in Doordarshan describing the three years of drought in eight states of India. The Title of it is "Yeh Akal ham le Aaye hain." We are responsible for this drought—the whole aspect of population growth and environmental degradation and its impact. Unless we gear up, unless we create that kind of ethos, nothing will happen.

I will round up by saying that my experience say that in the last general Assembly Elections in this country, there was something around 20 to 30 thousand candidates who stood for the Assembly Elections in the country and somewhere around 4000 candidates stood for the Parliamentary elections in this country. I don't think any candidate raised a family planning issue whilst he was canvassing. What kind of commitment is there? I do not know how much I have lost. But my slogan in Parliament was "कम बच्चे और" 'more trees and less children'.

I hope that the sum total of this debate is that we create such an ethos that whenever we have an election—even in the ensuing by-elections that we are having—this issue will come up and at least some of our candidates while they are canvassing raise this issue.

MR. CHAIRMAN : All the Members are requested to take only five minutes. We have to complete the discussion today as only two hours have been allotted for this discussion. Shri Gopala Krishna Thota to speak.

[Translation]

*SHRI GOPAL KRISHNA THOTA (Kakinada) : Mr. Chairman, Sir, the population in developing countries is increasing

at an alarming rate while the population growth in the developed countries is almost nil. The population in our country has more than doubled since our independence. Every one knows the reason for this alarming rate of increase in our population. This population explosion after our independence, has resulted in the mass exodus of people from our rural areas to towns and cities. Every one in our villages is thinking of migrating to urban areas in search of their livelihood. But, when the transformation of such magnitude is taking place, hardly any one, particularly, the Government has bothered to avert this mass exodus. No steps have been taken sincerely to control the growing population which is the main reason for such an exodus. Sir, with the migration of rural people to town and cities, it is becoming increasingly difficult to provide minimum facilities like providing drinking water etc. to them. Population can expand, but not our resources like land water. Whatever resources were there earlier are being distributed to more number of people and hence mounting problems. For example, we failed miserably even in providing drinking water to everybody. The reason, water resources remained the same as they were at the dawn of independence while the population has gone up by leaps and bounds. Similarly, we are paying a heavy price in providing shelter to the houseless. Agricultural lands are being converted into housing sites. Though the Government can take pride in providing houses to the houseless, forgetting the fact that much of the agricultural land has been lost in the process. This increasing activity of housing construction has contributed in the fall of production of food grains. This merciless conversion of agricultural land into housing sites has gone to such an extent that it began to have telling effect on our agricultural production. The dwindling crops is the direct result of this short-sighted policy. The increase in agricultural produce has resulted in the mass imports of food grains from other countries by spending huge amount of Foreign Exchange. This again is resulting in massive borrowings from other countries. So, it is a chain reaction. Increase in the population means more houses which in

turn means more housing areas and less of agricultural. Hence, in order to break this vicious circle, there is no other way but to control population. The population grows but not the land. Hence the only solution is to control our population. The responsibility to control population is the utmost responsibility of the Government. The Government should realise its responsibility.

Sir, people in the upper strata of our society willingly adopt family planning. The middle class families are also accepting the norm of small family without any hesitation. Hence we were successful in controlling birth rate in these sections of society. But unfortunately, it is the people who are in the lower rung of the society, who are not adopting the family planning. This is the crux of the problem. Poorer sections of the society discard the family planning out of ignorance, illiteracy and other factors. They are not at all bothered about small family. Here lies the responsibility of the Government to take up a massive programme to educate the poorer sections of the society about the family planning. Without the active support of the lower sections of our society, the Government cannot think of controlling the population. The population may become well over a billion by the turn of the century. Hence the Government should concentrate more on these sections of society, if it really intends to achieve some break through on this front Sir, China succeeded admirably in controlling its population. Their example is worth emulating. China has adopted the norm of "One family—one child." This new slogan has infused a new life to the movement to control their population. We too should adopt the norm "One family—one child", Our nation should also adopt this slogan. Giving such a slogan would help in educating our people about the benefits of a small family. Hence the Government should take all steps to popularise "One family—one child" slogan among our masses.

Sir, there is a need to increase the minimum marriage age. Earlier the minimum age was around 20 to 25 years under Sarada Act. But, Sir, this act was not implemented effectively. The Central Government should, in consultation with the

State Governments, by try to revitalise the Sarada Act. Strict implementation of this act would go a long way in controlling the population.

Sir, the Government is providing an incentive to its employees, who undergo family planning operation in the form of an increment. It is well and good. But the unemployed, especially, rural people have no such incentive. In order to induce them into family planning, it is necessary to offer an attractive incentive to them also. A paltry amount is being paid to them after operation which is too inadequate to meet the post operation expenses. The money will be spent in a day or two and thus a poor rural man does not get any benefit which is of long standing. The incentive should be beneficial to him in the long run like providing a milch cow etc. Then only, the incentive becomes attractive and induce the people to undergo operations. Mere providing of Rs. 100 or Rs. 150 will not serve any purpose. Hence I request the Government to revise the policy of giving incentives so as to make them more effective and attractive

Sir, a child is being born every minute in our country. We are adding one Australia every year in terms of population. If the population is allowed to increase at this enormous rate, all the progress we made will be neutralised. We will not be able to provide even the basic requirements to our people. Since resources like land and water are not elastic to meet the requirements of growing population, the only solution available is to control the population growth. The responsibility to implement family planning programmes lies strictly on the Central Government.

Sir, our State Government has been doing well in this regard. The movement is well organised in our State. In every district, at Zilla Parishad level, at Mandal level and Panchayat level a pool of Doctors has been formed to run camps. A camp is conducted for every fifteen days. They have been given a target of conducting tubectomy and vasectomy operations. Everyone involved is trying his best to achieve the target. The State Government is showing enormous interest in family planning. But, since this

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happens to be a gigantic task, it is very difficult for the State Government to shoulder the entire burden. Hence, the Central Government should come forward and help the State Government in all possible manners in this noble task. The liberal central assistance would boost the morale of State Government. The State can achieve better results. It also helps in the progress and prosperity of the State. I hope and trust that the Central Government would liberally extend assistance to our State Government to carry the family planning movement further. I also hope, that the Government would take all necessary steps to popularise family planning for controlling the fast growing population in the country.

I thank you for giving me this opportunity and conclude my speech.

[English]

SHRI SOMNATH RATH (Aska) : Mr. Chairman, Sir, I had the privilege of receiving much coveted Karve Award as Health Minister of Orissa since Orissa stood first in family planning. Our experience was that family planning should be made a peoples' movement through the voluntary organisations and much so the public should be taken into confidence and the media should be involved. To all the primary health centres Government of India is giving a huge amount. Every second doctor in a primary health centre is meant for family planning and the employees of all these primary health centres can motivate the people. Previously, of course, the motivators were given some amount. Now that has been changed. It is now only the beneficiaries.

