

[Mr. Chairman]

any Member of Parliament, to me or to anybody that goes out of this world.

SHRI Z. A. AHMAD (Uttar Pradesh) : For example, on aeroplane facilities, the Committee on . . .

SHRI JAISUKHLAL HATHI : We need not create any controversy. We shall do all that and that will be the thing to be done to everybody.

[THE DEPUTY CHAIRMAN in the Chair]

SHRI DAHYABHAI V. PATEL (Gujarat) : It is true that he has left this world and this House. But is this the manner how they are being treated? I am told that the telephone was cut off the next day.

SHRI JAISUKHLAL HATHI : It was installed.

SHRI DAHYABHAI V. PATEL : Why was it ait ? Mr. Krishna Menon and Mr. Tariq are still holding on to Government bungalows and telephones. Are their telephones cut ? Because he wa* a Member of the Opposition he was treated like this, which is very unfair. Government should apologise to the House and assure that any such sort of thing will not be done. It is happening a bit too often.

THE DEPUTY CHAIRMAN: I have been informed that there has been a practice that the telephone is cut off as soon as a Member passes away. In this case, the telephone was cut off and was given again. But I know of another instance in the case of Dr. Anup Singh also. There, the telephone was *to be* cut off and then again they had to make an application and the telephone was continued. But this matter must be looked into..

SHRI DAHYABHAI V. PATEL: At least for a month.

THE DEPUTY CHAIRMAN : I do not know the period of time. This matter should be examined.

Nothing more on this subject, and We go on to the next subject.

Bills for introduction. Mr. Jaipuria. He is not here. Yes, Mr. Chitta Basu.

1. THE CONSTITUTION (AMENDMENT) BILL, 1969 (to amend the eighth Schedule)

2. THE REPRESENTATION OF THE PEOPLE (AMENDMENT) BILL, 1969 (Omission of section 11 and lift and amendment of section 81).

SHRI CHITTA BASU (West Bengal) : Madam, I move for leave to introduce a Bill further to amend the Constitution of India.

The question was put and the motion was adopted.

SHRI CHITTA BASU : Madam, I introduce the Bill.

SHRI A. D. MANI (Madhya Pradesh) : Madam, I move for leave to introduce a Bill further to amend the Representation of the People Act, 1951.

The question was put and the motion was adopted.

SHRI A. D. MANI : Madam, I introduce the Bill.

THE STERILISATION OF THE UNFIT BILL, 1964—continued

THE DEPUTY CHAIRMAN : The Sterilisation of the Unfit Bill, 1964. Shrimati Shakuntala Paranjpye had not finished her remarks. She may continue.

SHRIMATI SHAKUNTALA PARANJPYE (Nominated) : Madam. at last, after nearly five years. I got an opportunity of expounding my proposition about compulsory sterilisation of the physically and the mentally unfit. This very idea was put before the House last time in the monsoon session in 1953 by Shrimati Lilavati Munishi. And at that time there was a lot of discussion. But ultimately, the then Health Minister strongly opposed it in all its stages. There was a very keen discussion on the ieet. Ultimately the Mover withdrew her Bill, Today, I hope that my Bill is going to meet with a more favourable fate. I hope that our Health

Minister will accept the Bill and implement what is indicated in the Bill. I also hope that all my colleagues and also those of them as are going to speak on it will support me.

It is very interesting to know how the idea of sterilisation came into being. It was originally put into effect in America to prevent the mentally defective from procreating. It is very interesting to note that sterilisation was thought of in order to prevent the mentally defective from breeding. The first recorded sterilisation took place in the United States of America in 1897. And the first Sterilisation Act was passed in the State of Indiana of U.S.A. 10 years later. Though during recent years, the uses of sterilisation have broadened—and particularly so in our country—up to the 1920s it was regarded as a means of checking the increase of mentally defective persons. In the U.S.A., 26 States made provision by law for compulsory sterilisation of the mentally infirm people. The number of sterilisation cases now is, however, on the decline under this compulsion because there is a growing tendency to go in for voluntary sterilisation in a larger and larger measure. In our country, as you, Madam, know and as all of us know, the idea of sterilisation, has taken root. Lakhs of them now are taking place, and the control of population is an accepted idea. But this matter of sterilisation is resorted to entirely on a voluntary basis. There is no compulsion. I would like to point out that it is the normal thinking, healthy, intelligent people who are accepting this idea. Why?

SHRI A. D. MANI (Madhya Pradesh) : May I request the hon. Ministers and the other Members on that side to listen? An important speech is being made, and you cannot go on talking.

SHRI OM MEHTA (Jammu and Kashmir) : Mr. Mani is very much interested.

SHRIMATI SHAKUNTALA PARANIPYE : Those suffering from leprosy and tuberculosis and the mentally diseased are paying very little heed to this idea of restricting their progeny.

And what happens, Madam, is that the normal healthy persons of the society are planning and limiting their families, while the sub-normal, the unhealthy and the diseased individuals go on procreating in an unrestricted manner. The unhealthy, stock, therefore, will be contributing proportionately more to the coming generations than the healthy stock if no action is taken to restrict their progeny. That is to say, the quality of our community of our society, will be going down year by year, generation by generation.

Now prevention of their progeny can be achieved either by segregating them in State institutions or by compulsory sterilisation. The first is not feasible. Madam, for a poor country like ours where such institutions are so few. Here I would like to quote some figures. There are today, Madam, 25 lakhs of lepers in our country. The Minister himself gave out that figure before the Conference of Leprologists in Delhi. I would also like to point out here that when Shrimati Lilavati Munshi moved her Bill, the figure she gave of the number of persons suffering from that disease was only 10 lakhs. That is to say, Madam, that since 1953 up to now, the figure has gone up from 10 lakhs to 25 lakhs. I do not know how reliable these statistics are, but it is for the Minister to find out and quote better figures and more reliable figures if he has them. Out of these 25 lakhs of persons suffering from leprosy, 5 lakhs are highly contagious and the institutional accommodation. I would like to tell the House, is only for 20,000. Please bear these figures in mind. They speak volumes. It is obvious, therefore, that institutionalising the patients is impossible and only domiciliary treatment can be contemplated. Under these circumstances, Madam, families live together and children are born inevitably to contract the same affliction as their parents have and pass it on to future generations. Is it not human, Madam, at least from the point of view of these unfortunate children that they should be prevented from being born at all, because what life have they before them? What can they expect of it except endless misery and suffering and permanent

[Shrimati Shakuntala Paranjpye.]

handicap for life? So it is not a measure for making fun of, but it is a thing to be seriously thought of, and I implore the Health Minister to think of it.

Then, as regards the second solution of this problem—sterilisation—unfortunately, Madam, both the authorities and the medical scientists raise objections. The State believes, and many people also have maintained, that this involves fundamental rights and they cite the memorable and historical article 14 of the Constitution. It must be remembered, however, that in the interest of public health and social good, vaccination is enforced on everybody. Then what is the objection to sterilisation? That is also for the social good, for public health, for the amelioration of our stock. Then why bring in article 14 as regards sterilisation?...

SHRI JOACHIM ALVA (Nominated) : Hitler also wanted to do it.

SHRIMATI SHAKUNTALA PARANJPYE : Then what is the objection to sterilising the defective and the disease?...

THE DEPUTY CHAIRMAN : This sterilisation is only for lepers?

SHRIMATI SHAKUNTALA PARANJPYE : No. It is for lepers, persons suffering from tuberculosis ...

THE DEPUTY CHAIRMAN : They are curable diseases.

SHRIMATI SHAKUNTALA PARANJPYE : I will come to the curable part of it and I will put forward my argument. I have already given the figures. For curing these 25 lakhs of lepers, what medical arrangements are there, what institutions are there? I am surprised ...

SHRI A. D. MANI : Discoveries will be made.

SHRIMATI SHAKUNTALA PARANJPYE : All right. There will be no need for compulsory sterilisation if they are all cured.

In the case of leprosy patients, it is generally held that Sulphones can cure leprosy. There is no informed opinion

as to when this cure actually occurs. Though they say that Sulphones can cure them, they can never put their finger on the moment when the patient is fully cured. Cochrane, the renowned leprologist considers—I am quoting—that "although the prognosis of patients on Sulphone therapy is undoubtedly good, a permanent cure cannot be certain in any particular case and it may be necessary as a precaution for the patient to take the drug for the rest of his life."

The opinion of Dr. N. Figuerado, ex-Superintendent of Acworth Leper Home, Bombay, also bears out Cochrane's views. You must have met him at this conference. He says : "It is certain, however, that bacilli are eliminated progressively by Sulphones and hence it is logical to assume that treatment continued beyond the 'negative' stage will ultimately remove the last bacillus from the human body; but this end-point cannot be determined by any test." I want you to pay attention to this point. "It can, therefore, be stated that leprosy can be cured by Sulphone treatment but the period of treatment necessary to effect a cure cannot be determined." Where are we, Sir?

There are cases on record at the Outpatient Clinic of the Acworth Leper Home in which relapse occurred three to four years after "negativity" was effected and treatment was discontinued, the patients having taken regular treatment for 7 to 10 years previously.

