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FROM POPULATION CONTROL TO REPRODUCTIVE RIGHTS: THE CASE OF NEPAL

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CERTIFICATE

This dissertation entitled, ***"From Population Control to Reproductive Rights: The Case of Nepal"***, is submitted in partial fulfilment of six credits for the Degree of **Master of Philosophy** of this University. This dissertation has not been submitted for any other degree of this University or any other university and is my original work.

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From Population Control to Reproductive Rights

Issues of reproduction have concerned humans as long as they have existed. People all over the world created a variety of material practices around these issues. The propitiation of deities, exorcism of supernatural forces and extensive practice of midwifery, among others, were visible signs of human culture and civilization. So were the development of drugs and many other means of regulating the reproduction and fertility.

Observations for a long period of time resulted in the accumulation of knowledge about human reproduction. Women's role has been central in this process, both as those who bear the main responsibility for biological reproduction and also, for over millennia, as knowledge bearers about reproduction as midwives, medicine women and doctors.[1]

Besides the empirical experiences of women for a long time, however, the understanding about the physiological processes remained highly incomplete and mysterious due to the limited knowledge about human physiology. Until the early twentieth century, doctors in the West had not only incomplete but incorrect ideas about human biological processes including reproduction. For example, doctors in England

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[1] Gupta, Jyotsna Agnihotri, (2000), *New Reproductive Technologies, Women's Health and Autonomy: Freedom or Dependency?*, Sage Publications, Delhi.

routinely believed that conception occurred just before menstruation[2] and they routinely indulged in practices which were not only unscientific, but dangerous to the lives and health of people.[3]

While medical knowledge about reproduction and fertility was highly incomplete and rudimentary until recently, the use of contraception, or some means of birth control is thousands of years old, as is the practice of abortion as a means of getting rid of unwanted pregnancy[4].

In the middle ages, midwives provided contraception and abortion services, in addition to assisting in birthing and raising of children[5]. The use of condoms and pessaries as contraceptives were known for a long time, although their effectiveness and coverage were quite limited until recently[6]. Similarly, abstinence, withdrawal (*coitus interruptus*), and polyandry and polygamy were practiced as a means of regulating the number of children people wanted to have in their particular context. In fact, before reliable artificial methods were invented in the twentieth century, these were the most practiced means of fertility regulation.[7]

At the social level, various mechanisms were instituted for the regulation of fertility and reproduction. Elaborate social regulation of fertility through marriage laws,

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[2] Oakley, Ann (1986 [1984]) *The Captured Womb: A History of Medical Care of Pregnant Women*, Basil Blackwell, Oxford, p.18.
[3] Ehrenreich, Barbara and Deirdre English (1978), "The 'Sick' Women of the Upper Class", In John Ehrenreich (ed.), *The Cultural Crisis of modern Medicine*, Monthly Review Press, New York, pp. 123-143.
[4] Gupta, J.A. (2000), *op cit.*
[5] *Ibid*, p. 13.
[6] *Ibid.*
[7] Greer, Germaine (1984), *Sex and Destiny : The Politics of Human Fertility*, Secker and Warburg, London.

consanguinity laws, taboos on sexual intercourse[8], and selective infanticide formed an integral part of the social processes, and still continue to be that way in many parts of the world. For example, the Hindus in Nepal blessed people for a large family during *Dasain tika*.[9]

The practice of migration was another aspect of human processes of dealing with fertility. The migration, in many cases, resulted because of growth of population and the need for colonizing the land. During the expansion of imperialism, Europe relocated a large part of its population in the new colonies.

The practices of states also influenced human reproduction in a number of ways. The institutions of legal codes, various tax policies, the social policies it followed towards its citizens influenced the decisions of people as to whether, how many and when to have children. This became more so from the nineteenth century onwards.

Three things led to this: firstly, there was gradual accumulation of knowledge about human numbers—the births and deaths, the composition in terms of age, sex and race—and the sophistication of statistical techniques which explained social reality based on these quantitative knowledge.[10] The mercantilist states saw in human numbers a source of wealth. The extensive record keeping of the various aspects of human life began to intensify during this period. The calculation of various aspects of human life

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[8] *Ibid.*

[9] Dasain is the biggest festival for Hindus in Nepal. On the tenth lunar day of this festival there is a ceremony of getting blessings from the elders in the family and among relatives. The generation of my grandmother still bless us for a large family.

[10] Duden, Barbara (1997 [1992]), "Population", In Wolfgang Sachs [ed.], *Development Dictionary: A Guide to Knowledge as Power*, Orient Longman, Delhi, pp.195-210.

was necessary especially in the industrial era for which labour power constituted a source of wealth and profit.[11]

Secondly, there was a growing concern about the widespread social chaos and the rising number of people, especially in the industrial cities created serious concerns about the rising numbers of the poor in the minds of the middle classes. Combined with that was the emergence of the theory about population as explanation of human misery.[12]

Thirdly, there was growing rebellion—explicit and subterranean—against the religious morality regarding human sexuality, especially among the middle class men and women. This was accompanied by the diminished role of religion and the established Church in the West. Combined with that was the emergence of a body of knowledge which showed that unwanted pregnancy was leading to harmful health effects on women.

The keeping of records, their classification, production of knowledge about births and deaths, illness patterns, the age, sex became indispensable for what Foucault calls governmentality during the eighteenth century.[13]

Similarly, from the eighteenth century onward there was a rich discourse on sexuality.[14] The production and distribution of sex manuals, the thriving business on sex tonics and other treatment found prominent place in the public discourse in eighteenth century England.[15] The increasing visibility of the social body called "population"

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[11] Foucault, Michel (1983 [1978]), *History of Sexuality—I*, Vintage, London.
[12] Malthus, Thomas Robert (1985 [1798]), *An Essay on the Principle of Population*, Penguin, London.
[13] Foucault, M. (1983 [1978]), *op cit.*
[14] *Ibid.*
[15] McLaren, Angus (1978), *Birth Control in Nineteenth Century England*, Croom Helm, London.

through the production of quantitative knowledge combined with the need of managing the "labour" gave rise to quantitative representation of people.[16]

This study attempts to examine the emergence and evolution of birth control movements, the tortuous trajectories they have traversed, the different forms in which they have been articulated in different times and by different groups of peoples. It traces the gradual involvement of the states and transnational actors on the issue in the context of the Cold War. Theoretically, birth control can serve three main purposes: first, it can allow women and men to have greater control over reproduction; second, it can help in improving the health of women and child; thirdly, it can place at the hand of the state and other agencies a means of achieving demographic goals. In the three chapters of this thesis, we have tried to examine how these different objectives played out in the birth-control movements, and how the demographic imperative got predominance in the post-Second World War political economic context of the third world.

The first chapter carries out an exploratory overview of the emergence of population discourse, the problematization of overpopulation, the consequent promotion of birth-control, and generalization of this discourse in the third world countries in the aftermath of the second world war, especially in the second half of the twentieth century.

By the middle of the twentieth century, population as a problematic arena of public management had already been established in the western world through the activities of different institutions and individuals, often at loggerhead with each other. Beginning with the second half of the nineteenth century, the neo-Malthusians, socialists,

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[16] Foucault, Michel (1983[1978]), *op cit.*

feminists, eugenists and free love advocates had successfully put the control of human procreation in the public agenda, albeit with different goals and objectives in mind. In the second half of the twentieth century, this discourse found its respectable place in the modernization and development discourses: both the practice and theory of development, that was specific to post Second World War world.

Human numbers began to be perceived as a threat to the western world, led by the triumphant US in the post War situation. The end of the war was also a beginning of another war: the Cold War. The threat of communism loomed large in the western imagination. After all, the spread of communism was looking very imminent. China had turned red. The Vietcongs were winning in many fronts. The erstwhile Soviet Union was marching a winner in the eastern part of Europe. The competition for hegemony on both sides was very urgent. It was in this context that increasing population in the developing world posed a particular threat to the west.

There were three distinct phases through which population discourse got established within the development context in the world in the second half of the twentieth century. Initially, population was regarded as beneficiary of the development and modernization process. Though increasing number of organizations and individuals in the US had been putting population question in the public for quite some time, the US government initially was very reluctant to accept responsibility for population control activities in the world. President Eisenhower said in December 1959:

> Birth control is not our business. I cannot imagine anything more emphatically a subject that is not a proper political or governmental activity, or function or responsibility.[17]

Population was what the development or modernization process was going to benefit. It is the user of modern health services, the increased industrial production, the transportation and road system, and education, but not yet a problem to be tackled.

But this began to show dramatic change in the mid sixties. The big industrial houses had already put in place institutions that promoted the idea that over population in the developing world was a threat to western and US interests. It was on the basis of this idea that the foundations consistently put pressure on the US government to get involved in global population control activities.

These foundations provided money for advertisements in the media, both print and television and radio; they provided support to the universities to set up population studies centres. They provided money for the third world planners and policy makers coming to study at these centres.

They also worked directly with the governments and research institutes in the third world on population issues. They funded the establishment of institutions which promoted population discourses in the third world. One prominent example is the setting up of Family Planning Associations in many countries by the International Planned Parenthood Federation.

They supported a series of conferences on the issue of population problem in which they invited very prominent leaders from the developing countries. The combined

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[17] Quated in Duden, Barbara (1997[1992]), *op cit.*,p. 200.

strength of the population lobby in the northern countries and the nascent elite ready to take on the job of population control was enough for it to be put across the public psyche in the third world. The messages were put across through radio and other audio-visual media. They funded the publication of regular journals devoted entirely to the population question. Demography as a discipline came into the centre stage of development thinking, gradually became a respectable, and increasingly highly coveted, policy science. The simplicity of the numerical argument was quite powerful: increasing number would limit how many schools the government can provide, or the coverage of health services.

Development, it was argued, cannot be possible if numbers remain unchecked. Moreover, the study on cost-effectiveness done by General Electric engineer Stephen Enke had a powerful influence, showing that investment in family planning was many times more cost effective than investing in development. President Johnson of the US echoed this in his UN speech.

The dramatic turnaround came once the US establishment accepted growing population as a threat to its security in the early seventies. The security study conducted by the US agencies, called the National Security Study Memorandum 200 (NSSM200), led to a phenomenal surge of funding for population activities in the third world. This was the time when the family planning activities became the *numero uno* in the health service system in most of the third world.

Population control came to take a very prominent place in the health services planning and general development discourse as the second chapter has tried to show, drawing from experiences in Nepal. Most of the problems/crises that we are facing today has been increasingly attributed to over-population from the mid-sixties onwards.

Population is blamed for increasing poverty, the deteriorating health problems, corruption, environmental destruction, and growing social violence in society. This is generally presented as a self-evident truth and it has been established in the public discourse through concerted efforts of several key players in the world. In Nepal, as elsewhere, the role of the US government in this field has been central. Not only is the USAID the largest provider of funds for the population activities, but it also sets the tone for other agencies such as the UNFPA, and the World Bank. In the second part we have tried to look at the involvement of USAID in the growth of family planning in Nepal.

Population became an issue of human rights also. The UN agencies began to get actively involved. For Nepal, the declaration of intent imbued the King's speech in National Panchayat in 1965 when he announced that his "government is going to be involved in family planning to bring a balance between resources and population."[18] For the newly educated elites—most of the large number of people who were sent on scholarship study in US and in India came from Kathmandu valley, because English language was the requirement—the rising population was a threat *par excellence*. The Malthusian spectre began to haunt them.

The involvement of USAID assumes particular significance in Nepal. It was the first agency to get involved in the development process in the country. But its involvement was far reaching. It trained future planners, established institutions, and

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[18] Skerry, Christa A., *et al.* (1991), *Four Decades of Development: The History of US Assistance to Nepal, 1951-1991*, USAID, Kathmandu, p. 139.

inculcated a modern vision of development in the minds of the national ruling elites. Essentially conceived as technological intervention, development became an important tool for the third world elites in further reinforcing their authority. This technological vision did not allow for any questioning of existing social relations. The technology would create abundance for all the people in future. Population discourse was an important component of that thinking. As all the ills began to be blamed on growing number, the simple solution was checking it.

Through print media, the interpersonal communication, audiovisual documentaries, education system, conferences and seminars, demonstrations and exhibitions, radio and television programmes, the population problem began to get established. The family planning programme essentially aimed at checking this Malthusian tide. In the largely patriarchal society, the population control was to be deployed through women's bodies. Sterilization, hormonal pills, injectibles, and implants began to be promoted profusely.

Despite the wild expectations, the achievements of the family planning programme remained extremely modest. During the seventies, the planners and policy makers in Nepal realized that the massive exercise of family planning was not leading to the lowering of birth rates. Many had cast doubt on the efficacy of the family planning in the absence of other changes in society which would lead to smaller families. But the excessive focus on technology of family planning, led to overlooking of other structural issues. Moreover, for the elites overcoming the structural barrier of improving people's lives was not a priority. Plans after Plans saw the failure written starkly on the walls. The couple protection rate—a euphemism for measuring the family planning coverage among

women—remained pathetically low. Those who got sterilized had already achieved a large family. And many began to drop out as the side effects of the contraceptives began to weigh heavily on their body.

