Population Control

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Manifest pedagogy: Call for coercive measures of population control are not only counter productive, it only leads to revisiting history which did not yield significant results. Population control measures should be voluntary for a democractic country like India and it should be based on results attempted across the world. The topic being in the news can be expected in mains. Emphasize on NPP 2000 from exam perspective.

In news: On July 11, World Population Day, a Union Minister expressed concern about the "population explosion" in the country.

Placing it in syllabus: India's population control measures

Static dimensions:

- India's population policy since independence
- National Population policy, 2000

Current Dimensions:

- India's Population figures as per 2011 census
- Regional variations in population growth rate and reasons for it
- Voluntary approach v/s coercive population control measures
- Suggestive measures to control population growth rate

Content: Recently a union minister called all political parties to enact population control laws and annul the voting rights of those having more than two children. Economic Survey 2018-19 notes that India is set to witness a "sharp slowdown in population growth in the next two decades".

India's population policy since independence:

After independence, Indian decision-makers realized the importance and need of population control as early as in 1951-52, though before independence a sub-committee on population was appointed in **1940** under the chairmanship of renowned social scientist **Radha Kamal Mukherjee** to suggest ways and means to arrest the galloping population. This committee laid emphasis on self-control, spreading knowledge of cheap and safe methods of birth control and establishing birth control clinics.

- After independence, a population policy committee was created in 1952 which suggested for the appointment of a Family Planning Research and Programmes Committee in 1953.
- A Central Family Planning Board was created in 1956 which emphasized sterilization.
- Up till 1960s a rigid policy was not adopted to arrest the fast growth of population.
- When the **First Five-Year Plan** was formulated, it was enumerated in the plan that the programme for family limitation and population control should:

(a) present an accurate picture of the factors contributing to the rapid increase of population;

(b) discover suitable techniques of family planning and devise methods by which knowledge of these techniques could be widely disseminated;

(c) give advice on family planning as an integral part of the service of government hospitals and public agencies.

- In the **Fifth Plan,** 'maternal and child health and nutrition services' were also included as an integral part of family planning programme.
- Despite all the Five-Year Plans (from First to Tenth) and policies, the population of India grew at a faster

pace and took the shape of ‘population explosion’.

- In 1961-71, the population growth rate was 2.25 percent which was the highest in any decade after independence.
- In **April 1976, the First National Population Policy** was framed which suggested a wide spectrum of programmes including raising the statutory age of marriage, introducing monetary incentives, paying special attention to improving female literacy, etc.
- Sanjay Gandhi, the then President of Indian Youth Congress, took the programme of sterilization overzealously which made the masses hostile towards the government led by Indira Gandhi as well as the programme due to excesses committed in the programme.
- This incident defeated the whole purpose of the family planning programme. The later governments became extremely cautious about the implementation of programmes of family planning.
- The term ‘family planning’ was replaced by ‘family welfare’.
- To check the alarming population growth, an attempt has been made to rejuvenate the National Family Welfare Programme.
- It was emphasized that the population control programme would continue purely on voluntary basis as an integral part of a comprehensive policy package covering education, health, maternity and childcare, and women’s rights and nutrition, including anti-poverty programme.
- An expert group under the chairmanship of Dr. **M.S. Swaminathan was appointed in August 1993** to prepare a draft on new population policy.
- The committee submitted its report in 1994. It was in February **2000** that the Government of India announced its **second population policy**. The policy affirms the commitment of the government towards voluntary and informed choice and consent of the citizens.
- For raising the status of women, much emphasis on female education is also being given and efforts are also being

made to involve the voluntary organizations to promote family planning.

- As a part of family welfare and population control, the government has **revised the PNDT Act in 2003, which was enacted in 1994.** The main aim of the Act is to check female (embryo) infanticide.

National Population policy, 2000:

The National Population Policy (NPP) 2000 aims at stable population by 2045. The **essence of the policy** was the government's commitment to "**voluntary and informed choice and consent of citizens while availing of reproductive health care services" along with a "target free approach in administering family planning services".**

The following national socio-demographic goals were formulated to be achieved by 2010:

1. To address the unmet needs for basic reproduction (contraception), child health services, supplies and infrastructure (health personnel).
2. To make school education up to age 14 free and compulsory and reduce dropouts at primary and secondary school levels to below 20 per cent for both boys and girls.
3. To reduce infant mortality rate to below 30 per 1,000 live births.
4. To reduce maternal mortality rate to below 100 per 100,000 live births.
5. To achieve universal immunization of children against all vaccine preventable diseases.
6. To promote delayed marriages for girls, not earlier than age 18 and preferably after 20 years of age.
7. To achieve universal access to information/counseling, and services for fertility regulation and contraception with a wide basket of choices.
8. To achieve 80 per cent institutional deliveries and 100

per cent deliveries by trained persons.

