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Andhra Pradesh has scrapped the AP Panchayat Raj Act and the AP Municipal Acts which barred people with more than two children from contesting local body polls.Andhra Pradesh is not the first state to roll back the two-child policy.In 2005, Chhattisgarh, Haryana, Himachal Pradesh, and Madhya Pradesh also rescinded the policy.Origin of the Two-Child Policy in Various StatesIneffectiveness of Population Control Measures: Population control measures between the censuses of 1981 and 1991 failed to yield the desired results.Intra-census data revealed India was not on track to control population growth.Enroll now for UPSC Online CourseMeasurement Of Population:Survey: Collects sample-based demographic data through questionnaires to estimate population trends.Census: A comprehensive count of a countrys population conducted periodically, typically every 10 years.Population Registers: Maintains continuous records of residents demographic details in real-time.Vital Registration Systems: Tracks key life events like births, deaths, and marriages to measure population changes.Formation of a Panel by National Development Council (NDC): The National Development Council (NDC) established a committee chaired by then Kerala Chief Minister K Karunakaran.Recommendations of the Committee: The panel recommended that people with more than two children should not be allowed to hold government posts, from the panchayat level to Parliament.Adoption by States: The committees recommendations were submitted to the NDC and subsequently implemented by various states.States That Implemented the Policy:Rajasthan became the first state to adopt the two-child policy at the panchayat level in 1992, followed by Andhra Pradesh (then undivided) and Haryana in 1994.Odisha (1993, extended to block panchayat level in 1994), Chhattisgarh (2000), Himachal Pradesh (2000), Madhya Pradesh (2000), Maharashtra (2003), Gujarat (2005), Bihar (2007), Assam (2017), Uttarakhand (2019), Dadra and Nagar Haveli and Daman and Diu (2020).Demographic Dividend In India:Indias demographic dividend refers to the economic growth potential arising from a favorable age structure, where the working-age population (15-64 years) surpasses dependents (children and elderly).According to the Economic Survey 2018-19, Indias Demographic Dividend will peak around 2041, when the share of working-age,i.e. 20-59 years, population is expected to hit 59%.Reasons for Rescinding Of the Two-Child Policy By Some StatesDecline in Sex Ratio at Birth (SRB): The SRB declined to 880:1000 between 2003 and 2005, prompting concerns about the negative effects of the policy.The steep drop in SRB was attributed to:Strict two-child policy,Widespread use of prenatal sex-detection technologies.Shift in National Population Policy (2000): The National Population Policy (2000) adopted a target-free approach and protection of reproductive rights, which conflicted with the earlier population control measures.Legal Challenges to the Policy: There were several individual litigations filed against the Constitutional validity of being forced out of participation in panchayat and local body elections.Check Out UPSC CSE Books From PW StoreReasons for Andhra Pradesh Rolling Back the Two-Child PolicyConcern Over Ageing Population: As fertility rates decline, India is ageing, with one in five people expected to be over 60 by 2050.But the effect will be even more pronounced in the southern states.As per the India Ageing Report 2023 prepared by the United Nations Population Fund (UNFPA) and International Institute for Population Sciences (IIPS):The elderly population in Andhra, Karnataka, Kerala, Tamil Nadu and Telangana is not only already high as compared to states in the North such as Bihar, Uttar Pradesh, Jharkhand, Rajasthan and Madhya Pradesh,but will also increase at a much higher rate between 2021 and 2036.Low Total Fertility Rate (TFR): Andhra Pradeshs TFR is 1.5, much lower than the national average of 2.11.Delimitation Exercise: The upcoming population-based delimitation exercise in 2026 is also a key factor behind Andhra Pradeshs decision to roll back the two-child policy.There is a fear that the declining population in their states could lead to a reduction in parliamentary seats during the delimitation process.Many Political party leaders from the Southern States are urging the Centre to avoid penalizing southern states for successfully implementing family planning and to allocate seats based on economic performance.Rapid Fertility Transition in IndiaRapid Fertility Transition: India has reduced fertility rates rapidly: down from six children per woman to 2.1.This transition took France 285 years, England took 225 years, whereas India took just 45 years.Reasons:Family Planning Initiatives: The governments family planning policies, awareness campaigns, etcSocio-Economic Changes: Many families are choosing to have fewer children.Women are delaying marriage and childbearing due to career or educational pursuits, which has contributed to the decline in birth rates.Increased Life Expectancy: The availability of specialized and improved healthcare services for the elderly, including geriatric care, has contributed to better health outcomes and longer life expectancy.Status of Indias PopulationIndias Population: As of November 2024, India is the most populous country with over 1.45 billion people, accounting for around 17.77% of the global population, according to the World Population Review.Youthful Population: As per the State of World Population (SOWP) report of the United Nations Population Fund (UNFPA): As much as 68% of Indias population belongs to the 15-64 years category, and 26% in the 10-24 years group, making India one of the youngest countries in the world.Indias Total Fertility Rate (TFR) Achievement: The National Family Health 5 Survey (2019-21): India attained a Total Fertility Rate (TFR) of 2.0 for the first time, less than the replacement level of 2.1, falling from 2.2 in NFHS 4 (2015-16).The National Population Policy 2000 focuses on population stabilisation for sustainable development, linking it to improvements in education, sanitation, housing, transport, and womens empowerment.Objectives of NPP 2000:Immediate Objectives: Address unmet needs for contraception and health infrastructure, and provide integrated services for basic reproductive and child health.Medium-Term Objectives: Achieve a replacement level fertility by 2010, reducing the Total Fertility Rate (TFR) to 2.1.Long-Term Objective: Stabilize the population by 2045.Key StrategiesVoluntary Family Planning: The policy adopts a voluntary approach to family planning, promoting informed choice and awareness rather than coercion.Reproductive and Child Health (RCH) Programme: Launched in 1997, this initiative focuses on decentralized planning, emphasizing quality family welfare services, safe motherhood, child survival, and control of sexually transmitted infections (STIs).Family Welfare Services: Improving access to healthcare for women and children through government and non-government sectors.Public Awareness and Education: Promote small family norms and delayed marriage for girls (preferably after 20 years).Institutional FrameworkNational Commission on Population: A commission headed by the Prime Minister to oversee and review the policy implementation.National Population Stabilisation Fund (Jansankhya Sthirata Kosh) : It is an autonomous body under the Ministry of Health and Family Welfare (MoHFW), constituted on the recommendations of the National Commission of Population.Check Out UPSC NCERT Textbooks From PW StoreArguments for Population Stabilisation and Control In IndiaResource Management: Indias growing population places immense pressure on natural resources, such as water, land, and energy.Without proper management, this could lead to resource scarcity, negatively