

LOK SABHA DEBATES

1

LOK SABHA

Thursday, December 5, 1985/Agrahayana 14, 1907

(Saka)

*The Lok Sabha met at Eleven of the
Clock.*

[MR. SPEAKER *in the Chair*]

ORAL ANSWERS TO QUESTIONS

[*English*]

Target and Achievement of Family Planning Programme

*243. PROF. K.V. THOMAS : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

2

(a) the target fixed for implementation of the Family Planning Programme in regard to contraceptive options during the Sixth Five Year Plan;

(b) the achievement during the plan period, year-wise; and

(c) if the achievement was less than the target, the reasons therefor ?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KISHNA KUMAR) : (a) and (b) A statement is given below.

(c) Performance under the Family Welfare Programme depends on a number of factors including prevalent socio-economic conditions, the outreach of delivery-system, efforts made in demand generation and the efficiency of programme management.

Statement
All India targets and achievements of Family Planning methods during 6th Plan period (1980-81 to 1984-85)

F.P. Methods (1)	Figures in 000's)											
	1980-81		1981-82		1982-83		1983-84		1984-85*		Target	Achvt.
	Target (2)	Achvt. (3)	Target (4)	Achvt. (5)	Target (6)	Achvt. (7)	Target (8)	Achvt. (9)	Target (10)	Achvt. (11)	Target (10)	Achvt. (11)
1. Sterilisations	2896	2053	2896	2792	4522	3983	5900	4532	5823	4082		
2. IUD Inser- tions	791	628	791	751	1512	1097	2500	2134	3183	2562		
3. C.C. Users	5042	3718	5042	4439	6502	5765	7900	7661	10000	8523		
4. Oral Pill Users	495	91	495	120	503	183	1100	729	1000	1289		

* Figures are provisional.

PROF. K.V. THOMAS : Sir, the national health policy of the Government is 'Health for all by 2000 AD'. Family planning is an integral part of our health policy. But when you look at the target fixed, it can be seen that it is an utter failure. One of the reasons is that it is a government programme without getting the proper participation of the people. What steps would be taken by the Government to make it a programme of the people ?

SHRI S. KRISHNA KUMAR : Sir, the family planning programme in India is not a failure. It is a success to the extent that due to the operation of the programme from 1951 we have been able to prevent about 7 crore births in the country. Had it not been for the family planning programme our population would have been 81 crores as against 74 crores now.

PROF. MADHU DANDAVATE : How do you know how many births you have prevented ?

SHRI S. KRISHNA KUMAR : Secondly, we are implementing the family planning programme integrated with the maternal and child health and primary health care facilities in this country. Sir, for peoples' participation, we have taken a series of initiatives and these include formation of popular committees from national level down to grass-root level, mobilisation of opinion leaders like teachers, religious functionaries, private allopathic medical practitioners, energisation of Mahila Mandals and youth clubs and involving voluntary agencies at all levels. The educational and motivational effort will be escalated. When these initiatives are implemented we are certain that the family welfare programme will transcend the Government network to become a genuine movement of the people.

PROF. K.V. THOMAS : Sir, from the statement given by the hon. Minister it can be seen that more importance is given to sterilisation. The people in the villages are still afraid of these sterilisation operations. They feel it will affect their health. Will the Government give

more importance to other projects like using oral pills, nirodh, etc ?

SHRI S. KRISHNA KUMAR : Our national family welfare programme is a purely voluntary programme following a cafeteria approach. In other words people needing services are free to use any approach of family planning method made available. It is true that the method of sterilisation or terminal family planning method is widely used. We do not want to de-emphasise sterilisation because it creates maximum demographic impact. Out of 31 per cent eligible couple now protected in our country 25 per cent are covered by sterilisation and only 6 per cent by spacing method. We are aware of that. We are going to launch a massive educational effort and massive marketing effort to open up the rural areas of our country for spacing methods of IOD, condom and oral pill.

SHRI CHIRANJI LAL SHARMA : Will the hon. Minister kindly tell whether this target for sterilisation has been fixed State-wise ?

If the reply to this is in the affirmative, I would like to know whether the Minister is aware of the fact that the State Governments fixed targets for officers in the respective departments and in case of failure to fulfil the targets, whether they are punished.

SHRI S. KRISHNA KUMAR : Sir, in order to reach the demographic goal we have set for ourselves, we have no way but to quantify the achievements in a time-frame. It is inevitable that the targets are distributed to various States. We are only insisting that the huge infrastructure of staff which we have created do their minimum work by way of motivation and education. If they do that, the targets will look after themselves. We are not aware of any specific coercive practices with respect to the bureaucracy. But we would like to tell the hon. Member that this bogey of coercion should not be allowed to be used by the functionaries to escape from doing the amount of work required of them.

SHRI JAGANNATH RAO : Sir, there are about 5000 blocks in the country. Has the Government any information as to the success of the family planning programmes in each block? I would like to know whether any incentive is promised to be given to each block for the success of this family planning programme.

SHRI S. KRISHNA KUMAR : We are monitoring and reviewing the programme performance in all the 412 districts and 5000 community development blocks in the country. We have people's structures, governmental structures at the block level. We want to involve the BDOs and all other developmental functionaries working in other on going socio-economic programmes, the question of incentive is a general question and it is applicable throughout the country. Sir, we have instituted community awards at the national, and State levels. We are contemplating the issue of giving national awards to block levels and to all functionaries at the State and subordinate levels engaged in the programme.

SHRI CHINTA MOHAN : Sir, the hon. Minister in his reply has not given information regarding sterilisation operations done in 1984-85. May I know from the hon. Minister how many Laproscopic Tubectomy and Vasectomy operations have been performed in the Sixth Five Year Plan? How many of them have failed in the Sixth Five Year Plan?

SHRI S. KRISHNA KUMAR : Sir, we have the figures here. But I would not be able to give sub-methodwise figures for vasectomy and tubectomy operations because, I would require a separate notice for this.

Regional Conference of W.H.O. Re. Communicable Diseases

*244. **SHRI ANAND SINGH :** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether at a Regional Conference of the World Health Organisation (WHO) held in New Delhi towards the end of September, 1985, the progress made in

control and eradication of diseases like malaria and Acquired Immune Deficiency Syndrome (AIDS), was reviewed; and

(b) if so, what specific aspects in respect of various communicable diseases were discussed?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR) : (a) and (b) The 38th Session of the WHO Regional Committee for South East Asia Region in its meeting held on September 24—30, 1985 reviewed in general the progress made in the control/eradication of various diseases. The Committee noted that though there was a declining trend in Malaria incidence in the Region as a whole, there had been no technical break-throughs as yet in regard to the problems of parasite resistance to anti-malarials and vector resistance to insecticides. While discussing the problem of sexually transmitted diseases, a mention was made of the newly emerging disease viz. Acquired Immuno Deficiency Syndrome (AIDS). The Committee felt that the situation should be observed closely.

SHRI ANAND SINGH : It is reported in the newspaper that for diagnosis alone, it has cost about \$ 3,000 and secondly no hospital in India is fully equipped with the kind of equipment needed to diagnose it. But I stand to be corrected if my information is not correct. I would like to know from the hon. Minister whether such facilities are available in the hospitals. I would also like to know how many cases were analysed. If there are some, then how do you or the Government or anybody can claim that there is no AIDS in India?

SHRI S. KRISHNA KUMAR : There has been no authentic case of AIDS reported so far in India. The Ministry has given instructions to all its field officers, all the Directors of Health Services and Medical Colleges to continue their surveillance for AIDS. The ICMR has initiated studies for high risk group and this is being done in a very extensive manner; the high risk group includes