9. To achieve 100 per cent registration of births, deaths, marriages and pregnancies
10. To prevent and control communicable diseases, especially AIDS and sexually transmitted infections (STIs).
11. To promote vigorously the small family norm.
12. To integrate Indian Systems of Medicine (ISM) in the provision of reproductive and child health services, and in reaching out to households.

The document stated a special strategic theme for underserved population—slum population, tribal communities, displaced migrant population and adolescents. NPP 2000 had identified a separate strategic theme for the aged persons for their health care and support.

India Census 2011 data:

The preliminary census count of the population with a "census date" of March 1, 2011, was **1,210,193,422** (about 130 million less than the current population of China). The **number of people added between the 2001 and 2011 censuses was slightly less than that between the 1991 and 2001 censuses**. Nonetheless, 181 million people added to India's population over the past 10 years is roughly equal to the population of Pakistan.

The **sex ratio of the child population ages 0 to 6 rose from 108 males per 100 females in 2001 to 109 in 2011**. While not a large increase, the change is in the wrong direction, showing a growing preference for sons.

The national figure masks a more **skewed sex ratio in several states**. In Punjab and neighboring Haryana, the 0 to 6 sex ratio is a very high 125 and 122 males per 100 females, respectively. According to the Sample Registration System

(SRS), the government campaigns against the abortion of females may be having some effect. In Punjab, the sex ratio at birth recorded in 2006-2008 had declined to 120 male births for every 100 female births from 129 in 1999-2001.

The country's **total fertility rate (TFR) has declined** from about 6 children per woman in the early 1950s to about 2.6 today. But much of that decline has been in certain states, **most notably in the south.** The TFR remains high in some of the most populous states of northern India. These states are called the **Empowered Action Group (EAG) states** and are singled out as targets for a variety of government health and family planning programs.

The EAG includes **Bihar, Chhattisgarh Jharkhand, Madhya Pradesh, Orissa , Rajasthan, Uttarakhand, and Uttar Pradesh** which accounted for 46 percent of India's 2011 population and 53 percent of its population growth. The sharpest TFR declines over the past few decades have been in the states of Kerala followed by Tamil Nadu, Andhra Pradesh, which have a TFR of less than 2. This is in contrast to the EAG states where the TFR is 3.9 in Bihar, 3.8 in Uttar Pradesh, and 3.3 in Madhya Pradesh and Rajasthan. (A TFR of about 2.1 is generally required for a population to stop growing).

The census found a **continuing increase in literacy.** Overall, **74 percent** of the population 7 years and older was listed as literate, 82 percent for males and 65 percent for females. **Literacy for females rose faster** so the gap between the sexes narrowed from 2001. While the EAG states lag behind the non-EAG states, they also have shown notable improvement, from 57 percent of the population literate in 2001 to 69 percent in 2011.

Regional variation in growth rate of population:

- There are large variations in the timing and pace of change and consequently differences in population

growth.

- Uttar Pradesh is the largest state in population size, with the 2011 population just under 200 million, followed by Maharashtra and Bihar each exceeding 100 million.
- The UT of Lakshadweep is the smallest, with population below 100 thousand (64,429).
- Growth has occurred in all parts of the country but not uniformly. Delhi and Chandigarh have, as expected, larger rates of increase than others.
- On the other hand, Goa, Himachal Pradesh, Punjab and Tamil Nadu have grown at a relatively lower pace.

- The **variations in the level of fertility, mortality** and changes in these have implications for regional population growth and for demographic dividend.
- States that have already achieved replacement level fertility would now experience only some growth due to momentum. Kerala and Tamil Nadu would not grow much.
- On the other hand, populations of Bihar, Uttar Pradesh, and Rajasthan are likely to double during the first half of the century.
- Many other states like Jharkhand, Madhya Pradesh, Chhattisgarh and some small states would grow because fertility is yet to reach replacement level and later due to momentum.

A comparative picture of three regions,

1. Four southern states
2. Seven north-central states (U.P., Bihar, M.P., Rajasthan, Jharkhand, Chhattisgarh, Uttarakhand)
3. Remaining states and union territories

- The vastly differing rates of fertility – paired with

differences in economic growth will also affect **inter-state migration**.

- India has actually seen little migration across states so far, mainly because of vast cultural differences between states. For example, between 1991 and 2001, intra-state migrants were nearly five times the number of inter-state migrants.
- Compared to the 1991-2001 period, decade 2001-2011 saw inter-state migration nearly double. Moreover, the influx of migrants is acutely concentrated in the southern states.
- From 2001 to 2011, migration into Tamil Nadu went up by 39 times. The outflux of migrants from Bihar and Uttar Pradesh in the same period went up by 2.3 times and two times, respectively.

Voluntary approach v/s coercive measures for population control:

Over the years, India has achieved a steady decline in its fertility rates and a slowing down of its population growth. India was one of the first country to introduce a family planning programme back in 1952 and has, ever since, witnessed a steady decline in growth rate, from 24.7 percent in 1971-1981 to 17.7 percent in 2001-2011 (Census data).

