is preparing for a war. That is an appropriate analogy; advocates of such strong population control measures do see themselves as fighting a war on population, and their choice of words, their perspective on the problem, their strategies for dealing with it, and their zeal all re-inforce that perception. This way of thinking about population, informed by military language, is directly reflected in how population policies are designed and implemented, as will be demonstrated in Chapters Three and Four.

Ehrlich is regarded as somewhat extreme by others who share similar views. In theory, strictly voluntary FPPs are preferred by most population activists and national governments, but in practice, the reality is quite different. There is a discrepancy between what the establishment claims to be doing and what it is actually doing. Family planning programs, on domestic and international levels, are more often about reducing fertility than providing choice. Population control is by definition coercive, whether overtly through the use of force or more subtly through the use of mechanisms such as incentives. These policies are essentially coercive, demonstrating that the population establishment does favour coercive over voluntary measures. Is the latter merely a politically convenient guise for the implementation of the former? In many countries, including India, this is certainly the case. Population control is an ideology that seeks to control the reproductive behaviour of the Third World in order to bring it in line with the economic, social, political, environmental, and racist priorities of the First World. Samir Amin has been an outspoken critic of the population control movement: "The world-wide birth control

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**"COERCION IN A GOOD CAUSE?:"
CHALLENGING THE ETHICS AND EFFECTIVENESS OF
POPULATION CONTROL**

by

GEETANJALI NARAYAN, B.A. (Hons.)

**A thesis submitted to
the Faculty of Graduate Studies and Research
in partial fulfillment of
the requirements for the degree of
Master of Arts**

School of International Affairs

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Abstract

Population control refers to measures undertaken to reduce fertility, which, according to the "population establishment," is currently so high that it endangers planetary survival. A "crisis mentality" exists among advocates of population control, who thus support the use of coercive measures to contain the spectre of overpopulation. Coercion, manifested in the use of targets, incentives and disincentives, is an inherent part of population control. It is used mainly against women in the Third World; the population establishment defines the "overpopulation problem" in terms of national, racial, class and gender boundaries. Moreover, as the experience of India demonstrates, coercion is ineffective in reducing fertility. Coercion is thus both unethical and ineffective, and must be abandoned.

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*Om Asato Ma Sadgamaya,
Tamaso Ma Jyotir Gamaya,
Mrityorma Amritam Gamaya*

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Glossary

Contraception	Measures taken and devices employed to prevent sexual intercourse from resulting in conception of a child.
Couple Protection Rate	Proportion of current users of contraception in a relevant category, such as all married women of reproductive age.
Crude Birth Rate (CBR)	Number of live births per thousand of population per year.
Crude Death Rate (CDR)	Number of deaths per thousand of population per year.
Demographic Transition	The change in the pattern and rate of population growth characterized by a sharp decline in death rates and after a slight delay, a more gradual decline in birth rates. In the interim, the population growth rate is high.
<i>Dhoti</i>	Garment worn by Indian men.
Family Planning	The use of some form of contraception (modern or traditional) to control the number and spacing of children a couple choose to have; fertility-regulating behaviour.
Fecundity	A woman's capacity to produce a live child.
Fertility	Reproductive performance; not to be confused with reproductive <i>capacity</i> (see Fecundity).
<i>Panchayat</i>	Village council.
Population Control	Policy designed to reduce birth rates by various measures; normally government- or donor agency-sponsored.

Population Establishment	International conglomeration of organizations and individuals who espouse and implement population control.
Population Policy	Official policies designed to engender demographic change (births, deaths, migration).
Reproductive Rights	Encompasses a broad range of rights, such as an individual's right to choose freely to have or not have children, the right to general reproductive health care, the right of control over one's own body, the right to be free of state regulation of one's fertility, etc.
<i>Sari</i>	Garment worn by Indian women.
Total Fertility Rate (TFR)	Sum of age-specific maternal fertility rates over the whole fecund period; total number of children an average woman will have in her lifetime.

Source: William Petersen and Renee Petersen, Dictionary of Demography: Terms, Concepts, Institutions, Vols. 1 & 2, New York: Greenwood Press, 1986; Etienne van de Walle (adapt.), Multilingual Demography Dictionary, 2nd edition, English Section, from the French 2nd edition by Louis Henry. Liege: IUSSP, 1982.

CHAPTER ONE

INTRODUCTION

Population has gained prominence on the international agenda in recent years; alarming statistics about the rate of world population growth have led some to believe that failure to deal with population may be the "ultimate global blunder."¹ The International Conference on Population and Development, held in Cairo in September 1994, attempted to address the population "problem" on a global level by proposing strategies for population control for all countries. First World (donor) countries committed themselves to providing increased population control assistance, while most Third World (recipient) countries renewed their commitment to curtailing their national rates of population growth.² Underlying this conference was an almost unquestioned acceptance of the idea of a population "problem." Neither its existence nor the need to combat it was challenged.

Population control is assumed by many to be a necessary policy in most parts of the Third World since that is where rates of population growth tend to exceed rates of economic growth. Yet the correlations between economics and population are rarely so simple. A narrow focus on population growth precludes the

¹Werner Fornos, President of the Population Institute, quoted in "Population Crisis Feared as Billions Enter Fertile Years," Globe and Mail, March 4, 1995.

²Programme of Action of the United Nations International Conference on Population and Development, (Unedited Version), Cairo, Sept. 19, 1994.

consideration of factors such as ineffective redistributive policies or inadequate investments in human capital.

Similar logic is applied to the relationship between population and the environment, with some³ arguing that a growing population necessarily leads to increasing environmental degradation. Again, the analysis is too simple, neglecting factors such as human interaction with the environment, international trading relations, and climate change.

Despite the complexity of issues surrounding the population "problem," the perception that population growth is an impending "apocalypse"⁴ continues to be the dominant vision guiding all population policies. Consequently, population pessimists believe that strong measures, such as penalizing parents for having large families, must be taken to reduce birth rates. Although such measures are ostensibly based on the principle of voluntarism, in practice, they coerce individuals into limiting their fertility.

On an international level, mechanisms such as tied population aid coerce recipient countries into adopting population policies which they would otherwise not choose to adopt, a situation caused by unequal power relationships between North

³Garrett Hardin (ed), Population, Evolution and Birth Control, San Francisco: W.H. Freeman & Co., 1969; Garrett Hardin, Living Within Limits: Ecology, Economics, and Population Taboos, New York: Oxford UP, 1990; Paul Ehrlich, The Population Bomb, New York: Ballantine Books, 1968; Paul Ehrlich and Anne Ehrlich, The Population Explosion, New York: Simon and Schuster, 1990.

⁴The term "apocalypse" is used by Paul Kaihla in an article about the Cairo Conference, "Apocalypse When?," Maclean's, Sept. 5, 1994.

and South. Arising from hierarchies in several spheres, population control is an ideology and a policy that is founded on coercion, denying freedom of choice on both international and individual levels.

This essay will utilize feminist theory to document the coercive nature of fertility control, with specific reference to India. Feminists situate population control at one end of a continuum; this end is characterized by racism, sexism, and capitalist exploitation, with the opposite end representing true reproductive freedom.⁵ Family planning falls between these two polarities yet is increasingly being distorted by advocates of population control, resulting in its becoming a means of social domination rather than a means of individual empowerment. "Reproductive freedom," as defined by Petchesky, is the ultimate goal of feminist population policy. It goes beyond the "'right to choose' as this right depends on transforming the material and ideological conditions within which women produce and reproduce."⁶ In other words, feminists are critical of population control for its perpetuation of unjust international social, economic and political hierarchies; as well as for its invasive effects on women's bodies.

⁵Mary Ann Mulvihill, "Thoughts on Feminist Critiques of Population Control," Unpublished draft, May 7, 1993, p. 15.

⁶Rosalind Pollack Petchesky, Abortion and Women's Choice: The State Sexuality and Reproductive Freedom, Boston: Northeastern University Press, 1990, pp. xxv, 11, quoted in Mulvihill 1993, p. 17.

For example, the "population establishment"⁷ is developing new contraceptive technologies such as the anti-pregnancy vaccine. These new technologies are hailed as breakthroughs because they reduce the possibility of client error essentially to zero. With other methods of birth control, such as the Pill or inter-uterine device (IUD), the success of the method was tied to the user and whether she used the method properly. With technologies such as Norplant, Depo-Provera and the vaccine, *there is almost no involvement on the part of the user - except for actually submitting herself to the procedure.* While population control enthusiasts are excited at this prospect, feminists and other human rights activists are critical of these technologies because they have "engineered out" user control.⁸ This suits the agenda of the population establishment but threatens women's control over their own bodies. The new contraceptive technologies thus illustrate the fact that population control "has always been an issue of politics, not of technology."⁹

The opposing views on population held by the establishment and feminists contrast most starkly around coercion. The establishment feels that the threat of overpopulation is so imminent and destructive that all available means should be employed to reduce fertility rates. Coercive devices such as targets, incentives and disincentives are seen as necessary tools to bring about lower birth rates. In response

⁷Betsy Hartmann, Reproductive Rights and Wrongs: The Global Politics of Population Control and Contraceptive Choice, New York: Harper and Row, 1987.

⁸David Cayley, quoted in Canadian Broadcasting Corporation (CBC), "Ideas: The Population Riddle," Radio program, Sept. 1994.

⁹Linda Gordon, Women's Body, Women's Right: A Social History of Birth Control in America, New York: Penguin, 1976, p. 17.

to questions about the ethics of coercion, Paul Ehrlich, an advocate of compulsory male sterilization, states: "Coercion? Perhaps, but coercion in a good cause."¹⁰

Feminists, in contrast, reject the idea of any kind of external control over fertility, particularly any mechanism which effectively denies choice. The establishment explicitly and implicitly encourages coercion in population policies because it does not offer women a real choice, between different methods of birth control and, more fundamentally, between having more children or not. As Petchesky argues, "the concept of choice is of little value when options are limited and/or all options are relatively unattractive."¹¹

The case of India illustrates these competing views of the coercive nature of population control. Coercion is integral to India's population policy. The whole family planning program (FPP) is founded on the notion of targets, which encourages the de-humanization of the program. This then allows for coercive measures such as disincentives to be undertaken with more ease and less conscience or guilt. If one conceptualizes the people receiving family planning services as de-personified entities known variously as "cases," "acceptors," or "targets" which must be met, it is all the easier to treat them as such, without thinking about the *human* aspect, i.e. why these people are here, what the compensation payment means to them, what means were employed to get them here by FPP workers, whether they really want to practice family planning or see it as a means to an end (the end being obtaining the incentive

¹⁰Ehrlich 1968: p. 166.

¹¹Petchesky 1990, pp. xxv, 11, in Mulvihill 1993, p. 17.

offered), how using contraception will affect their lives (especially if they are women who may not be there with their husband's consent or knowledge). The FPP is defined in terms of targets (e.g. to lower the Total Fertility Rate [TFR] from 3.6 to 2.1 by 2010, to reduce the Crude Birth Rate from 29.9 to 26.0 by 1997)¹²; therefore, the discourse of the program adopts the language that is associated with thinking in terms of targets, and from this flows the de-humanization mentioned earlier.

The system of incentives (e.g. offering money, clothing, land) and disincentives (e.g. preventing people with more than two children from holding local office in *panchayats*, making salary increments dependent on acceptance of family planning) influences people unjustly because they are often in need of whatever is being offered or threatened to be taken away. They essentially have no choice if the "choice" is between sterilization/contraception and unemployment/hunger/worse poverty.

The significant and enduring role played by governments and agencies in India's FPP points to another possible, and likely, source of coercion. Since 1952, there has been a very high degree of foreign involvement in India's FPP. Indeed, the program was started with a large grant from the Ford Foundation, and continues to be supported by it forty-two years later. Other important players in the Indian FPP include the United States Agency for International Development (USAID), the

¹²Expert Group on Population Policy, Draft National Population Policy, Prepared for Ministry of Health and Family Welfare, Government of India, New Delhi: May 21, 1994, p. 11; Government of India, Planning Commission, Eighth Five-Year Plan: 1992-97; Vol. II: Sectoral Programmes of Development, New Delhi: Government of India, Manager of Publications, 1992, p. 332.

Population Council, International Planned Parenthood Federation (IPPF), United Nations Fund for Population Activities (UNFPA), and the Rockefeller Foundation. Each of these agencies has its own agenda which underlies all its actions. The Indian FPP is on the receiving end of these various agendas since it accepts financial and other types of aid from them. This is not necessarily the same thing as tied aid; it is rarely so explicit. For example, all these bodies hold the view that the world is over-populated, that the burgeoning numbers in the low-income countries are threatening to deplete the planet's resources in record time (in essence, an Ehrlichian philosophy), and that population control in these countries is the solution. This philosophy motivates all their development assistance. It follows therefore that they favour certain population policies over others, namely the aggressive promotion of birth control over female education or maternal and child health. The essential point is not that these organizations are inherently bad or immoral, but that they have priorities which influence the nature of India's FPP - usually in a very subtle way. What gives them the power to do this is their control over the purse-strings, and India's dependence on the purse.

The Indian FPP has hardly been an overwhelming success in the area of reducing fertility. Although the TFR has declined from 6.0 in the 1940's to 3.6 in 1992, the current rate is still too high for India to meet its ambitious goal of a TFR of 2.0 by the year 2000. It has therefore had to revise its goal to 2.1 by 2010.¹³ What are the reasons for the FPP's failure? Common explanations include

¹³M.S. Swaminathan, "Population Imperatives," The Hindu, July 26, 1994.

inefficient implementation, lack of political will, insufficient resources, a low level of socio-economic development, poorly-trained personnel, and unavailability of contraceptives. While these are all valid criticisms of the FPP, they obscure the more fundamental problem. The Indian FPP has consistently failed to meet its objectives because of its narrow focus on population *control* and hence, its heavy reliance on coercion. Not only does coercion undermine the legitimacy of the program and of family planning itself in the eyes of the people it seeks to influence, it also fails to create any lasting change in societal attitudes towards fertility. As one observer has wryly noted: "I do believe that the crashing blunders of family planning programs, especially in India, have actually delayed the coming of the New Saviour, Small Family Norm, as he is affectionately known in family planning circles."¹⁴

Chapter Outline

The essential question this paper seeks to address is neatly summarized by Veatch:

At what point does advocating such changes [social changes to reduce fertility] for demographic purposes become manipulative? At what point does encouraging social change slide from the enhancement of social freedom to the manipulating of social behaviour? ... How are such programs ethically different from physical coercion?¹⁵

¹⁴Germaine Greer, Sex and Destiny, New York: Harper & Row, 1984, p. 490.

¹⁵Robert M. Veatch, "Ethics, Population Policy, and Population Education," Social Education 36 (4), April 1972.

Chapter Two examines some of the theoretical issues raised by Veatch and others at greater length. By questioning the key concepts of "population control" and "coercion," this chapter will demonstrate the largely overlooked link between them. As the FPP in India demonstrates, there is a strong dependence of the former upon the latter. The central point in Chapter Two is that population control is grounded in a historical and conceptual foundation that is Eurocentric and alarmist, thereby giving rise to policies which are sharply biased against Third World peoples.

The next two chapters will look at the operation of coercion at the various levels of population policy. Chapter Three examines the international level, tracing the origins and evolution of international population control ideology and the "population establishment." Instead of discussing the whole range of activities of the numerous actors in population control, the focus of Chapter Three is limited to four of the most prominent: USAID, UNFPA, the Ford Foundation, and the Rockefeller Foundation. These agencies are also the most important in the Indian context.

In Chapter Four, the Indian FPP will be examined in detail. Beginning with a brief historical overview, the chapter pinpoints the specific sources of coercion in the FPP. Targets, incentives, and disincentives will be critiqued and assessed in terms of their ethical implications, conceptual assumptions, and effectiveness. The aim of this chapter is to look at the actual implementation of "family planning" (more accurately, population control) in India, in many ways the microcosm of the larger global population issue. The population establishment is perhaps most concerned about India since it has the second largest population in the world, and will likely

overtake China by the middle of the next century. For this reason, India is an ideal case study of population control activities. This chapter will end with a discussion of the 1994 National Population Policy document which is in the process of being adopted as official government policy. The new Policy is hailed as an innovative approach to family planning in India, recommending the abolition of monetary incentives. However, its concomitant encouragement of severe disincentives leads one to question the validity of that claim.

The final chapter will offer conclusions drawn from the ideas contained herein. It will also put forward recommendations for policy-makers and government officials active in population.

This paper contends that people cannot - and should not - be forced into changing their attitudes about fertility. Moreover, past efforts at limiting fertility have been ethically unjust and unsuccessful because they were undertaken by a population control establishment that has little understanding of Third World people's living conditions (material, social, cultural, spiritual) and the *motivations* created by those conditions. While coercion may be somewhat effective in the sense of obtaining numerical results, its long-term impact is to make family planning *less* acceptable. Therein lies the contradiction of coercion.

CHAPTER TWO

THE POPULATION QUESTION: A THEORETICAL ANALYSIS

Fertility is a complex issue. In addition to being an extremely personal subject, it has acquired many political features that have added to the debates surrounding its regulation. North-South differences in other policy areas exert themselves in the realm of population as well; the movement to control population growth originated in, and remains dominated by, the North. It is this dominance that can give rise to coercion in international population control.

The purpose of this chapter is to explore the issue of population in order to identify the sources of and rationale for coercion in family planning. The chapter begins with a discussion of the key terms in population discourse. It then briefly considers the politics involved in defining population as a "problem" and responding to it as such. The bulk of the chapter concerns itself with exploring the two central debates in population: a) is there a global over-population problem?; and if the answer to (a) is affirmative, b) how should this problem be addressed? Coercion is examined in the context of the second debate.

Assessing the role and impact of coercion in FPPs first requires a definition of the terms of the debate, specifically "population policy," "family planning," "population control," and "coercion." Although these terms are used interchangeably by commentators in the field, there is considerable ambiguity surrounding them. It is imperative to define the terms in order to engage in a more precise theoretical discussion.