My friend raised the problem about China. A parliamentary committee of this House went to China to study this problem. I was one of the members of that parliamentary committee. It was said that the norm of one child there is implemented through coercion but we found that it is otherwise. It is not by coercion. We remained there for a fortnight and we were taken to various villages and we found it is by persuasion. Of course, our system of Government is different from their system

of government. There party workers have come forward to implement the programme of the Government. For every twenty families there is a committee. These committees supervise twenty families each. If per chance a woman becomes pregnant after first child they go and persuade her for abortion saying that the State wants that you should have one child. But can it be possible in our country? The mover of the Resolution has rightly said that India is the first country in the world where family planning was taken up at Government level but we are adding one Australia every year. At one particular time it was gaining momentum. Some States even introduced Bills in their Assemblies to enforce family planning by an Act but can it be possible now? We know on account of political intervention there was set-back to family planning programme. Even commissions have been set-up to punish those States or persons responsible for the success of family planning. From then the set-back has started. So now what is required is political will. If all the parties come to the conclusion and agree that we should have an Act in the country for the implementation of family planning then and then alone it will be possible. My friend said that he advocated the cause of family planning while campaigning for his election. How many of us can dare to do it. We have the bitter experience of a Government being defeated. We should think of incentives and disincentives. But will it be possible? What is required is the political will of all the political parties to come to a decision. If we have an Act, we can implement it.

I don't know about other States. At least in Orissa, green cards are given to the couples also adopt small family norms. But are those people getting the benefits in real terms?

Sir, housing is a problem in China. What they have done is that those couples who adopt family planning, are provided houses on a priority basis. The children are given facilities in schools and other educational institutions. Let us do it here. It is not a question of giving more money by way of incentives to the beneficiaries. But confidence has to be built in their minds,

Why in India, people want more children? It is so because of poverty and they think that children will be a security in their old-age. So, poverty eradication programmes are linked with family planning but should be implemented in right earnest. When the people will be convinced that even one child will live long and their security in old-age is assured, they will come forward to accept the small family norms. To achieve this end, there are many programmes and schemes like universal immunisation, health care for child and expectant mother, poverty eradication schemes, etc. All such programmes should be implemented in the right earnest. Confidence must be raised. The poverty must be eradicated. If you can achieve all these things, the family planning programme will be successful.

Sir, health is a key to the development and, more so, to arrest the growth of population. The population explosion can be compared to be at par with nuclear explosion. Ours is a developing country and socio-economic changes are taking place at a very great speed. The family welfare programme finds a place in the 20-point programme of our Prime Minister. To promote small family norms on voluntary basis, two-child norm has been advocated.

MR. CHAIRMAN : How many children have you got ?

SHRI SOMNATH RATH : I shall quote from the speeches of a Judge of the Madras High Court, whom you know. He has a dozen children. When questioned in a meeting relating to family planning, he said : I have got only twelve. But the difference is I can educate them, I can maintain them. You cannot do that. So, it is meant for you.

MR. CHAIRMAN : That is applicable to you also.

SHRI SOMNATH RATH : He is a Judge of the Madras High Court. You know that.

This population control and family planning is on the Concurrent List. The implementation of Health programmes and various Central schemes are to be implement-

ed by the States on a partnership basis with the Centre. (*Interruptions*)

MR. CHAIRMAN : I understand from *Who's Who* that Mr. Somnath Rath has got six children.

SHRI SOMNATH RATH : It is true. Anyway the national programme of health is very much linked to the population growth.

SHRI BIPIN PAL DAS : He had six children when there was no population problem.

SHRI SOMNATH RATH : India is committed to attain the goal of zero reproduction rate by the turn of the century by bringing 60 per cent under the couple protection rate by that time. Can it be possible? It seems to be ambitious. The Performance Report reveals that in the last year there was a setback in sterilisations. I would request the Health Minister to kindly look into this and review the matter to reach the target.

SHRI K.V. THOMAS (Ernakulam) : Sir, I thank you for giving me an opportunity to speak on population growth. I am not going into the details. It is a serious problem. I would like to bring some salient points as to how to control the population effectively. As a person who is coming from Kerala, I am very delighted to participate in this discussion. Family planning can be effectively implemented only if people are properly educated. Now, Kerala stands first in the implementation of family planning programme and it will be possible if we would be educating the people effectively and bring awareness among the people as to how important this programme is. The Chairman was once the Health Minister of Kerala. He knows very well how much trouble and pain our State has taken to implement this programme. In Kerala, the catholic churches which are powerful are against the artificial family planning programme, and during the last so many years, it tried to effectively prevent the implementation of this programme. 20 years back, when wedding took place in catholic church, the blessing was like this. Let the newly wedded couple have as many children as the stars in the sky and pebbles in the sea

[Prof K.V. Thomas]

shore. Now, none of the churches in Kerala gives such blessings. Sir, it has been changed now. My point is that from that particular stage, the catholic churches which used to be very autocratic, old-fashioned, has been changed and its attitude has changed. It is helping in the family planning programme. We can effectively implement this programme only if we are able to remove certain apprehensions among the people. One of the apprehensions which we have to face in Kerala is that if either tubectomy or vasectomy was done, the health of the couple will be affected but if we are able to prove to the operated couples that these family planning operations have nothing to do with their health, we will succeed. Once we were able to prove that this family planning operations are effective to control population, then people came forward. Still I remember that 20 years back, when the campaign was going on for getting the couples, the incentives offered were unique. Plastic bags and buckets were the attraction in Kerala because they were newly coming to the market.

17.00 hrs.

When the couples underwent any operation for family planning, they were presented with sarees, dhoties along with a bucket. There was a saying in Kerala that if somebody had a bucket, it was presumed that he or she had undergone an operation for family planning. But now buckets are no attraction. Those people who are willing to undergo operations and cooperate with the family planning programme should be given a black and white TV or a radio set, so that they can know what is happening around.

We have to use our media for this purpose also. TV and radio programmes are available in almost all the villages. In Kerala every village has a TV centre. Villagers can come to the TV centre and can see the programme. We should, therefore, effectively make use of Doordarshan and radio for propagating the family planning programme.

Then, the students in colleges should be given proper education on sex. Very often, inadequate knowledge on sex leads to population growth. Students who are grown enough, who know what they are, should be given a thorough knowledge about sexual life. In our education system, we should make some changes so that the students in colleges can be given a proper training and proper knowledge about family planning.

Apart from TV and radio, we should also make use of the other media like news papers, pamphlets etc. This media can be effectively made use of for this purpose.

Family planning does not mean only birth control. It means how a pregnant lady should be provided with proper nutrition, how a new-born child should be looked after etc. All these things should come in the family planning programme. It should not be a programme just to reduce the birth rate. It is a programme to look after the welfare of the entire family. We should give a reorientation to this programme in such a way that the problems and welfare of the parents and their children are taken care of.

With these words, I congratulate hon. Member, Shri Digvijay Singh for initiating this important discussion.

