

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

UNSTARRED QUESTION NO:3121

ANSWERED ON:15.03.2013

POPULATION STABILIZATION

Baske Shri Pulin Bihar;Jawale Shri Haribhau Madhav;Nagar Shri Surendra Singh

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

- (a) whether some States/UTs have shown dismal progress in adopting family planning methods in order to control the population of the country;
- (b) if so, the details thereof along with the factors responsible for the slow progress in controlling growth of population;
- (c) whether the latest report of the National Commission on Population (NCP) highlights the alarming wide socio demographic disparities among the major States of the country;
- (d) if so, the details thereof and the reasons therefor; and
- (e) the corrective measures taken by the Government in this regard?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) & (b) Population stabilization has been a key priority area of the Government. India has set its goal of attaining replacement levels of fertility by 2012 to achieve the larger goal of population stabilization by 2045.

Total Fertility Rate has come down from 6.0 in 1951 to 2.5 in 2010. While 21 States and UTs have already achieved the replacement level of fertility, 7 States have a TFR between 2.1 and 3.0 and 7 states have a TFR above 3. State/ UT wise details are at Annexure- I.

Reasons for the slow progress in controlling growth of population include early age at marriage and child bearing, low literacy and low contraceptive use.

(c) & (d) Key health parameters of the Annual Health Survey 2011, conducted by RGI, are at Annexure-II.

(e) Government of India has been vigorously implementing the National Rural Health Mission launched in the year 2005 in line with the policy framework of population stabilization as envisaged in National Population Policy-2000, by helping create a robust service delivery mechanism to address the unmet need for family planning. 264 High Focus Districts having weak RCH indicators pertaining to maternal health, child health and family planning have been identified across the country for focused attention and supportive supervision.

The interventions for population stabilization include the following:

1. A new scheme has been launched to utilize the services of ASHA to deliver contraceptives at the doorstep of beneficiaries. The scheme is being implemented in all districts of States.
2. With a view to ensuring spacing after marriage and between 1st and 2nd child, services of ASHA are utilized for counseling newly married couples to ensure spacing of 2 years after marriage and couples with 1 child to have spacing of 3 years after the birth of 1st child. The scheme is operational in North East States, Gujarat, Haryana Uttar Pradesh, Bihar, Chhattisgarh, Jharkhand, Rajasthan, Uttarakhand, Odisha and Madhya Pradesh).
3. MoHFW has introduced short term IUCD (5 years effectivity), Cu IUCD 375 under the National Family Planning programme.
4. A new method of IUCD insertion (post-partum IUCD insertion) has been introduced by the Govt. 276 district hospitals in high focus States are covered under strengthening PPIUCD services.
5. Promoting Post-partum Family Planning services at district hospitals by placement of dedicated Family Planning Counsellors and training of personnel.
6. The Prerna strategy (Responsible Parenthood Practices) of Jansankhya Sthirata Kosh (JSK) promotes population stabilization by encouraging delayed marriage (after the legal age) among girls, by rewarding and publically honouring the women who marry after the legal age and to ensure proper spacing in the birth of their children.

7. The Santushti strategy of JSK provides for private sector gynecologists and vasectomy surgeons an opportunity to conduct sterilization operations in Public Private Partnership (PPP).
8. Under the Compensation package for sterilization an amount of Rs.1500/- is provided for each case of vasectomy for all categories in all States and Rs 1000/- for tubectomy to all categories in High Focus States and BPL/SC/ST population in Non High Focus States in public health facilities. For APL categories in Non High Focus States, a package of Rs.650/- has been provided for tubectomy only in public health facilities.
9. National Family Planning Insurance Scheme to cover any mishap that may occur due to sterilization.
10. Promotion of long term IUD-380-A as a spacing method
11. Promotion of male participation through Non Scalpel Vasectomy (NSV) methods.
12. Training of doctors on minilap sterilisation method.
13. Enlistment of private providers to enhance provision of sterilization services.