

**DEMANDS FOR GRANTS—contd.****MINISTRY OF HEALTH AND FAMILY PLANNING—contd.**

**MR. SPEAKER:** The House will now take up further discussion on voting on the Demands for Grants under the control of the Ministry of Health and Family Planning.

Dr. Karan Singh.

**THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH):** Mr. Speaker, Sir, I would like, at the outset, to express my gratitude to all the Members who took part in the debate. It was unprecedented, in refreshing contrast to the guillotine to which we have been subjected over the last two years. The fact that as many as 40 M.P.s. took part in this debate shows, I think, that there is a growing appreciation on the importance of Health and Family Planning, that it is no longer looked upon as a simple peripheral academic subject but it is a part of the integrated development programmes of this country also, if I may say so.

I am gratified that many of the women Members of Parliament took part in this debate. As you know, in the International Women's Year, there was a statement that women should be, in every way, equal to men. Sir, I beg to disagree. In my view, as far as health and family planning is concerned, they are more than equal because it is the women, upon whom, the greatest burden falls of an unplanned family, of child bearing and the attendant risks. And generally, they represent a very vulnerable section of our society.

Many useful points were made in the course of the debate and I will not be able to cover all of them in my speech. But, I can assure the hon. Members that every point that has been made will be very carefully looked into and any suggestion that has been made will be noted.

I would like to say at the outset that health is a State subject and the bulk of the committed expenditure is with the States and even in the plan expenditure, out of a total provision of Rs. 796 crores in the Fifth Plan, as much as Rs. 543 crores are in the State Sector. Unless we get the full involvement of the States, this programme will not succeed. And this is something that will underline all the other remarks that I will make.

In the year that is just past, we have had a number of important movements forward in our programmes and there are six major items on which I would like to inform the House with regard to the developments. Probably the most important is the National Population Policy. Then there are our efforts to re-structure the health services on a three-tier basis in order to give particular coverage to the rural areas; thirdly re-shaping of medical education to make it more meaningful and responsive to the requirements, fourthly, prevention of food adulteration Act and the question of drugs, fifthly, the question of Indian systems of medicine, viz. Homoeopathy, etc., sixthly, communicable diseases. I will leave the National Population Policy to the end, because that has been the major interest of the Members, and with your permission deal with some of the other items first.

A very genuine complaint that has been made for many years is that whereas 80 per cent of India lives in its villages, the health services are concentrated in the urban areas and therefore, for the first time, a concerted effort is being made in the Fifth Plan to strengthen the rural outreach. This we are doing with a three-tier system of health services. The lowest tier will start with community level workers. This is a new innovation which emerged from a Committee on Medical Education and Support Manpower. By community

level workers we mean village teachers, village postmaster, gram sevaks and village 'dais'. For the first time these people who live in the villages and who come from the villages will be associated in our primary health care system. They will be given simple training and they will be able to help in strengthening the community health care.

Then there will be multi-purpose workers. Previously we had uni-purpose workers. We are converting them and training them into multi-purpose workers. Then there will be a new cadre of Health Assistants who will go through a course of 24 months, those who are recruited from the existing staff will be given six months' orientation course. It will be nearest to the so-called bare-foot doctors. These Health Assistants will be drawn from rural areas and will be trained in rural areas and they will man sub-centres; there are six to eight sub-centres for each primary health centre. The first tier will culminate in the primary health centres which has a given role to play in the health care process. I am glad to inform the House that in 5247 bloc, 5320 primary health centres are functioning and only 113 are yet to be established which means that for the first time 95 to 96 per cent of our village health centres have been set up. We have given in this Plan Rs 12,000 per annum to every primary health centre for medicine and Rs 2,000 per annum to every sub-centre for medicine.

The important point I wish to make is that the primary health centre downwards will be the lowest tier, then there will be referral hospitals, namely the 30-bed rural hospital, the tehsil and taluka hospitals and the district hospitals. This will be the second tier. The cases from the primary health centres will be referred to these hospitals. Beyond that there will be metropolitan hospital, the medical college hospitals and specialised institutions. So, we are envisaging an entire pyramid of services.

श्री विभूति मिश्र (म. नौदहारी): वहाँ  
केवल लायिकता जांच का कोई इंतजाम कर  
रहे हैं ?

DR. KARAN SINGH: जै हा In every primary health centre there will be facilities for pathological tests also

As I have said in reply to a question, for tribal areas and for the hilly areas, there are special norms. Whereas normally there will be one primary health centre for every 80,000—1,00,000 people, in tribal and hilly areas this has been reduced to 25,000 so that these areas which are very widespread, far-flung and very backward receive special attention. They have been very largely neglected so far.

This, broadly, is our plan to restructure the system of health care. I am glad to say that in our primary health centres also now in 4,000 of them, there are two or more doctors, and there are only 1,000 with one doctor and there also we are filling up. So I would like to assure the House that special attention is being given to the rural areas in our new system.

With regard to reshaping medical education, in the course of her characteristically lively but surprisingly uncharitable intervention Shrimati Parvathi Krishnan did make one point which, I think, was reasonably valid. She said that the system of education that we have

SHRIMATI PARVATHI KRISHNAN (Coimbatore): All the points I made are valid.

DR. KARAN SINGH: I said that she made a surprisingly uncharitable intervention. She said that the health education system that we have got is generally good. I agree. I do not want to indulge in the fashionable pastime of running down our educational system. After all this health education system has produced doctors

[Dr. Karan Singh]

who have made a name for themselves not only in India but abroad, in the developed nations, in the UK, for example, or the US, and now, as my hon. colleague, the External Affairs Minister will bear me out in the developing nations where we are sending our doctors. In fact, we are so embarrassed. We send a doctor for two years, he becomes so popular that we keep getting enquiries if could extend his tenure, which we are not in a mood to do.