Definitions of population policy are themselves indicative of the problems associated with the concept. The World Bank defines population policy as policy which "involves explicit demographic goals..., employs a wide range of policies, direct and indirect, to change the signals that otherwise induce high fertility."¹⁶ Aside from being factually incorrect (many countries have had or continue to have pronatalist policies), this definition assumes that population policy is always designed to lower fertility, i.e. is always anti-natalist. There is an implicit bias against pronatality. Similarly, the UN defines population policy as

measures and programmes designed to contribute to the achievement of economic, social, demographic, political and other collective goals through affecting critical demographic variables, namely the size and growth of the population, its geographical distribution (national and international) and its demographic characteristics¹⁷

While this definition is much more inclusive in scope, it lacks the emphasis on governments that is central to the concept of population policy. Berelson offers an appropriate alternative: "[population policy is] more or less deliberate effort by governments to affect the rates of population growth in their countries - not the incidental demographic effect but the intended one."¹⁸ The important distinguishing features are well-captured in this definition; population policy fundamentally involves

¹⁶World Bank, World Development Report 1984, Washington D.C.: World Bank, 1984, p. 155.

¹⁷United Nations, Economic and Social Council (UNECOSOC), Population Commission, Report of the Ad Hoc Consultative Group of Experts on Population Policy, (E/CN.9/267), New York: ECOSOC, May 23, 1972, p. 6.

¹⁸Bernard Berelson, "An Evaluation of the Effects of Population Control Programmes," Studies in Family Planning, Vol. 5 (1), 1974, p. 2.

government, is designed to affect a large group of people (the country's whole population usually), and is primarily concerned with growth rates.

The distinction between family planning and population control is not always made; they are assumed to be the same thing. Increasingly, however, a distinction *is* being made, initiated largely by feminists in the population field. Family planning refers to efforts by the family unit to control the number and spacing of children in the family. "It provides a range of contraceptive services in the context of a health programme, is based on individual needs and choices, and emphasizes free and informed consent."¹⁹ Family planning gives priority to the individual involved and his/her desires.

Population control, in contrast, is a top-down approach in which elites dictate the composition and size of a specific group of people. Power and choice are concentrated in the hands of a small group of policy-makers, either external or domestic, whose primary objective is to reduce fertility rather than to offer *the choice* of regulating fertility. There are three basic premises of population control ideology. First, unchecked population growth is a primary cause of economic underdevelopment, in addition to various other social, psychological, and environmental problems.²⁰ Second, efforts to reduce fertility must be undertaken

¹⁹Peter D. Gillespie, "Policing Population," Canadian Forum, September 1994, p. 18.

²⁰Mulvihill 1993; Betsy Hartmann, "Population Policies and Programs: A Feminist Assessment," Plenary Address, Sixth International Women and Health Meeting, University of the Philippines, Quezon City, Metro Manila, Philippines, November 5, 1990.

independently of efforts in other social policy areas. In other words, modern methods of contraception can be used to "fix" social problem such as poverty.²¹ Third, what is required for success in population control is appropriate financing, personnel, technology, and management techniques to enable the widespread distribution of contraceptives, even in the absence of primary health care facilities.²² Based on these assumptions, population control ideology "seeks to force down birth rates in the absence of major improvements in people's lives, and thus uses birth control [contraception] as a weapon rather than as a tool of reproductive choice."²³

The population establishment is the group of individuals and organizations which espouses and implements population control ideology globally. According to Hartmann, the establishment consists of "those national and international organizations who promote population reduction as one of the centrepieces of development policy, and who pursue contraceptive development and family planning to that end."²⁴ The existence of a population establishment does not represent a grand conspiracy on the part of certain countries or organizations; rather, it is an

²¹Betsy Hartmann, "Old Maps and New Terrain: The Politics of Women, Population and the Environment in the 1990's," Paper presented to The Fifth International Interdisciplinary Congress on Women, San Jose, Costa Rica, February 23, 1993.

²²Mulvihill 1993.

²³Betsy Hartmann and Hillary Standing, Food, Saris and Sterilization: Population Control in Bangladesh, London: The Bangladesh Action Group, 1985, p. 8.

²⁴Hartmann 1993: fn. 2, p. 29.

indication of how pervasive and strong is the commitment to population control. A more detailed analysis of the population establishment is presented in Chapter Three.

Because family planning has historically been more innocuous than population control, it is being used as a euphemistic substitute for population control in much of the literature emerging from the population establishment. Feminists, in particular, have been critical of the suppression or co-option of their voices and terminology (e.g. "reproductive rights," "choice," "female empowerment") by agencies engaged in activities that undermine the very essence of these terms. The establishment "has incorporated the language of women's rights into its technocratic lexicon, not only because women have fought for that inclusion, but because it is expedient to do so."²⁵

Because of the over-riding importance of reducing fertility for global survival, the establishment has shown itself willing to employ coercion to achieve its narrowly defined demographic goals. Coercion is present in population control when one person or group uses the threat of force or severe deprivation to induce other people or groups either to carry out actions of fertility control that they do not want to perform (or normally would not perform), or to refrain from carrying out actions that they want to perform (or normally would perform).²⁶ It is important to note in this

²⁵Hartmann 1990.

²⁶Herbert C. Kelman and Donald P. Warwick, "The Ethics of Social Intervention: Goals, Means and Consequences," in Gordon Bermant, Herbert C. Kelman, and Donald P. Warwick (eds), The Ethics of Social Intervention, Washington and London: Hemisphere Publishing, 1978, p. 16.

context that coercion does not have to involve the use of physical force; the threat of severe deprivation, through the loss or withholding of highly valued and needed goods for example, is sufficient.

Kelman and Warwick distinguish coercion from compliance within the framework of legitimate authority (for example, having to pay taxes) by emphasizing the fact that tax laws and the like are the outcome of a consensual decision-making process; it is thus "right" to comply and/or be made to comply with such policies.²⁷ FPPs, where they are designed and implemented by a select group of change agents, are not the result of such a process, and may thus be coercive.

A further qualification must be made with regard to *degrees* of coercion. Several authors have argued that incentives and disincentives, the most frequently used coercive devices in FPPs, are coercive only if the penalties for non-compliance are severe, as in the loss of employment or the threat of physical harm or profound hardship.²⁸ In cases where one is threatened with a small one-time fine for having another child, the situation would not be described as coercive, but rather as "environmental manipulation" or "persuasion."²⁹

This view is problematic, however, because coercion is more an *outcome* of specific situations rather than the actual circumstances of the situations themselves. In these cases, the critical factor is not what reward is offered or what penalty is

²⁷Kelman and Warwick in Bermant et al. 1978: p. 16.

²⁸Gordon Bermant and Donald Warwick, "The Ethics of Social Intervention: Power, Freedom and Accountability," in Bermant et al. 1978: p. 403.

²⁹Kelman and Warwick in Bermant et al. 1978: pp. 15, 17.

threatened, but the situational constraints within which the decision is being made by the person. For example, the material deprivations of the poor may make an incentive such as food seem coercive, simply because their circumstances do not allow them a choice: they must accept the incentive to survive.³⁰ The result is an exploitation of poverty as well as race, since First World-Third World power dynamics are highly relevant in the context of international population control.

The Politics of Problem Definition and Policy Response

How a government perceives and responds to a population "problem" is determined by many factors. Simply defining the problem represents a difficulty and raises questions of power and implicit values. "Every definition of the 'population problem' or of 'excessive population growth' will be value-laden, expressive of the ethical orientations of those who do the defining."³¹ Internationally, the US defines overpopulation as a problem for security reasons - its own security. Domestically, it is national elites who define the population problem as one of over-breeding by the lower classes. In both cases, the key issues are who perceives the problem, who defines it, and who recommends solutions.³²

³⁰D. Callahan, Ethics and Population Limitation, New York: Population Council, 1971: pp. 27-28; Ruth Macklin, "Choice or Control?" Populi, Vol. 21 (7), July/August 1994, p. 10.

³¹Callahan 1971: p. 4.

³²Thomas C. Lyons Jr., "Population Policy: The Ethical Dimension," Richard L. Clinton (ed), Population and Politics, New Directions in Political Science Research, Lexington: D.C. Heath, 1973, pp. 11-12.

In most cases of population control in low-income countries, the many roles in defining the problem and solutions to deal with it are played by different actors. For example, the overpopulation problem may be perceived by a Western-educated elite, defined by government bureaucrats, and solutions offered by external aid agencies. The people who are "targeted" by the policy are excluded from its development. Where the values of the "target" group and the policy-formulators diverge, the policy will not be successful. This has been the case in many national FPPs, including India's.

Kelman and Warwick use the term "change agents" to refer to people or organizations who undertake some form of social intervention to bring about a change. Change agents often come from the more powerful groups in society, and are usually outsiders to the target groups. They influence the choice of goals and establish the perspective from which goal-setting and problem-solving proceeds; the policy intervention may thus unintentionally favour their group at the expense of the target group. This "structural" characteristic partly explains why foreign-sponsored population programs are not favourably received by the groups they are to reach.³³

Politics pervades FPPs on all levels. Manipulating something as basic as numbers of people, particularly if initiated by an outside change agent, will almost inevitably have political undertones and repercussions. Within a country, the choice of the type of policy adopted is affected largely by political rather than demographic criteria. The consequences will also be perceived, evaluated, and reacted to in

³³Kelman and Warwick, in Bermant et al. 1978: pp. 9-11.

political terms.³⁴ If the target group is identifiably different from the change agents, the political element may be even more pronounced. Hence, population is a highly politicized field due to the fact that the policies which are applied in the Third World are devised and promoted by the First World. Even the core debates surrounding population originated in the First World; it is to these debates that this chapter now turns.

Getting to the "Double Core" of Population

The preceding conceptual tools are necessary background for exploring the key theoretical debates in population. Any discussion of population theory must start with what Bernard Berelson has called the "double core" of the population debate.³⁵ The first debate is fundamentally political and revolves around the question of whether a population "problem" does in fact exist. Is the world over-populated? Is the "population bomb" a threat to humanity? Is the "lifeboat" known as Earth sinking under the weight of too many passengers? These and other metaphors indicate the extent to which some scholars have dramatized the severity of the population

³⁴Nazli Choucri, "The Pervasiveness of Politics: Political Definitions of Population Issues," in Daniel Callahan and Phillip G. Clark (eds), Ethical Issues of Population Aid: Culture, Economics and International Assistance, New York: Irvington Publishers, 1981: p. 244.

³⁵Bernard Berelson, The Great Debate on Population Policy: An Instructive Entertainment, An Occasional Paper of the Population Council, New York: Population Council, 1975: p. 1.

problem - yet they have generally proceeded on the assumption that there *is* a problem. This assumption needs to be questioned.

Debate I Overpopulation: A Spectre Haunting the World?

The earliest and most well-known proponent of the "population-crisis" ideology was Thomas Malthus. In his now classic work, An Essay on the Principle of Population (1798), Malthus argued that population increased geometrically while food supplies increased only arithmetically, ultimately leading to disaster in the form of famine, disease, and war.³⁶ Due to his pessimism about the future coupled with the harsh and rapidly changing atmosphere of the Industrial Revolution, Malthus could not foresee the vast improvements in food production that were to occur in the following decades. Yet, Malthus' ideas remain influential; they have given rise to neo-Malthusian activists such as Paul Ehrlich.

With the publication of works such as The Population Bomb (1968) and The Population Explosion (with Anne Ehrlich, 1990), Paul Ehrlich is perhaps the most outspoken of modern-day neo-Malthusians. Ehrlich's argument is simple: there are too many people in the world, they are destroying the environment in which they live, the world will self-destruct if strong action is not taken immediately. Ehrlich is a biologist by training; he views overpopulation as a problem largely because of the tremendous strain it puts on the environment. There are ecological/biological limits

³⁶Thomas Malthus, An Essay on the Principle of Population, in Hardin 1969: pp. 4-16.

which determine the extent to which the number of human beings can increase. Human intervention designed to extend these limits can only have a marginal impact. For this reason, Ehrlich, Malthus, and others who subscribe to this "natural" view of population growth dismiss voluntary FPPs as insufficient measures to "exorcise" the spectre of overpopulation. Only heavy-handed, coercive measures have the possibility of allowing humans to reassert some degree of control over their reproductive capacity.³⁷

While Ehrlich is concerned about population for its potentially disastrous effect on the environment, others are concerned for more strategic or political reasons. The US in particular has long believed in a link between over-population, perhaps due to the instability and radicalness it is believed to generate, and communism.³⁸ According to a 1980 statement by Richard Elliot Benedick, Coordinator of population affairs in the US State Department:

Rapid population growth ... creates a large proportion of youth in the population. Recent experience , in Iran and other countries, shows that this younger age group - frequently unemployed and crowded into urban slums - is particularly susceptible to extremism, terrorism, and violence as outlets for frustration.³⁹

³⁷Michael E. Endres, On Defusing the Population Bomb, Cambridge: Schenkman Publishing Co. Inc., 1975: p.37.

³⁸Pierre Pradervand, "People are Precious - A Critical Look at the Population Control Movement," in Lars Bondestam and Staffan Bergstrom (eds), Poverty and Population Control, London: Academic Press, 1980: p. 72.

³⁹Richard Elliot Benedick, Statement Before the Senate Foreign Relations Committee, April 29, 1980, reprinted in Department of State Bulletin, Vol. 80 (2042), September 1980, p. 58 cited in Jacqueline Kasun, The War Against Population: The Economics and Ideology of World Population Control, San Francisco: Ignatius Press, 1988, p. 56.

Benedick mentions several "strategic" countries (Turkey, Egypt, Pakistan, Indonesia, Nigeria, Philippines, Thailand among others) in which he feels population growth encourages "political instability."⁴⁰ Given the political climate of the time, it is hardly surprising that the US would equate the instability allegedly caused by overpopulation with the rise of communism. What is noteworthy, however, is the fact that these strategic interests were kept well-hidden behind the guise of "development."

Over a decade later, in the 1990's, security is still linked to population growth in the Third World. A 1992 report on US foreign policy by the Carnegie Endowment for International Peace concluded that since population growth is politically and socially destabilizing, the US "need[s] to commit [its] leadership and resources to a multilateral effort to drastically expand family planning services in the developing world."⁴¹ Even more recently, Canadian political scientist Thomas Homer-Dixon has gained instant respect for his work arguing that high population growth is a critical factor leading to societal collapse and state fragmentation in the Third World.⁴² Homer-Dixon's ideas are so popular in the US that the Clinton administration is using them as the "intellectual framework" for a new foreign policy

⁴⁰Benedick quoted in Kasun 1988: p. 56.

⁴¹Carnegie Endowment for International Peace, National Commission, Changing Our Ways: America and the New World, Washington: Brookings Institute, 1992, pp. 40-42.

⁴²Thomas Homer-Dixon, Population and Conflict, International Union for the Scientific Study of Population (IUSSP) Distinguished Lecture Series on Population and Development, International Conference on Population and Development, Cairo, 1994; Liege: IUSSP, 1994.

recognizing the role of the environment and population as critical foreign policy issues.⁴³

The explicit linking of security and population illustrates that these two very different issues are conceptualized in very similar ways; military analogies infuse population discourse and have done so for decades. Despite the ostensible rise of the "New World Order," population control is experiencing a resurgence in the post-Cold War era as countries are re-defining security and seeking other forms of social control over foreign populations.⁴⁴

Neo-Malthusian theory/population control ideology has been used to justify neo-colonial population control efforts in parts of Africa,⁴⁵ and preserving military-strategic interests in other parts of the world for high-income countries such as the US. It has also historically been racist and eugenicist⁴⁶. Race and nationhood are still very important in determining which groups of people are "targeted" for population control; notions of racial purity or hierarchy are still implicit (sometimes even explicit) in population control. Farida Akhter, a feminist activist from

⁴³Ross Laver, "Looking for Trouble," Special Report, Maclean's, Sept. 5, 1994, pp. 18-20. See also Robert Kaplan, "The Coming Anarchy," The Atlantic Monthly, Vol. 273 (2), February 1994: pp. 44-76.

⁴⁴Hartmann 1993: p. 4.

⁴⁵See Pierre Pradervand, "The African Reaction to Foreign Initiatives in Population Programmes," International Journal of Health Services, 3, 1973, pp. 759-764.

⁴⁶Margaret Sanger, founder of Planned Parenthood and population activist, was a strong believer in eugenics and neo-Malthusian ideology: "More children from the fit, less from the unfit - that is the chief issue of birth control." (Quoted in Birth Control Review, May 1919, cited in Kasun 1988: p. 160)

Bangladesh, cites an example of how women in the Third World are compelled to accept birth control, while women in the First World are still demanding the range of "options" available to Bangladeshi women:

It is interesting that women in the Western world are asking for contraceptives - women demand the right to choose. Women here are saying we should have access to contraceptives, we should have access to abortion; Bangladeshi women are getting it without demanding it ... Bangladeshi women have choice, the choice between pills, IUD's, injectables, Norplant, and sterilization. But they are not able to choose to have more children.⁴⁷

The dichotomy in "services provided" in family planning is constructed upon race and nationality; it is perpetuated by the disparities in economic wealth and power between North and South.

The opposing side in the "population problem" debate consists of a heterogeneous mix of ideas and personalities, such as Karl Marx, Julian Simon, Germaine Greer, Betsy Hartmann, Amartya Sen, and the theory of demographic transition. There are various reasons offered for why the "problem" does not in fact exist, or exist to the same degree as some would have us believe.

