

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

STARRED QUESTION NO:382
ANSWERED ON:09.04.2003
SMALL FAMILY NORM
CHANDRAKANT BHAURAO KHAIRE

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

- (a) whether the Government are contemplating to bring in a legislation to restrict the size of family to one/two children in view of increasing population;
- (b) if so, the salient features thereof; and
- (c) the other measures being taken by the Government for population control?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE AND PARLIAMENTARY AFFAIRS (SMT. SUSHMA SWARAJ)

(a)to(c): A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 382 FOR 9.4.2003

(a)&(b): The National Population Policy adopted by Government of India in February, 2000 advocates for adoption of small family norm. It affirms the commitment of Government towards stabilizing population of the country by allowing its citizens to make voluntary and informed decisions about their family size. The FW program in the present form does not include any personal incentive or disincentive for motivating people to adopt the small family norm. Rather, an integrated approach for promotion of small family norm has been envisaged in National Population Policy, 2000. Any legislation for incentives and disincentives will require larger national consensus. It is for this reason that the Constitutional (79th Amendment) Bill which was introduced in 1992, has been pending before the Parliament. The Bill aims at restricting seeking or holding office as a member of either House of Parliament or State Legislature, on the grounds of having more than two children.

(c) Census 2001 has revealed that the average Annual Growth Rate of population has declined to 1.93%, which has been above 2% for the last 40 years. 10 States and UTs viz. Kerala, Tamil Nadu, Goa, Nagaland, Delhi, Pondicherry, Andaman & Nicobar Islands, Chandigarh and Mizoram have already achieved the Total Fertility Rate of less than 2.1 i.e. Net Replacement Level of Population. Eleven States and UTs namely Karnataka, Andhra Pradesh, West Bengal, Maharashtra, Punjab, Himachal Pradesh, Manipur, Arunachal Pradesh, Lakshadweep, Daman & Diu and Sikkim, have achieved Total Fertility Rate of more than 2.1, but less than 3. They are, therefore, well poised to achieve the goals of NPP, 2000 by 2010. Although there are 12 States and UTs, which have TFR more than 3.0, the basic challenge for population stabilisation is limited to the four States of U.P., Bihar, M.P. and Rajasthan.

The Government has taken up several initiatives since the adoption of the National Population Policy 2000, to address the issue of growing population. While the National Population Commission has been established in the Planning Commission, the Jansankhya Sthirata Kosh has been established in the Department of Family Welfare with a corpus of Rs. 100 crores for mobilizing funds from the private sector. Both these bodies are under the Chairmanship of Hon. Prime Minister. An Empowered Action Group has been created to focus on the specific unmet needs of the eight socio-demographically lagging States viz. Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan. The Prime Minister took a meeting with the Chief Ministers of the 4 States of UP, MP, Bihar and Rajasthan, at his residence on 16th January 2003 urging them to review the performance of the FW programme on a monthly basis. The monitoring format and Action Points for such reviews have also been conveyed to the State Governments. In an attempt to improve the service delivery, a proposal for sanctioning 8669 Sub-centres throughout the country has been moved by the Department of Family Welfare. This includes 461 sub-centers for desert areas in Rajasthan. In addition, the Government of India has accepted funding for total number of all the sub-centres in the country, since April 2002. Additionally, the rates of compensation for sterilisation and IUD insertion has been revised from Rs. 200 to Rs. 300 for tubectomy and from Rs. 160 to Rs. 200 for vasectomy. New contraceptives have been added to the programme, namely IUD 380A and the Emergency Contraceptive. Likewise, several initiatives have been undertaken under the Reproductive Child Health programme to address the issues of manpower shortage, contraceptives, and outreach of services related to mother and child care. A comprehensive strategy to involve the Local Government Institutions in the Family Welfare Programme is under formulation. To involve the NGOs in a more meaningful manner, the guidelines have been revised to ensure that NGOs shift from mere advocacy to service delivery. Finally, to expand access to contraceptives in rural areas, the social marketing guidelines are also being revised.