

LOK SABHA

Thursday, March 15, 1984/Phalgun
25, 1905 (Saka)

The Lok Sabha met at three minutes
past Eleven of the Clock

[MR. SPEAKER in the Chair]

ORAL ANSWERS TO QUESTIONS

Pregnant Women Suffering from Nutritional Anaemia

*264. SHRI A.R. MALLU : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that about 50 per cent of the pregnant women in India suffer from nutritional anaemia in the last three months of pregnancy ; and

(b) if so, the steps Government propose to take to remedy the situation ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI MOHSINA KIDWAI) : (a) No country-wide survey has been conducted. However, a large number of women in their last trimester of pregnancy suffer from nutritional anaemia.

(b) Besides disseminating nutrition education in the community through mass-media and other channels, a programme for prevention of nutritional anaemia through distribution of Iron and Folic Acid tablets is being implemented.

SHRI A.R. MALLU : Sir, many a time the hon. Prime Minister has stated

that much importance has to be given to the problem of women. I am unable to understand why the survey has not been conducted so far. I would like to know from the hon. Minister whether there is any proposal before the Government to conduct the survey in the near future and, if not, why do you not plan for it.

SHRIMATI MOHSINA KIDWAI : No countrywide survey has yet been conducted. But I think the hon. Member will appreciate that in his State there was a survey conducted to find out the percentage of pregnant women suffering from anaemia. A recent survey carried out by the National Institute of Nutrition of the ICMR at Hyderabad has revealed that the prevalence of anaemia amongst rural population is as much high as 60 per cent. We are also concerned about the health problems specially for the pregnant women and new born children. We are doing our best to prevent anaemia which is very much prevalent in rural areas. Anaemia is one of the major health problems affecting women of child-bearing age and children in the country.

The major cause of anaemia is iron deficiency. Anaemia among the rural population appears to be due to inadequate intake or poor absorption of iron owing to predominantly cereal-based food. We are giving to the pregnant women Iron and Folic Acid tablets. We are giving them one tablet of Iron and Folic Acid for hundred days through our ICDS programme, through our primary health centres, through our dispensaries and through our health sub-centres. There is a network of these programmes in the rural areas.

SHRI A.R. MALLU : My question was very specific but it was not answered. Being a woman, the hon. Minister

represents women. I do not think she will neglect women. I hope, at least this question of mine she will be answering.

The hon. Minister, Mrs. Mohsina Kidwai, sometime back, in reply to Mr. Brajamohan Mohanty's Unstarred Q. No. 4309, answered in this House that some nutritional programme is suppose to cover 600 lakh women in the Sixth Plan. I want to know whether the target fixed has been achieved and, if not, what action is being taken to reach the target.

Secondly, it is noticed that many of the women who suffer from anaemia come from the poor sections, that is, Scheduled Castes and Scheduled Tribes. The programmes which are being started in the country are more confined to the urban areas, rather than to the rural areas. Sometime back, the hon. Minister was also pleased to answer that the ICDS programme is being extended all over the country. It was stated that, in the beginning, they have taken up 600 blocks and that they will gradually cover 1000 blocks. Is it not necessary on the part of the Government to introduce this programme all over the country, in all the blocks, in the interest and welfare of women ?

SHRIMATI MOHSINA KIDWAI :
As regards the targets and achievements, in 1980-81, our target was 12 million and we achieved 11.1 million.

12 million was the target which was achieved during 1981-82.

12 million was the target which exceeded to 14.7 million in 1982-83.

11.4 million was the achievement up to December, 1983.

About these ICDC Blocks, women are given supplementary nutrition of about 500 calories and 20 to 25 grams of protein at the rate of 50 paise per beneficiary per day for 300 days a year. Out of 820 sanctioned projects, 511 are fully operational. We are trying our best to expand this Programme all over the country in course of time but, as you

know, with the limited resources, it is difficult to expand the Programme fully in all the rural areas but we are extending it gradually.

DR. KRUPASINDHU BHOI : I must congratulate the Hon. Minister because she has very categorically replied to the question of my friend Mr. Anantha Ramulu Mallu. But the whole crux of the problem is, the Department of Family Planning does not deal with the problems of expectant mothers and of neo-natal infant cases.

The Hon. Minister has introduced last time the National Health Policy for 2,000 A.D. The Hon. Minister has also just now informed the House that 60% of the expectant mothers are suffering from malnutrition, anaemia and other ailments. It is for this reason the infant mortality rate is much higher than expected and by 2,000 A.D. there is every possibility of this problem assuming unmanageable proportions.

