

Studying Different Aspects of Population Policy

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Abstract: *This paper attempts to investigate contemporary discourse in policy development to restrict population growth in relation to scientific findings available in the public domain. Various states in our country have recently attempted to implement policies and mechanisms to translate an uninformed concept of population growth control through entitlement, incentivization and dis-incentivization, which are antithetical to many guaranteed fundamental rights under the Constitution of India. State action can have an impact on population growth and decline. However, these measures must improve people's lives by improving their access to basic liberties and safeguards. Expanding those decisions and choices, particularly those related to sexual and reproductive health and rights, is the best method to address population dynamics, which are the sum of individual choices and opportunities. In addition, the paper examines UNFPA's decadal policies and instances through numerous assistance programs, China's coercive one-child policy, and India's population status and trend, which includes the 2011 Census and Population estimation in contrast to the NFHS-5 report.*

Keywords: Population Control Policy, Sexual & Reproductive Health, Constitutional Rights, Basic Fundamental Rights, Sex Education, World Population, NFHS-5, Census-2011

1. Introduction

Since antiquity, India has had a fertility control regime in place with a thriving intellectual history discussing the quantitative and qualitative aspects of population. Despite this, the West used India as an example of a country on the verge of disaster to back up their claims. Such a story gained prominence in the 1920s despite the absence of evidence for India's supposedly significant population growth. Participating in population debates in Europe and the United States, India has advocated for fertility limitation to achieve gender equality and boost maternal health. The goals of eugenicists and neo-Malthusians, who advocate selective breeding, were also advanced.

Lately, various States in our country have tried to introduce policies and measures to translate an uneducated vision to contain population growth through entitlement and incentivization, that also disentitle and dis-incentivize a certain population group and impede their ability to exercise the rights guaranteed to them by statute and the constitution.

Malthusian Precept

A clergyman from England, **Thomas Robert Malthus** published a work in 1798 titled **Essay on the Principle of Population as It Affects the Future Improvement of Society** wherein he cautioned that uncontrolled population growth would result to resource depletion and widespread famine. Delaying marriage was his foremost alternative, but if that won't work, he suggested to resort to severe measures to slow the birth-rate. He considered it morally acceptable to compel the impoverished to live in swamps, "court the return of the plague, " and even propose prohibiting "particular remedies for ravaging diseases" in order to avert starvation. (Follett, 2020)

Malthus's lack of compassion towards the poor, in the name of controlling population growth, proved to be a tenacious element of the overpopulation hysteria that he led to trigger.

After Malthus' demise, the West underwent a drastic shift as the Industrial Revolution gained strength. It ushered about an era of unprecedented affluence. Despite of the rise in the human population, food was not a problem. It seems that Malthusianism was misleading. Child mortality rates fell as a result of enhancements in sanitation, healthcare, and education bolstered by the country's economic growth. Due to this, family could be smaller, and fertility rates fell.

As early as the 20th century, **the pseudo-scientific "eugenics" movement** arose in response to declining poverty-related death rates. Its goal was to prevent the reproduction of what it deemed to be "inferior" people.

In the 1960s and 1970s, neo-Malthusian qualms over overpopulation eclipsed eugenics as the propelling rationale behind restrictive birth control programmes. Human rights abuses were sponsored by Western development experts and often funded by Western aid, that spread among senior technocrats and government leaders in the developing world. The one-child policy (1979–2015) in China and the forced sterilisation in India during the "Emergency" (1975–1977), when civil liberties were suspended and the prime minister ruled by decree, were among the most egregious examples of such violations.

The global birth sex ratio is currently 107 boys to 100 girls owing to neo-Malthusian policies that seek to reduce family size by increasing female infanticide and sex-selective abortion in China and India. (There are typically 105 males for every 100 females.) (Follett, 2020)

The precepts of Neo-Malthusianism continue to be the fundamental reason why individuals choose not to have large

families. The fight against overpopulation panic remains vital.

