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## The Issues

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**What it is.** Contraceptive technology is the major part of a population control program. When considering the issue of "Beyond Contraceptive Technology", two major themes arise. Population and Development, and Population Control and Stabilization.

**Development Vs Population Control.** The issue of Population and Development is littered with many controversies--the major one being the chicken and egg controversy--namely which comes first? Which is the cause and which the effect? Is Population the cause and Development the effect? Does population promote development or is development the cause of slowing and optimizing population, that is, does development help in the attainment of optimum population? The newly settled countries, for example, like the United States of America, Australia and Canada had to wait for their population to increase for those countries to develop and when they reached a level of development their population growth slowed down. On the other hand, countries like India and China have population growth rates which are pulling down and eroding their development, so that they find that their population increase is eating up whatever development they are able to achieve, leading to the slogan that Development is the best contraceptive to help attain the optimum population.

**Scope and Nature of Development.** At this point, it is necessary to define what is meant by development. Development is multifaceted, covering social, economic and cultural levels of living. In this sense development is holistic and comprehensive, reaching out to all aspects of human existence. Population gives rise to the arts - the living performing arts as well as the artistic history and tradition of the country and is the content and make up of the cultural level of living. Population is the basis for gender, caste, clan distinctions, for the vertically organized socio-political system, and its horizontal, hierarchical organization and forms which give rise to various forms of exploitation, discrimination and oppression, for the flowering of religions and spiritual side of human beings. Equally, population is the solid base and fountain source for providing society with its man/woman power which feeds its many sided economy, making for the welfare and well being of all, and simultaneously for the wealth of a few and the poverty of the majority. Population is thus the origin

of all activities in society, and the way in which the activities are organized determines whether it makes for the wellbeing or ill-being of society or a mixture of the two.

**The Status of Contraceptive Technology.** The issue of population control and stabilization involves a face to face confrontation with contraceptive technology, and whatever lies beyond it.

First, there is the widespread conclusion of demographers, economists, parliamentarians and the man in the street that contraceptive technology was necessary to initiate the population control program, and at the time when Nehru introduced it as the main instrument of the program was a bold and innovative step, specially in poor third world countries. On its future, there are somewhat varying views. One is that this kind of contraceptive technology has had its heyday and that its pay off in the form of declining birthrate is diminishing rapidly. As it has developed in this country, it bears heavily on the women members of the family, who are made to carry the main impact of the technology, while the male members shoulder no responsibility and are let off easily. Another view is that contraceptives, including the pill despite its adverse effect in a marginal number of cases, need to be vigorously pursued as time is running out on the means of effectively dealing with the away population growth rates. The cumulative effect of the neglect of the female child, the indiscriminate use of sex detection techniques, and repeated pregnancies account for the females not outliving males in India as much as in other countries. This also accounts for the declining sex ratio in all this latter states except Kerala. Experience seems to validate this latter view.

Third, there is also a consensus among intellectuals that with the rate of population growth well above 1.5 per cent in the country, touching 2 per cent in some States, a pace which is far outpacing the resources available, there is likely to be, and is registering a fall in living standards. Hence contraceptive technology and the factors beyond it are needed to arrest the spiraling population growth rate.

Fourth, the cry against certain forms of contraception, particularly sterilization, is now reaching a point when the whole family planning program is likely to come apart. Against this movement decrying sterilization per se, it is well to note the ORG survey result, that 18 per cent of married couples are looking for contraceptive safeguards, with 3 per cent in that group of 18 per cent waiting to have a sterilization, calling for improved provision of sterilization services and not for any kind of slowing down. It is also of interest to note that female mortality at the higher age group has fallen due to the contribution made by female sterilization which lessens the risks faced by frequent pregnancies and

child births. The contradiction between the demand for replacing/abolishing the incentives for female sterilization, while at the same time fighting for increased and more generous maternity benefits also needs to be noted and resolved.

Fifth, the program lends itself easily to be target oriented and the pressure and concentration of attaining the targets, which again are weighted against women, means the main message as well as the end result of the program get distorted. Population trends depend essentially on family size, and contraceptive technology pays no attention to the desire or, decision of the family with regard to its size, and makes no attempt to make the family understand and undertake the responsibility for the family size.

Sixth, contraceptive technology like all technology is time and space neutral. This does not deny the fact that its use can be adapted to local conditions, or that its use, rather misuse, can cause gender distortions. But its space neutrality means that it cannot be applied in all parts of a vast country like India in the same way. Kerala which has reached demographic stability and Tamil Nadu, and Maharashtra which are on the point of demographic transition do not need contraceptive technology of the same order or kind or quality as Bihar, Uttar Pradesh, Rajasthan and Madhya Pradesh, which are faced with overpopulation and an exploding rate of demographic growth. Contraceptive technology cannot make these fine distinctions between state and state.

What lies beyond contraceptive technology, short of its gender distortions, is an essential means of population control and regulation, and is the prescriptive right of every family of its men and women equally. In the context of sex preference determining the contraceptive and family planning use, some relevant data may help to set the problem in perspective, which is that not more than one third of the couples are involved. The last ORG survey referred to earlier shows that against 20 per cent of couples wanting a son, 15 per cent want a daughter. Hence it is only 35 per cent who want one sex or another.

One of the functions of education is to make couples, particularly in the child bearing age group, aware of the perspectives of contraceptive technology. But unless it is part of the spreading science and technology through education and information services, it may well end up as it does in India as a dead end, where except for statistics, it conveys no message either to the individual or family or the community.

But beyond the technology and the spreading educational emphasis, is the urgent need for both the minimum infrastructural facility of drinking water, sanitation, a functioning public distribution system, and income and employment raising activities which will give the couple access to facilities to

maintain a certain level of living, which involves relating the demand on the family resources to the available supply.

Just as contraceptives technology is the action point determining the family size, education in various forms, adult literacy, school, science, college, are the means of making known the techniques available for use when, needed by the man or woman in the family. This means that the family income should be at a level and curve, so that there is inducement and pressure on the family resource, such that demand will not outrun the resource availability of the family. For this, there should be a level of family earning which should be safeguarded and not fall.

Stress should be laid on the education of girls, as they will be responsible for "educating the whole family and not just an individual" as has been said by Mahatma Gandhi. At present the level of female literacy is abysmally low in the so-called BIMARU States and this is correlated with the high birth rate in these areas.

Apart from primary education, the education of girls should include some knowledge of physiology, of reproduction, contraception and of hygienic measures for a healthy life with regard to diet, safe drinking water and exercise in the maintenance of health. It has been suggested that some of the brighter ones in each village should undergo such orientation so that they can spread the message to their peers. Women have been used successfully for this purpose in Jamkhed in Maharashtra. The "Barefoot doctors" in China fall in this category and belonging as they do to the village community, have every interest in its well-being when they return after an orientation course in a city.

But these vistas beyond contraceptive technology aimed at increasing the family income include other support and indirect aids such as the education of girls (to be equal to that of boys), the employment of women (at wages and conditions of work on all fours with that of males), and raising the age of marriage for both men and women.

**The Basic Assumption.** What all this involves is the assumption that the human person-man as well as woman, -the male child as well as the female child-matters. That all activities-whether it be fighting against various forms of discrimination, or developing the performing arts for the family's life and entertainment, as well as the increase in State provision for what was described as the technology, its infrastructure and support base-are adequate and growing, and not squeezed as at present under the structural adjustment program through which our country is passing. This paradigmatic assumption is that the human being is central to all that is planned and undertaken is irreplaceable and is basic to both the issues of contraceptive technology and all that lies beyond it.