impacting agriculture, industry, and overall economic growth.Demographic Dividend at Risk: A large, youthful population can provide a demographic dividend that fuels economic growth. For example, Indias youthful demographic is seen as a major factor in its economic expansion, offering labor for various sectors.Focusing too much on population control may undermine the potential for long-term economic growth by reducing the labor force.Example: Labor-Intensive Sectors such as agriculture might be severely affected.Aging Populations and Demographic Shifts: Rapid population reduction might lead to an aging population, a trend that has caused significant challenges in countries like Japan, Germany and South Korea.Infringement on Personal Freedoms: Some argue that policies aimed at controlling population growth may violate individual freedoms and rights, particularly the right to have children and make personal reproductive choices.Gender Imbalance: Population control policies may lead to gender imbalances due to a preference for male children, resulting in female foeticide and sex-selective abortions, further exacerbating societal gender inequality.Example: Chinas One Child Policy has led to the issue of Gender Imbalance.Economic Sustainability: A rapidly growing population may outpace economic growth, hindering efforts to reduce poverty and improve living standards.Health Improvements: Population stabilization is linked to improvements in public health.It allows for better access to healthcare services, reduced maternal and child mortality rates, and the ability to allocate more resources toward healthcare infrastructure.Education and Employment: A younger population may initially provide a demographic dividend, but if job creation and education systems fail to keep pace, it can lead to unemployment and skill mismatches.Stabilizing population growth can help ensure that resources are invested effectively in education, skills development, and job creation.Environmental Protection: With a smaller, more manageable population, there can be more effective implementation of sustainable development practices, reducing the environmental footprint.Role of Non-Governmental Organizations (NGOs) in Population Stabilisation in India:Awareness Campaigns: NGOs educate communities about family planning, reproductive health, and the benefits of smaller families.Example: Parivar Seva Sanstha is an NGO that runs reproductive health clinics and awareness campaigns, empowering women with family planning choices.Healthcare Services: Provide affordable and accessible contraceptives and maternal healthcare in underserved areas.Example: Population Foundation of India (PFI).Community Mobilization: Janani is one of the largest NGO providers of family planning and safe abortion in India.It strives to increase contraception use through community involvement, reducing unplanned pregnancies.Womens Empowerment: Population control initiatives are often closely linked to improving womens health, empowerment, and access to education.Governance: A stabilizing population can lead to more effective governance and policy implementation.Overpopulation can strain public services, creating challenges for maintaining law and order, and ensuring adequate housing, transportation, and employment opportunities.Check Out UPSC Modules From PW StoreChallenges For Population Stabilisation In IndiaCultural Resistance: Deep-rooted cultural norms, including son preference and larger family ideals, hinder smaller family adoption.Example: The Economic Survey 2017-18 points out at Son Meta-Preference in the Indian Society. It is the phenomenon where parents continue to produce children until the desired number of sons are born.Limited Access to Family Planning: Inadequate healthcare infrastructure, lack of awareness and social stigma limit access to family planning, especially in rural areas .Example: Low use of modern contraceptionGender Inequality: Women often have limited control over reproductive choices which affects the family size decisions.According to National Family Health Survey (NFHS-5), just 10% of women in India are independently able to make decisions about their own health,Economic Constraints: Implementing family planning and healthcare initiatives requires substantial investment, which may strain resources.Chinas One-Child Policy: A Cautionary TaleObjective of the Policy: Introduced in 1979 to curb population growth and boost economic development.Short-Term Success: Reduced birth rates and slowed population growth significantly.Unintended ConsequencesSkewed Sex Ratio: Preference for male children led to gender imbalances.Aging Population: A rising elderly population with fewer young people to support them.Shrinking Workforce: Decline in the working-age population impacting economic stability.Human Rights Concerns: Forced sterilizations, abortions, and heavy fines for non-compliance caused widespread suffering.Lessons for Population Policies: Highlights the importance of voluntary, balanced, and human-rights-focused approaches for sustainable population controlStablisation Issues: Southern states that have achieved population stabilization now face the issue of the elderly population outstripping the working-age population.Example: Kerala has successfully implemented family planning programs, leading to a decline in its fertility rate, while states like Uttar Pradesh and Bihar struggle with high fertility rates.Youth Demographics: A large proportion of Indias population is in the reproductive age group, making immediate stabilization efforts more challenging.Measures Taken For Population Stabilisation In IndiaNational Family Planning Program: provides voluntary and informed choices to the beneficiaries through a target free approach with the objective of checking population increase in the country.Example: Mission ParivarVikas has been introduced for substantially increasing access to contraceptives and family planning services in seven high focus states having TFR of more than 3 namely Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Jharkhand, Chhattisgarh and Assam.Scheme for Home Delivery of contraceptives by ASHAs at doorstep of beneficiariesNational Rural Health Mission: 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.Prerna 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.Santushti Strategy: Under this strategy, Jansankhya Sthirata Kosh, invites private sector gynaecologists and vasectomy surgeons to conduct sterilization operations in Public Private Partnership mode.National Family Planning Indemnity Scheme (NFPIS): under which clients are compensated in the eventualities of death, complication and failure following sterilisation operations.Enroll now for UPSC Online ClassesWay ForwardPromoting Female Empowerment and Education: Education and empowerment of women are crucial in reducing fertility rates.Example: The effective implementation of Beti Bachao Beti Padhao scheme can help in empowering women to make their own choices especially reproductive choices.Improving Healthcare Infrastructure: The availability and quality of healthcare services, particularly in rural areas, are crucial for effective population stabilization.Example: The Pradhan Mantri Jan Arogya Yojana (PMJAY) could be leveraged for universal health coverage.Awareness through Campaigns: Campaigns should be designed to highlight the benefits of smaller families, such as improved economic conditions, better education for children, and healthier living standards.Example: The National Family Planning Program has utilised mass media to spread awareness about contraceptive methods and reproductive health.Incentivising Family Planning: Encouraging people to adopt small family norms through incentives such as tax benefits, priority in social welfare schemes, or cash rewards can be effective.Capitalising on Indias Demographic Dividend: India should invest