So the point is that the education system is basically sound. However, there are certain deficiencies, and the greatest deficiency is that the stress has been almost exclusively on clinical medicine and curative medicine. The aspect of preventive and promotive health has not received the attention that it deserved in our medical education curriculum. The result is that although our doctors are generally good, they have an urban bias and, therefore, when they go to the villages, they are not really able to perform to their optimum capacity. In order to change this, we are making important changes in our curriculum. We are having a Department of community medicine in every medical college and this department will play a crucial role in co-ordination with all the other departments. We are making every medical college in India directly responsible for three primary health centres. The result will have a double advantage. The professors and students will have to go to the villages, not only the students. This question of sending interns for three months to villages, I am sorry to say, has virtually degenerated into a farce. They go there for three months. They have no experience. Sometimes it is contraindicated; the villagers do not really appreciate it. So our new pattern is that the senior professors will have to go, the senior faculty-members will have to go, the Residents will have

to go and then the interns. With this two-way traffic, the rural health service will be improved and the medical college orientation will also be there.

Recently I had called a conference of Principals and Deans of all the medical colleges in India. At that conference, a number of very important points were considered. They have adopted a statement which, I think, when implemented will mark a very great improvement in our system. We are also putting in a new input of family planning and nutritional education into health because my whole new philosophy is to combine health, family planning and nutrition into a single package of services dedicated to the welfare of the common man. Therefore, the medical student has got to be aware of nutritional input's importance and also that of family planning. This is another new input we are giving to ourselves. We have also set up a National Board of examinations. Coming to the question of brain drain, to which reference was made by many members, personally, quite frankly, my view is that in so far as we have not been able to absorb these doctors there is no advantage in forcing them to sit around here doing nothing. Now that our employment opportunities are increasing we feel that a new orientation is required and the National Board of Medical Examinations is now conducting examinations of a standard that will be as high as, if not higher than that in other countries. The General Medical Council of Britain has derecognised our degrees from 1977 and we have done the same thing to theirs. From 1977 onwards MRCP and FRCS will have no special advantage here and I should therefore hope that the undignified and unnecessary rush for foreign degree will now cease. In fact we should develop our own educational system to such an extent that it may not be necessary for our people to go abroad except for training in very specialised

areas. I am not suggesting that we should be an island unto ourselves, no country can do without some technological inputs from some other country. But I should think that this rush for degrees abroad which is undignified and which is in a way a hangover from our colonial past should now end and therefore the step that we have taken in setting up a National Board of Examination, I feel, is a landmark in this sphere. I am sure that you will notice in the next three or four years a substantial reduction in the number of doctors who go abroad. These National Board degrees will be post-graduate degrees. The important point is that it is open to all medical graduates and not only to those in medical colleges. Medical practitioners who are working in primary health centres or in hospitals can also appear for these degrees. It will provide a sort of in-service enrichment of the experience of the doctors. Therefore this is a new idea which is important and valuable.

The next point is with regard to prevention of food adulteration. Some hon. Members referred to it. There has been a very important measure, Prevention of Food Adulteration (Amendment) Bill and Parliament has passed it. If it is implemented in the spirit in which it was passed, we will be able to control one of the major social evils from which we are suffering. This has become rampant. There is adulteration in almost every sphere of food item. Therefore we have a new Act now in which there is a graded system of penalties. We have removed from the purview of the Act primary food affected by natural causes beyond human control but not injurious where there was unnecessary harassment, on the other hand we have provided upto life imprisonment for adulteration that is dangerous to life or that can cause death. This is something about which I urge the hon. Members to continue their interest and co-operation because this requires an alert public opinion. Without an alert public opinion, we may not be able to

move on this. I am sure we will succeed in reducing this evil. We are moving to set up some laboratories. We had taken steps with regard to the setting up of food and drug laboratories so that the facilities for sampling and testing are made much more efficient and widespread than at present. A parallel exercise is also done on the drug front. Drugs and Cosmetics Act is also undergoing a very careful scrutiny and I shall, I hope, come before this House in the course of this year with a Bill to amend it.

Meanwhile I should like to announce that we are setting up a high level committee, an expert committee on drug addiction. This was referred to by some hon. Members. Shrimati Lakshmi Kantamma referred to it and said that drugs were being misused. I am sorry to say that some of the reports I have received with regard to drug addiction in our educational institutions, in fact right here in Delhi under our very nose, are extremely alarming. As you know, this is a distortion of affluent societies, unfortunately, it is beginning to percolate into India mainly in elitist circles and more and more young people are getting hooked on to drugs which would have a disastrous effect. What is happening in the west? It is a major menace there. In order to stop this from now on I am setting up a committee under the Director General of ICMR, Dr C. Gopalan, a very distinguished scientist and the terms of reference will be to enquire into the extent of addiction to the drugs in the country, particularly among the student community, to determine the motivation for drug addiction, to identify the types of drugs that are misused and the steps that are to be taken to prevent the misuse of the drugs and to recommend suitable de-addiction and rehabilitation programmes that should be taken up in the country. This is an important development. I think that we are not being panicky. We are being in fact, intelligent in trying to move on this front before this menace assumes a really nation-wide proportion.

**SHRI VASANT SATHE (Akola):** The most important thing is to stop it from becoming fashionable.

**DR. KARAN SINGH:** And therefore public opinion has to be aroused in this regard. Now, about the other systems, apart from allopathy

My colleague, Shri Ram Sewak Chaudhuri had replied yesterday. Dr. Kailas had raised a number of points, some of which had been replied to and others are under consideration of our Ministry. I would not repeat very much of that except to say again with regard to Yoga which was the subject of a question a few minutes ago. I had a seminar on Yoga, Science and Man and the report has been published and I wish to place it in the Library of Parliament I would urge the Members to see it because, for the first time probably in the world we were able to get yogis and eminent scientists on the same platform to try and approach the problems of consciousness problems of health and the problems of development of the personalities from these different points of view. I feel that this is a scope in which, with our rich cultural heritage, India has got to play a leading role. Perhaps in some future session we will have a special discussion on Yoga including the very important aspect of kundilini to which my friend, Shri Vasant Sathe, referred some time ago.

