

TRANSPORT (SHRI SITA RAM KESRI): Sir, I beg to lay on the Table, under sub-section (3) of section 9 of the National Highways Act, 1956, a copy (in English and Hindi) of the Ministry of Shipping and Transport (Roads Wing), Notification S.O. No. 6(E), dated the 5th January, 1982, publishing the National Highways (Fees for use of Permanent Bridges) Amendment Rules, 1981. [Placed in Library. See No. LT-3373/82].

I. Accounts (1979-80) of the Post-graduate Institute of Medical Education and Research, Chandigarh and related papers.

II. Report (1980-81) of the Post-Graduate Institute of Medical Education and Research, Chandigarh.

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUDBEN M. JOSHI): Sir, I beg to lay on the Table:

I. (i) A copy (in English and Hindi) of the Annual Accounts of the Post-Graduate Institute of Medical Education and Research, Chandigarh, for the year 1979-80, and the Audit Report thereon, under sub-section (4) of section 18 of the Post-Graduate Institute of Medical Education and Research Chandigarh, Act, 1966.

(ii) Statement giving reasons for the delay in laying the paper mentioned at (i) above.

II. A copy (in English and Hindi) of the Fourteenth Annual Report of the Post Graduate Institute of Medical Education and Research, Chandigarh, for the year 1980-81, under section 19 of the Post Graduate Institute of Medical Education and Research, Chandigarh, Act, 1966.

[Placed in Library. See. No. LT-3375/82 for I and H]-

I. Reports and Accounts (1978-79 and 1979-80) of the Indian Association for the Advancement of

Importance

Medical Education and related papers.

II. Certified Accounts (1980-81) of the Medical Council of India, New Delhi.

MISS KUMUDBEN M. JOSHI: Sir, I also beg to lay on the Table;

T. A copy each (in English and Hindi) of the following papers:—

(i) (a) Annual Report and Accounts of the Indian Association for the Advancement of Medical Education for the year 1978-79, together with the Auditors' Report on the Accounts.

(b) Statement giving reasons for the delay in laying the paper mentioned at (a) above.

(ii) (a) Annual Report and Accounts of the Indian Association for the Advancement of Medical Education, for the year 1979-80, together with the Auditors' Report on the Accounts.

(b) Statement giving reasons for the delay in laying the paper mentioned at (a) above.

[Placed in Library. See No. LT-3438/82 for (i) and (h)].

II. Certified Annual Accounts of the Medical Council of India, New Delhi, for the year 1980-81. [Placed in Library. See No. LT-3374/82].

CALLING ATTENTION TO A MATTER OF URGENT PUBLIC IMPORTANCE—

Reported death of Six lakh women in the country every year due to illegal abortions.

MR. DEPUTY CHAIRMAN: Now, we shall take up the Calling Attention Motion. Yes, Mrs. Kanak Mukherjee.

श्री शिव चन्द्र झा (बिहार) : श्रीमान्, मेरा प्वायेट अफेयर्स है। उसभासति महोदय, यह बात बार-बार उठाई गई गई है कि कालिंग अटेंशन के विषय पर गंभीरतापूर्वक गौर किया जाए। मैं यह नहीं कहता कि आज का कालिंग अटेंशन

आपने क्यों मंजूर किया, आपका अधिकार है, आप करें लेकिन बहुत सी बटनायें दुनिया में हो रही हैं, जैसे कि जेनेवा में पाकिस्तान ...

श्री उपसभापति : सा जी, वह अलग से विचार हो रहा है, उस विषय पर विचार हो रहा है।

श्री शिव चन्द्र झा : आप उसको कालिय प्रश्न के रूप में लीजिए।

श्री उपसभापति : आप बैठिये, उस पर विचार हो रहा है। कालिय प्रश्न से अब।

SHRIMATI KANAK MUKHERJEE (West Bengal): Sir, I wish to call the attention of the Minister of Health and Family Welfare to the reported death of six lakh women in the country every year due to illegal abortions and the action taken by the Government in the matter

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKAR ANAND): Sir, the Government share the concern of the Honourable Member, of this House and the public at large about the problem of illegal abortion and its consequences. The problem unfortunately is age-old. It has arisen because of misconceived social and moral perceptions and the stigma attached to abortions.

There are no precise estimates of the number of illegal abortions being carried out in the country or the number of deaths they lead to. Indeed, there can be no way of estimating these occurrences because of the secrecy that surrounds them and the surreptitious manner in which they are resorted to. The figures appearing in the press and elsewhere are at best based on guess work. There is, however, a general impression that the problem is widespread.

It was in order to deal with this situation that Parliament passed the

Medical Termination of Pregnancy Act in 1971. This measure has liberalised provisions relating to termination of pregnancy and was conceived (i) as a health measure, (ii) on humanitarian grounds and (iii) on eugenic grounds. The Government has also taken a number of steps by way of increasing the facilities and availability of trained man-power to attend to these services all over the country. In addition to Government institutions where these services are available, private institutions with proper facilities and trained personnel are authorised by the various States and Union Territories to undertake legal termination of pregnancies. Full secrecy is available to acceptors of abortion services under the law.

In addition to the provision of services, the remedy lies in education aimed at reform to change individual and social attitudes relating to abortion. Towards this end, the Government are engaged in dissemination of knowledge to the people about the availability of simple, safe and legalised abortion services with full anonymity to the acceptor.

