

**Stabilization of country's population**

2873. DR. K.V.P. RAMACHANDRA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that as per World Population Prospect: The 2012 Revision, the population of India is likely to be 162,00,51,000 and that of Republic of China to be 138,49,77,000 by 2050;

(b) if so, the details thereof;

(c) the Country's estimates in this regard; and

(d) the measures taken or being taken by Government for stabilisation of population in the country along with the success achieved therefrom?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) to (c) As per World Population Prospect: The 2012 Revision, the population of India is likely to be 1620 million, while the population of Republic of China is likely to be 1385 million by 2050.

The projection of population of India by the year 2050 has not been made by the Government. However, as per population projection made by the Government, the population of India is likely to be 1399.8 million by the year 2026.

(d) Government of India has been implementing the National Rural Health Mission since 2005 in line with the policy framework of population stabilization as envisaged in NPP-2000, by helping to create a robust service delivery mechanism to address the unmet need for family planning. Government of India is also addressing the social determinants of health, paramount among which are female literacy, women's empowerment and age at marriage.

The Government has taken a number of sustainable measures for stabilization of population. As a result of which the percentage decadal growth rate of the country has declined significantly from 21.54% for the period 1991-2000 to 17.64% during 2001-2011. Total Fertility Rate (TFR) has also declined from 3.6 in 1991 to 2.4 in 2012 as per Sample Registration System (SRS). Details of the measures taken by the Government of India and the achievement thereof are given in the Statement.

***Statement***

*Measures being taken for stabilization of population in the country along with success achieved therefrom*

**On-going Interventions under Family Planning Programme**

- A rational human resource development plan is in place for provision of IUCD, Minilap and NSV to empower the facilities (DH, CHC, PHC, SHC)

with at least one provider each for each of the services and Sub Centres with ANMs trained in IUD insertion.

- Ensuring quality care in Family Planning services by establishing Quality Assurance Committees at state and district levels.
- Emphasis on Minilap Tubectomy services because of its logistical simplicity and requirement of only MBBS doctors and not post graduate gynaecologists/surgeons.
- Increasing male participation and promotion of 'Non Scalpel Vasectomy'.
- 'National Family Planning Indemnity Scheme' (NFPIS) under which clients are insured in the eventualities of deaths, complications and failures following sterilization and the providers/ accredited institutions are indemnified against litigations in those eventualities.
- Compensation scheme for sterilization acceptors - under the scheme MoHFW provides compensation for loss of wages to the beneficiary and also to the service provider (& team) for conducting sterilisations.
- Accreditation of more private/ NGO facilities to increase the provider base for family planning services under PPP.
- Improving contraceptives supply management up to peripheral facilities.
- Demand generation activities in the form of display of posters, billboards and other audio and video materials in the various facilities.
- Strong Political Will and Advocacy at the highest level, especially in States with high fertility rates.

### **New interventions**

- Family Planning Program has witnessed a paradigm shift from a program resulting in population stabilization to a program ensuring better maternal and child health. The GoI's new strategy of RMNCH+A encompasses the maternal and child health, adolescent health along with Family planning.
- The GoI is now ensuring a greater thrust on spacing methods (especially PPIUCD and IUCD).
- Promotion of IUCDs as a short and long term spacing method:
- Directive has been issued to the States to notify fixed days/ per week at SHC and PHC level for conducting IUCD insertions.
  - ◆ Introduction of Cu IUCD-375 (5 years effectivity) under the Family Planning Programme.

- Emphasis on Postpartum Family Planning (PPFP) services with introduction of PPIUCD and promotion of minilap as the main mode of providing sterilization in the form of post-partum sterilization to capitalise on the huge cases coming in for institutional delivery under JSY.
  - ◆ Training of service providers is conducted in PPIUCD at DH and SDH level.
  - ◆ Appointment of dedicated RMNCH counsellors at high case load facilities.
- Assured delivery of family planning services:
  - ◆ In last four years all the states have shown their commitment to strengthen fixed day family planning services for both IUCD and sterilisation and it has been included under quarterly review mechanism to assess progress made by the States.
- Scheme for Home delivery of contraceptives by ASHAs at doorstep of beneficiaries has been expanded to the entire country *w.e.f.* 17th Dec, 2012.
- Scheme for ASHAs to ensure spacing in births:
  - ◆ Under the scheme, services of ASHAs to be utilised for counselling newly married couples to ensure delay of 2 years in birth after marriage and couples with 1 child to have spacing of 3 years after the birth of 1st child.
  - ◆ The scheme is being implemented in 18 states of the country (8 EAG, 8 North East, Gujarat and Haryana).
  - ◆ ASHAs are being paid in Rupees the following incentives under the scheme:
    - 500/- to ASHA for ensuring spacing of 2 years after marriage.
    - 500/- to ASHA for ensuring spacing of 3 years after the birth of 1st child.
    - 1000/- in case the couple opts for a permanent limiting method up to 2 children only.
  - ◆ The scheme is operational from 16th May 2012.
- Celebration of World Population Day and fortnight (July 11 – July 24):
  - ◆ The World Population Day is a step to boost FP efforts all over the country.
  - ◆ The event is observed over a month long period, split into an initial fortnight of mobilization/sensitization followed by a fortnight of assured family planning service delivery. It has been made a mandatory activity and budgets approved in advance in PIP of all States.

