

POPULATION CONTROL AND REPRODUCTIVE GOVERNANCE IN INDIA AND CHINA (1950–1980)

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Abstract

This paper examines the relationship between state power, bodily autonomy, and reproductive governance in India and China between 1950 and 1980. It explores why the Indian and Chinese states, despite concerns regarding population growth, initially refrained from adopting coercive population-control measures, and why the 1970s marked a decisive shift toward more interventionist policies in both countries.

The paper investigates how states justified intervention in reproduction through appeals to collective welfare and national development. It examines how far the state can legitimately intervene in reproductive decision-making.

This study engages particularly with the ideas of John Stuart Mill on liberty and bodily sovereignty. Mill's distinction between "self-regarding" and "other-regarding" actions provides a framework for evaluating the legitimacy of state intervention in reproductive decisions.

This paper argues that ambiguity surrounding the idea of "harm" allows governments to justify increasing intervention into private life. If every birth is interpreted as a burden upon collective resources, reproduction ceases to be purely private.

Using a qualitative and comparative methodology based on government reports, newspapers, court judgments, and secondary literature, the paper demonstrates that although both India and China initially framed family planning as voluntary and developmental, the post-Nehru and post-Mao periods witnessed increasing state intrusion into reproductive autonomy. The paper concludes that reproductive governance reveals the tension between developmental governance and individual bodily freedom, particularly in postcolonial states seeking economic modernisation.

Keywords: Population Control, Reproductive Rights, Bodily Autonomy, Privacy, India, China, Feminism, State Power

1.1 Introduction

The paper examines reproductive rights, bodily autonomy, and state intervention in population governance through a comparative study of India and China between 1950 and 1980, arguing that both states shifted from voluntary developmental policies to coercive population-control measures by redefining population growth as a "social harm," thereby raising ethical questions about reproductive freedom, privacy, and state power; the paper is divided into three sections covering bodily autonomy, population debates, and coercive family-planning policies.

1.1.1 Need of the Study

The study is needed to examine how reproductive rights, bodily autonomy, and state intervention evolved in India and China between 1950 and 1980. It seeks to understand how both countries shifted from viewing population growth as a national strength to treating it as a developmental problem requiring state control.

The study is important because:

- Reproductive rights remain globally contested, especially after events such as the overturning of *Roe v. Wade*.
- India and China adopted different yet coercive population-control measures despite similar postcolonial experiences.
- The research addresses ethical and political questions regarding:
 - bodily autonomy,
 - reproductive freedom,

The period 1950–1980 captures the transition from voluntary developmental policies to coercive reproductive governance.

- The study fills a comparative gap in understanding how developmental rationalities allowed states to redefine reproduction as a matter of public concern rather than private choice

1.1.2 Methodology

The study adopts a comparative historical and qualitative methodology to analyse population policies in India and China (1950–1980) using philosophical texts, historical documents, speeches, government policies, committee reports, international conference records, and secondary scholarly literature.

1.1.3 Theoretical Framework

The theoretical framework is based on the liberal theory of bodily autonomy developed by John Stuart Mill, Immanuel Kant, Isaiah Berlin, and Gerald Dworkin, focusing on individual liberty, self-governance, and Mill's harm principle to examine whether states justify coercive reproductive intervention by redefining population growth as "social harm."

1.2 The Idea of the Body and Bodily Autonomy

In Western thought, the question of the body and its relation to the mind emerged much later, most notably with René Descartes. Descartes introduced a dualistic conception of existence, viewing the mind as a thinking, immaterial substance and the body as an extended, divisible, and movable entity.¹ John Locke later developed this notion by treating the body as something solid and extended in space.²

While these philosophers explored the relationship between body and mind in depth, their writings remain largely silent on questions of gender and feminism, leaving the embodied experience of women unexamined within this dualistic framework.

Mill argues that planned population growth is necessary, as "science can never elevate the universe a lot until the increase of mankind comes under deliberate guidance," emphasising the need for a planned population.³ Furthermore, he argues that an individual's actions are subject to social regulation only when they affect others; however, when actions concern only oneself, one's independence is absolute. As he famously stated, "Over himself, over his body and mind, the individual is sovereign." This idea forms the core of Mill's "harm principle", which holds that power can be justifiably exercised over individuals only to prevent harm to others. Acts that affect only the individual fall within the self-regarding sphere, where personal autonomy is of paramount importance.⁴

¹ René Descartes, *Meditations on First Philosophy*, trans. John Cottingham (Cambridge: Cambridge University Press, 1996).

² John Locke, *An Essay Concerning Human Understanding* (Oxford: Oxford University Press, 1997).