in skilling its youth to capitalise on its demographic dividend.By providing skilled workers to countries facing labor shortages, India can strengthen its global position.ConclusionThe National Family Health Survey (NFHS)-V reports a drop in Indias Total Fertility Rate (TFR) to 2.0, signaling a potential for slowing population growth. However, our population policy should keep in mind the larger consequences of zero population growth. To get PDF version, Please click on "Print PDF" button. India, the second-most populous country in the world, has had a complex and multifaceted relationship with its population. From the early years following independence to the present day, Indias approach to managing its population has evolved, often reflecting changing social, economic, and political realities. Initially dominated by coercive measures, Indias population policies have transitioned toward a more inclusive and development-focused approach. This shift emphasizes womens health, education, rights, and the overall socio-economic development of the country. In this blog, we will explore Indias journey from strict population control to a more balanced, rights-based approach, while also examining the challenges and successes that have shaped its development goals.Table of ContentsIndias population policies can be traced back to the 1950s, shortly after the country gained independence. At that time, the population was seen as a major obstacle to development. The government was concerned that rapid population growth would strain the nations resources, delay economic progress, and hinder efforts to improve living standards for all citizens. Population control was therefore placed at the center of national policy.In 1952, India became the first country in the world to launch a national family planning program. The early policies were focused on controlling the population size, primarily through birth control. The government initially promoted the use of contraceptives, but these efforts were slow to gain traction, as there was limited awareness and access, especially in rural areas. Despite this, family planning began to receive considerable attention in government and political discourse.The Shift to Coercive Measures: The Emergency Period During the 1970s, the issue of population control took a more authoritarian turn, particularly under the leadership of Prime Minister Indira Gandhi. Amidst political turmoil, the government launched a series of coercive measures to curb the population growth. This period, especially the 1975-1977 Emergency, is infamous for its aggressive population control tactics, including forced sterilization campaigns.Under the Emergency, the government initiated a mass sterilization program, aimed primarily at men. Millions were sterilized, often without their consent, in an attempt to control the population. The sterilization campaigns were poorly planned and often conducted under duress, leading to widespread public resentment and mistrust of the government. The coercive nature of these policies, combined with poor implementation and human rights violations, led to a backlash. The sterilization campaigns were halted after the Emergency period, and Indias population policy began to shift towards more voluntary, rights-based approaches.The Transition: Moving Towards Voluntary Family Planning and Womens Health Following the end of the Emergency, Indias population policies began to shift toward more voluntary and human rights-oriented approaches. The government recognized that effective population control could not be achieved through coercion, and that it was essential to focus on improving the social and economic status of women.One key shift was the growing recognition that family planning was not just about controlling numbers, but also about empowering women to make decisions about their own reproductive health. In the 1980s, the family planning program was redefined, with an emphasis on providing women with more choices and access to health care services, such as contraceptives and maternal health services. Womens health, education, and economic participation became central themes in the revised policies.Incorporating Education and Empowerment The link between womens education and population control has been widely studied, and Indias policies have gradually integrated education into their population strategies. The logic is simple: educated women tend to have fewer children, invest more in their childrens education, and are more likely to participate in the labor force. In fact, studies show that literacy rates, especially among women, correlate strongly with lower fertility rates.To this end, government programs aimed at promoting education for girls and women became key components of the national population policy. The government introduced initiatives like the Beti Bachao Beti Padhao scheme, which promotes the education and empowerment of girls, and the Integrated Child Development Services (ICDS), which focuses on improving maternal and child health. These programs recognized that sustainable population control could only be achieved if women were given the resources and freedom to make informed choices about their reproductive health.Population Policy in the 21st Century: From Control to Development Indias current population policy reflects a more holistic understanding of development. In the 21st century, the focus has moved from mere population control to sustainable development, with a focus on health, education, economic opportunities, and human rights. The 2000 National Population Policy (NPP) and its subsequent revisions emphasize the integration of population control with broader developmental goals.Health and Rights-Based Approach The National Population Policy of 2000 marked a significant shift toward focusing on the quality of life and ensuring reproductive rights. This policy aimed to achieve replacement-level fertility (2.1 children per woman) by 2010, and it promoted reproductive health services and womens rights. The policy acknowledged that population control should not be seen as a goal in itself, but as a means to improve the quality of life for all citizens.The policy included a number of initiatives aimed at improving maternal and child health, expanding access to contraception, and promoting gender equality. It also emphasized the need for universal health coverage, recognizing that access to healthcare is essential for both individual well-being and national development. This approach has been more effective than previous ones because it aligns with Indias broader goals of economic growth and social development, rather than simply focusing on reducing population numbers.Regional Variations: Challenges and Successes One of the most striking features of Indias population dynamics is the significant regional variation in population growth and development outcomes. While some states, such as Kerala, Tamil Nadu, and Himachal Pradesh, have managed to reduce their fertility rates and achieve high levels of human development, others, like Uttar Pradesh, Bihar, and Madhya Pradesh, still have high population growth and relatively lower levels of social development.The differences can be attributed to a variety of factors, including levels of literacy, womens empowerment, and access to healthcare. Kerala, for instance, has made impressive strides in both health and education, leading to lower fertility rates. In contrast, states with lower levels of female literacy and higher rates of poverty have struggled to achieve similar results. These regional differences highlight the need for context-specific policies that address local realities and challenges. In some regions, a focus on education and healthcare may be more effective, while in others, the government may need to focus on reducing poverty and improving infrastructure.Challenges and Criticisms of Indias