

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

UNSTARRED QUESTION NO:906
ANSWERED ON:25.02.2011
TOTAL FERTILITY RATE
Deora Shri Milind Murlu

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

- (a) whether a majority of States in India are way behind achieving the goal of the net replacement level of Total Fertility Rate (TFR) of 2:1;
- (b) if so, the details thereof and reasons therefor alongwith the total fertility rate in the country, State-wise;
- (c) the progress of the programmes implemented so far in this regard; and
- (d) the initiatives being taken towards achieving higher standards of health in the country?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SHRI DINESH TRVEDI)

(a) The Total Fertility Rate (TFR) has come down from 6.0 in 1951 to 2.6 in 2008. Fourteen States/UTs have achieved the goal of TFR of 2.1. Twelve States/UTs have TFR between 2.2 and 3.0. In the remaining nine States/UTs viz. Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Chhattisgarh, Jharkhand, Meghalaya, Nagaland and Dadar & Nagar Haveli, the TFR is above 3.0.

(b) States/UTs wise details of TFR are as per the statement annexed. Reasons for high TFR include low female literacy, early marriage of girls, preference for male child and other socioeconomic and cultural factors.

(c) The National Population Policy (NPP) 2000 sought to achieve stable population by 2045, at a level consistent with the required of sustainable economic growth, social development and environment protection. The following specific initiatives have been taken to achieve the objectives of NPP:

National Family Planning Insurance Scheme started since November, 2005 to compensate sterilization acceptors for failures, complications and deaths and which provides indemnity insurance cover to doctors.

Compensation Package for Sterilization increased in September,2007 in family planning i.e. in Vasectomy from Rs.800/- to Rs.1500/- and tubectomy from Rs.800/- to Rs.1000/- in public facilities and to a uniform amount of Rs.1500/- in accredited private health facilities for all categories in all States for vasectomy.

Promotion of No Scalpel Vasectomy to ensure male participation.

Promotion of IUD 380A intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs.

Fixed day Fixed Place Family Planning Services round the year encouraged through growing number of 24x7 PHCs and better functioning CHCs and other health facilities under NRHM.

Increasing basket of choice by systematically and carefully introducing new and effective contraceptives in the programme.

The Prema strategy (Responsible Parenthood Practices) of Jansankhya Sthirata Kosh (JSK) which aims at promotion of delayed marriage (after the legal age) among girls, by rewarding and publically honouring the women who marry after the legal age and ensure proper spacing in the birth of their children.

The Santushti strategy which provides private sector gynaecologists and vasectomy surgeons an opportunity to conduct sterilisation operations in Public Private Partnership (PPP).

The JSK Call Centre on Reproductive, Family Planning and Child Health which provides authentic information on issues related to reproductive and child health.

(d) The National Rural Health Mission (NRHM), in order to achieve the objectives of population stabilization and raising the overall health standard, lays thrust on reduction of infant mortality, maternal mortality and fertility rate and seeks to enlist large scale community participation.