[Translation]

*SHRI SATYAGOPAL MISRA (Tamluk): Sir, at the outset I thank Shri Digvijay Singh for bringing forth such an important and timely subject before this House, for discussion. The rapid rise in population is not a serious problem in our country alone, but it has appeared as a major problem of the entire world. On 11th July of last year, the world population has crossed the 500 crore mark and on 1st March, 1988, the population of our country has touched 79.2 crores. Although the area of our country is only 2.4 per cent of the world area, the population of our country is 16 per cent of the world population. That means the population of our country in ratio to its area is much more as compared to similar world

ratio. From the point of population we occupy 2nd position in the world today whereas China occupies the first position. But in the way we are progressing in this matter, the experts have estimated that in the year 2020 we will perhaps attain the first position in the world as regards number of people. At present the annual growth rate of our population is 2.11 per cent. The annual growth rate of population in China is 1.3 per cent at present. The world growth rate of population at present is 1.67 per cent. If we look to the birth rate then we find that in India the birth rate is 32 per thousand of population. In China it is today 20 per thousand of their population. If this trend continues then in another 50 or 60 years we will attain the first position in the world in respect of population. This will create a new problem for our country which is already beset with various other problems. We had framed a population policy for our country in 1976. But since then we are carrying on our family planning or family welfare programmes in a cursory and slipshod manner. It has not been possible to make any comprehensive or full scale evaluation of the same. I will request all the Hon'ble Members and the Hon'ble Minister to ponder whether there is necessity of fresh thinking on this problem considering growth of population as a major and all-pervading problem and to think of new methods to fight it. There are some problems in our country in the field of population growth. There are religious problems and we have some bad social Customs and traditions like child marriage etc. We will have to wage a united relentless struggle against the social evils like child marriage and against religious superstitions. But Sir, alongwith this I will stress that the problem of rapid growth of population is a deeprooted problem. It is just not on the surface. This problem goes deep into our socio-economic structure. It is not possible to solve the population problem without changing the socio economic structure of society. If we look at the present socio-economic structure we will find that we are living in a dreadful atmosphere. Why should a couple go in for family planning if their children do not have any guarantee of social security, any guarantee of livelihood, any guarantee of employment etc. Why should a couple adopt family planning if

their children do not have any guarantee of living like a human being? How can the idea of family planning enter in their minds and influence their thinking? Therefore the roots of this problem lie in our socio-economic condition of society. I will like to mention very briefly about pathetic position of socio-economic conditions of our country.

Sir, the number of landless people in our country is 15 crores. There are 25 crores of people who own very little land. The few programmes of eradication of poverty that have taken up, has not helped much. Half the people of our country still live below the poverty line. In our country there is no drinking water facilities in over 2 lakh villages. Lakhs of people do not have any housing facility. Items like milk and fruit have vanished from the menu of the common man. An idea has taken root among the masses that milk and fruit are purchased only for the sick people. After 40 years of independence, the entire wealth of the country has got concentrated in the hands of a few capitalists and landlords. Millions of people are living below the poverty line. Without changing their socio-economic structure it is not possible to tackle the population problem. I will urge upon everybody to lay the maximum stress on that. It is surprising to think that even today the rate of infant mortality in our country is 96 per thousand of birth. That means that every year about 20 lakh infants die untimely. Now a country where 20 lakh children meet ultimately death every year, how can you expect the success of family planning? It is not reasonable to expect that. The maternal mortality rate in our country is 24 per thousand. This was the position in 1985. Therefore we shall have to view our population problem in this socio-economic scenario. Two issues are intimately connected with the population problem. One is poverty and other is illiteracy. I have spoken about poverty earlier. Now I will say something about illiteracy. According to the 1981 census 54 per cent people of our country are illiterate. How can the illiterate people understand the benefits of family planning, of its advantages and disadvantages. This must be given a thought. Even in our new education policy it is nowhere mentioned how will illiteracy be eradicated. Our national leaders are

[Shri Satya Gopal Misra]

unable to say how illiteracy will be eradicated through the new education policy. Let us look at Kerala where family planning programmes have met with maximum success. There we find that the percentage of literacy, specially, female literacy is very high and the birth rate there is the lowest. We can deduce from that example that literacy is deeply connected with success of family planning I will request everybody to discuss this whole problem in depth. They should consider the socio-economic structure of our society, our religious superstitions and prejudices, our social evil traditions like child marriage etc. in connection with the population problem.

In the end I will like to mention about one thing. Sir, in the mid-term appraisal of the Seventh Five Year Plan, a peculiar thing has been said. It has been said the number of couple protection has increase in our country but the birth-rate remains stagnant. I feel that there must be some flaw in the supply of figures to the Government from various places. They cannot be correct. In the rural areas you will see that the same person is being counted three or four times over as having undergone birth control operations etc. This only inflates the figures. One more thing, Sir, from the figures available in respect of success of family planning, it is found that their success is comparatively lower in the Hindi belt. I will ask everybody to ponder over this. The role of mass media like T. V. and Radio is also very poor in his respect.

I want to say in the end that the problem of rise in population is a very serious problem. But solution of this problem not possible without changing the socio-economic structure of our society. I will request that maximum stress should be put on this aspect. I thank you, Sir for giving me adequate time to place my views before this house. With that, Sir. I conclude my speech.

17.13 hrs.

[MR. DEPUTY SPEAKER *in the Chair*]

SHRIMATI PRABHAWATI GUPTA
(Motihari): Mr. Deputy Speaker, Sir,

the hon. Member Shri Digvijaya Singh has brought a very important proposal in the House, which is being discussed. I am grateful to you for giving me an opportunity to express myself on this horrible problem. The country is facing a number of horrible problems today and the population explosion is the most horrible of all. We feel that this problem has posed a challenge to economic and social development of the nation. We will have to take up this challenge seriously. At present, 15 per cent of the total population in the world comprises of Indian population, while the area is just 2.4 per cent of the total area of the world. One can guess easily the density of our population in one km area. We are living in such a congested area. Density of population in our country is too high. For instance in Uttar Pradesh, Bihar and specifically northern parts of Bihar, more than 800 people live in an area of one kilometre. After coming into power after independence in 1947, the Central Government has been implementing the Family Planning Programmes since 1957. It was a good step and the Government hoped to control the population, but it didn't happen. I was listening to Shri Digvijaya Singh very carefully when he presented the figures, I also possess the figures but I wouldn't like to present them as the bell has rung. I would, however, like to say that according to the census report of 1951 the population was 34.2 crores which increased to 68.5 crores in 1981. Our population became double during a period of 30-35 years. Every year it is increasing by 1.5 crore and thus the number of feeding mouths is continuously increasing.

Our hon. Prime Minister has been warning against this alarming situation and that is why the Parliament approved a National Health Programme in 1983 with two objectives. One is health for everyone and the other is to bring down the birth rate to 1 by 2000. These objectives are quite good, but the family Planning Programme launched by the Government seems to be insufficient to achieve these objectives. The Minister is requested to throw light on the family planning programmes which are likely to be taken up.

