

LOK SABHA DEBATES

LOK SABHA

Wednesday, May 10, 1989/Vaisakha 20,
1911 (Saka)

The Lok Sabha met at Eleven of the Clock

[MR. SPEAKER in the Chair]

ORAL ANSWERS TO QUESTIONS

[English]

Rise in Infant Mortality Rate

*926. SHRI G. BHOOPATHY: Will the Ministry of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the rate of infant mortality has increased during 1988; and

(b) if so, the reasons therefor and the steps Government propose to take to check infant mortality?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b). A statement is given below.

STATEMENT

Infant Mortality rate is obtained from Registrar General of India on the basis of Sample Registration System and the latest provisional estimate at the National level relates to the year 1987. The estimates of infant mortality rate of the National level for the last five year have been as given below:—

1983	105	per thousand live births.
1984	104	per thousand live births.
1985	97	per thousand live births.
1986	96	per thousand live births.
1987	95	(Provisional) —do—

To reduce IMR Government have taken steps to implement a package of activities as part of the State Sector plans and as Centrally Sponsored Schemes for setting up a net work of Primary Health Care institutions in rural areas, training of medical and para-medical workers (both male and female), training of Traditional Birth Attendants and supplying them with Delivery Kits. Additional primary health centres and sub-centres are being set up in order to provide ante-natal, intra-natal and post-natal care. The workers have been trained and advised to identify and refer the cases at risk to the competent medical personnel or institutions. Oral Rehydration Therapy is being promoted to tackle morbidity and mortality due to de-hydration in diarrhoea cases.

[Translation]

SHRI G. BHOOPATHY: Sir, this question.....

[English]

PROF. MADHU DANDAVATE: He is misunderstanding the Chair for the Minister.

[Translation]

SHRI G. BHOOPATHY: My supplementary relates to infant mortality. A reply can be given to a subject of this nature only

on the basis of experience and the hon. Minister being unwell cannot have due knowledge about infants and therefore the Minister who is experienced in such matters should give a reply to it. I would like to know that though there is much campaign about the Family Planning programme and we can see advertisements on buses and everywhere else in this regard but does the Government propose to take any steps in respect of infant mortality?

KUMARI SAROJ KHAPARDE: Sir, the hon. Member has submitted just now that he is not prepared to accept my statement but while making a statement in the House we try our level best of present the correct picture. I would like to inform the hon. Member that in our Primary Health Centres in rural areas we make efforts to provide all kinds of facilities to the pregnant women and at the same time measures are taken to protect infants from external infections and instructions are given to the would-be mothers as to how to save their babies from common infections. In addition, training is imparted to the Midwives and Primary Health staff so that necessary information could be provided to the people in the rural areas through them.

SHRI G. BHOOPATHY: Mr. Speaker, Sir, I wanted to know the rate of infant mortality in 1988. But the hon. Minister has not replied to it. The people of the rural areas have to face many hardships. It happens many times that pregnant women have still-born babies and they have to be taken to Primary Health Centres. They are carried in bullock-carts in such a state of health to these centres which are situated at 20 to 30 miles away. Besides, infants often suffer from diarrhoea and become anemic owing to malnutrition. They are not given proper medical aid in such condition in rural areas and the untrained midwives and workers have little knowledge of these things. They are not trained. Apart from this, I would also like to know as to how many pregnant ladies have been administered anti-tetanus injections in the Primary Health Centres which are compulsory before childbirth? The hon. Minister has not given any figures in this

connection and she may kindly furnish the requisite information to us.

KUMARI SAROJ KHAPARDE: The Government is making efforts to cover all the districts under the Immunisation Programme by 1990 so that it may be possible to prevent children from external infections. As regards the supplementary about the number of injections supplied, I would like to inform the hon. Member that whenever the State Governments make demands in this connection, whether it is for anti-tetanus or anti-diphtheria injections, the Central Government always makes efforts to meet their requirement.

