

Does India Need a Population Control Act? Situational Needs and Contradictions

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Background

- In recent times, the debate on population control and stabilization is in the limelight, with a new flavour.
- A private member's bill entitled "*The Population (Stabilization & Planning) Bill, 2019*" was introduced in the lower house of the Parliament in June, 2019 which is expected to be debated. The bill calls for retributive action in the form of incentives and disincentives based on family size.
- The prime minister of India said that, "*population explosion in the country will create various problems for the coming generations. Those who follow the policy of small family also contribute to the development, it is also a form of patriotism*".
- Recently in the states of Assam and Uttar Pradesh, the discourse on two child bill is underway.
- This reinvigorates the debate on the issues of family planning and population control.
- This study presents a few concerns and evidence-based discussions regarding the bills talking about two child norms.
 - First, it outlines the key fertility determinants and situations beyond family planning.
 - Second, it draws a summary of situations and needs for family planning.
 - Third, the role of health care services and education in fertility is put forward.
 - Fourth, it critically evaluates the bill and discusses the socio-demographic repercussions from the perspective of human rights.
 - Finally, it summarises the way forward for further actions.

Beyond Family Planning

- Entry into sexual union (usually considered post-marriage in India) and age of women at the onset of childbearing are the prominent demographic characteristics of population which affects not only the levels of fertility but also, the healthy lives and well-being of the women and children.
- Despite the legal age at marriage set at 18 years for the girls, a significant share of them were married below the reference age and become mother.
- Early marriage and early childbearing are the chronic demographic problem in India. About 27 percent of women in the age group 20-24 years got married below 18 years, while around 44 percent of women in the age group 20-49 years delivered their first baby below the age of 20 years.
- Early marriage is higher among the rural, less educated, scheduled caste, scheduled tribe and poor women as compared to their counterparts as well as the national average (27 percent).
- On the contrary, the women who at least 12 years of schooling and those who belong the richest wealth quintiles have very low level of early marriage.

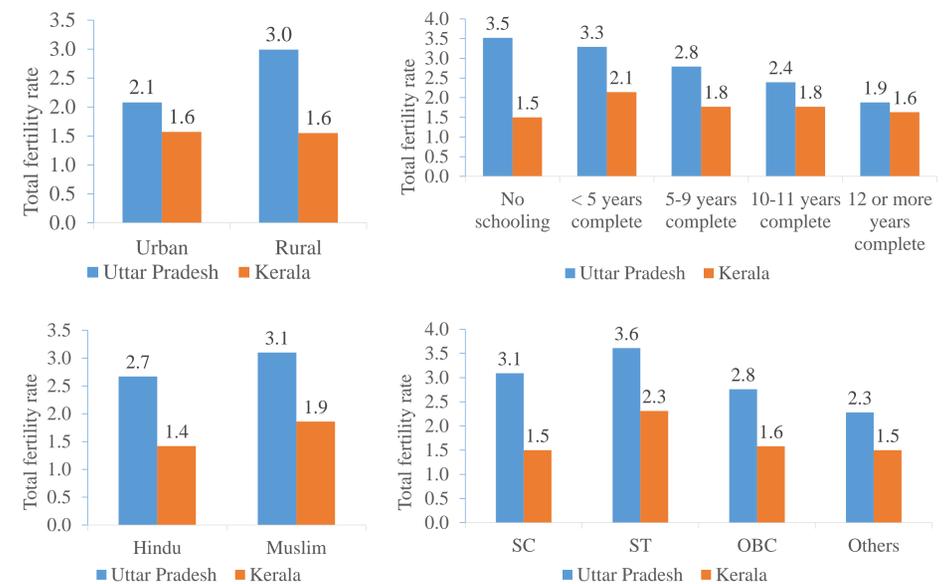
Unmet Need for Family Planning

- The observed total fertility rate (TFR) and wanted TFR along with the unmet need for family planning imply the present situational dynamics of fertility and family planning in India. The difference between TFR and wanted TFR signifies the prevalence of unintended births among women.
- The unintended births are often the results of unmet need for family planning in developing countries like India, which is the core component of the sexual and reproductive health and rights.
- The government has the duty to provide quality contraceptive services to those who have unmet need for family planning.
- Thus, the gap between wanted TFR and TFR on the one hand and unmet need for family planning on the other hand need to be reduced.