Till recently, leprologists have been propagating the view that intimate and prolonged contact with infectious cases is an essential to transmission. Now, Madam, I would like to tell you that a study of case histories of patients in the U.S.A. by Badger, another famous leprologist, reveals that prolonged contact is not essential, that repeated intimate contact or even one single contact under ideal circumstances may be sufficient to transmit this disease. Evidence has been produced by Badger to show that leprosy is not "feebly contagious" but can be as contagious as, or more contagious than, Poliomyelitis. He concludes : "In the light of this evidence, it would be advisable to state

simply that leprosy is contagious and omit any reference to the degree of communicability until more factual information is available."

Leprologists also contend that leprosy is not hereditary and, therefore, rule out the suggestion of compulsory sterilisation. Even conceding Madam, that the disease is not hereditary and is curable or at least can be arrested, it is a very lengthy process, during which the patient can very easily produce two or three or more children. If those children are not to contract leprosy by contagion, they need to be segregated from their parents. I have already told you what arrangements we have...

THE DEPUTY CHAIRMAN : You may continue after the lunch recess.

The House stands adjourned till 2 P.M.

The House then adjourned for lunch at one of the clock.

The House reassembled after lunch at two of the clock, [THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA) in the Chair.]

SHRIMATI SHAKUNTALA PARANJPYE : Sir, I hope you will allow me to recapitulate a little because I stopped in the middle of a paragraph. I would like to start at the beginning again. Leprologists also contend that leprosy is not hereditary and therefore, rule out the suggestion of compulsory sterilisation. Even conceding that this disease is not hereditary and is curable or at least can be arrested, it is a very very lengthy process during which time the patient can very easily produce two or three or more children. If those children are not to contract leprosy by contagion, they need to be segregated from their parents. Now, I would like to ask : What is the point in having children who are to be taken away from their parents, not to speak of the difficulty and the tremendous expense of rearing up such children that are taken away from their parents ? Under these circumstances, it is in the interests of everyone that those suffering from

leprosy should not be allowed to have any children.

Now, I come to tuberculosis. It is even more infectious than leprosy and its incidence in the country is very much higher. Here I would like to give you some figures, Sir, and these are from a publication by the Ministry of Health. "Tuberculosis in India", this is a publication published by the Central Health Education Bureau, Directorate-General of Health Services. These figures pertain to 1955—58 period. There are, Sir, you will be astounded to learn, 50 lakhs of people in India suffering from tuberculosis. Fifteen lakhs out of these 50 lakhs are highly infectious, and perhaps, you will like to know the number of beds that are available in our country for patients suffering from this. That is only 25,000 as against 15 lakhs of cases which are highly infectious. Therefore, Sir, I again stress that tuberculosis patients should be even more seriously thought of for sterilisation than leprosy patients. Besides that, since T.B. does not disfigure those suffering from it, both the patients and their contacts are less careful in following the medical instructions against the dangers of infection. And although the exact moment of cure of a T.B. patient can be determined, it is a lengthy and expensive process. Proper nutrition and rest are very essential for such patients both before and after cure. These unfortunately can seldom be had by patients from the lower income groups and therefore, Sir, cures are miserably few amongst them. And relapse of cured cases is almost certain. As in the case of leprosy, children need to be segregated from their suffering parents if they are to be brought up as healthy children. Therefore, I maintain all over again that it is far better to prevent these children from being born at all.

Now, I come to mental deficiency. As regards mental deficiency the case is far far stronger. Both Tredgold and Burt, very famous psychiatrists, have shown that the fertility of psychopathic families is much higher than that of families which show no such tendencies. Fraser Roberts in 1939 also found from a group of large and unselected school children that the more intelligent the

[I Shrimati Shakuntala Paranjpye.]

children, the fewer brothers and sisters he had. He estimates that if this tendency went unchecked the average intelligence of the population would fall by three points on the Binet scale from one generation to the next. That is, Sir, our community, our quality, will go down and down and down every year in every generation, as I said before. The genetic basis of mental defect is thus established and the case for taking steps to prevent mental defectives from freely multiplying is further strengthened. The main justification for sterilization of defectives is two-fold. Defectives scarcely ever have the qualities required to provide for a normal child, not to speak of a defective one, with the environment needed for a happy and healthy development. And even those defectives anxious to avoid having a family seldom have the intelligence and method to cope with the usual contraceptive techniques, and children of such parents are likely to turn delinquent.

Here, I would like to point out, Sir, that in the United States of America at various times the State Laws have been challenged as being unconstitutional. The famous judgment given by Oliver Wendell Holmes in 1927 in that connection should be studied to advantage by all those directly concerned with building a healthier and happier nation. I quote, Sir :

"We have seen more than once that the public welfare may call upon its best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the States, for those lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world, if instead of waiting to execute degenerate off-springs for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind."

Up to 1950—I would like to give figures again—in the United States of America where they have State Laws

for compulsory sterilization, there have been 52,000 sterilizations, 21,000 male and 31,000 female; among these 23,000 were mentally ill, 27,000 mentally defective and 2,000 others. Again, I would like to point out that sterilization was first thought of, it was first born, I should say, in order to prevent mentally defectives from procreating. The adroit manner in which some of the progressive countries of the West deal with the problem is a lesson in itself. In Denmark, provided with a fully developed health administration, preventive measures against the unrestricted procreation of high grade defectives have been taken. A Sterilization Board has been set up, to which a recommendation for the voluntary sterilization of a defective may be made when he is unfit adequately to educate his children or provide for them by his own work. Genetical reasons for sterilization are not mentioned in the Danish law, but according to Norvig, play an important part in the considerations of the Sterilisation Board for 'discharge (from the institution) of a fertile individual with hereditary mental deficiency is hardly conceivable.' That is how they work their system. Furthermore, the Danish Marriage Law makes marriage of a defective dependent on the permission of the Ministry of Justice. The Ministry is advised by a Medico-Legal Council, and may make previous sterilization a condition of the permission to marry. For our country this lesson however will not be adequate. Children born in wedlock may be successfully prevented, but how can one prevent progeny being born outside the shackles of matrimony? And mental defectives, particularly women are more exposed at such danger. Here I would tell my friends of a case I saw many-years ago, more than 30 years ago in the holy city of Pandharpur where I had gone to see the Vittobha, the Deity, there in the street what did I see? I saw a young girl staring stark naked without any stitch on her body and she was practically 9 months on in her pregnancy. She was mentally defective, completely mad and here was a child that she was going to bring out to the world. Some brute had taken advantage of the mental defectiveness of the

poor girl and she was in that condition. Would it not have been better if that girl has been operated upon and this thing would not have happened. Now she might have given birth to one child and possibly more afterwards. I am going to give some more cases that I have which some psychiatric friends have given me. Compulsory sterilisation of mental defectives therefore seems to be the only solution. Here I would quote from the Brock Committee about which I had talks with the Health Minister before the Session began today. The Committee has said :

"A large proportion of mental defectives (over 50% according to most authorities) owe their condition to hereditary taints in their ancestry." That only shows that mental defectiveness is hereditary and it only supports the proposition I am trying to make. Again the Brock Committee gives a case of a person that they had interviewed and come to know about :

"Father born 1880; mother born 1883. The paternal grand-father was feeble-minded; two great-uncles were certified insane and a maternal uncle was epileptic. This woman has given birth to the following ;

1. *Daughter; died of convulsions in infancy.
2. *Son; died of convulsions in infancy.
•These two illegitimate.
3. Daughter; certified mental defective. In an institution.
4. Son; certified as imbecile. Died at age of 11.
5. Son; certified as M.D. In an institution.
6. Daughter; certified as imbecile.
7. Daughter; died at 11 months.
8. Son; certified as imbecile.
9. Daughter; in service.
10. Son; died in infancy.
11. Daughter; at school, but of very low mentality.
- 12., Son; at school and of average intelligence.

13. Daughter; aged 9, has never been to school; M.D. now in Institution.
14. Daughter; now aged 8; never been to school; ia M.D. institution.
15. Son; aged 5, recently admitted to M.D. institution.
16. Daughter; aged 4.
17. Daughter, aged 1."

The woman had 17 children and you have heard the fate of (hese children. Would it not have been better if those children were never born ?

SHRI AKBAR ALI KHAN (Andhra Pradesh) : What was the condition of the father?

SHRIMATI SHAKUNTALA PARANJPYE: Tliat is not given. I have given you these cases and I am giving the figures for mental deficiency in India and if you look at them you will be flabbergasted. Dr. Marfatia of J. J. Group of Hospitals, Bombay, states that there are not less than 1.3 crores of mentally defectives in India. I hope the Minister will correct me if I am wrong and here are some more cases that my friend Dr. Roshen Master, the well-known Psychiatrist in Poona, has given :

"A 28 year old female was first seen by me in 1963. At that time, she was only uneducable subnormal with an I.Q. of about 60, showing restlessness and stubbornness with temperamental behaviour. She was advised special training and medication. She was brought again in 1967...

SHRI N. R. MUNISWAMY (Tamil Nadu) : Sir, I rise on a point of order. Under article 117 a Bill or amendment making provision for any of the matters specified in sub-clauses (a) to (f) of clause 1 of article 110 shall not be introduced or moved except on the recommendation of the President and a Bill making such provision shall not be introduced in the Council of States. Here I find that the financial memorandum involves certain expenditure from the Consolidated Fund and unless she

[Shri N. R. Muniswamy.] has obtained the recommendation from the President, she could not have introduced this.

THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA) : The recommendation was made to the President and his consent has been received. It has not been printed in the Bill because that was printed earlier. Continue please.

SHRIMATI SHAKUNTALA PARANJPYE :

"She was brought again in 1967 with a history 'Wishes to get married and therefore gets boisterous, unmanageable and destructive'. On examination, found to be showing frank schizophrenia superimposed on subnormality. Her parent was advised several times against marriage. but as soon as her symptoms of schizophrenia settled down, she was married. She stayed with her husband precisely for 10 days. When he found out that she was subnormal and incapable, he sent her back to her parents—meanwhile she had also conceived. At three months, she had an abortion, her husband divorced her, and now she is much worse. If she had not been married, and had been sterilised as soon as she 'came of age', several unfortunate incidents could have been avoided."

Another case is :

"A young lady, aged 3½, was brought by her mother with a request to 'terminate illegitimate pregnancy of 3 months'. On examination, though chronologically 25, her mental age was found to be that of a 7 year old girl, with an I.Q. of 55. The mother was advised that pregnancy could be terminated on health grounds, if she permitted sterilisation at the same time."

In spite of all efforts by the medical social worker and the doctors, the mother refused permission as it would spoil her marriage prospects. Within two months she was readmitted to the hospital "bleeding profusely for 6 to 8 days—some kind quack had tried to get her to abort at almost 5½ months. The girl died within 2 to 3 hours of admis-

sion. The mother would rather lose her daughter than spoil her prospects of marriage. It is a pathetic story.

Then there is another story. A 26-year old male was admitted for custodial care as he had lathered an illegitimate child, having raped a 16-year old girl coming from a good family. He had been previously treated as a subnormal delinquent, but without much success. After this incident, he was treated, sterilised, and put in a school for mentally deficient boys and now is much better behaved and occupied gainfully.

It just shows you, SIF, what a plight and what a sorry state these people are in, and how it will really be doing them a good service, and doing a tremendous services for those who will be prevented from being born from them.

Now a psychiatric social worker has sent me two cases and I am going to relate only those two—I could have had a hundred cases if I wanted to. Miss X, 18 years old, with I.Q. below average, could not be educated beyond the 2nd Standard, can do simple household duties under supervision. Chances of marriage nil as she would be unable to shoulder responsibilities of a wife and a mother. Her appearance is normal, that is, has no marked deficiency and hence deceptive. She is not able to protect herself against anti-social elements. Her father is employed in Bombay drawing about Rs. 300/- p.m. Her mother and two younger brothers and a sister stay in Poona in a two-room, tenement in a *chawl* with common latrines.

The girl was manageable as long as her movements were not restricted. As she attained puberty, her movements have to be restricted, with the result that she has become restless and quarrelsome. Because of that her school-going siblings are disturbed in studies; her mother, in addition to her heavy duties, has to keep a close watch on her movements—specially when she goes to W.C. So mother always remains anxious. Her father though away in Bombay, is always worried on account of his mentally deficient daughter, and his efficiency is bound to suffer.

Her permanent institutionalisation would have solved the problem, but there are no such institutions.

Under the circumstances, tubectomy is the only solution. But, Sir, she is not a married girl and there are difficulties in achieving that.

Another case, my last case. Miss Y, 19-year old girl, with I.Q. below average. She was in the habit of roaming about and was in moral danger: hence was admitted to Menial Hospital. Now she has become manageable and helps in the ward work under supervision. She lost her father. Her mother earns by dealing in milk. Her younger brother and sister are school-going. Patient cannot be discharged from the hospital as she is not able to protect herself against anti-social elements, and there is no one in the house to look after her. If she is sterilised, her mother is prepared to accept her and she would be of help to her mother, brother and sister. But now she is a permanent liability on the Government hospital.

Sir, that only goes to show the plight that these mentally defective people are in. In the West, in some of the institutions for leprosy or mental diseases. I have heard that the authorities of these institutions arrange for marriages of their inmates after sterilisation; they just give them an opportunity to enjoy sexual life. Even in our country, Sir, at the 'Anandvan' Leprosy Home at Waroda in the Vidarbha region of Maharashtra State, a similar policy is followed. There was there a few years ago where I was shown sixteen couples, who had been sterilised and then afterwards their marriage was performed in that institution. I was as happy as I could be learning about that.

Now, before enforcing any compulsion people will want to know, "How are you going to decide whether so and so is fit or unfit?"

SHRI AKBAR AU KHAN : That is most important.

SHRIMATI SHAKUNTALA PARANJPYE : So here in this Bill I have made provision. If you read the

Bill critically, a separate board of experts will have to examine the case brought. In the Bill you will see this in Clause 3—

"The Government may, by notification in the Official Gazette, constitute a board for each district including metropolitan cities, with the district medical officer as the chairman and four registered medical practitioners as members, of whom two shall be officials and two shall be non-officials."

This is the board which will decide whether a case has to be accepted or not.

I have done, Sir, and I hope that all the Members, all my colleagues, will support this Bill, and I again hope our Minister for Health will accept it.

Thank you.

The question was proposed.

DR. B. N. ANTANI (Gujarat) : Mr. Vice-Chairman, Sir, I rise to support this Bill wholeheartedly. While doing so I offer my sincere congratulations to the hon. mover, who has taken courage to bring in a social measure of this nature. I view this Bill with a wider perspective, not in a frivolous manner or light-hearted manner.

This Government, over the last twenty years, has been suffering from the disease of vacillation and bringing in measures in a half-hearted manner which they never implement. For instance look at our Sharda Act for stoppage of child marriages. Notwithstanding the existence of this Act are these marriages stopped? Now, if you carry on governing the country in such a frivolous and half-hearted manner, you can never improve the society, raise the stature of the nation.

Sir, the learned mover of the Bill has said that the first sterilisation operation was performed in America in the State of Indiana in 1897 which was five years after I was born—thank God. Now, Sir, look at the evolution in the country. There was a time when crossing *kala pani*, black water, of the ocean was punished by the community with ex*

[Dr. B. N. Antani.] communication—the man doing so. See the evolution which has since taken place. I can reach New York earlier than I can reach Poona—we have come to such a stage in our society. We have created the Ministry of Social Welfare—my friend is the Minister for Social Welfare.

SHRI M. M. DHARIA (Maharashtra) : He is a social Minister.

DR. B. N. ANTANI: Now does this social welfare institution or Ministry with crores of rupees being spent on it think of the society suffering from this sort of morbid mentality in the country? We have put in Family Planning and now we make political exploitation of it. At the time of the last General Elections I saw that the sterilisation process and the loops were stopped for two months by the Government because, otherwise, it would have acted politically adverse to them—they have not the courage to face the society with even unpleasant measures. Now this is a malady which, I believe, is eating out our nation very secretly and surreptitiously, the malady of so many hereditary diseases—tuberculosis, leprosy, and mental depravity—as the hon. Member said. Look at the cases of venereal diseases. They have got the tendency to create hereditary predisposition and what are the disastrous results on society? For no crime of heirs, generations and generations suffer. Now, to say that this sort of sterilisation or segregation was not known in India is not correct. The history of India shows that in such cases there were injunctions of renunciation and voluntary segregation whereby such diseases were being stopped. In our culture there is a historical incident in our Mahabharata where King Pandu was suffering from some incurable disease and he did renounce his married wife. All these things show that the Hindu culture was far advanced at a time when all these things were being thought of elsewhere. We have now come to a stage when we have got the Government in our hands. We can legislate, we can prosecute, we can penalise, we can propose such sort of reforms on our society and

why not we do it then? I therefore believe that the time has come when the social welfare activity of the Government in the form of a Ministry should not remain an anachronism or an ornamental decoration of the treasury benches. It must function in a more active, in a more salutary manner and a day will come when society shall cooperate with you. Even if they do not cooperate, take courage in your hands. You have ruled the country for 20 years. Sit in opposition for five years but do some-

thing to the society. Therefore I appeal to the Government to pass this unanimously without any discordant voice.

SHRI M. M. DHARIA : Mr. Vice-Chairman. I would like to compliment the hon. Shrimati Soakuntala Paranjpye I for bringing forward a very important social measure. Before I pass on to make my remarks I would like to say that I support the measure of course with some modifications. Shrimati Paranjpye has mentioned tuberculosis, leprosy and mental diseases and has suggested in order to prevent future generations from suffering from these such persons should be operated. But unfortunately the expression 'mental diseases' has not been defined in the measure. If you refer to clause 2(iv) it says an unfit person shall mean any person, male or female, who suffers from such a type of leprosy or tuberculosis or insanity or imbecility, congenital or otherwise, that he or she is likely to give birth to children like himself or herself unless sterilised. Now, what is meant by insanity? Now if we refer to the opinion of several renowned scientists of the world they have on many occasions stated that in the world the majority of the people are insane.

DR. B. N. ANTANI: Including my-self and you?

SHRI M. M. DHARIA : I do not know that. If Dr. Antani is sure of himself I cannot challenge his statement.

DR. B. N. ANTANI : Thank you.

SHRI M. M. DHARIA : So here it is very difficult to say who is insane.

There are various norms which can be made applicable but they shall have to be defined otherwise it is likely that these powers, is left in the hands of doctors in small towns or districts, may lead to any consequences. There may be politics, there may be everything and I do not know what will happen. So I would request the hon. Member who has moved the Bill to think of this aspect and then proceed ahead. Otherwise, if it is not properly defined, this provision is likely to create several complications. I hope this point will be appreciated.