The core of Marx's population theory is that population dynamics are related to social organization in a particular time and place. Capitalism creates the existence of excess labour. As capital accumulates, the demand for labour increases at a slower rate than the supply of labour, leading to excess labour which in turn guarantees surplus value for the owners of capital. The end of capitalism will bring

⁴⁷Farida Akhter, Presentation at Women's Health Interaction/InterPares Workshop, "Women Creating Reproductive Freedom, Challenges and Dilemmas: A Critique of Population Control," June 8, 1991, Ottawa.

with it an end to the need for surplus labour; the reproductive process would then modify itself to fit into socialist society. Both death and birth rates would fall in response to better living conditions and the increasing cost of raising children, respectively. Yet contrary to Marx's predictions, these changes in demographic variables have occurred to a much greater extent in capitalist rather than socialist countries. The rise of the welfare state and its integration into capitalism have been instrumental in improving living conditions and changing the economic motivations for children. Despite the faults in his theory, Marx's contribution to demography is significant for the relationship he hypothesized between economic *causes* and demographic *effects*.⁴⁸

Unlike Marx, economist Julian Simon argues that it is population growth which influences technological and market changes, ultimately helping to raise the standard of living. Simon is one of the best-known advocates of population growth. Based on quantitative research, he has demonstrated that moderate population growth in low-income countries is beneficial in the long run, compared to zero population growth (ZPG). On a more general level, population growth has many - often unacknowledged - positive economic effects such as higher per-worker output and greater investment in agriculture and irrigation in the long term. Simon summarizes his conclusions in Malthus-like terms: "If population has a tendency to increase geometrically, output has a tendency to increase geometrically and at least

⁴⁸Endres 1975: p. 41.

as fast - without apparent limit."⁴⁹ Simon admits to being a "cheerful" economic demographer, and he has been criticized for his unchecked optimism in this regard. Nonetheless, the strength of his argument lies in the quantitative proof he offers in the form of economic models and calculations, the first advocate of population growth to do so.

Amartya Sen, while not as "cheerful" as Simon, offers compelling evidence to disprove two main assumptions of population control ideology. Neither per capita income nor food production is declining in the world. In fact, per capita Gross National Product in the Third World grew 3.9% per year in the period 1980-92, compared to the First World rate of 2.4%.⁵⁰ Economic growth in Africa, which has even been negative in some countries, is stagnating not due to high population growth rates as is commonly assumed, but to a severe failure of economic production resulting partly from political unrest. Sen, an economist, thus locates the causes of Africa's economic deterioration in political factors, but does acknowledge that population is a "subsidiary factor."⁵¹

Food production, also commonly perceived to be in decline, has actually increased over time: "Not only over the two centuries since Malthus' time, but also during recent decades, the rise in food output has been significantly and consistently

⁴⁹Julian L. Simon, The Economics of Population Growth, Princeton: Princeton UP, 1977: p. 482.

⁵⁰World Bank 1994, table 2.

⁵¹Amartya Sen, "Population: Delusion and Reality," The New York Review, Sept. 22, 1994, pp. 65-66.

outpacing the expansion of world population."⁵² Table 1 shows that between 1979-81 and 1991-93, world food production per capita increased by 3%, and more specifically, per capita production in Asia (with almost half of the world's population) has increased by 22%.

Table 1: Indices of Food Production Per Capita

	1979-81 Base Period	1991-93
World	100	103
Europe	100	102
North America	100	95
Africa	100	94
Asia	100	122
India	100	123
China	100	139

Source: FAO Quarterly Bulletin of Statistics in Sen 1994: p. 66.

In addition to output, however, factors such as price, distribution and political climate must be considered. Even factoring these into the analysis, Sen concludes that population growth has not led to food shortages. Structural constraints are much more important variables in the determination of food shortages and famines.⁵³

Another strand of opinion on this side of the debate is put forward by many feminists including Betsy Hartmann, Farida Akhter, and Germaine Greer. The

⁵²Sen 1994: p. 66.

⁵³Sen 1994: p. 66; Amartya Sen, Poverty and Famines, Oxford: Oxford University Press, 1981.

problem facing the world is not over-population, but rather, it is the nature of the existing economic system in which wealth is distributed disproportionately to certain segments of the global population. Maldistribution of economic gains leads to poverty which is the visible enemy that the population establishment is supposedly trying to conquer in its quest to reduce growth rates. In fact, there is a phobia about the poor, yet there is little or no understanding of how poverty is created and maintained by economic structures.⁵⁴

Population controllers affirm that overpopulation is a principal cause of poverty in the Third World.⁵⁵ Poverty is not only intrinsically negative, it is also harmful because it breeds political unrest and causes environmental degradation. The poor are blamed for their poverty, and for the destruction of the planet. Numerically, there are greater numbers of poor people in the world. Their ecological impact, however, is far less than that of wealthy people (who account for a much smaller proportion of the world's population). In India, the prospering middle class does not interact with the natural environment in any way comparable to the lower castes or tribal populations; the consumption of the former far exceeds the latter's exploitation of natural resources for subsistence:

That the poor and their children can be held responsible for the nation's poverty is one of the greatest economic myths of our times; it shifts the focus away from the real roots of poverty and injustice, while aggressively pushing subtly coercive policies on to Third World countries ... Increasing populations are today being blamed for

⁵⁴Greer 1984: p. 417.

⁵⁵Hardin 1993.

environmental degradation at the same time that forests in Sarawak are being cleared for making disposable chopsticks for Japan; and Indonesian forests, for making toilet paper and face tissues. The indigenous peoples in both are being made destitute and homeless in their own land.⁵⁶

Thus, it is not numbers that induce poverty and environmental degradation, but the pattern of resource allocation and use.

One's perception of the "population problem" depends on one's views of how people should live.⁵⁷ If everyone should live at the standard of living of the high-income countries, then the world is clearly over-populated. If a somewhat less consumerist and materialist lifestyle were acceptable, population would not be seen as a problem. Implicit in neo-Malthusian theories is the idea that the Western standard of living is the ideal to which all other countries will aspire. Since this standard is not ecologically supportable on a larger scale (if it is even now), population control is imperative. Challenging this fundamental assumption undermines the validity of these theories and their "standing room only" predictions.

The theory of demographic transition suggests another way of perceiving the "population problem." First espoused by Warren S. Thompson in 1929, demographic transition theory focuses on the context in which population change is occurring and argues that it is that context which precipitates the change. In the course of modernization, a society undergoes a demographic transition from high birth and

⁵⁶Mira Shiva, "Environmental Degradation and Subversion of Health," in Vandana Shiva (ed), Close to Home: Women Reconnect Ecology, Health and Development Worldwide, Philadelphia: New Society Publishers, 1994, p. 76.

⁵⁷Greer 1984: p. 415.

death rates, prevalent in pre-industrial and traditional social systems, to low birth and death rates. In the interim, there is a prolonged period of high population growth, as the death rate falls while the birth rate remains stationary or begins to fall after a delay.⁵⁸ Although similar to the views of Marx and Simon vis-a-vis the importance of context, demographic transition theory does not offer judgements about the effects of the transition on other spheres of life, such as the economy. Its critical feature is that it takes people's motivations for children into account.

Blake has argued that institutional structures influence fertility motivation by defining the rewards and sacrifices associated with children. In modern societies, the non-economic costs of children are borne by parents rather than being shared within the extended family as in traditional societies; this, combined with the increasing opportunity cost of children in terms of opportunities or goods forsaken, changes the benefit-cost ratio to favour lower fertility.⁵⁹

The greatest weakness in demographic transition theory is its inapplicability to low-income countries. Because the decline in mortality rates has been "imported" from the high-income countries in the form of modern medicines and medical practices, there has not been a change in social and economic organization of the kind that led to fertility decline in Europe, upon whose experience the theory was devised.⁶⁰ In other words, death rates have fallen, but birth rates remain high due

⁵⁸Endres 1975: p. 48-51.

⁵⁹Blake cited in Donald J. Hernandez, Success or Failure? Family Planning Programs in the Third World, Westport: Greenwood Press, 1984: p. 11-12.

⁶⁰Endres 1975: p. 52.

to the absence of structural or institutional change which has not occurred because the fall in death rates was artificially (externally) induced.

The above survey of the first debate of the "core" of population has shown that the population question is too complex for simple analogies such as a population bomb or sinking lifeboat. The doomsday scenarios of the population establishment are detrimental to any kind of better understanding of the complexity of the population issue because they "[encourage] a tendency to search for emergency solutions which treat the people involved not as reasonable beings, ... but as impulsive and uncontrolled sources of great social harm, in need of strong discipline."⁶¹ Since the people responsible for the population explosion are in the Third World, they are the ones perceived as being unreasonable, impulsive, and uncontrollable. Race adds further, visible evidence to the idea that "they" (Third World peoples) are unlike "us" (First World peoples).

The question of whether there is a population crisis cannot be answered on a global scale. Countries have different demographic problems, whether they be low or high fertility or migration or an aging population, depending on the specific contextual constraints within each country. As a whole, however, the world is not facing a population explosion. While the populations of certain regions are growing faster than others, that is insufficient grounds for concluding that the *world* is rapidly becoming over-populated. Declining food and income are not the inevitable results

⁶¹Sen 1994: p. 62.

of population growth, nor is environmental degradation necessarily a function of population.

For a country like India, with a rapidly increasing population and an economy emerging from decades of protectionism,⁶² population growth is a problem. This is not equivalent to saying that population growth is a problem for the world as a whole or is a problem of catastrophic dimensions for India. Rather, India's population growth rate is a problem insofar as the country hopes to meet its socio-economic goals⁶³ within the context of the present economic system. *Given the current distribution of resources both nationally and internationally and in order to achieve its stated economic objectives*, India needs to reduce its population growth rate.

Debate II Containing the Spectre

If one accepts, at the very minimum, that population growth is an issue that needs to be actively addressed (note that this is not equivalent to declaring it a potentially disastrous "problem"), then the second debate presents itself: what measures, if any, should be taken to slow it? The theories discussed above give rise

⁶²See Ranjit Teja, "Crisis, Recovery, and Transformation in India," Finance and Development, Dec. 1992, pp. 31-33; Shalendra D. Sharma, "Markets and States in Development: India's Reformers and the East Asian Experience," Asian Survey 33, 1993, pp. 894-904; Hamish McDonald, "Regional, India 1, Round One to Rao: Minority Regime Grapples with Political and Economic Changes," Far Eastern Economic Review, 27 February, 1992, pp. 10-11.

⁶³It is beyond the scope of this paper to question the validity of India's economic goals or the merits of the economic development course it has chosen for itself.

to different types of answers to this question. There are three main schools of thought, each of which holds out a different answer on the laissez-faire-intervention continuum. First, economic development is believed to have a significant negative impact on fertility over time; there is thus no reason for the state to devise and implement specific fertility control policies. National FPPs can have only a very modest impact on a populace that finds it in its interest to have many children. Until economic growth leads to a change in societal indicators vis-a-vis the relative costs and benefits of children, there is little chance of slowing population growth. After an intensive study of a village in India, two observers conclude:

As long as the Government cannot create an economic and social structure which stimulates a reduction in birth rates, where other social institutions can take over the functions now fulfilled by the children, it cannot expect the people to abstain from producing the children which, in the present social situation, are their only security.⁶⁴

It follows that the most useful role of the government or of external aid donors would be to encourage socio-economic growth and the concomitant establishment of social welfare institutions, rather than invest in contextually inappropriate FPPs.

A second school of thought, while acknowledging the critical role of economic development, holds that voluntary family planning measures should be encouraged to mitigate the short-term impact of population growth. The eventual demographic transition to low fertility is occurring too slowly in some low-income countries, and it is necessary to implement FPPs in these countries to prevent their rate of

⁶⁴Goran Djurfeldt and Staffan Lindberg, "Family Planning in a Tamil Village," in Bondestam and Bergstrom 1980: p. 119.

population increase from outstripping their economic gains. The majority of organizations involved in population activities holds this view. There is a great deal of "manoeuvring room" within the concept of *voluntary* FPPs. For example, the use of incentives is often recommended to increase motivation, despite the ambiguity surrounding their ethics and effectiveness.⁶⁵ One of the points this paper attempts to prove is that voluntarism has become a useful shield in India's FPP, obscuring its coercive elements.

Finally, there is another group of scholars which believes in the disaster-like scenarios of the sinking lifeboat and impending explosion. They advocate the use of compulsion in FPPs because they feel there is no alternative, at least in the short-term. Voluntarism has proven to be ineffective and costly in terms of the time "lost" as a result of various half-hearted attempts at FPPs. William and Paul Paddock provide a Triage Theory of food aid that clearly illustrates the approach of this school. The Paddocks suggest classifying low-income countries into three groups in a manner similar to that used in over-crowded medical emergency rooms on US military bases⁶⁶: (1) those who are beyond help; (2) those who will survive regardless of aid; and (3) those who will survive only with aid. They recommend providing food aid only to those countries in the last group in order to make the

⁶⁵Berelson 1975: p. 1.

⁶⁶The very analogy they use raises severe doubts. Likening the world to a medical emergency room on a US base is preposterous at best. Here again, implicit assumptions and biases (eurocentrism) are evident.

most efficient use of the limited resources the US has at its disposal.⁶⁷ While some sort of prioritizing may need to be established in development assistance, it seems extreme to resort to analogies which are built on panic-induced scenarios of the future. Aside from incorrectly predicting 1975 as a year of massive worldwide famine, the Paddocks are severely misled in their attempt at classification. What relegates a country to beyond-hope status? What happens to such a country? They also do not acknowledge the possibility of beyond-hope countries - which are almost exclusively Third World countries - experiencing any kind of progress in the future.

Paul Ehrlich has more suggestions to offer in this regard. He advocates using "Madison-Avenue propaganda" to influence low-income countries to adopt population control. Television sets should be sent to all areas of low-income countries and they should broadcast programmes to persuade people to practice birth control: "If necessary,... the TV channel could be used to make it clear that the continuance of food aid supplies depends on the cooperation of the people in the area." On a logistical level, he recommends that the US support compulsory male sterilization after three children, by providing helicopters, vehicles, surgical instruments, and training to those countries who agree to undertake the task. He encourages everyone to be "relentless in pushing for population control around the world."⁶⁸ Clearly, Ehrlich's ideas are ludicrous. His perspective and recommendations sound as if he

⁶⁷William Paddock and Paul Paddock, Famine - 1975!, Boston: Little, Brown and Co., 1967.

⁶⁸Ehrlich 1968: pp. 163, 168.

is preparing for a war. That is an appropriate analogy; advocates of such strong population control measures do see themselves as fighting a war on population, and their choice of words, their perspective on the problem, their strategies for dealing with it, and their zeal all re-inforce that perception. This way of thinking about population, informed by military language, is directly reflected in how population policies are designed and implemented, as will be demonstrated in Chapters Three and Four.

Ehrlich is regarded as somewhat extreme by others who share similar views. In theory, strictly voluntary FPPs are preferred by most population activists and national governments, but in practice, the reality is quite different. There is a discrepancy between what the establishment claims to be doing and what it is actually doing. Family planning programs, on domestic and international levels, are more often about reducing fertility than providing choice. Population control is by definition coercive, whether overtly through the use of force or more subtly through the use of mechanisms such as incentives. These policies are essentially coercive, demonstrating that the population establishment does favour coercive over voluntary measures. Is the latter merely a politically convenient guise for the implementation of the former? In many countries, including India, this is certainly the case. Population control is an ideology that seeks to control the reproductive behaviour of the Third World in order to bring it in line with the economic, social, political, environmental, and racist priorities of the First World. Samir Amin has been an outspoken critic of the population control movement: "The world-wide birth control

campaign in the developing world expresses the fears of the 'developed world' in the face of a radical challenge of the international order, by the people who are its first victims." Voluntarism in FPPs is but one step in the continuum towards more violent and coercive methods of birth control, the ultimate end of which may be genocide.⁶⁹

The most widely-used form of coercion is incentives. Because they appear to leave a person no worse off materially, and in cases of acceptance, actually better off, incentives are popular with most governments and agencies. An incentive involves "the manipulation of the parameters of possibility"⁷⁰ to make one alternative more attractive than others.⁷¹ A more specific definition in the family planning context is: "something of financial value, given by an organization to an individual, couple or group to induce some birth planning behaviour."⁷² Incentives in India have taken the form of clothing, food, cash payments, radios, and lottery tickets.⁷³

Disincentives can be understood as the other side of incentives. Sometimes called "negative incentives," disincentives involve the imposition of something

⁶⁹Samir Amin, cited in Djurveltdt and Lindberg in Bondestam and Bergstrom 1980: pp. 117-118.

⁷⁰Edward Leroy Long, Jr., "Toward a Moral Critique of Governmental Coercion," in J. Philip Wogaman (ed.), The Population Crisis and Moral Responsibility, Washington D.C.: Public Affairs Press, 1973, p. 154.

⁷¹R. M. Veatch, "Governmental Population Incentives: Ethical Issues at Stake," Studies in Family Planning 1977 (8), p. 102

⁷²Edward Pohlman, Incentives and Compensations in Birth Planning, Chapel Hill: Carolina Population Centre, University of North Carolina, 1971, p. 5.

⁷³Marcus F. Franda, Mass Vasectomy Camps and Incentives in Indian Family Planning, Fieldstaff Reports, South Asia Series, Vol. XVI (7), 1972, p. 6.

negative on an individual, couple, or group, or taking something positive away, as a result of a birth planning failure or the failure to produce a desired birth planning behaviour.⁷⁴ Some examples of disincentives are imposing fines on people who have more than a specified number of children, terminating social benefits such as parental leave or privileged access to housing, using contraceptive acceptance as criteria for promotions, and eliminating the "extra" child's access to free education or health care.

Both incentives and disincentives can be indirect, as when they are offered to groups or providers of the birth control service. When incentives are offered to groups such as a village for meeting a target, the pressure to conform to group behaviour can be so strong that non-conformers feel coerced. Similarly, when providers (i.e. medical personnel) are rewarded for reaching a certain number of sterilization cases, there is strong temptation to coerce people into sterilization or to conduct the operation without their (informed) consent. In many ways, the indirect form of incentives and disincentives can be more effective in eliciting compliance than the direct form.⁷⁵

Disincentives are directly coercive because they deprive people of free choice about how many children they will have by penalizing them for choosing to have

⁷⁴Pohlman 1971: p. 6.

⁷⁵Michael D. Bayles, Morality and Population Policy, University, Al.: University of Alabama Press, 1980, p. 47.

many.⁷⁶ Yet many FPP specialists still advocate their use, only mentioning their coercive nature in dismissing it as an unfortunate necessity. Callahan, for example, criticizes disincentives but then goes on to argue that they can be justified in certain circumstances, such as if survival were at stake, if the penalties were symbolic or mild, or if the welfare of people were not adversely affected.⁷⁷ Not only do his conditions render the concept of disincentive meaningless (i.e. how effective a deterrent would a disincentive be if it met all his criteria?), but they are also unrealistic. As implemented in India for the past three decades, disincentives have hardly been symbolic or mild. They have jeopardized the welfare of people, as in cases where government infrastructure projects were withheld due to a community's failure to meet a certain birth control target.⁷⁸ Furthermore, it is debatable whether the survival of the country is at stake, or has been - for three decades.