**SHRIMATI T. LAKSHMI-KANTHAMMA (Kammam):** Why cannot you distribute it to the Members?

**DR. KARAN SINGH:** It is rather expensive. But I will place the Book in the Library. Later on, if Members are interested we will try and see whether we can give copies to them.

With regard to communicable diseases, this is continuing and an unending battle. Communicable disease

in a nation of 600 million people with wide-spread malnutrition presents one of the most difficult health problems in the entire world. Sometimes we feel discouraged because such a lot is achieved—for example, malaria and then suddenly every thing collapsed. But we have got to fight it out. Now, as far as small-pox is concerned, eradication of small-pox in India—small-pox zero status—has been acclaimed as a miracle by no less a persons that the Director General of the World Health Organisation. The whole world is convinced of our achievement in this regard with one exception and that exception is my good friend, Shri Ramavatar Shastri.

श्री रामवतार शास्त्री (पटना): मैं तैयार हूँ—आप मेरे साथ चलें या किसी को मेरे साथ भेजें, मैं दिखाना दूंगा।

**DR. KARAN SINGH:** Every time there is a case of chicken-pox or measles. Ramavatarji is convinced that it is small-pox. I may submit that we have put a reward of Rs 1000 of each small-pox case and if all that Shri Ramavatar Shastri has said is true he would have been a millionaire by now

श्री रामवतार शास्त्री: हम तैयार कह कर आप इस की गम्भीरता को नहीं छिगा सकते। मैं तो कहता हूँ—आप चले या किसी को भेजें जिस का चेहरा खराब हुआ वह "विमेन" है, "मर्द" नहीं है।

**DR. KARAN SINGH:** Every case that is reported is carefully looked into. In fact we do not wish to hide anything. If there is any case anywhere in India, as I have said in the National Forum. I will be the first person to bring it up because I want to eradicate this disease for ever. We are in touch with Bangladesh and other countries in the region and I am happy to say from the time we announced small-pox free status, from

the 1st of June, 1975, there has not been a single case. A Commission is coming in 1977—an International Commission—and if, God-willing, there is no case we will finally be given the status of 'small-pox free' by the World Health Organisation.

Sir, with regard to malaria, it is true that malaria has come back in a big way. My colleague, Shri Ishaque dealt with this yesterday and he also pointed out the new strategy that we are adopting, that is, the selective containment strategy. The point is that we cannot immediately eradicate it but we have got to move on a selective containment. We are going to ask for more money. I am going to the Cabinet with a paper for additional fund and we are now giving this top priority. You would have known about a conference having been held on this in every State at which the Health Secretary presided and we are urging them to step up their surveillance and spray. I do not want to go into the reasons for the comeback. Shri Ishaque mentioned some of them. This is a phenomenon in the whole of south-east Asia and not only in India. But that is of no particular encouragement to us. Nonetheless, I want to point out that this is a regional problem. The WHO is considerably concerned about it. I am going on Monday, leading the Indian delegation to the World Health Assembly opening in Geneva. Malaria is particularly on the agenda and I will take this opportunity to see what further aid we can get from the WHO in regard to malaria.

About leprosy, I made a suggestion in the last World Health Assembly that the year 2000 A.D. should be adopted as a year for total eradication of leprosy from this planet. We have devised a new programme for revitalising our approach to it. About leprosy, the real problem is early detection. If we can do that and give the cure, it is totally curable without any distortion or any type of deformity. The deformity comes only when people conceal it and come for treatment in an ad-

vanced stage. Prof. Kisku and Shri Basumatari mentioned about this. We have got to educate public opinion and urge the people to come forward for testing. We have to set up leprosy control clinics and organise rehabilitation of leprosy patients. It is very important that burnt out cases of people who are no longer infective are not forced to spend their whole life in misery. Something must be done to create an awareness in the public mind and we are working on it.

SHRI VASANT SATHE. The dedicated work that some people are doing in places like Maharashtra should be multiplied all over the country. But the government does not give enough aid.

DR. KARAN SINGH: We are going to do that. We have set up new programmes for assisting the voluntary organisations. I have re-constituted the Leprosy Advisory Committee under my own chairmanship because of its importance. The Prime Minister also has laid great importance on it. There is a new drive for anti-leprosy programme.

SHRI RANA BAHADUR SINGH (Sidhi): Is there any special advanced stage. Prof. Kisku and Shri gramme for areas where the incidence, of leprosy is concentrated?

DR. KARAN SINGH: Yes, there will be more centres. The Japanese have set up a research institution and Hospital in Agra which I took over. My *padayatra* was associated with it because I wanted the nation's attention to be concentrated on the problem of leprosy. We have put up a very big research centre in Agra and we are strengthening our national programme. Here again we are in touch with the WHO to get the anti-leprosy drugs which are very expensive. We are working on that.

SHRI D. BASUMATARI (Kokrajhar): What about segregation?

DR. KARAN SINGH: It involves setting up hospitals in various areas. A point was made about tirthastans. To-

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day there is surya grahana and in Kurukshetra and other places, hundreds and thousands of lepers will be coming. It is a terrible sight, terrible for the leprosy patients and terrible for the pilgrims who come. I would urge on the State Governments that at pilgrim centres, special care should be taken to see that leprosy patients are looked after separately and segregated, if possible, so that they can be treated. Coming to children of leprosy patients, I made a statement that in regard to leprosy patients at least there should be some motivation for sterilisation so that the children do not get it. There was a big outcry, but the fact is that the children run the risk of leprosy infection because they are with the parents. It is an unfortunate fact and something has to be done about the problem of leprosy being passed on from generation to generation. How are we going to eradicate it if children also get it? This is a complex problem and we are seized of it.

SHRI VASANT SATHE (Akola): Can we not take care of the children ourselves in this country? I am told that they are allowed to be adopted by foreigners.

DR. KARAN SINGH: That is a different matter. The number adopted is very small. We should be able to look after them ourselves.

SHRIMATI M. GODFREY (Nominated Anglo-Indians): Children are the love and affection of their parents. If you segregate them from their parents, what else will be left for them in their life?