Now, Mr. Vice-Chairman, I have already complimented the hon. Member but what I expected from the hon. Member was not a limited Bill of this type. To be frank this country today needs a measure which can immediately curb the likely explosion of population as per recent figures the population is increasing fast. Only on the 25th Of this month in reply to my question the hon. Minister Dr. S-Chandrasekhar gave the figure. My question was : what was the population of the country on the 31st December 1968 and he said that the population of the country on 31st December 19*68 is estimated to be 52 crores and 40 lakhs.

SHRIMATI SHAKUNTALA
PARANJPYE: Much more.

SHRI M. M. DHARIA: I do not know; this is the reply given to my question. We are well aware that in 1947 the population of the country was 34 crores and 40 lakhs. Today it is 52 crores and 40 lakhs. As per Government records every year we have been adding 1 crore and 30 lakhs to our population. It is suggested by renowned experts again that within 26 years, that is, by the year 1995 the population of this country will be of the order of 100 crores. If the population is going to be of the order of 100 crores what will happen to this country? We know the miseries we are facing because of economic imbalances and if the population were to increase with such speed, giving birth to a continent like Australia every year—because the population of Australia is 1 crore and 10 lakhs—how can we progress? When we

compare ourselves with continents like Australia we forget that we have been producing 1 crore and 30 lakhs every year. When we compare ourselves with England, France and other modern countries we forget that while the population of Germany or France or India is only 5 crores or so, the number of students going to schools and colleges alone in this country is 7 crores and 30 lakhs. I just fail to realise how we are going to face this eventualities? What I expected from the hon. Member who is a staunch protagonist of family planning was that she should have come forward before this House saying that a time has come in the history of this country to have a measure to ban children above three to any couple in the country. Perhaps it is likely to be argued that it is not constitutional to do so but I feel that such sort of restrictions are reasonable restrictions and under the Constitution there is no bar whatsoever. Therefore I do make a demand today to this Government that if you want to stop the coming eventualities, the explosive situation in the country, without caring for any religion, caste or creed, this Government should come forward with a measure whereby any couple will be prohibited from having more than three children, whether mentally affected or not. It is not all material now. This Bill is called the Sterilisation of the Unfit Bill. We should know that even if they produce children in healthy and fit conditions with this explosion in population they will become unfit and the parents will also become unfit seeing the agonies of their children. Therefore as I said what I expected of the hon. Shrimati Shakuntala Paranjpye was not a measure of this limited nature restricted to only persons with such disabilities but a wider measure which was the need of the hour.

SHRI LOKANATH MISRA
(Orissa) : Why do you not give an amendment? That will solve the problem.

SHRI M. M. DHARIA : I is not a question of my giving an amendment. It is ultimately for the Government to

[Shri M. M. Dharia.] decide. The Government should come forward with such measures. That is my appeal to the Government. Even after passing such Bills, we know what happens. It is ultimately the implementation which is more material. The hon. Minister has taken charge of this portfolio very recently. He must be studying the situation, and it is proved by the various facts and figures produced by his own Ministry. I believe that to a large extent they are reliable. Many times statistics are, again, a matter of great worry. Several experts produce several kinds of statistics and one fails to understand whether one should believe them or not. But so far as population is concerned, the statistics available are, to a great extent, reliable because of our census system. Every ten years we are having a census. Because of the census system reliable figures are naturally available.

We are aware that the Fourth Five Year Plan is coming. The planners are now thinking of having a Plan to the tune of Rs. 16,000 or Rs. 15,000 crores. Deliberations are taking place. I cannot say affirmatively what would be its nature. At present it is Rs. 4,600 crores. What are you going to do with this Plan ? As I have already quoted, every day we produce nearly 55,000 babies, according to the present recjprds. Even assuming that 15,000 persons, children and old men, die due to some accident or due to some other reason, we are adding to our population at the rate of 40,000 persons every day. Fortunately in India the ratio is nicely maintained. Men and women are nearly 50 : 50. After twenty-two years we shall be having 20,000 couples every day. By that time the world will be marching ahead and so too our country. I have no doubt about it. To be frank, provision shall have to be made for providing employment to 40,000 persons every day. Even assuming that out of the couple we shall give employment to only one, we will have to provide employment for 20,000 persons every day. For providing employment to one person, in a small factory or a shop or a small labour workshop, we

know that at least a capital investment' to the tune of Rs. 10,000 is required. So, every day if we do not make a provision for the investment of Rs. 20 crores for providing employment to the coming couples, we shall not be in a position to provide employment. So, naturally the yearly Plan shall have to be to the tune of Rs. 7,500 crores. I may say that the next Five Year Plan should be to the extent of Rs. 35,000 crores for providing employment to the new couples, leave aside the existing problems. May I know from the Government how they intend to solve all these problems ? This is not at all a simple matter. It is a serious issue. We know that all the benefits of our progress since independence have been devoured by the tremendous growth of our population. There are efforts by the Government, but, let me make it very clear that they fall far short to meet the challenge of the situation. Therefore, I am here to insist that we should make a demand, and the Government should kindly concede, that nobody should be allowed to have more than three children.

In the morning today there was some discussion about a uniform Code and I was really sorry and surprised to hear some remarks from my friend, Mr. Momin, who is unfortunately not present here now. When I made the demand that there should be a uniform Code in the country, some of my Muslim friends and colleagues felt as if we want to encroach on religion. It is not at all so. There are two aspects. One is social equality. Is it a sin for a lady to take birth in a Muslim family because her husband is allowed to have three or more wives ? Is it a sin to take birth in any family ? I become a Harijan if I am born in a Harijan family. I am a Hindu if I am born in a Hindu family. I am a Christian if I am born in a Christian family. It is not according to my convictions. It is not according to my desires. Because I take birth in a particular family, I become a Hindu, Muslim or Christian. How can we then reconcile that with a democratic society ? When we say that we are a democratic country, the Consti-

lution guarantees equal rights and opportunities to every individual. How can a Muslim lady, whose husband can marry three ladies, say that she is enjoying equal rights and opportunities? Is it not more material? What has happened in Muslim countries? Let us think of Pakistan, let us think of Iran. I had appeared in some criminal cases. There was one offence under the obscenity law. While in court I brought to the notice of the court one very relevant case. Prior to forty years there was the case of one lady in Persia. At that time the Purdah system was there. She had the Purdah, but one inch above the toe of her leg was simply open. Because she had kept her toes open—instead of the Purdah touching the ground it was up by one inch—she was fined and she had to pay nearly Rs. 500. It was considered then in the country that it was an obscene act. Today in that very country there are frocks and all kinds of modern dresses accepted by the lady community. At that time it was treated as a religious act to have Purdah. Today it is no more considered to be a religious act. Should we not look at modern times? It is from that point of view that I would like to appeal to my Muslim brothers. From the democratic point of view the present need is to grant them full freedom, equal opportunity and equal rights. From this point of view I feel that wherever religious concepts conflict with democratic traditions, democratic concepts, equality of opportunity and freedom should necessarily rule and to that extent the religious concepts shall have to be set aside. It shall have to be done by those who can understand the whole thing in the proper perspective. That perspective is the humanitarian perspective. Where are those humanitarian values? It is in this context I simply said that we want a uniform Code. It is not with any intention of encroaching on the religious rights, but simply to assert the democratic values, humanitarian values and they should get proper importance in society. It is in this context, without caring much for votes, which have become one of the

major obstacles in our way, this House should resolve and decide it. Whether it be the Hindu religion, Muslim religion, Christian religion, whatever it is, if the whole society is to exist, if the future generation is not to be a misfit generation, we shall have to take a decision with all courage and determination and that decision shall have to be taken by the Government. I make a demand for such a decision by the Government that no person, no couple of this country should be allowed to have more than three children. At the same time I demand that there should be economic sanctions and proper incentives for such purposes. People ask me what are those economic sanctions. I do feel that economic sanctions should be used at all levels. Take, for instance, the yearly increments. It should be available to all. If that person who is in service has got three children and if he has not got himself operated it should be made very clear to him that further increments will not be given "until you have got yourself operated". Why should you not do that? There are housing facilities. The co-operative housing facilities will be open to all. But those who have got more than three children should not get that. Those who are having more than three children should get operated immediately. They will be willing, I have no doubt whatsoever. The agonies of women are much more than men. They have to look after the children. When children after children are born in that house, there is none to look after them other than that lady. She is the worst sufferer, as if she is suffering for the sins she has committed in her previous life. She has no other alternative than to look after them. She is having motherly feelings because motherly feelings are there, but she fails in looking after them properly! because the number is too large. It is from this angle also that these economic sanctions have to be used. If the bonus is to be paid, if any economic advantage is to be given, if taccavi is to be given to the agriculturist, if other loans are to be given, everywhere there should be the same standard. "Have you got three children? Have

[Shri M. M. Dharia.]

you got yourself operated? If not, please get operated. Then you take the loan. You will not get the loan unless you get yourself operated". Why should not the Government think of it seriously? I fail to understand why such sort of economic sanctions should not be there. At the same time there should be economic incentives also. The Government is all the while pleading that there should be late marriages, that the age difference between two children should be much more than what it is today. But it is not possible without giving some economic incentives to such couples. Very nice schemes could be formulated and if such schemes are formulated, I have no doubt that it will be possible for the Government to effectively implement the present conception of family planning. Merely by propaganda it cannot be done. Recently I was told that hundreds of trucks have been purchased by the Health Ministry for propaganda on family planning. There again I would like to request the hon. Minister to enquire into the whole deal. I was told that there were parties interested in that deal. The trucks were Bedford trucks as far as my information goes—a Birla Company—and there was an unfair deal at the time of the purchase. I would like the hon. Minister to enquire into it. But that is not the subject of the debate. It is not by purchasing these trucks and by having posters everywhere that there could be family planning. There are occasions even in a democratic set-up where the Government has to be harsh, where the Government has to execute all its schemes with a ruthless hand without much bothering for the praise that may or may not come. I have always felt that if right and just things are done by the Government, people will always stand by the Government. Instead of having such sort of compromises with the principles, while implementing the schemes if for the cause of the people, if for the cause of society ruthless implementation is made, the people will stand by the Government the society will stand by the Government. Unfortunately there

is that vacillation in your minds all the while, some sort of compromise is made and implementation lags behind.

