

AS INTRODUCED IN LOK SABHA

Bill No. 64 of 2020

THE POPULATION REGULATION BILL, 2020

By

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to revitalize efforts towards promoting the small family norms of upto two children per eligible couple; ensure healthy birth spacing through measures related to augmenting the availability, accessibility and affordability of quality reproductive health services, and other relevant inter-sectoral development instruments by the Central and the State Governments; achieve the goal of stabilization of population commensurate with the emerging social, economic, health, nutritional, epidemiological, environmental and other developmental needs of the national economy; recognize the implications of population momentum on the prospects of national progress in the long run, propelled through its young and dynamic population age-structure; ameliorate and harness the demographic potential in the sustainable manner and help to engulf the prevailing demographic and socio-economic disparities across population groups and regions, and render equal opportunities for all, irrespective of age, sex, religion, caste, class, race, residence, or language and. to achieve the fullest development potential and for matters connected therewith and incidental thereto.

BE it enacted by Parliament in the Seventy-first year of the Republic of India as follows:—

CHAPTER I

Short title, extent and commencement.	<p>1. (1) This Act may be called the Population Regulation Act, 2020.</p> <p>(2) It extends to the whole of India.</p> <p>(3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.</p>	5
Definitions.	<p>2. In this Act, unless the context otherwise requires,—</p> <p>(a) "appropriate Government" means in the case of a State, the Government of that State and in all other cases, the Central Government;</p> <p>(b) "prescribed" means prescribed by rules made under this Act; and</p> <p>(c) "small family" means family or couple having up to two children.</p>	10
Declaration as to giving effect to the policies of the State as laid in article 38 of the Constitution of India.	<p>3. It is hereby declared that the provisions of this Act shall be applicable for giving effect to the policies of the State towards securing the principles laid down in clauses (1) and (2) or article 38 of the Constitution.</p>	
Formulation of Revised National Population Policy.	<p>4. (1) The Central Government shall, as soon as may be, by notification in the Official Gazette, formulate a comprehensive Revised National Population Policy particularly for the purposes of implementing the provision of adopting small family norm.</p> <p>(2) Without <i>pre judice</i> to the generality of the provisions contained in sub-section (1) the Central Government shall,—</p> <p>(a) make provisions for accessible, affordable and quality reproductive health care services across the public health system across the country;</p> <p>(b) supplement inter-sectoral and inter-ministerial synergies towards strengthening the key areas of primary and secondary education, access to safe drinking water and sanitation facilities in the household, housing for all, affordable health care for all and economic and livelihood opportunities, particularly for women;</p> <p>(c) make concerted efforts to ensure the equal participation of women in social, economic and political spheres; and</p> <p>(d) lay special stress on the Empowered Action Group States (EAG) and high focus districts with Total Fertility Rate above three points to effectively implement and benefit from the national policy.</p>	15 20 25 30
Facilities to Government employee who adopts small family norm.	<p>5. (1) Notwithstanding anything contained in any other law for the time being in force, the employee of the Central Government or of a Public Sector enterprise under the control of the Central Government who adopts small family norm by undergoing sterilization operation himself or of the spouse shall be given:—</p> <p>(a) one additional increment during the entire service;</p> <p>(b) subsidy towards purchase of plot or house site or built house from Housing Board or Development Authority of the Government as may be prescribed;</p> <p>(c) loan for construction or purchasing a house from Banks or financial institutions on nominal rate of interest;</p> <p>(d) such other benefits and incentives as may be prescribed.</p>	35 40

(2) The Central Government shall also provide additional incentives, including, but not limited to—

(a) paternity leave of twelve weeks, with salary and allowances for upto two children;

5 (b) two percent. increase in the employer's contribution under pension scheme for employees having up to two children;

(c) free healthcare facility and insurance coverage to parents;

(d) free healthcare facility to single child till he attains the age of twenty-five years;

10 (e) preference to single child in admission in all educational institutions, including, but not limited to AIIMS, IIT, NIT and IIM and in all government jobs; and

(f) free education up to graduation level and scholarship for higher studies beyond graduation for single girl child.

15 6. The incentives and benefits referred to in section 5 shall be extended *mutatis mutandis* to the general public in the manner provided therein.

Extension of benefits to general public.

7. Whoever in contravention of small family norm procreates more than two children, shall be ineligible to avail incentives and benefits provided in this Act and in addition thereto shall,—

Loss of benefits whoever contravenes small family norm.

(a) receive reduction in subsidies in matters of different loans extended to him;

20 (b) receive reduced benefits of Public Distribution System to be determined by the appropriate Government;

(c) be eligible for loan from the Bank or financial institution at higher than the existing interest rates;

25 (d) receive lower interest rates on saving instruments in Banks and investment instruments in equity shall; and

(e) not be entitled for such other facilities as may be prescribed.

8. Any individual having more than two living children shall be provided maternity or paternity leave but the emolument benefit of the maternity or paternity period shall stand withdrawn:

No maternity or paternity facilities to be given for those having more than two living children.

30 Provided that if, such individual agrees to undergo sterilization operation after the birth of the third child then he/she shall be provided with the requisite maternity or paternity facilities forthwith.