The tenacity of the establishment was extraordinary, however. Despite the failures, the same old approach was to march almost unquestioned for a long time. As for most of the elite, the issue is that of the "rural masses," a radical questioning was not possible in a political context which did not allow open questioning of the dominant discourse. The firm belief in the overpopulation problem had been established beyond doubt.

In the mean time, there were two major forces that were calling for rethinking of the dominant technology centered, and largely coercive population control programmes, as the third chapter has tried to show. Firstly, the policy makers came to realize, though grudgingly, that family planning has to pay attention to the issue of quality and women's needs for it to be successful. Secondly, the women's resistance to the population programme began to gather strength from the eighties onward. The negative consequences on women's health, the widespread abuse of human rights and outright violence by the state began to be visible. The international mobilizations, primarily through UN initiatives, brought to the fore the active voices of women and their experiences.

Reproductive rights, enshrined in the call for bodily integrity and control over one's own bodily processes, had been central to women's movements in the sixties and seventies. This emerged in the context of women's movement for the right to control their sexuality. The population control lobby, which initially started out as loggerhead with the

women's movement, began to join hands with them in the nineties. The culmination was the Cairo population conference in 1994. This conference saw an extraordinary consensus among diverse actors. Significant was the presence of diverse groups of women. The conference is said to have done away with "population control" and accepted the need for reproductive rights. This consensus was adopted by the major international agencies including the World Bank and the UN. Following this, population policies are being reframed all over the world along the reproductive rights approach. Nepal had no choice.

This third chapter critically examines this departure. Despite the rhetoric, the policies, strategies and programmes all show that what has happened is actually the selective appropriation of the language of rights and predominant focus has been on population control. This "pseudo entity"[19] is firmly in place. The lack of questioning of this very entity and the attendant discourse of overpopulation is palpable in Nepal. So is the lack of women's movement to raise issues of women's health and rights.

The continuing dominance of international agencies such as the World Bank, the USAID and the UNFPA, the largely elitist bias in women's groups and very marginal place of alternative perspectives in public discourse is behind this, as this chapter tried to show. Reproductive freedom cannot be attained through a techno-centric population control, because it is not a matter of access to contraceptives alone. In fact, the way injectible and long-acting, provider-control contraceptives are promoted among women, the impact on their health leaves much to be desired. This becomes particularly worrying in a situation where the health service system is becoming increasingly dysfunctional.

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[19] Duden, Barbara (1997 [1992]), *op cit.*, p. 198.

Moreover, reproductive freedom is a structural issue as well, as the decisions that women and men take happen within a social context of relations among people differentiated along class, caste, ethnicity, and gender.

Reproductive freedom at the same time calls for structural transformation. However, that is the least of the concerns within the euphemistically renamed reproductive health programmes in Nepal. There are increasing concerns for women's status. However, this question of status is thought to be amenable to a few income-generating programmes or women's education, again completely overlooking the structural conditions within which women's status in society gets produced and reproduced. If at all, the increasing marginalization of people, the concentration of wealth, environmental degradation are further marginalizing women. Sadly, the same forces which are claiming to uphold the reproductive rights agenda are pushing for policies which are leading to this.

Chapter I

Population Control: Ideas and Practices

I

'Birth Control' and 'Population Control'

Quite often "birth control" and "population control" are used as if they are synonyms. The popular usage aside, however, these two concepts are different from each other in some fundamental ways: in terms of their historical origin and evolution, their conceptual basis and practical implications. Kate Young provides succinct definitions of these two terms. According to her,

> 'Population Control' is the exercise or attempt to exercise control by outsiders—whether national governments, international agencies, the church—over the family's right to make decisions about the number of children wanted. 'Birth control' is the right of women and men to make decisions about their reproductive capacities (emphases in the original). In this right.... women have a prior claim to full exercise of control—in other words a man's right to father a child is a right which cannot take priority over a woman's right to refuse to bear a child. Women's prior right derives from their much greater responsibility for child care as much as from the facts of pregnancy and childbirth.[1]

Birth control has been part of human practices as long as humans have existed. The use of contraceptives, the practice of infanticide and abortion, different societal and cultural practices regarding sexuality and marriage, for example, have been at the centre

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[1] Young, Kate (1985b, p.102) as quoted in Gupta, J. A. (2000), *op cit.* p.143.

of human attempts in gaining control over reproduction. As against this, population control emerged in a particular historical context: in Europe in the aftermath of the demise of the feudalism and the emergence of the modern nation-state[2]; in most of what is now called the 'third world' in the aftermath of the Second World War[3]. However, this history is not a linear progression, but a checkered process, 'a profusion of entangled events' as Foucault would have it.[4]

The differences between these two concepts will have differing implications for a number of issues related to health and other policies and programmes. The content and structure of health services system including the provisioning of family planning services, the research priorities on contraceptive and other reproductive technologies, the social science research on reproductive issues, among others, is largely determined by which among these two is the focus. For example, while birth control would put women and men's well-being at the center of the policies and programmes, population control is concerned with more generalized statistical and demographic outcomes.[5] Population control can be both pro-natalist as well as anti-natalist.

In most of Europe, the idea of 'population' as a source of wealth and strength of a nation state gave rise to implicit and explicit policy encouraging high birth rates during period of the industrial revolution, and in some countries, it continues to be so to this day

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[2] McNay, Lois (1994), *Foucault: A Critical Introductio,* Polity Press, Cambridge.
[3] Hartmann, Betsy (1995 [1987]), *Reproductive Rights and Wrongs: The Global Politics of Population Control,* South End Press: Massachusetts, Boston, p. 93.
[4] Cited in McNay, L. (1994) *op cit.* p.88
[5] Gupta, J. A. (2000), *op cit.*

(Bandarage 1997).[6] In most of the third world, the opposite is true: the goal of population control has invariably been the reduction of the birth rate.[7] The declining birth rates in most of the industrialized world and the high birth rates in developing world both have alarmed the policy makers in the North.[8]

This chapter looks at the evolution of population control in England in the nineteenth century and in America in the early twentieth century and subsequent expansion into much of the third world after the Second World War. It will also look at the tension between the population control and birth control movements that played out between women's movements, various Malthusian and neo-Malthusian groups and the eugenics movement during the nineteenth and early twentieth century.[9]

This chapter begins by looking at the emergence of 'population' as an analytical category in the eighteenth century. The use of 'population' as an explanatory tool was central to the debates around birth control in the nineteenth century England and in early twentieth century America.[10] The involvement of social reformers, free love activists, feminists, eugenists, medical professionals and working class activists, however, brought to the fore issues of sexual freedom, health, race, and class at the center of the debates.[11]

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[6] Bandarage, Asoka (1997), *Women, Population and Global Crisis: A Political Economic Analysis*. Zed Books, London and New Jersey.
[7] *Ibid.*
[8] *Ibid.*
[9] Gordon, Linda (1978), "The Politics of Birth Control, 1920-1940: The Impact of Professionals", In John Ehrenreich [ed.], *The Cultural Crisis of Modern Medicine*, Monthly Review Press, New York, pp.144-184; Greer, G. (1984), *op cit.*
[10] McLaren, A (1978), *op cit;* Gordon, L. (1978), *op cit.*
[11] McLaren, A. (1978), *op cit*; Greer, G. (1984), *op cit.*

That the state should be actively involved in bringing about demographic change had been mooted by many nineteenth century writers and political activists also.[12] But the states in Europe and America were reluctant to involve themselves in measures aimed at reducing the birth rates. In fact, they were worried about the declining birth rates and, were encouraging large families.

The conceptual foundation of the population control programmes of the state, the involvement of large international agencies, the private sector, and research and academic institutions[13] is the emergence of the very concept of "population" in the industrialization process in Europe.[14] It is also at the heart of subsequent debates around the issue of the linkages between poverty and population during the nineteenth and the first half of the twentieth century.[15] It is to this part that we now turn.

II

From "People" to "Population"

The numerical aggregation and counting of humans, such as census taking, is very old practice. Kautilya in his *Arthashastra* describes the regular census taking as an important part of the function of the state. It used to be a regular exercise of the state during the Biblical age.[16] In Nepal, the principalities in the past used to generate records about the number of households and people within their jurisdiction for various purposes:

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[12] McLaren, A. (1978), *op cit.*
[13] Hartmann, B. (1995 [1987]), *op cit.*
[14] Duden, B. (1997 [1992]), *op cit.*
[15] Hartmann, B. (1995 [1987]), *op cit.*
[16] Duden, B. (1997 [1992]), *op cit.*

for the recruitment for military services, for taxation and exaction of labour and also for maintenance of social control.[17]

The counting of people, however, did not lead to conversion of this process into constructing an entity called 'population' until the sixteenth century. It was in the mid-sixteenth century Europe that these censuses and other numerical representation of human beings began to assume the category of 'population': a category which could be used to explain and argue about social reality, and which is amenable to interventions.[18]

Two major social transformations occurred in the mid-sixteenth century Europe: first, the shattering of the feudal structures leading to the establishment of the modern state, and second, the Reformation and Counter-Reformation which challenged the religious authority of the Church. These two changes gave rise to the need for secular government.[19] Foucault puts it this way:

> How to govern oneself, how to be governed, how to govern others, by whom people will accept being governed, how to become best possible governor—all these problems, in their multiplicity and intensity, seem to me to be characteristic of the sixteenth century.[20]

The concern of the modern state was not limited to the issue of maintaining sovereignty as used to be the case under absolute monarchy. It involved the management of territory in terms of the subjects and things within them.[21] Enhancing efficiency and productivity formed the core of the government's aim in the modern state system. Central

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[17] Regmi, Mahesh Chandra, (1984), *The State and Economic Surplus: Production, Trade and Resource Mobilization in Early 19th Century Nepal,* Nath Publishing House, Varanasi.
[18] McNay, L. (1994), *op cit.*, p. 113; Laughlin, Jim Mac (1999), "The Evolution of Modern Demography and Debate on Sustainable Development", *Antipode*, vol. 31, no. 3, p325.
[19] McNay, L. (1994), *op cit.*, p. 113.
[20] Quoted in *ibid.*, p. 113.
[21] *Ibid.*, p. 115.

to this was the aim of maximization of utility and "productive output of the human body."[22] As Foucault says:

> What government has to do with is not territory but rather a sort of complex composed of men and things. The things with which in this sense government is to be concerned are in fact men, but men in their relations, their links, their imbrications with those other things which are wealth, resources, means of subsistence, the territory with its specific qualities, climate, irrigation, fertility, etc; men in their relation to that other kind of things, customs, habits, ways of acting.... lastly, men in relation to that other kind of things, accidents and misfortunes....."[23]

This was also the period when statistical techniques were being developed and refined in Europe which facilitated the interpretation of census data. The calculation of national wealth was beginning to be done to ascertain the strength of a nation.[24] The human body as a source of wealth was at the center of that calculation.[25] As a source of wealth and productivity, this body had to be preserved and maintained. The idea of increasing the value from humans was common preoccupation in political economy and medical discourses and loss of people was seen as a reflection of poor governance. [26]

Following Decartes, some people were beginning to think that it was possible to explain social reality in quantitative terms. William Petty wrote *Political Arithematic*[27] in which he argued about various aspects of governance, wealth and law and order based on quantification. He argued that wealth and power of the state depends on the number and

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[22] *Ibid.*
[23] Quoted in *ibid.*
[24] Duden, B. (1997 [1992]), *op cit.* p. 197.
[25] McNay, L. (1994), *op cit.* p. 115.
[26] Jordanova, Ludmila (1995), "Interrogating the Concept of Reproduction in the Eighteenth Century" In Fay D. Ginsberg and Rayna Rapp [eds.], *Conceiving a New World Order: The Global Politics of Reproduction,* University of California Press, Berkley, p.381, 382.
[27] Petty, William (1690), Cited in Duden, B. (1997[1992]), *op cit.* p. 197; Laughlin, J. M. (1999), *op cit.*, p.325.

character of its subjects.[28] It was around this time the meaning of 'population' was beginning to change.

"Population" is derived from "populare", a verb meaning, "to populate or to settle in one place". Population was, thus, a verbal noun—the action of populating, homesteading and settling in some places. Many writers during that time did not use 'population' as a word to describe the number of people. For example, Robert Wallace's book published in 1753 was titled *Numbers of Mankind.*[29] Similarly Benjamin Franklin's pamphlet of 1755 was entitled *Observations Concerning the Increase of Mankind and the Peopling of Countries.*[30]

Around the turn of the eighteenth century, the number of humans gathered from the parish registers and census documents began to lend itself to mathematical interpretation. This allowed the possibility of observing people in their quantitative context.[31] The eighteenth and nineteenth century philosophers used 'population' to argue about, among other things, the production and distribution of wealth in society, the future of humanity, the phenomena of poverty and scarcity, and the quality of life in the cities. As Duden says, during that time "populations were attributed forms of 'behaviour', explained now by 'probability'."[32]

In the context of the growth of capitalism,

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[28] Cited in Duden, B. (1997 [1992]), *op cit.* p. 197.
[29] Rao, Mohan (1994), "An Imagined Reality: Malthusianism, Neo-Malthusianism and Population Myth", *Economic and Political Weekly,* January 29. p. PE-41.
[30] *Ibid.*
[31] Duden, B. (1997 [1992]), *op cit.*
[32] *Ibid.*, p. 198.

