Mukhopadhyay, Swapna; Savithri, R. : Economic Development, Population Policy and Reproductive Choice. In Poverty, Gender and Reproductive Choice : An Analysis of Linkages. Manohar Publishers. 1998. ISBN 81-7304-106-7. P. 13-22.

Economic Development, Population Policy and Reproductive Choice

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The Background

Both as a concept and as a rallying point for gender-based concerns, the emergence of reproductive choice is a relatively new phenomenon in the area of population policy. For decades on end, population policy had been primarily, if not solely, concerned with the regulation and control of human fertility. The prime mover has always been the perceived need to control the rate of growth of population in the aggregate. The Malthusian spectre of a population explosion in the developing world, perceived as a growing strain on world resources, prompted several governments in the North and many international organizations as well to press for demographically-driven population control policies in the developing countries - a position that found widespread support among bureaucrats and policy makers in a majority of Third World countries.

In a manner of speaking, India paved the way for target-driven popu lation control policies by being the first nation to launch an official family planning programme in the early fifties. The pressure for con trolling a fast growing population built up over the years as population growth rates picked up in the aftermath of planned development. The lament that economic growth in the aggregate is being siphoned off by a growing population and that in spite of the rise in foodgrain production as a result of the green revolution, the impact is negligible since there is an increasingly large number of mouths to feed, became all too common in public debates.

Yet there was little conclusive evidence on the complex nature of interlinkage between GDP growth or development on the one hand, and population growth on the other. One of the earliest demographic studies that sought to establish a link between population growth and economic development was the Coale-Hoover study of the late fifties. The prognosis of the simulation exercise carried out by these two Western demographers was that high fertility in a country like India is likely to be associated with low rates of economic development and vice versa.

This particular exercise played a significant role in shaping the entrenched belief in the population lobby in subsequent years on the necessity of bringing down aggregate fertility rates. Although the.sixties and the seventies threw up several cases in the developing world which negated the inverse relationship between the two and questioned the simplistic formulation of the Coale-Hoover model, the fear of a population explosion in the Third World had come to stay. While official policy stayed geared to centrally administered and demographically driven targets of fertility control, doubts about the efficacy of such measures, even for the limited purpose of reduction in fertility, increasingly came under scrutiny. The apparent lack of correlation between fertility rates and contraceptive supply, as measured by such indicators as couple protection rates in the aggregate, was one angle of the issue. The socioeconomic context of pushing contraceptives on a population that may not be prepared for it, was another. In a society marked by early marriage for girls, strong social sanctions against women who fail to bear children, and entrenched son preference, the desire for contraception stands seriously tempered by social constraints. Under such conditions supply driven fertility control measures that discount such constraints can easily turn out to be coercive. There had been little scope in the official FP programme for differentiation between wanted and unwanted conceptions and to cater only to the latter. By the early seventies, critiques of the official programme focused on the need for long-term, non-coercive measures to reduce the desired family size through reduction in infant mortality rates, improvement in the quality of life and sensitization in matters of benefits of a small family. 'Development is the best Contraceptive' became the slogan of Third World experts confronting international forces urging for reduction in aggregate population growth. The 1974 Bucharest Conference was privy to this stand.

However, despite the rhetoric of development being the best contraceptive being flaunted in official documents and pronouncements, there was little reflection of the adage in the area of formulation and implementation of official policy in India at that juncture. Maternal and Child Health (MCH) continued to be the central concern of the Ministry of Health and Family Welfare, and family planning programme with its top-down, target-driven approach continued to rule the roost. Over the years, family planning used up an increasing share of the combined allocation for health and family welfare, which together constituted a substantive fraction of the total allocation of public resources on health. The latter in its turn, continued to be an abysmally small percentage of total budget allocations. In the sphere of hierarchically designed official government programmes with little, horizontal interlinkages either in desire or in implementation strategies, there was little scope for testing the hypothesis as to whether development, of whatever kind, is indeed the best contraceptive. Family planning programme of the Government of India continued with unabated force, irrespective of the misgivings being sounded from various quarters regarding its faulty design and

inefficient functioning. *Gender as an issue continued to be virtually absent in the central core of concerns.*

