

companies against other companies. But if any case is detected and sometimes they are detected that sub-standard supply to Government or even retail sale to the public is done, as I said, this machinery needs to be strengthened and we have a lot more to do than what is being done in this respect and I admit that.

SHRI AJAY MUSHRAN: Sir, the hon. Minister has agreed that the manufacturing of spurious drugs and cosmetics has assumed a very serious proportion in country. And quite naturally, looking at our social ethos hardly one per cent people are caught, but for prosecuting those who are caught, as he has explained, the procedure is so lengthy and so cumbersome that the culprit gets away at some stage or the other. Will the hon. Minister assure the House that the Act dealing with the people who manufacture spurious drugs and cosmetics will be amended with a view to make it as deterrent as is being done so far as the narcotic trafficking is concerned so that the culprits who are caught, are dealt with in a very deterrent manner, in a very exemplary manner, and to other culprits who are not caught, it serves as a deterrent because there is one medicine which I know of, which is made out of blood and it has been found by SII that AIDS infested injections had shown positive results whereas others have also shown positive results and even this injection is freely available under the table. So, I want an assurance from the Minister that in this budget session he will bring an amendment to the Act dealing with the culprits with a view to make it more deterrent, more stringent and easier to punish the culprits.

MR. SPEAKER: I do not know about cosmetics, but if there are lifesaving drugs and they are spurious, the manufacturers are not less than murderers. They should be treated as such.

SHRI RAM NIWAS MIRDHA: Sir, I fully agree with the observation that it is a very serious matter. I think it was in 1982 that the Drugs and Cosmetics Act was amended. It is an omnibus terms; all these drugs come under the Act which is called

Drugs and Cosmetics Act. so, it was in 1982 that it was amended with a view to give more powers to the investigating authorities, more punishment, minimum punishment and things like that. There again the problem is of detection. We have enough legal powers, but the machinery for detection, examination and laboratory needs to be strengthened, and in that the cooperation of the State Governments is very necessary. We are now very serious that the Act should be amended and we are reviewing the position all the time, wherever the opportunity arises in the international conferences and in All India conferences, we impressed upon the State Government; we are also in touch with the sister Ministry which deals with industrial licences in drugs etc. as to how they can improve the procedure. Sir, there is no denying that it is a very serious matter and we will see that we do all that we can to see that it is not repeated.

Translation]

Achievement of Targets of Population Growth Rate

* 109. SHRIMATI MANORAMA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the targets fixed for population growth rate and how far these have been achieved;

(b) the States, where the population growth rate has been higher than the national target and the reasons therefor; and

(c) the new initiatives proposed to reduce population growth rate and when these are likely to be taken?

[English]

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

STATEMENT

Seventh Five Year Plan envisages a Birth rate of 29.1 per thousand and a Death rate of 10.4 per thousand by the end of the plan i.e. in 1990 implying a Natural Growth rate of 1.87%. As per latest Sample Registration System estimates, the Natural Growth rate of Population for India is 2.12% (Provisional) for the year 1987.

The States/Union territories of Assam, Bihar, Haryana, Madhya Pradesh, Rajasthan, Uttar Pradesh, West Bengal, Himachal Pradesh, Jammu & Kashmir, Meghalaya, Sikkim, Arunachal Pradesh, D&N Haveli, Delhi and Lakshadweep have shown growth rates higher than the National level in the year 1987. Growth Rates remain higher due to steeper decline in death rate relative to that in Birth Rate, low level of contraceptive prevalence, relatively high infant mortality, low female literacy and lower age at marriage for females.

The initiatives taken to improve performance under the family welfare programme in the country include improving quality of services, enhancing child survival rates through Universal Immunisation Programme, intensifying population education, enhancing community participation, adopting improved communication approaches and involving voluntary organisations. Besides, reinforcement of training and retraining of personnel at the grass-root level, establishing and strengthening linkages with related development programmes like female literacy and improvement of women's status and adoption of area intensive approach are some of the initiatives being considered as part of the Eighth Plan strategy.

[Translation]

SHRIMATI MANORAMA SINGH: Mr. Speaker, Sir, I would like to know from the hon. Minister what steps have been taken by the Government to encourage the people for adopting the 'two child' norm in those States, where population is

increasing constantly due to poverty and illiteracy. Besides, what steps does the Government propose to take in future to encourage those families who have adopted this norm, so that more people are motivated to adopt the programme. This is a burning problem. I would like to know what important steps the government is going to take for educating the people about the family planning programme?

THE MINISTER OF TEXTILES AND MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAM NIWAS MIRDHA): There are no two opinions that population control and encouragement to the family planning programme has become a major problem and we are seized of it. I have mentioned in my statement the names of those States whose performance has been below the national average. Our intention is to work more and more in this field and also to work for greater progress. For this, we have worked out many things and we are also implementing them. It is necessary to strengthen the medical facilities in rural areas. We have come to know from the figures that States Governments do not provide those facilities in the rural areas even though funds are allocated by the Centre. At many places, training facilities are inadequate and housing facilities are almost nil. Required equipments are not available. It seems that the State Governments are not giving priority to the medical facilities. The funds allocated to them are used in other fields. As a result, today there are many States which cannot implement the programmes sanctioned by the Centre. The other problem is regarding the number of trained mid-wives and nurses who are less in number. There are more doctors and less compounders and nurses in the country today. Programmes should be made for this so that the para-medical services and the number of midwives and nurses can be increased. The Central Government bears all the expenditure of training programmes for nurses. The State Governments are instructed to train them and employ them. To encourage them, the central Government pays them stipend, so that they are at least well trained to work in a

primary health centre. Unless this is done, we cannot make any progress in this regard nor can any other system be evolved. There are many more programmes for motivation and providing incentives to them. Efforts have been made to set up local committees also.