> new forms of study arose which led to the analysis of population in terms of its own regularities, its own cycles of scarcity, its own rate of death and diseases, etc. Arising from these new knowledges, a range of techniques of government are developed whose principal aim is to manipulate populations in such a way as to increase their wealth, longevity, health, productivity, etc..[33]

It is this category, which became the basis of debates on a range of issues ranging from poverty, violence to eugenics, health, and national wealth.

III

Interpreting Social Reality: Population as a Source of Wealth

In Europe, during the seventeenth century, it was commonly believed that a nation's wealth and prosperity depended on the number and character of people in a country. At the same time the number of people also signified the level of prosperity and happiness.

Hume said:

> Every wise, just and mild government by rendering the condition of its subjects easy and secure, will always abound most in people as well as in commodities and riches.... If everything else be equal, it seems natural to expect, that, wherever there are most happiness and virtue, and the wisest institutions, there will also be most people.[34]

Another scholar of that time Montesquieu in his book *Lettres Persanes*, published in 1721, argued that the French nation was seeing the decline in population because it was degenerate. According to him, the decline resulted from the practices of the Catholic church as well as the oppressive economic and social policies—the agricultural taxation

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[33] McNay, L. (1994), *op cit.* , p. 116
[34] Quoted in Rao, M. (1994), *op cit.*, p. PE-40.

of the aristocracy.[35] The concern of the government should be about increasing the population—through better economic policies.

J.J. Rouseau was of the similar view when he said,

> What is the end of political association? The preservation and prosperity of its members. And what is the surest mark of their preservation and prosperity? Their number and population..... The rest being equal, the government under which, without external aids, without naturalization or colonies, the citizens increase and multiply most is beyond question the best. [36]

Two things stand out in these arguments: first, that the number of humans are the basis of arguing about wealth, happiness and health; second, that these authors regarded population as a complex reality and dependent variable, and population trend was indicative of the quality of state itself. [37]

This began to change during the last decade of the eighteenth century following the publication of Thomas Robert Malthus' *An Essay on the Principle of Population.*[38] Not that people were not preoccupied with the question as to what would happen if the number of human beings kept on increasing before Malthus. Some years before his book was published, Condorcet[39], had posed these concerns. He had asked:

> But in this progress of industry and happiness, each generation will be called to more extended enjoyments, and in consequence, by the physical constitution of human frame, to an increase in the number of individuals. Must not there arrive a period, then, when these laws, equally necessary, shall counteract each other? When the increase of the

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[35] *Ibid.*
[36] Quoted in *ibid.*, p. PE-41.
[37] *Ibid.*
[38] Malthus, T.R. (1985 [1798]), *op cit.*
[39] Condorcet (1795, pp. 256-7), quoted in Sen, Amartya (1994), "Population and Reasoned Agency: Food, Fertility, and Economic Development", In Karston, Lindahl-Keasling and Hans Landberg [eds.], *Population, Economic Development and Environment,* Oxford University Press, Delhi, p. 54.

> number of men surpassing their means of subsistence, the necessary result must be either a continual diminution of happiness and population, a movement truly retrograde, or, at least, a kind of oscillation between good and evil? In societies arrived at this term, will not this oscillation be a constantly subsisting cause of periodical misery?[40]

However, Condorcet argued that this would not be the case as the application of science and technology and rationality will rectify the situation from getting worse.[41] It was this optimism of a better future that Malthus was to repudiate in his theory of population.

Population as a Source of Misery

Around the last decades of the eighteenth century, an interesting polemical exchange occurred in England between Thomas Malthus, and William Godwin and Marquis de Condorcet. These polemics gave rise to a proliferation of discourses on population initially in Europe in eighteenth century and then in other parts of the world in the aftermath of the Second World War.

Condorcet published his famous book *Esquisse d'un Tableau Historique des Progres de l'Esprit Human*, first in Paris in 1794 in French and later translated into English in 1795. The author was sentenced to death because of his involvement in the French Revolution and he wrote this book while in hiding. He later became a victim to Jacobian extremism.[42]

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[40] Quoted in *ibid.*, p. 54.
[41] *Ibid.*
[42] Flew, Anthony (1985), "Introduction" In Malthus, Thomas Robert, (1985 [1798]), *An Essay on the Principle of Population*, Penguin London. p. 9.

In his book, he outlined the natural order of progress. He said that there were ten successive stages of progress, the ninth in this schema began with Decartes and ended with the establishment of the first French Republic. The tenth was to begin from there. He argued that the tenth stage was going to be the world of abundance. Racial and national animosities would disappear along with all inequalities of sex, wealth, and opportunity.[43]

Similarly, William Godwin's *Enquiry Concerning Political Justice* was published in 1793 with successive editions in later years. He was also inspired by the French Revolution. He imagined a society of perfect equality. He wrote,

> There will be no war, no crimes, no administration of justice, as it is disease, anguish, melancholy, nor resentment. Every man will seek, with ineffable ardour, the good of all.[44]

In other writings, Godwin discussed the advantages of social and economic equality and said that this state of equality is 'most consonant to the nature of man, and most conductive to the diffusion of felicity'.[45] They both believed that the capitalist society, based on exploitation of labourers, would change into a better society.

Malthus' father, a visionary for a new society, had tried to impress upon his son the ideas of Godwin particularly as they were also family friends. But Malthus was not ready to accept these arguments without evidence.[46] He claimed to have an objection that was "decisive against the possible existence of a society, all the members of which should live in ease, happiness, and comparative leisure; and feel no anxiety about

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[43] *Ibid.*, p. 9-10.
[44] Quoted in ibid , p. 10.
[45] *Ibid.*
[46] *Ibid.*, p. 10.

providing the means of subsistence for themselves and their families."[47] This later came to be the Malthusian law of population subsequent to the publication of his book in 1798.

It was in response to these two writers' arguments about the perfectibility of human society and equality in the world, that he wrote his book on population. The title of the first edition of the book, which was published anonymously in 1798, is quite instructive.. It reads : *An Essay on the Principle of Population as it Affects the Future Improvement of Society, with Remarks on the Speculations of Mr Godwin, M. Condorcet, and the other Writers.*[48]

His argument was simple.

> The natural inequality of the two powers of population and of production in the earth, and that great law of our nature which must constantly keep their effects equal, form the great difficulty that appears to me insurmountable in the way to the perfectibility of society. [49]

He central argument was that the human numbers increase in geometric rate and food increases only in arithmetic rate. He later published the *Summary View* in which he tried to incorporate numerical data about the populations from different countries in Europe and North America.[50]

He did not limit himself to this mathematical formulation alone. His purpose, in fact, was to argue against the possibility of improving the society towards greater equality, greater happiness, and greater ease. He said that Condorcet's and Godwin's idea

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[47] Malthus, T.R. (1985 [1798]), *op cit.* , p.72.
[48] Flew, A. (1985), *op cit.* , p. 9.
[49] Malthus, T.R., *op cit.*, p. 72.
[50] Malthus, T.R. (1985 [1830]), *Summary View*, Penguin Books, London.

of a happy future does not seem possible given the natural law of population and the natural law of food production.[51]

He argued, on the basis of his numerical postulates, that human numbers would far surpass potential food production, which would eventually lead to human misery. The sources of misery are the checks that nature had to exact on human life when the number of humans surpasses the amount of food produced. There would naturally be widespread misery in the form of disease, war, hunger and famine, which would eventually bring down the number to an equilibrium level. Of course, it will be the poor who would suffer the most in this. This cycle of overpopulation and checks would go on leading to misery all the time in human society.[52]

Moreover, he also argued that the distribution of wealth in a society, between the poor and rich is historically given and cannot be altered since it is a product of the natural law of population. For him, this natural law of population was unalterable. But human numbers could be curtailed by curtailing the birth rates. This is what he called the preventive checks. He was staunchly opposed to any form of contraception. For him, it was a vice. He, however, thought that people can control births through late marriage or abstinence. He called these moral restraints. Again, abstinence was also considered a vice because the law of passion would have it that people indulge in procreation in marriage. But he said that as the law of human passion has remained unaltered over history, it is unlikely that people would use restraints and curb their fertility.[53]

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[51] Harvey, David (1974), "Population, Resources and the Ideology of Science", *Economic Geography*, Vol 50, no. 3, pp.256-277.
[52] *Ibid.*
[53] Malthus, T. R. (1985 [1798], *op cit.*

In later editions, he added another kind of check—the moral restraint which did not fit into vice or misery.[54] What is very interesting about his view is that he regarded the possibility of regulating the fertility among the rich but not among the poor.[55]

He expresses his doubt about the possibility of lasting human improvement. He argued that the situation of equality and virtue, and in a state of simplicity and abundance of the means of subsistence, people will go on procreating and this would again lead growth in human numbers. Therefore, that society would not be desirable because it will lead again to inevitable doom.[56]

It is on the basis of this simple mathematical speculation that he argued about the impossibility of changing the situation of poverty. As against Condorcet and Godwin, he began by taking the existing social, political, and economic institutions as given. Both Condorcet and Godwin had argued that poverty in society was the result of inequitable distribution of resources and the institutions that perpetuated them. He, on the contrary, argued that poor people are poor because they have just too many children. Eventually, there will be greater strain on the available resources, specially food. It will also lead to increased number of labourers in the market, which would work on depressing the wages.[57]

The ruling sections of the society readily accepted his ideas, however. It naturalized the existing situations and called it unalterable, as against philosophers,

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[54] Flew, A. (1985 [1798]), *op cit.*, p. 13.
[55] Rao, M. (1994), *op cit.*
[56] Malthus, T.R. (1985 [1798]), *op cit.*
[57] *Ibid.*, p. 77.

inspired by the French Revolution, who saw the possibilities of social change through human efforts, and who, more explicitly, argued for social equality in the future. It also influenced the thinking of people like Charles Darwin while working on the theory of natural selection or the survival of the fittest. Darwin himself has written about how Malthus' theory of population helped him in making sense of what he had come across during his Beagle voyage. He faced the,

> inexplicable problem how the necessary degree of modification could have been effected, and it would have thus remained forever, had I not studied domestic productions, and thus acquired a just idea of the power of selection. As soon as I had fully realized this idea, I saw, on reading Malthus on Population, that natural selection was the inevitable result of the rapid increase of all organic beings; for I was prepared to appreciate the struggle for existence by having long studied the habits of animals.[58]

In Malthus' scheme of things, it was the rich who would ultimately survive on this earth because of the natural law of population. This got translated for the whole of the life world in Darwin's postulates of natural selection and survival of the fittest. For Malthus, the law of population operates in the real world as a fixed law. The misery and poverty is inevitable and nothing could be done about that.[59]

However, it provided a ready argument for those who wanted to maintain the existing order as the ultimate stage of human progress, and the social order as given. It is in this background that the birth control movement has to be discussed because the movement primarily, though not exclusively, derived its justification from the formulations of Malthus in the later half of the twentieth century. Birth control was not

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[58] Darwin, Charles (1868), cited in Flew (1985), *op cit.*, p. 50.
[59] Malthus, T. R. (1985 [1798]), *op cit.*

Malthus' concern and he called it vice. In his second edition, he argued about moral restraints.[60] But artificial birth control was beyond his imagination. For him "the best thing to do about misery and poverty is to do nothing for anything that is done will only exacerbate the problem."[61]

But his ideas were also questioned by a whole range of people. The scale of the controversy can be gauged from the fact that the list of books, pamphlets and articles on population questions, both supporting and opposing the Malthusian views, written between 1793-1880 ran into thirty pages.[62] The working classes took them as a direct assault on their movement, being highly biased in favour of the rich.[63]

The publication of his book coincided with the vigorous debates going on in England about the Poor Laws in the early nineteenth century. In the late sixteenth century, Britain had instituted the welfare provisioning for the poor in the form of poor laws. Under these laws, the parishes were allowed to generate money through special welfare tax called tithe—one tenth of the income of each member of the community under its jurisdiction. This was then provided to the poor and destitute.[64]

This law had came into existence during the time in Elizabethan England when large numbers of people were being driven from their land and livelihood bases due to the enclosure movement. The enclosures of farmland, the stringent laws passed against the poor using the forest resources, and the resultant dispossession had led to widespread

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[60] Flew, A. (1985), *op cit.*, p. 13.
[61] Harvey, D. (1974), *op cit.*, p. 260.
[62] Banks and Glass (1953), cited in Flew, A. (1985), *op cit.*, p. 49.
[63] McLaren, A. (1978), *op cit.*
[64] Ross, Eric B (1998), *The Malthus Factor: Population, Poverty and Politics in Capitalist Development*, Zed Books, London and New York.

violent rebellions. During the fifteenth and sixteenth century when the enclosure movement occurred, millions of people were uprooted from their homes and livelihoods.[65]

It was to contain this social discontent that poor laws were enacted and welfare provisions made. It worked as a regulatory mechanism for the movement of the poor as well. The welfare was provided by the particular parishes in which the poor were registered and therefore did not allow for his migration from one place to another.[66]

Inspired by Malthus' idea about population leading to poverty and misery and the impact of increasing population falling mostly on the poor, a motley group of people later began to popularize artificial contraception among the poor. It was the middle class who came out as the saviour of the poor and urged them to adopt means of controlling their fertility.[67] It followed logically from Malthus' dictum that control of population would control poverty. This also provided a possibility of improving the lives of poor without essentially changing the existing relations between the rich and the poor.

