

DISCUSSION

The ethical implications of the targeted population programme proposed by the UPA

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"A sharply targeted population control programme will be launched in the 150-odd high-fertility districts."

Common Minimum Programme, United Progressive Alliance Government

The Common Minimum Programme lays out the agenda for governance of the present United Progressive Alliance government. This document has been hailed for being a radical departure from the earlier government's neo-liberal approach because it outlines a host of equity-oriented measures for social development. However, the section on women and children contains a single sentence alluding to targeted population control. Women's empowerment activists have protested against this.

Population control seems to emerge repeatedly as the only answer to India's poverty, illiteracy, disease, lack of resources and services. Many among the urban / middle class/ educated believe that the poor do not care how many children they have or that the coercion is justified for all round well-being. However, the very notion of population control and the way the family planning (FP) programme is being implemented in India raises serious ethical issues.

Eugenic background of 'population control'

The relationship between population and food production was first outlined in the late nineteenth century by Thomas Malthus. What is not well known is that Malthus was more concerned about numbers of the poor and had even advocated hastening their death so that the desirable could continue to live and multiply (1). This idea of preservation of racial purity through selective breeding gained further ground and 'eugenics' was formulated by Francis Galton. Selective breeding of one race automatically meant control of breeding and selective elimination of the 'inferior' race. This form of population control was institutionalised in Europe and America (2). Forced female sterilisation was used as recently as two years ago in Slovakia for the control of the Roma gypsy population (3).

The promotion of a superior race was central to the forced sterilisation of Jews in Nazi Germany. But the idea of undesirable over-population of the poor was part of the debate in Europe and America well into the twentieth century. Research was conducted to prove that the poor were physically and morally deficient due to biological reasons. As an extension of this argument,

birth control including sterilisation was advised to prevent the pollution of the national gene pools. There is even controversy about the motives of Margaret Sanger, the founder of the Planned Parenthood Association of America, who some claim had eugenic motives and coined the slogan "Birth control: to create a race of thoroughbreds" (4). Even the field of demography, which guides most of our population related thinking, is said to have arisen from within a eugenic framework (2).

The ethics of targeting

The term 'target' has strong military associations and the qualifier 'sharply' adds images of sharp shooting. The population control mindset is associated with a contempt for poverty and a fear of the socially disadvantaged, viewed through middle- to upper-class, morally superior and a capitalistic lens. This was evident in Europe and America in the nineteenth and early twentieth centuries. It was evident in the US-sponsored population control programmes in developing countries like Vietnam, Philippines, Guatemala and India. Even today this mindset is present through the targeted approach that is present in many states in India (2). Who is the target of such population policies and norms? Usually, it is the poor who need more hands to eke out a livelihood or the rural folk living in inaccessible villages and who have no modern health services to speak of. It is also the dalits who are poor, far from health services and who do not have assurance of survival of their children. The brunt of the targets is borne by women are looking for ways to get out of the perpetual cycle of production and reproduction. It is interesting to note that while the Constitution promises liberty, dignity, equality and justice, the people who need these most become targets for the FP programme.

Enforcing restricting norms

While the two-child norm seems the only way out (endorsed now by the Supreme Court (5)), many feel the more desirable path would be to enact a one-child norm like in China. While it is true that the population growth rate has come down in China, it is equally true that the same has happened in Kerala over the same time period. The difference is that no norms were enforced. Evidence from China shows the price that Chinese women had to pay for the success of this norm. There has been a serious decline in the sex ratio – son preference being strong there too. In addition women have to go through violations like forced abortions, sterilisation, domestic violence and other human rights violations (6,7).

This situation may now be repeated in India. Some prosperous states show a rapid decline in the sex ratio. Planners, law enforcement officers, the judiciary and doctors are involved in many ways – not only as programme managers and regulators, but also as the radiologists and obstetricians who finally ensure that sex pre-selection is successful.

Incentives as coercion

An incentive is a token of gratitude which can help the family get out of its poverty. But when people cannot ignore an incentive because of financial circumstances, this gift becomes imperative for survival. Most families who are provided with incentives for adopting contraceptive measures do not have the option to refuse. Thus incentives and disincentives associated with the population programme have become tools for subtle or overt coercion in the hands of functionaries from the ANM to the Collector. Rarely an event like the one in which five men were drugged and sterilised to obtain a gun license come to light, underlining the predatory nature of the programme (8).

FP programme implementation: ethical issues

Female sterilisation is the most commonly used method of contraception in India. Ethical issues around FP programme implementation can be seen at two levels – at the level of choice of contraceptive and in the provision of actual contraceptive services.

If we consider the issue of choice, we see that an overwhelmingly large proportion of family planning acceptors go in for female sterilisation. The method most widely available is the method most widely used in a country (9). Tubectomy is the most prevalent method in India. Even the more progressive women lack knowledge and awareness about side-effects and contraindications of different methods. The study also found that though there is a demand for these services and women ask their health workers about supply of contraceptives, health providers have now started using the 'client segmentation approach' to determine which contraceptive is appropriate for whom (10).

The ethical issues involved in the way female sterilisation services are being delivered in Uttar Pradesh have been

described in an earlier article in this journal (11). The People's Tribunal on the two-child norm and coercive population policies (New Delhi, October 9-10, 2004) noted that consent forms are filled mechanically, surgical standards are not followed and no services are provided nor records kept of complications or failures (12).

Conclusion

Population control programmes are inimical to reproductive rights which have been codified as human rights under article 16.1 of the Women's Convention. Designing and implementing any client-centred family planning programme thus requires a clear understanding of the eugenic and authoritarian background of such programmes and a clear focus on human rights. Unfortunately this sensitivity is not present in the CMP, and if it indeed is a charter for the development of the underprivileged in our country the sentence alluding to targeted population control needs to be revised.

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