Figures are given in the report on the Health and Family Planning Programme

1987-88. I would like to submit clearly in the House that if the responsibility to tackle this problem is confined only to the Ministry of Health and Family Planning, I don't consider this Ministry to be so competent and efficient to have a check upon the population growth. Through the medium of this House, I would like to urge the hon. Prime Minister, Health Minister and the public welfare Government that the population growth has become a horrible problem. So the Government ought to work upon it as a National Campaign and solve it on the level of Planning Commission.

So far as allocation of funds are concerned, these have been growing from the first plan to eighth plan. There are about 6000 centres under the Family Planning Programme. These are insufficient, we will have to convert all the Primary Health Centres and sub-centres into Family Planning Centres.

We will have to change the feelings of the people. The medium of communication and publicity should be adequately strong. Priority should be given to television in the backward areas, the areas where the population is dense and literacy is less, where women are illiterate and the percentage of educated people is quite low. It is a fact that with the revolution in the sector of the transmitter and radio, facility of radio is made available in every village but even then the rural women have to engage themselves in their day to day work than listening to the programmes broadcast on radio. Women are the prey to this growing population. Women have to face the problems of unplanned pregnancy and labour pains. The Public Welfare and Family Planning Programmes launched by the National Government should be implemented on war-footing. Everybody is aware of the fact that the information regarding family planning or availability of the books and other matter on Family Planning at the block level Health centres and hospitals in rural areas are insufficient. We see that little knowledge is a dangerous thing. Sometimes ineligible persons are operated upon while implementing the family planning programmes. All such figures are made available to the Government and it considers that all the programmes are being executed

smoothly. The Government must look into this matter also. It should be seen that all such operations are successful. It has been observed that in rural areas neither the doctors are skilled nor the operations are performed properly. Neither the sanitation is proper, nor the required instruments for operation are available. Due to lack of these facilities these women die even in minor operations. Besides, the people are afraid of these operations. This feeling should be removed. When efforts are made to convince the women in rural areas that big family creates more troubles for them, they confess that they prefer to face these troubles than to go in for an operation. I would urge the Government to implement all these programmes in a proper way.

Markets are flooded with spurious drugs today. I had asked a question regarding this also. The Government provides medicines free of cost under the Family Planning Programme, which is undoubtedly a good scheme. But I would urge that the pills provided to the public should not be defective. Certain loop programmes have been launched. I had raised a question in this regard in the Lok Sabha Committee also and talked to several women. They pointed out that it creates many difficulties for them. Moreover it creates anaemic condition also. Due to pain and fear the women get it removed. All such programmes of the Government have not been successful. One such spoiled case of a girl also came to my notice. Her life was in danger at the hospital because of pain and bleeding. The Government must bring about improvements in these programmes.

Beside this one more feeling is at work in our society. Nowadays people at least desire to have one boy if not two. Everywhere in the private laboratories sex tests are being conducted to determine the sex of the foetus. Lot of money is charged for conducting these tests. Females foetuses are generally destroyed through abortions. The Government must discourage this tendency because it is a slur on the whole of the society. The speaker before me also stated that the women generally are the victims of these practices.

The Government has a programme for making nutritious food available to women

[Shrimati Prabhawati Gupta]

under the family planning programme. I request the Government to bring the maternity welfare programme under the family planning programme. Poverty is the biggest problem in our country. In the western countries people are very conscious to have one child only. However, in our country despite poverty people want to have less children. Now we have man power, fertile land and many mines, then why we do not speed up the pace of the economic programmes. Now we should run one programme—“Brahmcharyen Tapsa Deva Mrityum Upadhnat” means through the power of celibacy both God and men get nectar. The Government must propagate this feeling on extensive basis. Such programmes should be included in the curriculum in the schools from the fourth and the fifth standard onwards. I think there are several Ayurvedic and Homoeopathic medicines through which the family planning programmes can be successfully run all over the country without fear or difficulties. In my opinion such programmes should be encouraged by the Government and also included in the National programme, as these systems of medicine are being successfully made use of both in Rajasthan and in Uttar Pradesh.

In the end I would like to state that it is beyond the control of the Ministry of Health and Family Welfare to check population growth. The Planning Commission should directly take over this responsibility in its own hands for controlling the population growth and for the economic development of the country.

With these words I conclude.

17.26 hrs.

PAPERS LAID ON THE TABLE—*Contd.*

[*English*]

Notifications under customs Act 1962

THE MINISTER OF STATE IN THE DEPARTMENT OF REVENUE IN THE MINISTRY OF FINANCE (SHRI A. K. PANJA) : May I have your indulgence to place on the Table a paper mentioned against my name in the Supplementary List of Business,

MR. DEPUTY SPEAKER : It hink the House will accept it; it would not object to its being laid on the Table since it has already been circulated. We can allow him.

SEVERAL HON. MEMBERS : Yes.

SHRI A. K. PANJA : I am obliged to the members. I beg to lay on the Table a copy of Notification No. 156/88-Customs (Hindi and English versions) published in Gazette of India dated the 11th May, 1988 together with an explanatory memorandum making certain amendments to Notification No. 136/86-Customs, dated the 17th February, 1986, so as to reduce the basic customs duty on acrylonitrile from 70 per cent *ad valorem* to 15 per cent *ad valorem* under Section 159 of the Customs Act, 1962.

[Piaacd is Library. See No. LT-6164-A/88]

DISCUSSION UNDER RULE 193

[*English*]

Continued Discussion of Population.—*Contd.*

SHRI H. M. PATEL (Sabarkantha) : I would like to congratulate Shri Digvijaya Singh for raising this discussion. It is a very vital subject of great importance. He has in his initial remarks emphasised how very important this subject is for this country. The rate at which the population is increasing in our country ought to cause very serious concern to everybody. It has virtually a nullifying effect on all other developmental activities of this country. However much we progress, that progress is almost nullified. This is one of the major causes of our poverty eradication programme not succeeding. The pressure of population on all aspects of economy is enormous and it is having serious effect on our environment problems, on our economic development and indeed on all other problems also. For instance, the entire water problem, the fuel wood problem, the destruction of forests, all these which are today causing or ought to be causing serious concern are due to it. It is astonishing, that in spite of the fact that everybody has realised it, and yet somehow, we are trying

to act in a manner as if this was something to which we should not attach great deal of importance.

If you see the documents of all other Ministries, except for the Health Ministry, you will find that there is hardly any mention of this major problem. In the whole of the Economic Survey of the Finance Ministry, you would find hardly any mention of the population problem or realisation of the problem that the population is creating and the problem that the effect the rate of growth is having on our economic development, on our economic developmental activities.

It was unfortunate that when we took it up seriously, we adopted a method, which really brought about a feeling of revolt in the mind of the ordinary man of this country.