SHRIMATI KANAK MUKHERJEE: Sir, I refer to a news-item appearing in the *Indian Express* dated 17-2-82 and many other papers about six lakh women and girls having died due to nearly 39 lakh illegal abortions conducted in India every year. The Minister has said that this figure is not true. It is true. What steps has the Government taken to verify these figures? I want to know this. What are the actual figures State-wise? Sir, the reasons for this are the ignorance of many people, especially in rural areas, about the MTP Act, the lack of facilities and trained personnel and the wording of the Act itself. There is a huge pile of documents on this in the Parliament itself. I quote from the *Hindustan Times* dated 8-2-1982:

"Ever since this programme introduced, we have been entertained to a variety of tricks. At

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first it was the fertility cycle with the rojary; later it was the loop; and later still, it was the condom. Now it is vasectomy and tubectomy with a variety of pills thrown in all through. All these methods are known, to have a variety of adverse side-effects..."

And then they say:

"There are physical ailments and a certain loss of mental alertness. And then there is a premium on promiscuity, for those so inclined. The problem is total—physical, mental and moral..."

Sir, there are so many documents and there is no time to quote. There are many others which are relevant. The problem is this. There is a 21-Point Program, etc. Against item 13 it mentions that family planning is essentially a popular movement. Very nice to read. Against item 15 it is said—women (and children: for the first time a separate chapter is included in the Sixth Plan for women's development. I know family planning is necessary especially in a populous country like ours. Of course, it is welcome. But it should come as a planned parenthood, for the health of the child, for the health of the mother, for the cultural development of the whole country. In our country most unfortunately this family planning scheme is being abused to the extreme. It is posed as a counter measure for food problem and other problems. It actually hides the basic problem, and that is the class exploitation of the society, their system of production and their system of distribution. So actually it is increasing the anarchy, the extremism, jeopardizing the well-being of the people, all in the name of family planning. The Medical Termination of Pregnancy Act of 1971 is all right, but it is not reaching the masses of the people. The requisite medical facilities are not reaching the people. Even people are invited for vasectomy with the lure of some cash money. Even when it is detrimental to their

health the people go for the sake of that money. Thus, they are sometimes getting mad they are losing their lives. Family Planning has become to our country as a curse, as an insult to motherhood, to womanhood, as if children are most unwanted, as if they are not the precious wealth of the country. This is the most unfortunate phenomenon that has come about now. This is the result of this Act, this is the result of the family planning scheme, it is as if the lives of lakhs of women and children have no value. What sort of a nation are we going to build? What are the 21 points for? What are the Five Year Plans for? If mothers and children are to be treated in this manner, what does the country stand for? What is its future? In the name of family planning all sorts of crude methods are being used to the extreme resulting in loss of mental and moral values of the people. What is the Government doing to educate the people, to inculcate in them correct attitudes towards solving the population problem? This is all that I would like to know from the honourable Minister.

SHRI B. SHANKARANAND: The hon. Member has raised some relevant and some not so relevant questions with regard to MTP. The relevant question she asked was about verification of figures of death and the legal abortions. To that extent the question is relevant. The House is aware that abortions take place when the mother does not want to have a child, may be, for many reasons, maybe she is unmarried; may be, she is a widow, may be, she does not want the child; may be, the parents have more than two children and they do not want to have any more. Previously a certain protection was given to such abortions and if they exceeded the legal boundaries, then punishment was there. In order to liberalise this, the Act of 1971 was passed and it was passed with due consideration because the provisions of the Act were considered by the Joint Committee of Parliament which held many sittings; they examined many

eminent people in order to liberalise the provisions of the IPC in this regard. And that came into being. The intention of the Government was to reduce such deaths which are taking place for want of specialised trained manpower and facilities for abortion. Abortions do take place not only in hospitals, but also in rural areas, in villages, where there are no hospital facilities where there is no trained manpower and in a way which they do not want that this should be known to the people because of social taboos that are attached to it. Under these circumstances, it becomes very difficult to verify the figures of deaths due to abortions. As regards the question of the hon. Member about family planning, she tried to mix family planning with MTP and all those things. The MTP provisions are mainly health measures and not measures for the family planning. I think that has been made abundantly clear. And I wish to reiterate that MTP provisions are not meant to be used only for family planning purposes.

SHRI SYED SHAHABUDDIN (Bihar): Mr. Deputy Chairman, Sir, it is rare in this House that a Member gets an opportunity to speak twice on the same subject and I am thankful to you because it seems that my Special Mention on the subject did not attract the notice of the hon. Minister when it was made two days ago.