There are four major ethical considerations in the use of incentives and disincentives. They are freedom, human rights, equality, and justice. While post-modernism questions the universality of ethics, there are few societies in the world in which these four ideals are not valued to some degree, albeit with different interpretations.

⁷⁶Daniel Callahan, "Ethics and Population Limitation," in Michael D. Bayles (ed), Ethics and Population, Cambridge, Mass.: Schenkman Publishing Co. Inc., 1976: p. 31.

⁷⁷Callahan 1971: p. 29.

⁷⁸Debabar Banerji, "Political Economy of Population Control in India," in Bondestam and Bergstrom 1980: p. 92.

Freedom is the value that is most obviously affected by coercion. In effect, coercion is the negation of freedom. To prove that a policy is coercive, then, one has to demonstrate that it impinges upon freedom in an unjust and unnecessary manner. Freedom, in the classic Locke-Berlin sense, is the absence of restraints (negative freedom) and the presence of opportunities for choice (positive freedom). It requires certain conditions to be present, such as the existence of options, the individual being aware of his/her options, and the individual being able to choose an option. One of the conditions that Warwick specifies is that the individual not be "forced by circumstances to elect only one of the options, or to restrict his[/her] range of choice to only certain possibilities within the range entering his[/her] awareness."⁷⁹ Incentives and disincentives artificially manipulate environmental variables with the aim of making one option more attractive than another; they are *intended* to restrict an individual's range of choice.

Berelson and Lieberman argue that incentives actually increase freedom by expanding the options available to potential birth control users. The existence of an incentive means the individual has a choice s/he did not have before. If s/he chooses not to accept whatever method of birth control is being encouraged, s/he has not lost anything from his/her previous state. If, however, the decision is made to accept the method, s/he has gained an option in the form of the incentive. While this may be valid in Pareto-optimal terms, it assumes that the incentive is actually just compensation. By compensating a person for lost wages or transportation, the

⁷⁹Donald P. Warwick, "Freedom," in Veatch 1977: pp. 18-19.

incentive is in fact "freeing" him/her to make a choice.⁸⁰ When the incentive goes beyond mere compensation, its goal is not to facilitate the choice for someone, but rather to create the choice for someone who had previously not been interested, and is interested not in the choice/option itself but in what s/he can procure by choosing that option. The choice thus becomes a means to an end - the incentive. Client vulnerability is what makes incentives effective in convincing people to accept contraception; vulnerability is a result of poverty and disenfranchisement.

This relates to the second value, human rights. The link between incentives and human rights was made clearly at a 1974 Symposium on Law and Population in Tunis:

In considering the human rights aspects of incentives and disincentives ..., care must be taken to ensure that benefits or services provided as incentives to family planning be *in addition to* the benefits and services to which all persons are entitled as basic human rights. Similarly, any benefits or services withheld or withdrawn as disincentives against large families should not diminish the enjoyment of basic human rights.⁸¹

In many cases, what is offered as an incentive or what is taken away as a disincentive is something which is an inalienable human right. Food is the most obvious example. This type of incentive is exploitative; the government is offering - as a reward -

⁸⁰Berelson and Leiberson cited in Donald P. Warwick, "The Ethics of Population Control," in Godfrey Roberts (ed), Population Policy: Contemporary Issues, New York: Praeger, 1990, p. 26.

⁸¹(Emphasis added) Report of Symposium on Law and Population, held in Tunis, 1974, quoted in Luke T. Lee, "Law, Human Rights, and Population Policy," in Roberts 1990: p. 6.

something which it should be providing regardless, as a government charged with the responsibility of the welfare of its citizens.⁸² It capitalizes on poverty.

It is here that questions of equality become salient. As discussed above, poverty renders some people more vulnerable than others to incentives. The "choice" given to a woman may be reducible to either submitting to a sterilization operation or being unable to feed her child an evening meal. This kind of Hobson's choice is faced mainly by the poor and disadvantaged groups in society; the wealthy rarely have to make such extreme trade-offs. In this sense, incentives are unethical because they, de facto, single out the poor and treat them unfairly.⁸³ Even researchers at the World Bank acknowledge this: "By their nature, incentives and disincentives are aimed primarily at the poor, since it is mainly the poor who will be susceptible to them."⁸⁴ In other words, the poor are exploited through their poverty.

Another reason reward and punishment schemes for family planning are unjust is that birth control may not as widely available as the government believes it to be.⁸⁵ If couples do not have access to birth control, they should hardly be penalized for failing to use it. While the problem of access is becoming less important, it is still an issue in parts of India.

⁸²Bayles 1980: p. 46.

⁸³Callahan in Bayles 1976: pp. 29-30.

⁸⁴F.T. Sai and K. Newman, Ethical Approaches to Family Planning in Africa, Working Paper, Population and Human Resources Dept., Washington D.C.: World Bank, Dec. 1989, p. 11.

⁸⁵Callahan in Bayles 1976: p. 31.

Finally, there is the question of justice. One of the most widely used disincentives in national FPPs is the termination of free education and health care for any children born beyond the acceptable number. These children are deprived of benefits and rights which accrue to their siblings simply by virtue of their birth order - something over which they obviously had no control.⁸⁶ In effect, the equality of opportunity of later-born children is reduced relative to their siblings.⁸⁷ To be punished for something one had no control over is a very clear example of injustice.

There are ethical difficulties for indirect incentives and disincentives as well. Offering rewards for achieving targets can lead to competition among different groups of family planning staff to recruit the same clients, people being deceived into undergoing sterilization operations, little follow-up care, and falsified records.⁸⁸ The greatest long-term impact, from the point of view of government officials, is that people will lose confidence in family planning and in the national health care system. If people become "commodities to produce income rather than persons to be served by family planning,"⁸⁹ why would they seek out family planning at all? Particularly because it is still not seen as an essential medical service, family planning needs to

⁸⁶Warwick in Roberts 1990: p.26.

⁸⁷Bayles 1980: pp. 57-58.

⁸⁸Warwick in Roberts 1990: p. 27.

⁸⁹Warwick in Roberts 1990: p. 28.

build up as much legitimacy as possible. Disregard for client health and welfare in favour of meeting targets is not an effective way to do this.

Thus, coercion is not only unethical but also counter-productive. Because it is a temporary measure designed to elicit a specific immediate response (i.e. acceptance of contraception), it does not bring about the deeper attitudinal changes that are necessary for any real shift in fertility patterns. As discussed earlier in this chapter, the decision to bear children is influenced by a host of factors, of which availability of birth control is only one. By compelling individuals to accept contraception, the population establishment is pursuing a short-term gain at a long-term cost: people may accept a method of birth control, but they become disillusioned with family planning, and sometimes with the health care system as a whole. The end result is a population that is justifiably suspicious and distrustful of any attempt to encourage the use of birth control, and that has not accepted the "need" to limit its fertility. The establishment has therefore failed to realize its goals on both a practical and a cognitive level. The discussion of the Indian experience with population control (Chapter Four) illustrates this double failure (by the establishment's standards) very clearly.

Conclusion

This chapter has explored the origins of coercion in population control ideology. Starting from an examination of the central debates in population, it has traced the evolution of the population movement, highlighting the racist, eugenicist,

and coercive characteristics that have manifested themselves differently over time. It also discussed the concept of coercion, and demonstrated that its definition is not limited to the use of force, but encompasses all measures that deprive individuals of goods and services that a responsible, democratic government is obliged to provide for its citizens. Coercion, in effect, is the absence of choice, particularly in a context of poverty or disempowerment.

Coercive population policies exist internationally, in forms such as tied aid. Chapter Three looks at the history, rationale, principal actors, and workings of the population establishment. It addresses the ethical questions raised here concerning the exploitation of poverty at the larger, international level, looking at the how the North-South power dynamic manifests itself in population control.

CHAPTER THREE

THE POPULATION ESTABLISHMENT: ITS STRUCTURE AND STRATEGY FOR POPULATION CONTROL

"Of all the spheres of national development, population has been the most donor driven."⁹⁰ Unlike agriculture or industry or primary health care, population is an area in which many Third World governments are slow to act. Whether because of political, social, religious or economic constraints, the fact remains that, given the choice, many leaders would prefer to promote development programs rather than population control. Yet strong encouragement and in some cases direct pressure from external sources, backed by offers of increased aid and threats of reduced aid, make it very difficult to ignore population as a development priority.

Donors of population aid can have a tremendous impact on recipient countries. Aside from defining the problem, international donors often identify the best strategies to deal with it, the specific technologies to be employed, the number and type of personnel, the criteria used to judge success, and even the program's image in the country.⁹¹ In the past, donor involvement extended into all of these areas, which led to the initial recognition that such heavy intervention was tantamount to neocolonialism. Some countries even suspected genocide, a not-altogether unfathomable idea given the origins of the population control movement.⁹²

⁹⁰Donald P. Warwick, Bitter Pills: Population Policies and their Implementation in Eight Developing Countries, Cambridge: Cambridge UP, 1982, p. 44.

⁹¹Warwick 1982: p. 44.

⁹²Pradervand 1973.

The existence of a population establishment is rarely mentioned in the population literature. Indeed, the term itself appears in few published works on the subject. Yet the establishment is a profoundly influential conglomeration of private organizations, government agencies and departments, senior-level executives, environmentalists, universities, research institutes, and journals, many of which have been active in this field for over half a century. Together, these people and organizations possess a great deal of power and have come to acquire resources, support, respect, legitimacy and acceptance by the general public. One indication of their influence is the fact that they are singlehandedly responsible for bringing population to the forefront of the public agenda in this century.⁹³

This chapter will examine the population establishment in detail, looking at its general origins, then focussing on four agencies which have been the most active in the field of population and have had the greatest impact: the Ford Foundation, the Rockefeller Foundation, USAID, and UNFPA. It is no coincidence that three of these four bodies are American, and the fourth is heavily supported by the US. In this study, it will be shown that these organizations, and the population establishment in general, are predicated on neo-colonial ideas of control and power, and that coercion is central to the way in which their population policies are devised and implemented.

⁹³Peter J. Donaldson, Nature Against Us: The U.S. and the World Population Crisis 1965-80, Chapel Hill: University of North Carolina, 1990: p. 46.

Growth of a Movement

While population control as an idea has existed at least since the time of Malthus, it is only in this century that the idea has attracted such widespread support. One reason for the rise in concern about population at this time may be the fact that this century has seen an unprecedented "shrinking" of the world due to advances in telecommunications, technology, travel, and commerce. If the world is becoming smaller, then one is made more aware of what happens in one's neighbour's yard. A second reason is the rise of the environmental movement in the past thirty years, which has created a whole new dimension to the population issue by adding environmental degradation to the list of over-population hazards which until now only included communism, radical government takeovers, famine, war, pestilence, disease, and the decline of the white race.

In the early part of the twentieth century, the growing interest in birth control was complemented by a growing interest in eugenics. Race and considerations of the relative value of "fit" and "unfit" peoples of the world were major pre-occupations. It was at this time, for example, that Andrew Carnegie established the Station for Experimental Evolution in Washington, D.C. to study "hybridized peoples" (people of mixed racial descent), the Kellogg family founded the Race Betterment Foundation to promote a policy of "national eugenics," and L. Stoddard, Harvard professor and Director of the American Birth Control League, published The Rising Tide of Color Against White World Supremacy, which alerted the public to the

increased rate of inter-breeding between "pure" and "impure" races, and the potentially disastrous effects that could have on American society.⁹⁴

These examples may seem extreme or unbelievable until one recalls that it was precisely these kinds of ideas which inspired Adolf Hitler. The climate of the time was clearly racist. The need for population policy was just beginning to be perceived by certain segments of society; it was built partly upon racist ideas of curbing the numbers of certain people (i.e. non-whites) or preventing such people from having children at all. The rights and freedoms of these "unfit" peoples did not stand in the way of population control enthusiasts' calls for mandatory sterilization, incentives and disincentives.

World War II effectively terminated the explicit link between population and racism/eugenics.⁹⁵ Racially motivated policies ceased to be as accepted as before the war. Racism, however, did not disappear from population policies. Two rhetorical changes occurred: first, the racial aspect of population control was tempered somewhat but it was still present implicitly as evidenced by later policies; and second, the population establishment recognized the need to find another rationale for their activities. Since the imperative of preserving the "white empire" was no longer an in-vogue cause, some other justification had to be put forward to the public.

⁹⁴Bonnie Mass, Population Target: The Political Economy of Population Control in Latin America, Toronto: Women's Press, 1976, p. 20.

⁹⁵Donaldson 1990 [A], pp. 18-20.

The Cold War became the new rationale. Power calculations, strategizing, and the rise of communism in populous countries like China all led to the easy conclusion that over-population encourages war, insurgency, instability, and ultimately communism. Organski and Organski, in Population and World Power (1964), argued that controlling the populations of the Third World was equivalent to controlling the spread of communism. If developed countries curbed population growth in the Third World but increased their own, they would retain their present power and status as world leaders.⁹⁶ The fact that birth rates in the developed countries were declining at this time only added to the perception of a shrinking First World being overwhelmed by a burgeoning Third World population.

The threat of communism was a useful "bogey-man" for the establishment. Other political events of the 1950s and 1960s re-inforced the perception that communism was an enemy that had to be stopped at any cost. The Third World seemed like a very politically unstable place at the time; nationalist movements were getting attention and the push for independence was growing in many colonies. The atmosphere of instability and upheaval was ideal for contextualizing population growth as disruptive and a potential stimulus to war.

Power was the central issue for the US at this time. Communism was one clear threat to its power. Another potential threat was the emergence of some Third World states (e.g. Japan, Taiwan, South Korea) as strong actors in the economic arena, which had been created, maintained and heretofore dominated by the

⁹⁶Cited in Mass 1976: p. 44-45.

developed countries. On an economic level, the existence of countries with large internal markets, growing industries, and a strong desire to rebuild after colonialism made the US's position as global economic hegemon much more vulnerable.

According to one prominent observer, Dudley Kirk:

Increase in population, and the very mass of the Asiatic population itself, could be ignored in the past as unimportant in the balance of world power. But with the prospect that the Asiatic masses will ultimately learn to forge the tools that will give them power, the differential population trends may become of very great importance.⁹⁷

Interestingly, the concern about power and economic advancement was perceived in terms of Asia and not Europe. Europe, also recovering and rebuilding after the war, was not perceived as a threat, yet the "Asiatic masses" were. This was due partly to the economic gains being made in Asia but also to the psychological impact of World War II and the Korean War, in which the enemy was portrayed as the "yellow peril." The "demonization" of Asians in many spheres, including population, indicates that race was a strong factor in the identification of new potential enemies.

Throughout the history of the population establishment, one voice has been conspicuously excluded - that of feminists. Initially, the women's movement was a keen supporter of the promotion of contraception.⁹⁸ It was hailed as a tool of empowerment for women, another way they could exercise control over their own bodies. The population establishment, however, had very different views of

⁹⁷Dudley Kirk, "Population Changes and the Post-War World," American Sociological Review, 9, 1944, p. 35.

⁹⁸Ruth Dixon-Mueller, Population Policy and Women's Rights: Transforming Reproductive Choice, Westport, CT: Praeger, 1993, p. 34.

contraception. To them, it was a tool which would enable the state to exercise ultimate control over the most personal sphere of a person's life, and manipulate it to meet the *state's* needs.

The informal alliance between the women's movement and the population control establishment was short-lived. As the latter promoted control over fertility and thus women's bodies, the former distanced itself from policies which were antithetical to its very existence. Yet the "double bind" of birth control persists for many feminists. Used in the interests of women, contraception can be an important component of emancipation from patriarchal control; used in the interests of the state, it can re-inforce patriarchy in the most private of spheres.

In the past two decades, the major change in the population establishment has been its convergence with the environmental movement.⁹⁹ While the alarmists (e.g. Paul Ehrlich) have been making a link between environmental degradation and population for decades, the link being made today is more ominous. Perhaps it is because, for a time in the interim, the link was made not between environmental degradation and population but between degradation and *poverty*. People were becoming aware that it was how we interacted with the environment that caused its degradation, not how many of us (more accurately, how many of *them*) there were. Now however, it appears that the establishment has re-asserted itself and declared war on (poor) people rather than on poverty.

⁹⁹J. Simon in Roberts 1990: p. 40.

The environmental movement has contributed to the idea, already espoused by the population establishment, that the environment is degraded more by people in the Third World than by developed countries. Images of unsanitary, over-crowded cities in the Third World re-inforce the perception that that is where the problem is, not "here." The fact that some cities in developed countries have similar conditions does not seem to register in the public consciousness. Furthermore, to compare the daily activities of a rural dweller in South Asia with those of a New York executive who drives to her air-conditioned office is simply not a valid comparison. Each has a different impact on the environment, although the latter is certainly likely to be more injurious to it.

Table 2 provides one indication of the difference in consumption habits between the North and the South.

Table 2: Energy Use (in oil equivalent kilograms per capita)

	1971	1992
India	112	235
South Asia	100	209
United States	7615	7662

Source: World Bank, World Development Report 1994, Washington: World Bank, 1994, Table 5, p. 171.

Clearly, the United States has a far higher level of energy consumption than South Asia. Each region's impact on the environment will reflect its different pattern of energy use, not its population necessarily.

Goodman and Daly have also criticized the role of consumption in development theory. The traditional view of development as raising living standards in the Third World to the level of those in the First World is no longer appropriate. The ecological limits of the planet will not allow such a consumerist standard of living for the 70% of the world that currently lives in relative poverty. Goodman and Daly thus locate the remedy in changing *consumption* patterns in the North - but also acknowledge the necessity of population control "as [a] measure to combat poverty."¹⁰⁰

As discussed above, the population control movement grew out of racism and eugenics, and has largely evolved in orientation towards a strong link with environmentalism. The next section examines four of the most prominent agencies in population activities, with a particular focus on USAID.