³ John Stuart Mill, quoted in *India's Population Problem and the Need for Popularising Family Planning (Birth-Control) in the Country*, notes by J. P. Brander, A. D. K. Owen, and Marie Stopes; Population Enquiry Committee (P. C. Mahalanobis, Mr. Yeatts, K. V. Wadhawa, K. C. K. E. Raja, and T. Gregory), President's Secretariat, General Branch, File no. 607/4-G/43 (New Delhi: National Archives of India, 1943), PR_000006174181.

⁴ John Stuart Mill, *On Liberty* (Oxford: Oxford University Press, 2009), 14.

The harm principle asserts that individuals should be free to act as they wish, provided their actions do not harm others. Acts that concern only the individual fall within the self-regarding sphere, where, as Mill argues, the person is sovereign over his own body and mind. In contrast, actions that affect others, directly or indirectly, belong to the other-regarding domain and may be subject to social or legal regulation. However, this distinction raises a critical question: does Mill's idea of the self-regarding sphere actually limit personal autonomy by allowing external authorities to define what constitutes "harm"? Can state intervention in private domains truly prevent harm, or does it risk expanding the coercive power of the state over individuals? The complexity of defining harm, as Holtug (2002) observes, makes the harm principle itself vulnerable to misuse, potentially enabling the state to impose coercive measures in the name of protecting others.⁵

The concept of autonomy, derived from the Greek words "autos" (self) and "nomos" (law), has long been central to philosophical debates about self-governance and moral agency. Thinkers such as Kant, J.S. Mill, and Berlin have each emphasised autonomy as a defining feature of human dignity and individuality. For Kant, it reflected the moral worth of treating persons as ends in themselves; Mill viewed it as the freedom to make choices that do not harm others; and Berlin saw it as the desire to act according to one's own reason rather than external compulsion. Gerald Dworkin further argues that autonomy gives life coherence and meaning, as individuals shape their own purposes through self-directed action.⁶

The next section deals with the population debate in India and China.

1.3 Population Debates in India and China

The global birth-control movement also influenced debates in Asia. Margaret Sanger, a major advocate of birth control in the United States, visited both India and China and criticised child marriage, lack of reproductive awareness, and restrictions upon women's health.⁷

The giant countries of Asia, India, and China are the most populous countries on the globe. Both countries shared a similar colonial history and had a bitter experience of imperialism and foreign domination. Therefore, the policy of India-China operates within a certain parameter.⁸

Despite sharing a colonial background, India and China currently have population policies that are the exact opposite of one another. China's population is currently balancing between growth and decline. India, on the other hand, supporting efforts to lower the birth rate. A report released

by the United Nations India has become the world's most populous nation, according to United Nations population estimates, marking a major milestone in global demographic history. Based on projections that use census information along with fertility and mortality rates, the UN reports that India's population has reached approximately 1,425,775,850, overtaking China for the first time.⁹

The Swaminathan Committee report on population policy (1994), as discussed by Ashish Bose, highlights a significant demographic projection: it warned that India's population could surpass China's by around 2050, or even as early as 2035. Based on this projection, it argued that India would become the world's most populous nation and therefore carry a particular global responsibility to work toward population stabilisation.¹⁰

The Chinese government encourages couples to have more children because the population of the world's most populous country is on the decline.¹¹

To what extent can the state intervene in matters of bodily autonomy, and should the individual's bodily autonomy be treated as an instrument of the state?

⁵ Nils Holtug, "The Harm Principle," in *The Moral Limits of the Criminal Law: Liberal Theory and Practice*, ed. R. A. Duff and Stuart Green (Dordrecht: Springer, 2002), 357–389.

⁶ Elizabeth Wicks, *The State and the Body: Legal Regulation of Bodily Autonomy* (Oxford and Portland, OR: Hart Publishing, 2016), 3–4.

⁷ M. Sanger, *Motherhood Bondage* (New York: Ergamon Press Oxford, 1956), chap. 1, "Girl Mothers."

⁸ P. L. Bhola, "India's China Policy in the 1980s," *Indian Journal of Asian Affairs* (1989): 18, 16–33.

⁹ Hannah Ellis-Petersen, "India Overtakes China to Become World's Most Populous Country," *The Guardian*, April 24, 2023, <https://www.theguardian.com/world/2023/apr/24/india-overtakes-china-to-become-worlds-most-populous-country>.

¹⁰ Ashish Bose, *India's Quest for Population Stabilisation* (New Delhi: National Book Trust, 2010), 38–39.

¹¹ "China approves three-child policy with sops to encourage couples to have more children," *Times of India*, August 20, 2021, <https://timesofindia.indiatimes.com/world/china/china-approves-three-child-policy-with-sops-to-encourage-couples-to-have-more-children/articleshow/85482118.cms>.