An interesting development in the scenario occurred during the Emergency years of 1975-77 in Indian political history when for the first time official FP programme targeted men as receptacles of contraceptive policy. Targets were set for vasectomies to be carried out by health officials in PHCs and sub-centres across the country. The share of male sterilizations in total contraceptive use shot up significantly during these years. The backlash came in the form of widespread disaffection which is believed to have been the main factor that threw the ruling Congress Party at the Centre out of power in the 1977 general election. Subsequent governments learnt their lesson well. While family planning programme continued unabated through the late seventies and all of the eighties, and sterilizations continued to be the preferred official measure, it was women, who were clearly more docile, more manipulable, and much less likely to revolt, who re-emerged as targets of official attention. In spite of being a complicated and hazardous operation as compared to vasectomies, female sterilizations accounted for over 90 per cent of all sterilizations in the late eighties and the early nineties. Feminists and activists had by now started voicing their concerns on the gender-insensitivity of official family planning programme. But gender concerns continued to be peripheral in the design and implementation of official policy.

ICPD 1994: The Politics of Convergence

The International Conference on Population and Development (ICPD) held in Cairo in September 1994 remarked a watershed in the design, conceptualization and perhaps more so, in the rhetoric of population policy. The Conference and the pre-Conference deliberations witnessed a complex process of interaction between different ideological and political positions and provided a convergence of sorts that took shape in the Plan of Action that emerged at the conclusion of the conference. The major achievement, and what is believed by a wide range of critical actors to be the lasting legacy of the Cairo ICPD, is a paradigm shift in population policy debates: from the macro to the micro, from aggregative, target-driven, hierarchically designed fertility control programmes to the issue of the individual woman - her concerns, her choice and her rights over her body. Although some have expressed concern over the durability of the seeming alliance of diverse ideological positions and the content of the common minimum programme, the fact that the conference did manage to achieve a convergence of sorts among such diverse players has been hailed as something positive and unprecedented.

Among the various political and ideological actors that played a crucial role in shaping the outcome of the Cairo ICPD, has been the Northern Feminist Movement which had forged an alliance with the nascent Women's Movement in the third world countries over the years. Together, they put full support behind the process of conceptualizing a pro-woman, gender-sensitive population policy. Within the feminist movement, the Women's Health Movement that had been gathering momentum since the 1985 Nairobi Conference on Women and had coalesced into a force to reckon with by the time of the 1994 ICPD, had a significant role to play. The strong involvement of NG0s and feminist groups both from the third world countries as well as from the North, something that marked the 1992 UN Conference on Environment and Development (UNCED) at Rio was carried over to the Cairo ICPD. To this was added the considerable power of the US State Department which reflected the pro-abortionist stand taken by the Clinton administration within USA in favour of safe abortion rights for women. This was poised against the pro-natalist, anti-abortionist lobby in US which had on its side a strange alliance of powers forged between the Holy See on the one hand and Islamic fundamentalist forces on the other, pressing for traditional family values and the rights of the unborn. In the complex interaction of such a motley of political and ideological forces, when the resultant, if somewhat unexpected, paradigm shift from fertility control in the aggregate to the issue of women's reproductive rights and choice did emerge, the euphoria it generated in feminist circles is understandable.

It would be useful to dwell a little more on the major actors that brought it about. The Women's Health Movement worldwide had gathered momentum during the decade of the eighties. The first International Women and Health meeting was convened in the late seventies by European and North American women. Subsequent meetings saw increasing participation of Southern women and articulation of their concerns. In Asia, the strongest streams emerged in the Philippines and in India. While the Philippino movement was organized as a reaction to Roman Catholic pro-natalist pressures, in India the rallying point for concerned NG0s and activists in the movement had been the hierarchical, target-driven and gender-insensitive approach of the official family planning programme.

The confrontation of the pro and anti-abortionist lobbies in the US was another strong influence that fed into the final shape of the Cairo document. The conflict was resolved in favour of the former by dint of the strong stand taken by the Clinton administration in favour of safe abortion rights for women. Apart from the ideological differences that marked the two sets of protagonists, the resolution of the conflict needs to be seen in the context of contemporary political scenario at the US. The weight of the Clinton administration behind pro-choice, feminist groups may be seen as a political antidote to the anti-abortionist, Catholic stance of the preceding Republican administration. Thus the change in political power in US stood in good stead in pushing forward the

objectives of the feminist movement. The fact that the US State Department through various statements categorically put the weight of its support behind a plan of action encompassing comprehensive reproductive health care for women including safe abortion services, to a great extent eased the passage to a reproductive choice-oriented policy document from the ICPD (Mclntosh and Fukle, 1995).