DR. KARAN SINGH: I agree but the affection should not be exhibited in such a manner that the child gets leprosy.

SHRIMATI M. GODFREY: You must have some sort of preventive methods.

DR. KARAN SINGH: Certainly, we will consider that.

Filaria is another problem. We have 85 lakhs this year for anti-filaria campaign. Unfortunately, this cannot be

linked with anti-malaria eradication campaign because the mosquitoes irritatingly enough are different. They do not respond in the same way as the malarial ones do. We are seized of this; we do have a programme. Dr. Saradish Roy has mentioned about this. It is growing. It is also growing in the urban areas where we did not notice it before. We are also awaiting some important breakthrough in our pharmaceutical front as far as filaria is concerned.

About cholera and other diseases, perhaps, I may not mention in detail. But one thing I should mention is the sexually transmitted diseases, which is the new term of venereal diseases—STD. Whether the Posts and Telegraph Department will have to change their nomenclature, I do not know, but the World Health Organisation has given the name STD. It is a whole group of diseases, sexually transmitted diseases. Unfortunately, particularly in our urban areas, these are also on the increase. This is a matter for some concern. We are trying to deal with this.

Two more points on communicable diseases. One is the national plan for the prevention of blindness and visual impairment which we have adopted. I moved a resolution in the Geneva Conference last year and as a result, we have adopted this, probably the first in the world. It is a plan which has got a modest beginning. But, we hope, it will ultimately cover the entire country in the subsequent plans because sight is one of the greatest gift given to the man, and if we can prevent blindness by certain measures and medical treatment, we must give that top priority. This is the new thing which we have done.

One point which, I think, Manibenji and others have mentioned, is about the question of cleanliness. I would urge that there must be a national cleanliness campaign in this country because it is lack of cleanliness that really causes the greatest diseases.

Now, we are individually very clean but collectively we are very dirty. It is a peculiar thing. I think, there is the opportunity now when with a sense of commitment and urgency in the country we must clean the villages; we must have clean city competitions, we must try and inculcate into the general public the sense of importance of keeping our environment clean. Now, we are litterbugs. We throw the things around. If you go to a Cinema Hall after a show, you will find the whole place cluttered. Why cannot we use the containers? Why cannot we be cleaner in our social habits? This is where, I feel, if I may use the term, cultural revolution is required. Cleanliness and punctuality—punctuality does not come within the Health Ministry, it is of general importance—but cleanliness particularly, we can improve in our schools, and in our colleges. Why cannot the students clean their areas? When you live abroad, you have jolly well got to shovel the snow outside your own house and nobody will come and do it for you. But here we throw our *kuchra* and expect somebody else to clean it. That is where the disease breeds. We have got to take the battle against diseases into the enemy territory, into the areas where diseases breed—uncovered sewerages, dirty mohallas and lanes. That is where we have to fight this. I would like to put this new orientation before the Members and urge them to cooperate in this matter.

A number of specific points were made. I do not know whether I will be able to cover them because it will take a long time. Shrimati Shiela Kaul mentioned about the importance of speech and hearing. We have a national institute in Mysore. We are opening certain clinics in certain other areas. Shrimati Godfrey mentioned about the staff in the hospitals. We are strengthening the staff at least in the hospitals under the Government of India. Shri Bala Pajanor made, I must say, a very impressive speech—the young MP from Pondicherry. He

raised some problems with regard to the Institute at Pondicherry. I will take it up with him. Various other problems were raised, which perhaps I may not be able to cover in detail. (Interruptions).

AN HON. MEMBER: What about safe drinking water supply in rural areas?

DR. KARAN SINGH: That is very important, because most of our diseases are water-borne. For some strange reasons, the subject of drinking water supply has been transferred to the Ministry of Works and Housing. I am in close touch with them. I agree entirely that without improvement in water supplies, improvement in the health status is really going to be difficult. (Interruptions). Now about the national population policy. As many Members had pointed out, I think this is the first time that population has been put in its proper perspective, which it lacked so far. My friend Prof. V. K. R. V. Rao who has got vast experience in the field of economics and population studies and other MPs pointed out that this was unique, because so far, there has been only a sectoral approach. We were talking about operations and we were talking about Nirodh and all. This time we have placed it in its broad perspective, in the heart of the developmental process. I would make bold to say that we are probably the first country in the world to have come out with an integrated national population policy. Of course, not many countries have the problem that we have; but nonetheless I think that this has been very widely welcomed; and I would like to say two things at the outset. Firstly, our main enemy is not people, it is poverty. It is in our battle against poverty that the importance of the population policy comes in. Shrimati Parvati Krishnan said, and I think Prof. Rao also said, that this is not a substitute for development. Obviously not. It is not anybody's case that a reduction in population is a substitute for development. But it is our case that without a reduction in the population growth, economic development



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will simply not be possible, because of the dilution that takes place in all the development that we have achieved so far. I do not want to go into statistics. They are well-known. There has been a tremendous increase, since Independence, in population. The increase in per capita income has not been as impressive as it would have been otherwise. Therefore, I would say that a rational population policy is a prerequisite and a *sine-qua-non* for any coherent and rational scheme of economic development; and it is, therefore, that we have tried to put population and family planning in the broader structure of economic development. The policy that I have enunciated is the result of careful and prolonged deliberation at all levels, not only at all levels in the Government of India including the Cabinet, but also detailed consultations with State Chief Ministers and State Health Ministers. I would like to say that in a way, this policy represents a national consensus which has been arrived at after careful consideration. We have not rushed into this. As you know, there were demands for many months that I should make a statement I wanted to do so only when I was quite clear as to what would be the best thing to do, and the States were wholly involved. I slightly disagree with my friend, Prof. Rao when he said that we do not have to pay very much attention to the States.

DR. V. K. R. VARADARAJA RAO: (Bellary): I said that the way you are giving importance to the States in the matter of population policy, implies the Centre not wanting to take the responsibility.

DR. KARAN SINGH: That point is different. My point is that States' involvement is essential, because after all in a federal structure, we may have a policy in Delhi; but it is the States alone that are going to be able actually to implement it.