1) Role of UNFPA: Then & Now

The **United Nations Population Fund (UNFPA)** was established in 1969 to play a significant role within the UN system in advancing population programmes based on the human rights of individuals and couples to freely determine the size of their families.

In 1983, the United Nations Population Fund (UNFPA) has bestowed the Population Award to "**an individual, to individuals, or to an institution for the most outstanding contribution to the awareness of population questions or to their solutions**" annually.

Both **Indira Gandhi**, the prime minister of India from 1975–1977, when she declared a national “Emergency” that suspended civil liberties and mandated massive forced sterilization, and **Qian Xinzong**, the head of China's State Family Planning Commission and the man in charge of the country's one-child policy from 1979–2015, received the top awards and accolades.

After taking hundreds of thousands of years to reach 1 billion, the global population quickly multiplied by eight in the span of a few hundred years. This year the world's population hit 8 billion. More individuals are reaching reproductive age, which has spurred rapid urbanisation and migration, as well as prompted drastic shifts in fertility rates. The effects of these tendencies will be felt for decades to come. (UNFPA, 2022)

The United States and other wealthy nations, along with a coalition of international organisations, have long connected overseas aid with population control initiatives, lending credence to the false notion that a rising global population will cause a catastrophic collapse. The budget for USAID (the United States Agency for International Development) was increased by Congress. The World Bank's policy was likewise founded on similar reasoning. Between 1950 and 1980, several organisations, including the Club of Rome, Population Council, United Nations Population Fund, International Population Policy Forum, etc., were founded, lending momentum to Neo-Malthusianism and increasing pressure on developing countries to create population control initiatives. The groups' main objective was to persuade the countries' elite authorities that their populations were growing too large for their resources. The United States of America, which pioneered the concept, provided significant financing to the United Nations Population Fund, the International Pluralists' Forum, the Population Council, and other like-minded organisations.

The industrialised countries took a methodical approach, first convincing the developing countries that population reduction is necessary, and then portraying it as an urgent requirement in order to justify the use of coercive measures. The number of nations adopting measures to limit their populations has increased dramatically. All of these groups increased their efforts. With the goal of preserving our planet's natural resources, the UN Population Fund set out on

a mission to achieve population stability in 2002. Political leaders, governments, and international organisations' emphasis on neo-Malthusian ideas ensured that developing countries would follow suit. The system was developed and relentlessly pursued by all parties involved, and it included moral pressure, aid availability based on population limitation, and rewarding governments to enhance cooperation. (Follett, 2020)

UNFPA provides assistance to countries in seeing and comprehending such trends, which are essential to progress. It advises nations that delivering a world where all pregnancies are intended, all births are safe, and every young person's potential is achieved is the greatest approach to promote sustainable development and is one of the main financiers of population data gathering worldwide.

2) Currently, China is a Neo-Malthusian society.

Even if the one-child policy is modified, the two-child policy must still be enforced through the use of coercive tactics. This law was passed towards the end of 2015 and went into force at the start of 2016. The ban was eased because of the country's rapidly ageing population and the resulting increasing cost of healthcare and retirement benefits. The limit was increased to three children per couple in May 2021 as a response to the concerning low fertility rate. In order to improve birth rates, the government has committed to providing more money for childcare centres and ensuring women's rights in the workplace. Several nations have introduced monetary awards for having more children. Reducing abortions that are performed for reasons other than health is a current government goal. At over 9.6 billion, China accounted for almost 17% of the world's total abortions in 2017. Contrary to popular belief, abortion is not being used to grow the population. Instead, it is being used to decrease the number of unwed mothers who face criminal charges for obtaining an abortion. When comparing the rates of abortion in the United States (13.5 per 1, 000 women) to those in China (28 per 1, 000 women), there has been no substantial improvement.