In response to one of the private member bills on the growing population, the health minister from the floor of the Rajya Sabha made it clear that it's an awareness program rather than a force to control the population.¹² As discussed earlier, this paper undertakes a comparative study of the population policies of India and China between 1950 and 1980. The selection of this period is deliberate. Population policy constitutes a vast field of inquiry, and a comparative analysis of India and China further broadens its scope. Therefore, the researcher has confined the study to this timeframe in order to conduct a focused and comprehensive analysis within practical limitations.

Furthermore, the period from 1950 to 1980 offers significant grounds for comparison. In the decades following independence and revolution, both states increasingly viewed population control as central to national development. More importantly, both countries adopted coercive measures in the post-Nehruvian and post-Maoist phases of governance. In 1979, China introduced the One-Child Policy, while in India, coercive sterilisation measures were implemented during the Internal Emergency (1975–77). These developments make the chosen period particularly important for a comparative study of state intervention in population governance.

Following independence, both India and China prioritised population management and the pursuit of economic stability as central national objectives.

However, after independence, both Nehru and Mao initially viewed population growth positively. Mao argued that China's large population was a strength, not a problem. In 1949, he argued that people suffer because of unfair rulers and exploitation, not because there are "too many people." He rejected the ideas of economist Malthus, who said population growth would lead to food shortages.¹³

Furthermore, Mao believed that under socialism, people could produce enough food and goods for everyone. More people meant more workers who could help build the country. He thought that through revolution and increased production, China could support an even bigger population.¹⁴ Moreover, Mao, who served as China's paramount leader from 1949 to 1976, strongly believed in the idea that "more people, more power."¹⁵ Similarly, Nehru emphasised education, economic planning, and human development rather than coercive birth-control policies. In his presidential address at the 34th Indian Science Congress in January 1947 that the nation must first recognise the potential and strength of its people and then ensure they are given opportunities for proper training and development. He emphasised that without adequate training, a significant amount of human potential would be wasted.¹⁶

In 1951, China's official newspaper, the *People's Daily*, asserted that birth control was promoted by capitalist and imperialist nations, whereas socialist and democratic states encouraged higher birth rates.¹⁷

In the early years, the leadership of India and China viewed population growth as a source of national strength rather than a social or economic burden. Although concerns about rising population levels gradually emerged, both countries believed that economic development and stability would eventually ease the pressures created by population growth. In contrast to Western liberal perspectives, Marxist-socialist ideology rejected the Malthusian theory of population, which argued that population growth would outpace resources. This ideological position was one of the key reasons why the leaders of India and China regarded a large population as an asset and a source of power.

Over time, however, state attitudes gradually changed. By the late 1950s and early 1960s, both India and China began expressing concern regarding the pressures created by rapid population growth. In China, the

¹² Sourav Roy Barman, "Health Minister says no to BJP MP's Bill on population control: Awareness, not force," *The Indian Express*, April 2, 2022, <https://indianexpress.com/article/india/health-minister-says-no-to-bjp-mps-bill-on-population-control-7848741/>.

¹³ Thomas Scharping, *Birth Control in China 1949–2000: Population Policy and Demographic Development* (London: Routledge, 2003), pt. 3, chap. 4.

¹⁴ *Ibid.*

¹⁵ Junsen Zhang, "The Evolution of China's One-Child Policy and Its Effects on Family Outcomes," *The Journal of Economic Perspectives* 31, no. 1 (Winter 2017): 142, accessed May 23, 2026, [JSTOR](https://www.jstor.org/stable/4517111).

¹⁶ Bose, *India's Quest for Population Stabilisation*, 5.

¹⁷ Scharping, *Birth Control in China 1949–2000*, 30.

failures of the Great Leap Forward contributed to increasing support for family planning.¹⁸ In India, population control became linked to economic planning and developmental goals through five years plan.¹⁹ Nevertheless, neither state initially adopted highly coercive policies. Population control remained officially associated with voluntariness, development, and public welfare.

The Next section deals with Family Planning and State Intervention.

1.4 Family Planning and State Intervention in the 1970s

The relationship between reproduction and state power became increasingly contentious during the 1970s. International debates increasingly framed population growth as a global crisis. Paul Ehrlich's *The Population Bomb* portrayed overpopulation as a threat to food security and economic stability, particularly in developing countries such as India and China.²⁰

After Mao Zedong died in 1976, his successor, Deng Xiaoping, came to power. Deng had long been associated with the development of China's birth control policies. As early as 1952, while serving as vice premier, he advocated greater use of contraceptives. Therefore, it was widely anticipated that once he assumed full leadership of China, he would actively support and expand the birth control movement.²¹

In India, family planning policy also became more interventionist after Nehru. During the 1960s and 1970s, population control became increasingly target-driven and incentive-based.²² The Emergency period (1975–1977) represented the most coercive phase of Indian population policy.