IV

Population Control Movements

The logical corollary to the Malthusian argument about population being the primary cause of poverty would be that controlling the population should be the most important strategy for dealing with this. The human practices of birth control are very

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[65] The Ecologist (1993), *Whose Common Future?*, Earthscan Publishers, London, p. 25; Ross, E. (1998), *op cit.*

[66] Turshen, M. (1989), *The Politics of Public Health*, Zed Publications, London.

[67] McLaren, A. (1978), *op cit*

old. However, for our purpose here, birth control movement is taken as those events—campaigns, propaganda, discussions, debates—that happened in the nineteenth century in Europe and America. That was perhaps the first time that the issue of birth control became a public subject on a society-wide scale. These activities, however, were so varied, and at war with each other at times that, it would be difficult to put them under one single label. The campaign to popularize it involved a variety of actors, tactics, and concepts.[68]

Birth control could have three different consequences: it could have provided a means to women and mean to exercise greater control in reproductive matters; secondly, it could have provided means at the hand of the society at large—its institutions—to exercise control over human reproduction; thirdly, it could have provide means for improving the health, particularly of women and children by preventing unwanted pregnancy.[69]

During the late nineteenth and early twentieth centuries, when a variety of actors campaigned for the promotion of birth control, these campaigns covered all these objectives, some actors emphasizing one over the other.[70] However, as we shall see later, these campaigns were usurped by those whose purpose were primarily population control—either as a strategy of dealing with poverty or as a strategy of eugenics or both.[71] The weakening of women's movement and the suppression of radical politics in

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[68] McLaren, A. (1978), *op cit.;* Gordon, L. (1978), *op cit.*; Greer, G. (1984), *op cit.*
[69] Gordon, L. (1978), *op cit.*
[70] Greer, G. (1984), *op cit*; Gordon, L. (1978), *op cit.*; McLaren, A. (1978), *op cit.*
[71] Greer, G. (1984), *op cit.*

the 1920s led to the gradual consolidation of the issues by the medical professionals, eugenists and government planners.[72]

Neo-Malthusianism: Alleviating Poverty Through Population Control

Inspired by Malthus, some people began to argue that poor should adopt birth control to avoid impending misery. The number of the poor was beginning to be seen as threats "not only to the 'civilized' society, but to Western civilisation itself, including the very environment that sustained it."[73] For example, during a population conference in Geneva in 1927, Margaret Sanger argued,

> The world population conference represents a pioneer effort on an international scale to grapple with one of the most fundamental problems which mankind faces today. The earth, and every geographical division of it, is strictly limited in size and in ability to support human population. But these populations keep on growing; and in so doing, they are creating social, economic and political situation which threaten to alter profoundly our present civilisation, and perhaps, ultimately, to wreck it.[74]

Remarks of this nature circulated more profusely from the early decades of the twentieth century. However, the beginnings were made in the early days of the nineteenth century.

In the 1820s and thirties, some social reformers began to see artificial contraception as a means of dealing with poverty. They believed, like Malthus, that poor

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[72] Hartmann, B. (1995 [1987]), *op cit.*
[73] Laughlin, J. M. (1999), *op cit.*, p. 328.
[74] Quoted in Caldwell, John and Pat Caldwell (1986), *Limiting Population Growth and the Ford Foundation Contribution*, Francis Pinter Publishers, London, p. 8-9.

are poor because they had too many children—more than they could take care of. But, unlike Malthus, they saw in birth control a way out from the situation of poverty and deprivation.[75]

The use of birth control among the upper classes appears to have spread by then. Their fertility had been coming down fast. They wanted the working classes also to adopt this as a means of limiting family size. The dissolution of the old community structures, and industrialization, had led to early marriage among the working classes, leading to large family sizes. The knowledge about birth control was widely available during the eighteenth century, but the working classes were not generally adopting it.[76]

Beginning with the second half of the nineteenth century, diverse groups of reformers campaigned for the promotion of contraceptive for different reasons. The Neo-Malthusians, feminists, socialists, and free love activists were prominent among them.

Called Voluntary Motherhood Campaign, the early women's activists began to see in artificial contraception the possibility of improving the lives of women by enabling them to decide when to have baby or how many to have.[77] That was the time, when abortion was rampantly practiced, especially among the working class women, jeopardizing women's health.[78]

Feminists in the Voluntary Motherhood Campaign in the 1870s argued that willing mothers would be better wives and mothers. There were also some who argued

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[75] McLaren, A. (1978), *op cit.*
[76] *Ibid.*
[77] Gordon, L. (1978), *op cit.*
[78] McLaren, A. (1978), *op cit.*

for contraception as a means of individual freedom of women. But this freedom was equated with good motherhood. They took motherhood as a respectable and scientific vocation.[79] But they did not favour artificial contraception and instead advocated abstinence and for male responsibility. At that time it was believed that women did not enjoy sexuality. The adoption of artificial contraception would in fact weaken women's position, because this encouraged extramarital relationships of men, thereby jeopardizing male fidelity within marriage. What they tried to promote was abstinence and male cooperation in this process.[80]

Social legitimization for birth control was difficult as the states in Europe and America were not ready to legitimize the idea that people can take control over as divine a process as that of procreation.[81] In England, during the 1820s and 1830s, people like Francis Place and Richard Carlyle initiated birth control campaigns in the form of educating the poor masses.[82] In 1826 Carlyle published *Every Woman's Book* in which he tried to provide information about contraception to the working class. In 1832 Annie Besant along with Charles Bradlaugh published *Fruits of Philosophy*. This pamphlet by Charles Knowlton, a physician from the US, described the methods of contraception. But during that time, the conservative state could not tolerate open ideas about sexuality and birth control. In 1877, Besant and her colleagues were jailed on charges of obscenity.[83]

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[79] Gupta, J.A. (2000), *op cit.*, p. 153.
[80] Gordon, L. (1978), *op cit.*
[81] *Ibid.*
[82] Chandrashekhar, S (1981), *A Dirty Filthy Book,* University of California Press, California.
[83] *Ibid.*

Besant also wrote a booklet called *The Law of Population* in which she argued for limitation of numbers of children for the improved living conditions of the lower classes. Later she joined the socialist camp and tried to convince the socialist comrades about the benefits of birth control.[84]

In the mean time, British Malthusian League came into being in 1877 through the effort of Charles Drysdale. He began publishing a newspaper called *The Malthusian: A Crusade against Poverty.*[85] Emma Goldman's *Why and How the Poor Should not Have Many Children* is another book which again argued about the need for the limitation of the population of the poor. This book described condoms, cervical caps, and the diaphragm, albeit from a working class perspective.[86]

That was also a time when birth control technology was being developed and sophisticated. In 1843, the vulcanization process was invented which facilitated the manufacturing of rubber contraceptives such as condoms and diaphragms. During the nineteenth century, IUD also got popularized, especially in Europe.[87]

In Holland, trade unions sponsored birth control services in 1882. Female members of the Social Democratic Party forced it to give up its opposition to birth control in Germany.[88] From the years of last decade of the nineteenth century onwards

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[84] Besant, Annie (1981 [1884]), "The Law of Population", In Chandrashekhar, S. (ed.), *A Dirty Filthy Book.* University of California Press, California.
[85] Greer, G. (1984), *op cit.*
[86] Gupta, J. A. (2000), *op cit.*
[87] Greer, G. (1984), *op cit.*
[88] Woycke, James (1988), *Birth Control in Germany, 1871-1933,* Routledge, London, p. 145

the women's wing of the Labour party in England was also pushing the party to adopt women's right to contraceptive information from the state.[89]

Margaret Sanger stands out as the most unstinting crusader for birth control in the twentieth century. In fact, she first coined the term "birth control".[90] She combined her birth control campaign with the idea of preserving the better race of mankind during the later part of life. "More children from the fit, less from the unfit" was her slogan.[91]

Sanger started birth control clinics, even if it was illegal to do so in America during that them. For getting support, she liased with physicians and in a way compromised the freedom that birth control would provide women. She began to argue for physicians' control over contraception, making it mandatory to get a physician's prescription for contraception.[92]

In addition to the direct campaigning for the promotion of the contraceptives, a number of meetings were organized in different parts of Europe in the initial decades of the twentieth century, for example, in 1905 in Liege, in 1910 in the Hague, in 1911 in Dresden and in 1922 in London. Margaret Sanger organized the next one in New York in 1925. The main purpose was to influence the governments. This New York conference discussed the issue of War and Overpopulation as a part of that strategy. [93]

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[89] Hoggart, Leslie 2000. "Socialist Feminism, Reproductive Rights and Political Action". *Capital and Class, no.70.* pp. 95-125.
[90] Hartmann, B. (1995 [1987]), *op cit.*, p. 96.
[91] Greer, G. (1984), *op cit.*
[92] Gordon, L. (1978), *op cit.*
[93] Symonds, Richard and Michael Carder (1973), *The United Nations and the Population Questions, 1945-1970,* Sussex University Press, London, p. 11.

The International Union for the Scientific Study of Population (IUSSP) was established as an outcome of world population conference in Geneva in 1927. Similarly the League of Nations started to get involved by collecting and analyzing data on population—size, birth and death rates, age structure, occupation and migratory movement.[94] A study was planned to analyze the problem of diminishing population but this study could not be carried out due to the war.[95]

We thus see two opposing trends also during the first half of the century. While, on the one hand, there were concerns about the increasing number of poor people, there were some who were raising issues about the possibility of declining population. In fact, a prediction was made in 1936 which saw a population of 31 million in Britain in 1975 and only 4 million in 2035, if the decline continued.[96] States were therefore quite hesitant to get involved in the promotion of the birth control.

In fact, in the early decades of the twentieth century, a number of measures were adopted by the states encouraging large families. For example, in the 1920s France began to follow pro-natalist policies which included banning the dissemination of contraceptive knowledge and effectively implementing the anti-abortion laws. In addition, the government provided support to people with large families.[97] In the then USSR, the liberal abortion and contraceptive practices were rolled back in the 1930s as abortion and divorce rates began to soar.[98]

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[94] *Ibid.*, p. 15.
[95] *Ibid.*, p. 19.
[96] *Ibid.*, p. 6.
[97] *Ibid.*, p.4.
[98] *Ibid.*, p. 6.

