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

LOK SABHA UNSTARRED QUESTION NO. 871 TO BE ANSWERED ON 23RD JULY, 2021

TWO CHILD POLICY

871. SHRI UDAY PRATAP SINGH:

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

- (a) whether the Government is considering to formulate a policy to check population growth which could be applicable to all citizens regardless of their religion or sects and act as one nation, one law across the country;
- (b) if so, the details thereof;
- (c) whether the Government proposes to bring a two child policy;
- (d) if so, the details thereof along with the time by which it is likely to be brought in the country; and
- (e) if not, the reasons therefor?

ANSWER THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. BHARATI PRAVIN PAWAR)

- (a): The Government has been implementing National Family Planning Programme which provides voluntary and informed choices to all citizens regardless of their religion or sects through a target free approach with the objective of checking population growth in the country.
- (b): A National Population Policy was formulated in the year 2000 with the long term objective of attaining Population Stabilization by 2045. Various Initiatives have been taken under the National Family Planning Programme providing broad range of services mentioned as given below.
 - 1. **Mission Parivar Vikas** has been introduced for substantially increasing access to contraceptives and family planning services in 146 high fertility districts in 7 high focus states.
 - 2. **Expanded Contraceptive Choices:** The current contraceptive basket comprising of condoms, Combined oral contraceptive pills, Emergency contraceptive pills, Intrauterine contraceptive uterine device (IUCD) and Sterilization has been expanded with inclusion of

- new contraceptives namely Injectable contraceptive (Antara programme) and Centchroman (Chhaya)
- Compensation scheme for sterilization acceptors which provides compensation for loss
 of wages to the beneficiary and also to the service provider and team for conducting
 sterilisation.
- 4. **Post-partum Intrauterine contraceptive device (PPIUCD) incentive scheme** under which PPIUCD services are provided post delivery.
- 5. Scheme for Home Delivery of contraceptives by ASHAs at doorstep of beneficiaries has been taken up.
- 6. Scheme for provision of **Pregnancy Testing Kits** in the drug kits of ASHA for use in communities.
- 7. **Family Planning Logistics Management Information System (FP-LMIS):** dedicated software has been launched to ensure smooth forecasting, procurement and distribution of family planning commodities across all the levels of health facilities.

Achievement of the above initiatives are as follows:-

- The Total Fertility Rate has declined from 2.7 to 2.2 from 2005-06(NFHS III) to 2015-16 (NFHS IV)
- 28 out of 36 States/UTs have already achieved the replacement level fertility of 2.1 or less.
- The Crude Birth Rate has declined from 23.8 to 20.0 from 2005 to 2018 (SRS)
- (c): No.
- (d): Does not arise
- (e): (i) India's Wanted Fertility Rate has come down to 1.8 in NFHS IV indicating that couples want only 1.8 children on an average.
- (ii) The Programme of Action (PoA) of the International Conference on Population and Development, Cairo, 1994, to which India is a signatory, is unequivocally against coercion in family planning.
- (iii) International experience shows that any coercion or diktat to have a certain number of children is counter-productive and leads to demographic distortions like sex selective abortions, abandonment of the female child and even female infanticide due to intense son preference. All this eventually resulted in a skewed sex ratio.
- (iv) States like Kerala, Tamil Nadu, West Bengal, Andhra Pradesh and other States/UTs have succeeded in reducing their fertility rates by adopting a holistic approach towards family planning without resorting to any stringent population control measures.