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# **POPULATION EXPLOSION AND CONTROL IN INDIA: POLICIES, LAWS, AND CONSTITUTIONAL PERSPECTIVES**

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## **ABSTRACT**

India's population dynamics have long been a subject of policy, legal, and constitutional concern, particularly in light of its rapid growth since independence. As the first major country to introduce a state-sponsored family planning programme in 1952, India has consistently attempted to regulate its population through a combination of policies, legislative measures, and institutional frameworks. Despite these efforts, India has now become the world's most populous country, raising critical challenges relating to resource allocation, environmental sustainability, public health, and socio-economic development. This paper critically examines the issue of population explosion in India by analysing its historical evolution, policy responses, and constitutional implications.

The study traces the development of population control measures from pre-independence committee recommendations to post-independence initiatives, including early family planning programmes and the coercive strategies adopted during the Emergency in India. It highlights the transition from target-driven and forceful approaches to a more rights-based framework, particularly with the introduction of the National Population Policy 2000, which emphasizes voluntary participation, informed choice, reproductive health, and women's empowerment. The paper further explores recent legislative proposals such as the Population Control Bills and various state-level laws, which seek to enforce a two-child norm through incentives and disincentives, thereby generating significant legal and ethical debates.

Judicial pronouncements by the Supreme Court of India have consistently upheld reproductive autonomy and emphasized that population control measures must not violate individual dignity, privacy, and freedom of choice. The paper also reviews various government schemes and institutional mechanisms aimed at improving access to contraception, maternal and child healthcare, and awareness, particularly among marginalized populations.

## INTRODUCTION

India was the first major nation in the world to adopt policies to control the growth of its enormous population in 1952. However, the Indian population has kept on growing much more rapidly than the rest of the world after the population control policies have been implemented for more than six decades. According to the United Nations, the Indian percentage of the world total population increased from about 14.9% in 1950 to 17.8% in 2010. By around 2022, the Indian population will overtake that of China and become the most populous country in the world.<sup>1</sup> Population control laws and policies vary significantly from country to country, reflecting diverse demographic, cultural, and political contexts. The Population Control Bill, 2019<sup>2</sup> in India applies only to married couples with a boy under 21 years of age and a girl under 18. The Central Government ensures contraceptives are available at reasonable rates at all sub-health centers and establishes a National Population Stabilization Fund.

As of 2023, India has surpassed China as the world's most populous country, with a population exceeding 1.4 billion. This rapid population growth is characterized by high fertility rates, particularly in rural areas, and a significant youth demographic. Despite a decline in the Total Fertility Rate (TFR) from 3.2 in 2000 to 2.2 in 2020, regional disparities persist. States like Uttar Pradesh and Bihar have higher TFRs, contributing significantly to national population growth.<sup>3</sup> Over 50% of India's population is under the age of 25, presenting a potential demographic dividend if this youthful population can be productively employed. However, this also means a growing demand for education, healthcare, and employment opportunities. Projections suggest that without effective population control measures, India's population could exceed 1.7 billion by 2050, exacerbating challenges related to resource allocation, environmental sustainability, and socio-economic inequality. The economic impact of population growth is multifaceted, affecting labour markets, public resources, and overall economic development.

To implement population control laws or related policies in India, policymakers must carefully design and implement measures that balance various factors, including individual rights, cultural and social considerations, and demographic challenges. Essential elements include

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<sup>1</sup> United Nations, Department of Economic and Social Affairs, Population Division. (2019). World Population Prospects 2019: Highlights.

<sup>2</sup> The Population Control Bill, 2019, (Bill No. XLII of 2019)

<sup>3</sup> Government of India, Sample Registration System (SRS) Bulletin, Office of the Registrar General & Census Commissioner, (Ministry of Home Affairs, 2022)

voluntary participation, universal access to family planning services, incentives and support, gender equality, education and awareness, respect for privacy and consent, improved healthcare access, robust data collection and monitoring, flexibility, ethical considerations, consultation and stakeholder involvement, and policy evaluation and review.

## **NEED FOR POPULATION CONTROL MEASURES**

At present, India hosts 16% of the world's population with only 2.45% of the global surface area and 4% water resources. The ecosystem assessments also pointed out that the human population's role in driving other species into extinction and precipitating a resource crunch.

So, the population explosion would irreversibly impact India's environment and natural resource base and limit the next generation's entitlement and progress. Therefore, the government should take measures to control the population. The need for a population control bill in India is a matter of debate and often a contentious issue. Supporters argue that such a bill is necessary to address various challenges associated with the country's large and growing population. However, opponents argue that focusing on population control through legislation may have negative consequences and that other strategies should be prioritized.