I remember when the first census report, after independence was published, the then Census Commissioner laid very great emphasis on this population problem and the importance that the Government should attach to it. He also warned that failure to attach the kind of importance that was necessary to attach to it would result in serious consequences to the future development of this country. His warning was accepted by the Government. And we attached a great deal of importance to population control right from the First Plan. Unfortunately, for various reasons, the then Health Minister failed to see, or was not wholly convinced of the importance of this programme, and so although it was accepted as a policy of the Government that a great deal of importance should be attached to population control, in actual fact in the implementation of that policy there was a certain amount of passiveness.

Substantial sums of money were allotted, I remember, in the Second Five Year Plan and they remained unutilized. When it seems that we woke up to the seriousness of the situation, and effective steps began to be taken, they took them unfortunately during the Emergency period. And the method by which it was done, or the manner in which it was done, was so revolting that it became inexpedient to utter the very word 'population control' and it was changed over to 'family welfare.'

Anyhow, it was decided to somehow wrap it up in a manner so that people would not consider that they were being driven towards something which they did not like. And yet this was something of vital importance. It is a matter of satisfaction that the Health Ministry to realise its importance judging from what it says.

But what is the actual achievement so far? The achievement so far is, I am afraid, not sufficient for our purposes. Fifteen million people are added every year. In 1971 our population was 54 crores or 54.82 crores. In 1981 it rose to 68.52 crores. The present birth rate is 32.4 per thousand. And what it ought to be is 21. You can see the distance that we have to cover. Unless very drastic measures are taken, I am afraid, we shall find it difficult to reach that goal within a measurable period of time. We know what should be done. But we are not able to do it because of various handicaps. Poverty is one of the handicaps. If people were less poor, then the acceptance of family planning would be easier.

If they were more literate, again it would be easier. And yet, in both these matters, literacy and poverty, we are not able to make the kind of progress that is necessary. Kerala has been able to reduce its birth rate to the extent that it has been able to do it within a very short period of time, despite all the difficulties that it had. As I think the hon. Member from Kerala pointed out, it was done because the people there were determined to do it. Similarly death rate, in Kerala the infant Mortality Rate for instance, has gone down to 32 as against 140 in Uttar Pradesh. Is quite a contrast. Only if the Infant Mortality Rate is less than 50 per thousand, can not be assumed that the people there are fairly well off and are getting their essential requirements, and above all they are well nourished. The only State in this country which has achieved this is Kerala. In all other States and particularly the Hindi Belt States, the Infant Mortality Rate is over 100 per thousand. Therefore, it is very necessary to view this problem seriously. Unless we attach the degree of seriousness to this problem, that is necessary we shall before long find ourselves in very great difficulty.

[Shri H.M. Patel]

Only in 1985, the Ministry for Environment has been established. It is now only that we have begun to realise. We have realised the gravity of environmental deterioration. Now, we have found it necessary to establish a separate Ministry. We have done this at the stage when already a fantastic amount of environmental deterioration has already taken place. The degree of destruction of forests that has taken place is enormous.

Why is it that the drinking water problem in our country has become even more acute than it was before? It is because of the pressure of population and that pressure of population must be relieved as early and as urgently as possible. Unless we succeed in doing that, I am afraid, we shall find ourselves facing a very serious situation. Now, what should be done? This is the question. Is the Health Ministry taking all possible steps? It is not merely a question of allotment of money. It is also a question of obtaining willing and determined cooperation from the people. It was rightly said that there has to be first of all a political will. The Government itself must realise that this is a problem of the first importance. The solution of this problem must be given the highest priority. It is undoubtedly true that there will be political problems and political difficulties. But, this is a problem, I think, on which all political parties are agreed and I do not think that there will be any attempt at taking political advantage in one way or another if an agreed policy is evolved. I am quite certain that it should be possible to achieve it. The most important thing is the implementation of the policy. In regard to implementation of that policy again I feel the cooperation of all political parties should be sought. I do not think there will be any difficulty in obtaining. So far as voluntary organisations are concerned there are great many, their cooperation should also be sought. These voluntary organisations have really done most significant work in this sphere. I have some knowledge about two or three States where voluntary organisations have done outstanding work and those States are really leaders in this sphere. I feel that the Health Ministry should give to this subject the highest priority and not

merely rest content with statistical figures. I think, it is necessary for this subject to be tackled, not State-wise. There should be district planning. It is not a question of planning but implementation district-wise is very vital because conditions vary from district to district. Unless we see to it that those varying conditions are realised and steps taken to meet those particular conditions, the success which is necessary to be achieved will not be achieved.

It is a very good that this subject has been brought for discussion and its importance high lighted. I hope, Government will take further steps to see that this subject is considered, kept alive and its importance is continuously emphasised by the Ministries because it effects the success of the policies of all the Ministries. Therefore, they must all work cooperatively.

I hope, that the importance that should be attached to this problem will never again be under-estimated.

[Translation]

SHRI MANOJ PANDEY (Bettiah) : Mr. Deputy Speaker, Sir, it is a moment of pleasure that Shri Digvijay Singh has raised a very important issue in this august House. Sir, I would like to briefly dwell on three-four things which are very essential.

Sir, the important thing is the couple protection rate. There is a need to expedite the couple survey work. The couple survey work has not been fully completed. There are several loopholes in it. It is absolutely essential to undertake the couple survey work in the rural areas. Till now, the survey work has mostly been done in the urban areas and very little in the rural areas. If the couple survey work is properly got done in the rural areas, then the Government will be able to give definite figures about couple protection programme and its coverage. If couple protection rate can be increased by using contraceptives, pills, or other methods as we are doing at present, it will be good because this is in conformity with our policy. In the opinion of the hon. Members the most important subject is of couple survey and many things can be developed as contraceptives. I think there is a need

for doing something more for contraceptives and the advertisements for popularising contraceptives and Nirodh on T. V. and other media. Besides Nirodh, some more contraceptives can be developed as has been done in foreign countries. More research work should be undertaken so these can be made available at cheap rates. Though Nirodh is also cheap, however more such other things can be developed as its substitutes so that these are easily available in the market. The Government must lay greater emphasis on this aspect.

Second thing is about child care and mother care which are very important and essential. Regarding child care a mass immunisation programme is already being implemented on which the Hon. Prime Minister has laid greater emphasis. It is a matter of pleasure that this programme has also been referred to in the technical missions. We want that more and more publicity should be given to the mass immunisation programme during the Seventh Five Year Plan and it should be fully implemented so as to cover the entire population. Covering 15 to 16 crore children under the programme is a stupendous and time consuming task. I think if this programme is implemented properly, if the health care centres are run efficiently and if due publicity is given to it, a lot of work can be done in this direction. The publicity being given to it at present on T.V. is not adequate. I think some more time and publicity need to be given to the child health care on T.V. for educating the people about it. For the people living in the rural areas separate programmes should be telecast on this subject. Till now, adequate time and publicity are not being given to this programme on T.V., so the Government must pay greater attention and give more time to these programmes.