Sir, I have read the statement of the hon. Minister and also listened to him very carefully. There is no doubt that there are some moral aspects of the problem. Indeed to my mind two moral questions are involved. One is the sanctity of family life. The other moral question is the sanctity of human life. I think the two questions have to be dealt with separately. I don't think we can reject the admissibility of legal abortion merely on the ground that facilities of abortion or relaxation of the laws in that respect might lead to sexual promiscuity

in society or might loosen the family ties which is the essential foundation of human society. I think that is a question which is related to the problem of moral and social education, the former portfolio of the hon. Minister. He should have done something in that respect so that the need for abortion and the situations in which abortions become necessary arise with less and less frequency. That is a separate question altogether. The second question which is important to my mind is the question of the sanctity of human life. The fact is that, there are unwanted pregnancies and those unwanted pregnancies have to be terminated or are sought to be terminated. And the Act that we passed in 1971 sought to provide certain provisions within a certain social framework. What we are judging today is whether that law has proved to be effective or not. To my mind, it is abundantly clear that the law has not proved to be effective. It is not enough for the hon. Minister to say that the figures that are given in the press and that have been cited by reputed authorities in the field and are based on the reports of well-known, established and authoritative organisations like the Population Council of India and the Indian Association of Obstetricians and Gynaecologists are mere guess work. He cannot brush them aside in this manner. If they are guess work then surely the Government has more facilities, has more possibilities of providing concrete and adequate information on the subject. I know that there is an element of secrecy and mystery about it and therefore it is not possible to have any accurate figure. But, surely, if this is a guess work let the Government come forward and make what is the educated estimated. So, the Government has got something to do in this respect. As regards my second point, I find here that the Minister has said that the Government have also taken a number of steps by way of increasing the facilities and availabi-

[Shri Syed Shahabuddin]

lity of trained manpower. I would request him to kindly place before the House the details as to what are the steps taken by the Government so far since 1971 at least in this regard. That is number two.

My third point is that he has said that in addition to Government institutions, private institutions, etc. have been authorised. What I would like to know is the total number of Government institutions and private institutions which have been authorised so far under the Act as well as under the rules framed thereunder. Sir, I would suggest to the hon. Minister that if the law is not to be reduced to redundancy—and I know that a lot of laws that are passed here after a lot of heated debate finally do not mean much to the society because they are not really given due attention or applied seriously by the Government or the Administration—there should be an annual review of the act. What I would suggest is, there should be an annual review under the Act to find out how the problem of illegal abortions is being tackled. For example, they could provide information about the number of institutions at the end of each year, the number of trained personnel at the end of each year, the number of cases of legal abortions that came before those institutions during the course of the year and also the amount of money spent by the Government about the provision of these facilities, and what is more important, about the urban and rural break-up of the facilities and the trained personnel. This sort of annual review must be made. Then only we shall understand that the hon. Minister and the Government are taking the matter seriously.

Finally, I would like to make one important point. The law, as I read it, under article 3 of the provisions of the Act, provides the privilege to one medical practitioner in certain circumstances and to two medical practitioners in certain other circumstances to form a certain opinion in

good faith. Now, Sir, many of us here are lawyers. The term 'good faith' is itself so ambiguous that it restricts the application of the Act. Therefore, there is an element of ambiguity in the Act. If the Government really wish the law to be effective, they must look into it again and must also look into the impact of this Act upon this terrible social situation that is before us. It is indeed, as I said, the other day, a tribute every year in terms of human life that we pay to social hypocrisy and I think it is time it should cease. And, therefore, if the law has any inherent defects, let that be removed so that the medical practitioner is not faced with a moral or legal dilemma nor does he have wide discretion in the matter. It should then be easier for the medical practitioner to provide facilities. Therefore, I would like to know from the hon. Minister whether the Government proposes to review the Act or not.

SHRI B. SHANKARANAND: The hon. Member has made some very good suggestions about review of the provisions of the Act and the implementation every year. I think it is a very good suggestion. And the suggestion about the review of the provisions of the Act also I think needs a look. I should say the hon. Member initially touched the moral aspect of the problem. The hon. Member and also every enlightened person in this country know that morals change from time to time. Permanent human values are fundamental and they do not change but morals may change. What is moral here, may not be moral elsewhere. What is moral today, may not be moral tomorrow. And that is the reason, when morals change, we had to bring the law of 1971.

The hon. Member just casually made a reference to sanctity of human life and he did not elaborate on it.

SHRI SYED SHAHABUDDIN: I did not have much time.

SHRI B. SHANKARANAND: I do not want either to waste the time of the House. About the sanctity of human life, I can only say that no one has a right to bring a life on the face of the earth who cannot be properly maintained in the manner he is expected to be maintained. This moral aspect should always be there before we deal with the problem of birth or death or abortion . . . (Interruptions).

SHRI SYED SHAHABUDDIN: On a point for clarification, Sir. The hon. Minister said in his previous statement -that he does not think that the law was exacted from the point of view of family planning. To my mind it is a misconception altogether. But having said that, he cannot plead for the sanctity of unborn life. I was talking about sanctity of human life in terms of mothers who fall prey to quacks in the villages.

SHRI B. SHANKARANAND: I again reiterate that provisions of MTP are never intended to be used only for family planning purposes. I reiterate it. What I said is that MTP provisions do contain provisions which give a woman the right to have a say whether she wants a child or not. And for her health also, the Provisions are maintained. I said from this aspect and no meaning should be introduced into it.

Sir, the hon. Member wanted to know about the implementation of the provisions of the 1971 Act,...

(Interruptions)

SHRIMATI KANAK MUKHERJEE: Sir, more than 60 per cent of our people live below the poverty line. Does the hon. Minister say that they should not have children, because, they will not be in a position to bring them up properly?

MR. DEPUTY CHAIRMAN: Mr. Minister, you reply to the points raised by Mr. Shahabuddin.