A rapidly growing population can put pressure on essential resources such as water, food, and energy. Advocates for population control argue that addressing this issue through legislation can help manage resource scarcity and reduce environmental degradation. A large population can be both an asset and a burden for a country. Supporters of population control bills argue that managing population growth can lead to improved economic development by ensuring that resources are more evenly distributed among citizens. Adequate healthcare and education are critical for the well-being of a population. Some proponents argue that controlling population growth can help ensure that these services are more accessible to all citizens.

Though, there was need of controlling the population but Critics argue that imposing population control measures infringes upon individual rights and choices. They believe that family planning decisions should be left to couples and should not be subject to government intervention. India's large youth population can also be seen as a demographic dividend, potentially contributing to economic growth and innovation. Critics of population control bills argue that limiting population growth could hinder this potential. Some argue that the focus should be on gender equality and women's empowerment, as women's education and

participation in the workforce tend to correlate with smaller family sizes. India's Constitution recognizes the right to equality and individual freedoms. Implementing population control measures that restrict family size may raise constitutional concerns related to personal liberty and privacy.

## **EVOLUTION OF INDIA'S POPULATION POLICIES**

Even before independence, attempts were made to come up with recommendations and solutions to India's 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.<sup>4</sup>
- 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<sup>5</sup>. Some of the measures to check the population growth as part of this policy include:

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<sup>4</sup> Government of India, Family Planning Programme in India, (Ministry of Health & Family Welfare, 1952).

<sup>5</sup> National Population Policy, 2000, available at: <https://www.india.gov.in/national-population-policy-2000> (Visited on February 8, 2024).

- Increased the minimum legal marriageable age for boys and girls to 21 and 18 respectively.
  - Providing monetary incentives for employing birth control.
  - Improving women's literacy levels through formal and informal channels.
  - Population was made a criterion 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.
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- During The Emergency period (1975-77), coercive measures were used to reduce the population growth. There were mass forced sterilisations. 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'.
  - National Population Policy (2000): India introduced its first National Population Policy in 2000, which emphasized voluntary and informed choices in family planning. The policy recognized that population stabilization was a long-term goal and aimed to provide healthcare and education to promote family planning. The National Population Policy was announced to achieve the immediate goal of meeting the unmet demands of contraception, health infrastructure, health workers and integrated service delivery. The objective of this policy is to bring the total fertility to the replacement level i.e. 2 children per pair which is its midseason goal. Its long-term goal was to stabilize the population by the year 2045. The policy also mentions 16 incentives and incentives, including rewarding Panchayats and Zilla Parishads for encouraging small families,

strict adherence to the Anti-Child Marriage Act and Pre-natal Pregnancy Test Techniques Act, to the two-child model. Incentives and sterilization facilities are to be strengthened through rewards and incentives.

- **National Population Commission-** The National Population Commission constituted in May 2000 is headed by the Prime Minister. The Commission is mandated to review, monitor and direct the implementation of the National Population Policy, promote synergy in health, educational, environmental and development programs and promote inter-sectoral coordination in planning and implementation of programs. Under this commission, the National Population Stabilization Fund (National Population Stabilization Fund) was set up, but later it was transferred to the Department of Health and Family Welfare.
- **Current Policies (2017 Onward):** India's population control policies have evolved to focus on improving access to family planning services, promoting the use of contraceptives, and reducing maternal and child mortality. The government continues to emphasize voluntary family planning and reproductive health services.
- **State-Level Policies:** Some states in India have implemented their own population control policies and programs, which can vary significantly in terms of approach and effectiveness. These state-level initiatives often reflect local demographic challenges and priorities.

It's important to note that while India has a history of population control policies, the focus has shifted away from coercive measures and towards voluntary family planning, healthcare access, and women's empowerment. The government and civil society organizations continue to work on addressing the challenges associated with India's population growth in a more rights-based and inclusive manner.

## **LAWS RELATING TO THE POPULATION CONTROL IN INDIA**

### **1. National Population Policy, 2000**

A nation's development depends on various factors like good governance, infrastructure, Technological advancement, socio-economic development and Human development.

Human development is the most important for the proper utilization of the resources, therefore India has passed the Indian National Policy in the year 2000. The announcement of the National Population Policy 2000 by the NDA government in February 2000 and setting up of a National Population Commission, under the strong and promising leadership of then Prime Minister Mr. Atal Behari Vajpayee and comprising eminent persons from all walks of life on May 11, 2000 reflected the deep commitment of the government to population stabilization programme.