There is one more important subject on which it is essential to speak. I have got many issues to speak of, but the time is less. Mother care is very important. The august House is well aware of the condition of the Primary Health Centres. Even the staff and the facilities which are available at these centres have not been provided to all the people all over the country. Though Planning Commission passes on the funds to the Health Ministry,

for passing on to the State Governments, yet there is a big gap in the implementation. The Central Government is not absolved of its responsibility simply by setting up the Primary Health Centres and by providing funds. Today the Primary Health Centres are not working efficiently and even if the implementation has been handed over to the State Governments, the Central Government must exercise maximum control on them. I think this issue should be brought under the purview of this august House. As far as the question of the Primary Health Centres is concerned, the Government of India should be entrusted with the responsibility to look after the functioning of these centres. This subject should be included in the concurrent list. Leave aside the rest of the works of the Department, but setting up and maintenance of the Primary Health Centres and their management should be included in the national programme. So far as the national Programme is concerned more attention needs to be paid towards its implementation. I request the hon. Minister and all the hon. Members to take up with the State Governments the issue of inclusion of this subject into the concurrent list and persuade them to agree to this proposal. This is the most important programme and its implementation is essential.

I want to give a concrete suggestion for which two more minutes may please be given. More is required to be done at the stages of the pregnancy and the labour pain. Before pregnancy, there should be a couple survey and thereafter couple protection. During the pregnancy period, I suggested mother care at the Primary Health Centre. During the time of labour pains the Primary Health Centre is at real test. We come from this profession and I know that during the period of labour pains, if some complications develop, then the Primary Health Centres are not fully equipped to handle such cases. Such cases are to be transferred to the district hospitals, whereby the patients often die on the way itself. From the remotest villages, the Primary Health Centres are far away and also lack means of transport, so how can the hon. Minister say that the problem which arise during labour pains should be solved. The

[Shri Manoj Pandey]

distance between the Primary Health Centres and the Sub-Centre is too much to offer proper mother care facilities to the pregnant woman. For this, roads are essential. Otherwise how mother care facilities can be provided? Therefore, the Planning Commission should pay attention towards this matter and see that there is a link between the sub centres and the Primary Health Centres. I would also like to say a few words on surgery. Leprosy is an important discovery. This has aroused the feeling of security among the women of the rural areas, who generally go in for the Family Planning devices and it is also cheap. Even before Leprosy, the condition of the surgery was not so bad as can be gauged from the number of the cases spoiled during the emergency, but political advantage was mainly derived out of it. This gave severe setback to the Family Planning Programme with the result that the population growth again picked up. The most important thing is bloodless surgery which has developed the laser technology.

Laser technology should be made use of in this field so that we may give the maximum benefit. Bloodless surgery is more effective in the rural areas because people get scared of excessive bleeding. So how can we insist the females to undergo surgery. Therefore we should make use of laser technology and also take quick action in the direction of bloodless surgery so that we may treat the females at the earliest.

SHRI C. JANGA REDDY (Hanamkonda): There is no difference of opinion about the family planning programme. But still our population is going on increasing. Some hon. Members recommended surgery while the others opined in favour of Ayurveda. Leaving all this aside, everyone is ready for it but certain sections are against it. We should consider this problem very seriously. If a Government employee adopts the family planning programme, he gets a benefit of two increments. You can estimate the benefit he will be getting by the time of his retirement. But on the contrary, those living in the villages *i.e.* farmers and labourers get only once Rs. 50 and perhaps Rs. 150 for clothes if they adopt the family

planning programme. You have never paid any attention to the incentives being given to them. My submission is that just as a Government employee gets two increments on adopting the family planning programme and the amount of this benefit works out to be nearly Rs. 25-30 thousand by the time of his retirement, similarly the villagers should positively be paid at least Rs. 5 thousand. Secondly you should formulate such rules and make such arrangements whereby a Government employee who indulges in bigamy should be thrown out of the service. Further, a Government employee who does not adopt the family planning programme after two issues should also be removed from service. Provision should be made to give five increments to a Government employee who does not get married even after the age of 30 years. Keeping in view the speed at which our country's population is increasing, it is essential to take solid steps. Today the situation is such that no matter how much development we make, it fails due to the increase in population. There is not even a single person in our country who opposes the family planning programme. But the rate of population growth is three or four times more than the increase in our production and the development made by us. It is getting difficult for us to check population growth. No matter how many Five Year Plans we formulate, unless this problem is controlled, all our schemes will remain ineffective.

The land can definitely not increase with the speed at which the population is increasing. Because of the increase in population, the people are indulging in deforestation due to which there are no rains. This results in a famine situation and we do not get foodgrains to eat. Unemployment is increasing in our country. The solution to all these problems lies in implementing the Family Planning programme effectively. Everyone conforms to this, though there may be some people from certain sections who oppose it. Leaving aside party considerations, we should all face this problem on war footing. If we are unable to implement it compulsorily since we lack courage and even I am not in its favour, then we should inspire the people to do so willingly. Some socialist countries do have made such an arrangement. We should formulate a

common civil code. Bigamy and polygamy should be banned for all regardless of one's religion. My opinion is, that at the time of appointment in a Government service, an affidavit should be taken from each employee that he will adopt Family Planning devices compulsorily after two issues. Only such persons who give such an affidavit should be taken in Government service and be given ration card, water and electricity connection. This problem cannot be controlled unless we take some such positive steps. If we will hesitate in taking solid steps, then its consequence will be disastrous. Our country cannot make progress without this. My submission is, that all of us sitting here should first willingly adopt this programme ourselves. But here the situation is such that one person has even 30 children, some one has 4 wives and one of the hon. Members was saying that many people have 10 children each. Therefore, my submission is, that if you cannot implement it compulsorily, then you should at least make such a policy for the Government employees that only those persons will get a job, ration card and Government subsidy, who adopt Family Planning. If we do not take such a step, then in the near future, the density of population per kilometre will go on increasing. Therefore keeping aside all party-politics, we will have to face this problem jointly. We will have to formulate a common Civil Code and as far as possible implement it compulsorily since it is very essential.

18.00 hrs.

[English]

DR. A. KALANIDHI (Madras Central) : Mr. Deputy Speaker, Sir, at the very outset, I am thankful to you for having permitted to participate in the discussion on the continued growth of population.

I would like to congratulate Mr. Digvijay Sinh on having brought this issue for discussion in this august House and also on his eloquent oration and also his valuable suggestions for implementing and bringing out effective family planning in the country.

The population explosion is so bad that I fear that in another couple of decades that

we will be exceeding China. If that happens, whichever Government comes to power and whatever be the Plan allocations, that will not reach the common people and the Government will not be able to cater to the needs of the poor people. Your policies and philosophies will become waste and the funds will also be wasted. I only suggest that effective family planning should be implemented at all costs.