35 9. (1) Notwithstanding anything contained in any of the election laws for the time being in force, a citizen shall be disqualified for being chosen as a member of either House of Parliament or of the legislature of a State or of any body of the local self government, if such citizen has more than two living children:

Miscellaneous provisions.

Provided that this provision shall not apply in case of a citizen having more than two living children on or before the date of commencement of this Act.

40 (2) Every serving government employee shall give an undertaking not to procreate more than two children:

Provided that this provision shall not apply to a government employee who has more than two living children on or before the date of commencement of this Act.

Act shall not apply on birth of two or more children at one time.

Duties of the Government.

10. The provision of this Act shall not apply in case of birth of two or more children at one time.

11. The appropriate Government shall,—

(a) implement the Revised National Population Policy to achieve the goals enumerated therein; 5

(b) establish maternity centers at all the Primary Health Centers (PHCs) ;

(c) distribute contraceptive pills, condoms, IUDs through Healthcare Centres and Non-Governmental Organisations;

(d) spread awareness about family planning methods through community health workers such as auxiliary nurse, midwife or accredited social health activist; 10

(e) ensure mandatory registration of pregnancy, deliveries, birth and death across country;

(f) distribute iron and vitamin capsules and tablets amongst the expecting mothers;

(g) conduct regular vaccination and immunization drives to protect the children from various health risks; 15

(h) undertake efforts to encourage the husband-wife communication and male participation in family planning matters;

(i) organize massive information and education campaigns to generate public awareness related to the benefits of having small families and healthy birth spacing;

(j) form village level societies to encourage/disseminate benefits of small family norm, value of girl child and efforts to promote gender equality in all walks of life; and 20

(k) undertake such other measures as it may deem fit and expedient for the purposes of this Act.

Central Government to provide funds.

12. The Central Government shall after due appropriation made by Parliament by law in this behalf, provide requisite funds for carrying out the purposes of this Act from time to time. 25

Power to remove difficulty.

13. If any difficulty arises in giving effect to the provisions of this Act, the Central Government may make such order or give such direction, not inconsistent with the provisions of this Act as may appear to it to be necessary or expedient for the removal of the difficulty:

Provided that no order shall be made under this section after the expiry of two years from the commencement of this Act. 30

Overriding effects.

14. The provisions of this Act and of any rules and orders made thereunder shall have effect notwithstanding anything inconsistent therewith contained in any other law for the time being in force.

Savings.

15. The provisions of this Act shall be in addition to and not, save as otherwise expressly provided in this Act, in derogation of any other law for the time being in force in any part of the country. 35

Power to make rules.

16. (1) The Central Government may, by notification in the Official Gazette, make rules for carrying out the purposes of this Act.

(2) Every rule made under this Act by the Central Government shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or both the Houses agree that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule. 40 45

STATEMENT OF OBJECTS AND REASONS

India resembles a rich embodiment of diverse ethnic, linguistic, geographic, religious and demographic characteristics, with more than 1.3 billion inhabitants, stands today as the second most populous country in the world. In other words, close to 17 percent of global population resides here, and every sixth global citizen is an Indian. The heterogeneous demographic composition of India's population presents multitude of opportunities and challenges with far reaching socio-economic, health, nutritional and political implications that deserves a systematic scrutiny. As per the latest United Nation Population Projections, India is expected to surpass China by 2024 and shall become the most populous country with a population of 1.6 billion by 2050. This gigantic population size with its inherent diversities present eminent challenges before national leaders and policy makers to ensure the provision of the basic necessities of human life including affordable food, safe drinking water, decent housing, access to quality education, economic/livelihood opportunities, power/electricity for domestic consumption and a secure living. However, given the limited resources ecological and economic resources at hand, it has become an urgent need to do objective analysis and intervene to plan the process of demographic change for the coming generation of future India. Recent records suggest that despite being emerging economic giants, and rising wave of urbanization, India continues to remain predominantly rural in its characters—where close to 69 per cent population lives across more than 600,000 villages as per the Indian Census, 2011. In addition, the urban centers have developed haphazardly and mega cities seem to be growing out of proportion at the cost of small urban centers, leaving millions of urban dwellers to live a life without basic human dignity and peace. At this juncture, it may be intuitive to quickly recapitulate the trajectory of India's demographic journey and learn about the future course corrections.