When I say these things, I am pained at one side of my heart. When I speak of the present, I am pained. At the same time I have got enough confidence and faith in the other side of my heart for the future. If pain represents the present, faith and confidence do represent the future. Shrimati Shakuntala Paranjpye has devoted herself throughout to this job. I am proud of her. In Maharashtra after Mr. Karve it is Mrs. Shakuntala Paranjpye who has been doing a missionary work for family planning. Maharashtra is successful in family planning to the extent it is today. I have no doubt that these two people have necessarily created that atmosphere in the State of Maharashtra, and they deserve all our compliments for the great social work that they have done. But it is not enough. Something more shall have to be done. May I expect Mr. Shah—who may perhaps get more inspiration as he is sitting by the side of Shrimati Shakuntala Paranjpye—may I request Mr. Shah who is an enthusiastic Minister no doubt, and in case he means it he can do it also, to take a proper perspective of the great population explosion that is taking place in the country today. If we have been producing 40 children per minute, I have spoken for nearly 20 minutes and during these 20 minutes we have produced at 40 children per minute nearly 800 children somewhere in this country. (Interruption) Perhaps more than that. How are we going to provide them.

THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA) : They will be produced even if you do not speak.

SHRI RC. M. DHARIA: My only point is, they may be having that desire to produce children, they may be having that passion; if that passion cannot be controlled, will Government not come to control that? It is in this context that I would like to appeal to the Government to take a very serious view of the whole situation. I have done.

I support the Bill and I would expect from Mrs. Paranjpye much more than what she has done so far as this Bill is concerned.

SHRI KESAVAN (THAZHAVA) (Kerala) : Mr. Vice-Chairman, I appreciate the courage shown and the pains taken by the hon. mover in arguing a strong case for her, but I am not convinced by the arguments advanced by the mover, and as such I am constrained to oppose the provisions of the Bill. Sir, in clause 2(iv) "unfit person" is defined as male or female who suffers from such type of leprosy or tuberculosis or insanity or imbecility, congenital or otherwise, etc. Leprosy to my knowledge and also I understand from experts is not a disease which cannot be cured. Even today some seminar is going on in New Delhi and experts from various States have come to New Delhi, and they are attending the same. From my State two experts are taking part in that seminar. I had the opportunity to meet them yesterday. What they said to me was that leprosy can be cured. They are experts and they are in Kerala. One of them said that a young man of 23 who was severely affected by leprosy was cured by constant treatment and he has married and he is now living happily with his family. To my knowledge I know personally a young man, who was affected by leprosy, took his M.A. degree and then by constant treatment the disease was cured. He was very recently married and he is living very happily.

SHRIMATI SHAKUNTALA PARANJPYE : How many children ?

SHRI KESAVAN (THAZHAVA) : I cannot say exactly. I also say that it is not hereditary. That is my information and I am not an expert in this. But I say that it is not hereditary. In my State there are two leper colonies. My submission is that this sort of Bill will, take away the pleasures or feelings of those humans. In my State there are two leper colonies in which hundreds and thousands of lepers are living. A vast area is there and they can cultivate. There are cinema theatres, drama theatres—

and libraries they have got all facilities they are living very conveniently. Experts are also there and they are treating them. Every year, hundreds of them come out fully cured; they and procreate children. There is nothing wrong in that. These colonies were established and these lepers were allowed to go there and live there until their leprosy is cured, instead of sterilising them.

About tuberculosis, my submission is that there are various hospitals in the country. In my State also there are certain hospitals. But the persons who are affected by tuberculosis are waiting and not in a position to get admission into the hospitals. Tuberculosis is also not a disease which is incurable nowadays. There are very specific medicines found out and so it is not an incurable disease. Also, if people affected by tuberculosis procreate children, those children do not become affected by tuberculosis.

About insanity, as the hon. Mr. Dham stated, most of us are insane to some extent. It is only a question of degree. And I must say that this Bill itself is the result of a little madness. There is nothing wrong in saying like that. I say, if a man who is insane is admitted in a hospital and treated properly, certainly he will be cured. So, there is no use of this unjust sterilisation because he is found to be insane only for some time.

There are other difficulties. Much mischief is also caused by the provisions of this Bill. According to clause 8, some punishment—to the extent of Rs. 500 as fine—is stated to be given to the person who gives false information with regard to insanity or leprosy of a person. My submission is that if a man takes it into his head to put a man to ridicule and he gives a petition before the Chairman of the Board constituted under the provisions of the Act saying that this man is a leper or he is insane or he is affected by tuberculosis, the Chairman is forced to give a notice to the First Class Magistrate of the locality and the Magistrate must issue summons to the person named in the petition, and he must appear before the

[Shri Kesavan (Thazhava)]

Board for examination. My submission is that even if it is found that he is not affected by any of these diseases, that person is put to difficulties and put to some sort of ridicule among the public. So, that mischief also is here.

So, I would say that the provisions of this Bill are not at all right. I may also submit that leprosy, tuberculosis and insanity, all these diseases, were in existence even before. By the strenuous effort of the Government, the percentage of these diseases is coming down year after year. That is a fact. So, it is the duty of the Government to give them proper treatment and see that all these diseases are rooted out of the land and that all those persons are brought up as healthy as the other people and they have the right to marry and procreate children.

So, my humble suggestion is that this Bill is not at all necessary. The only thing that the Government is expected to do is to build as many colonies as possible throughout the country to fight leprosy and tuberculosis. Of course, for insanity, there are lunatic asylums in the various parts of the country and people are sent there. My submission is that no lady will marry a leper, no lady will marry an insane person. So, there is nothing to fear. And if a leper approaches a lady, she will never allow him to have intercourse with her. So, there is nothing to fear about procreation of children by persons affected by leprosy, tuberculosis and insanity. So, this Bill is not at all necessary.

SHR] AKBAR ALI KHAN: You are ignoring the real fact. I am surprised.

THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA): Mr. Parthasarathy.

SHRI AKBAR ALI KHAN: See the misery of these people.

SHRI KESAVAN (THAZHAVA): These asylums have been established.

THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA): I have called Mr. Parthasarathy.

SHRI R. T. PARTHASARATHY (Tamil Nadu): Sir, I rise to support the Bill moved by Shrimati Shakuntala Paranjpye, the Sterilisation of the Unfit Bill. I think that the legislative measure that is before this House, though non-official in character, is of national significance concerning the future set-up of the whole of the Indian society. It is not merely a health legislation that the learned Mover has proposed; nor is it merely one of social welfare legislations. But it strikes me that it partakes of the character of both. And in general, it affects the growth and the standard of our society at large. By bringing this measure forward, Shrimati Shakuntala Paranjpye has rendered a noble service to the whole nation and particularly to the younger generation, and I offer my warmest congratulations to her for the manner in which she has brought forward this legislation and for the courage that she has shown.

Sir, I was listening to the few speeches that were delivered this afternoon, and very closely to the speech of the hon. Mover of the Bill. I would like to offer a word of comment about the manner in which my good friend, the hon. Mr. Dharia, spoke on this, legislative measure. I would describe his speech as one of wandering throughout the one hundred yard boundary line wherein he was unable to pick and spot the ball. He spoke so much of the general economic structure of the country, of the importance of a general family planning measure. But he forgot—whatever may be the importance of the family planning measure, I do not comment on it at this moment—that the essence of the Bill that is before this House is one concerning the offspring of this set of persons who are medically and mentally unfit. And Shrimati Paranjpye has very ably brought out how 25 lakhs of lepers who are in this country should not produce children in the interests of the Indian society. Perhaps, there are more number of people affected by tuberculosis and an equal number of people who are mentally diseased or mentally defective.

SHRIMATI SHAKUNTALA PARANJPYE: One crore.

