

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

UNSTARRED QUESTION NO:161

ANSWERED ON:22.11.2006

CHECK ON POPULATION GROWTH

Patel Shri Jivabhai Ambalal;Rawat Prof. Rasa Singh;Singh Deo Smt. Sangeeta Kumari;Veerendra Kumar Shri M.P.

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

- (a) the targets fixed for family welfare programmes during the last two years;
- (b) the reasons for not achieving those targets;
- (c) the reasons for alleged inability of the Government to check population explosion;
- (d) the rate of population growth in the country;
- (e) whether population growth differs among various sections of the society;
- (f) if so, the reasons therefor;
- (g) whether the Government proposes to implement population control policy in a uniform manner;
- (h) if so, the details thereof and if not, the reasons therefore; and
- (i) the concrete steps taken or being taken by the Government check population growth ?

Answer

THE MINISTER OF THE STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE(DR. ANBUMANI RAMADOSS)

(a) & (b) Since 1st April, 1994 Government of India has adopted Target Free Approach

(TFA) all over India, focusing on decentralized participatory planning.As such no targets are fixed for family welfare programme.

(c)&(d) As per Sample Registration System, Office of Registrar General India,the Total Fertility Rate (TFR) has declined from 3.2 in the year 2000 to 2.9 in 2004 at the National Level.The State wise position TFR during the period is at annexure I.

The average annual population growth rate has declined from 2.14 in 1981-91 to 1.93 in 1991-2001. The State-wise decennial population growth rate and annual Population Growth Rate for the period as per Census, Office of Registrar General, India is at annexure II.

(e)& (f) The Census operations and other population related rates are worked out by Office of Registrar General India. On the basis of published data of Office RGI, proportion and growth rate of population by religious communities is at annexure III.

(g) & (h) The National Family Welfare Programme is voluntary in nature, which enables a couple to adopt the family planning method, best suited to them according to their choice and of their own volition.Assistance is given to the States for maintenance of family welfare infrastructure units, supply of drugs, contraceptives and extending the maternal and child health care services. In addition, the Government of India gives support to States/UTs Government for carrying out male and female sterilization

(i) The Government of India launched National Rural Health Mission on 12th April 2005 throughout the country, with special emphasis on 18 States i.e. the States of Jammu & Kashmir and Himachal Pradesh, 8 EAG States (Uttar Pradesh, Madhya Pradesh, Bihar, Rajasthan, Orissa, Uttaranchal, Chhattisgarh, Jharkhand) and 8 North East States (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura). The Mission aims at provision of comprehensive and integrated primary healthcare to the people, especially to the rural poor, women and children. The approach of the Government is to improve availability of integrated primary healthcare services to the people as also to improve healthcare seeking behaviour of people for the range of maternal and child healthcare services that would logically lead to adoption of better contraceptive practices.

The new initiatives under NRHM/RCH II would provide the right impetus for improving the health and family services which would bring about significant improvements in demographic status of high fertility states.National Population Policy 2000 provides a frame work for advancing goals and prioritizing strategies to meet reproductive and child health needs of the population and to achieve replacement level TFR by 2010.

