GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:324
ANSWERED ON:12.12.2001
POPULATION CONTROL
JASKAUR MEENA;SURESH RAMRAO JADHAV (PATIL)

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

(a) the present growth rate of population in the country including the ratio between males and females, State-wise;

(b) whether the Government are aware that some Northern States have shown dismal progress in adopting family planning methods in order to control the population of the country;

(c) if so, the factors responsible for the slow progress in controlling growth of population;

(d) the measures being taken/proposed to be taken by the Government in this direction;

(e) whether the latest report of the National Commission on Population (NCP) highlights the alarmingly wide socio-demographic disparities among the major States of the country;

(f) if so, the reasons therefor; and

(g) the steps taken by the Government in this regard?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR)

(a)to(g): A statement is laid on the table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 324 FOR 12.12.2001.

(a) Decadal growth rate of population in the country including the sex ratio state-wise as revealed in Census 2001 is annexed.

(b) The information collected during National Family Health Surveys conducted in 1992-93 and in 1998-99 in all the States/UTs in respect of the acceptance level of Family Planning Methods (Contraceptive prevalence rate) within the Northern States is as under:

India/Northern States	NFHS-I (1992-93) In Percentage	NFHS - II (1998-99) In Percentage
India	40.6	48.2
Delhi	60.3	63.8
Haryana	49.7	62.4
Himachal Pradesh	58.4	67.7
Jammu & Kashmir	49.4	49.1
Punjab	58.7	66.7
Rajasthan	31.8	40.3
U.P. & Uttaranchal	19.8	28.1
Bihar & Jharkhand	23.1	24.5
M.P.& Chhattisgarh	36.5	44.3

(c) Approach to the Ninth Plan lists the following three factors for the current population growth rate:

(i) The large size of the population in the reproductive age-group (estimated contribution 60%).

(ii) Higher fertility due to unmet needs for contraception (estimated contribution 20%).

(iii) High wanted fertility due to prevailing high infant mortality (estimated contribution about 20%)

A large number of other factors also influence population growth rate. Some of these factors are women`s empowerment, women`s status in the family, education particularly of women, infrastructure, communication facilities etc.

(d) The following are some of the initiatives taken, in consultation with the states, for containing the growth of population:

Stabilizing population

National Population Policy, 2000

Ãº For the first time in independent India, a comprehensive National Population Policy hasbeen adopted by the Government with the objectives of improving the quality of life of citizens, by reaching out to them with an enhanced package of services and supplies, that will inter-alia, serve to stabilise the unregulated growth of population. New structures have been created and novel partnerships are in hand that taken together, are serving to improve supervision and to accelerate implementation particularly within states/regions that have lagged behind in the achievement of national socio-demographic goals.

Ãº National Commission on Population has been constituted directly under the chairmanship of Prime Minister with Chief Ministers of all the States/UTs, demographers, non-government organisations, and representatives of industry and the private corporate sector and public health professionals, as members to advise in operationalising the National Population Policy.

Ãº An Empowered Action Group has been constituted underthe chairmanship of the Union Health and Family Welfare Minister to provide focussed attention towards improving the coverage and outreach of integrated service delivery in the eight states of Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Rajasthan, Orissa, Madhya Pradeshand Chhattisgarh, involving voluntary associations, community organizations and Panchayati Raj institutions in this national effort.

Ãº In order to arrest the adverse sex ratio, an intensive campaign has been launched against the practice of female foeticide through the mass media, print and electronic media as well as through the voluntary organizations and with religious leaders on board, for stricter enforcement of the Law i.e. the Pre-Natal Diagnostics Techniques (Regulation and Prevention of Misuse) Act, 1994.A meeting of all Appropriate Authorities appointed in the States for implementation of provisions of the Act has been held for more vigorous implementation.

Ãº Male participation in the programme has increased manifold with the growing popularity and acceptance of the No Scalpel Vasectomy. In states like Sikkim, we have achieved a reversal of the heavy emphasis on tubectomy, which places a double burden on women.

Upgradation of Health Infrastructure

Ãº The Prime Minister`s Gramodaya Yojana has provided in the years 2000-01 and 2001-03, a central allocation of Rs. 809 crores for the maintenance and upkeep of primary health infrastructure across rural India.

Ãº Area specific projects have been taken up for strengthening primary health care services in the states of Madhya Pradesh, Rajasthan, Orissa, Maharashtra, Gujarat and Kerala under the Integrated Population Development (IPD) Project supported by UNFPA; for slums in cities/towns in the statesof Andhra Pradesh, Karnataka and West Bengal in World Bank supported India Population Project (IPP) VIII project; in Assam, Rajasthan and Karnataka inthe IPP IX Project, in 33 districts of U.P. under Innovations in Family Planning Services(IFPS) Projectsupported by USAID andin Tamil Nadu, Maharashtra and other demographically deficient areas under diverse programmes with the assistance of DANIDA, DFID and World Bank.

Ãº Norms for payment to state governments towards items like rent, contingencies, stipend etc. for public health infrastructure facilities have been revised.

