## GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

UNSTARRED QUESTION NO:663
ANSWERED ON:21.11.2007
NATIONAL FAMILY AND HEALTH SURVEY-3

Adhalrao Patil Shri Shivaji;Adsul Shri Anandrao Vithoba;Agarwal Shri Dhirendra;Patel Shri Jivabhai Ambalal;Verma Shri Ravi Prakash

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

- (a) whether the population of the country continues to grow faster than necessary to replace itself as per the National Family and Health Survey-3;
- (b) if so, the details thereof including the current fertility rate;
- (c) the extent to which it is lower than the survey conducted in 1998-99;
- (d) the names of the States where the total fertility rate is higher;
- (e) whether the Government has detected the causes of higher fertility;
- (f) if so, the details thereof; and
- (g) the steps taken by the Government to check population growth?

## **Answer**

## THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS)

- (a) to (d) According to National Health and Family Survey (NHFS-2005-06), the Total Fertility Rate has declined by 0.15 children from 2.85 in 1998-99 to 2.7 in 2005-06 showing a decline of 5.2 percent. However, demographically weaker States are still having a high TFR of 3.0 to 4.0, which is a cause of concern. Total fertility rates as per NFHS-2005-06, range from 1.8 in (Goa, Andhra Pradesh and Tamil Nadu) to 4.0 in Bihar. Nineteen states have TFRs lower than the National TFR of 2.7. The States having relatively high fertility rates are Bihar (with TFR of 4.0), Uttar Pradesh (3.8), Rajasthan (3.2), Madhya Pradesh (3.1) and Jharkhand (3.3), Arunachal Pradesh (3.0), Meghalaya (3.8) and Nagaland (3.7).
- (e) & (f) The causes of higher fertility include large unmet needs for family planning, low male participation, low age at marriage for girls, low proportion of safe deliveries, low female literacy, high infant and maternal mortality rates, strong preference for son, etc in demographically weaker States.
- (g) The Government is providing Central assistance to the States/UTs under National Rural Health Mission (NRHM) and second phase of Reproductive and Child Health (RCH-II) programme for implementation of various family welfare activities to achieve population stabilization in the country as envisaged in the National Population Policy (NPP), 2000 through responsible and planned parenthood, voluntary and informed choice of Family Planning method best suited to acceptors.

Under the National Rural Health Mission (NRHM) emphasis has been laid to provide accessible, affordable, accountable, effective, reliable, and quality primary health care through creation of a cadre of Accredited Social Health Activities (ASHA), improved hospital care measured through Indian Public Health Standards (IPHS), decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. As a part of NRHM, fixed day services both for terminal and spacing methods of family planning in all the upgraded Primary Health Centres, Community Health Centres, District Hospitals and Sub-District Hospital have been taken in all the States/UTs.

Following steps have been taken to encourage acceptance of Family Planning:

- (i) National Family Planning Insurance Scheme was started in November 2005 to compensate the sterilization acceptors for failures, complications and deaths and also to provide indemnity insurance cover to doctors.
- (ii) Increasing Compensation Package for Sterilization was introduced in October 2006 and the payment to accredited private providers has been increased.
- (iii) Specific action points /strategies have been incorporated in the State Project Implementation Plans (PIPs) under NRHM to address the upgradation of Family Planning Services and increase the number of providers.