

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:2509

ANSWERED ON:14.03.2001

POPULATION CONTROL

DALPAT SINGH PARASTE;K. KARUNAKARAN;KANTI SINGH;MADHAVRAO SCINDIA;RENUKA CHOWDHURY;SUDHA YADAV;V. SAROJA;VIJAY GOEL;VSM (RETD.) COL. CHOUDHARY

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

- (a) whether the Government have made any study to find the causes of failure of population control drive to promote small family norms;
- (b) if so, whether the Government are contemplating to bring in some kind of soft legislation for control of population by means of incentives and disincentives;
- (c) if so, the broad lines of the proposal;
- (d) whether some decline in growth of population has been noticed among illiterate families because of their exposure to outside influence like the mass media where small families were shown as prosperous and happy;
- (e) if so, whether this method of exposure is being intensified; and
- (f) if so, the details thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a) to (f) A statement is laid on the Table of the House.

Statement referred to in reply to Lok Sabha Unstarred Question No.2509 dated 14 March, 2001 regarding Population Control by Shrimati Kanti Singh, Dr. (Smt.) Sudha Yadav, Shri Madhvrao Scindia, Shri Vijay Goel, Col. (Retd.) Sona Ram Choudhary, Shri K Karunakaran, and Dr. V. Saroja, Members of Parliament.

(a) The current population growth in the country is mainly on account of:-

- (i) the large size in the reproductive age-group (estimated contribution 60%);
- (ii) higher fertility due to unmet need for contraception (estimated contribution 20%); and
- (iii) high wanted fertility due to, prevailing high Infant Mortality Rate (IMR) (estimated contribution about 20%).

There are differences between states on their current population as well as their potential to contribute towards increase in country's population during 1996-2016.

Five States of Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan and Orissa, Chhatsgarh, Jharkhand and Uttaranchal, which constituted 44% of the total population of India in 1996, will constitute 49% of the total in 2016, according to projections. These States will contribute 55% of the total increase in population of the country during the period 1996-2016. The way these States perform will determine the time and size the country's population will stabilise.

(b)&(c): The National Population Policy, 2000 has been adopted by the Government in February, 2000 which is at the present being implemented. By implementing the strategic themes enumerated in the Policy, it is expected that the population stabilisation in the country will be achieved by 2045. The Policy lists the following promotional motivational measures for adoption of the small family norm:-

- 1) Panchayats and Zila Parishads will be rewarded and honoured for exemplary performance in universalising the small family norm, achieving reductions in infant mortality and birth rates and promoting literacy with completion of primary schooling.
- 2) The Balika Samridhi Yojana run by the Department of Child Women and Child Development, to promote survival and care of the girl child, will continue. A cash incentive of Rs.500 is awarded at the birth of the girl child of birth order 1 or 2.
- 3) Maternity Benefit Scheme run by the Department of Rural Development will continue. A cash incentive of Rs.500 is awarded to

mothers who have their first child after 19 years of age, for birth of the first or second child only. Disbursement of the cash award will in future be linked to compliance with antenatal check up, institutional delivery by trained birth attendant, registration of birth and BCG immunisation.

4) A Family Welfare-linked Health Insurance Plan will be established. Couples below the poverty line, who undergo sterilisation with not more than two living children, would become eligible (along with children) for health insurance (for hospitalisation) not exceeding Rs.5000, and a personal accident insurance cover for the spouse undergoing sterilisation.

5) Couples below the poverty line, who marry after the legal age of marriage, register the marriage, have their first child after the mother reaches the age of 21, accept the small family norm, and adopt a terminal method after birth of the second child, will be rewarded.

6) A revolving fund will be set up for income-generating activities by village-level self help groups, who provide community-level health care services.

7) Creches and child care centres will be opened in rural areas and urban slums. This will facilitate and promote participation of women in paid employment.

8) A wider, affordable choice of contraceptives will be made accessible at diverse delivery points, with counselling services to enable acceptors to exercise voluntary and informed consent.

9) Facilities for safe abortion will be strengthened and expanded.

10) Products and services will be made affordable through innovative social marketing schemes.

11) Local entrepreneurs at village levels will be provided soft loans and encouraged to run ambulance services to supplement the existing arrangements for referral transportation.

12) Increased vocational training schemes for girls, leading to self-employment will be encouraged.

13) Strict enforcement of Child Marriage Restraint Act, 1976.

14) Strict enforcement of the Pre-Natal Diagnostic Techniques Act, 1976

15) Soft loans to ensure mobility of the ANMs will be increased.

(d)to(f): National Family Health Survey-II Report, reveals that fertility has declined among the illiterate population also. This is largely attributed to awareness campaign about small family norm. The awareness campaign is being intensified through -

(i) Wide publicity is being carried out through electronic and print media, both in Hindi and regional languages on small family norm, spacing, immunization etc. The media unit of Ministry of Information and Broadcasting and several Social Marketing Organisations and NGOs are involved in strengthening of IEC efforts.

(ii) Various other Information, Education and Communication (IEC) activities, including strengthening of Mahila Swasthya Sanghs, State level seminars, cultural shows, exhibition, road-side hoardings etc. are simultaneously pursued. Local specific issues are addressed through a scheme involving the Zilla Saksharata Samities in IEC for the programme. 227 districts are covered under this.

(iii) Convergence of all the Departments in the Ministry of Health and Family Welfare is implemented through the holding of Family Welfare and Health Melas. Series of Melas have been held in the demographically weaker States. The Mela provides convergence of a wide range of health and family welfare services at one place and time. This serves to address the unmet needs among different segments of the population. There has been tremendous response and appreciation from the public.

(iv) For the underserved regions of the country, Primary Health Centre based RCH camps are being held at regular intervals.