

Maharashtra state population policy

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After the International Conference on Population and Development in Cairo in 1994, the debates around how to effectively reduce the population of the country became very civilised. Everybody began talking about the issue of human rights of women and denouncing the programme that targeted thousands of them with forced sterilisations and other contraceptive procedures. It seemed that the days of coercive measures to acquire the required family size, were gone.

We in women's groups, who had been shouting ourselves hoarse about the atrocities of the family planning (FP) programme, were assured that target orientation was a thing of the past (to be forgotten) and that the days of consent, with the focus on larger issues of reproductive and sexual health, had arrived. Soon the FP Programme was rechristened the Family Welfare programme, and people and government functionaries started trying to figure out what exactly had to be different in the newly started Reproductive and Child Health (RCH) Programme.

However, it did not take long for reality to surface. The motives of the population control programme being handled by the RCH programme soon started becoming visible. Under the garb of meeting the "unmet need" of contraceptives, harmful, long-acting, hormonal injections were made available in the open market and then through service-providing non-governmental organisations. Of late there has been talk of introducing them in the state-run hospitals as part of the RCH programme. Targets for sterilisations continued and for most government functionaries they remained a reality.

And finally we had the first ever national population policy which was passed at the centre without much debate and which was followed or preceded by various state level population policies (1). Rajasthan and Madhya Pradesh began the trend and Maharashtra soon followed. None of these state policies minced any words while stating their intentions and motives and the measures they would take to achieve the reduction in population.

The Maharashtra state population policy

The Maharashtra state population policy, announced in March 2000, stresses the 'small family norm' to achieve overall targets for reduction of the fertility rate, birth rate, infant mortality rate and neonatal mortality rate. Various methods suggested include awarding those who help the state achieve its targets, though most methods are about punishing those of the populace who fail to adhere to the requirement of the small family (2).

Those who dare to have a third child after May 2001 will not be entitled to many government schemes, many allowances if part of the state machinery, and the freedom to contest elections for local governance bodies. A subsequent government order stated clearly that the third child thus

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born would not be entitled to food and other subsidised goods offered under the public distribution scheme. These families would not also be entitled to as many as 50 government schemes meant for the needy (3).

Apart from these restrictive measures, the policy talks of other measures like improving the services of the health system by awarding discipline and good behaviour of health providers; strict implementation of some of the existing acts like the Child Marriage Act and the Prenatal Sex Determination Techniques Act; assessing government functionaries and panchayats for their performance in family planning and awarding subsequent rewards and punishments to them; and forming various committees and councils under the able guidance of the chief minister, the deputy chief minister and even the "Honourable Chief Minister's wife" and the "Guardian minister's wife"!

So here we have it all laid bare for us. The targets, the process of rewarding and the methods of disincentives and punishments all continue. Families (in actuality women) will now be forced to accept whatever family planning methods are made available because producing more than two children can be suicidal for the whole family. Thus the policy ensures that there will be no need for coercion for acceptance of contraceptive methods. The coercion to not produce, of course, continues.

The aim of the family planning programme has been controlling numbers, particularly the numbers of the poor. This policy, by penalising the poorest of the poor, in fact states this most clearly. Further, in doing so, it does not at all tackle the problem that it presumably set out to solve — that of scarcity (at least as stated by most proponents of population control). Their understanding of the population problem itself is, however, problematic.

The population "problem"

As kids we have all gone through the misery or joy of solving 'arithmetic sums' of the kind: "It takes one person eight days to build a wall. How many days would it take to complete the task if three persons worked on it?" Or the more complex version of this kind of problem: "Ten men and eight women consume a bag of wheat in five days. If women eat half as much as men, how many days would three men and fifteen women take to finish the same bag?"

The idea was to simplify real-life situations to teach some mathematical concepts. Or else how can we just talk of so many men doing a task or consuming something without talking of the differences within all these people? This same logic is, however, applied in descriptions of realities, of life and the world of adults whenever there is any discussion about the issue of population.

The argument is simple. The world has a finite quantity of resources ('x'). The current population ('y') will consume the resources in 'z' days. But with the current rate of population growth ('r'), imagine how soon the world would run out of its resources! The logic and the presentation is

so similar to what all of us have learned in our maths that the only possible solution appears to be reducing 'r'. Arrest population growth to postpone the end of the world.

But pause and think if this is the reality or if a very simplified version of it in which the blame of the situation is being placed squarely on the shoulders of those who do not consume at the same rate but may have large numbers. The poor 'who breed irresponsibly' are being made scapegoats of in this strident plea to save the world.

The statement can be reformulated to suggest an alternative solution. If the population increases at the rate 'r', what should be the rate of consumption so that the same resources last for 'z' days? The mathematical solution now would be to reduce the rate of consumption. Even if the number of people increased at the same rate, the resources could last longer if the existing people and the new additions consumed less. Of course, the social implications are very different, and these are bypassed in the debate on the population problem.

When talking of a population policy there is no mention of patterns of resource consumption, of how much can be consumed, of issues like the vast and continuously growing difference in how many resources are used by whom. We do not even question whether everyone is consuming at the same rate, and has the same access and right to use them in the same way. There is an inherent assumption that all people are equivalent in their use of resources, so the stress is only on controlling numbers through "small families".

The "solution" sought

The present population policy document goes ahead to not only control numbers by advocating the small family norm but also to ensure that those whose numbers are sought to be reduced do not get what is their due from the state and the society to survive. Those living below the poverty line (which itself is at a level at which survival is not possible) are being denied the wherewithal to survive.

Not granting food under the already restricted public distribution scheme, not allowing access to other welfare schemes of the government, withholding advances and allowances due to all employees of the State – these are some of the measures that are going to accomplish nothing but make the destitute even more so and thus automatically reduce their numbers even further.

How much of the problem of scarcity are we going to address by controlling in this manner the use of resources by people who anyway consume even less than the prescribed bare minimum is a question unasked.

The policy is blind to the findings of many studies all over the world:

The cause of poverty is not too many people in the family, although poverty could be a reason for large families.

The fact that children of the poor do not survive to live as healthy adults is one of the reasons for giving birth to more children.

Reduced access to basic needs would only increase the child mortality rate, especially that of the girl child.

Along with cultural reasons for strong son preference, this practice exists in a situation in which there is welfare available for the older population and the son's family remains the only support mechanism.

A policy to reduce family size by reducing access to a marginally better life sends the message: the "solution" to the current problem is to eliminate those who need help. Prevent the poor from being born, and prevent those already born, from surviving.

The question of medical ethics

What is the role of the health care system, of individual doctors and other medical professionals in this scenario? According to the code of medical ethics formulated by the Medical Council of India (4), the principal objective of the medical profession is to render service to humanity with (4) full respect for the dignity of man.

The honoured ideals of the medical profession imply that the responsibilities of the physician extend not only to individuals but also to society.

This means opposing draconian measures like the Maharashtra population policy for the good of society and its overall health, particularly for the health of those who are already marginalised and weakened by various economic and social forces. In a society with an ever-widening gap between the 'haves' and 'have nots', as welfare measures are curtailed, unemployment and the resulting poverty actually force people to give birth to more children, people should not be further penalised for their poverty. It is our responsibility to build a healthier society that looks after the needs of all those who constitute it.

References:

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