SHRI B. SHANKARANAND: Sir, the hon. lady Member should have appreciated what I said. I said women must have their right as to what they should have and what they should not have.

Now, Sir, as far as the implementation of the provisions of the 1971 Act is concerned, I can give the performance figures, the MTP figures. In 1972-73, it was 24,298. In 1971, the Act was passed. Today, the hon. Member will be happy to know that the number is 2,55,255 from 25,000 the number has gone up to about two and half lakhs. This will show that Government have provided the necessary facilities and provisions for MTP and to take care of the health of the child and the mother. Sir, I do agree with the hon. Member that much has to be done. We want to provide these facilities in all the primary health centres all over the country, so that such provisions and facilities are made use of by the rural population.

SHRIMATI MONIKA DAS (Karnataka) : Mr. Deputy Chairman, Sir, my Opposition friends have made the allegation that six lakh women die every year in this country due to illegal abortion. I would like to inform this House that this allegation is completely baseless and false. They said, the number is six lakhs. First of all, I do not know how they are so sure about the figures. When our Government had passed the Medical Termination of Pregnancy Act in 1971 to deal with the situation, I do not know, how it can be illegal. Government have passed the Medical Termination of Pregnancy Act in 1971 and, therefore, there cannot be any question of illegal abortions. Whenever a person undergoes abortion, the person concerned does so out of her own will and wish. Our Government have been undertaking a lot of research in this regard, to improve the facilities, not only in the urban areas but in the rural areas as well. Of course, there are some ladies who have illegal pregnancy and they go to the doctors in the villages who employ unscientific

[Shrimati Monika Das]

methods for abortion. Such cases are there. When the Government had passed the Medical Termination of Pregnancy Act in 1971, I can say that there can be no question of any illegal abortion. The doctors themselves, on their own, do not take up cases of abortion. When a person comes to a doctor, he does not know whether that person is carrying or not. Only when the person concerned explains to the doctors, the doctor comes to know that that person is carrying. Therefore, I do not know how there can be illegal abortions. Of course, I agree with what my friend, Mr. Shahabuddin, has said. We should draw up a detailed programme and we should provide more and more facilities in the rural areas. Village people have not heard anything about legal or illegal abortions. They must know why abortion is required. Therefore, I would like to know from the hon. Minister whether he is aware as to how many authorised and qualified private practitioners, having all the required facilities for termination of pregnancy, have approached the Health Ministry for getting recognition for this work. If so, how many applications are pending in the Department and what steps are being taken to give approval to such applications so that ladies could get the benefit of legal facilities in their own places? I am saying this because it should go to village areas. Abortion is still unheard of in the rural areas. Abortions are common in the urban areas. Villagers must know that abortions are not harmful. In fact, these are good for those mothers who are already having eight to ten children. For unhealthy mothers also abortion is most essential. I would like to say that these people sitting on the opposite benches have misinterpreted our family planning programme in the past and even now many political parties in the opposition are trying to obstruct the implementation of this programme. Last time also we tried and this time also

we are trying. Our family planning programme is very systematic. It is going on systematically and I would like that everybody takes this programme with interest. It is very essential for our country. How do you do family planning? Abortion is necessary, it is not an illegal thing. (*Interruptions*). I do not know how the Members of Parliament can give a figure of 6 lakhs. In my view the Act passed by the Government should be made known in the villages. Only then we can succeed in our family programme.

SHRIMATI KANAK MUKHERJEE: The question is about deaths of lakhs of mothers.

SHRI B. SHANKARANAND: Sir, so far the Government have no complaint from anybody that he has applied for recognition or certification of any clinic for the purpose of MTP Act. If there is any, I would like to request the hon. Member and other Members to give us the information so that I could take proper action in the matter.

MR. DEPUTY CHAIRMAN: The provisions are clear. Do not go into them. She can get the book.

SHRI B. SHANKARANAND: Today we have about 161 training centres for training the personnel and about 303 doctors have been trained as up to 30th September, 1981. Approved centres in India other than Government hospitals are 3319 in number. The number of the district hospitals where equipment have been provided for MTP is 500 and the number of taluka hospitals is approximately 400 and the number of primary centres is about 1,000. These are the provisions that we have made in the country and this has all been done only to reduce the number of deaths due to illegal abortions.

SHRIMATI PURABI MUKHOPADHYAY (West Bengal): Mr. Deputy Chairman, Sir, I think while discussing this question there are some misapprehensions and there are some not very knowledgeable persons who said something which is not correct.

Shrimati Monika Das accused the members of opposition for creating problems. I do not know if she really understands what the Termination of Pregnancy Act of 1971 stands for, what the provisions that the Government have made are and how to implement them. I am one of those who have, from the very beginning, been connected in many ways with this Act. I can vouchsafe that there is no question of morality or immorality, while we passed the Act. There is no question of legality or illegality. Mrs. Monika Das has asked how after passing this Act abortion can be illegal. It can be illegal termination in collusion with the doctor and the person who has gone for termination, if it is not officially done, if it is surreptitiously done. There will be no record and she feels that it is for the protection of her own reputation. That is why she goes and in that case the termination of pregnancy becomes an illegal affair. Government should, under these circumstances, go all out in giving ample publicity to the facilities available to the women or to the parents who want to get it done and also make further provisions in different hospitals and private homes for doing it legally.

