

### **The ethical implications of the targetted population programme proposed by the UPA**

*“ 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 by many 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 in the section on women and children it contains a single sentence alluding to targeted population control which has raised a storm of protest among many academics, activists and workers engaged in women's empowerment and health related work.

India's 'population problem' has often been seen as a fundamental hurdle in development related discourse and 'population control' seems to emerge over and over again as the only possible answer to the poverty and illiteracy, disease and despair, lack to resources and services that we see all around. Many among the urban and the middle class, among the educated and the professionals sincerely believe that the poor don't really care how many children they have or that the some force and coercion is justified if there is going to be all round well- being. However the very notion of population control and the way the family planning programme is being implemented in our country raises serious ethical issues which need to be considered.

**Eugenic background of 'population control'** - The relationship between population (numbers of people) and food production was outlined for the first time in the late nineteenth century by the British priest Thomas Malthus. However what is not so 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 born in the late nineteenth century. Malthusian thinking is to have influenced Francis Galton who formulated this idea. Promoting selective breeding of one race automatically meant control of breeding and the selective elimination of the 'inferior' race. This was the first form of population control that was institutionalised in many countries in Europe and many states in America (2). Interestingly forced female sterilisation was one of the methods used in this process. This practice was found in Europe as late as the 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 that took place 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. Scientific 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 some 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 discipline of demography, which guides most of our population related thinking, is said to have arisen in the US from within a eugenic framework (5).

**The ethics of targeting** – The term ‘target’ it 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 very 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 Third World Countries like Vietnam, Phillipines, Guetamala and even in India. Even today this mindset is present through the targetted approach that is present in many states in India (6). It is useful to ask the simple question –‘Who is the target of such population policies and norm?’ In most cases 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 removed from health services and who do not have assurance of survival of their children. Finally the brunt of the targets is borne by women are looking for ways to get out of the perpetual cycle of production and reproduction and become easy targets for a programme which is hungry for numbers. 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 family planning programme.

**Enforcing restricting norms** - While the two child norm seems the only way to go (endorsed as it is now by the Supreme Court (7)), many feel the more desirable path to take would be to enact a one child norm like 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 one big difference is that no norms were enforced. Evidence from China is slowly bringing out 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 as well. In addition women have to go through violations like forced abortions and sterilisation, domestic violence and other human rights violations(8, 9).

The stage is being set for situation to be repeated in India. Evidence from prosperous states show a rapid decline in the sex ratio. While this is an important issue for planners, the law enforcement as well as the judiciary, doctors too have additional ethical issues to deal with. They are involved in many ways in this matter – not only as programme managers and regulators, but as the radiologists and obstetricians who finally ensure that sex pre-selection is successful.

**Incentives as coercion** – It is easy to see the negative aspect of disincentives, but an incentive is a gift, a token of gratitude, a benefit which can help the family get out of its poverty. But when people cannot ignore an incentive because they are in such constrained circumstances, this gift becomes an imperative for survival . Unfortunately most of the families who are provided with incentives for adopting contraceptive measures often do not have the option to refuse. Thus incentives and disincentives associated with the population programme have become tools for subtle and sometimes overt coercion in the hands of all the 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 (10).

**Family Planning programme implementation : ethical issues** – The family planning programme is often the only visible aspect of the health department in large parts of rural India. Female sterilisation is the most commonly used method of contraception in India. Ethical issues around family planning programme implementation can be seen at two levels – at the level of choice of contraceptive that is being provided 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. Studies have shown that method most widely available is the method most widely used in a country (11). There is little substance to the rhetoric of a ‘basket of options’. A five state study on delivery of reproductive health services found that tubectomy continues to be the most prevalent method for contraception. Even the more progressive women in the community lack knowledge and awareness about side effects and contraindications of different methods. The study also found that there is now a demand for these services and women are asking their health workers about supply of contraceptives. Instead of providing information about all available contraceptives and leaving the choice up to their clients the study found that health providers have now started using the ‘client segmentation approach’ to determine which contraceptive is appropriate for whom (12).

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. The People’s Tribunal on the two-child norm and coercive population policies ( held in New Delhi 9<sup>th</sup> and 10<sup>th</sup> October, 2004) highlighted that this situation is not unique to UP alone (13). Consent forms are filled mechanically surgical standards ( including pre and post operative) are not followed and no services are provided nor records kept of complications or failures.

**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 ( CEDAW). 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 of 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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