We still relied on physical restraints to ensure compliance. Extreme actions such as forced sterilisations and abortions are now legal due to the new, more lax policy. Some members of minority groups, including Uyghurs, Kazakhs, and others, have claimed that they were coerced into having abortions or were given drugs to make them sterile. Those who do not have their children within the prescribed quotas are taken to internment camps. Some of the coercive methods used included threats of termination or severe fines. It is expected that these inspections will also be conducted on migrant workers to ensure their compliance. Some women who became fertile after getting an IUD discovered they were unable to conceive again because the device was too deeply embedded in their uterine wall. Nobody warned them about the dangers of these implants before they were put in. (India, 2022)

3) NFHS-5 Report and SDGs

In 2019–2020, the first part of the fifth edition of the National Family Health Survey (NFHS-5) was conducted, and the findings were made public in December 2020. The National Family Health Survey (NFHS) produces reliable estimates for various vital health and social indicators, including those for population, family planning, child and maternal health, nutrition, adult health, and domestic violence.

In 2015–16, five years ago, the NFHS held its fourth competition. First findings from the fifth round have been announced for 22 states and union territories (17 states and 5 union territories). A total of 2, 81, 429 households, 3, 07, 422 women, and 43, 945 men were surveyed throughout 17 states. This report examines the findings for all 17 states on indicators of population size, health and nutrition, infrastructure facilities, and gender.

In the Population section, we study several demographic indicators, such as the prevalence of various forms of family planning methods (such as sterilisation of both sexes and the use of contraception), the Total Fertility Rate (TFR), and the birth gender distribution. The total fertility rate (TFR) is the average number of children a woman has during her reproductive years. For population management, governments establish TFR quotas. With a total fertility rate (TFR) of 2.1, a population can be deemed stable (i. e., population replaces itself). The goal of the National Population Policy, 2000 was to have fertility rates at or near replacement levels by 2010. Most states have decreased their fertility rate below the 2.1 goal, and greater use of family planning methods is largely responsible for this.

This has led to a decline in the overall fertility rate across the country (TFR). TFR in Bihar has dropped from 3.4 (in NFHS-4) to 3. With the exception of Bihar, the TFR in all other medium and large states in the survey (population over 1 crore) is lower than the replacement level rate of 2.1. There has been improvement in nearly every category, as measured by NFHS-5. To reduce the total fertility rate to a level that is sustainable, however, the governments of Bihar and Uttar Pradesh must invest more resources into family planning and maternal and child health programmes, and strive to improve the status of women.

The 17 Sustainable Development Goals (SDGs) set forth by the United Nations aim to ensure that all people anywhere can lead lives of dignity by 2030. As it stands, most will probably be missed. Part of the reason for this is that they don't take into account the ever-increasing human population. Effective population solutions that promote individual agency are essential to achieving the SDGs. United Nations Sustainable Development Goals will not be met by 2030 because progress towards their implementation has lagged behind the exponential rise in the global human population. The rise in the world's population is one of four demographic "mega-trends" (alongside population ageing, international migration and urbanisation). Among other things, the Sustainable Development Goals seek to put an end to extreme poverty and hunger, advance gender equality around the world, and slow the rate at which biodiversity is being lost. Because our development efforts have not kept up with our fast rising population, progress has been painfully

sluggish, and many regions have actually worsened. (Affairs, 2015)

4) Population Status and Trend: India

2011 Census and Population Estimates in Contrast to the NFHS-5 Report

The 2011 Indian census estimates that 1, 210.6 million people called India home as of midnight on March 1. The 182 million people that have been added to the world in the last decade have been contributed to equally by rural and urban areas (91.0 million each). While Maharashtra has the largest urban population at 50.8 million (13.5 percent of the country's urban population), Uttar Pradesh has the largest rural population at 155.3 million (18.6 percent of the country's rural population).

Scientists use historical data and a number of assumptions to make educated guesses about the future population. The success of this endeavour depends on the accuracy of the assumptions made. Medical and health interventions, food production and its fair distribution, climate change, sociocultural context, political and economic conditions, and a lot of other things affect population dynamics, which makes it hard to predict with certainty how human fertility and mortality will change in the future.