Role of healthcare Services and Education

- Figure 1 displays a comparison in the levels of fertility by main socio-economic groups of people between Uttar Pradesh and Kerala for understanding the dynamics of fertility.
- In Uttar Pradesh, the TFR monotonically declined from 3.5 among the uneducated women to the 1.9 among women with 12 or more years of schooling, while there was insignificant difference across the educational groups (2.1 to 1.6) in Kerala although the pattern is similar to Uttar Pradesh.
- However, the gap in TFR between the states was lower among the women with 12 or more years of schooling (0.3) which increased with decreasing levels of education.
- Results from a multivariate regression model show that after controlling for wealth status, religion, caste, region, and place of residence, the log of odds of having more than two children is about seven times higher among the women who have no schooling as compared to those who have 12 or more years of schooling.
- Although the TFR among the Muslims was higher than the Hindus in both the states, the TFR among the Hindus in Uttar Pradesh (2.7) is much higher than those among the Muslims in Kerala (1.9). The scheduled tribe women have the highest fertility levels in both states among all groups.

Figure 1: A comparison of TFR between Uttar Pradesh and Kerala by major socioeconomic background characteristics (place of residence, level of education, religion and caste), 2015-16



Contradictions

- As a signatory to the ICPD, India has pledged to respect reproductive rights of individuals and couples that include their right to decide on matters concerning family size without discrimination, coercion, and violence (United Nations, 1995).
- The declaration recognised health as a fundamental human right which was earlier identified by the Universal Declaration of Human Rights by the United Nations in 1948 and Alma-Ata declaration (1974). Recently adopted Sustainable Development Goals by United Nations advocates achieving healthy lives and well-being for all by 2030.
- This will underplay the educational provisions made by right to education act, 2009.
- After a decade of implementation, one in every twenty children in the age group 6-10 years and one in every ten children in the age group 11-13 years is still out of primary and upper primary schools respectively.

Potential Repercussions

- After having two children, the third pregnancy irrespective of its intendedness, will become unwanted due to the fear of the disincentives. Thereby, the unborn baby might face several atrocities such as induced abortion, infanticide, underreporting (hiding) and disowning after birth.
- If the individual or couple conceive a second female foetus, they may prefer sex-selective abortion or female infanticide in order to have at least one son. Hence, imbalances in sex ratio may rise, which will later influence the imbalance in marriage market.
- The acceleration in currently changing age structure of the population is increasing the elderly population and the old-age dependency ratio. This will lead to narrowing of the window of opportunity of the demographic dividend.
- As the fertility transition in India varies considerably across socioeconomic groups and the regions, it will affect the uneducated and poor people whose wanted TFR is higher than replacement level or/and who have higher unmet need for family planning, particularly in the high fertility states.

The Way Forwards

- The evidence from the comparison of TFR between Uttar Pradesh and Kerala indicates that education is the key factor which can lead to the declining fertility rate irrespective of the socio-religious community and regions.
- Beyond family planning, early marriage and early childbearing have a tendency of increasing the number of children per women because it expands the reproductive span.
- The girls with lower level of education and poor households are at the risk of early marriage and childbearing. So, the child marriage can be reduced by retaining the girl child in school at least 18 years.
- Except for a few large North Indian states, all states have achieved replacement levels of fertility. So, at the individual level, the family size should be guided by the individual's choices, not by punitive actions.
- The basic human rights need to be ensured to provide the healthcare facilities and education to all irrespective of the demographic behaviours and paying capabilities.
- The foremost situational need is to address the issues of quality of care in family planning and unmet need for family planning.