India's population has increased almost four folds during the post independence era (from 361 million in 1951 to 1210 million in 2011). The dramatic increase in the total population size between 1960's to 1990's also marked peak of the average population growth rate of 2 percent per year. Such rapid population growth has been attributed to gradual declining of mortality levels and relatively slow change in the fertility levels. Infant mortality rate declined from 225 infant deaths per 1000 live births in early 1950's to 80 infant deaths per 100 live births in 1990's, total fertility rate declined from 6.0 children per woman in 1966 to 3.8 children per woman in 1992. Afterwards, the rate of population growth has been declining, though the absolute population base has been widening. The overall life expectancy of the Indian population—an important marker of population health—has improved by 31 years, from 37 years in 1950s to 68 years in 2013. However, the demographic transitions in the mortality and fertility levels varied greatly across States and districts in India, with the southern States of Kerala, Tamil Nadu, Karnataka and Andhra Pradesh experiencing the demographic transition well before the other parts of the country. This further led to widening regional inequalities in the agricultural, industrial, social and economic progress across southern and northern parts of India. On the one hand, efficient demographic transition, achieved through implementation of effective family planning programs and set of education, economic and inclusive social development policies, have helped to achieve higher degree of progress and human development. On the other hand, most of the northern and eastern parts of the country failed to implement the family planning programmes and development programs as per the needs. This has now led to different population blocks in the country, where, southern States with smarter demographic performance enjoy better quality of life and provide ample employment opportunities. While, the northern and eastern States have not been able to effectively support the right of education, health, nutrition and economic/livelihood opportunities, largely owing to the mismanagement of the growing population base. The recent Annual Health Survey (2010-2013) conducted by the ORGI shows that more than 26 percent districts have TFR of 3.0 or above and they are clustered across the nine Empowered Action Group (EAG) States (Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Jharkhand, Chhattisgarh, Uttarakhand, Odisha, Assam). These nine States together account for close to

48 per cent of the total population, 59 per cent of births, 70 per cent of infant deaths, 75 per cent of under-five mortality and 62 per cent of maternal deaths in India.

The above challenge is really formidable given remarkable heterogeneities in the demographic composition of the population (in terms of age group, educational status, economic groups, social and religious groups, health and nutritional status, occupational pattern and marital status) across regions, States, and districts of India that forms the key benchmark to address the impending challenges related to improvising the socio-economic conditions, health and nutritional status, environmental security in the face of climate change, and overall quality of life of the population. The recent demographic trends suggest that India is certainly moving towards replacement level fertility, with total fertility rate of 2.1 or below, with 174 districts out of 621 have already achieved replacement level fertility. Most of these districts are clustered among the southern and western parts, except Punjab and Himachal Pradesh from northern part of India (including Kerala, Tamil Nadu, Karnataka, Andhra Pradesh, Goa, Maharashtra etc.). On the other hand, close to 72 districts have TFR more than four children per woman that is largely clustered in the north, central, eastern and north-eastern parts of the country (including Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh, Jharkhand, Meghalaya etc.). Most of these districts with relatively high TFR are demographically and socio-economically lagging behind, and therefore needs urgent programmatic focus to help the people to achieve effective opportunities to realise their full developmental potentials. Therefore, the uncertain future of the speed of fertility transition in the districts spread across the EAG States between the Indo-Gangetic plains to the Deccan plateau will determine the trajectory of the unfolding demographic transition and its related developmental implications. Furthermore, there also persists widespread socio-economic and regional variability in the access to quality family planning services that could delay the process of fertility transition. For example, the access to the modern family planning methods is inadequate and disproportionately varies across place of residence, educational groups, religious affiliation, caste groups and across States in India. For instance, currently married women living in the urban areas, educated up to high secondary or above, non-Muslims, belonging to other caste groups, and living in the southern States (eg. Andhra Pradesh) reported relatively higher use of modern contraceptive methods as compared to their counterparts. These demographic changes will have bearing upon the changing age-structure of population and will influence the prospects of future economic growth, educational expansion, health, nutritional status and the environmental security.

Given the need of the hour, it is imperative upon us to evolve a pragmatic and well thought out strategy to address the emerging demographic and related development needs of the 1.35 billion people today. As a quick starter, it may be appropriate to encourage the Indian population to opt for small family norm of up to two children. This choice shall have benefits on multiple scales—health of women and children will improve, burden in terms of health costs and lost opportunity cost to work of the family will reduce, women will find time to spend in school/college/universities, and become equipped to find employment/livelihood. In these ways, smaller families shall go a long way to improve the economic and health conditions of the households. If similar changes are adopted at a larger scale, it may lead to enormous saving of healthcare cost, and potential human hours usually lost to work. Therefore, these potential resources could be effectively invested into more productive activities and help to power the growth story of the new India. Several countries from East and South Asia (South Korea, Singapore, Vietnam, Bangladesh, Thailand etc.) have effectively implemented the small family norms effectively and benefited from the demographic advantage with effective macro-economic policies and good governance.

This Bill seeks to empower the Indian population through rationing of the family size (having up to two children per couple) and equally participate in the movement of progress to path of self reliance, cohesive living and sustainable peace.

Hence, this Bill.

FINANCIAL MEMORANDUM

Clause 5 of the Bill provides certain benefits to government employee who adopted small family norm. Clause 6 provides for extension of benefits to general public who adopt small family norm. Clause 12 provides that the Central Government shall provide requisite funds from time to time for carrying out the purposes of the Bill. The Bill, therefore, if enacted, would involve expenditure from the Consolidated Fund of India. It is estimated that an annual recurring expenditure of about rupees ten crore will be involved out of the Consolidated Fund of India. No non-recurring expenditure is likely to be involved.

MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 16 of the Bill gives power to the Central Government to make rules for carrying out the purposes of the Bill. As the rules will relate to matters of detail only, the delegation of legislative power is of a normal character.

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