Ãº In order to strengthen and augment the availability of health staff, steps have been taken towards developing a cadre of Nurse Midwives in the public and private sectors by contractual appointments of ANMs, Public HealthNurses and Laboratory Technicians. Private Doctors and Anesthetists are being engaged on per visit payment basis.

Integrated Service Delivery: Reproductive Health

Ãº Immunization is key to the health of children. Since it brings about reductions in infant morbidity and mortality, particularly in the 0-5

and below 15 age group, RCH outreach services such as immunization, ante and post natal check ups, information and counseling, as well as contraceptive services are being provided. This scheme which covered 50 districts during 2000-01 has been extended to 101 additional districts, in 2001-2002.

Ã º In an effort to supplement existing interventions seeking to expand outreach and coverage, a series of `Parivar Kalyan and Swasthya Melas` were held all over the country including at Mathura, Delhi, Lucknow, Kargil, Patna, Badal (Punjab), Perambur(Tamil Nadu), Sultanpur (U.P.) and Ghazipur (U.P.). Many more are being planned as a chain of the regular process.

Ãº RCH Camps are now regularly organised at primary health centres for extending integrated service delivery to the rural population, especially women and children, in remote and under-served areas. The RCH Camps which commenced during 2000- 2001in101 districts, have been extended to 77 additional districts during 2001-2002.

Ã º A programme has been introduced in 142 districts across India, which report less than 30% safe deliveries for the training of traditional birth attendants (Dais), accompanied with provision of dai delivery kits,

Ãº The skills and know-how of the Indian Systems of Medicine are also being incorporated into the RCH Program During 2001-2002, the better known, tried and tested, efficacious and safe ayurved and unani medicines for common ailments of women and children are being supplied to Sub-Centres/institutions in 7 states, in particular.

Ãº Private-public partnership through the Mother NGO movement has been networked in 412 districts.

Polio on its way out

Ã º Intensive Pulse Polio campaigns have helped in reducing the number of confirmed polio cases from 1126 in 1999 to 265 in year 2000 and to 112 this year. Transmission of the virus is now virtually confined to a few districts of Uttar Pradesh and Bihar. With vigorous implementation of the programme and intensified efforts in Uttar Pradesh and Bihar, `Zero incidence of Polio` is anticipated by the end of 2002.

New Program on Newborn Care

Ã º Neonatal mortality comprises over 50% of the infant mortality in the country. To save the lives of the newborn, a special Newborn Care Programme was launched during 2000-2001 in 60 districts of the country in collaboration with the National Neonatalogy Forum. This programme will be extended to other backward districts during 2001-2002. Another initiative being encouraged by the Government for proper newborn care is training and empowering community level newborn care workers, primarily through NGOs.

Ã º A pilot project has been initiated by government (in slums of 15 metropolitan cities and 32 selected rural districts) for testing the feasibility of introducing Hepatitis B vaccine in immunization programme.

(e) to (g) The National Commission on Population (NCP) has brought out a publication ranking 569 districts of the country in accordance with 12 social, economic and demographic indicators, on the basis of data/information obtained from Census 2001 and other sources, with a view to providing a ranking and some inter-se comparison between districts, on the basis of parameters identified. This district-wise information/data indicates also the socio-demographic disparities among major States.

The socio-demographic disparities among States are due to many factors, which may vary from State to State. The importance of ensuring balanced development for all States has been recognized by the Government. Therefore, the Tenth Plan proposes to include a State-wise breakdown of the broad development targets, including targets for growth rates and social development. These state specific targets will take into account the potential and the constraints encountered in each State as well as the scope for improvement in performance given these constraints. This will focus on the sectoral pattern of growth and its regional dispersion. It will also clarify the nature of reforms that will need to be implemented at State levels to achieve the growth targets adopted for the States.

ANNEXURE

Decadal growth rate, sex ratio of Population State/Union Territories

India and State/Union Territory+	Decadal Growth Rate	Sex Ratio (Females) per 1000 males)
	1991-2001	2001

India	21.34	933
Jammu & Kashmir	29.04	900
Himachal Pradesh	17.53	970
Punjab	19.76	874
Chandigarh+	40.33	773
Uttaranchal	19.20	964
Haryana	28.06	861
Delhi+	46..31	821
Rajasthan	28.33	922
Uttar Pradesh	25.80	898
Bihar	28.43	921
Sikkim	32.98	875
Arunachal Pradesh	26.21	901
Nagaland	64.41	909
Manipur	30.02	978
Mizoram	29.18	938
Tripura	15.74	950
Meghalaya	29.94	975
Assam	18.85	932
West Bengal	17.84	934
Jharkhand	23.19	941
Orissa	15.94	972
Chhatisgarh	18.06	990
Madhya Pradesh	24.34	920
Gujarat	22.48	921
Daman & diu+	55.59	709
Dadra & Nagar Haveli+	59.20	811
Maharashtra	22.57	922
Andhra Pradesh	13.86	978
Karnataka	17.25	964
Goa	14.89	960
Lakshadweep+	17.19	947
Kerala	9.42	1058
Tamil Nadu	11.19	986
Pondicherry+	20.56	1001
Andamand & Nicobar Islands	26.94	846

Source: Census of India, 2001, Provisional Population Totals.