GOVERNMENT OF INDIA MINISTRY OF HEALTH AND FAMILY WELFARE DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 3183 TO BE ANSWERED ON 12TH JULY, 2019

CURBING POPULATION GROWTH

3183. SHRI VISHNU DAYAL RAM:

SHRI AJAY BHATT:

PROF. SAUGATA RAY:

SHRI KAPIL MORESHWAR PATIL:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether as per United Nations reports India is set to be the most populous country by 2027 and expected to overtake China in the next three to five years in terms of population growth, if so, the details thereof indicating the rate of population growth, State/UT-wise;
- (b) whether Government has taken any action on the report of Shri M.S. Swaminathan Committee constituted for formulating National Population Policy (NPP), if so, the details thereof and if not, the reasons for its non-implementation;
- (c) whether some social organizations/religious groups are opposed to Government's move to control the population, if so, the details thereof;
- (d) whether Government has taken stern steps to control the constantly increasing population; and
- (e) if so, the details thereof along with other innovative measures/solution apart from the existing schemes being implemented by the Government to control population growth?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY)

(a): As per World Population Prospects 2019 Report, India will surpass China as the world's most populous country around 2027.

As per Census 2011, India's Decadal Growth Rate between 2001 and 2011 was 17.7%; State/ UT wise Decadal Growth Rate is placed in **Annexure I**.

- (b): Based on the M. S. Swaminathan Committee Report, the National Population Policy (NPP) 2000 was formulated. The National Family Planning program, designed in accordance to NPP 2000, reaffirms the Government's commitment towards voluntary and informed choice, target free approach and achievement of replacement level of fertility by simultaneously addressing the issues of child survival, maternal health and contraception.
- (c): No.
- (d) & (e): The details of various interventions being taken under the National Family Planning Programme are placed at **Annexure II.**

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Annexure 1

State/UT wise Decadal growth rate (Source: RGI)

SNo.	Name of State/UT	Decadal growth rate (2001-2011)
1	Andaman & Nicobar Islands	6.9
2	Andhra Pradesh*	11.0
3	Arunachal Pradesh	26.0
4	Assam	17.1
5	Bihar	25.4
6	Chandigarh	17.2
7	Chhattisgarh	22.6
8	Dadra & Nagar Haveli	55.9
9	Daman & Diu	53.8
10	Goa	8.2
11	Gujarat	19.3
12	Haryana	19.9
13	Himachal Pradesh	12.9
14	Jammu & Kashmir	23.6
15	Jharkhand	22.4
16	Karnataka	15.6
17	Kerala	4.9
18	Lakshadweep	6.3
19	Madhya Pradesh	20.3
20	Maharashtra	16.0
21	Manipur	24.5
22	Meghalaya	27.9
23	Mizoram	23.5
24	Nagaland	-0.6
25	NCT of Delhi	21.2
26	Orissa	14.0
27	Puducherry	28.1
28	Punjab	13.9
29	Rajasthan	21.3
30	Sikkim	12.9
31	Tamil Nadu	15.6
32	Tripura	14.8
33	Uttar Pradesh	20.2
34	Uttarakhand	18.8
35	West Bengal	13.8
	INDIA	17.7

