

Centres are also there so that they can guide the people in the rural areas. On several occasions seminars and training courses are held which are attended by the Village Health Workers, who, in their turn, train the village people. The best treatment is breast-feeding by the mothers to the infants because in case of diarrhoea if they continuously feed the child by breast-feeding, then also it helps. Liquid in any form like fruit juice and rice kanji will also help in these cases.

**DR. KRUPASINDHU BHOI :** I wanted to know the recommendations of the WHO. The formula is common salt, sodium bicarbonate and potassium chloride are mixed with one litre of boiled water. Then we mix sugar or glucose 20 gm. But the crux of the problem is that with that we are not mixing any antiseptic solution which is prevalent throughout the country. He can advise the mothers the alternative suggestions that are there in the country. The homemade antiseptic is : have a glass of milk, pour some drops of lemon in it, boil it, throw the solid part and the water acts as antiseptic. Mix it with the solution. That is why, I wanted to ask the Minister taking in to consideration the geo-physical conditions of our country whether ICMR is doing some investigation keeping an eye on the climates of our country. According to the Alma At a Declaration, is there any relation between the population control, repeated pregnancy and spacing of pregnancy by which the children may not be susceptible to the menace of diarrhoea ?

**SHRI YOGENDRA MAKWANA :** Yes, there is a relation. Even in family planning programme, we give more importance to the health care because only a healthy mother and healthy father can produce a healthy child. If there are healthy children, then they will try to have family control. Otherwise, if there is a fear of mortality, then nobody would like to go in for birth control.

He wanted to know the formula of oral rehydration salt. It is like this : Sodium Chloride 3.5 gm, potassium chloride 1.5 gm, sodium bicarbonate 2.5 gm., glucose 20 gm.

ORS packets are available in the market.

But the home made medicine i.e. salt and sugar can also work in these cases.

**DR. T. KALPANA DEVI :** About 2<sup>00</sup> children below the age of one year die every day. What are the preventive measures being taken so far in the rural areas ? What are the measures taken for population control, health care for infants and medical education in rural areas ?

**SHRI YOGENDRA MAKWANA :** There are two-pronged strategies in order to meet this problem. There are short-term and long-term measures which should be taken. The short-term measures are : training of medical and para-medical personnel ; increasing production and distribution of ORS, education of mothers and the community members in the use of oral rehydration therapy ; formulation of proper strategies towards continuous breast-feeding and whenever possible to appropriate weaning-feeding practices and operational/health services research for identification of the suitable strategy for implementation. The long-term measures are : provision of safe drinking water supply, improvement of sewage disposal system, improvement in general environmental situation and health and nutritional education of the people.

Both these strategies are in operation and the Government tries to solve the problem with this two-fold strategy. There is a chain of Village Workers, Sub-Centres and Primary Health Centres which are looking after the promotion of health, prevention of diseases and curing of diseases. More importance is given to the promotive and preventive aspects and in every village with a population of 1,000 or less, there is a Village Health Worker besides a Sub-Centre and a Primary Health Centre. So, all these are for the prevention of diseases including diarrhoea.

#### Schemes to Help Expectant and Nursing Mothers

\*80. **SHRIMATI KISHORI SINHA :** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the existing and proposed schemes to help expectant and nursing mothers ; and

(b) whether increased financial allocation for such schemes would be given by Government ?

THE MINISTER OF STATE IN THE DEPARTMENT OF HEALTH (SHRI YOGENDRA MAKWANA) : (a) and (b). Under the Maternal and Child Health Care Programme various schemes have been taken up to provide antenatal and post-natal care, arrangements for aseptic deliveries by better trained hands, prophylaxis against nutritional anaemia and immunisation of expectant women against tetanus. Under the ICDS Scheme, supplementary nutrition is also provided to pregnant women and nursing mothers. These schemes will be further expanded during the 7th Five Year Plan with increased financial outlays.

SHRIMATI KISHORI SINHA : Mr. Speaker. Sir, I have read the reply and have heard the reply, but I want to know whether it is not a fact that this Scheme benefits only those working women who are employed in factories, shops or establishments ; they do not cover the women who are working in unorganised sector.

MR. SPEAKER : Were you impressed more by reading or by just listening ?

SHRI YOGENDRA MAKWANA : Sir, this is just not correct. While replying to the earlier supplementary of the hon. lady Member from the opposite side, I have given the chain of Health Centres for curing and preventing diseases and for promoting health. So, this aspect is also covered under the scheme. The budget is also very huge for the family welfare programme. In the Sixth Plan it was Rs. 1,458 crores. All this money is not going only to the urban centres, major portion of it goes to the rural areas because there is a Rural Village Health Worker in every village or a population of 1,000, then there is a Sub-Centre for a population of 5,000 where there is an ANM worker and a female worker. In a village also, the worker is selected mainly from the females.

AN HON. MEMBER : We have never seen them.