There is one question that many Members, including the Minister, have asked about the figure: how do you know that the figure is this, the figure is not more or the figure is not less? The fact remains that if the specialists or the doctors notify how many cases have been undertaken by them under this Act, how many cases they have tackled under the provisions of this Act, then only you can know the figure. Otherwise there is no denying and we will be closing our eyes to facts if we say that there are not very large number of cases of termination of pregnancy, whether legal or illegal. Most of the cases which result in death are illegal cases. There the Government cannot do anything if surreptitiously the woman goes to a

doctor who may be a quack, who may not be amply qualified to do this kind of surgical treatment; the case may result in death and only later on after some period the death will be notified. I am grateful to the newspapers for bringing out these cases, because it is a glaring example where although the Government have made ample provisions, the people are not taking advantage of that and because of utter ignorance of the provisions of this Act, unnecessarily a few, innocent women are being killed.

Sir, when this Act was conceived of, it was mainly to give protection to those innocent victims of dacoity and rape and in cases where the persons did not want the pregnancy but it came; so they wanted to terminate it. On medical grounds, on legal grounds, on moral grounds, we supported it. We supported it and we stand to support this and I do not think any review is necessary at this stage because all the provisions have not been implemented. People have not yet come to know of these provisions. So some illegal ways of extracting money from this kind of victims are being practised. The doctors, some hospitals and private nursing homes are extracting money and this is resulting in deaths. A review will come only at a stage when these provisions are well publicised, when people will come to know the provisions, when medical facilities will be readily available to the people. What the Health Minister is ignoring is the fact about lack of medical beds, both in private clinics recognised for this job and in hospitals, specially in rural areas. He should make all efforts to earmark a few beds so that whenever a case comes, a date will be given at a time when it will not be dangerous for the pregnancy to be terminated. If it is more than 4 or 5 weeks, no doctor in his senses will entertain a case for termination of pregnancy. So, a date has to be given. That means, facilities have to be made available for treatment of these cases.

[Shrimati Purabi Mukhopadhyay]

Only then you can eliminate the number of deaths. I do not agree with the Minister when he says that if the husband is not prepared to take the responsibility of the child, they should not have any child. I do not think in the question of morality he has given full, conscious thought over the subject. You know the reproductive hunger of the people, especially the women. The question is, termination of pregnancy as a recognised fact, as a legal fact, was necessary to give protection to the unwilling victims of circumstances, where the girl did not want pregnancy, the girl was raped. Do you mean to say that the girl will keep up the "baby"? Certainly not That is why we made this Act. We wanted the girl to be protected legally, fully, and the society will have to recognise it. What is this society which cannot protect the victims, which cannot defend its own women, the young girls? They will just blame the girl instead of catching the person responsible for it. So, I do not agree with any of you when you say that this provision should not be there. And who told you that it is not a measure of family planning? Of course, it is a measure of family planning. If you deny it, you would be hoodwinking the people. First of all, this Act came to give protection to the victims of rape. The Act came for the women, for the would-be mothers who were not sane, who were not in good health enough to produce the child. That is why the medical termination of pregnancy by all methods or by other methods recognised to be available to that end it is also one of the measures of the family planning. If a woman having four children unconsciously, accidentally becomes pregnant and if she does not want to retain the baby, she has every right to go in for a medical termination and it is a recognised fact. So, it is also a part of family planning measure.

MR. DEPUTY CHAIRMAN: These are suggestions.

SHRIMATI PURABI MUKHOPADHYAY: These are facts. -

MR. DEPUTY CHAIRMAN: These are facts and suggestions brought to your notice.

SHRI B. SHANKARANAND: She has said this because she had participated in the debate when this Act was passed.

SHRIMATI KANAK MUKHERJEE: She was also the Health Minister of the State.

SHRI B. SHANKARANAND: The Act was passed in 1971 and then she was not the Health Minister. (*Interruptions*). The hon. Member has said....

SHRIMATI PURABI MUKHOPADHYAY: You tell me about the facilities in rural areas.

SHRI B. SHANKARANAND: I have already given the figures.

SHRIMATI PURABI MUKHOPADHYAY: It is not enough. If you go to any district or State hospital you will find three patients for one bed. This is the regular phase. So, it is not your fault and it is not my fault also. (*Interruptions*). Make certain beds to be available on priority basis. That is the suggestion I am making.

MR. DEPUTY CHAIRMAN: She want to know about the facilities. (*Interruptions*).

SHRI B. SHANKARANAND: When two ladies are talking what can I do?

SHRIMATI PURABI MUKHOPADHYAY: I am not talking to her. When she does not know anything about the subject.... (*Interruptions*).

SHRIMATI MONIKA DAS: How can she say that I do not know anything of the subject?

DR. SARUP SINGH (Haryana): The Minister should not make a di-

inction between a man speaking and a woman speaking. He should attach equal importance to both.

SHRI B. SHANKARANAND: Sir, I do agree with her that we have to take up mass campaign of publicity about the provisions of the Act so that the people know, that such a provision is already existing and they need not go in for illegal abortions. I do agree with her. About the rest of the things that she has said, I do not think there is anything to be said by me.

