

PROGRESS OF FAMILY PLANNING PROGRAMME

*63. SHRI K. C. PANDA : †
SHRI LOKANATH MISRA :
SHRI SUNDER MANI PATEL :

Will the Minister of HEALTH AND FAMILY PLANNING/स्वास्थ्य और परिवार नियोजन मंत्री be pleased to state

(a) whether attention of the Government of India has been invited to a report appearing in the Times of India of the 3rd October, 1971 to the effect that the Government of India was worried at the poor progress of the family planning programme, and

(b) if so, reaction of Government in this regard ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY PLANNING/स्वास्थ्य और परिवार नियोजन मंत्रालय में राज्य मंत्री (DR. DEBIPRASAD CHATTOPADHYAYA) (a) and (b) A statement is laid on the Table of the House.

STATEMENT

Government are aware of the report published in 'Times of India' on the 3rd October 1971. However, the progress of Family Planning Programme is not poor as given in the caption. The number of acceptors of various methods of family planning has been going up from year to year, as will be seen from the annexure. [See Appendix LXXVIII, Annexure No. 12]. Even so the Government of India have taken steps to accelerate the programme by putting special efforts in—

(1) Research

(2) Promotion of conventional contraceptives.

(3) Tubectomy and male sterilization

† The question was actually asked on the floor of the House by Shri K. C. Panda

(4) Innovative experiments on the pattern of the highly successful vasectomy camp held at Ernakulam in July, 1971.

(5) Post-partum programme.

(6) Concentrated inputs in populous districts

(7) Improvement of motivational strategy.

SHRI K. C. PANDA : From the statement it appears that the Government is spending money on various works, May I know from the hon Minister whether any results have been communicated by the Research Institute to the Government about the research of one herb available in a district of Orissa, called 'Raktchittaparu' ? This is ordinarily being used by the Adivasis for such purposes. Do the results of the research institute point out that the herb can only be used—effectively used—with alcohol only ? What action the Government is taking for getting it executed because the ladies will not be inclined to use a herb with alcohol ?

DR. DEBIPRASAD CHATTOPADHYAYA : I am glad to learn of this information but I am not quite sure whether this information is available with the Ministry. I shall check it up. Also, if the hon Member will pass on the information and the details, including the specimen of the herb if possible, to the Ministry, I shall be thankful to him.

SHRI K. C. PANDA : Now this programme is executed in the various States and some States are very sincerely executing it. Now, because it will affect the population in general, I would like to know whether, while distributing money from the Centre, population is taken into consideration and whether those States, they are effectively implementing the Family Planning Programme, will get special concession by way of Central funds.

DR. DEBIPRASAD CHATTOPADHYAYA : The phenomenon has not reached the proportion at which this question needs to be reviewed and the decision reexamined.

SHRI SUNDAR MANI PATEL Which are the methods most popular among the women ?

DR. DEBIPRASAD CHATTOPADH-YAYA From the latest statistics it seems that tubectomy has become very popular.

SHRI A. D. MANI The Statement is as vague as the Statement on rural unemployment. May I ask the Minister whether he can tell us how many millions have accepted the Family Planning devices ? There must be some statistics maintained by the Central Government and the State Governments and I would like to ask him for details regarding item (6) 'Concentrated inputs in populous districts'. I have understood this term in agricultural production, but what is this 'concentrated inputs' in regard to the Family Planning Programme, which are the districts which have been chosen, what are the inputs and what is the degree of concentration ?

SHRI DEBIPRASAD CHATTOPADH-YAYA : As regards the first question, I would like to inform the hon. Member that the total number of acceptors in the year 1970-71 is — to be very precise—38,82,355. Sometimes, Sir, the figures tell the facts, and this figure compares very favourably with the figure we had in the year 1966-67, when it was only 22,61,699. So, Sir, the rise from 22 lakhs to 38 lakhs within some four years is a very creditable achievement indeed. As regards the second question, I would like to inform the hon. Member that, in Family Planning, by 'concentrated inputs' we mean concentrated efforts, both medical and post-partum, and in terms of finance. They are these. We are organising certain vasectomy camps like those organised in Ernakulam last July. The target originally was some 20,000. Then the target was raised to 50,000. But the achievement was 62,000 in a month. Now we are thinking of organising some such camps all over India. We have chosen 25 districts. So, this sort of things are there at the back of our mind when we say concentrated inputs in the sphere of family planning.