SHRI EBRAHIM SULAIMAN SAIT (Kozhikode): I learn that you had a conference with the Chief Ministers and had discussions in the Cabinet. But this does not mean you have taken public opinion into consideration.

DR. KARAN SINGH: For their opinion, we have always shown due consideration. (Interruptions)

SHRI EBRAHIM SULAIMAN SAIT: While trying to fight poverty, you are actually making people your enemies. That also has to be avoided.

DR. KARAN SINGH: Our policy is not anti-family or anti-child. In fact, we love children. Children are the future of the nation. It is for our children that we live and work. So, the question of our not loving children, or wanting children, is totally ridiculous. We only want that children born in this country must have all the materials, physical, intellectual, spiritual inputs necessary for the further flowering of the human personality. It is for this reason that we are all along emphasising the welfare of the child.

I think it is self-evident, but it needs to be re-stated because some of the comments give the impression that we are against children. That is a ridiculous idea. In fact, as I mentioned elsewhere, in the case of couples who are childless, as a part of our family planning programme, we help them to have children. So, I want to make it very clear that this is the year of the child, and this policy is pro-child and pro-family. But, we want the family to be viable, to be happy. It is, therefore, that we have linked this with maternity and child health programmes, with literacy programme, with general nutritional inputs for the family. This is a very important point which must be noted right in the beginning.

SHRI K. S. CHAVDA (Patan): Children after the second or third

are very intellectual, like Dr. Ambedkar. Why are you preventing their birth?

DR. KARAN SINGH: I am the only child.

SHRI EBRAHIM SULAIMAN SAIT: I am not arguing now against family planning; under certain circumstances it becomes necessary. But I am against compulsory sterilisation.

DR. KARAN SINGH: I am going to cover that.

Now, what are the various components of this national population policy, which has already been read very widely and commented upon? The first is raising the age of marriage. I think it is tremendously important, not only because of its demographic importance but also because it will lead to more responsible parents. After all, pregnancy before the age of 18 is rather dangerous. To that extent, there is more of health hazard. There is also the intellectual and emotional maturity that is required before a girl becomes a mother. Therefore, the age of marriage is going to be raised, and we are going to make it for the first time a cognisable offence, which under the Sharda Act was not. One of the reasons why the Sharda Act remained a dead letter was that it was not cognisable. So, nobody bothered about it. But, at the same time, you may notice that we have taken some precautions. We do not want anybody in the village to be unnecessarily harassed, by the enforcement officials saying that a person is under-aged. Therefore, we have said that it will be cognisable by an officer not below the rank of a sub-divisional magistrate. This point was not noticed by many members. The reason is we do not want to pass a law which would open the doors to unnecessary and undue harassment of our rural population. Therefore, we have made this provision.

Prof. Rao made a very good point with regard to making the registration of marriage compulsory. We have accepted this in principle. The only problem is, unless we have the machinery to do the registration....

SHRI VASANT SATHE: No problem. This should be done in the same way as registration of birth and death.

SHRIMATI PARVATHI KRISHNAN: Only a few days ago I asked a question about the compulsory registration of marriages, and the reply of the Law Minister was that it is not contemplated. Do I understand that there is re-thinking?

DR. KARAN SINGH: In my statement I have said that the question of making registration of marriages compulsory is under active consideration. Therefore, from this a lot of things will flow, including this legislation.

Though some people may not accept it immediately, I think public opinion has got to be created in this country because, particularly for women, if they are married at a very young age and start bearing children, they will never be able to take part in our economic, social and intellectual life. This is a very fundamental measure, and I am glad it has been widely received.

SHRI D. K. PANDA (Bhanjanagar): What is the guarantee that it will be implemented?

DR. KARAN SINGH: Take, for instance, representation in the Lok Sabha and State Legislatures, which is again another very important point. The States have their own problems. On the one hand, those States which plan their families get less representation while those which do not plan their families get more representation. This is the present position. Therefore, for the first time, we have come to grips with this fundamental

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problem. We have taken advantage of the new mood in this country to come to grips for the first time with problems that were there, which nobody wanted to face, because they were either politically inconvenient or they were embarrassing. We have come to grips with them, and necessary amendment of the Constitution will be made.

Then, take the distribution of resources between the Centre and the States. Dr. Rao, being an economist, will immediately realise that this in a way was perhaps the most important element of it. As he said rightly, this is a continuing incentive to the States, and that is why I am again and again reiterating the role of the States, because they have got to realise that if they do not take steps in their own States, ultimately they will suffer. Therefore, that is being taken up and 8 per cent of the Plan assistance will be given on the basis of performance in family planning—not 8 per cent for family planning as somebody said. As you know, 60 per cent of the Plan assistance will be on the basis of population and 40 per cent under various other heads. Out of the latter, 8 per cent will be given on the basis of performance. The Planning Commission is working out the details. So, there will be a direct and an indirect approach. The proportion will be frozen at the 1971 census level and in addition there will be an incentive of 8 per cent. This, I am sure, will go a very long way in motivating the States.

The monetary compensation is being raised. It will also help, let us admit it. Perhaps it would be ideal if you do not have to pay, but in our country there are working people who will lose their wages. I think that a modest payment should not be grudged. We have, therefore, increased it. But the interesting thing is that we are going for the first time

into group incentives. That means that in addition to the individual payment which will be there, we are trying to involve groups. For instance, there are the panchayats and the All India Panchayat Parishad. We will give awards to the best panchayat which works for it. Then there is the medical profession. Through the Indian Medical Council Association, we are trying to involve their chapter. The co-operative societies, for instance, have memberships of crores. Why should they not also help us in motivating the people? Similarly, there are labour and trade unions. We have the tripartite committee. We are getting them involved.

Many Members mentioned the importance of voluntary organisations. It is very important, because ultimately any type of governmental approach will not be really successful unless the people are involved, and the people can be involved largely through voluntary organisations, particularly women and youth organisations. Therefore, for the first time we are spreading our net wide. We are trying to involve all sections of the community, all aspects of our public life, in this programme, and we are giving some group incentives.