SHRIMATI PURABI MUKHOPADHYAY: About beds?

SHRI B. SHANKARANAND: Sir, I think I should inform the House that the rural folk being what they are, with the social system that is existing today, with the illiteracy and superstitions, that are still rampant among the rural masses, in spite of all sorts of facilities being provided, still the parents of the girl would not like the society to know that their daughter had an abortion. This is the social background that we have to take into account. For an awakening of the people and for publicising the facilities, an all-out effort should be made and I do request the Members of Parliament to help to improve the society.

श्री हरी शंकर नामड़ा (राजस्थान) :
उपसभापति महोदय, गर्भपात का विषय महिलाओं से अधिक संबंधित है और महिलाएं भी काफी उत्त पर बोल चुकी हैं। लेकिन मैं एक बात मंत्री महोदय से पूछना चाहता हूँ कि गर्भपात के सम्बन्ध में यह समस्या कितनी गहरी है, इसकी जानकारी यदि सरकार नहीं करेगी तो कौन करेगा? वास्तव में यह समस्या है ही नहीं। हम इस समस्या को बना रहे हैं या भारतवर्ष में यह समस्या है यदि है तो कितनी गहरी है इसकी जानकारी किस प्रकार से सरकार करेगी? सरकार यह कह कर कि इसमें सीक्रेसी मेनटन की

जाती है, इसलिए इस बारे में फिगरस का पता नहीं चलता; अपना उत्तरदायित्व छोड़ नहीं सकती। लेकिन यदि सरकार को यह पता लगे कि गर्भपात की समस्या गहरी है तो सरकार को इसके लिए स्पेशल ऐफर्ट करने चाहिए।

मान्यवर, जहाँ तक नैतिकता का सवाल है, बड़ा लम्बा चौड़ा प्रश्न है, उसमें जाने का सवाल नहीं है और इसका सोधा सम्बन्ध महिलाओं की सुरक्षा का, उनके जीवन को बचाने का है। इसलिए उनके जीवन के प्रश्न को लेकर सरकार को इस मामले पर गम्भीरता से विचार करना चाहिए। यह जो कानून पास किया है इसके बाद सरकार ने इस कानून को लोकप्रिय बनाने के लिए, इसकी जानकारी लोगों को देने के लिए अब तक क्या प्रयास किये हैं, मंत्री महोदय, इस के बारे में बतायें।

श्रीमन, मंत्री महोदय ने कहा कि फैमिली प्लानिंग से इसका सम्बन्ध नहीं है। लेकिन इस कानून में ही यह दिया हुआ है कि इसका सम्बन्ध है। मैं आपको पढ़कर सुनाना चाहता हूँ। मंत्री महोदय ने मना किया है, इसलिए इसको पढ़कर सुनाना चाहता हूँ—

"...where any pregnancy occurs as a result of failure of any device or method used by any married women or husband for the purpose of limiting these number of children . . ."

तो इस कानून में ही दिया हुआ है, इसलिए यह कहकर वह अलग नहीं हो सकते कि इसका फैमिली प्लानिंग से कोई सम्बन्ध नहीं है। सवाल यह है कि फिगरस बढ़ी अटपटी आ रही है। आप दो लाख बता रहे हैं, लोग 75 लाख बता रहे हैं। तो इसका निर्णय कौन करेगा? कोई मेम्बर आफ पार्लियामेंट नहीं कर सकता। यह सरकार को करना पड़ेगा। यदि सरकार गर्भपात की समस्या को गंभीर या उलझनपूर्ण समझती है तो फिर उसे उस ओर तुरन्त ध्यान देना

[श्री हरी शंकर भाभड़ा]

चाहिए और सरकार यदि खोजबीन करे और पता लगाये तो कोई बहुत बड़ी समस्या नहीं है। इसमें कार्लिंग अटेंशन का सबसे बड़ा महत्त्व यही है कि कम से कम सरकार ने, 1971 में कानून बनाने के बाद अब तक इस सम्बन्ध में क्या प्रयास किये हैं और इसके बारे में सरकार का नज़रिया क्या है, वह बतायें। ... (व्यवधान)

श्री उपसभापति : नज़रिया आ गया।

श्री हरी शंकर भाभड़ा : यह तो पश्चिम का नज़रिया है, उसमें छूट है और एक नज़रिया हिन्दुस्तान का है। सरकार को नीति तय करनी पड़ेगी इसके बारे में। लेकिन जब सरकार को आंकड़े ही नहीं मालूम हैं कि कितने गर्भपात हो रहे हैं, कितने उसमें से भ्रवण हो रहे हैं और कितने बँध हो रहे हैं, कितने हेल्थ प्वाइंट आफ व्यू से हो रहे हैं और कितने हेल्थ के लिए खराब हो रहे हैं। इस बारे में आप अपने जवाब में तो यह बतायें कि उस सम्बन्ध में डाटा कलेक्ट करने के लिए आप विशेष प्रयास करेंगे या सरकार कम से कम यह तो बताये कि सरकार ने इस सम्बन्ध में क्या प्रयास किये हैं और सरकार इन समस्याओं को कितनी गहराई से देखती है।

श्री उपसभापति : आप, आंकड़े इकट्ठा करने के लिए क्या प्रयत्न किये हैं, इसके बारे में बताइये।

SHRI B. SHANKARANAND: I need not reiterate and re-emphasise what I have said earlier. I need not repeat what I have said, because the honourable Member has not asked anything which was not asked by the other honourable Members before on this question. The only thing he said is that there is "TSPffit ^Tfl«W\$fa-

I only said that the provisions of MTP will never be used for the promotion and purposes of family planning. That is what I said. I did not say there is any provision. Even the provision that is there is the same thing which does not directly relate to family planning. Let me only quote it. It is Explanation 2 to Section 3 of the Act which says;

"Where any pregnancy occurs as a result of failure of any device or method used by any married woman or husband for the purpose of limiting the number of children, the anguish caused by such unwanted pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant woman."