Over the next 25 years, from 2011 to 2036, India's population is projected to rise from 121.1 crores to 152.2 crores, an increase of 25.7%. This is an annual growth rate of 1.0 percent. (Projections, 2020)

5) Population Estimates and Projections for the World, According to the United Nations Population Fund

One high projection, one low projection, and one intermediate forecast are presented by the United Nations Population Fund in their Population Prospects report. The medium variation predicts a global population of almost 10 billion by the midway point of this century, with that number stabilising at around 11.2 billion by century's conclusion. Nonetheless, if fertility rates fall more slowly than expected, the global population could reach 16.5 billion by the turn of the century. The global population might drop to around 7.3 billion if fertility rates decline more than expected.

The United Nations updates its population predictions every two years; in recent decades, the medium variant of these projections has frequently been revised upward to account for faster-than-anticipated population growth. Recent forecasts were published in July of 2017.

It goes on to say that the dramatic increase in global population over the past two centuries is mostly due to developments in modern medicine and higher standards of living. These have helped lower rates of death among newborns, young children, and mothers, ultimately leading to longer average lifespans. There has been a decrease in fertility, but it has not been as severe as the decrease in death.

Over the next several decades, the global population is expected to keep expanding. Due to increased longevity and historic high fertility, there are more women of childbearing

age now than ever before. In spite of the fact that those women may have fewer children than normal, this will still contribute to a huge total. Population growth is currently mostly due to momentum, but after 2060 it will be driven nearly entirely by fertility rates in the world's least developed countries.

Widespread trends in population conceal important variations across nations. On the one hand, we have the world's least developed nations, which continue to have above-average birthrates. By 2053, it is predicted that the combined populations of the world's least developed countries will have doubled, and in some cases, tripled. The opposite is true for countries with high per capita incomes and improving standards of living, where population growth is modest or nonexistent. The former have burgeoning youth populations that show no signs of slowing down, whereas the latter have burgeoning elderly populations. (Some countries' populations are shrinking for a variety of reasons; these include low birthrates, high rates of emigration, and high mortality.)

Despite substantial variations at the international level, the overall patterns have implications for sustainable development around the world. Efforts to sustainably meet the wants and desires of a growing world population will have ramifications for all countries, as will failing to meet these demands. This is because greenhouse gases affect the climate everywhere, no matter where they come from.

Increasing populations provide difficulties, but they also reflect human progress. Progress in areas like health care, education, and human rights can be seen in the downward trend in mortality and fertility. Economies can expand when there are more people of working age and fewer people of dependent age, which is what happens when fertility rates fall. This phenomenon is known as the "demographic dividend." (UNFPA, 2022)

6) Comparing the States of India

a. National Family Health Survey (NFHS-5, 2019–21) at a glance

India's fertility rate has been falling for several years. The total fertility rate (TFR), or the average number of children a woman will have over her lifetime, has dropped from 2.2 (NFHS-4, 2015-16) to 2.0, which is lower than the replacement rate of 2.1, in which a mother is replaced by a daughter. Will the current trend of falling birthrates persist? The SRS report from 2018 estimates that the TFR was around 6 in 1951, but has since dropped to 5.2 in 1971, 3.6 in 1991, and 2.4 in 2011. Since the year 2000, there may have been a slowing in the rate of TFR fall. Since most states saw a decrease in their TFR between 2015 and 2016, and again between 2019 and 2020, we may assume that this trend will persist.

There appears to be some resistance to a low fertility regime, according to the data. As of this time period, the TFR in both Kerala and Tamil Nadu has increased from 1.6 and 1.7 to 1.8. The total fertility rate (TFR) is below 1.7 in only three major states: Punjab, West Bengal, and the Union Territory of Jammu and Kashmir.

The two states in India with the highest fertility rates are Bihar (TFR 3.0) and Uttar Pradesh (TFR 2.4), which together account for over a quarter of the country's total population. Until about the year 2000, the TFR in UP was greater than in Bihar. TFR dropped more rapidly in UP after that point. Declining fertility rates are commonly attributed to a variety of factors, including the increased availability of family planning services, maternal and child health programmes, and advancements in women's status.