Women's Rights and Birth Control: Asserting Freedom

The campaigns for popularization of birth control in the nineteenth century were largely based on the neo-Malthusian thinking that reduction of births among the poor was the only way to reduce poverty. Despite the widespread attempt to woo the working class in adopting birth control, this did not seem to have been much of a success, until the material context changed, favouring family limitation among them.[99]

But Neo-Malthusians were not the only actors involved. Progressive socialists, feminists and communists also called for women's need to contraception as a means of their freedom and liberation. Stella Browne, an active socialist and feminist, wrote in *The Communist* in 1922:

> Birth control for women is no less than workshop control and the determination of the conditions of labour for men.... Birth control is women's crucial effort at self-determination and at control of her own person and her own environment.[100]

In England, women's groups in the Labour Party began to lobby within the party to take up women's right to information about contraception. They argued for birth control not only as a means of freedom from unwanted pregnancy, but also as a means of sexual freedom and enjoyment. They began setting up worker's birth control clinics and also actively lobbied for state provisioning of birth control services.[101]

In 1915, the Women's Cooperative Guild in England brought out *Maternity : Letters from Working Women*. This highlighted the plight of working class women who

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[99] McLaren, A. (1978), *op cit.*
[100] Quoted in Gupta, J.A. (2000), *op cit.*,p. 157.
[101] Hoggart, L. (2000), *op cit.*

had to suffer from too many unwanted pregnancies and terrible conditions of abortion they had to go through. Marie Stopes jumped into the fray. She wrote *Married Love* to share practical information about birth control methods such as pessaries, sponges and cervical caps. She argued that this was essential for enhancing married love and avoided arguing about women's rights. In 1921 she opened the first birth control clinics in England. But she also joined hands with the eugenic movement. In the same year she set up The Society for Constructive Birth Control and Racial Progress with the financial help from an industrialist.[102]

Eugenics : Maintaining Racial Purity

Eugenics was another strong force that argued for birth control, albeit for entirely different reasons from the neo-Malthusians or women's rights activists. Eugenists were preoccupied with the idea of bettering the human race, especially that of the Whites. During the first half of the century, eugenics also moved into the birth control field. They tried to combine knowledge about human numbers and their trends with their idea of racial purity. Initiated mostly by Anglo Saxon whites, they were beginning to worry about the declining rate of population among the whites and higher rate among the non-whites and blacks.[103]

Francis Galton established Eugenics Record Office to compile a national bibliographical index listing "fit" and "unfit" breeds in England. His ideas had a great influence on the eugenics movement in America. At the same time Nazi Germany's was

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[102] Gupta, J. A. (2000), *op cit.*, p. 156.
[103] Hartmann, Betsy (1997a) "Population Control I: Birth of an Ideology", *International Journal of Health Services*, vol.27, no.3, pp.523-540.

the pure example of eugenics in birth control and population control put into direct practice. In addition to direct physical extermination of "unwanted" breeds, the Nazis also promoted birth control, mostly the compulsory sterilisation, among populations that they did not want. [104]

It was during this time that many American states passed involuntary sterilization laws. By mid 1930s, a large number of US states had passed legislation legalizing forced sterilization of 34 categories of people including the "social misfits" such as epileptics, the mentally ill, homosexuals (referred to as "sexual perverts"), alcoholics, criminals and prostitutes.[105]

The eugenists also began to join hand with middle class feminists like Marie Stopes and Margaret Sanger in promoting their ideas. Most of the financing for the eugenics campaign came from the big industrialists in England and America. During the 1910s and 1920s, several big industrial houses established foundations specifically for the promotion of eugenics in American society.[106]

In 1939, the American Birth Control League and eugenic societies came together and formed the Birth Control Federation of America, later to be changed into Planned Parenthood Federation of America in 1942.[107] This was to become a world wide network of national institutions campaigning for and promoting family planning all over the world, with particular focus on the third world.[108]

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[104] Woycke, James (1988), *op cit.*, 154.
[105] Ladd-Taylor, Molly (2001), "Eugenics, Sterilisation and Modern Marriage in the USA: The Strange Career of Paul Popenoe", *Gender and History,* Vol. 13, no.2, p. 301.
[106] Greer, G. (1984), *op cit.*
[107] Gupta, J. A. (2000), *op cit.*, p. 157.
[108] Hartmann, B. (1995 [1987]), *op cit.*

Though the birth control and eugenic campaigns were strong in England and America, over time other countries also began to see the proliferation of these activities. By the end of the Second World War, a wide network of people had converged into institutional structures designed to promote birth control in societies.[109] Influenced by Margaret Sanger, some people in countries like India and Japan were beginning to promote birth control among the poor.[110] In India, the All India Women's Conference advocated birth control as far back as in 1932.[111]

The end of the Second World War was to see the beginning of the spread of the idea of birth control all across the world. It is in this context that population control got consolidated as an idea on a large scale. The context of this consolidation was the Cold War politics within which the development and modernization had started in "underdeveloped areas of the world"[112] with the primary involvement of American government and money.

Thus, by the first half of the twentieth century, birth control had been put on the agenda in public discourse, albeit by different actors having different, and often divergent and opposing, interests. By then, this idea had spread to some other countries outside Europe and America. For example in India, the first family planning clinic was established in 1925 by Karve who later was involved in the National Sub-Committee on Population. The India chapter of neo–Malthusian League was established in Madras in

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[109] Greer, G. (1984), *op cit.*
[110] Rao, Mohan (1994), *op cit.*
[111] Raina (1968), cited in Banerji, Debabar (1985), *Health and Family Planning Services in India: An Epidemiological, Socio-cultural and Political Analysis and a Perspective,* Lok Paksh, Delhi, p. 174.
[112] Sachs, Wolfgang (1997 [1992]), "Introduction", In Wolfgang Sachs [ed.], *Development Dictionary: A Guide to Knowledge to Power,* Orient Longman, Delhi, pp. 1-7.

1928. Similarly, the birth control campaigner Margaret Sanger toured several Asian countries spreading the message about the need of birth control. However, it was only after the end of the Second World War that this campaign gained added momentum.[113]

V

The Cold War, Development and Modernization

The idea of birth control gained a new meaning in the context of the Cold War. The idea that population was the primary cause of poverty and misery in the world was old. But this idea later provided a sense of urgency to act on the part of those in the upper echelons of society, especially in the West. The imminent working class revolt necessitated the promotion of birth control in the nineteenth century. The Cold War also necessitated the containment of the rise of communism from the world.[114]

The political context of the Cold War was defined by the rise of China as a communist country in 1949, and the growing assertion of the third world colonized countries to free themselves from the yoke of colonialism. It is this non-communist third world countries that posed a challenge. The U.S. establishment was worried that these countries would embrace communism and side with the Soviet Union in the post-War international world order.[115]

It was not only ideological fear. U.S. production was increasingly dependent on these third world countries for the raw materials and energy sources. The African

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[113] Rao, Mohan (1994), *op cit.*
[114] Ross, E. (1998), *op cit.*
[115] *Ibid.*

countries provided the needed minerals and the Arab countries the much needed petroleum. Moreover, the U.S. was beginning to believe that her economic domination could only be sustained through the expansion of markets for its products.[116]

The concern for the growth of population began to intensify in this context. The private foundations had financed some fertility surveys, notably that of four south East Asian countries: Taiwan, Japan, Korea and Philippines right after the end of the Cold War.[117] During the fifties, population growth of the third world was taken as a threat.[118] The idea of population growth had been invoked to explain the misery in the colonies much before the end of the Second World War. For example as early as 1806, Abbe Dubois had remarked:

> Of these causes (of misery) the chief one is the rapid increase of population. Judging by my own personal knowledge... of Mysore and the districts of Baramahl and Coimbatore, I should say that they increased by 25 percent in the last 25 years.... Some modern political economists have held that progressive increase in the population is one of the most unequivocal sign of a country's prosperity and wealth. In Europe this argument may be logical enough, but I do not think that it can be applied to India; in fact, i am persuaded that as the population increases, so the proportion do want and misery. For this theory of the economists to hold good in all respects of resources and industries of the inhabitants ought to develop rather rapidly; but in a country where inhabitants are notoriously apathetic and indolent, where customs and institutions are so many insurmountable barriers against a better order of things, and where it is more or less a sacred duty to let things as they are, I have every reason to believe that a considerable increase in the population should be looked upon as a calamity rather than as a blessing.[119]

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[116] *Ibid.*

[117] Sharpless, John (1997), "Population Science, Private Foundations, and Development Aid: The Transformation of Demographic Knowledge in the United States, 1945-1965", In Frederic Cooper and Randall Packard [eds.], *International Development and Social Sciences: Essays on the History and Politics of Knowledge.* University of California Press, Los Angeles, p. 179.

[118] Laughlin, J. M. (1999), *op cit.*, p. 328.

[119] Dubois (1906), quoted in Rao, M. (1994), *op cit.*, p. PE-45.

Similar concern was voiced by A. Moore of the Birth Control League as far back as in 1917:

> It is our duty to preach birth control in our own countries, the countries we like to call civilized. But we have an equal, if not greater duty to disseminate the principle and practice of birth control in the backward nations, the nations with higher birth rates. It is not god for the civilized nations to reduce their birth rate to the desired minimum and the backward races to breed without restrictions".[120]

However, the scale and magnitude of the population control dramatically went up in the post-War era, especially from the sixties onward. There was a growing feeling among the top political leaders about the impending threat to the U.S. interests from the growing populations of the newly independent countries. But the U.S. government was still not ready to take responsibility for the spread of population control. It believed that the government should not be involved in such a personal and private issue as birth control and population control.[121]

In 1959, the then President of the US Eisenhower said, "Birth control is not our business. I cannot imagine anything more emphatically a subject that is not a proper political or governmental activity, or function or responsibility."[122] But this stance began to undergo a fundamental transformation from the early sixties.[123]

Private foundations in the U.S. had been involved in popularizing the problem of "overpopulation" since the fifties. The Rockefeller Foundation president John D. Rockefeller had invited more than fifty demographers, social scientists and political

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[120] Quoted in Gupta, J. A. (2000), *op cit.*,p. 154.
[121] Duden, B. (1997 [1992]), *op cit.*, p. 200.
[122] Quoted in *ibid.*
[123] *Ibid.*

leaders in a conference on population in 1952. This had led to the establishment of The Population Council the same year. This was devoted to demographic and contraceptive research as well as in the training of the third world academics in the field of demography. It was also singularly involved in advising the third world governments on the population problem.[124]

The change in the U.S. government's position on population control largely came about because of the sustained campaign from some foundations and institutions who began to popularize the overpopulation threat among the public, both in the U.S. and abroad. They began to argue that "overpopulation" lead to poverty, famine, disease and congestion in the cities, sure conditions for the rise of communism. The campaigners also had personal influence on the security establishment in the U.S. government.[125]

Huge Moore, the president of the Dixie Cup Corporations set up the Hugh More Fund to finance the campaigns on the issues of overpopulation. He was very familiar, indeed very good, at creating a scare for the expansion of a market for his products. He marketed his disposable paper cups on the basis of his scare tactics. Before his cup was used, the American railways provided glass cups for drinking water. He created panic among passengers about the threat of TB spread by drinking water from the same glass. His disposable paper cub brought him millions of dollars in profit.[126]

Moore created panic about "overpopulation" through the same technique. He distributed T. O. Greissimer's *The Population Bomb* (forerunner to Paul Elrich's book) in

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[124] Caldwell, J. and P. Caldwell (1986), *op cit.*
[125] Ross, E. (1998), *op cit.;* Sharpless, John (1997), *op cit.*, p. 183.
[126] Greer, G. (1984), *op cit.*

1954 in which it was argued that world peace was under threat because of the growing population. He equated the growth of population with an atomic explosion. The imagery was powerful in influencing people who had lived through the horrors of the nuclear holocaust in Hirosima and Nagasaki a few years back. It was argued that:

> The population bomb threatens to create an explosion as disruptive and dangerous as an explosion of the atom, and with as much influence on prospects for progress or disaster, or war or peace.[127]

Hugh Moore reached out to general American public as well as the security establishment. The first copies of this pamphlet were sent to political, corporate and security leaders in the country. Later he published and sent 10,000 copies free of charge to the Who's Who of the U.S.A, to high schools, colleges and public libraries. This was a perfect, if ironic, metaphor for the time because the U.S.A had just used their first atomic bombs in Japan and the consequences were live in the minds of the American public.[128]

During that time several advertisements were also sponsored in the major newspapers and television channels on the issue of population threat. One advertisement read:

> A world with mass starvation in underdeveloped countries will be a world of chaos, riots and war. And a perfect breeding ground for communism.... We cannot afford a half dozen Vietnam, or even one more.... Our own national interest demands that we go all out to help the underdeveloped countries control their population. [129]

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[127] Quoted in Hartmann, B. (1995 [1987]), *op cit.*, p. 103.
[128] Sharpless, John (1997), *op cit.*, p. 193.
[129] Hartmann, B. (1995 [1987]), *op cit.*, p. 106.

By the early sixties the American public began to see some change. There was a slow realization among the U.S. establishment that its efforts at "developing" the third world had been thwarted by the consequences of population growth. The investment in development was not paying off. Whatever progress was being made was eaten up by the rising population.[130]

Before the War John D. Rockefeller had been interested in developing safe and effective birth control technology. This desire pushed the foundation to involve itself aggressively in the population control programmes. This foundation financed the demographic trip of two demographers from the Office of the Population Research in the Princeton University, Frank Notestein and Irene Taeuber along with two more persons to Japan, China, Korea and Indonesia. In addition to doing research on the fertility and population growth in these countries, they also met with military and political leaders, medical and public health professionals, and academic professionals.[131]

They prepared a report which confirmed that Asia faced growing problems due to population pressure. Their report was widely circulated. At the same time the philanthropic foundations provided money to set up population study centres in major universities in US and also provided money for foreign scholars to obtain training there.[132]

At the same time, several contraceptives were being developed in the fifties. The development of pills and the IUD convinced the population control lobbyists that

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[130] Duden, B. (1997 [1992]), *op cit.*, p. 202.
[131] Shaprless, John (1997), *op cit.*, p. 179.
[132] *Ibid.*, p. 183.

effective technical solutions exist to curb fertility. But most of the campaigners and lobbyists knew that without the government's acceptance and reach, the idea of population control could not be pushed through.