The Major Players

In terms of financing alone, the US has contributed between 40-80% of all international population assistance per annum up to 1980.¹⁰¹ Of the numerous organizations involved in population activities, none has had a greater, more enduring

¹⁰⁰Herman E. Daly, "From Empty-World Economics to Full-World Economics: Recognizing an Historical Turning Point in Economic Development," in Robert Goodland, Herman E. Daly and Salah El Serafy (eds), Population, Technology and Lifestyle: The Transition to Sustainability, Washington: Island Press, 1992, p. 33; Robert Goodland and Herman E. Daly, "Why Northern Income Growth is Not the Solution to Southern Poverty," Ecological Economics 8, 1993, p. 90.

¹⁰¹Donaldson 1990 [A]: p. 50

impact than USAID.¹⁰² Between 1965, the year that it began population aid, and 1992, USAID has disbursed over \$4 billion for population control, and remains the single largest donor in this field.¹⁰³ Population activities have fairly consistently accounted for approximately 10% of the total USAID budget since the 1970s.¹⁰⁴

USAID historically approached population control from the perspective of "unmet demand." It believed that "[i]n every country, there are couples and individuals who want to control their fertility and would use means of fertility control if given access to them."¹⁰⁵ This belief rests on a number of assumptions: that USAID knows what the motivations and desires are of people in every country of the world, that these people want to control their fertility, and are not already doing so by some traditional means, that they would use modern contraceptives if these were provided, and that it is USAID's responsibility (at least partly) to provide access to them. Clearly, these assumptions are presumptuous as well as patronizing.

The result of these types of beliefs was most evident in the 1960's and early 1970's, when USAID concentrated its efforts on providing the supply to meet the "unmet demand" whose existence they took for granted. In India, the emphasis was

¹⁰²Warwick 1982: p. 45.

¹⁰³Marshall Green, "The Evolution of US International Population Policy, 1965-92: A Chronological Account," Population and Development Review 19, June 1993, p. 318.

¹⁰⁴USAID, "USAID's Strategy for Stabilizing World Population Growth and Protecting Human Health," reprinted in Population and Development Review, Vol. 20 (2), June 1994, p. 483.

¹⁰⁵Senior USAID official, quoted in Warwick 1982: p. 47.

on training, providing food incentives for vasectomy acceptors, undertaking a direct mail-out of family planning information (in a country with 70-80% illiteracy), distributing 150 million condoms, and providing logistical support such as vehicles to be used for family planning visits.¹⁰⁶

Similar activities were undertaken in other parts of the world as well, on the assumption that all Third World countries were experiencing population growth for the same reasons. The same strategy could therefore be employed to combat the problem. From the point of view of USAID policy-makers, the numbers of Third World peoples were growing en masse, and that single perception determined US reaction. In most cases, the initiative for action came from the US itself, i.e. the US approached the Third World national government, suggested it might want to consider developing a population control program/FPP, and offered population aid accordingly. This is another reason for the undifferentiated nature of USAID's population control programs - they identified the problem and offered the solution, rather than acting upon requests from the governments concerned.¹⁰⁷

By the late-1970's, USAID had shifted from its supply-side perspective to the demand-side or developmentalist orientation.¹⁰⁸ Instead of inundating the Third World with contraceptives in the assumption that they would be used once they were there, it emphasized the need to look at the societal structures which lead to high

¹⁰⁶Nicholas J. Demerath, Birth Control and Foreign Policy: The Alternative to Family Planning, New York: Harper and Row, 1976, p. 79.

¹⁰⁷Donaldson 1990 [A]: p. 111.

¹⁰⁸Dixon-Mueller 1993, p. 68-70.

fertility, such as a low rate of formal education for girls and employment outside the home for women. Yet in practice, this new policy was not significantly different from the earlier approach. While many of the policies it suggested, such as improvements in literacy for girls and women, were important in and of themselves, they were not seen as such by USAID policy-makers. Rather, they were seen as useful devices or tricks which would lead to the ultimate goal - a reduction in fertility. In essence, the ideas and motivations remained the same; only the package they came in changed.

The other consistent, defining feature of USAID has been its emphasis on results. Under Reimart T. Ravenholt in the 1970's, the Population Division of USAID was particularly narrowly focussed on achieving targets and reaching quotas. To prove that short-term success was possible, the agency needed statistics. A USAID memo in the Philippines regarding the possibility of continued funding for family planning activities stated, "the competition for ... resources is growing, and it becomes increasingly important to show progress in the only terms which ultimately matter - births averted (or declining growth rate)."¹⁰⁹ Even today, USAID is dependent on measuring success with numbers: "USAID will evaluate results in terms of the following measures: reduced fertility; reduced infant and child mortality; reduced high-risk births; reduced maternal mortality;..."¹¹⁰ While the

¹⁰⁹Quoted in Warwick 1982: p. 49.

¹¹⁰USAID 1994: p. 487.

indices have increased in number and may have broadened in scope,¹¹¹ they have not changed very much in actuality. The focus on quantitative results continues to underlie the whole evaluation process. There is still the over-arching pre-occupation with reducing fertility, and the implicit view of Third World people as numbers or entities to be manipulated. In this way, the agency's perspective is not very different from that of Paul and Anne Ehrlich, who refer to babies born in Bangladesh and the Philippines as "mouths."¹¹² Both de-humanize the human being. Yet both are supposedly acting in the greater interests of humanity.

This justification - that it is acting in the greater interests of humanity - is what USAID relies on to give it legitimacy. It also provides an excuse when it exceeds the limits of voluntarism. One example of this is Public Law 94 161 which gives USAID the right to withhold food and health aid allocations from Third World countries who have not made a commitment to family planning.¹¹³ Use of contraception has become the new determining factor in whether one eats or has access to basic health care.

Agencies such as USAID can execute policies that are blatantly unjust and coercive to Third World governments by appealing to everyone's common desire to have a secure, prosperous future for all (something which is allegedly threatened by

¹¹¹Tim Wirth, Speech delivered at Preparatory Committee Meeting for the 1994 International Conference on Population and Development, "US Announces Major Shift in Population Policy," May 11, 1993.

¹¹²Ehrlich and Ehrlich 1990: pp. 72,75,83.

¹¹³Mass 1976: p. 111.

population growth). In other words, USAID can set the agenda for another country's development priorities because in the long run, it is best for everyone concerned. Again, this presumption is patronizing, a violation of national sovereignty, and an exploitation of an unjust hierarchy between the First and Third Worlds. Furthermore, the envisioned 'prosperity for all' is, in reality, only for certain populations of the First World.

Aid conditionality is one of the most powerful and effective tools used by USAID to promote its population control objectives. On a theoretical level, aid conditionality is essentially a negative incentive; if one does not agree to do something (i.e. accept population aid, undergo a vasectomy), then one must suffer the consequences in the form of some kind of punishment (i.e. foregoing food aid, paying an extra tax for any children born after a certain number). In the past, USAID was very explicit about conditionality, tying projects like the construction of a village well in India to the agreement by all the men in the village to undergo a vasectomy.¹¹⁴

The acceptance of US population assistance by Third World governments has even become a way to gauge their general orientation to the US.¹¹⁵ If a country refuses to accept population aid, it may be jeopardizing its entire relationship with the US, which is something that not many Third World countries can afford to do. The "choice" to accept population aid is not really a choice if the recipient country

¹¹⁴Veatch 1977.

¹¹⁵Aaron Segal, "The Rich, The Poor, and Population," in Clinton 1973: p. 180.

is forced to choose between population aid (tied to other types of aid usually) and hostility in its relations with the US. The presence of choice is illusory.

Tied population aid is an exploitation of the very thing it is supposed to be destroying: poverty. To withhold food or health assistance from people until they adopt family planning is not only a great injustice, it is inhumane. It is also ironic given the fact that all three variables are closely connected - food security and health services (including family planning) are a function of poverty. They are also significant components of any development strategy. Yet making one the precondition for the others undermines the whole rationale of development - achieving a higher quality of life.

In addition to exploiting poverty, the US's tying food to population aid violates national sovereignty.¹¹⁶ While this argument can be made for tied aid in general, it is even more compelling in the case of population aid. Using food (a basic need) to manipulate a government into accepting outside intervention in the most private sphere of life of a people (their sexual relations) cannot be anything other than an attempt to exercise a form of neocolonial control over them. Inundating them with contraceptives, launching propaganda campaigns against them, sending in advisors to devise population control programs - this was not enough to win over the masses to the camp of population control. It was necessary also to coerce them with the most basic of needs, food.

¹¹⁶Callahan in Bayles 1976: p. 33.

The need for population aid is itself questionable. For example, a campaign poster for the Communist Party in Kerala in the 1970's, when the US was at its zenith in population control, stated: "We want bread and they give us loops."¹¹⁷ The discrepancy between people's needs and foreign governments' agendas is glaringly clear. When the element of tied aid is factored in, the discrepancy becomes a dichotomy. An even more accurate poster might have read: "We can't get bread until we accept their loops."

In some cases, USAID prefers to filter its financial contributions through a more neutral organization in the recipient country. This allows it to finance projects which it normally could not, due to political or legal considerations. The Pathfinder Fund has been a strong ally in this regard, allowing substantial US involvement in countries where governmental population control policies were either weak (North Yemen) or non-existent (Paraguay, Bolivia).¹¹⁸ Not only does this allow the US to be active in potentially risky countries, it also shields it from charges of genocide and neocolonialism.

The other major actors in population activities in the Third World have been the Ford and Rockefeller Foundations and the Population Council. In the 1950's and 1960's, these agencies, along with USAID, were almost exclusively responsible for financing and providing other types of support to population control programs around

¹¹⁷Segal in Clinton 1973: p. 176.

¹¹⁸OECD official quoted in Julian L. Simon, "The Population Establishment, Corruption and Reform," in Roberts 1990: p. 42.

the world.¹¹⁹ They were the first implementers and enforcers of the ideology of the population establishment.

The Ford Foundation was an early pioneer in the field, initiating India's FPP in 1951. It continued to be the single most prominent foreign agent in India's FPP until 1968 when USAID assumed that role.¹²⁰ Ford had a diverse strategy with regard to population activities; it supported research, encouraged institution-building and -strengthening, acted as a catalyst for FPP innovation, and built strong collaborative relationships with population aid donors. The varied nature of its activities allowed it to be "one of the most influential yet least controversial donors" in the field.¹²¹ Even today, Ford's commitment to population programs in Asia is extensive, second only to its rural poverty programs.¹²² Recent grants in the area of Reproductive Health and Population, one of its eight priority program areas, total almost US\$1.5 million for Asia.¹²³

One aspect of Ford's activities that is indicative of its attitude towards the people it was ostensibly helping in India was its exclusive reliance on foreign (i.e. American) experts to devise and implement policy. Like most donors, Ford did not entrust its population control programs to locals to execute; in India, it took sixteen

¹¹⁹Donaldson 1990 [A]: p. 48.

¹²⁰Demerath 1976: p. 79.

¹²¹Warwick 1982: p. 56.

¹²²The Ford Foundation, Current Interests of the Ford Foundation 1994-95, New York: Ford Foundation, 1994, p. 42.

¹²³"Recent Grants," The Ford Foundation Report, Vol. 25 (3), Fall 1994, p. 43.

years before the first Indian was appointed to the staff of the Ford Foundation there. That was at almost exactly the same time that it began to reduce its activities in India as a result of the Indian government's request that it not send any more consultants to India.¹²⁴ Foreign-initiated and -controlled population programs are doubly malevolent because they not only seek to manipulate the lives of a whole nation of people, but they do so from outside, from a position of superior power and wealth. Herein lies the neocolonialism of population control activities. Private organizations such as Ford, Rockefeller, and the Population Council rely on and exploit the difference in status between themselves and recipient countries. The absence of local people on their country staffs is an indication of this neo-colonial mindset.

The various private organizations and USAID are intricately tied together by commonalities in personnel and ideology. For example, the same key people in the establishment sit on the Boards of more than one organization, directors are exchanged by organizations; there is a great deal of consultation between them through frequent correspondence, conferences, workshops, exchanges, temporary and visiting appointments, meetings, etc.¹²⁵ The end result is that the population establishment is very much a closed circle of like-minded individuals who are mutually reinforcing in terms of ideology, particularly given the fact that they are all

¹²⁴Ford's view of this situation is that it cut back its activities because it had been so successful in reducing the fertility rate and no longer needed to be as involved. (Demerath 1976: p. 74)

¹²⁵Donaldson 1990 [A]: pp. 66-67.

based in the US and came into the field at around the same time in a similar intellectual climate.

Of the many multilateral organizations in the field, UNFPA is the most well-known. Although it is an inter-governmental organization with a large membership, UNFPA has been dominated by the US since its inception in 1967. It was USAID that recommended the creation of UNFPA, and provided a substantial share of its budget in the 1960's and 1970's.¹²⁶ In practical terms, UNFPA was an ideal vehicle for the US to propagate its own views on fertility reduction in the Third World without the stigma attached to direct US intervention. As the Fund's major source of funding, the US was able to exercise considerable leverage over it.¹²⁷ Thus, although UNFPA was different from the other population control organizations discussed above (i.e. it was inter-governmental, its membership included many Third World countries), it was just as infused with American population control ideology. Part of the reason for this is obviously because it *is* a population control organization, but part of it is also attributable to the immense power of the US at the time, its ability, and will to support population control around the world.

¹²⁶At one point, UNFPA was receiving up to 90% of its total budget from the US. (Donaldson 1990 [A]: p. 124)

¹²⁷Donaldson 1990 [A]: p. 124.

Conclusion

One author has drawn a parallel between international population control efforts and religious conversion, noting the latter has historically required "high and sustained degrees of coercion."¹²⁸ The analogy is sadly fitting. Under the extensive network of the population establishment, population control has acquired an unprecedented degree of prominence in the past few decades. With the admittance of the environmental movement into the "closed circle," the establishment has another reason to battle population growth. Perhaps that is its greatest strength - it is able to absorb the prevailing obsessions of society, be they eugenics, security, or the environment, and use them for its own ends, which remain constant.

The US has unquestionably been the most influential actor in the field of population control. Whether through its official development agency or through the many NGOs based there, it has determined the course of the population control movement. In its quest, it has at times sacrificed ethics, morality, humanity, and justice for the "greater good," as it chooses to define it. Ironically, in so doing, it is violating one of its own most basic values: freedom of choice.

¹²⁸Segal in Clinton 1973: p. 178.

CHAPTER FOUR

FAMILY PLANNING IN INDIA: A FAILED CASE OF COERCIVE POPULATION POLICY

In the field of population, India has been used repeatedly as a microcosm of the Third World. For the past forty years, population experts have conducted numerous experiments in family planning in India, using it as a vast testing ground for the many approaches in population control. Two things have remained constant in this period: first, the high degree of foreign involvement as seen in the previous Chapter, and second, the pervasive atmosphere of coercion in which the program operates and which it perpetuates. Family planning in India is coercive on many levels. Internationally, the influence and power of the population control establishment effectively limits any significant degree of free choice or action on the part of the Indian government. A dependent economy, a high degree of vulnerability, and the need to procure foreign aid for ambitious development projects puts India in a weak position vis-a-vis control over its family planning program.

Domestically, coercion operates on different levels as well. As the following chart demonstrates, the family planning program is based on a bureaucratic hierarchy similar to those existing in other policy areas. Box 1 illustrates the multi-tiered structure of family planning in India. At every tier of government (national, state, district, village/*panchayat*), there are mechanisms in place to produce "desired outcomes" in family planning. What this means in practice is that every level of

Box 1: Hierarchical Structure of Family Planning in India

Source: Government of India, India 1993, Delhi: Director of the Publications Division, January 1994; United Nations, Economic and Social Commission for Asia and the Pacific, Population of India, Monograph Series No. 10, New York: Economic and Social Commission for Asia and the Pacific, 1982.

government is involved in the manipulation and coercion of people - mostly women - to accept the dictates of population control. This is done through the use of target discourse, incentives, and disincentives. Since the mid-1960s, these have formed the basis of India's FPP, and despite recent claims to the contrary, they continue to do so.

This chapter will examine the Indian FPP in detail, beginning with a historical overview, tracing its evolution, and focussing on the coercion in the program. In doing so, it will look in particular at the use of targets, incentives, and disincentives, and how these devices are unethical and exploitative as used in India. By the standards of the population control establishment, they are also self-defeating because they do not encourage the underlying societal changes that are necessary for a real and lasting reduction in fertility (see Appendix A).

History of India's Family Planning Program¹²⁹

Under the British, India's population growth was not perceived as a problem. Indeed, the British relied upon India's high fertility rates to sustain an indentured labour system. Indian labour was exported throughout the world, to other British colonies such as Malaya, Fiji, and Mauritius. It was an essential part of the agricultural development of these colonies, and hence, of the comfortable economic position in which Britain found itself. During the 1920's, the priorities of the British changed as indentured labour became less acceptable. Population growth started to be seen as a problem rather than an economic blessing.

Since 1952, India has pursued a development strategy through the implementation of a series of five-year plans. Each plan has contained proposals, targets, and projected expenditures for the family planning program.

¹²⁹Unless otherwise stated, much of the discussion of the post-colonial period in this section draws upon Rosanna Ledbetter, "Thirty Years of Family Planning in India," Asian Survey Vol. XXIV, No. 7, July 1984, pp. 736-758.

The First plan, concerned mainly with industrialization and economic growth following independence in 1947, gave little attention to family planning. The sum of Rs. 6.5 million (1990US\$ 4.0 million) was allocated to study reproductive patterns and attitudes, with a view to gauging the over-all population situation in India. Only the rhythm method of birth control was officially encouraged (see Table 3).

The approach adopted in the Second plan was termed the "clinic approach" for its reliance on small, community clinics in rural areas to spread the message of family planning. The budget was increased to Rs. 22 million (1990US\$ 13.4 million), reflecting a growing commitment to reducing the country's high fertility.¹³⁰

It was not until the Third plan that formal recognition of the importance of this issue occurred. This plan acknowledged the role of population control in development for the first time. A new, slightly more aggressive approach - the "extension approach" - characterized activities in this period. The goal was to reach as many people as possible; communication, motivation, and availability of all kinds of contraception ("cafeteria-style" availability) were widely promoted. The emphasis was on soliciting the involvement of community leaders. A wide variety of means of communication were employed to convey the message: group meetings, films, pamphlets.¹³¹ Even puppet shows, a traditional form of communication, were used

¹³⁰The country's crude birth rate was approximately 41 per 1000 at this time. (United Nations Fund for Population Activities (UNFPA), Fourth Country Plan for India 1991-95, New Delhi: UNFPA, n.d)

¹³¹B.D. Misra et al., "Reflections on the Future of Family Planning," in M.E. Khan and D.V.N. Sarma (eds), Socio-Economic Development and Population Control, Delhi: Manohar, 1988, p. 169.

to appeal particularly to rural people who were illiterate; they were tailored to "reflect their ethos."¹³² Modern contraceptive methods were encouraged, primarily the IUD and sterilization (tubectomy and vasectomy).