^{*}Figure for undivided Andhra Pradesh

<u>Interventions being taken by the Government to control population growth:</u>

NEW INTERVENTIONS UNDER FAMILY PLANNING

- **Mission Parivar Vikas:** The focused initiative has been launched for 146 high TFR districts with TFR>3 in 7 most populous states (Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Chhattisgarh, Jharkhand, Assam). The aim is to increase contraceptive usage and decrease the fertility rates in these 146 high TFR districts.
- **Introduction of New Contraceptive Choices:** The current basket of choice has been expanded to include new contraceptives viz. Injectable contraceptive and Centchroman.
- **Redesigned Contraceptive Packaging:** The packaging for Condoms, Oral Contraceptive Pills (OCPs) and Emergency Contraceptive Pills (ECPs) has now been improved and redesigned so as to augment the demand for these commodities.
- Family Planning Logistics Management Information System (FP-LMIS): The FP-LMIS has been launched to manage the distribution of contraceptives and strengthen the supply-chain management system. It aims to serve as a decision-making tool for policy makers, program managers and logistics personnel to monitor and manage the flow of contraceptive supplies, in order to reduce stock-outs and overstocks, and improve the program's effectiveness and contraceptive security.
- Clinical Outreach Teams (COT) Scheme: The scheme has been launched in 146 Mission Parivar Vikas districts for providing Family planning services through mobile teams from accredited organizations in far-flung, underserved and geographically difficult areas.
- New Family Planning Media Campaign: A 360 degree media campaign has been launched to generate contraceptive demand. The first phase of the campaign was launched in 2016 and the second phase (comprising of TVCs, posters and hoardings, yearlong Radio show, and a dedicated website on Family Planning) was launched in 2017.
- Enhanced Compensation Scheme for Sterilization: The sterilization compensation scheme has been enhanced in 11 major high focus states (8 Empowered Action Group states, Assam, Gujarat, Haryana) where fertility rates were higher than 2.1.
- Emphasis on **Post pregnancy Family Planning** services which includes promotion of Post-Partum and Post-Abortion contraception (Post-Partum Intra Uterine Contraceptive Devices-PPIUCD, Post Abortion Intra Uterine Contraceptive Devices-PAIUCD)
- Promotion of Intra Uterine Contraceptive Devices (IUCDs) as a spacing method Introduction of Copper IUCD-375 (5 years effectivity) under the Family Planning Programme.
- Scheme for ensuring drop back services to sterilization clients.
- Appointment of dedicated **Reproductive Maternal Neonatal Child and Adolescent Health** (RMNCH+A) counsellors at high case load facilities.
- Assured delivery of family planning services: In the last four years states have shown their commitment to strengthen fixed day family planning services for sterilization.

- Scheme for Home delivery of contraceptives by ASHAs at doorstep of beneficiaries has been expanded to the entire country w.e.f. 17th Dec, 2012.
- Scheme for ASHAs to Ensure spacing in births:
 - o Under the scheme, services of ASHAs are being utilized for counselling newly married couples to ensure delay of 2 years in birth after marriage, and couples with 1 child to have spacing of 3 years after the birth of 1st child.
 - O The scheme is being implemented in 18 states of the country (8 Empowered Action Group states, 8 North Eastern states, Gujarat and Haryana). Additionally the spacing component has been approved in West Bengal, Karnataka, Andhra Pradesh, Telangana, Punjab, Maharashtra, Daman Diu and Dadra and Nagar Haveli.

ON-GOING INTERVENTIONS UNDER FAMILY PLANNING PROGRAMME

- Ensuring quality of care in Family Planning services by establishing **Quality Assurance** Committees in all States and Districts.
- Operating the 'National Family Planning Indemnity Scheme' (NFPIS) under which clients are indemnified in the unlikely event of death, complication or failure following sterilization.
- Compensation scheme for sterilization acceptors: Under the scheme MoHFW provides compensation for loss of wages to the beneficiaries on account of undergoing sterilisation.
- Accreditation of more private/NGO facilities to increase the provider base for family planning services under PPP.
- **Demand generation activities** in the form of display of posters, billboards and other audio and video materials in various facilities.
- Observation of World Population Day & fortnight (July 11 July 24): The month long World Population Day campaign is a step to boost Family Planning efforts all over the country. It comprises:
 - o June 27 to July 10: "Dampati Sampark Pakhwada" or "Mobilisation Fortnight"
 - o July 11 to July 24 "Jansankhya Sthirtha Pakhwada" or "Population Stabilisation Fortnight"
- Observation of Vasectomy Fortnight (November 21 December 4) –The vasectomy fortnight is held in an effort to enhance male participation and revitalize the NSV programme, whereby male sterilization services would be provided to clients at health facilities. It comprises:
 - 21st Nov 27th Nov: Mobilization phase
 [28th Nov 4th Dec: Service delivery phase