I would like to ask the Hon. Minister through you whether the Ministry of Health and Family Welfare has made any concrete proposals to the Prime Minister and to the Ministries of Education and Social Welfare to solve the problems of neo-natal deaths, infant mortality and, at the same time, maternal mortality so that the Department of Social Welfare will be an asset to the Government instead of a liability ?

SHRIMATI MOHSINA KIDWAI :
The Ministry of Education and the Ministry of Social Welfare are coordinating their efforts with the Ministry of Health and Family Welfare. We have taken up the project in the rural areas through ICDC Blocks which is managed by the Ministry of Social Welfare and through these Blocks, we are expanding our Mother and Child Welfare Care Scheme in coordination with the Department of Health.

DR. KRUPASINDHU BHOI : Is there any administrative problem ?

SHRIMATI MOHSINA KIDWAI :
There is no administrative problem. The

objectives of the Ministries of Education and Social Welfare and of Health and Family Welfare are the same.

श्री रामविलास पासवान : यह बहुत ही महत्वपूर्ण प्रश्न है।

अध्यक्ष महोदय : यह महत्वपूर्ण है, इसी लिए तो इस काम के लिए दो लेडी मिनिस्टर रखी गई हैं।

श्री रामविलास पासवान : सरकारी आंकड़ों के मुताबिक इस देश में एक करोड़ लोग अंधे हैं। अंधेपन का कारण यह है कि गर्भवती महिलाओं को पोष्टिक आहार नहीं मिलता। अभी एक डाक्टर सी० गोपालन ने एक आर्टिकल में कहा है कि 1983 में जो बच्चे पैदा हुए हैं, उनमें से 50 परसेंट बच्चों के मस्तिष्क का विकास नहीं हो सकेगा और अंततोगत्वा आयरन डेफिसेंसी के कारण वे विकलांग बन जाएंगे। मैं मन्त्री महोदय से पूछना चाहता हूँ कि चूंकि देश का फ्यूचर इसी पर निर्भर है, इसलिए क्या सरकार ने गर्भवती महिलाओं को सफ़िण्ट मात्रा में दवाइयाँ और मुफ्त पोष्टिक आहार देने के लिए अलग से कोई विशेष योजना बनाई है। उसने 'हेल्थ फार आल' का जो नारा लगाया है, वह कभी पूरा नहीं होने वाला है—वह 5000 में भी नहीं होगा। तो इसके लिए विशेष कार्यक्रम कोई है या नहीं और उन बच्चों का क्या होगा जिनका मस्तिष्क विकसित नहीं है ?

श्रीमती मोहसिना क़िदवाई : इसमें कोई शक नहीं है कि यह बहुत अहम सवाल है। इस में भी कोई शक नहीं है कि इन्फ़ैट माटलिटी का हमारे मुल्क में काफी ऊंचा परसेंटेज है। माननीय सदस्य ने जो सवाल उठाया यह इतना आसान सवाल हमारे मुल्क में इसलिए नहीं है कि अच्छी गिजा की कमी की वजह से और दूसरे कारणों की वजह

से—जो बहुत छोटी उम्र में शादियाँ हो जाती हैं। वह लड़कियाँ खुद बच्चियाँ होती हैं। जिनके बच्चे पैदा होते हैं, उन्हें यह खुद पता नहीं होता है कि जब बच्चा पेट में आता है तो क्या करना चाहिए, क्या गिजा खानी चाहिए, फीमेल एजुकेशन की कमी की वजह से और दूसरे यह कि जो हमारे यहां की सामाजिक परेशानियाँ हैं उन की वजह से, छोटी उम्र में शादी कर दी, बच्ची को कुछ पता नहीं है, तमाम इस किस्म की चीजें जो हैं और तीसरी चीज वह है कि गुरवत और एकोनामिक कंडीशन की वजह से जिनके कारण उनको जो गिजा मिलनी चाहिए, जो अच्छा आहार मिलना चाहिए और अच्छा माहौल मिलना चाहिए, वह सब नहीं मिलता इन सारी वजहों से यह कठिनाई है चाहे और वह हमारी गर्भवती महिलाओं की मौत हो या जो नवजात बच्चे पैदा होते हैं उन की बात हो, यह सारी प्राबलम एक दूसरे से जुड़ी हुई हैं, इनके ऊपर अलग-अलग हम काम नहीं कर सकते। आप ने फरमाया कि इसके लिए योजना क्या है ? तो योजना तो पूरी यही है कि जो सब-सेन्टर्स हैं और प्राइमरी हेल्थ सेन्टर्स हैं, जो मल्टी परपज वर्क्स हैं, हर गांव में एक दाई होगी, एक हेल्थ गाइड होगा जो यही एजुकेशन देते हैं, इन सबके द्वारा इसके लिए कोशिश करते हैं और जो पोष्टिक आहार की बात है यह हमारी सोशल वेलफेयर मिनिस्ट्री कर रही है। आई० सी० डी० सी० ब्लाक्स की तरफ से इसको चालू किया है और फोलिक एसिड और आयरन टेबलेट्स जो दी जाती है उसके बारे में हमने अभी जैसा बताया कि जो हमने टारगेट रखा है वह अचीव भी किया है और इस साल एक्सीड भी किया है। उम्मीद है कि इसमें हम बढ़ते ही जाएंगे। दूसरे जो बच्चों की मौतें होती हैं उसके लिए इम्प्यूनाइजेशन का प्रोग्राम शुरू किया गया है जो 1990 तक पूरा हो जाने की उम्मीद है। सारी जो गर्भवती महिलाएँ होंगी उनके लिए और टिटनस से भी बच्चे जो बहुत