For India, the time has come to begin the process of population stabilisation thanks to the present TFR level. In 1981, the remarkable decline in mortality that had been fueling the population boom was halted. This will keep going down, but the population will keep growing because more people will enter the 15–49 age range for reproduction than leave it. This is called the "age composition impact of prior high fertility."

Predicting population growth over a lengthy time horizon is challenging. The United Nations Population Division projects that the global population will reach a peak of 165 crore in about 2050, however, we can be more hopeful if we assume a medium fertility rate. According to NFHS-5 data, improvements have been made virtually everywhere. But if Bihar and Uttar Pradesh want to get their total fertility rate (TFR) down to or below replacement level, they need to improve the status of women and give more people access to family planning and maternity and child health services. (Ministry of Health and Family Welfare, 2022)

b. Decadal Policies in India

Back in 1940, the National Planning Committee released a report with some comparable recommendations. There were disagreements among Indian government officials on the road to adopting coercive measures. Family size limits were included in the First Five Year Plan by the Planning Commission, but the Ministry of Health resisted the initiative. Reducing birth rates to a pace that is sustainable for the economy was an objective of the First Five Year Plan, and the plan's proponents said that doing so would improve the lives of citizens and should be included in public health initiatives. Only 6.5 billion rupees (about \$90,000) were set aside for it. Non-governmental organisations (NGOs) like the Population Council stepped in at this time and provided funding that exceeded the aforementioned total, with the majority of the money going to scientists in New Jersey and New York.

Population control efforts in India were hampered by structural barriers. Because the Ministry of Health was responsible for disbursing monies to the states, the entirety of the authorised sum has gone unused. The officials' arduous requirements slowed down the approval process to the point of being useless. In 1956, the government released its Second Five-Year Plan, which appeared to be a formality but did little to actually increase efforts. While it was desired to open clinics and publicise them on a national scale, the reality was hampered by a lack of competent health workers, overburdening the hired professional with a wide variety of activities, and recruiting people based on subjective criteria such as personality traits.

The Third Five Year Plan marked India's first foray into the use of coercive methods. Priority in the development strategy was given to the population programme. The Commission increased its budget by a factor of six and shifted its strategy to one of exerting group pressure by establishing family planning committees in each municipality. After this, attainable goals for performance were established. As a result of this, international organisations and governments exerted undue influence over India. Collectively, they were able to put enough pressure on India for the government to cave in favour of drastic measures to reduce the country's population. Food grain imports into India from the United States were heavily conditional on the country's implementation of a successful population control strategy. The aid that India was receiving at the time met the same fate.

Together, the new Prime Minister and the looming food crisis provided the motivation for the regime's harsher enforcement of its policies. As a result of Indira Gandhi's persistent advocacy for birth control, the Ministry of Health was rechristened the Ministry of Health and Family Planning. The former US president only authorised the shipment of a major food aid package to India after Prime Minister Gandhi made a promise to him. The promise was kept in 1965, when mass vasectomies and IUD insertions were carried out. In March of 1966, after many women who had IUDs began experiencing heavy bleeding, the number of women opting to have a loop inserted dropped from 1, 20, 00 to 60, 000. This decline continued in October, when it hit a new low of 50, 000. India was falling far short of its goals because the number of people who were sterilised was dropping quickly.

Over 100 million people in the Indian states of Bihar, Rajasthan, Madhya Pradesh, and parts of Uttar Pradesh are at risk of starvation due to the failure of the monsoon. Drought conditions, combined with the announcement of incentives for undergoing sterilisation and the insertion of IUDs, resulted in an exponential increase in the number of people willing to undergo these procedures. In 1966 and 1967, about one and a half million people had these alterations made to them. In addition to the health risks, mass executions also led to a lowering of safety standards. People's health suffered as a result of the lack of attention given to them after surgery.