I can proudly say that while Dr. Kalaingar Karunanidhi was the Chief Minister and Prof. K. Anbhzagan was the Health Minister, we achieved the target of being second in family planning in India and now we continue to occupy the same second position. Mr. Digvijay Sinh asked, what is the reason for Kerala and Tamil Nadu occupying first and second position respectively. I only say that many people still feel that large family size is an asset to their family. Second thing is, they feel many births are a safeguard against the loss of family members through sudden death which may happen at all stages, particularly at infancy and young age. Parents also feel that children can earn, provide sustenance and company in old age. They also feel that children provide emotional satisfaction.

Prof. G. H. Kibbs calculated that world population was already growing at 1% per annum and earth's ultimate carrying capacity lay between 11 and 12 billions. I would request Shri Digvijay Sinh, if he has time to kindly go through the books "Studies in Population and Economic Development, by B.N. Ghosh, Volumes I and II and Limiting Population Growth, Ford Foundation Contribution by John Caldwell and Pat Caldwell.

I would like to give a few suggestions as a doctor. But I may say that many suggestions which I would give will be like carrying coal to New Castle. I was thrilled and surprised to hear many of the valuable suggestions coming from non-medical people, for effective implementation of family planning. I would like to quote Mr. Ghosh, with your permission, on Studies in Population and Economic Development :

"The National Population Policy Statement calls for a population growth

[Dr. A. Kalanidhi]

rate of 1.4 and a birth rate of 25 per thousand by 1984 compared to the present growth rate of 1.7 to 1.8 per cent and birth rate of 35. This would require the crude birth rate to fall by one point or more per year over the coming years. Such a rapid decline has occurred elsewhere. In the case of Taiwan and Singapore, for example, and there is definite evidence of a downward fertility trend in India, particularly since 1971."

So, I thought I could give a few more suggestions for effective family planning. One is about popular education or literacy. One could come across high literacy rate existing in Kerala. Though we are not as good in the literacy rate as in Kerala, still our method of effective family planning has brought us, Tamil Nadu to second level. Secondly, growing political participation must be there. Third is improving the health of the individual. Fourth, effective or adequate family planning measures as well as birth control programmes. Another method is increasing attention for maternal welfare. In United States, they have programme called, Women Infant Care Programme (WIC) and I had occasions to visit United States and visited many of the primary health centres where they were able to give better nutrition for indigent and pregnant women, providing iron and protein during the early months of pregnancy so that they could deliver better, healthy children at a later stage. In the United States, it is called as WIC. In our country, we can call it as Mother and Infant Care Centre. In every Primary Health Centre, we can provide such MIC.

Another point is the weakened class and caste lines.

Certain sections of the community do not accept family planning. As long as they live in India, they should accept family planning methods. Whatever norms the Government fixes up for family planning should be accepted irrespective of the religion to which they belong.

Finally, about the TV and audio-visual programmes, it is not merely that we show

nirodh or copper-T loops. We should depict the pictures about the sufferings of the large families and the happiness of the small size families. All these should be well depicted so that people in the rural areas can appreciate and get educated.

Another point is about incentives and disincentives, which Shri Digvijaya Singh has quoted very well. I do not want to go in detail.

Inclusion of family planning in all the medical courses is essential because at present only in the final year, family planning is taught. In the final year medical course, in hygiene, they teach family planning. It is better that family planning is included in the first year of the medical course itself.

In Services, training of doctors and nurses is very essential.

Finally, experienced technical assistants and qualified persons should be appointed in family planning programmes.

The previous speaker mentioned about the difficulty experienced by pregnant women in the rural primary health centres and how they are mismanaged by the quacks. This should be avoided. I would only request the hon. Minister that qualified and technical personnel should be appointed in the programmes of family planning.

Forcible family planning can be applicable only on restructuring the economy. Otherwise, it may jeopardise the basis of household enterprises in India on which so much of the stability of the social fabric rests. Population control programme should be voluntary instead of draconically enforced by authority.

All the political parties should lend a helping hand irrespective of their affiliation for effective family planning implementation.

[Translation]

THE MINISTER OF HEALTH AND FAMILY WELFARE AND MINISTER OF CIVIL AVIATION (SHRI MOTI LAL VORA): Mr. Deputy Speaker, Sir, Shri

Digvijay Singh has initiated a debate on a very important subject. I would like to refer to all those important suggestions given by other hon. Members who have participated in the debate. Shri Singh has mentioned that the progress and future of our country depend upon our population. Besides, he has also said that this debate has taken place after a long time. We are aware that the efforts made under the guidance of Pandit Jawahar Lal Nehru in the direction of building our nation did bring progress in our country. During the last five years, our country has left no stone unturned in achieving a position in the world. In the countries which we happened to visit, we have heard words of praise for India.

We remember that Panditji had once said that the people of India can neither make progress nor increase their scientific and technological know-how. But we tried our best and made tremendous improvement in the field of science and technology. India, which had once no place in the world and the people used to think that it would lag behind, today enjoy first place next only to U.S.A and U.S.S.R in the world in the field of industry. But if along with this our increasing population is not brought under control and enough attention is not paid towards it then whatever progress has been made and is likely to be made in our country will appear to be less and inadequate. Today our population is 79 crores. Our hon. colleague Shri Digvijaya Singh has asked that our slogan in the elections should be to first adopt the Family Planning programme. He also referred to the courage of the people. He said that as a Member of Parliament he gave a lot of importance to the family planning. He surely deserves to be congratulated on this account, because the future of our country and its whole progress depend on it. Our present population is 79 crores and every year there is an increase of 60 lakhs. By the time we reach the 21st century our population will be around 100 crores. If the rate of population growth remains the same, then according to our estimate in 2020; our population will be around 120-150 crores and we will be even ahead of China in this field. Our country will become the most populated country in

the world. All the hon. Members, including Shri Patel and Shri Janga Reddy referred to this problem. I would also like to add here that during 1971-81 our rate of population growth was 2.25 per cent. According to 1971 census it came down to 2.20 per cent. Our birth rate which was stable from 1977 to 1984, was 33-34 per thousand. In 1986 there was a slight reduction and it came down to 32.4. According to the recent estimates of death rate, it is found to be 11.1 per thousand in 1986. The rate of increase is approximately 13.2. Increase in population and decline in death rate is definitely affecting the country's progress adversely. I would like to say in this connection that the family planning programme is one of those most important programmes the total expenditure of which is borne by the Central Government.

I have just taken charge of this Ministry for the last 2 to 2½ months only. Recently I called a meeting of the Health Ministers of various States. I called a meeting of the sub-committee of the Health Ministers and emphasised that the targets fixed for the purpose must be achieved. If the targets so fixed are not achieved. There is no use of fixing these targets. I am happy to inform the august House that we are calling a meeting of the State Health Ministers very soon, with a view to urge upon them to take these programmes very seriously.

It is not the question of any political party. If all of our measures prove futile to check the growth of population, whom should we hold responsible for this? In order to meet this requirement, we have formulated a programme under which we will try to achieve the targets which would be fixed for 1988-89 in regard to the family welfare and family planning. Full attention will be paid to ensure that force is not used anywhere while implementing this programme.