DR. K. NAGAPPA ALVA : From the report it is very clear that there is no progress, and the progress is unsatisfactory, particularly

when we consider that the people have accepted and the Government has also accepted that the three programmes of vasectomy, tubectomy and IUCD insertion are the most important things. When we see the figures it is very clear that the number has come down. For example, in the case of IUCD, in the year 1966-67 it was 9 lakhs and odd, and it has come down to 4 lakhs and odd and here, even tubectomy and vasectomy also have come down. So, instead of saying that the progress is not poor, they could have admitted—and it is an admitted fact—that the progress is not at all satisfactory and the targets are not being reached at all.

MR. CHAIRMAN : Please put your question.

DR. K. NAGAPPA ALVA . May I ask the Minister whether it is not a fact that the follow-up programmes in these things particularly have not been satisfactory and that is why the progress is not satisfactory ?

And again, Sir, it has to be made very clear to the Government in these things. There are two or three aspects in these things. The people have accepted the concept of the family planning programme but at the same time the number of acceptors is going down. Even today you say that some vasectomy camps will be organised in different districts. Is it not necessary that target should be fixed and those targets should be achieved and, for that, is it not necessary that at the panchayat level and at the primary health centre level acceptors' registers should be kept ? And also, when we approach these people, is it not necessary that we have to think of health of the mother, the upbringing of the children and the progress of the country ? These things have to be put into the question.

MR. CHAIRMAN : Now, it is enough; sufficiently long question.

DR. DEBIPRASAD CHATTOPADH-YAYA . Satisfaction is a matter of opinion. He says it is not satisfactory, we say it is satisfactory. But we do not feel complacent; we have a lot to do about it. But, about the hard facts I want to tell you as I have already told—that except in the field of vasectomy and in the field of IUCD insertions, in all other fields—tubectomy and conventional

contraceptives—we are observing a phenomenal increase. Secondly, in the figure of total acceptances we also find an impressively steep rise. So, with the advancement of more and more family planning devices, the people are resorting more and more to conventional contraceptives. That is why in the fields of vasectomy and IUCD there is a gradual lowering down of the figures. But then, it is not a fact that progress has been unsatisfactory. On the contrary, more conscious people are resorting to conventional contraceptives and that accounts for the satisfactory progress.

SHRI PRANAB KUMAR MUKHERJEE : Sir, the family planning programme has become popular amidst the educated middle class people but from the periodical survey it appears that it has failed to rouse the desired enthusiasm amidst the working class people both in the agricultural sector and the industrial sector. In view of that, may I know from the hon. Minister what steps they are going to take to augment the programme amidst the working classes ?

DR. DEBIPRASAD CHATTOPADHAYAYA : The opinion expressed by the hon. Member is partly true—only partly. In many parts of the country, even the lower strata of the people including the illiterate strata are responding satisfactorily to our programmes, but I would like to inform the House that we are thinking of taking necessary steps to involve the trade unions and other peasant organisations in the family planning programme so that the message of family planning, which is a part of overall welfare planning, reaches the lower strata of the society.

SHRI R. T. PARTHASARATHY : Sir, is it not a fact that in the Fourth Plan an amount of Rs. 360 crores has been earmarked for the family planning and whether the Government is confident of achieving the target in the form of reducing the birth-rate to 25 per cent from 39 per cent at the end of the Fourth Plan ? Can the Minister give a categorical assurance ?

DR. DEBIPRASAD CHATTOPADHAYAYA : Sir, to a hypothetical question I cannot give a categorical answer. I can say that in the last 10 years, the nation as a whole averted 7.4 million births and we hope that

in the next years of the Fourth Plan, we will be able to bring down the birth-rate from 39 per cent to 32 per thousand.

श्री मानसिंह वर्मा : क्या मंत्री महोदय यह बता सकेंगे कि परिवार नियोजन योजना के अंतर्गत उससे लाभ उठाने वाले प्रत्येक व्यक्ति पर कितना खर्च किया जा रहा है। इस बात को दृष्टि में रखकर कि परिवार नियोजन की योजनाओं पर जितना भी कुल खर्चा है और उसके लिये जितनी भी रकम रखी गई है उसमें पर कैपिटल एक्सपेंडिचर कितना हो रहा है ?

