

POPULATION—THE REAL QUESTION

Overpopulation has been identified as a problem since the days of Malthus, who was the first to suggest that growing numbers could not be fed indefinitely. Time proved him wrong, yet Neo-Malthusian thought underlying the philosophy of population control continues to regard population growth as one of the main causes of hunger, poverty, environmental degradation, and political instability. This assumption has been used to justify coercive population control programmes which aim to eliminate the poor while failing to address inequities in resource distribution at a global and national level which are the real cause of poverty and hunger.

This statement seeks to answer some of these questions:

How many people can this earth support?

The growing concern over global deforestation and depletion of other natural resources has led to the debate over 'sustainable population' and a conclusion has been reached that the growing population of Asia, Africa and Latin America have to be curbed on a priority basis. In this hysteria a number of facts are systematically overlooked.

1. The highest attainable population levels of 15-16 billion human beings are much less than the estimated 40 billion people the earth can support based on certain estimates of resource requirements.
2. Parts of Latin America and Africa are thinly populated and it is only their growth rate which is high. In fact, many countries of Asia are also not as densely populated as Western Europe.
3. The whole question of sustainable development is framed to favour the West. The impact of population on the environment is erroneously equated with that of affluence and technology. Affluence and the need for exploitation of natural resources for profits cause much more environmental damage as compared to people as such. Currently, the industrialized countries with only 22% of the world's population consume 70% of the world's energy, 75% of its metals, 85% of its wood and 60% of the food. They are also responsible for three fourths of the total carbon dioxide emissions.
4. The elite of our own country is also to blame. For example 1.5% people in India consume 75% of the

resources. At the individual level one can see that a poor family with 3 children is unlikely to consume anywhere near the level of a middle class family with private transport, electricity and consumer durables though it may have only two children.

Structural Adjustment Programmes

The IMF-World Bank sponsored Structural Adjustment Programme (SAP) has forced India, burdened with massive external debt, to devalue currency, privatize industry, open the economy to foreign investment, stress exports, freeze wages, raise food prices and slash social services. The past three years have witnessed growing reduction in facilities provided by the government, while multinationals have been given the green signal to sell luxury goods and repatriate profits.

With reduced expenditure on health, dismantling of the public distribution system and increasing impoverishment, social conditions are being created which will cause a rise in infant mortality and a rise in the employment of young persons in the unorganized sector and a loss of social security—all factors which in fact contribute to high fertility and a population explosion if indeed there is such a thing.

Factors contributing to a large family size

Population growth is caused by pauperization of people. India had a stable population of 100-125 million people before it started growing, following colonization by the British. This happened long before death rates fell.

Post-independence this figure continued to grow because independence has not brought about any improvement in the circumstances of a majority of people. Reproduction is a survival strategy of the poor. In India, given the present rates of infant and child mortality poor women have to bear on an average six children in order to ensure the survival of at least one son to take care of the parents in their old age.

The existing model of economic growth has in fact worsened the lot of many people. Marginal farmers have been driven off their fields to join the ranks of landless agricultural labourers in large numbers. It is no coincidence that the infant and child mortality rates among this

class of people are the highest. Their children are not liabilities to them. Rising rates of work force participation among the young mean that their presence is essential to the survival of the family.

Population control policy of the government

Since independence, the government, backed by population control agencies and the national elite has been pursuing a policy of population control, garbed first as a family planning programme and later as a family welfare programme.

There has never been a will to ensure that basic minimum to the citizens which alone would lead to fall in birth rates. Instead high fertility of poor women is always advanced as a reason of the continuing poverty of the poor. The primary objective has not been to guard and promote the welfare of people but to curtail fertility of women. Women's education is also seen as worth while only to the extent that it will curb her fertility rather than being seen as the right of every individual.

At best the efforts to control population have consisted of promoting a small family norm, at their worst, they have meant forcible sterilization of men and women.