The National Family Health Survey (NFHS)–4 revealed that 24 states in the country have already achieved replacement level fertility (of 2.1), which means that couples are increasingly choosing to have two children. India's declining fertility can largely be attributed to key determinants like increasing emphasis on women's education and their participation in the labour force.

It is to be noted that like China, a coerced population control policy of one child only has not been accepted in India. It has been kept totally voluntary. For achieving the goals of family welfare programme, accredited social health

activists (ASHA) have been appointed.

China's infamous one-child-per-couple policy and the subsequent two-child policy in 2015, have had several unintended consequences ranging from forced sterilizations and abortions to the abandonment of girl children, falling birth rates, skewed sex ratios, a rapidly growing ageing population and a shrinking workforce.

A population control policy is not only a gross violation of fundamental human rights but will also have the maximum impact on the poorest, weakest and most marginalized sections of a country. It could have long-term, irreversible consequences. A coercive population control measure would be in direct contradiction to the tenets of National Population Policy, 2000 and stands against India's international commitments, including the landmark ICPD (International Conference on Population and Development) plan of action.

Furthermore, the implementation of a one-child or two-child policy law will not result in immediate population reduction. Past trends in fertility and mortality from 1951 to 1981 have shaped the Indian population structure in such a way that the proportion of people in their prime reproductive age accounts for 53% of India's population today. Even if this group were to produce fewer children compared to previous generations, there will still be an increase in the absolute number of people. This pattern of growth is termed as "**Population Momentum**".

India with its large proportion of young persons will take some time before the results of declining fertility start showing explicitly. The only way to slow down the momentum is to delay age at marriage, delay the first pregnancy and ensure spacing between births. Access to quality family planning and reproductive health services and counseling services implore

urgent attention.

Suggestive measures:

Social Measures:

1. Minimum age of Marriage: In India minimum age for marriage is 21 years for men and 18 years for women has been fixed by law. As fertility depends on the age of marriage, this law should be firmly implemented and people should also be made aware of this through publicity.
2. Raising the Status of Women: There is still discrimination to the women. So women should be given opportunities to develop socially and economically. Free education should be given to them.
3. Spread of Education: The spread of education changes the outlook of people. The educated men prefer to delay marriage and adopt small family norms. Educated women are health conscious and avoid frequent pregnancies and thus help in lowering birth rate.
4. Adoption: Some parents do not have any child, despite costly medical treatment. It is advisable that they should adopt orphan children.
5. Change in Social Outlook: Marriage should no longer be considered a social binding. Issueless women should not be looked down upon.
6. Social Security: More and more people should be covered under-social security schemes. So that they do not depend upon others in the event of old age, sickness, unemployment etc..

Economic Measures:

1. More employment opportunities: The first and foremost measure is to raise the employment avenues in rural as well as urban areas. (Generally in rural areas there is

disguised unemployment).

2. Development of Agriculture and Industry: If agriculture and industry are properly developed, large number of people will get employment. When their income is increased they would improve their standard of living and adopt small family norms.
3. Standard of Living: Improved standard of living acts as a deterrent to large family norm. In order to maintain their higher standard of living, people prefer to have a small family.
4. Urbanisation: It is on record that people in urban areas have low birth rate than those living in rural areas.

Other Measures:

1. Late Marriage: This will reduce the period of reproduction among the females bringing down the birth rate.
2. Family Planning: This method implies family by choice and not by chance. By applying preventive measures, people can regulate birth rate. The success of this method depends on the availability of cheap contraceptive devices for birth control.
3. Publicity: The communication media like TV, radio and newspaper are the good means to propagate the benefits of the planned family to the uneducated and illiterate people especially in the rural and backward areas of the country.
4. Incentives: The govt. can give various types of incentives to the people to adopt birth control measures. Monetary incentives and other facilities like leave and promotion can be extended to the working class which adopts small family norms.
5. Employment to Woman: The female labour force participation has had a decadal fall from 36.7 per cent in 2005 to 26 per cent in 2018, with 95% (195 million) women employed in the unorganised sector according to a

report by Deloitte. Access to quality education, reducing the digital divide, mentoring adolescent girls on vocational training and apprenticeship avenues can build a strong linkage towards considering technology linked training and employment options.

The Ministry of Health and Family Welfare has launched “Mission Parivar Vikas” in 145 high focus districts having the highest total fertility rates in the country. These 145 districts are in the seven high focus, high TFR states of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam that constitute 44% of the country’s population. The main objective of ‘Mission Parivar Vikas’ will be to accelerate access to high quality family planning choices based on information, reliable services and supplies within a rights-based framework.

The key strategic focus of this initiative will be on improving access to contraceptives through delivering assured services, dovetailing with new promotional schemes, ensuring commodity security, building capacity (service providers), creating an enabling environment along with close monitoring and implementation.