Now, this relates to the health of the woman, and not for the purpose of family planning.

श्री नागेश्वर प्रसाद शाही : (उत्तर प्रदेश) :

श्रीमन्, मंत्री महोदय बार-बार इंकार कर रहे हैं कि इसका फैमिली प्लानिंग के साथ कोई सम्बन्ध नहीं है। उन्हें तो मालूम नहीं है कि उत्तर प्रदेश की सरकार ने एक सर्कुलर जारी किया था कि जिनके दो से अधिक बच्चे होंगे, उनको प्रमोशन पॉलिसी में दिक्कत होगी।

श्री उपसभापति : वह तो दूसरा सवाल है, इसमें क्या मतलब है। इस ऐक्ट में कहाँ लिखा है ?

श्री नागेश्वर प्रसाद शाही : इस ऐक्ट में नहीं है। सरकार का भी इरादा यही है कि वह लिमिट करे अपने बच्चों की संख्या को और उसका तरीका अलावा इसके और क्या होगा ? किसी का भूल-बूक से गर्भ हो गया तो गर्भपात उसको कराना ही होगा। इसका इसलिए इससे सम्बन्ध है। मैं आपसे छोटा सा सवाल जानना चाहता हूँ कि आपने कहा कि करीब एक हजार प्राइमरी हेल्थ सेंटरों में इसके लिए व्यवस्था है और आपने यह भी बताया कि 7303 डाक्टरों को ट्रेन किया है।

आपने ट्रेन किया, ट्रेन करने के बाद आपने क्या इसके लिए आवश्यक मशीनों भी उनको दो हैं ? मैं जानता हूँ, श्रीमन्, जो सम्पन्न लोग हैं उनके घरों की महिलायें जब प्रेग्नेंसी टेस्टिनेट करती हैं तो लेडी डाक्टर्स के पास जाती हैं और उसके लिए वे 500 रुपये से एक हजार रुपये तक चार्ज करती हैं। कोई मशीन होती है जिससे दाश करती हैं। आप केवल दाइयों को ट्रेन्ड करके यह काम कराना चाहते हैं... (व्यवधान)

श्री उपसभापति : दाई को कहाँ छैन किया होगा, डाक्टर्स को किया होगा। दाई तो नहीं कहाँ उन्हीं।

श्री नागेश्वर प्रसाद शाही : गाँवों में दाई होती है। ... (व्यवधान)

श्री जे० के० जैन (मध्य प्रदेश) : आप काहे के लिए चिन्तित हो भये हैं शाही जी ?

श्री नागेश्वर प्रसाद शाही : मैं इसलिए चिन्तित हो गया कि मैं गाँव से आता हूँ।

श्री जे० के० जैन : मैंने कहा इस उम्र में काहे को चिन्तित हैं ?

श्री नागेश्वर प्रसाद शाही : आप चिन्तित न हों, हम तो महिलाओं की जिन्दगी के लिए चिन्तित हैं। आप क्यों चिन्ता करेंगे ? ... (व्यवधान)

तो मैं श्रीमन्, जानना चाहता हूँ कि क्या उस तरह की मैडिकल फॅसिलिटीज जिस तरह की शहरों में हैं, गाँवों में भी उपलब्ध कराने और केवल ट्रेन्ड डाक्टर्स से यह काम कराने का प्रबन्ध करायेंगे ? या ट्रेन्ड दाई पोस्ट करके आप सन्तुष्ट हो जायेंगे कि काम ठीक हो जाएगा ? इसके लिए क्या आप लेटेस्ट साइंटिफिक मशीनें जो शहरों में हैं, सम्पन्न लोगों के लिए जो व्यवस्था है; वह व्यवस्था क्या गरीब लोगों के लिए

भी करेंगे ? अब तो आवश्यकता हो गई है क्योंकि इतनी महंगाई हो गई है कि गरीब आदमी भी महसूस करता है कि ज्यादा बच्चे रखने में हम उनको खिला नहीं 1 P.M. पायेंगे? अब यह अटोमैटिकली महंगाई लोगों को मजबूर कर रही है कि फॅमिलि प्लानिंग लागू करने के लिये, आपके प्रोत्साहन से नहीं ... (व्यवधान) महंगाई से। जब तक आप इसकी व्यापक व्यवस्था नहीं करेंगे कि लोगों को अपने टेस्टिनेशन के लिये अच्छे ढंग का प्रोपर मैडिकल ट्रीटमेंट मिले तब तक इलीगल एवोशन होती रहेगी और जानें जाती रहेगी। मैं यह जानना चाहता हूँ कि क्या इस के लिये आपकी कोई स्कीम है ?