The other force that acted as a catalyst in the scenario is the strong NGO presence that sought to reflect the voices of women from the ground. Beginning the 1992 UNCED at Rio, the NGO-movement has increasingly sought to consolidate its place in UN Conference, and the Cairo ICPD was no exception.

In conjunction with all these critical actors was the complex process of mutation that came about in the professed position taken by the conventional population lobby on the one hand and religious forces represented by the Holy See and the Islamic fundamentalists on the other. By the time of the convening of the conference, the traditional population lobby was almost ready to accept the reproductive health approach, in form at least if not in substance, what with the negative evidence against the advisability of pushing target-driven fertility control programmes. It is a different matter if in essence it may have simply meant expanding the scope of the traditional family planning programmes to include reproductive health issues: at least the language was acceptable (Qadeer, 1996).

A major set of factors that eased the process of convergence was however being played out between the official US position and the Vatican, both of which made compromises of varying nature to reach a consensus. The political compulsions of a dwindling support base for the anti-abortionist position of the Catholic Church even in some pre-dominantly Catholic countries like the Philippines, the waning strength of the unlikely partnership that was sought to be built by the Holy See in the pre-ICPD days with some Islarnic fundamentalist countries also professing anti-abortionist policies in the name of traditional family values, as also the spate of problems that President Clinton was facing at that time in domestic politics, all combined to make for some conci- liatory moves by all parties concerned. But given the strength of the strategic alliances that did build up in favour of pro-women, anti-coercive positions, the Cairo document emerged in a form that gladdened the hearts of feminists, activists and NG0s who had been demanding the rights of women to be placed centre stage in the formulation of population policies.

The New Paradigm

This statement from the ICPD document synthesizes the new development paradigm that puts women's empowerment at the centre of concerns: 'The empowerment and autonomy of women and the improve- ment of their political, social, economic and health status is a highly important end in itself ... (and) is essential for the achievement of sustainable development.' (ICPD, 1994: Ch. 4).

Women's movement, in India and elsewhere, has been questioning the genderized nature of social and personal power equations within as well as outside the family. Over the decades, the fundamental and ethical implications of contemporary population policy have been questioned and debated over by human rights activists, environmentalists and the women's movement. There is a general agreement that population policies in most countries have failed to address the actual needs of the people. They have been more concerned with meeting demographic targets and ignoring the fundamental needs of women such as reproductive and sexual health and their right to reproductive choices.

It was felt that population policies reflect and reinforce the secondary status of women in the family and society, where their voices remain unheard all too often. There is a need to redefine these policies in a manner such that they are women-friendly and truly address the multiple needs of women. Only when such needs are prioritized and women as the primary users of population programmes are involved in the making of policies and in the implementation process, can universal health and rights for women become a reality.

In other words, what is needed is a programme that does not use coercion but consensus; that respects human rights and gives women control over their lives and bodies throu gh their empowerment. These needs become a reality when governments recognize the importance of such a new agenda, create imaginative strategies and reallocate resources to the new agenda.

Those who struggle to make gender equality possible and recognize women's rights believe that the solution lies in the 'Empowerment' of women. To give women the power to make informed decisions and to redistribute resources to help enact these decisions, would be the first step in the right direction. Such an approach would not only respect the integrity of women and their basic rights but simultaneously would condemn social and cultural conditions that curtail the freedom to choose, and in doing so violate basic human rights due to gender bias and ideological conservatism.

Empowerment is seen as a prerequisite, for the attainment of social, cultural, and political emancipation; it is a necessary condition for the attainment of rights over reproduction and resources; it is the primary necessity for a change in the existing imbalances in power relations and for gaining greater control over sources of power.

Stated simply, this challenges the patriarchal ideology, traditional social structures and institutions that reinforce gender discrimination. Only when women begin to question the violence perpetrated against them by the system will an alerted consciousness arise and female identities, roles and status be more clearly articulated. Change can be initiated through a supportive social system, through the educational process, through activism and through energizing the collective potential of women the world over.

