



# **Towards population stabilisation in India: why stringent control measures do not work**

## **#PeopleBeforeNumbers**

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### **Background/Context**

India, with a current population size of 1.37 billion, has the second largest population in the world. By 2027, India is expected to overtake China to become the most populous country (UN World Population Prospects 2019). In recent times, India's population size and related concerns have been a topic of intense discussion among policy makers and public alike. Population Foundation of India welcomes such healthy debates as we believe that issues related to population, demographic shift and health and wellbeing of our people warrants highest levels of public discourse and understanding to help India realise its sustainable development targets and economic aspirations.

Some recent discussions have called for stringent population control measures, the latest in the series being a private members bill introduced in the Rajya Sabha by Honourable Member Shri. Rakesh Sinha. Placed on 12<sup>th</sup> July 2019, this private members bill titled "The Population regulation bill 2019" calls for certain punitive measures for people with more than two living children, including disqualification from contesting elections and denying government subsidies, benefits and entitlements. The bill also calls upon the government to undertake wide distribution of spacing contraceptives; generate public awareness on the benefits of birth spacing and encourage inter-spousal communication and male participation in family planning, which we agree is much required, though the means to implement these do not require stringent measures.

In October 2019, the Assam Cabinet decided to implement its 2017 population policy to bar people from government jobs if they have more than two children, which would be made effective from January 2021. In similar vein, in November 2019, Ajay Bhatt (BJP), Member of Parliament, introduced a Private Member's Bill for "Population control by adoption of small family norms", clearly defining small family as two living children.

Earlier in May 2019, a Public Interest Litigation (PIL) was moved in the Delhi High Court seeking judicial directive for implementation of population control measures as recommended in the report of National Commission to Review the Working of the Constitution (NCRWC) headed by Justice Venkatchaliah, which was dismissed by the Delhi High Court in September 2019. In November 2019, the petitioners moved the PIL through a special leave petition in the Supreme Court contending the High Court's decision. Subsequently, the Supreme Court in early January 2020 sought the Centre's response to the PIL.

It must also be noted here that the then NDA Government had rejected the Venkatchaliah Commission recommendation to have any coercive measures to control population, rather the government underlined its commitment to ensure improved access to education, health and employment opportunities to promote small, healthy and prosperous families in India. Women's reproductive rights need to be protected in line with the Right to Equality guaranteed under the Indian Constitution.

### **State of India's Population**

India has already started experiencing a slowing down in population growth, a decline in fertility rate, an increasing average lifespan with an increase in the working age population. These were possible due to the increased but focussed attention paid by successive governments for a healthy and balanced population in the country.

The Indian Census data on Population confirms that the decadal growth rate during 2001-2011 had reduced to 17.7 per cent from 21.5 per cent over 1991-2001. While decadal growth rates are declining among all sections

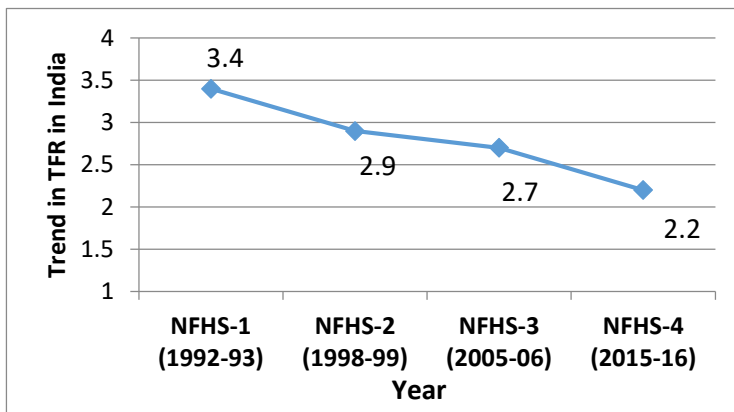
of our society, inter-state and inter-regional variations continue, primarily due to the weak development outcomes around education, health, nutrition, employment and empowerment of women.

The overall size of population will continue to increase for some more time as two thirds of India’s population is under 35 years<sup>1</sup>. Even if this cohort of young population produces only one or two children per couple, it will still result in a quantum increase in population size before stabilizing, which as per current projections will happen around 2050.

### Decline in Total Fertility Rate

According to the NFHS data, the Total Fertility Rate (TFR)<sup>2</sup> in India has decreased from 3.4 in 1992-93 to 2.2 in 2015-16.

