

EDITORIALS

Family planning: no middle ground

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Population control. The words seem to erupt into conversations periodically. It is a reaction afflicting politicians and bureaucrats of all hues, in spite of decades of research and scholarship which have established that coercive measures directed at changing fertility behaviour do not work, that nothing works without social change.

The propensity to target groups with high fertility for administration of some magic bullet seems to have its roots in a collective middle-class consciousness bred on innumerable state-produced images of teeming crowds and starving people - images in which decision-makers see nothing of themselves. Perhaps it is this clear demarcation of 'them' and 'us' that makes the entire scenario so scary. Invariably, high fertility is added on to the list of sins of which the subjugated 'other' (the Dalit, the Muslim, the "North Indian", the poor) is held guilty. This colours all debates on population policy, contraception and family planning.

As a result, we have squared off into extreme positions. On the one hand, activists view any new development with suspicion anticipating new methods of coercion and rights violations. On the other hand, promoters of new technologies and policies which speak of choice and expansion of freedom for women find their technically sound arguments drowned out in a chaos of emotion and indignation, amidst co-option by the usual population-control lobby.

Hence, it seems to be our destiny that no one in India can hope to occupy the middle ground. Either you are with us or against us. After the long and tragic history of deception, coercion and abuse that people have suffered in the name of 'family planning', you cannot turn to a fresh, untainted page overnight. The mindsets of our millions of middle-class health professionals - from the community health worker to the researchers in our premier institutions -- will change more slowly than those of the 'poor women' who they have set out to save. Working in these so-called target communities, one finds a cruel paradox. Women are searching for technological means to resolve what are essentially problems of inequalities of power (the elite are also searching, but for different reasons). They want methods that will not require telling husbands, they want abortions because they cannot practice contraception, they would rather have injections and suffer the side-effects than tubectomies which will close all their options. At the same time, these are not empowered choices. Women suffer abuse from their families. Worse, perhaps, they also suffer abuse from the state which links acceptance of family planning to everything from food subsidies and maternity services to immunisation, birth certificates and, as it now appears, gun licences.

As I sit here, in my slum clinic, talking to a woman -- an individual -- I hope to help her decide what is best suited for her. But then I have no choice but to send her to a system which cannot see her struggle against poverty, her lack of education and lack of freedom, but only wants to see her 'small' family. It is no wonder then, that women take from people like me -- and from the state - what will help them to survive for the time being. Unfortunately, neither of us has any real solutions to offer.

In this issue of the journal, we carry pieces that reflect a range of positions that have emerged around the discussions on contraceptive technology and the population programme. There is the dilemma of preventing, with political and ethical measures, research on injectable contraceptives which have a vast market and profitability. How long will India, the only country in the South which has not permitted research and use of these contraceptives on a large scale, be able to hold out? There are several scientific and social concerns about these contraceptives. We must ask ourselves the big question: Can we, as we ideally should, support the quest for scientific knowledge even while continuing to oppose the introduction of injectable contraceptives on social grounds? Or is such a position politically impossible?

These concerns stem from our recent experiences of the continuing excesses of the family planning programme committed by a state machinery that seems to be caught in a time warp, where coercion and moral indignation were seen as legitimate and, in fact, the only means of 'promoting family planning.' Cairo and Beijing notwithstanding, perspectives on women's reproductive rights exist more in reports and policy documents than actual practice. Is such a flawed service delivery system in itself a reason for preventing further research on a contraceptive which has much higher risks than the other methods in use?

In this scenario we must re-examine our positions with objectivity. Can we reach a position without taking recourse to rhetoric and making claims, on either side, in the name of women whose realities we have failed to change in the past 50 years?