Population Policies While India has made significant progress in managing its population and improving the quality of life for its citizens, there are still many challenges that need to be addressed. One of the major criticisms of Indias population policies is that they have not always been inclusive or sensitive to the needs of marginalized groups. For example, the sterilization campaigns of the 1970s disproportionately targeted poor, uneducated, and rural populations, and the focus on family planning has often overshadowed the need for comprehensive sex education and awareness programs.Another challenge is the gender imbalance in India, with a preference for male children leading to skewed sex ratios in certain regions. While the government has introduced measures such as the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act to address gender-based sex selection, this issue persists, affecting Indias long-term demographic balance.Additionally, the rapid urbanization of India poses a new set of challenges. As more people migrate to cities in search of better opportunities, urban areas face pressure on infrastructure, housing, healthcare, and employment. Addressing these challenges requires a rethinking of population policies that integrates urban development with rural growth strategies.Conclusion Indias journey from population control to a more integrated approach to development has been long and complex, shaped by changing political, social, and economic contexts. Today, the country is focused not just on reducing its population growth, but on improving the health, education, and rights of its citizens, especially women. While significant progress has been made, challenges remain, particularly in addressing regional disparities, gender inequality, and the pressures of urbanization.What do you think? How do you think India can better address the challenges of its rapidly growing urban population while still focusing on the empowerment of women and education? What other factors do you think should be considered in shaping future population policies? India has the second-largest population in the world. With a current population of about 1.3 billion, population growth control continues to be on every governments agenda. In this article, you can read all about the National Population Policy, 2000, as well as, about previous such policies and measures announced by the government in this direction. This is an important topic under the UPSC exam polity, governance, and social issues segments.National Population Policy, 2000The National Population Policy (NPP), 2000 is the central governments second population policy. The NPP states its immediate objective as addressing the unmet needs for contraception, healthcare infrastructure, and health personnel, and providing integrated service delivery for basic reproductive and child healthcare.The medium-term objective of the NPP 2000 was to reduce the Total Fertility Rate (TFR) to replacement levels by 2010.The TFR was to be 2.1 children per woman.The long-term objective is to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection.Important features of National Population PolicyThe NPP reinforces the vision of the government to encourage voluntary and informed choices and citizens agreeability in order to achieve maximum benefits from reproductive health services.Making school education free and compulsory up to the age of 14 years and also reducing the dropout rates of both boys and girls.Decreasing the Infant Mortality Rate (IMR) to under 30 per 1000 live births in the country (to be achieved by 2010 as prescribed when the NPP was brought out).Reducing the Maternal Mortality Rate (MMR) to under 100 per 1 lakh live births (to be achieved by 2010 as prescribed when the NPP was brought out).Achieving universal immunization for all children against vaccine preventable diseases.Encouraging delayed marriage for girls (preferably before 18 years and above 20 years).Achieving 80 percent institutional deliveries and 100 percent deliveries by trained persons.Attaining 100% registration of pregnancies, births, deaths and marriages.Making available universal access to information/counseling, and services for fertility regulation and contraception with a huge range of choices.Containing the spread of AIDS, boosting better coordination between the management of reproductive tract infections (RTI) and sexually transmitted infections (STI) and the National AIDS Control Organisation (NACO).Preventing and controlling communicable diseases.Integrating Indian medicine systems (AYUSH) in reproductive and child health services.Vigorously furthering the small family norm.Bringing about a convergence of all related social programmes so that family planning and welfare becomes a people-centric programme.The NPP 2000 is different from the previous population regulation programmes in that here, for the first time, the population problem was seen in combination with child survival, maternal health, women empowerment and contraception issues.Also read: Population Control: Policy Imperatives: RSTV Big PictureEvolution of Indias Population PoliciesEven before independence, attempts were made to come up with recommendations and solutions to Indias burgeoning population problem. The efforts both pre- and post-independence are mentioned below.Radha Kamal Mukherjee Committee (1940): In 1940, the Indian National Congress appointed a Committee headed by a social scientist Radha Kamal Mukherjee to suggest solutions to arrest the population which has started increasing rapidly after 1921. The committee recommended self-control, generating awareness of cheap and safe birth control measures, discouraging polygamy, among others, as measures to bring down the rate of population growth.Bhore Committee: The Health Survey and Development committee under Sir Joseph Bhore recommended deliberate limitation of family as a measure to control the population growth. This committee was set up in 1943 and submitted its report in 1946.India became one of the first developing countries to come up with a state-sponsored family planning programme in the 1950s.A population policy committee was established in 1952. However, the policies framed in the early fifties were largely arbitrary and so no successful.In 1956, a Central Family Planning Board was set up and its focus was on sterilisation.In 1976, GOI announced the first National Population Policy. Some of the measures to check the population growth as part of this policy include:Increased the minimum legal marriageable age for boys and girls to 21 and 18 respectively.Providing monetary incentives for employing birth control.Improving womens literacy levels through formal and informal channels.Population was made a criteria in deciding the quantum of central assistance to states.Using the different forms of media to popularise family welfare programmes.Introducing population education into the formal education system.During the Emergency period (1975-77), coercive measures were used to reduce the population growth. There were mass forced sterlilisations. This, however, backfired as it discredited the entire family planning programme of the government.In 1977, after the Emergency ended, the new government discarded the use of force in family planning and the family planning programme was renamed as the family welfare programme.The National Health Policy was adopted in 1983 which emphasised securing the small family norm through voluntary efforts and moving towards the goal of population stabilization.A Committee on Population was appointed in 1991 which submitted its report in 1993 in which it recommended the formulation of a National Population Policy to take a a long-term holistic view of development, population growth, and environmental protection and to suggest policies and guidelines [for] formulation of programmes and a monitoring mechanism with