Family Planning Experiments

While growth of population was being established in the U.S. as a threat to its own interest, and thereby getting the government involved in the family planning, some experiments were being conducted in different parts of the world to show the efficacy of family planning programmes in curbing population growth, as well as improving the health of the population. The post-War U.S. had a firm faith in technology and the population control lobby believed that making available the contraceptives being developed in the US would lead to population control. The reasoning was very simple: People were poor because they had large families.[133] It is on the basis of this belief that family planning experiments were conducted the results of which were to be used in the subsequent population control strategies in the third world.

Three major studies were conducted: two in India and one in South Korea, all of them by the Population Council.[134] The other belief shared by these studies was that family planning interventions were the most cost-effective since other options which would require structural and institutional changes. For example, despite the failure of the birth control experiments, Dudley Kirk, a famous demographer said:

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[133] Mamdani, Mahmood (1973), *The Myth of Population Control: Family, Caste and Class in an Indian Village*, Monthly Review Press, New York, p. 14.
[134] *Ibid.*, p. 15.

> Given the favorable attitudes found in surveys, family planning may be easier to implement than major advances in education or the economy, which require large structural and institutional change in the society as a whole.[135]

Thus population control was regarded as a substitute for the required political changes.[136] These studies were known as KAP—Knowledge, Attitude and Practice -- of birth control. Essentially based on surveys with interview schedules, these studies tried to find out the attitude of people towards the family planning and birth control. The studies presumed that people's attitude could be changed through motivation techniques. They did not look at the social context in which attitude is formed. Instead, they only saw lack of information as hindering the acceptance of the birth control. This was bound to fail, as Mamdani has brilliantly shown.[137]

It is interesting, however, that despite the failure of those experiments in showing that the motivation would lead to better acceptance of birth control and also lead to better health, this continued to be used in the subsequent decades in the family planning programmes all over the third world. The researchers everywhere went around asking people about their knowledge, attitude and practices of birth control.[138] The surveys then were fed into making the targets of different contraceptive technologies as well as designing what later came to be known as Information, Education and Communication (IEC) programmes.

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[135] Quoted in *ibid.*, p. 17.
[136] *Ibid.*, p. 19.
[137] *Ibid.*
[138] *Ibid.*

Getting the US Government on Board

Along with the experiments in different countries and research about people's desire to adopt birth control, getting the US government on board the world wide programme of population control was crucial to scale up the family planning and population control activities in the third world. By the mid sixties, through the campaigns of the private foundations and individuals, population growth in the third world had been put on the public concern in the U.S.A.

Given the times it was necessary to peg the ideas to Cold War rhetoric of anti-communism. And that was what was followed.

Kingsley Davis argued:

> The demographic problems of the underdeveloped countries, especially in areas of non-western culture make these nations more vulnerable to Communism..... and an appropriate policy would be to control birth rates in addition to such activities as lowering death rates, which resulted through the provision of technical assistance and economic aid. Such a combination of policies, if carried through effectively, would strengthen the Free World in its constant fight against encroachment.[139]

Not many demographers, doubted this line of thinking linking overpopulation with communism although there were exceptions like Frank Notestein and Dudley Kirk. But it has to be remembered that population activists primarily came from among the businessmen, retired military officers and diplomats. The logic of American interest, not the scientific rationai, ultimately prevailed, as was the case in the Malthusian debate during the nineteenth century. And during that time U.S interest meant curbing the threat

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[139] Quoted in Sharpless, John (1997), *op cit.*, p. 191-92.

of communism. And it was this threat which could now be tackled with the promotion of contraceptive technologies.[140]

By the early sixties the U.S. government's stance of non-involvement was showing signs of reversal. Stephen Enke, an economist from General Electric had done a cost-benefit study of investments on different development activities and found that investing in family planning was the most cost-effective.[141] President Johnson reiterated this idea in the UN in 1964 where he argued that one dollar spent on population control was worth a hundred dollars invested in economic growth.[142]

By the late seventies the U.S. government's position had already swung one hundred and eighty degrees. President Nixon delivered the First Presidential Message on Population. After discussing the growth of population in the world and the need for family planning, he said the U.S. was ready to take leadership in this process.[143]

In 1973, this position was reiterated by George Bush, the then US Representative to the United Nations when he said: "Today, the population problem is no longer a private matter. ....(It) commands the attention of national and international leaders."[144] Finally it became to be accepted as American concern. President Eisenhower, who had firmly rejected the involvement of the US government on population issues, reversed his position in 1968. He stated:

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[140] *Ibid.*
[141] Hartmann, B. (1995 [1987]), *op cit.*, p. 104.
[142] Duden, B. (1997 [1992]), *op. cit.*, p. 202.
[143] *Ibid.*,p. 200.
[144] *Ibid.*

> Once as President of the United States I thought and said that birth control was not the business of the Federal Government. The facts changed my mind..... I have come to believe that the population explosion is the world's most critical problem.[145]

Initially the US government was hesitant to involve itself in the population matters directly. It tried to do so through the aegis of the UN system. First, a number of resolutions on different aspects of population and family planning were passed. The change in the US position was followed by gradual assumption of a leading role on population matters by the US agencies. In 1952, the World Health Organization had decided not to initiate activities on the population front.[146] Yet under the leadership of the U.S., in 1969 the United Nations Funds for Population Activities (UNFPA) was established.[147] It was not easy for the UN to take up the population issues because of the opposition from the Catholic church and some African countries. It was, in fact, mostly because of the threat of funding cut from the predominantly Catholic countries, that the UN was hesitant to involve itself whole heartedly on the population issues.[148] The initial few years were spent on passing some resolutions.[149]

Initially, the emphasis was put on gathering the statistics in the form of census. Most of the countries were encouraged to carry out regular censuses.[150] The First World Population Conference, organized by the United Nations in collaboration with the

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[145] Quoted in Symonds, Richard and Michael Carder (1973), *op cit.*, 133.
[146] Koivusalo, Meri and Eeva Olilla (1997), *Making a Health World: Agencies, Actors and Policies in International Health*, Zed, London and STAKES, Helsinki, p.182.
[147] Salas, Rafael M. (1976), *People: An International Choice—The Multilateral Approach to Population*, Pergman Press, London.
[148] Symonds, Richard and Michael Carder (1973), *op cit.*, p. xiv.
[149] Koivusalo, M. and E. Ollila (1997), *op cit.*,, p. 179.
[150] Symonds, Richard and Michael Carder (1973), *op cit.* p. 63.

International Union for the Scientific Study of Population (IUSSP) in 1954 emphasized demographic research, case studies and identification of knowledge gaps.[151]

By the mid-sixties there had been slow but definite shifts towards greater involvement of the UN in family planning and population issues. In March 1965, the UN Commission on the Status of Women adopted the following resolution:

> Married couples should have access to all relevant educational information concerning family planning.[152]

This resolution also requested the Secretary General to investigate the relationship between family planning and the advancement of women.[153] The UNICEF and WHO gradually began to work on maternal and child health issues, if not directly on family planning. In fact, in most of the countries, family planning was an integral component of maternal and child health programmes.[154] By the early seventies, the UN was whole heartedly involved in issues of population. This was primarily made possible by the sea change in the US government's role.[155]

The World Bank's involvement on the population issues began in sixties. The involvement was outlined by the then World Bank President Robert Mc Namara in 1968. He proposed three course of action:

> first, to let the developing countries know the extent to which rapid population growth slows down their potential development,.... second, to seek opportunities to finance

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[151] *Ibid.*,p. 85.
[152] Quoted in *ibid.*, p. 141
[153] *Ibid.*
[154] *Ibid.*,p. 159-60, 163.
[155] *Ibid.*, p. 188.

family planning programmes and, third, join with others in programmes of research to determine the most effective means of family planning.[156]

He also argued that "the greatest single obstacle to economic and social advancement of the majority of the peoples in the underdeveloped world is rampant population growth."[157]

The USAID opened its office of population in 1966.[158] However, the US government started working through the UN and other agencies. For a long time the US provided the largest amount of funding to the UNFPA.[159]

It is from this time onward that population control programmes proliferated in most of the third world. American government was the main actor through its official agency of international development, the USAID. Population was meagre programme within USAID until the middle of the sixties. But it began to see dramatic transformation. A specialized agency was established within USAID as Population Office in January 1964.[160] The budget for population control programme was soaring to hitherto unimagined heights. In 1961, the USAID annual budget for population programme was only $96 million. By 1979, this had reached $455 million annually. This change also began to be reflected in the UN system.

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[156] Quoted in *ibid.*, p. 171.
[157] *Ibid.*
[158] Koivusalo, M. and E. Ollila (1997), *op cit.*, p. 180.
[159] Finkle, Jason L. and C. Alison McIntosh (1994), "The New Politics of Population", *Population and Development Review*, Vol. 20 (supplement), p.11.
[160] Gupta, J. A. (2000), *op cit.*, p. 164.

A specialized agency the UNFPA was created in the late sixties and the World Bank began to take up population control programmes as an important area of investment. The World Bank president Robert McNamara stated:

> My responsibility as president of the World Bank compels me to be candid. Are we to solve this problem by famine? Are we to solve it by riot, by insurrection, by the violence that desperately starving men can be driven to?[161]

By the early seventies, a massive expansion of the population control programmes was underway. There were basically three interacting beliefs upon which the family planning programmes were based: First, that fertility can be curbed through the expansion of contraceptive use among the third world populations. Second, that the increasing population was leading to poverty, famine, environmental disasters and this could be dealt with by controlling the population. So from the very beginning the official concern was not the health of the people who used the contraceptives, but rather some development goals for which the individual couples had to cooperate with the programmes. Third, contraceptives/family planning could be promoted through raising awareness under what is commonly called as the information, education and communication (IEC) activities.[162]

Population Growth and US Security Interest

While shifts in US position was beginning to occur from the late fifties, one major change occurred in the early seventies. This happened when the increasing population of

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[161] Quoted in Mass (1974), cited in Rao, M. (1994), *op cit.*,p. PE-49)
[162] Mamdani, M. (1973), *op cit.*

the third world countries began to be seen by the US establishment as a serious threat to its security.[163]

In April 1974, the United States government sponsored a security study about the "implications of worldwide population growth for US security and overseas interest" within the jurisdiction of Secretary of Agriculture, Director of Central Intelligence Agency (CIA) and the Secretary of state[164]. The study was to address, among other things, the following:

- the corresponding pace of development, especially in poor countries;
- the demand for US exports, especially of food, and the trade problems the US may face arising from competition for resources, and
- the likelihood that population growth or imbalances will produce disruptive foreign policies and international instability.

This study was also to "offer possible courses of action for the United States in dealing with population matters abroad, particularly in developing countries, with special attention to the following questions:

- What, if any, the initiatives by the United States are needed to focus international attention on the population problem.
- Whether technological innovations or development reduce growth or ameliorate its effects.

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[163] Ross, E. (1998), *op cit.*

[164] The full text of the security report was not declassified until July 3, 1989. It is now a public document and available from several internet sites including the following website: www.lifesite.net/waronfamily/nssm200/nssm200.pdf

- Could the United States improve its assistance in the population field and if so, in what form and through which agencies—bilateral, multilateral, private?

The report was submitted in December 1974 and this provided extensive description of the population reality and the possible actions that the US should take in dealing with this problem in the third world. In the first World Population Conference in Bucharest, the US urged the governments in the world, especially the third world, to implement vigorous population control programmes.

The report took note of the World Population Action Plan arrived at during the conference. It identified the growth of population, especially in the developing world as a threat to US security. It accepts that "the world is increasingly dependent on mineral supplies from developing countries, and if rapid population frustrates their prospects for economic development and social progress, the resulting instability may undermine the conditions for expanded output and sustained flows of such resources."

It also extensively discusses the political dimensions of the population growth. It argues:

> The political consequences of current population factors in the LDCs—rapid growth, internal migration, high percentages of young people, slow improvement in living standards, urban concentrations, and pressures for foreign migration—are damaging to the internal stability and international relations of countries in whose advancement the US is interested, thus creating political or even national security problems for the US.
>
> The important potential linkage between rapid population growth and minerals availability is indirect rather than direct. It flows from the negative effects of excessive population growth in economic development and social progress, and therefore on internal stability, in overcrowded under-developed countries. The United States has become increasingly dependent on mineral imports from developing countries in recent decades, and this trend is likely to continue. The location of known reserves of higher-

grade ores of most minerals favors increasing dependence of all industrialized regions on imports from less developed countries. The real problems of mineral supplies lie, not in basic physical sufficiency, but in the politico-economic issues of access, terms for exploration and exploitation, and division of the benefits among producers, consumers, and host country governments.

In the extreme cases where population pressures lead to endemic famine, food riots, and breakdown of social order, those conditions are scarcely conducive to systematic exploration for mineral deposits or the long-term investments required for their exploitation. Short of famine, unless some minimum of popular aspirations for material improvement can be satisfied, and unless the terms of access and exploitation persuade governments and peoples that this aspect of the international economic order has 'something in it for them', concessions to foreign companies are likely to be expropriated or subjected to arbitrary intervention. Whether through government action, labor conflicts, sabotage, or civil disturbance, the smooth flow of needed materials will be jeopardized. Although population pressure is obviously not the only factor involved, these types of frustrations are much less likely under conditions of slow or zero population growth.

