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

LOK SABHA UNSTARRED QUESTION NO.4336 TO BE ANSWERED ON 13TH DECEMBER, 2019

HIGH REPRODUCTION RATE

4336. SHRI KANAKMAL KATARA:

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

(a) whether the Government is aware that India has a high reproduction rate as compared to global standards;

(b) if so, the details thereof, State/UTwise along with the reasons therefor;

(c) whether there is a variation in reproduction rate in urban and rural areas, if so, the details of such variation, State/UT-wise/urban/rural area-wise;

(d) the amount of funds allocated for family planning during the last three years, State/UT-wise; and

(e) the action taken by the Government with regard to family planning during the last three years, State/UT-wise?

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

(a) & (b): As per World Population Prospects 2019 Report, Global Total Fertility Rate (TFR) is 2.47(2015-20), and according to SRS 2017, India's TFR is 2.2 which is lower than the global TFR.

Details of Total Fertility Rate State/ UT-wise/ are placed in Annexure I. Reasons for high fertility are low literacy levels, Unmet need for family planning and inadequate birth spacing.

(c): Variation in TFR urban/ rural area-wise as per SRS-2017 is placed in Annexure II.

(d): Details of funds allocated for family planning under National Health Mission (NHM) during last three years, State/ UT-wise is placed in Annexure III.

(e): The Government provides all contraceptive methods free of cost in all public health facilities across the country. Details of Initiatives are placed in Annexure IV.

2. M 3. U 4. N 5. M 6. M 7. R 8. JH 9. C	State/ UT ihar Ieghalaya Ieghalaya Ittar Pradesh Iagaland Iadhya Pradesh Ianipur ajasthan harkhand Issam fizoram	TFR 3.2 3.0 3.0 2.7 2.7 2.6 2.6 2.5 2.4 2.3
2. M 3. U 4. N 5. M 6. M 7. R 8. JH 9. C	Ieghalaya Ittar Pradesh Iagaland Iadhya Pradesh Ianipur ajasthan harkhand khattisgarh ssam	3.0 3.0 2.7 2.7 2.6 2.6 2.5 2.4
3. U 4. N 5. M 6. M 7. R 8. JH 9. C	Ittar Pradesh Jagaland Jadhya Pradesh Janipur ajasthan harkhand hhattisgarh ssam	3.0 2.7 2.7 2.6 2.6 2.6 2.5 2.4
4. N 5. M 6. M 7. R 8. JH 9. C	lagaland Iadhya Pradesh Ianipur ajasthan harkhand hhattisgarh ssam	2.7 2.7 2.6 2.6 2.5 2.4
5. M 6. M 7. R 8. JH 9. C	Iadhya Pradesh Ianipur ajasthan narkhand hhattisgarh ssam	2.7 2.6 2.6 2.5 2.4
6. M 7. R 8. JH 9. C	Ianipur ajasthan narkhand hhattisgarh ssam	2.6 2.6 2.5 2.4
7. R 8. Jh 9. C	ajasthan narkhand hhattisgarh .ssam	2.6 2.5 2.4
8. Jh 9. C	harkhand hhattisgarh ssam	2.5 2.4
9. C	hhattisgarh ssam	2.4
	ssam	
10. A		2.3
	lizoram	
11. M	lizoralli	2.3
12. D	&N Haveli	2.3
All India		2.2
13. G	ujarat	2.2
14. H	laryana	2.1
15. A	runachal Pradesh	2.1
16. O	disha	1.9
17. U	Ittarakhand	1.9
18. L	akshadweep	1.8
	loa	1.7
20. T	ripura	1.7
21. Pi	uducherry	1.7
-	erala	1.7
23. M	Iaharashtra	1.7
24. K	arnataka	1.7
25. D	aman & Diu	1.7
26. T	elangana	1.7
	amil Nadu	1.6
28. W	V. Bengal	1.6
29. H	limachal Pradesh	1.6
30. Pt	unjab	1.6
31. C	handigarh	1.6
32. A	ndhra Pradesh	1.6
33. J	& K	1.6
34. D	elhi	1.5
35. A	&N Islands	1.4
36. Si	ikkim	1.2

<u>ANNEXURE I</u> <u>STATE/ UT-WISE TOTAL FERTILITY RATE (TFR)</u>

Source: SRS 2017 & NFHS IV (2015-16)

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Variation in TFR Urban/ Rural area-wise

TOTAL FERTILITY RATE (TFR, SRS 2017)							
INDIA & BIGGER STATES							
State/ UT	TOTAL	RURAL	URBAN	Rural- Urban difference			
India	2.2	2.4	1.7	0.7			
Andhra Pradesh	1.6	1.7	1.5	0.2			
Assam	2.3	2.4	1.6	0.8			
Bihar	3.2	3.3	2.4	0.9			
Chhattisgarh	2.4	2.6	1.8	0.8			
Delhi	1.5	1.6	1.5	0.1			
Gujarat	2.2	2.4	1.8	0.6			
Haryana	2.2	2.4	1.9	0.5			
Himachal Pradesh	1.6	1.7	1.1	0.6			
Jammu & Kashmir	1.6	1.8	1.2	0.6			
Jharkhand	2.5	2.7	1.9	0.8			
Karnataka	1.7	1.8	1.6	0.2			
Kerala	1.7	1.7	1.7	0.0			
Madhya Pradesh	2.7	3.0	2.1	0.9			
Maharashtra	1.7	1.8	1.5	0.3			
Odisha	1.9	2.0	1.3	0.7			
Punjab	1.6	1.7	1.5	0.2			
Rajasthan	2.6	2.7	2.2	0.5			
Tamil Nadu	1.6	1.6	1.6	0.0			
Telangana	1.7	1.7	1.6	0.1			
Uttar Pradesh	3.0	3.2	2.4	0.8			
Uttarakhand	1.9	1.9	1.8	0.1			
West Bengal	1.6	1.7	1.3	0.4			