श्री उपसभापति : आप यह बता दें कि गाँव में प्राइमरी हेल्थ सैन्टर्स कब तक हो जायेंगे।

श्री नागेश्वर प्रसाद शाही : आप यह भी कर दीजिये कि वहाँ पर लेडी डाक्टरों को सारा सामान और मशीनरी भी दें।

श्री उपसभापति : यह बता दीजिये कि यह कब तक होगा।

SHRI B. SHANKARANAND: Sir, I have already given the performance figures for 1972 to 1981.

SHRI NAGESHWAR PRASAD SHAHI: Mr. Minister, I am not interested in figures. I am interested in making available to the rural areas the same instruments and facilities that exist in city hospitals.

SHRI B. SHANKARANAND: Does it require any research to find out that the performance figures * gave cannot be produced out of magic box? But these figures go to show that services, supplies and facilities and trained personnel have been provided

[Shri B. Shankaranand]

already. Simply training Doctors will not help. We have to provide other facilities as well. The performance figures I have given prove that such facilities do exist.

**REFERENCE TO THE REPORTED
OVERCROWDING IN GOVERN-
MENT HOSPITALS IN DELHI**

श्री जे० के० जैन (मध्य प्रदेश) :
उपसभापति महोदय, दिल्ली के अस्पतालों में कितनी जबरदस्त भीड़ रहती है यह बात किसी से छुपी नहीं है। दिल्ली के अस्पताल खराब हैं मैं यह बिलकुल मानने के लिये तैयार नहीं हूँ। हमारी दिल्ली के अस्पताल के डाक्टर्स कुशल नहीं हैं यह बात भी मानने के लिये तैयार नहीं हूँ। लेकिन अस्पताल की कोई सीमा होती है। एक अस्पताल की कैपिसिटी अगर हजार मरीजों के इलाज करने की है और वहाँ पांच हजार मरीज पहुँच जाते हैं तो वहाँ पर दुर्घटनायें होना स्वाभाविक है। चाहे वह मैटरनिटी अस्पताल हो, यदि वहाँ कैपिसिटी 100 बँड्स की है और वहाँ 300 महिलायें पहुँच जायेंगी तो वहाँ मोतें भी हो जाती हैं। दिल्ली के अस्पताल में इसी प्रकार से तीन गर्भवती महिलाओं की मौत हुई। हो सकता है उनके इलाज में कमी हो, इस बात की वह जानकारी करालें। लेकिन आज मेरा विशेष उल्लेख करने का मकसद यह है कि दिल्ली के चारों ओर से वहाँ पर मरीज बहुत ज्यादा तादाद में पहुँचते हैं। क्योंकि दिल्ली इस देश की राजधानी है, हर एक के मन में ऐसी भावना होती है कि यह दिल्ली भारत की राजधानी है वहाँ पर इलाज अच्छा होगा। वहाँ के अस्पताल भी बड़े हैं। 100-100 मील दूर से वहाँ दिल्ली में लोग इलाज कराने के लिये

पहुँचते हैं इस लिये भीड़ बहुत हो जाती है। दिल्ली के चारों ओर वाउंडरी पर चार बड़े अस्पताल बनाये जायें जहाँ हमारे गांव के भाई आ कर के अपना इलाज करा सकें। आज सौभाग्य से हमारे दोनों स्वास्थ्य मंत्री यहाँ मौजूद हैं। मेरा निवेदन है कि सिर्फ दिल्ली के अन्दर ही नहीं दिल्ली के आस-पास तो तीन-चार स्टेड्स लगते हैं उन को भी उसमें सुविधा मिलेगी। उन को इतना ज्यादा चल कर नहीं आना पड़ेगा। गांव वाले यहाँ आते हैं और परेशान होते हैं इसलिये मेरा निवेदन है दिल्ली के चारों ओर चार अस्पताल बनाए जाएँ और इन चारों अस्पतालों में मोबाइल डिस्पेंसरी भी हो जो कि छोटे-छोटे गांवों में जाकर मरीजों का इलाज कर सकें। धन्यवाद।

**REFERENCE TO THE REPORTED
INCREASE IN THE PRICES OF
EDIBLE OILS**

श्री नागेश्वर प्रसाद शाही (उत्तर प्रदेश) : एक तरफ सरकार कहती है, अपने इकोनॉमिक रेव्यू में भी कहती है कि इस साल केवल 10 परसेंट महंगाई बढ़ेगी जब कि पिछले साल 17 परसेंट बढ़ी। अभी पिछले सप्ताह वनस्पति मैन्यूफैक्चर्स ने खाने के तेल के दाम बढ़ाये। और चार किलो के टिन का दाम 60 रु० से बढ़ाकर 67 रु० कर दिये गए हैं, अर्थात् 7 रु० बढ़ा दिये गये। यह तो होल सेल प्राइस है। रिटेल में तो 10 रु० तक चला जाता है। वनस्पति की एक दूसरी क्वालिटी है, पामोलिन जो फाइनर सबस्टिट्यूट आफ वनस्पति (व्यवधान)

श्री जे० के० जैन (मध्य प्रदेश) :
आज अगर आपको याद नहीं है तो कल पता कीजिये।