Between 1975 and 1977, Sanjay Gandhi led the population programme by setting strict goals for government workers. Censorship and the suspension of rights created an environment where coercive tactics could be pursued with abandon. During that time, 11 million people were sterilized, and 1 million women had IUDs placed. When 1973 rolled around, 14.3 million people in India were sterile because of measures that began in the 1960s. Those who refused to be sterilised during this time were punished. Children were told that having their parents sterilised would help them in school. Fields were deprived of irrigation water in M. P. The withholding of a month's pay from teachers, the refusal to issue licences to private firms, and other occurrences of a similar nature all stand out in the state of Uttar Pradesh. As a

result of surgical errors, many people also lost their lives. (Boodeppa, 2014)

2. Case Study of the Policies of Uttar Pradesh & Assam

On World Population Day, the State of UP published their population policy for 2021-2030. The Uttar Pradesh Law Commission drafted the **Population (Control, Stabilization, and Welfare) Bill, 2021**, to implement this policy. This bill sets the two-child policy standard. The Bill promises government incentives to couples who conform to the policy (which includes 'voluntary' sterilisation) and stipulates stringent sanctions and disincentives for those who disregard the policy. This Bill aims to control and stabilise the population of Uttar Pradesh by enforcing the two-child norm for the state's welfare and sustainable economic development.

This Bill applies only to married heterosexual couples (of legal marriage age) in Uttar Pradesh. Clauses 4, 5, 6, and 7 of the Bill provide public servants and the public incentives for sterilisation after two children. The bill promises additional incentives for sterilisation after one child.

Paid maternity or paternity leaves, salary increases, housing loan assistance, utility rebates, and free healthcare are incentives for public servants. All these incentives are only available once a husband or couple has a 'voluntary' sterilisation surgery.

The severe consequences for lawbreakers are also striking. Disincentives under clauses 8, 9, 10, 11, and 12 include exclusion from government-sponsored welfare schemes and subsidies, ration card quotas of four, ineligibility to run for local elections and ineligibility to apply for government jobs. Clause 8 grants the UP government broad discretion to regulate 'additional disincentives'. (Vij, 2021)

The UP Bill infringes Fundamental Rights like those of Articles 14 and 21. The Bill covers incentives, disincentives, and the self-contradictory requirement of compulsory "voluntary" sterilisation in length, yet it does not address the unmet demand for family planning in Uttar Pradesh. This raises doubts about the Bill's objectives. The Bill's incentives and disincentives hinder individuals and couples (primarily from marginalised communities) from making their own bodily decisions.

The bill would encourage sex-selective births, forced sterilizations, and husbands deserting wives. This Bill might let Uttar Pradesh realize the UP Population Policy's target TFR of 1.9 by 2030, however its coercive measures to achieve population stabilisation are constitutionally questionable.

In a similar way, the government of Assam also came up with policy frameworks to keep the population in check by giving incentives to or punishing its people.

3. Conclusion

State intervention can influence population growth and decline. However, it is imperative that these policies work to improve people's lives by expanding their access to basic liberties and protections. The best way to address population dynamics, which are the sum of individual decisions and opportunities, is to expand those choices and opportunities, particularly those that pertain to sexual and reproductive health and rights. When parents are allowed to make decisions on their own on how many children to produce and when they have them, the health and well-being of the children born to them improve, and the general fertility rate declines. By drastically lowering mother and newborn mortality rates, preventing the spread of communicable diseases like HIV, and giving women greater agency in their own lives, sexual and reproductive health and rights have a profound impact on the well-being of all people.

Besides, we can educate adolescents about sexual and reproductive health so as to enable them to make informed decisions when the time comes. The Central Board of Secondary Education introduced a sex education module to educate children about many aspects of growing up such as puberty, sexuality, and so on, as well as life skills such as decision-making, problem-solving, effective communication, and so on. It also aims at preventing substance abuse and HIV/AIDS. As a result, a holistic adolescent education programme. A similar programme is run by the National Council of Education Research and Training. All of these measures will go a long way towards achieving successful family planning and population stabilisation.

Finally, we would like to conclude on this note that efforts from all stakeholders and at all levels are required to accomplish the intended results.

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