Reproductive Rights and Choice

Within this broad framework, reproductive rights are seen to consist of:

1. The right of the individual woman to regulate her own sexuality: by conceiving when she wants, and as often as she wants, by terminating unwanted pregnancies and carrying the desired pregnancies safely to term.

2. The right to freedom from pain, fear, disability or death arising from matters relating to reproduction and sexuality.

3. The right to bear and raise healthy chiliren.

4. The right to her own sexual and reproductive health (Pachauri, l995., Ravindran, 1996).

Reproductive health is perceived as an essential ingredient of reproductive rights. Reproductive choice in its turn is perceived as something that requires as a precondition the existence of a feasible set of accept- able options on matters relating to reproduction and sexuality that is available to the individual woman. It also assumes as a prerequisite, a certain capability and access over resources and information, as well as decision-making power of the individual for making informed choices.

The Structural Context of Reproductive Choice

The common set of concerns that has held the international women's health movement together and successfully pushed forward the paradigmatic change in population policy debates is the realization that the world over, irrespective of the context and their life situations, women have little control over their bodies, their sexual lives as well as their reproductive health. Yet it is only too obvious that the nature and modalities of control over women and their sexuality vary widely across socioeconomic and cultural contexts. Given the varied history and context of the feminist movement in the North and in developing countries like India, reproductive rights and reproductive choice for women are concepts that are arguably much more clearly defined for Northern women than for the majority of women from Southern coun- tries, where choice and rights are constructs that are deeply embedded in the sociocultural context and put on the hold for the majority by the compulsion of grinding poverty and deeply entrenched patriarchal values and norms (Qadeer, 1996).

For the majority of women in India for instance, the concept of reproductive choice is devoid of content, for oftener than not, the set of feasible options is inordinately small if not null. Patriarchy operates through numerous social practices and norms that limit such options. Gender discrimination manifests itself through unequal access to nutrition, health care and education from early childhood, early marriage and child bearing. Female sexuality is strictly controlled by a myriad of social constraints and professed norms for womanly behaviour, while marital rape is something unheard of in the Indian Penal Code. Choice in matters of sexuality is something that the average Indian woman can barely exercise. To this scenario is added the grim reality of poverty and lack of access to resources, constraining the limits of the choice set even further.

Development Policy

Development policy and economic planning in India have not helped much either. The capital intensive, core-sector based industrial policy of earlier plan periods has been supplemented by ad hoc palliatives of various kinds from time to time ranging from concessions to the informal and small scale sectors to a bevy of 'poverty alleviation pro- grammes' designed at direct targeting of the poor. Agricultural growth has taken place largely in the context of near absence of any systematic land reforms programme. The growing power of the agricultural lobby in state politics which has been shaped by the concerns of large and medium framers, ensued a range of concessions and subsidies to the farm sector, which, however, has failed to substantially reduce the incidence of poverty in the country, leave alone eliminating it. The history of centralized economic

planning for decades on end has left a lasting legacy of centralized bureaucratic control in the conceptualization and implementation of programmes in just about everything, including in social sectors like health and education.

In recent years under the structural adjustment programme of the Government of India, there is an attempt towards greater liberalization, deregulation and privatization of the economy. There is an apprehension that this may bring about a trend towards lowering of the responsibility of the state for the social sectors and for vulnerable sections of the population. The reduction in relative terms in certain components of the public health budget in recent years is believed to be a signal of such a possibility. In such scenario strongly entrenched patriarchal traditions can set in forces that increase the work load of women, enhance their economic vulnerability and generally reduce their welfare .

The average Indian woman works hard at home and outside at feeding, clothing and maintaining the family. Poverty shapes the boundaries of her options in virtually all spheres including reproduction. It defines the parameters of the risks she has to bear in managing the survival of her family and her own life situation. Reproduction is only one aspect of that problem. Reproductive choice for her has to be placed in the context of the deprivation she faces in the guise of lack of access to resources both in the context of the generic poverty affecting the household and the community, as well as in the context of gender disparities within the household as a consequence of entrenched patriarchal values. Poverty and gender discrimination together shape the contours of reproductive behaviour of the majority of Indian women. Any emphasis of the latter has to he based on an understanding of the complex interlinkages of these major forces that constrain women's reproductive behaviour.

The particular study attempts to do precisely this. It contextualizes the notion of reproductive choice under conditions of poverty and gender discrimination.