John Stuart Mill's theory of liberty provides an important framework for understanding this debate. In *On Liberty*, Mill argues that individuals are sovereign over their own bodies and minds. According to Mill's harm principle, state intervention is justified only when an action harms others.²³

Reproductive decisions appear, at first glance, to belong primarily within the self-regarding sphere. However, modern developmental states frequently redefine reproduction as a matter of collective welfare because population growth affects economic resources, employment, healthcare, and public services.

This paper argues that ambiguity surrounding the idea of "harm" allows governments to justify increasing intervention into private life. If every birth is interpreted as a burden upon collective resources, reproduction ceases to be purely private.

In his 1979 address to the nation, "Uphold the Four Cardinal Principles," Deng Xiaoping emphasised that "personal interests must be subordinated to collective interests," and that "immediate and limited interests must give way to long-term and collective interests." He further observed that China's population had reached 900 million, of whom nearly 80 per cent were peasants. According to Deng, while a large population could serve as a national strength, it also posed significant social and economic challenges.²⁴

Similar developmental reasoning also shaped Indian family-planning programmes during the Emergency. The government imposed an Internal Emergency from 1975 to 1977, a period remembered for two highly controversial policies: mass sterilization campaigns and the forced eviction of urban slum dwellers. During the Emergency, slogans circulated widely across cities proclaiming that "the nation is on the move" and that "the Emergency is for a more prosperous future"²⁵

However, the global debate regarding reproductive rights intensified during this period. In 1973, the United States Supreme Court's decision in *Roe v. Wade* recognised abortion as part of the constitutional right to privacy. The judgment linked reproductive choice to bodily autonomy and individual liberty.²⁶

Similarly, the 1974 United Nations World Population Conference recognised reproductive rights and emphasised that development and quality of life were essential components of population policy. Later, the International Conference on Population and Development further recognised reproductive rights as

¹⁸ Scharping, *Birth Control in China 1949–2000*, 31.

¹⁹ Krishnamurthy Srinivasan, *Population Concerns in India: Shifting Trends, Policies, and Programs* (New Delhi: SAGE Publications India Pvt. Ltd., 2017).

²⁰ Paul R. Ehrlich, *The Population Bomb*, rev. ed. (New York: Ballantine Books, 1971), 19.

²¹ Zhang, "The Evolution of China's One-Child Policy," 144.

²² Ashish Bose, *India's Publication Pharmacy: Changing Paradigm* (New Delhi: B.R. Publishers, 1996), introduction.

²³ Mill, *On Liberty*, 14.

²⁴ [Deng Xiaoping, "Uphold the Four Cardinal Principles"](#), March 30, 1979, in *Deng Xiaoping Works*, trans. unknown, transcription by Joonas Laine, accessed May 23, 2026.

²⁵ *Unsettling Memories: Narratives of India's 'Emergency'* (Delhi: Permanent Black, 2003), 25.

²⁶ ["Roe v. Wade and the Right to Privacy"](#), [Center for Reproductive Rights](#), 2003, accessed May 23, 2026.

fundamental human rights, affirming that individuals and couples possess the right to determine the number, spacing, and timing of their children.²⁷

Despite these developments, reproductive rights continue to remain politically contested across the world. The reversal of *Roe v. Wade*²⁸ in 2022 demonstrated that bodily autonomy remains vulnerable to political, ideological, and religious contestation.

1.5 Conclusion

The comparative experiences of India and China demonstrate that population policy is deeply connected to broader questions of state power, development, bodily autonomy, and privacy.

Although both countries initially resisted coercive population control, the developmental anxieties of the 1970s produced increasing intervention into reproductive life. China's one-party political structure enabled highly centralised population policies, whereas India's democratic framework generated stronger political resistance to coercive measures. The electoral defeat of Indira Gandhi after the Emergency illustrated the political consequences of excessive state intrusion into private life.

At the same time, the distinction between voluntary and coercive population control remains blurred. Incentives, welfare-based pressures, and administrative authority complicate conventional understandings of consent.

Mill's theory of liberty remains useful for evaluating the legitimacy of state intervention. His defence of bodily sovereignty highlights the importance of protecting individual autonomy against coercive authority. Yet reproductive governance complicates Mill's distinction between self-regarding and other-regarding actions because states increasingly frame reproduction as a collective issue.

Ultimately, reproductive governance reveals the enduring tension between collective welfare and individual freedom. Debates surrounding bodily autonomy, privacy, abortion, and population control continue to remain relevant in contemporary discussions regarding reproductive rights and democratic governance.

The struggle for bodily autonomy therefore, remains not only a private issue but also a political question concerning the relationship between individuals, society, and the state.

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²⁷ ["World Population Conference, Bucharest 1974"](#), United Nations, accessed May 23, 2026.

²⁸ Nate Raymond, "In Their Own Words: U.S. Supreme Court Justices on Overturning *Roe v. Wade*," [Reuters](#), June 25, 2022

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