SHRI R. T. PARTHASARATHY : I would very much like to confine myself to these three types of diseases which the hon. Mover has placed before this House. It is of absolute importance that some sort of restriction should be imposed, and the reasons that the Mover gave are totally valid, in my humble opinion. An argument might be advanced that this legislative measure, if enacted by Parliament, might go against the Constitution as far as the declared principle of equality is concerned. But even there, the hon. Mover has very rightly pointed out that there may be many in this country who might not like to get vaccinated against small pox, cholera and the like and yet according to the law of the land, in order to prevent the spread of the disease which ultimately destroys or affects the society, they should submit to it, and this would certainly not affect the question of equality, in my humble view. So I do not think the constitutional provision will come in the way of this Bill being pushed through in Parliament. Sir, if affected persons are going to procreate, what will be the health of the progeny and how will that progeny fit into the society? It is a very big question-mark and sometimes it will act not only adversely but dangerously to our society at large. This is a basic social problem.

Sir, in dealing with our country's many-sided problem which Mr. Dharia expounded this afternoon, namely the economic problem, we have set ourselves to the task of building a strong economic foundation by following the path of a planned economy. When we are going to follow a planned economic development for the whole country to lift up the country from the downtrodden position in which it is placed now, should we not follow the principle of planned parenthood? That was a very pertinent question which Shrimati Sha-kuntala Paranjpye put before this House. According to me, planned parenthood is as important a factor as the planned economic development for our country. When normal persons, healthy persons are advised to limit their families and when these persons, lepers, persons affected by tuberculosis L10RS/69—7

or the mentally diseased or insane persons, who definitely come under the category of sub-normal persons, are allowed to procreate in an unrestricted manner, what will be the impact on the growth of our society, and what I would call, the health of the nation? Unhealthy parenthood will cast an evil on the coming generation. And the easiest method of achieving the prevention of the progeny of such persons is by statutorily sterilising these persons. In the interest of national welfare, Mr. Vice-Chairman, sterilisation of these categories of persons is a national necessity. Where the children cannot be segregated from their parents who suffer from these diseases, it would be not only wiser but safer to see that these persons do not procreate.

Sir, the genetic basis of mentally defective people is established and the case for taking steps to prevent the mentally defective people from freely increasing their progeny is further consolidated. My good friend, the Mover of the Bill, earlier stated how sterilisation started in the United States of America in 1897 and also gave statistics to show that prior to 1950, 52,000 persons in the United States were sterilised and out of those 52,000, 50,000 were found under the category of the mentally diseased persons. Countries like Denmark, Norway and the Soviet Union have not lagged behind in passing legislations to see that these persons do not add to the population of their countries.

Sir, I would not say being a member of the legal profession, that the Bill as it is drafted is a perfect one. There are some defects here and there which I could note. But if only the hon. Minister for Health would accept this Bill in principle, the purpose underlying it, then I would even go to the extent of begging of the mover not to press this Bill provided the Government would agree to bring forward a measure of this kind in the near future. But I would like to add that the Sterilisation Board referred to in the Bill should be constituted not in the manner in which it is slated in the clause, but in a different way. It should not only consist of the District Medical Officer as the

[Shri R. T. Parthasarathy.]

Chairman of the Board with four other medical personnel, but there must be in this Board one or two to represent the cream of our society, namely, the social reformers and the legal experts, in order that nothing is found wanting in carrying out the work of the Board as such.

I would only like to add, before I conclude, that if we want to build a healthy and strong nation, we must primarily rest not merely on the individual but also on the family. The family is the bed-rock of a sound nation and a sound family is by itself the bed-rock of a healthy nation, and this Bill, sponsored and so ably moved by Shrimati Shakuntala Paranjpye, goes a long way to meet the requirements of our country and it does denote a laudable objective, and hence deserves the unanimous support of this House. Thank you.

SHRI G. A. APPAN (Tamil Nadu): Mr. Vice-Chairman, Sir, I stand here to support the Bill as far as it can meet with the public opinion of the nation. I do not think any Act can be passed and enforced to the extent the framers of this Bill would desire unless it meets with the definite approval and consent of public opinion. This measure is proposed to be made applicable to those, suffering incurably from tuberculosis, leprosy, deafness, blindness, syphilis, gonorrhoea, venereal diseases, epilepsy, mentally defective persons, persons in a state of idiocy, insane persons and persons having obnoxious physical deformities and handicaps not in the earlier stage of such ailments, but only in the advanced incurable stages. No doubt it is for the nation and people like us to see that such things are cured and eradicated. It is better to cure such things in the earlier stages rather than attempt to do it at the advanced stages. Prevention is better than cure. There are various social aspects of therapy like prevention, treatment, rehabilitation, after-care treatment and things like that. Let us not adumbrate such a policy outright for sterilization. Let us first try to correct, to rectify, to find out the facts and history of the case and do the needful. Let me say that we do not

have sufficiently correct and authentic statements or statistics about the extent of such diseases, deformities and defective tendencies of this nature. Anyhow, in the absence of all these facts and figures, I feel, that we should commend this Bill to a Select Committee or for public opinion to find out the extent and gravity of the diseases mentioned here in every category and then formulate our scheme. I entirely agree with Mr. Parthasarathy in saying that these people suffering from incurable diseases need not be treated in the manner that is prescribed in this Bill. We have to educate the masses. We cannot compel people. We cannot enforce such laws indiscreetly. It is even unconstitutional to do so. Fortunately provision is made in this Bill for appeals in courts by aggrieved parties. But let us try to give the option to the incurable, let us try to tell them, let us try to educate the masses concerned. Do you mean to say that the people, when they know of their weakness and diseases, their defects as well, will not like to cure themselves? When we have some ailment, when we are suffering from something, we do go to a doctor, and to the hospital. In the same way, when people are able to understand, when we are able to make them understand, that such and such a thing is wrong with them, everybody will go to a doctor or to a social scientist for cure. If somebody is not able to go like that, at least his/her parents, associates or friends, will advise him/her, will take him/her to a doctor. It is the concern of those who are in charge of such defective people. So, it may not be possible for us to have a success of this policy. I do agree that this is a very nice and a very good social legislation provided we can act upon and enforce it. I do not think that there is any use of passing legislations and Bills like this unless we can effectively implement them. I entirely agree with my friend, Mr. Dharia, that we are spending so much of money on the family planning programme. A portion of that money at least, a portion of the money to be spent on the family planning programme, can be spent for this programme also, not for directly and immediately implementing this policy, but to educate the masses on the lines suggested

here. I also entirely agree with Mr. Dharia that measures like this will help us in curbing the birth-rate and population growth which is galloping to bursting and balloonistic heights. In this case I have to support Mr. Dharia's view that those in services and employment who have more than three children who claim maternity benefits and increased D.A. can also be made to undergo sterilization process. The sponsor of this Bill has given a statement about the very great number of T.B. and leprosy patients that a doctor has pronounced incurables, and that India has more than three crores of people who are mentally defective cases. Naturally when all these people are taken into consideration, we can certainly aim at a very good percentage of people who can be sterilized. To that extent our population expansion will be reduced. Under these circumstances, Sir, before embarking on direct sterilization, I request the Minister concerned to see that a Bill of this nature is brought as the Government Bill. This should be done after finding out the correct position through direct and effective methods by a competent and comprehensive survey throughout the country among every category of these people which public opinion will decide. And then, first we will have to give the patients a preliminary treatment, segregate them according to categories, try to cure them by medical means and through social scientists, and then try to observe an effective good follow-up programme. In this connection, I think that the trade union leaders could come forward and cooperate with the Government and the sponsors of this measure. This will help the poor people who are on the verge of starvation being half-fed ill fed or at times completely starving, rather than inciting and instigating such people to claim, "Please pay us a need-based minimum wage". I advise my trade union-leader friends to honestly sponsor this first and to teach the workers to limit their families last, in an irresponsible way, most persons should begin to produce like frogs ----- (*interruptions*). Then they will be doing real service to the workers at whose cost many of these trade union leaders have come up here. They have come up leaving the poor

workers and labourers with their loin cloth, starving in the fields. But some trade union leaders—white collar ones—are trying to shed crocodile tears here for reasons known to them in the bottom of their hearts. I request my trade union leaders and friends and the Party in power to support this Bill and become the torch-bearers for this movement. I also request that this Government may kindly take this as a very constructive step, a Gandhian method of social service and social legislation, and see that people of the opposition group do not oppose this. I hope they will join *bunds* with us and commend this Bill for public opinion and for a Select Committee.

SHRI U. K. LAKSHMANA GOWDA (Mysore): You forget you are in the opposition.

SHRI G. A. APPAN : I am in the constructive opposition. Our Government never opposes for the sake of opposition..

THE VICE CHAIRMAN (SHRI M. P. BHARGAVA): Mr. Appan, you face the Chair and then speak.