The 1960's was a pivotal decade for family planning in India. One year, 1965, was particularly important because of three events. First, family planning was brought to the attention of the government as a critical issue by two senior-level officials, C. Subramaniam, the Minister of Food and Agriculture, and Asoka Mehta, Deputy Chairman of the Planning Commission. Second, teams of family planning experts were dispatched to India by the United Nations, the World Bank, and USAID to "reconnoiter the situation, preach more activist approaches, and offer assistance."¹³³ The major change recommended by these agencies was the introduction of targets and incentives.¹³⁴ Third, the IUD came into popular use, and soon became the main vehicle of the 1960's push for family planning.

In 1966, Indira Gandhi ascended to the position of Prime Minister, marking the beginning of a new era in family planning. Under Prime Minister Gandhi, financial incentives to undergo sterilization were introduced, combined with a strong media campaign emphasizing the benefits of a small family. Slogans such as

¹³²Meeting with R. Goswami, Puppetry Workshop, July 2, 1994, Calcutta.

¹³³R. T. Ravenholdt, "Discussion of Dr. Berelson's Paper," in Harrison Brown and Edward Hutchings Jr. (eds), Are Our Descendants Doomed?, New York: Viking Press, 1970, p. 247.

¹³⁴"Something Like a War," Film produced and directed by Deepa Dhanraj, Executive Producer Sorab Irani, D & N Productions (India) in association with Equal Media Ltd. (London), for Channel 4, 1991.

"Happiness is a two-child family" and "A small family is a happy family" were promoted all over India, via newspapers, television, radio, and billboards. Such slogans were ineffective in reducing family size because of their inaccuracy and ambiguity.

The most notorious period in India's family planning history was the 1975-77 Emergency. For reasons of political expediency and survival, Indira Gandhi suspended Parliament and ruled by Presidential decree during this time.¹³⁵ The FPP came under the guidance of Sanjay Gandhi, Prime Minister Gandhi's son and intended political heir. It is during this period that the program became most overtly coercive. For example, government employees with more than three children who did not accept sterilization were discriminated against in allocations of housing, increases in salary, travel reimbursements, medical coverage, scholarships and school-fee waivers for their children, and even land re-distribution.¹³⁶ Cash incentives for sterilization acceptors were raised to Rs. 150 (1990US\$ 27.82) for those with two children, Rs. 100 (1990US\$ 18.55) for those with three.¹³⁷ In addition, states were

¹³⁵India's political system is headed by a President who is largely a figurehead. Effective power lies with the Prime Minister who advises the President on critical issues such as declaring national emergencies. Thus, although it was the President (V. V. Giri) who declared the Emergency and issued the decrees, it was Indira Gandhi who initiated both. See H. C. Hart (ed.), Indira Gandhi's India, Boulder: Westview Press, 1976.

¹³⁶Lynn C. Landman, "Birth Control in India: The Carrot and the Rod?" Family Planning Perspectives, Vol. 9, No. 3, May/June 1977, p. 102.

¹³⁷V.A. Pandaniker, R.N. Bishnoi, and O.P. Sharma, Family Planning Under the Emergency: Policy Implications of Incentives and Disincentives, New Delhi, 1979.

given permission to resort to compulsory sterilization if they had the facilities "adequate to meet the requirements of compulsory sterilization."¹³⁸

The excesses of the Emergency, while raising awareness of family planning tremendously in a relatively short time,¹³⁹ resulted in great distrust, suspicion and fear in the Indian population. Since vasectomy "camps" were the main means of sterilization during the Emergency, it was this method that acquired the most negative connotations. Even today, the percentage of vasectomies performed is as low as in pre-Emergency days. Furthermore, it was not until 1982, five years after the end of the Emergency, that the percentage of couples accepting sterilization again increased, due solely to an increase in female sterilizations - not vasectomies (see Appendix B).¹⁴⁰

After the Emergency, a new government came to power, setting the stage for a fundamental shift in the country's now-discredited FPP. The Janata government, led by Morarji Desai, undertook a complete overhaul of the program. It was felt that it was necessary not only to remove the element of coercion that had come to be synonymous with family planning, but also to change the very nature of the program itself. Thus, in 1977, the family planning program was renamed the Family Welfare

¹³⁸Quoted in Landman p. 102.

¹³⁹John C. Caldwell, P. H. Reddy, and Pat Caldwell, The Causes of Demographic Change: Experimental Research in South India, Madison: University of Wisconsin Press, 1988, p. 64.

¹⁴⁰G. Narayana and John F. Kantner, Doing the Needful: The Dilemma of India's Population Policy, Boulder: Westview Press, 1992, p. 108. The authors estimate that as many as one-fifth of India's reproducing-age population was sterilized in the Emergency period.

Programme, reflecting the new commitment to all aspects of family welfare, such as maternal and child health, nutrition, women's education, immunization, and adherence to minimum-age marriage laws. The government seemed to recognize that a narrow, aggressive, contraception-based approach was no longer feasible in the aftermath of the Emergency; only a program that integrated contraception into less-controversial aspects of family health and stressed the voluntary nature of any family planning would work in the new environment of suspicion and caution in India.¹⁴¹ In fact, what the government did was to downplay the coerciveness of the program, making it more hidden and thus less open to criticism.

Coercive Mechanism I: Targets

India has been heavily dependent on the use of targets (quotas for contraceptive acceptance) for over three decades. When they were introduced, targets were intended to convey a sense of urgency about the dangers of unchecked population growth. Specific targets were set for particular methods of birth control, regions, states, sub-divisions, and even villages. The result was "an almost manic focus on near-term achievement."¹⁴² Targets have come to form an integral part of the FPP, defining its goals and setting its priorities. Although they are used ostensibly to act as a guide or a rough measure of program performance/status,

¹⁴¹United Nations, Department of International Economic and Social Affairs, Integrating Population and Development Planning in India, New York: Dept. of International Economic and Social Affairs, 1992: p. 34.

¹⁴²Lewis in Brown and Hutchings, Jr. 1970: p. 249.

targets are in fact what drive the program and are a large part of what makes it coercive. One author describes the situation in the 1970s as the following:

Failure of one coercive tactic to over-power people's resistance led to adoption of successively more intensive methods of coercion for attaining sterilization targets - coercion went up from mere monetary enticements, to employment of 'touts' to procure cases for sterilization camps, to putting administrative pressure on health and family planning workers to deployment of the law and order and tax collecting personnel and forcing them to obtain a prescribed sterilization target.¹⁴³

Two decades later, India is still caught up in "contraceptive-method targetology" according to the country's leading demographer and author of its National Population Policy for the International Conference on Population and Development in Cairo, Dr. M.S. Swaminathan (see Appendix B).¹⁴⁴

On a conceptual level, the reliance on targets is problematic because of the underlying assumptions of this way of thinking. A target is defined as "something to be aimed at in shooting practice; any object aimed at;...thing, plan etc. against which criticism is directed; objective; total which it is desired to reach."¹⁴⁵ While it is the last definition which is most relevant in the Indian family planning context, the first three are also important in demonstrating the centrality of the idea of "object" in targets. A target is an object; it receives an action, usually one that is forceful or negative.

¹⁴³Banerji in Bondestan and Bergstrom 1980: pp. 98-99.

¹⁴⁴M.S. Swaminathan, Lecture "Issues Related to Population Control in India," Delhi, August 16, 1994.

¹⁴⁵A. S. Hornby, Oxford Advanced Learners Dictionary of Current English, Oxford: Oxford UP, 1985.

When applied to family planning, the implications of the use of "targets" are disturbing. Who are the targets of India's FPP? Women are the ones who bear the brunt of the program's activities. They are on the receiving end of numerous birth control methods, while men have two (vasectomy and condoms) available to them. They are also the objects of all the new reproductive technologies (NRTs) such as Norplant, Depo-Provera, and the anti-pregnancy vaccine, all of which are invasive techniques. Women are seen as objects in the FPP - their bodies are treated accordingly. Whether it be sterilization or the NRTs, women's bodies have been invaded, altered, and manipulated by successive FPPs.

Objectifying the female body has other effects also. Women's health has not been a great priority for the Indian government; it is seen as only one component of the FPP. That it should be the reverse - that family planning should be a part of women's health - seems not to be evident to the government. Family planning has such high priority in India that some Indian critics have called it the "most diligently provided government service" around which all other health services revolve.¹⁴⁶ Even if one acknowledges the stated importance of population in the country's development plans, this kind of policy distortion is not conducive to balanced development, fails to address other issues directly related to fertility, and most

¹⁴⁶Nandita Gandhi and Nandita Shah, The Issues at Stake: Theory and Practice in the Contemporary Women's Movement in India, Delhi: Kali for Women Press, 1992, p. 111; Malini Karkal and Divya Pandey, Studies on Women and Population: A Critique, Bombay: Himalaya Publishing House, 1989, pp. 10-11.

importantly, is not ethical in its subordination of basic health concerns to birth control.

Dr. Mira Shiva, Head of the Population Division of the Voluntary Health Association of India, notes: "Women are targeted by medical workers only for family planning; their health otherwise is not a concern." A community-based study in tribal Maharashtra provides clear evidence of this. The women surveyed had an average of 3.6 gynecological or sexual diseases per woman. Furthermore, 55% of the women had gynecological complaints.¹⁴⁷ These women were not given any kind of medical care by government health workers; even their reproductive health was not addressed by the FPP. The experience of this group of women illustrates that despite its broad mandate, the Indian FPP is almost exclusively concerned with promoting contraceptive use. When the focus of women's health care is so narrowly on family planning, other aspects of women's health are not given priority or are ignored completely. The top-down structure of primary health care in India combined with heavy governmental commitment to targets and the presence of incentives and disincentives for family planning all foster and perpetuate the existence of a health care system for women that is really little more than a contraceptive dispensing structure. Resources, labour, and time are all geared more to family planning services than to basic health care.¹⁴⁸

¹⁴⁷Dr. Mira Shiva, Lecture, "Issues Related to Population Growth in India," Delhi, Aug. 16, 1994.

¹⁴⁸Karkal and Pandey 1989: pp. 66-67.

Table 3 shows the different allocations for the Family Welfare Programme and the Health Sector in the First and Eighth Five-Year Plans. While both plans allocated more money for the Health Sector, the percentage increase over time between the plans is very revealing of the government's priorities. Between 1951 and 1997, the government will have increased its financial commitment to family planning by 75 000%; in the same period, its commitment to general health services will have increased by only 470%. Furthermore, of the Rs. 75 759.2 million (1990US\$ 3445.9 million) allocated for the Health Sector, only Rs. 22 513.8 million (1990US\$ 1024.1 million) are allotted for minimum needs and rural health programs. The central government's contribution to these latter programs totals only Rs. 10 million (1990US\$ 0.5 million), yet it has allocated 6500 times that amount for family planning. The Indian government is obviously more committed to performing sterilizations and inserting IUDs than to providing basic health care.

The use of the language of targets allows policy-makers and FPP workers to overlook the fact that the policies they are pursuing are coercive. If one does not view another as human but rather as an object, one is able to behave inhumanly towards the other. In not recognizing women as human beings/people, the Indian FPP can treat them - to put it bluntly - as badly as it can get away with. Gandhi and Shah argue that because of the "strong ideological and organizational link" between family planning and reproduction, women are sometimes compelled to accept contraception in order to get their reproductive health needs addressed. In other words, basic health care is 'traded' for contraception. For example, a woman in

Bombay who went to a Primary Health Centre (PHC) to obtain an abortion was not given assistance until she 'agreed' to accept an IUD after the procedure.¹⁴⁹ In some cases, as in the earlier example of the tribal women in Maharashtra, reproductive health needs are not addressed at all. Once women are defined in terms of objects (targets), they are treated as objects.

As the history of family planning in India has shown, women have not been the only targets of the FPP. In the mid-1970s in particular (1973-1977), men were popular targets (see Appendix B). After the Emergency, the number of vasectomies declined dramatically, forcing a re-alignment of the FPP away from vasectomies and towards female sterilization (tubectomy and laparoscopy). In 1970-71, tubectomies constituted 33.9% of all sterilizations; ten years later, the proportion was 79.5% (today it is 96.0%).¹⁵⁰ This shift must be contextualized within the patriarchal structures in which it occurred. Men were able to force a shift in the FPP within four years partly because they were *men* in a *patriarchal* society. Women, in contrast, have been targets for well over forty years, have suffered the same kinds of abuses, and worse, than men, yet they have been unsuccessful in getting recognition of the abuses, let alone a reorientation in the program. Thus, while men have also suffered under the FPP, their negative experience has been neither as prolonged nor as systemic as women's.

¹⁴⁹Gandhi and Shah 1992: p. 111.

¹⁵⁰Dr. Mira Shiva, Lecture, 16 August 1994.

Table 3: Family Welfare and Health Sector Allocations in First and Eighth Plans, India.

	Family Welfare Programme Plan Allocation	Health Sector Plan Allocation
EIGHTH FIVE-YEAR PLAN 1992-1997		
Millions of rupees	65 000.0	75 759.2
Millions of constant 1990 US\$	2 956.6	3 445.9
Ratio (real FWP allocation: real HS allocation)	1:1.17	0.86:1
FIRST FIVE-YEAR PLAN 1951-56		
Millions of rupees	6.5	995.5
Millions of constant 1990 US\$	4.0	605.0
Ratio (real FWP allocation: real HS allocation)	1:153	0.007:1
Percentage increase between the First and Eighth Plans of the allocation in real terms	75 000%	470%

Notes: Actual expenditure during the First Five-Year Plan on the Family Welfare Programme was Rs. 1.85 million (1990US\$ 1.1 million) and in the health sector was Rs. 1 009.6 million (1990US\$ 613.6 million); plan allocation to the health sector includes outlays by state, union territory, and central governments (the FWP is funded wholly by the central government); plan allocation for the health sector covers programs such as the control of communicable and non-communicable diseases, hospitals, dispensaries, rural health and minimum needs; figures in real terms were calculated by dividing nominal figures by the GDP deflator (1990 = 100) and then by the 1990 rupee/US dollar exchange rate (17.504 Rs/US\$, period average at the market rate).

Sources: International Monetary Fund, *International Financial Statistics*, various editions; Government of India, Planning Commission 1992, pp. 341, 343; Government of India, Planning Commission, *The First Five-Year Plan: 1951-56*, Delhi: Government of India, Manager of Publications, 1951, pp. 89, 523; Government of India, Planning Commission, *Review of the First Five-Year Plan*, Delhi: Government of India, Manager of Publications, 1957, pp. 272, 281.

The Indian FPP's reliance on targets lends itself easily to corruption. With layers of government bureaucrats above them, grassroots FPP and medical workers

face strong pressure to meet certain targets.¹⁵¹ The Department of Revenue is even called in on occasion to provide additional leverage to solicit people to meet government-imposed targets. Add to this the extra impetus provided by incentives and disincentives, and the result is a FPP system that is corrupt as well as coercive: "the potential for pressure and coercion is always there when the recruitment of family planning acceptors is placed in the hands of revenue or police authorities."¹⁵²

One indication of the extent to which people are susceptible to government pressure is the results of a survey conducted in the 1970s which found that 72.5% of respondents in four states accepted family planning because of pressure by officials. In contrast, only 18.8% accepted family planning of their own accord.¹⁵³ Despite the fact that the study is somewhat dated, it nonetheless is evidence of how strong official pressure has been on people to accept birth control. When one considers that the main methods of birth control that the government has consistently advocated most strongly have been *permanent* (i.e. sterilization), the fact that people were pressured - successfully - into such a significant decision is all the more disturbing. Moreover, the very high degree of compliance suggests that the results would not necessarily be substantially different were the study repeated today.

¹⁵¹Gandhi and Shah 1992: p. 115.

¹⁵²Ruth Simmons, George B. Simmons, Ali Mishra, and B.D. Mira, "Family Planning and Development: Issues in Inter-Agency Coordination in Uttar Pradesh," in Khan and Sarma 1988: p. 165.

¹⁵³Panandiker et al. 1978: p. 112.

Corruption takes many forms. One of the least harmful is the falsification of records to convey the appearance of having met targets.¹⁵⁴ In smaller settings such as individual villages, this may not always be possible since government inspectors sometimes request to see the women in the village to verify that there are as many as the records say there are. There are also cases of 'double' sterilization where both partners in a marriage are sterilized, and sterilization of the "demographically dubious" - men and women beyond their reproductive years, widows, and bachelors.¹⁵⁵ Actors other than government health workers are also victims of the heavy-handed target system. According to one ration shop-keeper, "We brought in many 'cases' by adjusting the food ration supplies. There's alot of pressure put on us to bring in 'cases'... To keep our shops we must bring in cases. If not, we'll lose our shops."¹⁵⁶

Because of the FPP's shortsighted focus on targets, there has been very little done to promote fertility reduction in the long-term. Rather than educating people about the different methods of modern contraception available, FPP workers opt for the easier route of simply presenting them with the option of sterilization in hopes

¹⁵⁴Shiva in Shiva 1994; Veena Soni, "Thirty Years of the Indian Family Planning Program: Past Performances, Future Prospects," International Family Planning Perspectives, Vol. 9 (2), June 1983: p. 42.

¹⁵⁵Soni 1983.

¹⁵⁶Quoted from "Something Like a War," film by Deepa Dhanraj, in "Words: Revealing History, Revealing Content; Sticks and Carrots: the Disincentives and Incentives," People's Perspectives Nos. 4 & 5, Nov./Dec. 1993, p. 7.

of procuring another 'case' to enable them to meet their target.¹⁵⁷ The goal is not raising awareness and ensuring that people adopt a birth control method with which they feel comfortable (if they choose to at all), which would seem logical goals for a family planning program in any country. Instead, government workers are fixated on raising the total number of sterilizations performed. In so doing, they are jeopardizing any possibility of a "balance" in the present FPP as well as future programs.