[English]

SHRI C.P. THAKUR: Mr. Speaker, Sir, what are the main causes of infant mortality? Immunisation programme is not compulsorily implemented in all the medical college hospitals. Is the Government contemplating steps to see that children born in medical college hospitals, district headquarter hospitals or any other hospitals are immunised compulsorily? Recently, two epidemics occurred in Bihar—meningitis in the South and Kala-azar in the North, Kala-azar is still occurring. And most of the children who slightly improved their chance of survival are dying because of malnutrition. Will the Government try to do something in this direction to remedy the situation?

[Translation]

KUMARI SAROJ KHAPARDE: Mr. Speaker, Sir, as I have just now stated, we meet their requirements as and when the State Governments inform us about their demands. As you have just mentioned meningitis, I would like to inform you that whenever the State Governments make demands for vaccines, medicines etc., the Central Government takes prompt action to supply the same and the quantity supplied is as per their requirements. So far as educating the people is concerned, we make efforts constantly through the medium of T.V.

SHRI C.P. THAKUR: Immunisation

should be made compulsory in respect of babies born in hospitals. Is the Government thinking of making any such provisions?

KUMARI SAROJ KHAPARDE: In the case of children born in hospitals, I think that it is natural for the doctors to immunise them but it may not be possible for them to do so on a compulsory basis. We are making efforts to ensure that immunisation is undertaken on a compulsory basis so that all doubts of the parents in this regard are removed.

SHRI RAM BHAGAT PASWAN: The hon. Minister has stated that the Centre makes efforts to meet the entire demand of the State Governments. I would like to inform you that at least 30 districts of Bihar are affected by Kala-azar and a large number of children and other people are suffering from this epidemic. An injection named 'Lavodin' is used for the treatment of this disease and it costs Rs. 2200. This injection is not reaching these districts of Bihar and in the meantime, many people are dying. I would like to know from the hon. Minister as to what has been the demand of the State in 1987-88 and to what extent it was met. It has come to my notice that medicines are not reaching Bihar. Therefore, I would like to know about the details of the supply made by the Central Government.

KUMARI SAROJ KHAPRADE : I think that the hon. Member wants information specifically about Kala-azar. A separate notice is required in this regard.

MR. SPEAKER: A Calling Attention motion was allowed in this regard.

SHRI C.P. THAKUR: Medicines and vaccines are not reaching the rural areas and whatever the hon. Member has stated is a fact.

KUMARI SAROJ KHAPARDE: The point which has been brought to our notice by the hon. Member will be paid due attention and it shall be our endeavour to ensure that the medicines and vaccines reach these

areas in case they are not already reaching there.

[English]

✓ **New Act to Protect Forests**

*927. **SHRI BANWARI LAL PUROHIT†:**
DR. A.K. PATEL:

Will the Minister of ENVIRONMENT AND FORESTS be pleased to state:

(a) whether Government propose to enact a new Act to protect forests in the country; and

(b) if so, the outlines of the proposed legislation?

THE MINISTER OF ENVIRONMENT AND FOREST (SHRI Z.R. ANSARI): (a) and (b). Amendment of the Indian Forest Act, 1927 is under consideration of the Government. Outlines of the proposed legislation are yet to be finalised.

[Translation]

SHRI BANWARI LAL PUROHIT: Mr. Speaker, Sir, I would like to submit to the hon. Minister that the forests are getting rapidly depleted in the country and the remedial measures undertaken in this connection are not proper. What I mean is that minor irrigation projects are being stalled on the pretext of saving forests and one has to approach the Centre for the clearance of even a very small project. I would cite a case of Nagpur in this regard. A water pipe line which would irrigate 0.4 hectares of land has been pending clearance for the past two years. Consequently the people have not got water facilities so far. I mean to say that this is not fair. The real reason behind rapid depletion of forests is the illegal felling of trees. The large scale denudation of forests is taking place through the contractors. The forests which are cut for essential projects is not doing so much of harm as compared to the illegal felling of trees. The position of