SHRI G. A. APPAN : All right, Sir. Our Government never opposes irrationally. They are always rational in their approach. They do not criticise this Central Government without justification, for the sake of opposition alone, I would like to support the Central Government only wherever it is necessary. Unless they go wrong anywhere, unless they are unfair or unjust, and unless they impose something and compel us to do something against our will which is criminal and unconstitutional, we always support any good measure.... (*Interruptions*). Now that my friends have tickled me a little further I have the honour to inform this House and I submit to everyone here, *i.e.*, the front benchers and the treasury benchers—I do not call this side as the opposition that the opposition be called the front benchers and the Government benchers be called the treasury benchers, as opposition is a negative approach. It jars my friends..... (*Interruptions*). Let us, the front benchers and the treasury benchers, drag the wheel of the Government together, the wheel of our

IG. A. Appan] democracy, the wheel of this Government, like two bullocks, like the machine and the power, i.e., electricity and the mechanism. Let us also forget when we come here that we belong to such and such a party alone. Let us not belong to any party in a narrow sense. Every party has its own aims of having the overall interest of our population. If this is true let us all try to cooperate with the Government as far as possible and practicable. Let us not allow the Government to go wrong anywhere. I request the friends on the Treasury Benches not to oppose the Opposition parties for the sake of opposition, or for suppressing people and to be fair, honest and equitable in the distribution of power in the interest of inter-State relationship. They should give more power to the opposition parties in power in certain States so that the Centre is not mistaken that they are oppressive or that they are showing favouritism. The Prime Minister has assured often times that she will give and that her Government will give the utmost encouragement and cooperation to all the Opposition Governments. Let us not mistake her. Let us take everything of hers in the true and honest sense. I do not think she is capable of being untrue. If I can carry my friends with me in this belief that both the Government and the opposition should cooperate and run this Central Government in the overall interest of the people, of this nation, in the interests of the poor, unemployed, under-employed, the agricultural labour etc., I would be the happiest man for having been sent here by the revered international leader Arignar, Mr. Annadurai, the erstwhile Chief Minister of Tamil Nadu, and the trio of the DMK Party which has selected me.

THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA): Let us come back to the Bill.

SHRI G. A. APPAN : I support the Bill and I request that this be circulated for public opinion and sent to a joint Select Committee and I request friends on the Treasury Benches to support this and I want an assurance from the Minis, ter that he will use his good offices to

bring this measure on the Statute Book as a Government Bill.

THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA): Before I call the next speaker, I want to take the opinion of the House about one thing. I have just received an amendment. Under the Rules it is not admissible but I will put it before the House and if the House desires that this be moved, I shall permit it. The amendment reads :

"That the Sterilisation of the Unfit Bill, 1964 be circulated for eliciting opinion thereon by the 31st December 1969".

Is the House agreeable to give permission ?

SHRI AKBAR ALI KHAN : We agree. Some of us have been very seriously thinking on this matter. Whereas some of us feel that now we have not got sufficient data, the other side is of the opinion that public opinion has not been fully elicited. So in the greater interest of the country—ultimately we may reject it or accept it—that will be a very good *via media* if the House should accord the permission that it should be circulated. It is not a commitment but let it be circulated. It is only then that facts and figures will also be furnished by the Government and then we will be in a better position to come to any conclusion regarding this very important social Bill that has been brought by my esteemed friend, Dr. Paranjpye.

श्री दयालदास कुर्रे (मध्य प्रदेश) :
उपाध्यक्ष महोदय, यह जो बात अभी उठी है कि पब्लिक ऑपिनियन गैदर करने के लिए इसे भेजा जाय मैं समझता हूँ कि यह जो बिल सामने आया है यह एक टेक्नीकल मसला है और शासन के पास और बाहर जो टेक्नीकल एक्सपर्ट्स हैं और जो इस बात की जानकारी रखते हैं अगर उनको ऑपेनिशन शासन के सामने आती है और सदन उससे परिचित होता है तो फिर पब्लिक ऑपिनियन की विशेष आवश्यकता नहीं दिखाई देती।

सरदार रघुबीर सिंह पंजहजारी (पंजाब) : मैं इस अमेन्डमेन्ट को बड़े जोर से अपोज करना चाहता हूँ। वैसे मैं बिल को अपोज करना चाहता था, उसका बाद में मौका आएगा मैं समझता हूँ कि कन्ट्री की तबज़ह इस किस्म की निकम्मी और फिज़ूल सी बात की तरफ दिलाने में टाइम वेस्ट नहीं करना चाहिए। आखिर जो रफ़्या है सरकार को उसे अच्छे काम के लिए इस्तेमाल करना चाहिए। चाहिए तो यह था कि जो आदमी बीमार है, कोढ़ी है, उनका इलाज किया जाय, उनको ठीक किया जाय। लेटेस्ट थ्योरी यह है कि कोढ़ी भी ठीक हो सकता है, आप कैसे उसके ऊपर लागू कर देंगे। मैं समझता हूँ कि यह निकम्मी चीज़ है और इसको कभी एक्सेप्ट नहीं करना चाहिए।

SHRIMATI YASHODA REDDY (Andhra Pradesh): He said : 'Let us not waste time on this worthless Bill.' It is absolutely a very important Bill.

THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA): Every Member has his own opinion.

THE MINISTER OF HEALTH AND FAMILY PLANNING AND WORKS, HOUSING AND URBAN DEVELOPMENT (SHRI K. K. SHAH): I leave it to the House.

SHRI S. S. MARISWAMY (Tamil Nadu) : Is it right for an hon. Member to call it a worthless Bill ?

THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA): Let us not enter into all those controversies. I shall put the motion about the amendment whether I should allow the amendment to be moved or not before the House.

The question is :

"That Shri Krishan Kant be permitted to move an amendment for circulation of the Bill for eliciting public opinion thereon by the 31st December, 1969."

The House divided.

THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA) : Ayes—22; Noes—13.

AYES—22

Annapurna Devi Thimmareddy, Shrimati
Arora, Shri Arjun
Dass, Shri Mahabir Dharia,
Shri M. M. Gilbert, Shri A.
C. Khan, Shri Akbar Ali
Krishan Kant, Shri
Mariswamy, Shri S. S. Mehta,
Shri Om Mishra, Shri L. N.
Nandini Satpathy, Shrimati
Narayan, Shri M. D.
Narayanappa, Shri Sanda
Parthasarathy, Shri R. T.
Purkayastha, Shri M.
Ruthnaswamy, Shri M. Salig
Ram, Dr.
Shakuntala Paranjpye, Shrimati
Tiwary, Pt. Bhawaniprasad
Upadhyaya, Shri S. D. Varma, Shri
Man Singh Yashoda Reddy,
Shrimati

NOES—13

Chaudhary, Shri Ganeshi Lal
Gowda, Shri U. K. Lakshmana
Kemparaj, Shri B. T. Keshavan
(Thazhava), Shri Kurre, Shri
Dayaldas Mangladevi Talwar, Dr.
(Mrs.) Panjhazari, Sardar Raghbir
Singh Patra. Shri N. Satyavati
Dang, Shrimati Shukla, Shri M. P.
Siddalingaya, Shri T.
Somasundaram, Shri G. P. Varma,
Shri C. L.

The motion was adopted.

THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA) : I shall now allow Mr. Krishan Kant to move his amendment.

SHRI KRISHAN KANT (Haryana): Mr. Vice-Chairman, Sir, with your kind permission and the permission of the House I move this amendment—

"That the Bill to prevent the procreation of human beings of undesirable physical and mental conditions by certain types of people be circulated for eliciting opinion thereon by the 31st December, 1969."

The question was proposed.

THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA) : Dr. Mangla-devi Talwar.

DR. (MRS.) MANGLADEVI TALWAR (Rajasthan): Mr. Vice-Chairman, Sir, I congratulate Shrimati Shakuntala Paranjpye for bringing forward this Bill before this august House because it is an important subject of national importance. It is a very very beneficial Bill that has come before us to give our considered opinion regarding this measure.

Mr. Vice-Chairman, Sir, Shrimati Shakuntala Paranjpye has laid stress on three types of diseases, leprosy, tuberculosis and mental diseases. I would like to say as a medical person, Sir, that although leprosy is a very disfiguring disease and has afflicted humanity from time immemorial, yet it is not an incurable disease. With the advanced technical knowledge and other means at the disposal of the medical profession it is now possible to detect leprosy in the early stage because the disfigurement caused by it takes place only after years and it is also because of the disease having not been diagnosed and treated earlier. Therefore I would suggest to and urge upon the Government to strengthen the now available means for the diagnosis and treatment of this disease. The other thing bearing on this disease was this; the unfortunate victim of this disease was considered to be an outcaste. This sort of treatment, meted out to a

leper hurt Mahatma Gandhi, and Mahatmaji began to pay special attention to leprosy. He advocated that it was not necessary for a leper to be sent out of his home to live in an institution and that he could be treated in his own home. Here I should make it clear that I should not be taken as one thinking it necessary or supporting that the unfit of any type, that a sub-normal person of any type should be allowed to procreate children—and add to the misery already in this country. At the same time I would like to say this, Sir, that leprosy is not an incurable disease and that it is now-a-days possible to diagnose it in the earlier stages. Similarly, tuberculosis is not an incurable disease because now, with the modern techniques, with the B.C.G. injections, it has become possible to reduce the incidence of T.B. and also cure the disease. There are now special centres, special hospitals, for the treatment of T.B. patients; there is also domiciliary treatment that is given to them in their homes. I would also say this that both these diseases, leprosy and tuberculosis, are not hereditary, that is to say, they are not propagated to the offspring of the patients suffering from them.

SHRIMATI SHAKUNTALA PARANJPYE: Not contagious?

DR. (MRS.) MANGLADEVI TALWAR : Leprosy is contagious; tuberculosis is infectious, and if the other people are kept away from the patients, they need not suffer from the infection. *{Interruptions}* It is not hereditary.

THE VICE-CHAIRMAN (SHRI M. P. BHARGAVA) : May I request the hon. Members not to indulge in cross-talk ? Let the hon. Member continue with her speech uninterrupted.