- June 27 to July 10: “Dampati Sampark Pakhwada” or “Mobilisation Fortnight”
- July 11 to July 24 “Jansankhya Sthirtha Pakhwada” or “Population Stabilisation Fortnight”.

**Performance :**

**Family Planning indicators:**

Indicator	2008	2009	2010	2011	2012
Total Fertility Rate	2.6	2.6	2.5	2.4	2.4
Crude Birth Rate	22.8	22.5	22.1	21.8	21.6
Crude Death Rate	7.4	7.3	7.2	7.1	7.0

**Total Fertility Rate (TFR):**

- TFR has declined from 2.6 in 2008 to 2.4 in 2012.
- Rate of decline of TFR has increased by 52.3% during 2006-2011 as compared to 2000-2005. Rate of decline from 2000 to 2005 was 9.38% and from 2006 to 2011 was 14.29%.
- 23 States/UTs *i.e.* Goa, Manipur, Tamil Nadu, Tripura, Kerala, Andhra Pradesh, Himachal Pradesh, West Bengal, Punjab, Delhi, Maharashtra, Karnataka, Mizoram, Nagaland, Jammu and Kashmir, Sikkim, Uttarakhand, Odisha and 5 UTs *i.e.* Andaman and Nicobar Islands, Puducherry, Chandigarh, Daman and Diu and Lakshadweep have already achieved replacement level fertility (*i.e.* 2.1 or less).
- 2 States having TFR more than 3 Uttar Pradesh 3.3 and Bihar 3.5, and
- 10 States having TFR between 2.2 and 3.0 *viz.* Jharkhand 2.8, Chhattisgarh 2.7, Arunachal Pradesh 2.7, Gujarat 2.3, Assam 2.4, Haryana 2.3, MP 2.9, Rajasthan 2.9, Dadra and Nagar Haveli 2.9 and Meghalaya 2.9.

**Physical achievements :**

	2009-10	2010-11	2011-12	2012-13	2013-14
IUD	5771329	5532080	5350325	5410215	5049877
Vasectomy	266180	219240	177915	120629	98420
Tubectomy	5211168	4630799	4583025	4453158	3909530

Following strategies have been taken by Jansankhya Sthirata Kosh/National Population Stabilization Fund as Population Control Measures:

**Perna Strategy:** Jansankhya Sthirata Kosh (JSK) has launched this strategy for helping to push up the age of marriage of girls and delay in first child and spacing in second child and the couple who adopt this strategy are awarded suitably. This helps to change the mindsets of the community.

**Santushti Strategy:** Under this strategy, Jansankhya Sthirata Kosh, invites private sector gynaecologists and vasectomy surgeons to conduct sterilization operations in Public Private Partnership mode. The private hospitals/nursing home who achieved target to 10 or more are suitably awarded as per strategy.

**National Helpline:** JSK is also running a call center for providing free advice on reproductive health, family planning, maternal health and child health *etc.* Toll free no. is 1800116555.

Advocacy and IEC activities: JSK as a part of its awareness and advocacy efforts on population stabilization, has established networks and partnerships with other ministries, development partners, private sectors, corporate and professional bodies for spreading its activities through electronic media, print media, workshop, walkathon, and other multi-level activities *etc.* at the national, state, district and block level.

### Seats in medical colleges in Karnataka

2874. SHRI RAJEEV CHANDRASEKHAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has recently increased medical seats in the medical colleges across the country;

(b) if so, the details thereof; and

(c) the number of medical seats increased in various medical colleges in Karnataka, college-wise ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) to (c) Yes. For the academic year 2014-15, there is total increase of 2,750 MBBS seats throughout the country. The details of the medical seats increased in various medical colleges across the country including Karnataka are given in the Statement.