short- medium- and long-term perspectives and goals.Accordingly, an Expert Group headed by Dr. MS Swaminathan was set up to create the draft national population policy.The National Population Policy finally came into force in 2000.Way ForwardPopulation problem is not just an issue of lack of awareness or education. It is intrinsically linked to poverty, societal norms and cultural preferences like preference for the male child, larger families, etc. A mere focus on contraception and sterilization will not render the population control measures successful, and so will not the coercive and top-bottom approach help either. The focus must be on a basket of issues such as poverty alleviation, women empowerment, education & awareness, access to reproductive healthcare facilities, changing mindset and societal norms, etc. Also, adequate measures must be taken to take advantage of the demographic dividend of the country so that population is not a burden but a resource in the rapid economic development of the country.National Population Policy:- Download PDF Here According to United Nations projections, India is about to surpass China as the most populous country by 2027, adding approximately 230 million by 2050, the majority of whom will be amongst the worlds poorest. Ironically, India was one of the first countries to adopt a population control policy as early as 1952. Even so, the countrys population has risen significantly in the past 6 decades. To understand the path the policy has taken over the decades, its effects, and progressions, let us break down the policies into segments for easier understanding and retention. Why Should We Understand Population Control? India with only 2.4 percent of the worlds surface area had 16.7 percent of the worlds population as in 2001. The inclusion of policies has resulted in a decline in the death rate below 8 per thousand; on the other hand, the birth rate continues to be around 18 per thousand. The frightening rise in population aggravates problems like poverty, unemployment, inequalities, basic health, social security, etc. Population outweighs the existing resources which strain the pool available for the society to rely on, adding pressure on the environment and other natural resources to an extent of depletion and exploitation. With an understanding of such potential problems due to high demand (larger population with limited resources), India had adopted a population policy. Let us understand its course over the decades step by step and what have been the impacts of the same. Indian Population Policy Over The Decades The primary objective of population control is to facilitate sustainable economic growth, social development, and environmental protection. Indian population control policies have seen several changes over different Five Year plans by the Government of India. First Five-Year Plan (1951-56) In a report by Indias lead urban demographer, R.A Gopalswami, it was estimated that Indias population would grow by 5,00,000 every year, which caught the attention of the Indian Government, and the National family planning program was launched (the first country to undertake such a policy). Some of the key strategies were: Encouraging households to have only two children and spacing the birth of these children over two years.Rural areas were the primary target and a door-to-door campaign was initiated.Motivating families to adopt these families by monetary incentives.Spreading awareness of family planning via radio, television and newspaper. Second Five-Year Plan (1956-61) The idea was strengthened that high population growth would affect economic advancements and living standards per capita. The imbalance of availability of land and capital to population further deepened the idea that population growth has to be curbed to alleviate incomes and levels of living. Along with the natural (Gandhian) approach, the clinical approach gained momentum in 1956. The report by Gopalswami suggested that mass sterilization was the best approach as it required a minor surgery without prolonged hospital visits. Some key strategies were: Voluntary sterilization facilities were createdContraceptive distribution was facilitated through primary health centres.They were either provided free or prices were reduced for low-income families. The 1961 census indicated that both approaches turned out to be ineffective since people did not find it necessary, men had misconceptions about losing sexual drive, losing weight, and death. Third Five-Year Plan (1961-66) After 1962, the Indian Population control policy became an aggressive and imperative approach, as a high birth rate was perceived as the greatest obstacle to economic development. Some key strategies were: A separate department of Family planning was set up to set a goal of reducing the birth rate to 2.5% by 1972.State and district wise family planning goals were set.Increased the number of clinics five fold.As opposed to earlier approaches, a more extensive approach was adopted, to educate and impart knowledge by appointing a large number of educators. Fourth Five-Year Plan (1969-74) The purview of population control extended from economic development to that of social change. The importance of population control was recognized as unavoidable as equality and dignity of a man lies on both factors- economic growth and low rate of population growth. A new target was set to reduce the birth rate to 3.9% by 1974.A cafeteria approach was devised all methods of contraception were made available.It included condoms, diaphragms, jelly, creams, foam tablets; the use of the intrauterine contraceptive device (IUCD) for couples with one or two children; sterilization for couples who do not want more children. Sterilization became one of the main strategies for family planning. Medical Termination of Pregnancy Act was adopted to allow abortion performed by a medical practitioner with some exceptions.IUCD acceptance declined as bleeding and rumours spread.Mass vasectomy camps were organized and incentives were introduced to boost sterilization. The total number of acceptors reached 5.9 million by 1972-1973. Fifth Five-Year Plan (1974-79) Policymakers strongly believed that family size largely impacted general development strategy, as a result, a new target was set to reduce the birth rate from 3 % to 2.5 % by 1984. Key strategies involved were: The minimum age of marriage was raised from 15-18 years for females and 18-21 years for males.Enacted compulsory sterilization and specific incentives and disincentives to family planning.Education about population problems became a part of the school curriculum.Female health workers were given financial incentives to meet yearly quotas. Sixth Five-Year Plan (1980-85) The government changed the name of the program from family planning into family welfare after the stringent and coercive policies aided to vote Gandhi out of power post Emergency. Maternal and child health services and nutrition became a part of the population control strategy.After the political fallout, more emphasis was put on providing incentives to attract people to understand and accept family planning.Long-term policies were set, as a result, targets were reduced. Seventh Five-Year Plan (1985-90) The policy was divided into long and short term goals. Former being to fix the net reproduction rate and latter focused on female age at marriage and the practice of contraception.The focus was set on increasing the literacy rate, especially of women and increasing their employment opportunities.Implemented All-India Hospitals postpartum Program at district and sub-district level hospitals.Reorganized primary health care facilities in urban slum areas.Reservation of a specified number of hospital beds for tubal ligation operations.Remodelling of IUCD rooms in rural family welfare centres. Despite such remarkable initiatives, the 1991 