While it is widely acknowledged and documented that coercion was present in the Emergency period, it is less accepted that coercion continues to play a significant role in the FPP. The point was made in Chapter Two that coercion is about choice, or more specifically, the absence of choice; a target-based system such as India's FPP which gives rise to many abuses of power in the context of severe poverty is a clear illustration that there is in fact little choice in the FPP. Regardless of whether the program was designed to be or not, it was in practice coercive towards the most vulnerable groups in Indian society.¹⁵⁸ As in the example of the ration shop-keeper above who manipulates food rations to procure family planning 'cases' or the example of the Bombay woman who was denied an abortion until she accepted birth control, *people do not have the choice* to refuse contraception. In theory, it may seem otherwise, and targets may be hailed as necessary encouragement

¹⁵⁷Marika Vicziany, "Coercion in a Soft State: The Family Planning Program in India; The Sources of Coercion," (Part II) Pacific Affairs, Vol. 56 (1) 1983: p. 567.

¹⁵⁸Vicziany 1983: p. 587.

in an area of policy for which there is little enthusiasm. Yet if the preceding examples demonstrate anything, it is that targets are working against the very objectives the FPP is seeking to achieve (see Appendix A). The abuse and coercion to which targets give rise undermine any legitimacy the FPP may have. Thus, targets are a double-edged sword: they are coercive, hence unethical, and they are self-defeating.

The idea of control is common to all these critiques of target discourse. When targets are implemented, men and women lose a degree of control over their bodies. How much control they lose depends on many factors, the most important of which are gender, caste, and class. These are also the determinants of who becomes the most vulnerable targets of the FPP. Evidence bears this out: people from the lower classes form a disproportionately high number of FPP 'acceptors.' Targets and incentives are directly responsible for this distortion.¹⁵⁹

Coercive Device II: Incentives and Disincentives

When they were first instituted in the 1960s, financial incentives were compensation payments for the personal inconvenience and time lost in employment for people undergoing sterilization operations.¹⁶⁰ However, within a period of less than a decade, they became less compensatory and more motivational. For example, at the first mass vasectomy camp held in 1971 at Ernakulam, the breakdown of

¹⁵⁹Vicziany 1983, pp. 560, 568.

¹⁶⁰Franda 1972: p. 2.

incentives received by acceptors included "regular" and "special" cash payments from the national and state governments, one week's free rations from the state, a gift package from CARE (3kg of rice, a *sari*, a *dhoti*), and a lottery ticket and food from the national government.¹⁶¹ Not only were the incentives too generous to be simply compensation, they were also very diverse in their content. Lottery tickets are hardly compensatory. The government liked incentives because they were successful at achieving their objective - popularizing sterilization - and they seemed to work despite the government's lack of knowledge about the dynamics of population control at the village level.¹⁶² They obscured the government's ignorance about how best to reduce fertility behind statistics which showed a marked increase in sterilizations performed, which was all that mattered to government bureaucrats and international donors.

Already at this time, there was awareness among senior-level government officials of the differential impact of incentives on the poor. A memo submitted to a national government team from the Joint Secretary of the Department of Family Planning in the state of Gujarat discusses the benefits of incentives, asserting that they are the "backbone" of the state's FPP. The memo continues:

Incentives inspire the persons to take a decision to undergo sterilization operation. It helps them in meeting their basic need which temporarily relieves them from several worries ... Low-income

¹⁶¹Franda 1972: p. 6.

¹⁶²Marika Vicziany, "Coercion in a Soft State: The Family Planning Program of India; The Myth of Voluntarism," (Part I) Pacific Affairs, Vol. 55 (3), Fall 1982: p. 384.

2 of/de 2

PM-1 3½"x4" PHOTOGRAPHIC MICROCOPY TARGET
NBS 1010a ANSI/ISO #2 EQUIVALENT

groups and especially backward class people will take maximum advantage of the campaign. Actually these fellows are the most needy people who should be active participants of the sterilization program. Due to high incentives, the program will reach them in a stipulated time.¹⁶³

This memo reveals two things. First, the government was aware of the role incentives play in the lives of "the most needy people," namely that they are used not as compensation but rather to meet their "basic need[s]." Yet, the question of choice is not raised at all. There is no thought of whether the poor are being exploited by the system of incentives, of their level of desperation if they are willing to submit themselves to an operation simply to be "temporarily" relieved of several worries. There is even no thought given to the violation of basic rights and freedoms, which are supposed to be protected in a democracy such as India.

Second, it reveals the classist and eugenicist underpinnings of the FPP. The lowest castes and classes are deliberately targeted as a matter of course. It would be one thing if the government was ignorant of how its incentive program impacted differentially on the lower classes, but it is clear that that is not the case. Governments, at all levels, are aware of how incentives affect people. In one case, the government was explicit about controlling "mispopulation" and preventing the "deterioration" of India's "racial make-up" which it feared would occur if the lower classes continued reproducing at a high rate while the elites practiced birth

¹⁶³Quoted in Franda 1972.

control.¹⁶⁴ There are clear parallels here to the international population establishment and its eugenics-inspired population control efforts in the Third World.

Table 4 shows the extent to which illiterate people participate in the FPP. Since illiteracy and poverty often occur together, and since there are no official records kept of the income of family planning acceptors, this table offers a rough indication of how groups which are disempowered are most affected by the FPP. For every major method of birth control, people with little formal education constitute the majority of acceptors. Of women undergoing tubectomies, almost two thirds have no formal education at all. Given that illiterate people are often also poor, one can deduce that there is something in the FPP which appeals particularly to people in this situation: financial incentives. They are thus at least partly responsible for the differential impact of the FPP across classes.

One very telling indication of the extent to which the poor are dependent on incentive payments for basic subsistence is the inverse correlation between the number of sterilizations and availability of employment in rural areas. There is a noticeable "seasonal peak" in sterilizations performed which coincides with the period between harvests.¹⁶⁵ While not a causal relationship necessarily, this does demonstrate that there is a link between poverty (rural incomes are low between

¹⁶⁴Report of Indian National Congress Subcommittee on Population, quoted in Sumanta Banerjee, Family Planning Communication: A Critique of the Indian Programme, New Delhi: Radiant Publishers, 1979, p. 2.

¹⁶⁵This point has been made in many studies, among them: "Words: Revealing History, Revealing Content," p. 7; Vicziany 1983: p. 563; Soni 1983: p. 39; A. Mitra, India's Population: Aspects of Quality and Control, New Delhi: Abhinav, 1978.

harvests) and sterilizations. Yet again, the question arises: if these people are offered a choice between sterilization and destitution/starvation, is that a real choice?

Table 4: Percentage Distribution of Acceptors by Educational Status, 1989-90

Educational Status	Percentage Distribution of Acceptors of		
	Vasectomy	Tubectomy	IUD
No schooling	53.7%	62.9%	55.4%
Primary Schooling only	18.4%	15.5%	17.7%
Secondary Schooling or more	27.9%	21.6%	26.9%
Total	100%	100%	100%

Notes: Illiteracy rates for India, 1991
 Male 35.87%
 Female 60.71%
 Total 47.79%

Source: Government of India, Ministry of Health and Family Welfare, Dept. of Family Welfare, Family Welfare Programme in India Yearbook 1990-91, Delhi: Government of India, 1992, p. 51; Government of India, Ministry of Information and Broadcasting, Research and Reference Division, India 1993: A Reference Annual, New Delhi: Government of India, Ministry of Information and Broadcasting, Publications Division, 1994, p. 12, table 1.4.

From a pure population control standpoint (i.e. leaving aside considerations of ethics, morality, rights, and justice), the presence of financial incentives in the FPP has meant that it has acquired the reputation of "a one-shot, mini anti-poverty program" rather than a birth control one.¹⁶⁶ While this is certainly true, it is more than simply unfortunate planning on the part of the population controllers. Birth

¹⁶⁶Karkal and Pandey 1989: p. 75.

control incentives should *not* constitute an anti-poverty program. It is unjust, inhumane, and a violation of basic rights recognized by democratic government.

From the Frying Pan Into the Future: The New National Population Policy

The most recent five-year plan (the 8th) for 1992-1997 allocates Rs. 65 billion (1990US\$ 3.0 billion) for the FPP, a 75 000% increase (in real terms) over the initial allocation of Rs. 6.5 million (1990US\$ 4.0 million) four decades ago (see Table 3). The family planning component of the plan has been largely modified by the National Population Policy (NPP), prepared by the Expert Group on Population Policy for the Cairo conference in 1994. Headed by M.S. Swaminathan, the seven-member group prepared a draft policy which was adopted by Parliament in 1994. What follows is a discussion of the new policy, labelled a "paradigm shift" in population policy in India,¹⁶⁷ followed by a critique. This section argues that despite the words and phrases to the contrary, the NPP is very much a continuation of past population policies, and like them, fails to address meaningfully the deeper, systemic problems of family planning in India.

The NPP is a comprehensive statement of principles which the Expert Group feels should guide India's FPP into the next century and beyond. Three orientations are most important: population policy must be pro-nature (forging a balance between population and the human carrying capacity of the land and water

¹⁶⁷Expert Group on Population Policy 1994: p. 17.

resources), pro-poor (emphasizing an "enabling environment"), and pro-women (achieving gender equity).¹⁶⁸ To achieve these goals, various changes are proposed.

First, the setting of targets for specific contraceptives should be discontinued. Second, incentives should be eliminated, but disincentives should be re-evaluated and their presence more strongly integrated into the program. Third, new structures should be created at district, state and national levels to promote, administer, and monitor the FPP. Among these new bodies would be a national Population and Social Development Commission (PSDC) whose purpose would be to "take a holistic and inter-departmental view of population issues and serve effectively the grassroots and state level democratic institutions."¹⁶⁹ Fourth, responsibility for family planning should be decentralized. Finally, family planning should be merged with the Ministry of Health to identify and implement "a holistic and comprehensive approach to health."¹⁷⁰ These are the most significant changes proposed by the NPP; other changes are comparatively minor.

Like most recent government policies, the NPP is full of all the appropriate words, such as "gender analysis," "holistic," and "integrated." The key development "buzzwords" of the moment are all present. Yet, whether these words represent a genuine shift in the FPP is unclear, at best. Despite the document's claim to be

¹⁶⁸Letter of Transmission by M.S. Swaminathan, to B. Shankaranand, Minister for Health and Family Welfare, May 23, 1994, in Expert Group on Population Policy, 1994.

¹⁶⁹Expert Group on Population Policy 1994: p. 17

¹⁷⁰Expert Group on Population Policy 1994: p. 11.

"pro-women" and its recognition of the need for a gender analysis of the FPP, it does little to change the focus of the FPP on *restricting women's fertility* through *government control* over their reproductive capacities. In recommending the decentralization of family planning responsibilities to the *panchayat raj* level, the NPP asserts that this will allow prevailing gender inequities in family planning to be addressed. Thus, *panchayat raj* structures and gender equity are linked, but there is no explanation offered as to how the former will bring about the latter. Despite women having reserved seats on the *panchayat raj* as of 1994, there are many societal constraints that impede women's full participation in the governance of the village. The NPP makes only passing reference to this, pointing out the necessity of strengthening women's decision-making capabilities; that is the extent of its gender analysis.

The NPP sets some laudable goals for the FPP and for the country as a whole. With respect to women, it seeks to remove any evidence of gender bias in textbooks, media, and public services, promote the principle of joint responsibility in all matters relating to the family, and to remove all discrimination against women.¹⁷¹ Clearly, these are unrealistic hopes, at least in the short-term.

In addition, the history of women being "targeted" by successive FPPs is not mentioned. The negative repercussions of women being the objects of population control for over four decades are essentially dismissed by a sentence or two about broadening the focus of the FPP. Questions of control or power are raised but in a

¹⁷¹Expert Group on Population Policy 1994: pp. 7, 13.

limited context, and the basic premise of population control/limitation is not questioned at all.

The policy rests on certain assumptions which are not necessarily valid. For example, it recognizes the importance of evoking the "whole hearted participation of the people in population stabilization measures on the basis on shared perceptions and goals."¹⁷² Therein lies the problem with India's population policies: they are formulated on the assumption that all people want fewer children. This is not always the case. As Mahmood Mamdani demonstrated so clearly in his study of a rural village in India, people have many children largely because it is in their interests to do so.¹⁷³ It is a rational calculation, based on the tangible and intangible costs and benefits of having children. The message of the small family norm simply does not make sense to people who see more benefits in having another child than in restricting their fertility. Predicating the whole FPP on the assumption of a common perception of high fertility is thus a gross mistake and one that is being perpetuated by the NPP.

Another misplaced but continuing theme in the NPP is panic. There is a profound sense of urgency, of a race against time to combat over-population. This perception in itself is not the problem, given that India's development priorities do rest on curbing its population growth rate. What renders the sense of urgency most

¹⁷²Expert Group on Population Policy 1994: p. 13.

¹⁷³Mahmood Mamdani, The Myth of Population Control, New York: Monthly Press Review, 1972.

harmful is the claim that every kind of progress India hopes to make as a country is dependent on reducing its population. In the words of the report, "If our population policy goes wrong, nothing else will have a chance to go right."¹⁷⁴ Making population the scapegoat for all other development problems is a phenomenon that is happening internationally as well, as discussed in Chapter Three. Not only is it a convenient absconding of responsibility (the people having all the children are either in the Third World or in the lowest castes/classes, depending on one's own location), but it is also a highly selective, distorted way of viewing the entire issue of development.

By far the most disturbing recommendation in the NPP is increasing the FPP's reliance on disincentives. The policy states that all government employees who do not abide by the small family norm (i.e. two or fewer children) will not be promoted. People with more than two children will not be hired for public service employment. Politically, there are similar suggestions. People with more than two children will not be allowed to contest local panchayati elections.¹⁷⁵ Excluding people - based on their family size - from participating in government negates the very idea of a democracy, in which, technically, all citizens have the right to govern. Furthermore, given that the majority of Indians live in rural areas and have local village councils as their closest body of government, setting conditions on a person's participation in this level of government is particularly disempowering.

¹⁷⁴Expert Group on Population Policy 1994: p. 19.

¹⁷⁵Expert Group on Population Policy 1994: pp. 35, 40.

Women would be most adversely affected by this recommendation if it were put into practice. Since they are not always the final decision-maker regarding fertility decisions (i.e. it is sometimes the husband who makes the decision or his family), barring them from local councils for having children is equivalent to penalizing them for decisions over which they had little control.¹⁷⁶ From the other perspective, if a woman had a third child without her husband's agreement, she would make *him* ineligible for the local council. She could well be made to suffer the consequences of her choice.

Another problem with disincentives is their susceptibility to manipulation and abuse. Swaminathan himself acknowledges the possibility of abuse in the program's reliance on disincentives, particularly in the recommendations regarding eligibility for government service jobs.¹⁷⁷ There is already a degree of corruption present in many of India's policies; increasing the role of a powerful tool such as disincentives only adds to the likelihood of greater corruption.

Aside from the many practical reasons against disincentives such as these, there are the ethical ones. As seen in Chapter Two, most population scholars feel that disincentives, more than incentives, are coercive. They are punitive, curbing free choice and penalizing people for essentially making the "wrong" choice in what is, at its core, a personal matter. If India is moving towards institutionalizing disincentives in its FPP to an even greater extent, there is no hope of its becoming a better, fairer

¹⁷⁶Raj Chengappa, "A Brave New Thrust," India Today, Sept. 30, 1994, p. 52.

¹⁷⁷"Population Experts Suggest Modifications," Times of India, Aug. 17, 1994.

program. If anything, it seems prepared to become even more coercive than it has been in the past. The perception that disqualifying people from certain jobs or political participation are relatively mild punishments is dangerous because it means that the basic premise of *punishing people for having children* has been accepted. All that matters at this point is the degree of punishment. After a more concerted propaganda campaign by the population control establishment domestically and internationally, however, even the highest degrees of punishment (e.g. depriving people of money, water, food, life) will be justifiable in the name of the greater, long-term good. It is the classic slippery slope.

Conclusion

The preceding discussion of the new National Population Policy indicates that if India is undergoing a major shift in its population policy, it is shifting in the wrong direction. Rather than moving towards greater freedom for everyone to determine how to control her/his fertility according to her/his own needs, it is focussing even more on achieving short-term changes in fertility behaviour through the use of coercive devices. The focus is not on the societal and structural reasons for high or low fertility, but on manipulating whatever variables are available to compel people to restrict the number of children they have. As with past population policies, any changes which are brought about as a result of this approach will be small, and more importantly, unsustainable.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

Population control is inherently coercive. This point was illustrated in the preceding chapter with reference to India. The term "control" itself implies one actor exercising its power over another. With reference to population, the control sought is over Third World women's bodies; the actors seeking and exerting the control are the international population establishment and national governments. As discussed in earlier chapters, coercion can be explicit, for example, forced sterilizations, or implicit, as with incentives and disincentives. Implicit coercion is the most common yet least recognized form of coercion in population policy.

This final chapter will re-contextualize population control within the larger paradigm of development. It will assess the significance of recognizing the coercion in population control. The implications which arise from such recognition will also be examined. In addition, this chapter offers policy recommendations, and a reflection on future directions for population policy.

Choice, Human Rights, and Fertility

In the context of population control, coercion involves the absence or denial of choice in the child-bearing decision. Environmental variables are manipulated or exploited such that one's only option is to *reduce* one's fertility. In abrogating the

principle of free choice, and relying on deprivation or punishment for enforcement, coercion violates human rights.

Like other human rights abuses, population control exploits vulnerability. It targets women, particularly Third World women who live in poverty, for birth control; this group is often highly vulnerable and disenfranchised. Women's rights to free choice, informed consent, health care, and basic necessities are among the rights that are compromised by the population establishment's use of coercion to restrict women's fertility. For example, practices such as withholding health care until a woman accepts contraception or making her education, employment or income depend upon her use of birth control are clearly unethical. Yet, these and similar mechanisms are in place in many parts of the Third World, at the instigation of the population establishment.