श्री बिभूति मिश्र : यह कहां तक सही है कि एक ही ऐज के दो छात्रों में से यदि एक की नभबन्दी की जाये और एक की न की जाये तो जिस की नभबन्दी की जाती है, वह कमजोर हो जाता है और जिसकी नहीं की जाती है, उसमें कोई अंतर नहीं पड़ता है ?

DR. KAILAS (Bombay South): The salary of the motivator is very low and so the voluntary organisation find great difficulty in getting a suitable motivator—male or female.

DR. KARAN SINGH: That I will look into, but on the question raised by Shri Bibhuti Mishra let me say

that our reports suggest that at least as far as vasectomy is concerned, it adds to the vigour of the man rather than otherwise. I would urge that Members who do not accept it may try it for themselves.

There is another important point, education. I have said in my statement that the educational system, particularly female education, has got a direct link with fertility. Shrimati Thankappan spoke, Kerala is a case in point. It is backward in many ways, but because of high female literacy, its performance in family planning has been excellent.

And therefore I am urging the Education Ministry to move on this question more. Female literacy has got to be given more importance. And not only that, population values have got to be injected into the general educational system I am not suggesting a special course for population. But when you teach a child, for example, History, Geography, Mathematics Social Science in every discipline, you can inject these population values so that the child grows up with an awareness of the importance of this problem, for example, like the importance of defending the nation; you do not have a separate class for Defence. But the children grow up with an awareness that they have got to defend the nation. Similarly, NCERT is preparing the text-books. We are preparing model chapters which we are sending to the States so that they can introduce them. There is a whole field for creative adaptation in our educational system from the primary level right upto the Post-graduate level.

(Interruptions)

SHRI VASANT SATHE: What about the Members of Parliament and the Ministers who should set an example? That is the best way of present. (Interruptions) Will you kindly tell us what incentives are you proposing for us?

(Interruptions)

DR. KARAN SINGH: There are other important aspects.

SHRIMATI M. GODFREY: The private organisations are starting a course by which they are going to educate all the classes.....

(Interruptions)

DR. KARAN SINGH. I welcome that. I would urge the hon. Members to please note what I am saying. It is very important

MR. SPEAKER. Let the Members not ask any questions.

DR. KARAN SINGH: Motivation has got to be done through the media. We are going to utilise all media—the Radio, the T.V., the Press and the Films. But, in addition we are also going to utilise rural media for the first time—yatra, nautanki, folk singers and bard players. For the first time, we want to move away from the somewhat urban and elitist approaches of media and go really to a much more imaginative rural programme so that the rural people feel that we are talking to them in a language in which they can understand more. So, here there is a lot of scope for creative work. We are in touch with the total restructuring of our media programme.

With regard to research into reproductive biology, there is a paragraph which no Member had mentioned. A lot of encouraging things are happening. There is a work on anti-pregnancy vaccine by Indian scientists; there is work on a male pill. There is even a work nasal spray. How, it works, do not ask me. But it does apparently, in some way, affect fertility. There are various encouraging fields. I am hopeful that our scientists who are second to none in the world will be able to make a break through. Shri Rama Bahadur Singh yesterday mentioned a miracle pill that he had left with the Deputy Commissioner of his district on the assumption that it is not being

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consumed by the Deputy Commissioner's wife. I would assure him that if he send it to me, I will get it looked into very carefully.

In any other interesting field, whether it is homoeopathy or ayurvedic or unani or any other system of medicine, we are prepared to study it very carefully, because we want a technological break-through in reproductive biology and contraception.

The final point is the most important point and it is about monitoring. A lot of money has been spent on family planning in 20 years. I am sorry, I would not say that it is being wasted. A lot of work has been done and an awareness has been created; a background has been created. However, I must admit that I am not satisfied with the monitoring procedure so far. All that we have done is to give the money to the States and we do not really know what, in fact, is happening on the ground. So, one of the important elements of my new policy—if the hon. Members study it carefully—is that there will be a more imaginative and intensive monitoring than before, whereas we are giving incentives, we are giving more compensation; we are doing a lot of things. We must assure that there is no wastage and there is no misuse of funds.

Therefore, I would like to assure the House that this is a serious matter which is receiving our very close attention and we will try and ensure—nobody can hundred per cent ensure that there will not be any leakage—that leakage and misuse of fund is reduced to the absolute minimum.

These are all very important aspects of the policy. There is also the question of compulsory sterilisation, which, as I said, in my speech, has been the subject of lovely debate. Even in this House, strong views have been expressed from both sides for it and against it. We are fully aware of the complex and sensitive nature of this matter and know that we are now try-

ing to reverse millions of years' procreative instinct because of the change in the environment of the world and the demographic profile. We know that it is a delicate matter and a sensitive matter and therefore we have decided, at least for the time being, that there will be no Central legislation. There was a strong body of opinion which said that we should have Central legislation but we feel this is not the time for it, at least yet. But we have kept our options open, as somebody remarked, because, after all, if ultimately in the national interest something has to be done, it may have to be done. But today the development of infrastructure is uneven and, therefore, unless you have the infrastructure, I am afraid it is simply not possible for you because, even if you have an Act, you cannot enforce it because compulsory sterilisation involves millions of sterilisation operations and they have got to be performed in hygienic conditions. You have got to have the required doctors and health services, which many States do not have. Therefore, Central legislation has, for the time being, been ruled out. However—and this a very important point—there are some States which have expressed the view that they are ready. Now, I used the word 'feel' on which Prof. Rao made some comment. The feeling is not purely a subjective one; the feeling is something in which we also will enter. After all if a State says it is ready, we will also see whether or not the infrastructure is ready. But the point is, if in a State, public opinion is also largely ready—of course you will never get 100 per cent unanimity, but if public opinion is ready and if they have the infrastructure, we will not say that we will not allow them to do it. Therefore, while we are not having any Central legislation, we have said that those States which have the necessary infrastructure, if they feel that the time is ripe, can go ahead. After all, the State will also function through the State Legislature which is duly elected; it is not the fiat or the whim of an individual which is expressed

through their Legislatures. Each, in its sphere, is as sovereign as we are in our own. Therefore, when we talk of the States, it is not a question of the Minister wanting it or the Chief Minister wanting it: a policy of this nature will naturally be adopted by the Legislature and various other bodies. So, if after full consideration, a State feels that it is ready for it, we do not intend to veto its legislation.