SHRIMATI MANORAMA SINGH: Mr. Speaker, Sir, what steps have been taken and what incentives are being given to achieve the objective of 'two child' norm. Besides, what facilities does the Government propose to extend in future in this regard?

SHRI RAM NIWAS MIRDHA: The State Governments provide according to their means. It is not incentive, but the Central Government provides a fixed amount to those who go in for operation at the medical centres. This is to meet some petty expenses. Besides, many other facilities are being provided by the State Governments. The performance has been good wherever the State Governments have shown alertness and provided more facilities.

SHRIMATI MANORAMA SINGH: Mr. Speaker, Sir, I want to know from the hon. Minister....

MR. SPEAKER: You have already asked two supplementaries.

SHRIMATI MANORAMA SINGH: One more.

MR. SPEAKER: I do not know what are the norms outside the House, but in the House, more than two are not allowed.

(Interruptions)

SHRIMATI VIDYAVATI CHATURVEDI: Mr. Speaker, Sir, besides poverty and illiteracy, there are some superstitions also. The people believe that children are God's gift. I want to know whether the Government is going to spread literacy in such a way so that these superstitions are removed and the people are liberated of the shackles of conservatism. Is the

Government going to do something in this regard?

SHRI BALKAVI BAIRAGI: Mr. Speaker, Sir, I would like to know, if children are God's gift, then why the bachelors are not blessed with children... *(Interruptions)*

SHRIMATI VIDYAVATI CHATURVEDI: It does not behove you to make a joke of such a serious matter. I can never tolerate it. This is a national issue. It is unfortunate that the House should take such a serious matter lightly. The hon. Minister should answer my question.

SHRIMATI SUNDERWATI NAWAL PRABHAKAR: Mr. Speaker, Sir, the hon. Member has asked why the bachelors are not blessed by children. They cannot produce children by themselves. It is the women who produce children..... *(Interruptions)*

MR. SPEAKER: This is going one step ahead.

(Interruptions)

Mr. Speaker: Do not worry. We will not lessen the seriousness of the question. *(Interruptions)*

SHRI RAM NIWAS MIRDHA: Mr. Speaker, Sir, a very important question has been raised. It has been our experience that this programme has not been successful in the areas where there is illiteracy among women or deep rooted conservatism. It is not only the responsibility of the Ministry of Health to make this programme a success but also of other departments too, which look after the economic and social aspects of women, including education. We have to make efforts to spread on awareness among the people, through education, and other means of massmedia. This problem is so complicated that we can not bring the changes unless we make efforts from every side. Health is only one aspect. Other important aspects are economic and social. Whatever the hon. Member has said is correct. We are co-ordinating with other Ministries and want to solve this problem with joint efforts.

[English]

SHRI DIGVIJAYA SINGH: I would like to draw the attention of the hon. Minister to part (c) of the question about the new initiatives proposed. Is it a fact that since the last 13 years, no new initiatives have been taken? Although very detailed lists have been prepared by the Ministry itself, listing the proposed incentives and even disincentives which could be implemented; even voluntary organisations have prepared detailed proposals for incentives and disincentives, none of them have been implemented. Even in the current Budget and in the President's Address, nothing has been said about it. Why has that not been spelt out?

I would like to ask the second question about part (b) wherein it is stated that the growth rate has been higher than the national target.

MR. SPEAKER: One question.

SHRI DIGVIJAYA SINGH: I would like to ask a specific question about part (b).

MR. SPEAKER: You can put only one question, not a lot of questions.

SHRI RAM NIWAS MIRDHA: Incentives and initiatives are two different things. As regards initiatives, it is not true that during last 13 years no initiatives have been taken. As I said some time back, if the status of women is increased sufficiently and if women's literacy is increased, this problem could be much easily tackled. The Government of India has now a new Department, the Women's Welfare Department, just to give one example. It is not as if we are just sitting and doing nothing. We are trying to tackle the problem from all angles and it is only then we will be able to make some dent in this very difficult situation.

As regards (b), as I said earlier, we are in touch with them and we are pursuing with them.

Incentive is only one small part of it. We cannot rely on incentives. It has to

come from all angles, from all sides and all Departments.

DR. KRUPASINDHU BHOI: I do not want to embarrass the Minister. You have also personally opined that unless 100% literacy prevails in our country, we cannot have a growth rate of population of 11%, according to the National Health Policy. So, through you, Sir, I want to request the hon. Minister whether he will convene a meeting consisting of all the Opposition parties and bring a comprehensive legislation to curb the growth rate of to zero by 2000 A.D. which has been set in the National Health Policy instead of curbing the percentage of 1.1 to zero by 2000 A.D.

SHRI RAM NIWAS MIRDHA: If laws can do it, we can do anything. Laws will not do this. This is a very complex matter. The hon. Member ought to know about this. Unless we all meet together—the public representatives, voluntary organisations, the various Departments of Government these things cannot be tackled properly. There are no short — cuts to this. That is what our effort should be.

MR. SPEAKER: The Question hour is over.

WRITTEN ANSWERS TO QUESTIONS

[English]

Centralisation of purchase of jute bags for fertilisers companies

*103. SHRI V. TULSIRAM: Will the Minister of TEXTILES be pleased to state:

(a) whether Government have set up a committee to go into the merits and demerits of centralisation of the purchase of jute and high density polyethylene bags for fertiliser companies in public and cooperative sector;

(b) if so, the composition and terms of reference of the committee; and