While the entire expenditure on family welfare programmes is given to the State Governments by the Central Government, I am glad to inform the House that Kerala, Tamilnadu and West Bengal have made tremendous progress in this direction. The birth rate has declined to a large extent.

[Shri Moti Lal Vora]

Had Kerala, West Bengal and Tamil Nadu not adopted these measures, the population in these States would have increased manifold. The number of health centres in the country has also gone up manifold. According to the figures upto December, 1987, there were about 14,679 Primary Health Centres, 1293 Community Health Centres and 1,02,858 sub-centres in the country. The number of trained midwives has gone up to about 5,54,090. We have achieved this much progress uptill now. If we do not check the constant growth in population, even 5 lakh midwives will fall short of the requirements in future. It is, therefore, necessary that we should take it very seriously. Our decision to hold a discussion here on this subject is very important in my view and the views expressed by the hon. Members are also very important.

The achievement of the family Welfare Programme is not less important on any account. 8.5 crore births have been prevented by contacting the people and urging them to adopt anti-pregnancy devices. 5 crore eligible couples have been given protection through some or the other device at the stage of of the current 37 per cent couple protection rate. All the anti-pregnancy measures have been taken during the year 1986-87. (Interruptions) As against the targets of 29.1 per cent birth rate, 10.4 per cent death-rate and 42 per cent couple protection rate, the achievements for the year 1986 are 32.4, 11.1 and 37 per cent respectively. We hope that we will achieve the plan target so far as the death rate and the couple protection rate are concerned. As I have already said a little while ago, 8.5 crore births have been prevented. In spite of that efforts will also be made in pursuance of the hon. Member's suggestions. The people particularly women will also be educated and urged through various media viz. newspaper, television, radio, to etc. adopt family planning devices. (Interruptions)

SHRI C. JANGA REDDY (Hanamkonda) : There is no need to make use of radio or T.V. let the Government give Rs. 5000 or Rs. 10,000. The Government servants are being given 2 or 3 increments. (Interruptions)

SHRI MOTI LAL VORA : We should lay more and more stress on the use of T. V. radio and newspapers and on the education of women. An educated woman educates the entire family and the family feels that they should adopt family welfare programme. At the same time more and more employment avenues should be opened for women. Our department is making lot of efforts in this direction. Among the various facilities being given for undergoing sterilisation operation, there are proposals to give compensation to labourers for loss of wages. The Central Government employees are given incentives. Shri Janga Reddy has said already that they get two increments. As per his view, those who do not marry at all should be given five increments and Shri Janga Reddy will tell what should be done for those who do not do anything. (Interruptions) He will tell what to do about those people who neither extend any co-operation in the family planning programme nor marry ?

I fully agree to the suggestions of the hon. Member, Shri Digvijaya Singh that the growth in population is linked with age. It will be desirable to defer the marriageable age. If we can in the marriageable age. (Interruptions)

SHRI C. JANGA REDDY : Those who do not adopt family planning, may be removed from service. (Interruptions)

THE MINISTER OF HOME AFFAIRS (S. BUTA SINGH) : Incorporate it in the BJP manifesto, well accept it.

SHRI MOTI LAL VORA : At the same time as you said that it would be desirable to defer the marriageable age, it is in itself an important thing. As also the concern for the growing population . . . (Interruptions)

SHRI RAM PYARE PANIKA : Let Shri Janga Reddy write it in their BJP manifesto. We will see that the Government accepts it. . . (Interruptions)

SHRI C. JANGA REDDY : An Act may be enacted whereby no such person would be able to stand in the contest for a seat in Lok Sabha and Rajya Sabha. (Interruption)

S. BUTA SINGH : That be would
Bharatiya Janata Party. (*Interruptions*)

SHRI MOTI LAL VORA : Whatsoever
party may it be, it may be the Bharatiya
Janata Party or the Janata Party, all parties
should adopt this programme jointly.
(*Interruptions*)

SHRI C. JANGA REDDY : We are
with you . . . (*Interruptions*)

SHRI BALWANT SINGH RAMOO-
WALIA (Sangrur) : BJP manifesto. . .
(*Interruptions*)

[*English*]

SHRI MOTI LAL VORA : I am not
mentioning about BJP or Janata Party or
any other party. I am only requesting all
the political parties to be away from the
political platform and have a cooperation
in implementing this programme, this
national programme. This national pro-
gramme has to be implemented in all
respect.

[*Translation*]

The hon. Member, Shri Digvijaya Singh
referred to China and said that the people
there are trying to stick to one child norm
in order to check population growth. But
Shri Digvijaya Singh might be knowing as to
what incentives they are giving for maintain-
ing one child norm. We can visualise the
major changes that China has undergone
after adopting these measures. There the
number of children in a family has come to
2 or 3. The incentives being given are not
adequate. We are getting full benefit of
giving incentives.

A lot of discussion on this subject has
taken place in this House. The family
welfare programme is not the responsibility
of the Health Ministry only. I can assure
you this much that there would be no delay
if all of us join together and make a sincere
effort to implement this programme. If we
are able to check growth in population, we
will be able to make progress. Our Hon.
Prime Minister, Shri Rajiv Gandhi has
been saying time and again that we will
have to check the population growth fully

if at all we want to take the country ahead
on the path of progress.

I once again assure that the Government
will duly consider the points raised by Shri
Digvijaya Singh. We will also take action on
suggestions made by the hon. Members.

18.21 hrs.

STATEMENT RE : INCIDENTS IN THE
GOLDEN TEMPLE, AMRITSAR ON 9TH
MAY, 1988 AND THEREAFTER

[*English*]

THE MINISTER OF HOME
AFFAIRS (S. BUTA SINGH) : Sir,
I rise to inform the House of certain
disturbing developments in Golden Temple,
Amritsar.

About 7.30 A.M. on 9th May some
construction material was collected near
'Karah Parshad Point' outside the Golden
Temple complex. Information was received
that an attempt would be made to occupy
an adjoining multi-storeyed private building
in order to strengthen the fortification of
Golden Temple complex by the militants.
On receipt of this information, S. P. City
Amritsar accompanied by Commandant,
49th Battalion CRPF visited the spot and
reported his assessment of the situation to
DIG, CRPF and SSP Amritsar.

At about 1.30 P. M. Shri S. S. Virk,
DIG, CRPF accompanied by Commandant,
49th Battalion, CRPF and S. P. City
Amritsar, reached the scene with reinforce-
ments. Inspection of the site confirmed
that a wall was being constructed in an
unauthorised manner. The authorities
requested the masons to stop the work.
The masons agreed and went inside the
complex.

As the officers turned back, firing
started from inside the complex and one of
the bullets hit the DIG, Shri Virk, in the
jaw. The police and para-military forces
returned the fire. Shri Virk was rushed to
Shri Guru Tegh Bahadur Hospital, Amrit-
sar, where he was operated upon and he is
now out of danger.