SHRIMATI YASHODA REDDY : I want a clarification from the hon. speaker because she is a doctor of medicine. I was told recently by one W.H.O. expert that as far as leprosy is concerned, they have not come to any definite conclusions, whether it is hereditary or not. Which is the fact ?

She said leprosy is not hereditary, but a W.H.O. expert, who had come to my State of Andhra Pradesh, categorically and definitely told me about leprosy that the latest reports on leprosy from Sweden and European countries had shown that they were not definite about it, that they could still not come to any definite conclusions and that, whether leprosy was hereditary or not was still a debatable question.

DR. (MRS.) MANGLADEVI TALWAR: Whatever that may be, what I say here is that it is contagious, and if the people, if the children do not come in contact with lepers, they are free from the contagion. So far the investigation has shown that the children born of patients suffering from leprosy or tuberculosis do not suffer from it, do not *ipso facto* become victims of such diseases. But these theories keep on changing. And if there is any new theory like that, well, I shall look into it. And the experts are not definite—it was said by the hon. Member.

Now I take up the mentally defective. Here there are some diseases that are incurable, and there are some diseases that are hereditary. There are three or four characteristics from which a child born can be judged. If they are imbeciles, mangloids or micro-cephelics, it can at once be said that they are mentally defective children. In their case there is no question of their getting married or being able to procreate. So that class of people does not come so much in the picture. But then there are the other types of the mentally defective and they must be thoroughly examined and treated. Now epilepsy is definitely a hereditary disease, and there are so many other diseases that are inherited by the children from their parents. And if we are going to adopt this measure, this Bill, for the limited number of people who are suffering from such diseases as mentioned in the Bill, for the limited purpose as mentioned in this Bill, it will not go far enough. There are other diseases also and the list is very big, but I will cite a few of them, for instance, cases of high blood pressure,

Migrates, Diabetes Mellitus, Haemophilia and obesity have the hereditary trait in them. Therefore this question of the sterilisation of the unfit has to be gone into very carefully. Already an amendment has been moved that public opinion should be elicited on this measure. Of course public opinion in a measure of this type, which is a social measure—legality will give sanctity to it; it will give force to it but essentially it is a social measure—would be of importance but at the same time I would suggest, as somebody before me also has suggested, that this Bill should be referred to a Joint Committee of Members of Parliament and experts having special knowledge in these matters. As Mr. Akbar Ali Khan has said, this measure will have a very far-reaching effect and so we will have to look into this very carefully. There is no doubt that we should have healthy individuals, healthy families, healthy parents and healthy children but today we have to cut down the population and prevent such people from procreating people who cannot produce healthy and mentally fit children. Therefore in a way I support this Bill but at the same time I would submit that the implementation of this Bill is going to be difficult if it is accepted in its present form.

For instance I would bring to your notice clause 3 where the mover has suggested that the Government may by notification in the Official Gazette constitute a board for each district including metropolitan cities with the district medical officer as the chairman and four registered medical practitioners as members of whom two shall be officials and two shall be non-officials. I submit that this type of board will be quite inadequate to decide which patient is suffering from what disability. I have given you a long list of diseases which are hereditary and there is also the case of mentally defective people. Now the District Medical Officer is not a clinician. He is trained in preventive and social medicine. He is a man of hygiene and therefore he will not be competent to be the chairman of such a board and decide who should

[Dr. (Mrs.) Mangladevi Talwar] be declared unfit and who should be operated. Therefore I suggest that the boards should be constituted with experts, people who have specialised in such matters. I would also suggest that there should be separate boards for the three categories mentioned in the Bill. For separate group of diseases separate boards should be constituted; likewise there should be a separate board for the mentally unfit people. The registered medical practitioners are usually general practitioners and if officials they may be officials of the State Governments. Such boards will not be able to discharge the duties for which they would be constituted. The boards should be composed of such experts who can give authoritative and expert opinion on the condition of the patients. As I said, I support the Bill in principle but at the same time I do think that it requires looking into. Besides taking public opinion, on it, it should be referred to a Joint Committee of both Houses.

There is one more word I would like to say and that is about population. Though it is not strictly within the scope of this debate, in the context of the larger problem of the explosion of population this will "become a part of it really. Our population is increasing by 2.5 per cent every year which means by the end of the century we would have doubled our population. It is of course very very harmful for our country. Therefore I would like the Health Minister and the Government to further strengthen the programme of family planning. Mr. Vice-Chairman, there was a team of experts of the United Nations which visited this country. They went to Kerala and after so many years of this programme they have not been able to succeed even in that small State. There has only been a reduction of 1.9 per 1,000 in the birth rate. That is not enough. We are aiming at reducing our birth rate to 25 per thousand from 40 per thousand which is the present figure. Therefore strict measures should be brought into operation including of course the sterilisation of the unfit as a part of the whole programme because

whoever produces children, whether fit or unfit, increases the population of the country. Therefore this Bill is in a way a part of the population control programme. The population control programme should be put through with greater vigour, with greater success, and it should be directed to areas in villages and in slums of the big cities and other places.

Thank you.

SHRI M. RUTHNASWAMY (Tamil Nadu) : I should like to begin by congratulating the Mover of this Bill on the manner of her introductory speech although I disagree violently with the matter of that speech because after all what is the case she has brought for her Bill ? She says that there are about 21 million lepers, slightly more mentally deficient people and a large incidence of tuberculosis but all these diseases are curable by modern medicine and by modern medical methods. Even about mental deficiency it has been proved in England that 50 per cent of those who are born of mentally deficient parents are mentally fit. And what is the population of the unfit when compared to the huge population of our country? It is only a couple of millions as compared to the 500 million of our country. And what about the welfare of these 500 millions? That is my charge against this Bill that it gives a handle to the Government. It gives some kind of a certificate of absolution to the Government for all their negligence of social work and social services that a social welfare government ought to have rendered. After this Bill and after the arguments of Shrimati Paranjpye the Government will be strengthened in its policy of negligence of social services. What provision has the Government made for the institutional care of these unfit people, of the lepers, of the tubercular patients ? Mrs. Paranjpye herself has acknowledged that institutional accommodation is very low, dismally low, when compared to the needs of the people. And what are the dangers of the continuance of this population of the unfit ? After all they are a very small proportion of the population

and there is no evidence, that they are a positive danger to the society because it has also been proved medically that neither leprosy nor tuberculosis nor mental deficiency is hereditary. They have committed no crime for which they should be penalised in this inhuman manner. It is society that ought to take care of them. It is Government that ought to take care of them. It is because Government has failed in its social duty, social obligations that Bills like Mrs. Paranjpye's Bill have to be brought forward. What has the Government done for education ? What has it done for literacy ? What has it done, as I said, for the institutional care and cure of the large number of unfit people? And then has Mrs. Paranjpye realised the danger of giving to Government and Government officials these powers ? After all, it is Government officials who will have the duty of pronouncing who is unfit, who is fit, who deserves to be sterilised and who deserves to be operated upon.

SHRI AKBAR ALI KHAN ; Medical Board.

SHRI M. RUTHNASWAMY : Yes. They are also officials. Doctors in Government service are also bureaucratic. They will also bring the bureaucratic attitude to bear upon these people. Has Mrs. Paranjpye forgotten so soon what use Hitler made of this practice of sterilisation ? All those whom he did not like, the Jews whom he did not like, members of the opposition whom he did not like, he got sterilised.

SHRI AKBAR ALI KHAN: I assure you we will not do that.

SHRI DAHYABHAI V. PATEL (Gujarat) : Today you are here, but who will come there tomorrow?

SHRI M. RUTHNASWAMY: That is the danger to which the Bill is exposed. Has public opinion been ascertained ? I am glad that the Bill is to be circulated for eliciting public opinion. In the circulation of the Bill for eliciting public opinion, I hope

Government will take care, the Minister will take care to see that especially the representatives of religious opinions have this Bill before them. It is not merely a political problem. This is not merely a social problem. It is a moral-religious problem, religious ideas of many communities are involved. Religious communities are opposed to such inhuman treatment of free, civilised individuals. There are other remedies. There is voluntary social service and Government should encourage these voluntary social services. On the other hand, they discourage Christian institutions which provide for lepers, which provide for tuberculosis patients. They do not want missionaries from abroad to come, not to do proselytisation, but to do this kind of social work. It is on these lines that the Government must go in order to do any social service, any human service, to this unfortunate part of our population.

I am glad, therefore, Mr. Vice-Chairman, that this Bill is to be referred to elicit public opinion. Let it have a wide circulation, circulation among all kinds of organisations, social service and religious organisations, so that the mind of the country might be brought to bear on this very important, but dangerous Bill.

STATEMENT BY MINISTER

Re. FINDINGS OF GOVERNMENT ON VARIOUS ALLEGATIONS AGAINST THE BIRLA GROUP OF INDUSTRIES CONTAINED IN SHRI CHANDRA SHEKHAR'S THREE MEMORANDA SUBMITTED TO GOVERNMENT

THE MINISTER OF INDUSTRIAL DEVELOPMENT, INTERNAL TRADE AND COMPANY AFFAIRS (SHRI FAKHRUDDIN ALI AHMED) : Sir, I beg to lay on the Table a statement regarding the findings of the Government on the various allegations against the Birla Group of Industries contained in Shri Chandra Shekhar's three memoranda submitted