The policy set forth several objectives, including stabilizing the population by 2045, promoting reproductive health and family planning services, empowering women through education and economic opportunities, and ensuring a balanced regional development. NPP had the tight viewpoint as it gave a lot of significance to contraception and sterilization rather than basic prerequisite for population control i.e., poverty alleviation, improving standards of living, and spread of education. Bringing about a convergence of all related social programmes so that family planning and welfare becomes a people-centric programme. Policy was not plugged and neglected to produce mass help for populace control. We have inadequate framework attributable to absence of prepared staff, absence of sufficient fitness among the staff, and restricted use or abuse of the hardware. The policy addressed the issue of regional imbalances in population growth and development by promoting decentralized planning and resource allocation. The NPP also emphasizes the government's commitment to voluntary and informed choice in reproductive health care services. It aimed to ensure that population programs and services were tailored to the specific needs of different regions and communities within India.

The National Population Policy (NPP), 2000 is the central government's second population policy. The Government of India announced the first National Population Policy in 1976. Some of the measures of this policy are to check the population growth and to increase the minimum age for marriage for girls and boys to 18 and 21, respectively. 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 National Population Policy 2000 set out clear medium-term and long-term demographic goals along with comprehensive social and health objectives. Its medium-term aim was to reduce the Total Fertility Rate (TFR) to the replacement level of 2.1 children per woman by 2010, while the long-term objective was to achieve a stable population by 2045 in line with sustainable economic growth, social development, and environmental protection. The policy emphasized voluntary and informed choice in accessing reproductive health services, encouraging public acceptance through awareness and participation. It also focused on making education free and compulsory up to the age of 14 years and reducing dropout rates among both boys and girls.

In terms of health outcomes, the policy aimed to reduce the Infant Mortality Rate (IMR) to below 30 per 1000 live births and the Maternal Mortality Rate (MMR) to below 100 per 100,000 live births, alongside achieving universal immunization for children. It promoted delayed marriage for girls, ideally after 18 years and preferably above 20 years, and called for 100% registration of vital events such as births, deaths, pregnancies, and marriages. The policy also sought to ensure universal access to contraception, fertility regulation services, and counseling with a wide range of choices. Additionally, it emphasized controlling the spread of HIV/AIDS in coordination with the National AIDS Control Organisation, managing reproductive and sexually transmitted infections, and preventing communicable diseases. It encouraged the integration of traditional systems under AYUSH into reproductive and child health services, promoted the small family norm, and advocated convergence of various social programs to make family welfare a people-centric initiative.

The National Population Policy, 2000 (NPP 2000) affirms the commitments of our government towards voluntary and informed choice and consent of citizens, while availing of reproductive health care services and continuation of the target. Free approach in administering Family planning services. It is based on addressing the various issues at the same time like child survival, maternal health and contraception.

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.

## **2. Population Regulation Bill, 2019**

The Population Control Bill, 2019<sup>6</sup> is a bill enacted by Parliament in the Seventieth Year of the Republic of India to control population and related matters. The bill is yet to become a law. It applies only to married couples with a boy under 21 years of age and a girl under 18. The Central Government ensures contraceptives are available at reasonable rates at all sub-health centres in the country. A district-level monitoring committee will be set up in hundred districts with the highest recorded population growth rates to encourage contraceptive use and control population growth. It calls for penal action against people with more than two living children, including debarment from being an elected representative, discarding financial benefits and decrease in benefits under the Public Distribution System. The bill also proposes that government employees should give an undertaking that they will not conceive more than two children. Therefore, the justification of the bill held that it is imperative and critical that the provision of necessities of human life, including affordable food, safe drinking water, adequate housing, access to quality education, economic/livelihood opportunities, power/electricity for domestic consumption, and an unharmed living is accessible to all citizens. The draft bill then insists that it is essential to control and uphold the state's population to encourage sustainable development with more equitable distribution. This bill seeks to amend the Article 47A of the Constitution of India to state –

The State shall promote small family norms by offering incentives in taxes, employment, education etc. to its people who keep their family limited to two children and shall withdraw every concession from and deprive such incentives to those not adhering to small family norm, to keep the growing population under control.