census showed that India still had one of the most rapid population growths globally. Eighth Five-Year Plan (1992-97) In 1996, the Government of India introduced a new population policy that focused on areas like employment, education, public health, human development as indirect measures to curb population growth. Shifted emphasis from couple protection rate to birth lowering rate.Involved non-government organizations and voluntary agencies in programs.Improving the status of women through training and infrastructure.Reducing the default preference of a male child of a family with one or two daughters by providing social security measures.Central government employees were given incentives for accepting the two children norm. Ninth Five-Year Plan (1997-2002) The National Commission on Population introduced a new plan called National Population Policy 2000 (NPP 2000). This new policy focused on areas like contraception, reproductive health care and health care infrastructure. Increased emphasis on spacing methods like IUCD.Fixed day static services at all facilities available.Established quality assurance committees to provide quality care in family planning services.Providing insurance for deaths, complications and failures caused by sterilization. Tenth Five-Year Plan (2002-07) There were several shifts from the ninth to the tenth plan: Demographic goals to focus on enabling couples to achieve their reproductive goals.Method specific targets to fulfil all unmet needs for contraception to reduce unplanned pregnancies.Women centred program to the health care needs of the family with involvement of men in Planned Parenthood.Supply driven service delivery to the need and demand-driven service and providing service provisions as per the convenience of the couple.Implementation of a program for health care for women and children, to reduce infant mortality and reduce high desired fertility. Eleventh Five-Year Plan (2007-11) The government extended more services, including delivery of contraceptives at the doorsteps, providing counseling for newly married couples, and compensation for sterilization. Since the shift in the approaches from quota-oriented to voluntary measures, India witnessed the effective implementation of strategies. Advocated fertility regulation through voluntary and informed consent.Addressed special health care needs of the elderly, especially those who are socially and economically vulnerable.Reduce infant mortality rate to 28 and maternal mortality rate 0 to 1 per 1000 births.Provide clean drinking water for all by 2009.Reduce anaemia among women and girls by 50% by the end of the plan.Ensure that at least 33% of the direct and indirect beneficiaries of all government schemes are women and girl children. An overview of the Indian population control policy. 1952-61Service providing periodFocused on providing information and services to potential consumers, goals were not defined, less demand for services supplied by healthcare institutions.1962-1977Target-oriented periodSpecific targets introduced, coercive measures taken to reach targets, shift from promotion of contraception to sterilization, coercive measures backfired and changed the political arena along with affecting the effectiveness of the policy.1977Voluntary/Target free policyAdopted indirect population control measures such as health care, social development, and family planning services. More suitable and flexible for the Indian demographic.1980-201010-year population increase rate decreased from 25.9% between 1970-80 to 16.8% between 2000-2010 The reduction of the population could also be attributed to the accelerated socio-economic development since 1991. However, the Indian population control policies are not effective in comparison to the other countries in the world. Indias percentage of the worlds total population increased from about 15.7% in 1980 to about 17.8% in 2010, which means that the population growth rate in India was greater than the average growth rate in the world. Indias population may overtake China and become the most populous country in the world. The lack of effectiveness of the policies can be attributed to the below: Policies are not well defined and change constantly.Implementation measures of strategies lack focus and shift periodically.Targets are not achieved and have to be revised frequently.A variety of reasons contribute to such inadequacies. Diversity is one of them.Other factors 66% of the population lives in rural areas, 40% of women are illiterate, gender bias, the caste system still prevails, communal tension exists.Due to the interplay of such multifaceted factors, population control can be promoted not forced or implemented effectively.Poverty is another reason, as population spike has occurred mostly among the poorest population or poorer states. Comprehensive socio-economic development is required to tackle this aspect.When socio-economic conditions improve, the birth rate will be lower and overpopulation would significantly decrease. The answer to all these aspects is development. It may encompass the achievement of equal status for women as well as lower caste people, improvement of education, development of the economy, modernization of society, and urbanization. With Union Minister Prahlad Singh Patel stating on Tuesday that India will soon have a population control law, a debate has begun as to how such a law will be implemented, what effect it will have on citizens, and whether it will be linked to employment or other government benefits as well.What is population control lawWhile the United Nations reports that India has more than 1.4 billion people, making it the world's second-most populous country, the world population review predicts that India will overtake China as the world's most populous country by 2030.The population control bill of 2019, which was withdrawn in 2022, proposed a two-child policy per couple and aimed to incentivise its adoption through educational benefits, free healthcare, better employment opportunities, home loans, and tax cuts.What does the Constitution say Article 22 of the 1969 Declaration on Social Progress and Development, adopted by the United Nations General Assembly in a resolution, ensures that couples have the right to choose freely and responsibly the number of children they will have. The policy to control and regulate the number of children violates such constitutional rights as Article 16 (equal opportunity in matters of public employment) and Article 21 (protection of life and liberty).What is the constitutional challenge if such a law is introducedThe two-child policy has been introduced in Parliament 35 times since independence. If enacted, the law must take into account the rights of divorced couples as well as the Islamic religion. Earlier bills that were introduced lacked these features and were heavily criticised by the general public.Position taken by statesIn 2017, the Assam Assembly passed the "Population and Women's Empowerment Policy of Assam", which stated that candidates with two children would only be eligible for government employment and existing government employees were directed to follow the two-child family norm. In 2021, the state policy was amended to make government jobs out of bounds for people with more than two children.Similarly, in 2021, Uttar Pradeshs law commission came up with a proposal where any person having more than two children would be barred from getting government subsidies. The draft bill is under consideration.Cases in courtsIn response to a PIL filed by BJP leader and lawyer Ashwani Kumar Upadhyay challenging a Delhi High Court order dismissing a plea seeking certain steps, including a two-child norm for population control, the Centre told the Supreme Court in 2020 that India is unequivocally opposed to imposing family planning on its people and that any coercion to have a certain number of children is counter-productive and leads to demographic distortions.In 2018, the Supreme Court dismissed a petition asking the court to direct the Centre to make the two-child policy mandatory throughout the country in order to ensure strict population control.What are the ramifications of such a law? Coercive population control measures would encourage sex-selection and unsafe abortion given the collective desire for a male child.Women will seek abortions as an alternative, jeopardising their health and increasing illegal practises.What do other countries' population control laws look likeChina, the world's most populous country, has taken the lead in instituting a strict one-child policy for families.Kenya launched family planning campaigns with the goal of matching population size to available resources.Russia, on the other hand, is experiencing a population decline due to high mortality rates, which are likely due to factors such as drugs and alcohol. 