Indeed population growth may also lead to "revolutionary actions and counter revolutionary coups" among many other undesirable things. The report also takes into account the fact that the developing countries were being increasingly hostile towards the United States blaming it for the problem that essentially resulted from the high population growth. It notes:

The developing countries, after several years of unorganized maneuvering and erratic attacks have now formed tight groupings in the Special Committee for Latin American Coordination, the Organization of African States, and the Group of Seventy-Seven. As illustrated in the Declaration of Santiago and the recent Special General Assembly, these groupings at times appear to reflect a common desire to launch economic attacks against the United States and, to a lesser degree, the European developed countries. A factor which is common to all of them, which retards their development, burdens their foreign exchange, subjects them to world prices for food, fertilizer, and necessities of life and pushes them into disadvantageous trade relations is their excessively rapid population

> growth. Until they are able to overcome this problem, it is likely that their manifestations of antagonism toward the United States in international bodies will increase.

It is on this understanding that this study also proposed some concrete actions that US needed to take to curb population growth in the developing countries.

The Way Out

Thus, population becomes a security issue for the US. The 1950s hands off policy of President Eisenhower, was reversed completely by the mid seventies. The US was to embrace full-fledged leadership in population control in the developing world.

It recognizes that fertility reduction cannot occur simply through technological interventions. But it identifies the reasons for high birth rate as follows:

- inadequate information about and availability of means of fertility control;
- inadequate motivation for reduced numbers of children combined with motivation for many children resulting from still high infant and child mortality and need for support in old age; and
- the slowness of change in family preferences in response to changes in environment.

But it goes on to argue:

> We cannot wait for overall modernization and development to produce lower fertility rates naturally since this will undoubtedly take many decades in most developing countries, during which time rapid population growth will tend to slow development and widen even more the gap between rich and poor.

The focus necessarily then was on the technological aspects of fertility control. It would have two aspects: the demand and supply. It talked about making full availability of birth control technology to all by 1980. For the demand side, "more research is needed

on the motivation of the poorest who often have the highest fertility rates" through "programmes targeted to this group than in the past." It also makes some recommendations regarding the development of contraceptive technology. It recommends the development of "simple, low-cost, effective, safe, long-lasting and acceptable methods of fertility control."

In addition to that it also discusses ways and means of making the population control the agenda of the third world leaders. The USAID was to take the leading role in consulting and convincing the leaders about the desirability of fertility control. But the UN system and private foundations also were to be involved. The US should be careful not to look like it was imposing its interest on the third world countries.

This was a period when the developing countries were raising the issues of New International Economic Order. This was reflected in the World Population Plan of Action and series of Population and Human Rights conferences organized, preceding to the World Population Conferences. The emphasis was put on changing the structural relations between the developed and underdeveloped countries calling for new international economic order.[165] The growing assertion of the third world countries was an issue of concern for the US establishment.

While the World Population Conference held in Bucharest in 1974 was an instance of third world activism, by 1984, things had changed dramatically. The call for structural change in the arena of international relations had given way to greater

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[165] Gros-Espiell, Hector (1981), "New Institutional Functions in the Area of Human Rights and Population", In *Proceedings of the Symposium on Population and Human Rights in Vienna, 29 June—3 July 1981*,UN, p. 189.

acquiescence in the face of the debt crisis and growing dependence on the western agencies for funding.[166] The Mexico City population conference in 1984 was a dramatic turnaround, where, while the developing countries called for greater involvement in family planning programmes, the US stance was the opposite: it called for greater liberalization and opening of the market as the solution to population problem. The growing conservatism in the US led to shrinking of funding for family planning activities during Regan Bush era. By then, however, there was unquestioned commitment on the part of the majority of the third world governments towards population control.[167]

The International Conference on Population and Development (ICPD 1994) held in Cairo is said to have been another turning point. We will discuss that in detail in the third chapter. Now the funding for most of the family planning comes from the national government sources, though in individual countries, the cases are varied.[168]

VI

The Population Control Establishment Today

It was after the US considered population growth in the third world to be its security concern that the population control programmes began to expand all over the third world. The US financing on population control has been dependent on the internal politics, with Republicans shying away from family planning and Democrats reinstating family planning in its programme agenda. However, there has been a general consensus among the developed countries about the need for population control in the third world.

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[166] Koivusal, M. and E. Ollila (1997), *op cit.*
[167] Hartmann, 1995 [1987]), *op cit.*
[168] *Ibid.*

Financing has come not only from the US but from other European countries and Japan. More importantly, now three fourth of the spending on population control has been done by the third world countries themselves.[169]

By now a complex hierarchical institutional and ideological system of population control is in operation. Asoka Bandarage in her book *Women, Population and Global Crisis*, presents a global population control hierarchy which approximates the reality today.[170] The population control programmes as we understand them today are running in the developing countries only. The European and North American governments do not have their own population policies. But as a field of practice it is not limited to the developing third world.

At the top of the hierarchy are the Northern government donors which provide the major chunk of money to the population control activities in the third world today. One step down the ladder are northern based NGOs, the UN agencies, Development Banks, Foundations and Bilateral agencies which channel the resources into the population sector. Then come the developing countries with three major groupings: the governments, NGOs and the private sector with which the regimes in the northern countries relate in developing, running and implementing the population control programmes. They are then aligned with hospitals, community leaders, local NGOs and voluntary organizations. One step down the hierarchy lie the family planning service providers and family planning

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[169] Hartmann, Betsy (1997b) "Population Control II: The Population Establishment Today", *International Journal of Health Services*, vol.27, no.3, pp.541-557.
[170] Bandarage, A. (1997), *op cit.* , p. 67.

motivators. At the bottom of the hierarchy lie the contraceptive acceptors, mostly women.[171]

Most decisions are taken at the distant centres. In fact, the consensus about the "crisis of overpopulation" provides the framework for their involvement in the population field. This top down population control hierarchy of financial and technological aid disbursement, as Bandarage likes to call it, is what is shaping the population control regimes in the third world countries today. The technological, ideological, and operational aspects of the population control programmes are defined within this context. In the last five decades this regime has consolidated its positions all over the world.

The defining ideology of this regime includes two things: the crisis of poverty, environmental destruction, social violence, famine and starvation are the direct cause of the increasing number of human beings on this planet. Second, this rise tide of humanity can be controlled through the promotion of contraceptive technologies among the populations of the third world. [172]

After all, it is argued, the growth of human numbers in recent human history has been unprecedented. It was estimated that at the beginning of the first century, the world's population was around two hundred fifty million. It took about fifteen hundred years to double that number. By the end of the first half of the nineteenth century it was estimated to have reached one billion mark. It took only about seventy-eighty years to double that figure. By the middle of the twentieth century the figure had already reached around three

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[171] *Ibid.*
[172] *Ibid.*

billion. Now it lies well over six billion—just in fifty years. Another interesting part of the number is that most of the growth now occurring is occurring in the third world developing countries.[173]

It will be misleading to draw a conclusion that population control was completely a Northern. It began that way. But now it is increasingly owned by the Southern governments and the ruling elite. Interestingly, three-fourth of the total spending on family planning in the third world is borne by the governments themselves and only a little less than one fourth comes from the international donors and about one billion dollars from private institutions. [174]

Like the North-South in the broad geographical sense, the class dynamics in the third world is also leading to a growing fear among the middle and upper class in the third world societies about the growth of population. They have internalized that the poverty and environmental destruction in their countries was the result of overpopulation and this invariably means that of the poor.[175]

The "population problem" has been popularized over the last five decades of intensive publicity, education campaigns and training of the scholars in the American population studies centres. American private foundations played very vital roles, but these foundations gradually received substantial supports from the US governments for their activities.[176]

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[173] *Ibid.*
[174] Hartmann, B. (1995 [1987]), *op cit.*, p.113.
[175] *Ibid.*
[176] *Ibid.*

In the sixties and seventies many third world demographers were trained to take charge of their national population programmes. Caldwell and Caldwell had this to say about this:

> The whole context of changing viewpoint and advice was one of a network of ideas. The wider control was, of course, that of newspapers, magazines, books, radio, and television. The world debate certainly moved some political leaders into a frame of mind where they were prepared to accept demographic initiatives. Yet action was usually taken and continued on the advice of individuals. These individuals had surprisingly frequently taken degrees in the main population programmes, or had taken some course with these programmes, or had taken economics degrees where they were lectured by faculty with part-time connection with the population programmes.[177]

As we shall see in the next chapter, the USAID's involvement in the family planning included, among other things, the participant training of several hundred Nepalis in different fields including that of family planning. Once the elites in these countries accepted the ideology of population control, it was easy. In fact the security study also called for creating acceptance among the leaders in the third world countries so that it would not appear as if population control was the agenda of the US and vested interests.[178]

The network is linked through many things: money, ideas, class interests, and intellectual standing. By now most of the third world countries have institutions to promote population control. Census taking has been regular and sophisticated exercise as well as one of the most media highlighted activities.[179]

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[177] Caldwell, John and Pat Caldwell (1986), *op cit.*, p. 139-40.
[178] Hartmann, B. (1995 [1987]), *op cit.*, p. 103.
[179] *Ibid.*

Population has been the subject of academic studies and research in many third world educational institutions. There have been media presentations of population problems for decades. Through radio drama, television serials, public advertising, regular writings in the newspapers, magazines, hoarding boards, the messages have been put across the a large section of the population in most of the countries.

In Nepal since the mid seventies there has been barrage of radio programmes and news paper articles on this "population explosion" the "desertification of the mountains" leading to flooding of downstream Bangladesh and Indian plains.

Now, there has been more sophistication the explaining the relations between the crises we are facing today and the growth in population. It is no longer the simple poverty and overpopulation linkages. For example, the consumption of resources by the rich as very crucial element in the discussion about the linkage between the population growth and environmental degradation. However, if we look at the focus of the major agencies—national and international-- their actual practices are based on the same old assumptions.[180]

Family planning toady commands about $5 billion annually. Out of that $3 billion is spent by the third world countries themselves (the biggest spenders, obviously, being China, India and Indonesia). One billion comes from the western donors and the final one billion from the private institutions.[181]

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[180] *Ibid.*
[181] *Ibid.*, p. 113.

Out of the international family planning assistance, half is borne by the US government alone. This is around $500 million annually. Out of that half is spent directly with the governments and the other half provided to the major organizations primarily based in the North America.[182]

The US criteria for selection is the "countries that contribute the most to global population and health problems and countries where population and health conditions impede sustainable development and pose threats to environment."[183] The USAID's sustainable development strategy "identifies population growth as key 'strategic thrust' which 'consume all other economic gains, drives environmental damage, exacerbate poverty, and impedes democratic governance."[184]

Japan, which was peripherally involved in funding the international family planning programmes, has jumped into the fray very actively. For 1994 –2000, it had allocated $3 billion, thereby being the second largest donor in population control in the world. The financing for the family planning also comes from the UN agencies, which in turn themselves get funds from the US government and other developed and developing countries.

It is through financing that US also tries to exercise control over the agenda of family planning practices of these agencies. For example, the UNFPA is supposed to be involved in broader area for women, population and development, but in actual practice its focus has been exclusively on family planning. Between 1969 and 1990, the UNFPA

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[182] *Ibid.*
[183] *Ibid.*
[184] *Ibid.*,p. 114.

allocated a mere 1.6 per cent of its total assistance to that broader developmental agenda.[185] This was largely attributed to USAID being the biggest source of funds for UNFPA. For example on UNFPA official admitted, "AID, which provides about a quarter of our funds, puts pressure on us to focus on family planning."[186]

VII

Why Population Discourse?

Population has become a handy category for explaining the current crisis in the world today. We are seeing around us increasing poverty, environmental destruction, growing social violence and an increasing gap between the haves and the have-nots. The dominant population discourse tries to explain that these crises are the result of the overpopulation. However, a closer examination of the reality today would lead us to a more complex picture.

First of all, it is necessary to look at the social and political roots of the institutions which run the population establishment today. Their location is often in the Northern countries. Through the chain of funding, they are linked up with the community level motivators and the ultimate target—the acceptors, mostly the women in the third world.[187] The international development mechanism today is a complex web of relationships between the northern donor countries and institutions and the recipient institutions, countries and individuals in the South. But what is more important is not the funding alone but the worldview and the political ideology that comes with it.

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[185] *Ibid.*, p. 116.
[186] Quoted in *ibid.*
[187] Bandarage, A. (1997), *op cit.*

The explanation of population problem as ideological helps us to look at actors and processes as outcomes of social interactions among people located in different power hierarchy. The explanation of population has been from the very beginning used to legitimize the existing structure of relationships in society. Malthus legitimized the existence of the situation of inequality on the basis of his theory of population. This has continued. There has emerged a much more complex picture in the academic circle, but as far as the practices of the institutions go, it is the same apolitical, ahistorical and ideologically driven explanation which is in play even today.