## **3. The Population Control Bill, 2022**

The Population Control Bill<sup>7</sup>, 2022 was introduced in the Lok Sabha as Bill No. 45 of 2022 by Shri C.P. Joshi, aiming to provide a legislative framework for controlling India's population growth. The Bill proposed the establishment of a National Population Control Committee to oversee implementation and policy direction. It

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<sup>6</sup> The Population Regulation Bill, 2019, (Bill No. XLII of 2019).

<sup>7</sup> The Population Control Bill, 2022 (Bill No. XLII of 2019).

defined a “family” as consisting of a mother, father, and two or fewer children, thereby embedding the two-child norm into law.

The Bill extended to the whole of India and was to come into force on a date notified by the Central Government in the Official Gazette. Its provisions included disincentivizing couples who had more than two children by restricting access to certain government benefits, while incentivizing adherence to the two-child norm through advantages in taxation, employment, and education. The Bill reflected growing political concern over India’s demographic trajectory, with leaders such as BJP MP Ravi Kishan also advocating for similar measures, arguing that India could only achieve its vision of becoming a “Vishwa Guru” if population growth was brought under control. However, the proposal sparked significant debate, with critics pointing out constitutional challenges, particularly regarding the right to privacy, reproductive freedom, and equality, as well as fears of coercive enforcement. Supporters emphasized the need for sustainable resource management and social welfare, while opponents warned of potential discrimination against marginalized communities and the risk of undermining voluntary family planning programs. The Bill thus became a focal point in India’s ongoing discourse on balancing demographic concerns with human rights and constitutional values.

#### **4. Uttar Pradesh Population (Control, Stabilisation and Welfare) Bill, 2021**

This bill targets advancing two child policy in the state of Uttar Pradesh and states that individuals who will disregard or disobey the provisions of the Bill, will be barred from contesting local bodies’ polls, or any position in government departments, or getting any sort of sponsorship. Additionally, there would be endeavours to balance out the populace by giving open answers for impotency or reproduction and diminishing death paces of infant and moms. The strategy is additionally prone to make courses of action to deal with the old, alongside giving better administration, wellbeing, and nourishment to youths between the age of 11 and 19 years. The policy will regulate the state population and put a check on the people who will have more than two children. Simultaneously, the State will punish those individuals by taking away their certain rights and acting as a deterrent for others.

- Similarly, a draft of the Uttar Pradesh Population (Control, Stabilisation, and

**Welfare) Bill, 2021**<sup>8</sup> was published and is currently open for public feedback.

- It states that any citizen who “violates” a two-child policy would be barred from:
  - contesting local bodies polls,
  - applying for, or getting promotion in, government jobs, and
  - even receiving government subsidies.

### 5. Haryana Municipal Act, 1973

In the Haryana Municipal Act, 1973,<sup>9</sup> Section 13A has been inserted to make a provision for disqualification for a person from being chosen or holding the office of a member of municipality, if he has more than two living children. Provided that a person having more than two children, on or up to the expiry of one year of the commencement of this Act, shall not be deemed to be disqualified.

### 6. Haryana Panchayati Raj Act, 1994

Section 175(1) of the Act<sup>10</sup> states that no person shall be a Sarpanch or a Panch of a Gram Panchayat or a member of a Panchayat Samiti or Zila Parishad or continue as such who has more than two living children, in the State of Haryana. Thus, if a person is elected as a member of the Panchayat, Panchayat Samiti or Zila Parishad, he is not allowed to have more children than two. If in any case, he is elected then he will be disqualified from his posts due to more children.

### 7. The Constitution of India

**Article 21**<sup>11</sup> of the constitution appreciates that the right to clean air, right to drinking water, right to health, right to peaceful sleep, right to shelter, right to livelihood and right to education guaranteed under Articles 21 and 21A of the Constitution could not be secured to all citizens without controlling the population explosion. Article 21 of the

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<sup>8</sup> State Law Commission, Uttar Pradesh, Draft Uttar Pradesh Population (Control, Stabilisation and Welfare) Bill, 2021, released on 9 July 2021

<sup>9</sup> Haryana Municipal Act, 1973 (Act No. 24 of 1973).

<sup>10</sup> Haryana Panchayati Raj Act, 1994 (Act No. No. 11 of 1994)

<sup>11</sup>No person shall be deprived of his life or personal liberty except according to a procedure established by law.