Figure - Trend in Total Fertility Rate in India



During the period 2005-06 to 2015-16, the TFR has declined in every state with the exception of Andhra Pradesh. As per NFHS-4 (2015-16), States like Bihar (TFR 3.4), Meghalaya (3), Nagaland (2.7), Uttar Pradesh (2.7), Manipur (2.6) and Jharkhand (2.6) have higher TFR than national average against states like Sikkim (1.2), Kerala (1.6), Punjab (1.6), Tripura (1.7) and Tamil Nadu (1.7). Twenty-four states have already reached the replacement level of TFR 2.1 by focusing on improved development infrastructure and access to services.

### Why a Two-Child Policy Will Not Work

The current situation indicates that India is undergoing the process of fertility transition, marked by irrefutable evidence of substantial fertility decline at all levels. Any fertility differentials seen right now are on account of the differences in the stages of transition that these communities are at and is directly related to the quantum and speed of development intervention. There is no evidence whatsoever to show that larger family sizes are due to reasons other than those determined by social and economic circumstances including poverty, lack of basic services and governance.

While there are compelling examples from within India including from states like Kerala, Tamil Nadu and Andhra Pradesh, global case studies from countries like Indonesia and Bangladesh also indicate the importance of investing in education and health care access to advance family planning and population stabilisation. A combination of factors, including higher levels of female education, greater employment opportunities and access to a **bigger basket of contraceptive choices** are primary drivers to achieve population stabilisation, health and wellbeing. Analysis from within India and elsewhere shows that women’s education is the most important factor that explains fertility differences over time.

That is why, the Mission Parivar Vikas program of the Government of India in 146 high fertility districts in the country to provide the intensive and improved family planning services is an important and much needed initiative.

<sup>1</sup> Census 2011

<sup>2</sup> TFR is the average number of live births a woman would have in her life as she passes through her child bearing years



There is no evidence on the effectiveness of a two-child policy. Similar policies in few states (such as Bihar) have failed to bring down the fertility rates to the desired level. A five state<sup>3</sup> study by Nirmala Buch<sup>4</sup> found that there was a rise in sex-selective and unsafe abortions; men divorced their wives to run for local body elections, and families gave up children for adoption to avoid disqualification.

Sex selective and unsafe abortions have led to skewed sex ratios at birth and beyond. But there is another phenomenon of son meta-preference<sup>5</sup> which involves parents adopting fertility “stopping rules” – having children until the desired number of sons are born. This meta-preference leads naturally to the notional category of “unwanted” girls which is estimated at over 21 million in the country.<sup>6</sup> In view of the declining Child Sex Ratio (CSR) from 945 in 1991 to 927 in 2001 and finally to 918 in 2011, the government launched a nationwide campaign, Beti Bachao Beti Padhao (BBBP) in 2015<sup>7</sup>. The BBBP aims to prevent gender biased sex selective elimination and ensuring survival, protection and education of the girl child. Stringent population control measures could potentially lead to increase in sex selective practices, which is likely to have a negative impact on the Child Sex Ratio, thereby hindering the objectives of BBBP campaign.

Countries like China that enforced one-child policy had to abort the policy, having found itself in the midst of a population crisis. In neighbouring Sri Lanka, fertility rates were stabilised by simply increasing the age at marriage, a move that was made more effective by ensuring girls were educated. With increased access to education, economic and other development opportunities, **fertility decline is the natural demographic phenomenon.**

### International Commitments and National Population Policy

India is a signatory to the Plan of Action made in the International Conference on Population and Development (ICPD) held in Cairo in 1994. Signed by 178 other signatories, the declaration in Cairo marked a ‘quantum leap’ for population and development policies by introducing a ‘life cycle approach’, underlining the importance of reproductive health and reproductive rights. Asserting that people mattered more than numbers, the Conference urged the world to agree that population is not just about counting people, but about making sure that every person counts.

This shift in thinking led to changes in policies, approaches and strategies at the national level. India announced its first National Population Policy (NPP) in 2000. The NPP focuses on improving the quality of life as the means to achieve population stabilization, calling for addressing the social determinants of health, promoting women’s empowerment, women’s education, community participation and adopting a target-free approach. Social factors such as age at marriage, age at first birth and education of girls for maternal and infant wellbeing find prominent place in the policy along with promoting a basket of contraceptive choices. Inspired by National Population Policy, several states drafted their own population policies.