**DR. V. K. R. VARALARAJA RAO:** But is the Centre going to satisfy itself that the State has got the necessary infrastructure? It is not a question of public opinion.

**SHRI BHAGWAT JHA AZAD (Bhagalpur):** If some States want to do it, and you are not doing it, why should you stop them?

**DR. KARAN SINGH:** That is exactly what I am saying

**SHRI B. V. NAIK (Kanara):** Public opinion ultimately gets itself equated to the Party whip. If legislative opinion becomes the public opinion? What is public opinion?

**DR. KARAN SINGH:** In our democracy, public opinion is expressed through individuals and, as far as legislation is concerned, it is expressed through the Legislature. After all, when we pass a Bill in this House, we don't have a referendum, but we pass every Bill after mature deliberation. Therefore, it would be dangerous thing if we set ourselves up as some kind of a Tribunal . . . .

**SHRI EBRAHIM SULAIMAN SAIT:** When public opinion cannot be expressed in these days of Emergency and press censorship, how are you going to assess public opinion?

**DR. KARAN SINGH:** I would like to say that, obviously, any State which wants to go in for this will assure itself, firstly, that it has got the infrastructure; otherwise, it will make a fool of itself by passing a Bill which

becomes a dead letter. After all, we should not use it unless there is infrastructure.

**SHRIMATI PARVATHI KRISHNAN:** You are talking of various State Legislatures doing it. Would you also consider the Members of the Legislature first complying with it before they pass any legislation inflicting it on the people?

**DR. KARAN SINGH:** Those Members who are still in the reproductive age group should, certainly, take advantage of this.

**SHRI VASANT SATHE:** Till what age is a male reproductive?

**DR. KARAN SINGH:** Sky is the limit.

Before any State passes it, the public opinion, obviously, will be taken into account, and I am sure that no State wants a situation where lakhs of people are ragged screaming to the operation table.

I would like to say here that a lot of points were raised with regard to Delhi. As far as I am concerned, let me say that I have received no complaint, and the Lt. Governor has denied the complaints. *(Interruptions)* There are two things: one is persuasion and the other is coercion. If any complaint is received, it should be directed to the concerned State authorities, and I can assure you that any complaints received by the Government of India will be carefully looked into by the Home Ministry and action taken. The point that I would like to make is this. When you move from a *laissez faire* situation into an activist policy, there is bound to be a certain amount of tension, whether it is a question of land reforms or anything else. . . . *(Interruptions)*. When you change the situation, when you change the attitude, let us be realistic—a certain amount of tension is inevitable, and a certain amount of civilized and gentle pressure, from time to time,

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may become necessary. However, I would like to say that we are instructing every State and our own officers that they must act in this matter with sympathy, understanding and imagination. Our policy is for the welfare of the people, and we are not going to be a party to unnecessary harassment and coercion. Why should there be an assumption that anybody on that side is more committed to the welfare of the people than we are? We are committed to the welfare of the people. We represent the people of this country, and I can assure the House that we will be the first people to see that no undue harassment takes place. Ours is a vast country, and may be, certain cases occur from time to time, but we will look into those and take immediate action. (Interruptions). But I would also urge that we must be very careful about rumours because there are certain elements in this country who are trying to utilise these things in order to mislead the public opinion. Therefore, I would urge on the hon. Members with all the emphasis at my command that, if there is any coercion, any misuse of authority, they may bring it to our notice... (Interruptions)

श्री रामावतार शास्त्री : दिल्ली म्युनि-  
सिपल कार्रिशन का संकलन है क्या यह  
की रूम है

DR. KARAN SINGH: Our policy in this matter is very clear. There should be no room for doubt. If a State wishes to do compulsory sterilisation, if it is ready and if the public opinion is ready, then we will certainly not stand in their way. There is a difference between motivation and coercion. If we feel that there is any undue harassment, as I said, it is our responsibility to safeguard the welfare of the people and we will do it. But we should be very careful because my information is that a number of elements, who do not find any other outlet, are trying to mislead the public opinion... (Interruptions) They are trying to create a fear-psychosis. The teacher

is an important person in society. Why should he not motivate? If he does not motivate, who else will do that? I do not understand your reluctance in this matter. The teacher is guru, he has got to motivate.... (Interruptions)

SHRI VASANT SATHE: When everybody is called upon to help in this matter, why should teachers not do their duty?... (Interruptions).

MR. SPEAKER: Unnecessarily, the Members are getting excited. Shri Ramavatar Shastri, if you have got a circular, please send it to the Minister. Let the Minister first conclude his speech. I will not allow any interruption now.

DR. KARAN SINGH: Sir, I would like to say that efforts are being made by some elements to create a fear psychosis and a scare in the country.. (Interruptions)

SHRI RAMAVATAR SHASTRI. I have already sent the circular to you.

DR. KARAN SINGH I would like to make one other important point. If there is any problem with regard to any particular circular, it can be brought to my notice and I would look into it, but I am making a much more important point. We have now embarked on a unique venture. This national population policy is not a question of gimmicks; it is something which is an urgent necessity, if we want to build up as a nation and prosper. I would urge upon the hon. Members with all the emphasis at my command that we must approach this question with maturity, imagination and with understanding. It must not be used to exploit the people and no sectoral or sectional approach will be called for. If a sectoral approach is there, it will have a disastrous backlash and the whole policy will be in danger. With all the emphasis at my command, I would say that if there are genuine problems, we will look into them and my colleagues in the States will look into them. We

do not want to pry into peoples' private life unnecessarily. In the foreign press also, when we do not do anything, they say that the Indians are breeding like rabbits, why should they help us? When we start doing something, they say that this is fascism and policemen are entering into bed-rooms. We are damned, if we do something; we are also damned if we do not do anything. That is the position.