Poor men and women are seen as mindless breeders and the focus has been on 'motivating' them to 'accept' contraceptives. The approach has been to find a technocratic solution to a social problem. From the time of condoms and spermicides to the present era of injectables and implants, contraception is seen as the solution of the population problem. The system relies on targets to coerce health functionaries to 'recruit' acceptors by means fair or foul. This has accompanied a high degree of neglect of people's, especially women's health problems.

When incentives failed, disincentives were imposed—from withheld salaries to denied promotions. The coercive content of these so-called family welfare programmes has led to a general mistrust of these services, because a woman is of no value once an IUD has been inserted or her tubes have been tied.

Population control at the cost of women's health

The programme began with using somewhat safe methods like the condom, the diaphragm and spermicides. These temporary methods along with sterilization formed the so called cafeteria. But the government soon realized that people did not subscribe to the demographic targets, and

began introducing hazardous methods like the IUD and the oral pill. When it was found that women could still exercise some choice, i.e., discarding the method mid way if they did not like it, policy makers chose methods which took control away from women and were very efficacious in preventing pregnancies. In addition, these new contraceptives are long acting, providing protection from pregnancies for as long as five years in the case of NORPLANT, a hormonal implant.

A number of hazardous contraceptives are provided to women in the name of 'choice' and a mother and child health programme is tagged on to the population control programme to make it appear like an integrated package of family welfare. The reality, on the contrary, consists of taking away the choice of not continuing with a contraceptive from the women and of subjecting her to health hazards as opposed to guaranteeing her health. Drugs promoted are so hazardous that illness resulting from their use is as high as existing high rate of illness and death from child birth. Women are thus given the choice to choose between the hazards of contraceptives and maternity.

Though little is known about the hormonal or immune system, and interfering with these is known to have hazards, contraceptive effect of such interference is given weightage over all other effects and major hazards are trivialized as minor side effects.

The shape of things to come

The international population control establishment, hand in hand with the Indian government is intent on tackling the 'population problem' on a war footing. Even as food, shelter, and livelihood are all being left to market forces under the new economic policy, the government wishes to acquire the right to decide the number of children people can be permitted to have.

Under SAP, while the government is gearing itself to a reduced role in the social sector, (health education and food subsidy), the population control programme is continuing to receive increasing allocation and share of the budget. New agreements are being signed with external agencies which delink contraceptive provision from the issue of health. For these projects the benefits are evaluated in terms of 'number of births averted', which can be a benefit when human beings are seen as net 'cost' to the society.

Legislations are being proposed as disincentives to large families. The Maternity Benefits Act is being amended

to restrict maternity leave for only the first two children, similar punishment will be meted out to people if they dare to defy the two child norm by withholding jobs, food subsidy etc. and they will not be able to contest elections either.

Such a vigorous promotion of the small family norm in total disregard of other factors is likely to have serious consequences. Given the extent of son preference, the desire for small families has meant an increase in female infanticide and selective abortion of female fetuses following pre-natal sex determination. This skewed sex ratio will definitely bring about population stabilization but represents a demographic aberration rather than transition.

Need for Birth control measures

People have always wanted to regulate their fertility, and have adopted means such as periodic and ritual abstinence, prolonged breast feeding, and other traditional measures to restrict family size. People have also responded positively to the advent of modern contraceptives by accepting them according to their social and economic reality.

Undoubtedly, there is a need for effective birth control measures which are safe and non-hazardous. These have to be made available to people on a voluntary basis. Barrier methods which are safe as well as effective need to be promoted rather than invasive and hazardous provider controlled methods. Women, among other essentials in life also need means of birth control. This need has to be met with their interests in mind, and not merely as targets of population control.

In the interest of people, especially women, we assert that :

- Equitable resource allocation, land rights, employment opportunities and basic amenities are a must for social and economic equity. They cannot be made subservient to any population programme.
- Structural adjustment programmes, which lead to further impoverishment of people, must end.
- Population control measures imposed by the international and national elite must be resisted.
- Social security measures must be provided for all.
- Health services at the primary level must be accessible to all and be responsive to people's needs.
- All provider controlled hazardous contraceptives must be withdrawn.
- Target oriented population programmes must end.
- Safe, effective, user-controlled methods of contraception and safe abortion services should be made available.

