

**Growth rate of country's population**

†1062. DR. KIRODI LAL MEENA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the population of India is expected to exceed the population of China in the next five years;
- (b) if so, the details thereof and the details of growth rate of population in the country, State-wise;
- (c) whether Government has initiated any plan and new solutions to curb the growth rate of population in the country;
- (d) if so, the details thereof; and
- (e) the impact of various awareness programmes on the objective of controlling the population and whether any study has been conducted in this regard and details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) The population of India is expected to exceed that of China around 2027 as per World Population Prospects 2019 Report.

As per Census 2011, the country's Decadal Growth Rate was 17.7%;

State-wise Decadal Growth Rate is given in Statement-I (*See* below).

(c) and (d) The details of Schemes under the National Family Planning Programme are given in Statement-II (*See* below).

(e) The Government conducts periodic surveys *viz.* the National Family Health Survey (NFHS) and the Sample Registration System (SRS) to study the impact of various awareness programmes being conducted. The key findings of the surveys are as follows:—

- The Total Fertility Rate (TFR) has declined from 2.9 in 2005 to 2.2 in 2017 (SRS).

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†Original notice of the question was received in Hindi.

- The Wanted Fertility Rate has declined from 1.9 in NFHS III to 1.8 in NFHS IV.
- The Crude Birth Rate (CBR) has declined from 23.8 to 20.2 from 2005 to 2017 (SRS).
- The Teenage Birth Rate has halved from 16% (NFHS III) to 8% (NFHS IV).
- 99.5 percent currently married men and women have knowledge about any modern method of contraception (NFHS IV).

*Statement-I**State/UT-wise Decadal growth rate*

Sl. No.	State/UT	Decadal growth rate (2001-2011)
1	2	3
1.	Andaman and Nicobar Islands	6.9
2.	Andhra Pradesh*	11.0
3.	Arunachal Pradesh	26.0
4.	Assam	17.1
5.	Bihar	25.4
6.	Chandigarh	17.2
7.	Chhattisgarh	22.6
8.	Dadra and Nagar Haveli	55.9
9.	Daman and Diu	53.8
10.	Goa	8.2
11.	Gujarat	19.3
12.	Haryana	19.9
13.	Himachal Pradesh	12.9
14.	Jammu and Kashmir	23.6
15.	Jharkhand	22.4
16.	Karnataka	15.6

1	2	3
17.	Kerala	4.9
18.	Lakshadweep	6.3
19.	Madhya Pradesh	20.3
20.	Maharashtra	16.0
21.	Manipur	24.5
22.	Meghalaya	27.9
23.	Mizoram	23.5
24.	Nagaland	-0.6
25.	NCT of Delhi	21.2
26.	Odisha	14.0
27.	Puducherry	28.1
28.	Punjab	13.9
29.	Rajasthan	21.3
30.	Sikkim	12.9
31.	Tamil Nadu	15.6
32.	Tripura	14.8
33.	Uttar Pradesh	20.2
34.	Uttarakhand	18.8
35.	West Bengal	13.8
	INDIA	17.7

\*Figure for undivided Andhra Pradesh

Source: RGI

### *Statement-II*

#### *Details of Schemes to reduce population growth*

1. Mission Parivar Vikas - The Government has launched Mission Parivar Vikas on 10 November 2016 for substantially increasing access to contraceptives and family planning services in 146 high fertility districts with Total Fertility Rate (TFR) of 3 and above in seven high focus states. These districts are from the states of Uttar

Pradesh (57), Bihar (37), Rajasthan (14), Madhya Pradesh (25), Chhattisgarh (2), Jharkhand (9) and Assam (2) that itself constitutes 44% of the country's population.

2. New Contraceptive Choices - New contraceptives viz. Injectable contraceptive (Antara program) and Centchroman (Chhaya) have been added to the existing basket of choices in 2015-16.
3. A new method of IUCD insertion immediately after delivery *i.e.* post-partum IUCD (PPIUCD) has been introduced in 2010. PPIUCD incentive scheme has been operational w.e.f. 01.01.2014.
4. Dedicated RMNCH+A counselors have been appointed in facilities since 2013.
5. Clinical Outreach Teams (COT) Scheme - The scheme has been launched in 146 Mission Parivar Vikas districts w.e.f. December 2017 for providing family planning services through mobile teams from accredited organizations in far-flung, underserved and geographically difficult areas.
6. Scheme for Home delivery of contraceptives by ASHAs at doorstep of beneficiaries launched in August 2011.
7. Scheme for ASHAs to Ensure spacing in births launched on 16th May 2012 - The scheme is being implemented in 18 states of the country (8 EAG, 8 North East, Gujarat and Haryana). Additionally the spacing component has been approved in West Bengal, Karnataka, Andhra Pradesh, Telangana, Punjab, Maharashtra, Daman Diu and Dadra and Nagar Haveli.
8. Scheme for provision of Pregnancy Testing Kits in the drug kits of ASHAs for use in communities. The Scheme was introduced in 2013.
9. 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 sterilizations. The package was enhanced in November 2014 for 11 high focus high TFR states (8 EAG, Assam, Gujarat, Haryana), and further increased in November 2016 under Mission Parivar Vikas.
10. Observation of World Population Day and fortnight from July 11-July 24 to boost Family Planning efforts all over the country.
11. Observation of Vasectomy Fortnight from November 21-December 4 in an effort to enhance male participation and revitalize the NSV programme, whereby male sterilization services would be provided to clients at health facilities.

12. Improved Demand generation activities through a holistic media campaign including mass media, mid media and inter personal communication.
13. Redesigned Contraceptive Packaging - The packaging for Condoms, OCPs and ECPs has been improved and redesigned since 2015 in order to increase the demand for these commodities.
14. Ensuring quality of care in Family Planning services by establishing Quality Assurance Committees in all states and districts.
15. National Family Planning Indemnity Scheme (NFPIS) under which clients are insured in the eventualities of death, complication and failure following sterilization. The scheme was introduced in 2005 and implemented through an insurance company. It was revised in 2013 and is now being operated by the State governments directly with NHM funding.
16. Family Planning Logistic Management and Information System (FP-LMIS):— A dedicated software launched in 2017, to ensure smooth forecasting, procurement and distribution of family planning commodities across all the levels of health facilities.

#### **Measures to improve rural healthcare**

1063. DR. VIKAS MAHATME: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the steps taken to improve rural healthcare as rural people opt for Government healthcare facilities because of monetary and transport issues;

(b) whether only 11 per cent subcentres, 13 per cent Primary Health Centres and 16 per cent Community Health Centres in rural India meet Indian Public Health Standards; and

(c) steps taken to educate rural population on basic issues like sanitation, health, nutrition, hygiene, healthcare policies, proper waste disposal, importance of medical services, their rights, financial support options?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) "Public Health and Hospital" being a State subject, the primary responsibility of improving the health facilities across the country including rural areas lies with the State Governments.