## GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

UNSTARRED QUESTION NO:2551 ANSWERED ON:11.03.2011 POPULATION CONTROL Bhujbal Shri Sameer

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

(a) the details of the steps taken by the National Commission on Population (NCP) to control the population in the country during the Eleventh Five Year Plan;

(b) whether the Government has received suggestions/recommendations from different Quarters in this regard;

(c) if so, the details thereof alongwith action taken on such suggestion/ recommendations;

(d) whether the NCP has suggested to the Advisory Groups on controlling population in particular communities, groups, castes, uneducated persons in rural and urban areas;

(e) if so, the details thereof; and

(f) the other steps taken/being taken by the Government in this regard?

# Answer

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

(a): National Commission on Population (NCP), headed by the Prime Minister, has been constituted as a body to review, monitor and give directions to concerned Ministries/Departments for the implementation of the National Population Policy 2000 (NPP 2000).

Besides undertaking an Annual Health Survey in 284 selected districts through Registrar General of India (RGI) and engaging Expert Groups to study the population profile of the State of Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh and Odisha whose recommendations have been incorporated in the overall design of the National Rural Health Mission (NRHM), the following are the strategies for effective implementation of NPP 2000:

1. Increasing basket of choice by systematically introducing effective contraceptives in the programme.

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

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

4. Promotion of No Scalpel Vasectomy to ensure male participation.

5. Improving availability of contraceptives at the village level.

6. Attractive compensation package for Sterilization.

7. Compensate sterilization acceptors for failures, complications and deaths and provide indemnity insurance cover to doctors under the Family Planning Insurance Scheme.

(b) & (c): In its meeting held on 21st October 2010, NCP, in the light of suggestions from experts, representatives of political parties and participating Chief Ministers/ Minister of State Governments, has identified key points for effective implementation of NPP 2000. Details of the key points are given in the annexure.

(d): No.

(e): Does not arise.

(f): As given in (a) above.

ANNEXURE

### KEY POINTS IDENTIFIED BY NATIONAL COMMISSION ON POPULATION FOR POPULATION STABILISATION

A. According priority:

(i) Population stabilization should be accorded high priority and brought back into the political discourse at all levels;

(ii) The Chief 'Ministers should provide leadership to the promotion of small family norm;

(iii) Social experts, social scientists and communication experts should be involved for behavioural change;

(iv) A safe motherhood campaign should be carried out on lines of the pulse polio programme, involving all stakeholders, with focus on population issues.

B. Programmatic interventions:

(i) The Information, Education and Communication (IEC) campaign should be revitalized in a vigorous manner;

(ii) A comprehensive strategy should be undertaken to meet the unmet need for family planning services;

(iii) Public health services and facilities should be strengthened and attention paid to basic requirements such as clean toilets, water, electricity etc.;

(iv) Post-partum family planning services should be strengthened at centres where deliveries take place;

(v) The family planning strategy should focus on delay of age at marriage, delay in birth of the first child and promotion of birth spacing between children;

(vi) Essential medicines must be available at all public health facilities. Rational use of drugs for reproductive health should be promoted and a policy on rational use of drugs put in place;

(vii) AYUSH doctors should be involved in family planning programmes.

C. Inter-sectoral coordination:

(i) Different ministries such as the Ministry of Human Resource Development, Women and Child Development and Panchayti Raj should be actively involved in the population stabilization programme.

(ii) Education, particularly of girls must receive utmost attention;

(iii) Initiatives for women empowerment should be strengthened further. Education regarding family life should be made available to adolescent, so that they become aware of reproductive and sexual health issues at a younger age.

(iv) Interventions to improve nutritional status particularly of pregnant mothers must be strengthened.

(v) Charitable institutions and hospitals run by Government agencies, like the Employees State Insurance Corporation, Railways and Defence Services, should also be actively involved in family planning initiatives.

D. Other interventions:

(i) Raising of the legal age of marriage of girls may be considered;

(ii) Gender should be included in medical education, so that doctors are adequately sensitized on gender issues in maternal health;

(iii) NGOs working among members of the Muslims community may be actively involved in enhancing awareness regarding the small family norms among Muslims. Theological resources may also be made use of appropriately, to dispel myths.

(iv) Emphasis should be placed on research activities, in order to develop more innovative contraceptives, so that the basket of reversible contraceptive choices is expanded.

(v) Overall availability of funds for the health sector as well as for family planning should be increased.