SHRI YOGENDRA MAKWANA : You may not have seen but it is implemented all over the country by the State Governments except in Tamil Nadu, Jammu and Kashmir and Kerala. They have different schemes. But most of the States have accepted this programme and in many schemes the Government provides hundred per cent finance. So, this scheme is working both in urban as well as in rural areas.

SHRIMATI KISHORI SINHA : I would like to thank the hon. Minister that he has assured that this scheme will be expanded during the Seventh Plan. But, at the same time, I would like to know whether he has tried to find out the percentage of women workers getting benefits under this scheme. Has any census been carried out to find out the number of such women workers ?

SHRI YOGENDRA MAKWANA : Sir, it is very difficult for me to give the number of women who have got the benefit. I can give the number of the centres in the country at present. I can give the figures regarding the amount spent on it, targets fixed and the achievements made. In 1981-82, in regard to the immunisation programme the target was 7.96 million and the achievement was 7.11 million. Percentage-wise the achievement was 89.5. In 1982-83 the achievement was 7.64 million i.e. 84.9 per cent ; in 1983-84 it was 8.19 million i.e. 71.3% and in 1984-85 and achievement was 4.13 million i.e. 13.7 per cent.

SHRIMATI KISHORI SINHA : I must say that the Minister has not replied satisfactorily to my question.

[Translation]

SHRIMATI PRABHAWATI GUPTA : I want to know from the Hon. Minister whether all the welfare schemes are being implemented ? It is said about women :

*Naari deh shikha hal jo nav dehon  
ke nav deep sanjoti.*

Are the facilities extended by the centre reaching remote rural areas? We did not see any female village worker in remote rural areas working under the above welfare

schemes nor any work is being done by them. The Hon. Minister should kindly inform the actual number of women who have benefited, the amount allocated for the above schemes, and the extent to which it is proposed to be increased ?

**MINISTER FOR HEALTH AND FAMILY WELFARE (SMT. MOHSINA KIDWAI) :** Mr. Speaker, Sir, the original question related to expectant mothers and nursing mothers. Different figures have been given for different health schemes and the health infrastructure. We have figures for women who received anti tetanus injections, women suffering from anaemia and for infant mortality. All these figures have been given correctly by Shri Makwana.

[English]

To prevent Tetanus, expectant women are immunized with Tetanus Toxoid injections. This immunization is done in P.P. Centres, PHCs, Sub-centres and even in the villages when the ANMs visit there.

Secondly to prevent nutritional anaemia in expectant and nursing mothers, a scheme of Prophylaxis against nutritional anaemia is in operation. Under this scheme iron and folic acid tablets are distributed to these women.

Now, I come to the yearwise targets and achievements. In 1981-82, the target was 11.88 and the total number of expectant mothers and nursing mothers benefited was 12.04 and 6.38 respectively. Here the achievement of the target was 101 per cent. In 1982-83 the achievement of the target was 103 per cent.

In this way there are different figures about the targets and achievements made in regard to different schemes.

[Translation]

Under the infrastructure outlined above, the A.N.M. visits every village and examines expectant mothers. You are aware that there is illiteracy among women. This creates problems. The programmes relating to infant mortality, expectant mothers or M.C.H. are inter-related. We cannot view them separately. Similarly, our doctors

visit our primary health centres also. It is correct that this work is undertaken by State governments. The difficulty is that lady doctors and doctors do not visit some of the centres. For that purpose we have started a new scheme. Finance Commission has sanctioned Rs. 250/- as rural allowance and Rs. 150/- for residential quarters to doctors serving in rural areas. It is now proposed to pay Rs. 400/- extra to the doctors who are serving in rural areas while earlier they were not getting anything. We want that doctors should go to rural areas. It is correct that due to reluctance of doctors to go there and because of indifference of the health functionaries, people have to face problems. This infrastructure is provided for rural health so that the persons in need could be given assistance. . . (Interruptions)

[English]

**DR. V. RAJESHWARAN :** Mr. Speaker, Sir, as a medical graduate, I know that anaemia is very prevalent in rural areas. Therefore I would like to know from the hon. Health Minister whether there is any scheme to provide iron fortified salt to the expectant mothers in rural areas as well as urban areas, as the Tamil Nadu Government is supplying tooth powder to the school children. My humble suggestion to our Health Ministry is, it is better that they should provide free iron fortified salt to the expectant mothers both in the rural areas as well as urban areas.

**SHRI YOGENDRA MAKWANA :** We have noted the suggestion made by the hon. Member.

**SHRIMATI MOHSINA KIDWAI :** We are giving folic acid tablets for the nursing mothers. Iron and folic acid tablets are provided to fight against anaemia under the ICDS scheme. Supplementary nutrition is also provided.

#### National Book Policy

\*81. **SHRI CHITTA MAHATA :** Will the Minister of EDUCATION be pleased to state :

(a) whether Government are considering to formulate National Book Policy ;