ANNEXURE III

State/UT wise approval for Family Planning activities from year 2015-16 to 2018-19

(Rs. in lakh)					
S.No.	State	Approval			
A. High Focus States					
1	Bihar	112695.2			
2	Chhattisgarh	34738.4			
3	Himachal Pradesh	10219.1			
4	Jammu & Kashmir	13794.8			
5	Jharkhand	39571			
6	Madhya Pradesh	96805.6			
7	Orissa	46236.1			
8	Rajasthan	87547.3			
9	Uttar Pradesh	208722.1			
10	Uttarakhand	10035.9			
B. NE Sta	tes				
11	Arunachal Pradesh	8627.9			
12	Assam	49369.3			
13	Manipur	4176.1			
14	Meghalaya	4778.5			
15	Mizoram	2715.3			
16	Nagaland	3569.2			
17	Sikkim	1349			
18	Tripura	10251.9			
C. Non-Hi	gh Focus States				
19	Andhra Pradesh	35080.4			
20	Goa	1578.7			
21	Gujarat	46722.2			
22	Haryana	21018.8			
23	Karnataka	52541.6			
24	Kerala	13943.3			
25	Maharashtra	79673.9			
26	Punjab	19691.3			
27	Tamil Nadu	47512			
28	Telangana	59621.7			
29	West Bengal	54734.3			
D. Small States/UTs					
30	Andaman & Nicobar Islands	949.8			
31	Chandigarh	1349.4			
32	Dadra & Nagar Haveli	790.6			
33	Daman & Diu	421.8			
34	Delhi	7492.6			
35	Lakshadweep	72911.8			
36	Puducherry	831.6			

ANNEXURE IV

Family Planning Schemes implemented by the Government:

- Mission Parivar Vikas- The Government has launched Mission Parivar Vikas on 10th November 2016 for substantially increasing access to contraceptives and family planning services in146 high fertility districts with Total Fertility Rate (TFR) of 3 and above in seven high focus states. These districts are from the states of Uttar Pradesh (57), Bihar (37), Rajasthan (14), Madhya Pradesh (25), Chhattisgarh (2), Jharkhand (9) and Assam (2) that itself constitutes 44% of the country's population.
- 2. Compensation scheme for sterilization acceptors Under the scheme MoHFW provides compensation for loss of wages to the beneficiary and also to the service provider (& team) for conducting sterilizations. The package was enhanced in November 2014 for 11 high focus high TFR states (8 EAG, Assam, Gujarat, Haryana), and further increased in November 2016 under Mission Parivar Vikas.
- 3. Clinical Outreach Teams (COT) Scheme The scheme has been launched in 146 Mission Parivar Vikas districts wef December 2017 for providing family planning services through mobile teams from accredited organizations in far-flung, underserved and geographically difficult areas.
- 4. **New Contraceptive Choices-** New contraceptives viz. Injectable contraceptive (Antara program) and Centchroman (Chhaya) have been added to the existing basket of choices in 2015-16.
- 5. **Redesigned Contraceptive Packaging -** The packaging for Condoms, OCPs and ECPs has been improved and redesigned since 2015 in order to increase the demand for these commodities.
- 6. Scheme for **Home delivery of contraceptives by ASHAs** at doorstep of beneficiaries launched in August 2011.
- 7. A new method of IUCD insertion immediately after delivery i.e. **post-partum IUCD** (**PPIUCD**) has been introduced in 2010. PPIUCD incentive scheme has been operational wef 01.01.2014.
- 8. Scheme for **ASHAs to Ensure spacing in births** launched on 16th May 2012- The scheme is being implemented in 18 states of the country (8 EAG, 8 North East, Gujarat and Haryana). Additionally the spacing component has been approved in West Bengal, Karnataka, AndhraPradesh, Telangana, Punjab, Maharashtra, Daman Diu and Dadra and Nagar Haveli.
- 9. Scheme for provision of **Pregnancy Testing Kits** in the drug kits of ASHAs for use in communities. The Scheme was introduced in 2013.
- 10. National Family Planning Indemnity Scheme (NFPIS) under which clients are insured in the eventualities of death, complication and failure following sterilization. The scheme was introduced in 2005 and implemented through an insurance company. It was revised in 2013 and is now being operated by the state governments directly with NHM funding.
- 11. Ensuring quality of care in Family Planning services by establishing **Quality Assurance Committees** in all states and districts.
- 12. Family Planning Logistic Management and Information System (FP-LMIS): A dedicated software launched in 2017, to ensure smooth forecasting, procurement and distribution of family planning commodities across all the levels of health facilities.
- 13. Appointment of dedicated **RMNCH+A counselors** at high case load facilities since 2013.
- 14. Improved Demand generation activities through a **360 degree media campaign-** 1st phase launched in 2015, and the present 2nd phase in 2016.