4 November 2022 While many people associate population control with preventing people from having children, our Gilead Watch campaign exposes how some countries and politicians are restricting or seeking to restrict their citizens reproductive freedom in order to promote a higher birth rate, to address fears about population decline. While coercive policies intending to reduce population are now rare, they have not gone away. Last year we reported on some disturbing proposals in Uttar Pradesh in India. We have since commissioned Indian gender and reproductive rights campaigner Debanjana Choudhury to investigate the situation. Here she outlines her findings, based on news stories, informationin the public domain and discussions with experts on populationand existing policies. In 1952, five years after Independence, India became one of the first countries to initiate a national family planning programme. A decade later, this would become the largest government-sponsored family planning program in the world. Over the next two decades, with economic development falling short of expectations, more and more resources and attention were devoted to family planning. In the 1960s, the government introduced new modern contraceptive methods and adopted a targets-based approach. The period of 1975-77 is remembered as one of the darkest chapters in Indian history. On June 26th 1975, the then Prime Minister Indira Gandhi proclaimed a national Emergency in face of growing economic crises and rising opposition. The resulting authoritarian rule imposed a repressive family planning program of forced sterilisations. In popular memory, the two years of Emergency have become synonymous with forced sterilisations. It has been estimated that in 1976 alone, around 6.2 million men were sterilised and over 2,000 men died in botched operations during this period. Furthermore, the period of emergency showed decisive shifts towards coercion and a deliberate targeting of marginalised and poor sections of society, particularly Muslim and tribal groups. Rebecca Jane Williams and other scholars have noted how poverty eradication remained a dominant theme of the 1970s. In Williams words, the electoral agenda of garibi hatao (remove poverty) soon translated into garib hatao (remove the poor). Overtly coercive official policies were ended by the 1980s, with the two-child family norm advanced through the Hum Do Humaare Do mass campaign. In 1994, India was a signatory to the International Conference on Population and Development (ICPD) held in Cairo, which concurred that population stabilisation could be achieved by addressing the education and literacy levels. Finally, in April 1996, the targets-based approach was abandoned and substituted by a decentralised approach with a focus on community needs and health rather than demography. The National Rural Health Mission (NRHM), introduced in 2005, strongly link the voluntary family programme with adolescent, maternal, and child health. The National Planning Policy (NPP) 2000 laid down meeting the unmet need for family planning as its immediate objective and stabilising the population as its long-term goal. To achieve this, the Government pioneered the cafeteria approach to contraception that attempted to offer the public an expanded choice of contraceptives. This framework has since dominated family planning in India. Today, while there are some significant regional variations, India has a Total Fertility Rate (the metric used by researchers to measure family size) of just 2.0 this is below the global average and below the replacement rate at which a population stabilises and no longer grows or shrinks. India is continuing to grow, and will shortly surpass China to become the worlds most populous country, because of increased longevity and the large proportion of people of childbearing age, but is currently projected to peak (at nearly 1.7bn approximately 270 million more people than today) and begin to decline in the 2060s. Despite this overall progress towards an effective and rights-based family planning policy, however, Indias federal system allows states to adopt their own legislation and policies. In a number of them, the horrific coercive policies of forced sterilisation have mutated into a subtler form of coercion: you can have as many children as you like, but the authorities will limit your options and civil rights if you have more than two. Since Independence, more than 35 two-child policy bills have been tabled in the Parliament; the most recent bill was Uttar Pradeshs Population (Control, Stabilisation and Welfare) Bill, 2021. All such bills offer incentives for those abiding by the policy and penalties for those violating Many states including Assam (2017), Gujarat (2005), Maharashtra (2003), Odisha (1993), Rajasthan (1992), Uttarakhand (2002), Telangana and Andhra Pradesh (1994), already have some form of the two-child norm in place that determines eligibility for contesting elections or entering government service. The states of Chhattisgarh, Himachal Pradesh, Madhya Pradesh, and Haryana have rescinded the two-child norms that they had earlier adopted (so the two-child policy has crept into the fabric of society, with many states adopting it in a clandestine manner). In Andhra Pradesh and Telangana a person with more than two children shall be disqualified from contesting an election. In Assam, the government ordered that individuals with more than two children would be ineligible for appointment in any services and posts under the state government after Jan 1, 2021. In Gujarat (Prime Minister Modis home state) anyone with more than two children is disqualified from contesting elections for bodies of local self-governance panchayats, municipalities and municipal corporations. Maharashtra disqualifies people who have more than two children from contesting local body elections (gram panchayats to municipal corporations). The Maharashtra Civil Services (Declaration of Small Family) Rules, 2005 states that a person having more than two children is disqualified from holding a post in the state government. Women with more than two children are also not allowed to benefit from the Public Distribution System. In Odisha, individuals with more than two children are barred from holding any post in panchayats and urban local bodies. In Rajasthan, candidates who have more than two children are not eligible for government jobs, and are disqualified from contesting election as a village head or a member. In Uttarakahand, an amendment to the law passed as recently as 2019, bars individuals with more than two children from contesting Panchayat elections. The two-child norms enacted in Madhya Pradesh, Andhra Pradesh and Rajasthan in the 1990s are based on the premise that elected officials would serve as role models for their constituents and inspire them to adopt a smaller family. There is no evidence to suggest that this has