मरते हैं उनके लिए भी इम्म्यूनाइजेशन का प्रोग्राम है, पोष्टिक आहार का प्रोग्राम है...

श्री रामविलास पासवान : क्या मन्त्री महोदया को मालूम है कि सारे प्राइमरी सेन्टर्स में सब में दाईयां हैं ?

श्रीमती मोहसिना किदवई : प्राइमरी सेन्टर्स में डाक्टर हैं...

श्री रामविलास पासवान : जब दाई नहीं होगी तो डाक्टर क्या करेगा ?

श्रीमती मोहसिना किदवई : दाई है, डाक्टर है, मिड-वाइफ है। एक गांव में एक दाई है...

श्री रामविलास पासवान : नहीं है।...
... (व्यवधान) ...

श्रीमती मोहसिना किदवई : चार लाख ट्रेन्ड दाईयां हैं। आप के गांव में नहीं हो तो बताइएगा, उसके लिए कोशिश की जायगी।... (व्यवधान) ...

अध्यक्ष महोदय : यह स्टेट सबजेक्ट है। स्टेट की देखभाल इसके लिए होती है।

श्रीमती मोहसिना किदवई : आप सही फरमा रहे हैं, दाई और हेल्थ गाइड का जहाँ तक ताल्लुक है यह स्टेट गवर्नमेंट देखती है।

श्री रामविलास पासवान : यह आप के 20 प्वाइंट प्रोग्राम का पार्ट है।

श्रीमती मोहसिना किदवई : स्टेट गवर्नमेंट इसे देख रही है और हम भी इसके लिए कोशिश कर रहे हैं।

SHRI AMAL DATTA : It has been claimed that the target which was set at 12 million has been achieved in two successive years. I think, the number of women who need coverage in this fashion through iron tablets and other nutritional food should be around 25 million

in India. Why has the target been set at 12 million which is what the hon. Minister has stated? Number two, what is the total amount being spent in this fashion so that we can have an understanding of what is the concern of the Government in this regard?

SHRIMATI MOHSINA KIDWAI : The budget estimates for the scheme against nutritional anaemia for mothers and children in 1983-84 were Rs. 199.10 lakhs and the revised estimates Rs. 149.37 lakhs. In 1984-85 it is about Rs. 220 lakhs.

Metro Railway and Electric Trains in Madras

*268. SHRI ERA ANBARASU : Will the Minister of RAILWAYS be pleased to state :

(a) the steps being taken to implement the metro railway project in Madras after its inauguration ;

(b) when the proposed Madras Port to Luz electric train project will be taken up for implementation; and

(c) the steps being taken to run additional electric trains from Madras Beach to Tambaram on account of increasing traffic ?

THE MINISTER OF RAILWAYS (SHRI A.B.A. GHANI KHAN CHOU-DHURY) : (a) to (c). A statement is laid on the Table of the Sabha.

Statement

(a) Detailed designing, soil exploration work along the alignment, acquisition of land and preliminary works have been taken in hand for Madras Beach—Luz Rapid Transit System.

(b) The completion date of the Madras Beach—Luz Project would depend upon annual availability of funds.

(c) At present 260 EMU trains and one conventional fast train are being run as against 256 train run in 1982. This has eased the overcrowding. For lack of