After a mature and careful consideration, we have got this policy. We will do it in a mature manner. I can assure this House that as Minister for Health and Family Planning, I will be extremely careful in this matter. I will try to impress upon our officials also. Let them not do it. Sometimes in their over-zealousness they may overstep the bounds of propriety; it is possible, human nature being what it is. Any such case we will look into, but please do not use individual cases which may or may not take place to try and create a scare in this nation because that will be very bad for our national interests.

One or two points more and I will have done. Take the question of recanalisation. This is a very important point. We are trying to develop a procedure whereby vasectomies and tubectomies can be more easily recanalised so that in the event of some calamity or some misfortune it is possible to reverse the operation. This is a point which some members made. We are looking into it and we are trying to do that as much as possible. When all this policy is accepted, the target laid down for a birth rate of 25 per thousand by the year 1984 and a growth rate of 1.4, I think, can be achieved. But I would like finally to appeal to the members of the House for full support on this question of population because as I see it, Parliament is the tribune of the people. Parliament is the highest body where public opinion is represented and expressed and I would like to appeal that we are now embarking upon a massive programme of motivation and re-education. This is what in fact this population policy is. We have drawn together the social elements, the economic elements, edu-

cation and so on into a single structure and, I am sure with the stress on rural health, on child welfare and coupled with the national population policy, this will be a major step in building a prosperous India in the years and decades to come.

**SHRIMATI PARVATI KRISHNAN:** I appreciate very much what the Minister has said. But it pains me very much that when we have come here with a sense of responsibility and are extending our co-operation in the whole family planning programme, we should be accused of being rumour-mongers or spreading rumours....

**SHRI BHAGWAT JHA AZAD:** Did he mean that? Nobody said it.

**SHRI VASANT SATHE:** Why are you accepting the cap if it does not fit you? Why do you say that it applies to you?

**SHRI BHAGWAT JHA AZAD:** Let the Minister say if he meant the Communist Party.

**MR. SPEAKER:** The Minister never meant you or any Group.

**SHRIMATI PARVATI KRISHNAN:** When it is said in concrete reference to the context of what was being said about coercion, then it means it because we brought here certain cases of coercion. That is why I said it with a full sense of responsibility and what was that? We requested the Minister—not that 'Bring it to my notice, I will do something'—you cannot shut the door of the stable after the horse has been stolen away. All that we are requesting you is that when you are talking of motivation, when you are talking of persuasion...

**SOME HON. MEMBERS:** What is this? Is she making a speech?

**MR. SPEAKER:** Only question, please.

**SHRIMATI PARVATI KRISHNAN:** I want a clarification. I requested the Minister to give us an assurance.....(Interruptions) Please be patient. I requested the Minister to give us an assurance that he would instruct all the officials concerned, all the Departments concerned and all the State Governments concerned that stringent



[Smt. Parvati Krishnan]  
action will be taken against those who use coercive measures because whosoever is so doing, will be going against your policy of motivation and persuasion. Not that you will just talk to them, but you will take stringent measures against anybody who is guilty of coercion, Police or anybody. This is all we want.

**SHRI BHAGWAT JHA AZAD:** We also say with the same sense of authority and responsibility that there are rumour-mongers in this country who do not want the population policy to succeed and, therefore, the Minister is right. Let the Minister say whether he meant that Mr. Banerjee is a rumour-monger. I say there are in this country rumour-mongers who are doing this

**DR. KARAN SINGH:** As I have said, if there is any such case—e.g. this is Delhi. Now, the Lt. Governor is the competent authority. He has denied it. Therefore, I will not. Let me be clear. I said, "Beware of rumours because rumours are being spread." While stringent action should be taken against any erring official, equally stringent action should be taken against anybody who vitiate, the atmosphere. (Interruptions)

**SHRI EBRAHIM SULAIMAN SAIT:** I want to make it clear that nobody should doubt our intentions. We have always been supporting the National Development Programme. I want to know from the Minister whether it is the policy of the Government of India not to make sterilisation compulsory and use coercion and compulsion? I desire to know this whether it be in

[Demands for Grants, 1976-77 in respect of the Ministry of Health and Family Planning which were voted by Lok Sabha, are shown below—Ed.]

No. of Demand	Name of Demand	Amount of Demand for Grant on account voted by the House on 23-3-1976		Amount of Demand for Grant voted by the House	
		Revenue Rs.	Capital Rs.	Revenue Rs.	Capital Rs.
46.	Ministry of Health and Family Planning	11,54,000	..	57,68,000	..
47.	Medical and Public Health	15,12,01,000	7,12,37,000	73,46,03,000	36,11,83,000
48.	Family Planning	12,70,48,000	1,67,000	63,52,42,000	8,33,000

Delhi or any other place.

**SHRIMATI MUKUL BANERJEE** (New Delhi): This morning, I had a talk with the Director of Education, Delhi. I referred to the circular which was placed yesterday on the table of the House. He told me that he had not sent any circular and if there are people who are working exuberantly in that regard, he will look into the matter. He said that there was no compulsion about it. He said that he would take steps to see that that was not done.

**DR. KARAN SINGH:** Hon. member from Muslim League has made a point. I have made it clear that we are not having a central law of compulsion. However, if a State is ready, we will not stand in their way.

**MR. SPEAKER:** I shall now put cut motions Nos. 3 to 8 and 18 to 41 to the vote of the House.

Cut Motions Nos. 3 to 8 and 18 to 41 were put and negatived.

**MR. SPEAKER:** The question is:

"That the respective sums not exceeding the amounts on Revenue Account and Capital Account shown in the Fourth column of the Order Paper be granted to the President to complete the sums necessary to defray the charge, that will come in course of payment during the year ending the 31st day of March, 1977, in respect of the heads of demands entered in the second column thereof against Demands Nos. 46 to 48 relating to the Ministry of Health and Family Planning."

The motion was adopted.