Indian Constitution primarily focuses on the protection of life and personal liberty. This article gives autonomy to the individuals to choose what is best for them with freedom and dignity. In *Devika Biswas v. Union of India*<sup>12</sup>, the Court reinforced that reproductive autonomy is a constitutional guarantee, cautioning against coercive sterilization practices and stressing voluntary, informed consent. These rulings highlight that procreation is not merely a biological act but a constitutionally protected choice, linked to the broader framework of human dignity and personal freedom. Thus, the right to procreation is safeguarded as a fundamental liberty, ensuring that the State cannot impose arbitrary restrictions on reproductive decisions, while also obligating it to provide access to safe and informed reproductive health services.

The right to raise and care for one's children is considered an integral part of the right to life. This includes the right to make decisions regarding the education, upbringing, and well-being of one's children. Courts have emphasized that parenthood involves making crucial decisions about a child's education, upbringing, health, and overall well-being, and that these decisions fall within the domain of personal liberty and family autonomy.<sup>13</sup>

The Supreme Court has emphasized reproductive autonomy as part of the right to life. This includes the freedom to make decisions about family planning and the number of children one wishes to have. This principle recognizes that individuals must have the freedom to make decisions regarding family planning, including whether to have children, how many to have, and when to have them.

#### **VARIOUS SCHEMES IMPLEMENTED BY THE GOVERNMENT UNDER FAMILY PLANNING PROGRAMME ARE GIVEN BELOW:**

- **Expanded Contraceptive Choices**, comprises of Condoms, combined oral contraceptive pills, emergency contraceptive pills, intrauterine contraceptive device (IUCD) and sterilization are provided to the beneficiaries. The Contraceptive basket has also been expanded with new contraceptives, namely Injectable contraceptive MPA

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<sup>12</sup> (2016) 10 SCC 726.

<sup>13</sup> *Githa Hariharan v. Reserve Bank of India*, (1999) 2 SCC 228.

(Antara Programme) and Centchroman (Chhaya).<sup>14</sup>

- **Mission Parivar Vikas** is implemented in seven high-focussed states and six North-Eastern states to improve access to contraceptives and family planning services.<sup>15</sup>
- **Compensation scheme for sterilization acceptors** is provided to beneficiaries to compensate for the loss of wages incurred.<sup>16</sup>
- **Post-pregnancy contraception** in the form of Post-Partum Intrauterine Contraceptive Device (PPIUCD), Post-Abortion Intrauterine Contraceptive Device (PAIUCD), and Post-partum Sterilization (PPS) is provided to beneficiaries.<sup>17</sup>
- **‘World Population Day Campaign’** and **‘Vasectomy Fortnight’** are observed every year to boost awareness on Family Planning and service delivery across all States/ Union Territories.<sup>18</sup>
- **Home Delivery of Contraceptives Scheme by ASHAs** The Home Delivery of Contraceptives Scheme was introduced by the Government of India in 2011 to improve access to family planning services, particularly in rural and underserved areas. Under this initiative, Accredited Social Health Activists (ASHAs) were tasked with delivering contraceptives such as condoms, oral contraceptive pills (OCPs), and emergency contraceptive pills (ECPs) directly to the homes of eligible couples. The scheme was initially rolled out in 233 districts across 17 states, with the aim of addressing the persistently high unmet need for spacing methods. By shifting distribution from health facilities to doorstep delivery, the programme sought to overcome barriers of distance, availability, and social stigma, while ensuring privacy and convenience for beneficiaries. The free supply of contraceptives at the Primary Health Centre (PHC) and Sub-Centre level was withdrawn in light of this new provision, though supplies continued at higher-level facilities such as Community Health Centres (CHCs) and

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<sup>14</sup> Government of India, “National Family Planning Programme: Annual Report 2015–16,” (Ministry of Health and Family Welfare).

<sup>15</sup> Government of India, “Mission Parivar Vikas, 2016,” (Ministry of Health and Family Welfare)

<sup>16</sup> *Ibid.*

<sup>17</sup> Government of India, “National Family Planning Programme: Post-Pregnancy Contraception Services,” Annual Report 2015–16, (Ministry of Health and Family Welfare)

<sup>18</sup> Government of India, Family Planning Division, “World Population Day Campaign and Vasectomy Fortnight-2015–16”, (Ministry of Health and Family Welfare)

district hospitals. The scheme also emphasized timely and regular supply chains from the central government to states, districts, and ASHAs to ensure smooth implementation. Overall, the Home Delivery of Contraceptives Scheme represents a rights-based approach to family planning, empowering women and couples to make informed reproductive choices with dignity and ease.<sup>19</sup>