To justify coercive measures, population controllers such as Paul Ehrlich argue that such measures, while undesirable, are necessary to defuse the population bomb.¹⁷⁸ As discussed in Chapter Two, however, the population bomb theory is an exaggeration based on sensationalist doomsday scenarios. Its ultimate end is to incite the kind of panic that leads to and condones extreme and dehumanizing measures such as coercion. UNFPA has recently stated, particularly in relation to India:

The decade of the 1990s is the 'critical decade,' ten years for the global community to confront the challenges of population growth and distribution, resource use, and environmental deterioration on a broad

¹⁷⁸Ehrlich 1968.

scale. Decisions postponed and actions not taken during this period will have devastating consequences for the generations of the 21st century. The very habitability of the planet is at stake.¹⁷⁹

The message is clear: decisive action is needed immediately to prevent planetary collapse. The relationships between population and environmental deterioration are not examined or questioned; once again, it is assumed that the former necessarily induces the latter. The "groundwork" is thus set for coercion in population policy.

International population control is predicated on the disparities in power that exist along racial, gender, and national lines. Those at the top of this hierarchy determine the extent to which the rights of those at the bottom will be respected. As an illustration, consider the possibility of implementing a population control program similar to India's in a Western democracy such as Britain or Switzerland, both of which have comparable rates of population density.¹⁸⁰ As analyzed in Chapter Four, India's FPP was initiated largely by external sources with their own political agendas, relies heavily on external funding, includes tremendous top-down governmental pressure, depends on targets, incentives and disincentives, and focuses so narrowly on preventing births that the provision of general health care suffers. The reaction to such a FPP in a Western democracy would be swift, angry, and widespread. Even the attitude that underlies family planning in the Third World - regarding women as "breeders" and pregnancy as a disease¹⁸¹ - would not be

¹⁷⁹UNFPA n.d.

¹⁸⁰Facts on the World's Population, Toronto: Probe International, 1994.

¹⁸¹The development of an anti-pregnancy vaccine is an example of this way of thinking. See also Chapter Three.

tolerated in the First World.¹⁸² Yet, these practices and attitudes are *encouraged* in the Third World by the population establishment.

A letter from the IPPF to USAID in 1991 exemplifies the "double standards" in population between North and South. The letter is in response to USAID's concerns that medical barriers may reduce access to health and family planning care. Carlos Huezo, Medical Director at IPPF, assures USAID that "the quality of health or family planning services should not necessarily mean the use of the highest level of technology or sophisticated service sites. Family planning programmes should be encouraged to achieve the right balance between quality, quantity, and resources." In addition, Dr. Huezo asserts that IPPF does not promote "unnecessary" practices such as limiting who can provide birth control (i.e. *it encourages surgical* contraception to be performed by persons other than physicians or obstetricians/gynecologists), "conservative medical thinking" (i.e. it does not take women off birth control for "minor" side effects), and "excessive counselling" (i.e. it informs clients only of birth control methods which are suited to their particular situation).¹⁸³ These practices would be considered negligent - not "unnecessary" - in the North.

¹⁸²The exception here is the case of Aboriginal and visible minority women in the First World. For example, the US has consistently targeted Puerto Rican women for sterilization. A recent popular article documenting this is Vanessa Bauza, "Puerto Rico: The Covert Campaign to Sterilize Women," Ms., Sept./Oct. 1994, p. 14.

¹⁸³Letter from Dr. Carlos Huezo, Medical Director, IPPF, Regent's College, London, England to James D. Shelton, Chief, Research Division, Office of Population, USAID, Washington, 10 September 1991.

The establishment's pursuit of zero population growth at the expense of human rights actually undermines any fertility-reducing behaviour which may be occurring in the Third World. Coercion is not an effective means by which to achieve a reduction in fertility. It does not lead to a sustained shift in reproductive behaviour. Despite forty years of population control in India, and a contraceptive acceptance rate of 43.3%, the crude birth rate has remained fairly constant. It is now beginning a slow decline.¹⁸⁴ Nor does coercion engender any kind of lasting change in people's attitudes towards fertility. Thus, by its own standards of population control success (defined as reducing fertility), the international population establishment is failing to meet its goals.

The ultimate objective of all population control programs is to inculcate lasting changes in the values and attitudes of people such that they recognize the need to have fewer children, and act accordingly. It is critical that people *accept* the need to limit their family size. If a population control program "is out of sync with the self-regulating behaviours of a society, ... it is seen as an intrusion."¹⁸⁵ The motivation for fertility reduction is not internalized, and the result is program failure.

Any program that relies on coercion to be executed risks becoming dependent on it. In the absence of the coercive element, people will revert to their original

¹⁸⁴UNFPA n.d.; see Appendix A.

¹⁸⁵Susan C. M. Scrimshaw, "Cultural Variables and Behaviours Related to Population Change," in Callahan and Clark 1980, p. 11.

patterns of behaviour since these were never erased. In this way, coercion is counter-productive.

It is not in the numbers of people who have undergone sterilizations or "accepted" contraception that population control programs are ineffective; on the contrary, these figures are often quite high. It is in the long-term impact on people who have been the targets of population control that the underlying ineffectiveness is apparent. Because of the many abuses committed by national governments and international donor agencies in the field of family planning, there is a general distrust of these bodies on the part of many people in Third World countries.

Since family planning is often equated with health care, especially for women, the suspicion engendered by coercive FPPs may be easily generalized to include health care as a whole. Not only is this harmful for the individual who feels alienated, it is also detrimental for the government. Any future health initiatives, for example, vaccination campaigns, will be coloured by the public's negative experience with family planning. This problem is compounded by the fact that it is often only family planning outreach efforts, and not the more general health initiatives, that penetrate into the most remote areas.

The consequences of a profound feeling of distrust and alienation from one's elected government are far-reaching. Other policy areas may also be affected by citizen apathy, resignation or distrust. In addition, many population policies link birth control with other government services, such as public service employment or the provision of sanitation. Thus, there is a clear message from the government and

international population establishment that population control pervades all aspects of society; the negative consequences of it will do likewise.

In family planning programs, coercion is employed to increase program effectiveness. In reality, it has the opposite effect. Coercion encourages FPP failure by denying human rights and undermining the perceived legitimacy of birth control as a whole. Policy-makers and researchers in population have been slow to recognize the presence of coercion in population control; few analysts have made the explicit connection between the inherent coercion in population control and people's lack of acceptance of contraception. This paper has attempted to contribute to the literature first by demonstrating the existence of coercion in population control, and second, by providing evidence of the link between coercion and program failure, with reference to a specific case.

Family Planning Failure: India

India is a rich example of the ways in which a coercive FPP is ultimately a failure. One event which explicitly demonstrated the Indian public's non-acceptance of the FPP was the elections of 1977. Having just emerged from the two-year Emergency during which the FPP became most *visibly* coercive, Indians rejected the incumbent Congress (I) party under Indira Gandhi, and opted for a new government - for the first time in the country's history. Several factors deserve comment. First, Indira Gandhi, identified only years earlier as "Mother India," was part of India's "first family," closely affiliated with the Independence struggle and Mahatma Gandhi.

Indians are a dynastic people. For the daughter of Jawarharlal Nehru to have lost an election, and by such a margin,¹⁸⁶ the public backlash against her government would have had to have been very strong. Second, the 1977 defeat was the first (and only the second ever) time the Congress (I) party lost a general election. Congress is one of the oldest political parties in Asia, and was the organizational catalyst for India's independence in 1947. Its defeat as a government is indicative of the depth of anger Indians felt towards it. Finally, the party that won the 1977 election was a conglomeration of many small parties, none of which had the history or kinds of personal ties that Congress had established over more than a century. Yet, this motley coalition of parties managed to defeat the single most dominant party in India.¹⁸⁷

The lesson of this experience for family planning is straightforward: human rights cannot be nullified at will by governments - in *any* democracy. Rights, freedoms, and justice were obviously important enough to the Indian electorate to warrant its overturning a government that had relied so blatantly on coercion to meet its family planning targets. As F. W. Notestein commented in 1971, "efforts at coercion in the developing world would be more likely to bring down the government

¹⁸⁶The Congress party won only 34.5% of the popular vote in 1977, and 28% of the seats in the Lok Sabha. Until then, its lowest vote share had been 40.8% (1967). (Paul R. Brass, The Politics of India Since Independence, Cambridge: Cambridge UP, 1990, p. 72)

¹⁸⁷The Janata coalition fragmented shortly after its win. Elections were held again in 1980 at which time, the Congress (I) won a majority of seats.

than the birth rate."¹⁸⁸ At the same time, however, it must be remembered that it was the anger of the injustices inflicted upon Indian *men* over the Emergency years that was critical in deposing the government; the many *decades* of FPP abuses suffered by Indian *women* were unable to bring about the same outcome.

The critical point to bear in mind, however, is that the excesses committed during the Emergency (1975-77) were not an aberration. India's FPP has consistently relied on coercion. The Emergency was simply a time when the coercion was highly visible; it did not represent a marked departure from past approaches to family planning.¹⁸⁹ The period *following* the Emergency has also not been free of coercion, as argued in Chapter Four; recent peripheral modifications to the program have not altered this fact.

Moreover, the experience of India bears testimony to the disempowerment arising from coercive population policies. Some rural women who have personally had to deal with the FPP are either fearful of, or apathetic to, their governments. They do not feel a sense of efficacy or control, partly because they are women but also because they underwent sterilization operations under pressure from various sources. One woman interviewed shrugged and replied with resignation, "What can you do?" when questioned about her decision to accept sterilization.¹⁹⁰

¹⁸⁸F. W. Notestein, 1971, quoted in Bondestan and Bergstrom 1980: p. 55.

¹⁸⁹Vicziany 1983.

¹⁹⁰Interviews with village women in Dhanavas, Haryana, 1 August 1994. These women were also from the lower castes, another factor in their feeling inefficacious.

Re-constructing Population

The field of population has seen a shift in recent years away from an exclusive focus on distributing birth control pills and condoms to incorporating broader policies/activities in areas such as maternal health. Despite claims that this represents a profound change in population control ideology, however, the basic understanding of the population issue has not changed. In other words, overpopulation is still viewed from an "us-them" dichotomized perspective, with all its concomitant biases. The crisis scenarios continue to be predicted, along with substantial input from the environmental movement. Population remains an industry founded upon distinctions based on race and nationality, and supported by unjust power relations.

A true paradigmatic shift is needed. It is not enough to recommend relatively minor and potentially beneficial policy changes; they are still made with the ultimate goal of reducing fertility. One area in which governments become particularly involved *because of its relationship to fertility* is the status of women:

The status of women is perceived by the population agencies as if it is a "thing" or tangible input that could be delivered to a society ... The assumption is that a society can be engineered by manipulating productive and reproductive tools to generate the output called "status of women." Obviously, raising the status of women is not seen in the context of political struggle, [in] which are included the struggle against depopulating strategies as well as the struggle against the coercive control of women's fertility by international agencies such as UNFPA, the World Bank, USAID, etc.¹⁹¹

¹⁹¹Akhter 1994, p. 31.

Changing the way population is viewed involves more than recognizing that there are other variables that affect fertility. It requires an acceptance that population is not about reducing fertility, but about providing choices. It is in failing to offer these choices that the population establishment's agenda is coercive.

There are a number of conceptual changes that make up a "true paradigmatic shift." Recognizing that the fertility decision is a rational calculation based on many variables is a critical first step. Many studies have shown that people choose to have many children because it is rational for them to do so, not because they are incapable of understanding their fertility or its regulation.¹⁹² Similarly, the way in which women are viewed, by policy makers at all levels and by society in general, must be reconstructed to reflect women's many abilities and strengths. Contrary to prevailing assumptions, Third World women are not ignorant of how their bodies work. A parallel shift in how men are situated in the population issue is necessary as well; men have been left on the periphery for far too long in official population planning. Their input into the decision to have children is often substantial, and must be more widely recognized.

It is also critical to challenge the prevailing assumptions about population growth; there is often a stronger link between consumption and environmental degradation than there is between population and environmental degradation. The crisis view of population growth - that it is an epidemic - must be abandoned. It is

¹⁹²Mamdani 1972; Thomas Poffenberg in Bondestan and Bergstrom 1980; Kingsley Davis, "Population Policy: Will Current Programs Succeed?" Science, Vol. 158 (10), 1967: pp. 730-739.

neither accurate nor positive in terms of prescribing action. All it does in the present context is act as a justification for coercive measures.

Finally, the racialization of the population question which has existed for decades cannot be allowed to continue. In addition to feeding existing national prejudices, it perpetuates a bifurcated view of the world which is not conducive to any kind of social development, including the provision of family planning services.

While these recommendations may be idealistic, that fact should not diminish their necessity or relevance. On an abstract level, they appear even more idealistic since there are no tangible "handles" with which to grasp them. What follows, therefore is a list of some practical means of implementing the above conceptual changes. The list is meant to act as a guide for policy-makers and researchers in the field of population, and is far from being exhaustive.

New Strategies to Operationalize Reproductive Health

- Recipient and donor countries must renegotiate the role of donors. Many national governments and international organizations have had a great deal of influence over FPPs in the Third World, to the point where the relationship was almost neo-colonial in nature. In the case of India, for example, there is no shortage of trained Indian personnel to re-design and implement a new FPP; foreign involvement could easily be kept to a minimum.

- National governments must give priority to devising a FPP that addresses the need of the people it is supposed to serve. What that means in practice is that policy-makers start from their subjects (rather than from their targets) and work *up* to a macro (national) FPP.
- It is imperative that governments provide a FPP that goes beyond fertility limitation. The role of any FPP should not be to dictate how many children are suitable or acceptable; rather, it is to provide the choice and the means to have few or many children.
- The state must refrain from defining the optimal family size for its citizens. In India, the "happy family" is not necessarily the two-child one. People have the right to determine the number of children they will have, free from government coercion and according to their own values and needs.
- Targets, incentives and disincentives must be eliminated at all levels of population policy. Despite the utility of targets for planning, they are too often distorted and used as actual goals to be met instead of guidelines. In India, sterilization targets have been met three times in twenty years.¹⁹³ Unrealistically high figures simply act as reminders of program "failure" and necessitate an even more forceful push the following year.

¹⁹³Government of India 1992, p. 171; see Appendix B.

- **Men must be incorporated into FPPs. Fertility is a decision ideally reached by both partners; thus, men must be involved in family planning at conceptual and practical levels. One way to achieve this is to de-link FPPs from Maternal and Child Health Services (MCH). This does not imply terminating the connection between FPPs and MCH altogether, merely broadening the mandate of FPPs so that men do not feel alienated as they do now under the present seemingly exclusive link between FPPs and MCH.**
- **Population must be positively contextualized within the larger development paradigm. Policy-making in population must be connected to other areas without it simultaneously being made a scapegoat for policy failures in those other areas. For example, in India, overpopulation is blamed for every major problem facing the country.**
- **It must be recognized by the international community and national governments that population control violates human rights by denying choice. It is a form of social control that preserves existing unjust hierarchies. Reproductive health, on the other hand, involves extending choice to all regardless of gender, race or class. It must be the defining feature of population policies in the next century.**

Future Directions

Population policy continues to evolve. From an optimistic perspective, the recent movement towards recognizing the need for female empowerment and similar structural changes is encouraging. It is also gradually becoming accepted that coercion may not be the most effective means of securing acceptance of population control programs.

There are also substantial grounds for pessimism, however. Whatever is being acknowledged by way of structural changes is still not seen in a more comprehensive framework. For example, female education is promoted not necessarily because it is a laudable end of its own merit, but because it is a means to achieving the real end - lower fertility. The recent Cairo conference re-inforced this narrow vision of female empowerment, situating it firmly within the need for fertility limitation.¹⁹⁴ Coercion, too, while increasingly condemned in population control, remains present due to the persistent failure to recognize its more subtle - and pervasive - forms.

This study has shown that coercion in population control is not limited simply to force, but that it encompasses a range of mechanisms that works to limit the choice available to individuals. Despite evidence and experience, ignorance of the existence and impact of coercion has persisted, and thus so too have population programs which fail to bring about any lasting changes in attitudes towards fertility.

Population control policies have been characterized by prejudice, hierarchy, and injustice. If the future is to be any different, a major transformation in how

¹⁹⁴Kaila 1994: p. 24.

population - and people - are understood is imperative; in the words of Goethe,

"There is nothing more frightful than ignorance in action."

APPENDIX A COUPLE PROTECTION RATE AND CRUDE BIRTH RATES, INDIA

Figure 1: Couple protection rate and crude birth rates (CBRs), India 1960/61 - 1992/93

Notes: Couples protected refers to the percentage of couples which use methods of birth control and takes into account the effectiveness of each method for the first year after initiation; CBR (SRS) refers to the number of live births per 1000 people as recorded by the Government of India's Sample Registration Scheme (SRS); CBR (census) refers to the number of live births per 1000 people as calculated from the Government of India's decennial census

Sources: Government of India 1980: p. 386; Government of India, Ministry of Health and Family Welfare 1992; Government of India, Planning Commission 1992: p. 332; Tata Services, Department of Economics 1992; United Nations Economic and Social Commission for Asia and the Pacific 1982: p. 24; United Nations Economic and Social Commission for Asia and the Pacific, Statistical Yearbook for Asia and the Pacific, various editions

APPENDIX B

ACHIEVEMENT OF FAMILY PLANNING TARGETS, INDIA

Figure 2: Sterilizations, India 1966/67 - 1992/93

Notes: No target was specified for 1977/78

Sources: Government of India 1980: pp. 374, 386; Government of India, Ministry of Health and Family Welfare 1992: pp. 165, 171; Government of India 1994: p. 221; Government of India, Central Statistical Organization, various editions; United Nations Economic and Social Commission for Asia and the Pacific 1982: pp. 168-69

Figure 3: Vasectomies and tubectomies, India 1966/67 - 1990/91

Sources: See Figure 2

Figure 4: Insertions of IUDs, India 1966/67 - 1992/93

Sources: See Figure 2

Figure 5: Users of conventional contraceptives and oral pills, India 1967/68 - 1992/93

Notes: Figures for 1967/68 to 1974/75 do not include users of oral pills

Sources: See Figure 2

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