DR. DEBIPRASAD CHATTOPADHAYAYA : Sir, the exact figures are not available at present with me. I will make it available to the hon. Member later on.

श्री सीताराम केसरी : अध्यक्ष महोदय, परिवार नियोजन के लिये जो लूप का इस्तेमाल किया जाता है मेरा ख्याल है और जहां तक मुझे खबर है लूप कामयाब नहीं रह सका है। तो मैं यह जानना चाहता हूँ कि पुरुष के मनोविकार और स्त्री के मनोविकार एक तरफ हैं और दूसरी तरफ पापुलेशन की वृद्धि हो रही है तो इस वृद्धि को रोकने के लिए जो योजना आपने इस्तेमाल की है मेरे पास जो खबर है उसके अनुसार आपका लूप सार्थक साबित नहीं हो रहा है।

श्री जगदम्बी प्रसाद यादव : आप अपने यहां की बात कर रहे हैं।

श्री सीताराम केसरी : नहीं, मैं अपने यहां की बात नहीं कर रहा हूँ। (Interruption) तो मैं आपसे जानना चाहता हूँ कि आप के पास कोई योजना है या आप कोई ऐसा कानून क्यों नहीं बना देते हैं कि लोग तीन बच्चों से ज्यादा पैदा न कर सकें...

श्री अर्जुन अरोड़ा : न कर सकें या न करें।

श्री सोनाराम कसेगे तो मे जानना चाहता हूँ कि क्या सरकार कोई कानून इसके लिये बनाना चाहती है।

**DR. DEBIPRASAD CHATTOPADH-
YAYA** Sir, this is a big question. What sort of legislation we can enact depends on the social tradition and other factors. That is a big question for me to reply.

Regarding the complaints about IUCD, we can say that we have received some complaints and we are trying to see that the defects are removed. We are also attaching more importance to after-care sort of things.

**RURAL HOUSING SCHEME FOR LANDLESS
HARIJANS AND ADIVASIS**

***64. SARDAR GURCHARAN SINGH
TOHRA
SHRI SWAISINGH SISODIA †
SHRI S A KHAJA MOHIDEEN .**

Will the Minister of EDUCATION AND SOCIAL WELFARE/शिक्षा और समाज कल्याण मंत्री be pleased to state:

(a) whether Government have decided to implement the rural house-site scheme to help the landless Harijans and Adivasis in rural areas;

(b) What are the main features of the scheme,

(c) whether State Governments have been sounded in this respect; and

(d) if so, the nature of assistance that Central will give to the States for implementing this scheme?

**THE MINISTER OF STATE IN THE
MINISTRY OF EDUCATION AND
SOCIAL WELFARE/शिक्षा और समाज
कल्याण मंत्रालय में राज्य मंत्री (PROF. S.
NURUL HASAN :** (a) to (d) Yes Sir, A statement is laid on the Table of the Rajya Sabha.

† The question was actually asked on the floor of the House by Shri Swai Singh Sisodia.

STATEMENT

A Under the backward classes sector subsidy, is given for purchase of rural house-sites to landless Harijans and Adivasis in rural areas. For purchase of rural house-sites, subsidy is given ranging between Rs 200-500/- depending on local conditions.

B. The Government has also decided to implement the scheme for the "provision of house-sites to landless workers in general including Harijans, in the rural areas". While implementing the scheme, priority will be given only to districts which have a sizeable concentration of landless rural workers particularly those belonging to Scheduled Castes and Scheduled Tribes.

The main features of this scheme are as follows:

(a) Financial assistance under the Scheme will be admissible to a State only if it—

(i) has enacted a suitable legislation conferring homestead rights on landless workers in rural areas in respect of sites on which their houses/huts stand at present,

(ii) has utilised available land owned by the State Government or the Gaon Sabha (in the district proposed to be taken up under the Scheme) for providing house sites free of cost to families of landless workers in rural areas not covered by action under (i) above. (No financial assistance will be admissible for the cost or the development of such land).

(b) All administrative expenses will have to be borne by the State Governments themselves from their own resources.

(c) The benefits of the Scheme will be admissible to such families only as fulfil certain prescribed criteria.

(d) The size of a house site shall not exceed 100 square yards and the average cost of development shall not exceed Rs. 150/- per house-site.