- **Family Planning Logistics Management Information System (FP-LMIS)** is in place for the management of family planning commodities at all levels of health facilities. The Family Planning Logistics Management Information System (FP-LMIS) is a digital platform established by the Government of India to strengthen the supply chain and management of family planning commodities across all levels of the health system. It was designed to ensure that contraceptives and related supplies — such as condoms, oral pills, IUCDs, injectables, and sterilization equipment — are consistently available at health facilities ranging from Primary Health Centres (PHCs) and Sub-Centres to Community Health Centres (CHCs) and district hospitals. FP-LMIS enables real-time monitoring of stock positions, demand forecasting, and timely replenishment, thereby reducing the risk of stock-outs or wastage. By digitizing logistics, the system improves accountability, transparency, and efficiency in distribution, while also empowering programme managers to make evidence-based decisions. Importantly, FP-LMIS supports the government's broader goal of expanding contraceptive choices and ensuring uninterrupted access to family planning services, thereby safeguarding the dignity, safety, and reproductive rights of beneficiaries.<sup>20</sup>

The National Health Policy (NHP), 2017 provides for policy guidance to inform, clarify, strengthen and prioritise the role of the government in shaping health systems in all its dimensions, it said. The NHP sets out indicative, quantitative goals and objectives which includes the achievement of total fertility Rate (TFR) of 2.1 by 2025.

The National Socio-Economic Goals for 2010–2012 were articulated in India's planning framework as part of the Eleventh Five-Year Plan (2007–2012) and carried forward into the Twelfth Five-Year Plan (2012–2017). These goals emphasized inclusive growth, poverty

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<sup>19</sup> Government of India, "Home Delivery of Contraceptives by ASHAs Scheme- 2011" (Ministry of Health and Family Welfare).

<sup>20</sup> Government of India, "Family Planning Logistics Management Information System (FP-LMIS) – 2017" (Ministry of Health and Family Welfare).

reduction, population stabilization, and improved access to health and education. In particular, the targets included reducing the Total Fertility Rate (TFR) to replacement levels, achieving universal access to reproductive health services, and ensuring dignity and empowerment in family planning programmes<sup>21</sup>.

At the national level, the National Commission on Population was established under the chairmanship of the Prime Minister. It includes Chief Ministers of all States and Union Territories, along with key central ministries such as health, education, rural development, environment, and women and child development. Experts like demographers, public health professionals, and NGOs are also part of the commission. Its primary role is to oversee, review, and guide the implementation of population policies, supported by a secretariat under the Department of Family Welfare.

At the state and Union Territory level, similar commissions focus on localized implementation. Their key priorities include improving service delivery at the village level, empowering women, enhancing child health, addressing unmet needs in family welfare, and reaching vulnerable groups such as slum dwellers, tribal populations, migrants, and adolescents. They also emphasize collaboration with private and non-governmental sectors, integration of traditional medicine systems, promotion of research in reproductive health, support for the elderly, and strengthening information, education, and communication strategies.

## **CONCLUSION**

India's experience with population explosion since independence reflects a complex journey from early policy experimentation to a more mature, rights-based and development-oriented approach. Despite being one of the first countries to initiate a state-sponsored family planning programme, rapid population growth has continued to pose serious challenges in terms of resource distribution, environmental sustainability, and socio-economic development. Over time, the focus of population control measures has shifted from coercive and target-driven strategies particularly during the Emergency in India to voluntary, informed, and people-centric approaches, as embodied in the National Population Policy 2000.

The evolution of laws, policies, and institutional mechanisms demonstrates the government's

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<sup>21</sup> Planning Commission, Eleventh Five Year Plan (2007–2012), (Ministry of Planning)

continuous effort to balance demographic concerns with constitutional values such as dignity, privacy, and personal liberty under Article 21. Legislative proposals like the Population Control Bills and state-level initiatives reveal an ongoing debate between the need for regulation and the protection of individual reproductive rights. Judicial pronouncements, particularly by the Supreme Court of India, have further reinforced that population control measures must remain non-coercive and respect reproductive autonomy.

At the same time, the success of population stabilization in India increasingly depends not on strict legal enforcement, but on broader socio-economic factors such as education, women's empowerment, healthcare access, and awareness. Government schemes, improved service delivery systems, and decentralized institutional frameworks have played a significant role in addressing unmet needs and promoting the small family norm. Population control in India cannot be achieved through legislation alone. It requires a holistic, inclusive, and sustainable approach that integrates legal frameworks with social development policies. The future lies in strengthening voluntary participation, ensuring equitable access to resources, and harnessing the country's demographic dividend while safeguarding fundamental rights.