### Way Forward and Recommendations

A critical element of primary care component within the National Health Mission is to prioritise family planning, which has a crucial role in delaying pregnancies, ensuring spacing between births, lowering maternal and child mortality and preventing unsafe abortions.

However, budgetary allocations for family planning activities do not align with our demographic needs. It has remained at 4% of the National Health Mission (NHM) budget since 2014-15 and only 60% of the allocated

<sup>3</sup> Madhya Pradesh, Andhra Pradesh, Haryana, Odisha and Rajasthan

<sup>4</sup> The study entitled, ‘Law of Two Child Norm in Panchayats – Implications, Consequences and Experiences’ – Nirmala Buch

<sup>5</sup> While active sex selection via fetal abortions is widely prevalent, son preference can also manifest itself in a subtler form. Parents may choose to keep having children until they get the desired number of sons. This is called son “meta” preference. A son “meta” preference – even though it does not lead to sex-selective abortion – may nevertheless be detrimental to female children because it may lead to fewer resources devoted to them.

<sup>6</sup> Economic Survey, 2017-18

<sup>7</sup> <https://wcd.nic.in/bbbp-schemes>



budgets are being utilised. On an average, the budget allocations for family planning in the 18 High Focus States for three Financial Years (2014-15, 2015-17 and 2016-17) has been 4% of the NHM budget with 75% budgets allocated for permanent methods and 3-4% budgets allocated for spacing methods (As per an analysis of NHM-PIP). There is very little budget allocated (2-3%) for building the capacities of health workforce and providing right family planning information and quality services that are critical to generate demand for family planning services.

Considering the above facts and national needs, Population Foundation of India would recommend a simple THREE POINT agenda for consideration.

### **RECOMMENDATION 1: KEEP GIRLS IN SCHOOLS**

Keeping girls in schools and increasing schooling years for girls can have multiple impact on the health and wellbeing of the population, particularly among young people. This helps in delaying age at marriage/cohabitation and increasing the interval between marriage and the first pregnancy especially for girls. Keeping girls in schools raises social and economic prospects for girls and enhances their self-esteem.

### **RECOMMENDATION 2: PRIORITISE THE NEEDS OF YOUNG PEOPLE, ENSURE UNIVERSAL ACCESS TO FAMILY PLANNING**

Young women and men need access to quality family planning services and spacing methods of contraception. **There is high unmet need for family planning – 30 million currently married women in the age group 15-49 years and 10 million young women in the age group 15-24 years wish to delay or avoid pregnancy but do not have access to contraceptives<sup>8</sup>.** India's modern contraceptive use is only about 48% with female sterilisation accounting for 75%. The mCPR for spacing methods is only 25%, given 18% of the country's young population in the age group of 15-24 years. Much greater attention has to be paid to quality and for expanding basket of contraceptive choices, especially spacing methods, such as implants. Providing better access and quality of health care for young people will not only lead to improved health, but will also visibly improve educational outcomes, increase productivity and workforce participation, in turn result in increased household incomes and economic growth for the country.

### **RECOMMENDATION 3: FOCUS ON OVERALL SOCIAL DEVELOPMENT**

Population stabilization has to be looked at in the context of wider socio- economic development. There exists a strong linkage between social development, health status and population stabilization. States and governments that have ensured higher access and efficiency in basic services have helped stabilise population and manage fertility issues. There is no bigger investment catalyst than health and education to ensure family size, health, productivity and wellbeing. Historically, India's population stabilization efforts have centred around family planning, with a focus on reducing numbers. Such narrow vertical programmes are not the answer for India's population stabilization. We need to tackle the issue of population stabilization in a holistic way.

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*Population Foundation of India is a leading civil society in India, founded in 1970 by JRD Tata and Dr. Bharat Ram, with a mission to advance reproductive health and rights within the larger discourse of women's empowerment so that women and men, particularly adolescents and youth are able to take informed choices for their health, wellbeing and prosperity. For more information on PFI, please visit our website at [www.populationfoundation.in](http://www.populationfoundation.in).*

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<sup>8</sup> Approximately 30 million (13 percent of 230,146,413 female population in the age group of 15-49 years as per Census 2011) and approximately 10 million (22.2 percent of 47,892,689 female population in the age group of 15-24 years as per census 2011) Indian women have an unmet need for contraception.