had the intended outcome. These policies are not simply legacies of a less enlightened time, however. Uttar Pradesh has seen a run of recent proposals for punitive two-child policies. The Population Control Bill 2019, which proposed that couples with more than two children policy be made ineligible for government jobs and subsidies on various facilities and goods provided by the government, was later withdrawn but replaced with the Population (Control, Stabilization and Welfare) Bill in 2021. The 2021 bill proposed incentivising a two-child family size with housing subsidies, soft loans for constructing or purchasing a house, tax rebates, increased pensions, and free health care facilities. For those who did not comply, however, it proposed they should be barred from accessing other government-sponsored welfare schemes, contesting local elections, applying to government jobs, and, most shockingly, have limited access to food rations. While the Uttar Pradesh bills are the only ones laid before legislatures recently, they sparked conversations in other states such as Karnataka and Uttarakhand about introducing similar measures. The disincentives proposed by the Uttar Pradesh bill and already implemented in whole or part in other states have a direct impact on an individuals livelihood and prospects. They restrict an individuals choice and exploit their economic vulnerability and career aspirations in the name of population stabilisation. The bill not only undermines their reproductive rights, bodily autonomy (upheld by the court and Article 21 of the constitution) but its penal clauses are also in conflict with other fundamental human rights and constitutional rights (for example, Article 16 ensures equal opportunity in matters of public employment). These coercive policies not only abuse individuals rights but fail to achieve their intended goals. No evidence has demonstrated their effectiveness. Studies have shown that the correlation between fertility rates and coercive measures is not substantiated. A 2005 study on the two-child norm in panchayats (village-level governance) in five states recorded unintended consequences of such clausesdesertion of wives, sex-selection and termination of female foetuses, and the resignation of posts followed by repeated pregnancies in the hope of a son! In a society where son preference is so prevalent, the two-child policy is widening the sex ratio at birth. The study also found that restrictive policies were selectively applied, made little difference in contraceptive uptake, and had adverse consequences.A two-child policy in India would have grave humanitarian and ethical consequences. Poonam Muttreja, Executive Director, Population Foundation of India, noted that two-child norms are known to disproportionately impact the most deprived and vulnerable, particularly women and girls, who already have little to no access to health and education. Women bear the brunt of population control policies. The actions proposed by the Uttar Pradesh draft bill, for example, would worsen gender inequalities. Muttreja noted that many of the incentives proposed in the bill (maternity leave, additional social security benefits etc.) would hold no significance for 80% of the female workforce who are employed in the informal sector. Indias current contraceptive uptake is heavily reliant on female sterilisations. The perception that family planning and contraception are a womens burden to bear is pervasive across both rural and urban areas. National Family Health Survey 5 (NFHS-5)a recent nationwide survey from 2019 to 2021found that only one in ten men use condoms and male sterilisations account for only 0.3% of all family planning methods. The onus of contraception has almost entirely fallen on women and female sterilisation has become the most opted method of contraception over the last few decades. In an effort to promote birth-spacing methods and move towards a healthier method mix, the Government of India has tried to increase the basket of contraceptive choices in the last two decades. Nevertheless, the lack of awareness and misconceptions around male sterilisations and intrauterine contraceptive devices have done little to make the contraceptive burden more gender equitable. Recently, as Madhya Pradesh was falling short of its targets, a circular threatening the employees with loss of salary or forced retirement was circulated by the state officials. The document raised a furore and was quickly withdrawn. The debates on two-child norm have often taken a communal angle. Despite no analysis to back it up, many right-wing groups argue that Muslims will outnumber Hindus in the near future if their reproductive practices are not kept in check. Currently, Muslims constitute only 14 per cent of the population whereas Hindus account for 80%. S. Y. Quraishi, former Chief Election Commissioner of India, writes, NFHS-5 data shows literacy and delivery of services, not religion, influences fertility. On the topic of a one/two-child policy, Dr Kalpana Apte, Director General, FPA India, commented that one of the biggest myths that need to be busted is that family size depends on religion. The recent push for restrictive two-child policies principally originates from the political right, and has an implicit, and sometimes explicit, social agenda. The recent proposals in Uttar Pradesh and Assam were drafted under BJP-led state governments. On Uttar Pradeshs population, Chief Minister Yogi Adityanath announced: Yeh prayas bhi kiya jayega ki vibhinn samudayon ke madhya jansankhya ka santulan bana rahe. (An effort will also be made to maintain a balance in the populations of various communities.) Rashtriya Swayamsevak Sangh is a right-wing, Hindu nationalist pressure group. In Uttarakhand, the Chief Minister was persuaded to launch a population initiative after lobbying from RSS affiliates calling on the state government to ensure demographic balance (in other words, perceived rising numbers of certain segments of the population). Leaders and spokespersons in Karnataka have also voiced on curbing population basis certain criteria. There have been several BJP leaders that have spoken that have elaborated on a perceived threat of a rising Muslim population. In 2021, RSS chief Mohan Bhagwat advocated for several measures to tackle this threat including the implementation of a population policy for a religion-based population balance. These policies undermine reproductive freedom of choice, exacerbate gender inequality, and in a country with considerable socio-cultural barriers to abortion and misconceptions about its legality, will increase the number of forced sterilisations and unsafe abortions. They rob an individuals agency and bodily autonomy and the punitive measures enforced in cases of non-compliance make it discriminatory and undemocratic. The freedom to have a family, and to decide the size of your family, is established in the Universal Declaration of Human Rights and should never be violated. A no less fundamental right is to be able to make that choice, through having the services needed to exercise it, including contraception, abortion and comprehensive sexuality education. Exercising that choice, especially for the most vulnerable in society, must also mean freedom from punishment and disadvantage from those in power for making choices different to those they want you to. Governments concerned about population must take the positive steps that respect rights and improve peoples lives, and that are shown to work: ensure everyone can access family planning services, alleviate poverty, provide the highest standards of child and maternal health, ensure everyone is able to go through school, and establish true gender equality. The two-child policies in Indian states must be ended. (Full list of references available on request.)

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