Part of this ideological process is the construction and usage of "population" as a category for explaining social reality. The degradation of the environment, poverty, social violence are explained by the dominant population establishment as resulting from the overpopulation.

But population as a category levels the immense scale of differentiation that defines people's access to resources, their relations among each other and resultant distribution of society's income. The class, gender, ethnicity, geographical locations, and caste, all determine one's position is the social space.

For example, consider Paul Ehrlich's famous formula I=PAT in which I is Impact, P is the Population Number, A is Affluence and T is technology. Murthi (2001) notes that this "does not tell us who among the monolithic P is responsible for what, as well as the

how and why behind pollution, such as the military, trade imbalances and debt, and the subordination of women."[188]

The questions raised by the critiques of population controls are fundamental in nature. They argue that the rethinking about population discourse requires rethinking the very model of development and progress that came to dominate the world from the sixteenth century and in the third world from the second half of the twentieth century.[189]

It is this international discourse in population—both the ideas and practices in their complex interrelationships—which has provided the basis for the population control programmes in Nepal and other third world countries. We will discuss the evolution of population control programmes in Nepal in the next chapter.

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[188] Murthi, Laxmi (2001), "Gender Perspectives in Population Policies", *Vikalp: Alternatives*, Vol.9, No. 1/2, p. 21.
[189] Bandaraga, A. (1997), *op cit.*

Chapter II

Population Control (Family Planning) in Nepal

I

The Naturalized Categories: "Population", "Population Control" and "Family Planning"

As in many other countries of the third world, "Population" assumes a place of a naturalized category in the development discourse in Nepal. As "development" is accepted as equally natural[1], the ideas of population control further sit almost unchallenged atop the citadel of policy-making arena and various intellectual endeavours, and, through what Duden describes as the "creolization of language by pseudo-language of statistics"[2], in the everyday discourses. Population—understood invariably in the sense of the faceless masses of teeming millions jostling for limited resources, as has been routinely presented through the mass media since last three and half decades—has found a permanent, unquestioned place in the popular parlance in Nepal.[3] For example Sharma claims that the increasing concern over population reflects the increasing concern

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[1] Sachs, Wolfgang (1997 [1992]), *op cit.*
[2] Duden, B. (1997 [1992]), *op cit.*, p. 198.
[3] This becomes quite visible during the annual event of population day. In addition to news paper articles, the various programmes organized to mark the day would not pass without ministers or other senior leaders expressing their deep concern over the "population explosion"' "overpopulation", environmental degradation, among many others. File through the July 12 issues of all the dailies in the last few years, one would invariably have this staring in the face.

towards development.[4] Gurung presents a simple schema to show how population hampers development and economic growth and hence the necessity of incorporating "demographic dimensions" in development.[5] He argues:

> Economic growth implies an increase in production per unit of labour and labour efficiency depends on the quality of population. The problem of enskilling the population through education and training becomes harder with an increasing population burdening the available resources..... Population growth due to a high birth rate not only reduces savings but also affects the productivity of labour.[6]

For him controlling population is in fact a prerequisite for development. "A country committed to development," he says, "cannot afford to dole out its meagre resources for the mere survival of the increasing population."[7] From the late sixties onwards, politicians, policy makers, and intellectuals suddenly began to realize the dangers of this "Malthusian spectre". "There can be little doubt that even now Nepal is over-populated", declared T. N. Upraity, the then director of Centre for Economic Development and Administration (CEDA), in 1971 during a seminar on "Population and Development."[8]

Ever since, the five-year plans, the policy and programme documents of the donors and NGOs, and the publications of University departments, among many others, have routinely been discussing this issue since the last three and half decades. The

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[4] Sharma, Pitambar (1985 [2042 Bikram Sambat]), "Nepal ma Janasankhya Niti Ko Bikas" (The Evolution of Population Policy in Nepal), National Commission on Population [ed.], *Nepalma Janasankhya Siksha (Population Education in Nepal),* His Majesty's Government, National Commission on Population, Kathmandu, p.151.

[5] Gurung, Harkha. B. (1971), "Demographic Aspects of Development in Nepal", In Centre for Economic Development and Administration [ed.], *Population and Development,* CEDA, Kathmandu, p. 5.

[6] *Ibid.*

[7] *Ibid.*, p. 16.

[8] Centre for Economic Development and Administration (CEDA) (1971), ***Population and Development:*** ***Proceedings of the Seminar,*** CEDA, Kathmandu, 155.

common source of understanding for almost all of them is the methodological foundation provided by the more than two and half century long debate on population that occurred in the Western world. The Malthusian spectre haunting the country[9] was reason enough for the ongoing population control activities, primarily through family planning programmes.

This chapter attempts to look through the historical trajectories of population control in Nepal. This begins with a background note on the evolution of census taking initially, and building of statistics subsequently, which became the foundation upon which the discourses of population control rest (Duden 1997 [1992]). It then looks at the emergence and evolution of family planning programmes in the country and the shifts that occurred in this. By building on the conceptual difference between "population control" and "birth control" discussed in the previous chapter, it tries to critically examine the programme in terms of its potential or its lack thereof for women's greater control over reproduction.

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[9]As far back as in 1971, the then director of Centre for Economic Development and Administration (CEDA) opens the inaugural session of the seminar on Population and Development with this sentence: "The Malthusian spectre once again haunts the world." He then goes on to elaborate on this: "This tide of overpopulation seems in special danger of overwhelming the tentative beach-heads of modernisation established at such cost and effort by the underdeveloped world" (CEDA 1971, p.2). As in the times of Malthus, for the elite the concept provided a handy explanation for all the ills facing the people. They knew what was to be done perfectly clearly.

II

The Countable Bodies: New Source of Surplus Extraction

The first nation-wide population census was carried out in Nepal in 1911. The *istihar* (poster) issued by the Rana[10] Prime Minister Chandra Samshere for that purpose hints at why it was necessary. It says, in the absence of the records "regarding our people, it would be difficult to provide for them when necessary by the state."[11] The camouflage of language was perfect: not many in the country would have believed then that the autocratic regime, whose sole purpose was the extraction of surplus from the peasantry and through monopoly in trade, mineral and forest resources and exaction of unpaid labour from general masses of the people through a widely recruited functionaries of the state[12], would bother about "providing any services to the subjects". But the timing could not have been more propitious.

Keeping records of people, the number of households, the landholdings and other details had a long history in Nepal. Before the unification of the country in the mid-eighteenth century into what now constitutes to be territorial Nepal, the small principalities used to have detailed system of keeping records. However, they were not based on the notion of creating a category called "population". The primary purpose was

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[10] Ranas ruled Nepal for 104 years (1847-1951). Under their rule, the monarch was only titular and their absolute rule was aimed at extracting surplus, expanding administration, and maintaining law and order. They came to power through a coup in 1847 when a large number of loyalists to the then King were murdered and arrested and Junga Bahadur Kunwar declared himself the Prime Minister.

[11] National Commission on Population (1985 [2042 B.S]), *Janasankhya tatha Kanun Sambandhi Adhyanko Parichaya (An Introduction to the Relation between Population and Law)*, National Commission on Population, HMG/Nepal, Kathmandu, p. 176.

[12] Regmi, M.C. (1984), *op cit.*

raising of taxation. The first census with the express purpose quantifying people was carried out only in 1911.

That census was said to have been carried out in a rather unscientific manner.[13] The censuses done more than four decades later in 1952 and 1954 were mammoth exercises. They involved transporting about 19 tonnes of census schedules and publicity materials from Kathmandu to different parts of the country and back again to the center, mostly on the back of the porters; a one way journey took as long as four weeks. Moreover, as many as 8.5 million individual data slips were prepared and it took two years in tabulating and listing them.[14] The census was done in two phases: one in 1952 in the Eastern region and the other in 1954 in the Western region.[15]

The situation could not have been any better four decades before that. Why then would Rana rulers go ahead with census exercise in 1911 on that scale? Despite the rhetoric of "providing for the subjects when necessary", the Ranas definitely did not have interest in that. Did the Ranas need to know details about people's lives to rule, as Foucault would have it? Historiography in Nepal does not provide very definite answers as far as the need for census taking was concerned. One could surmise that this could be Ranas' attempt in raising themselves into modern rulers, as they might have learned from their masters in the British Empire.

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[13] Gurung, H. B. (1971), *op cit.*

[14] Thakur, Harsha Nath (1963), *Population Projection of Nepal, 1955-1975*, HMG/ Ministry of Economic Planning, Central Bureau of Statistics, Kathmandu, p. 4.

[15] Kansakar, V.B.S (1989), "Population Data Collection Systems in Nepal", In *Population: Today and Tomorrow—Policies and Methodologies, Vol. 1*, Proceedings of the International Population Conference, New Delhi, B.R. Publishing Corporation, Delhi, p. 102.

One can, however, establish an association between the information this census was to generate and the intensification of the recruitment process of Nepali soldiers in the British Army for the First World War. The census counted, among other things, the potential recruits and identified their locations. During the First and the Second world wars, from one hundred fifty thousands to two hundred thousands Nepalis had been recruited into the British Army.[16]

The Nepali state had a direct interest in this. It needed information about the particular ethnic groups, among them being the ones the British considered as martial groups, fit for recruitment. "Providing for the duniya[17] in times of necessity" became a perfect cover. The allowing of recruitment of Gorkha soldiers ensured the support of the British empire, which it crucially needed to ensure the continuity of its rule.

Census was carried out on a decennial basis from then onwards. In the absence of the institutional mechanism and technical sophistication in analyzing the large body of quantitative data, the state's involvement in making use of those censuses was limited. This changed in the later part of the twentieth century. The specific character of the Nepali state also would not make it necessary to do an elaborate analysis.

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[16] Sharma, Pitambar (1985), *op cit.*, p. 153.

[17] This word literally means the "people", "world", etc. Population in Nepali was translated into "janasankhya" (in the sense of number), which came to be used only from onward the first census after the ushering in of modern era—or political change of the 1951.

III

The Birth of the Developmentalist State : Statistics for Development and Planning

Two important events occurred after the Second World War which brought change in the nature and functioning of the state. First, political change in 1951 led to the abolition of the hereditary rule of the Ranas and, for the first time in Nepali history, proclaimed popular sovereignty, though short lived and limited only on formal level. Second, and more important from the point of population discourse that was to follow, modernization process began to intensify as Nepal began her tryst with development. This commenced with the signing of a Technical Cooperation Treaty with the United States Overseas Mission (changed into USAID in 1960s) on January 23, 1951, under Point Four Programme[18] that the newly elected President of the United States of America Harry Truman had announced.[19] The meaning of census was to change in this context. Planning for the people became the core of the engagements of the state in the development era.[20]

The area of operation of the new state was no longer limited to the extraction of surplus from the peasantry, trade and other natural resources; and maintenance of law and order. Providing services for the citizens was its *raison detre*. The state had to basically

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[18] Skerry, Christa A., Kerry Moran and Kay M. Calavan. (1992), *Four Decades of Development: The History of U.S. Assistance to Nepal, 1951-1991*, USAID, Kathmandu, p. 1.

[19] Esteva, Gustavo (1997 [1992]), "Development", In Wolfgang Sachs [ed.], *Development Dictionary: A Guide to Knowledge as Power*, Orient Longman, Delhi. p. 8.

[20] Escobar, Arturo (1997 [1992]) "Planning", In Wolfgang Sachs [ed.], *Development Dictionary: A Guide to Knowledge as Power*, Orient Longman, Delhi. pp.176-194.

be built up for the carrying out development.[21] At the centre of the development was the concept of planning.

How would the state plan? It was first necessary to know how many people live in the country. The purpose of the first census after the beginning of the modernization process was basically to find out about the number of inhabitants in order to enable the state in planning.[22] For the state, the main problem in the initial years of modernization was the generation of statistics.[23] The statistics regarding population was among the most crucial ones. Thakur noted:

> Economic, social and regional planning and policy making to be realistic must take into account not only the future size but also the composition and distribution of the population. The primary needs of the people like education, health, housing, recreation and other social and cultural amenities, which the government programmes aim to satisfy, cannot be gauged rationally without regard to the expected size, composition and distribution of population.[24]

The sheer lack of any institutional infrastructure to generate and analyze statistics was telling.[25] In the initial years, the U.S. advisors, who started the community development programmes, had believed that once the "missing pieces" were provided, the Nepali people would be set on a path of self-sustaining progress.[26] The focus was on increased food production, elimination of diseases, provision of schools for all, building of roads and initiating land reforms.[27] The strategy adopted was the formulation of

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[21] Skerry, C. A. et. al (1992), *op cit.*
[22] Thakur, H.N (1963), *op cit.*
[23] Skerry, C. A. et at. (1992), *op cit.*
[24] Thakur, H.N. (1963), *op cit.*, p. 1.
[25] Skerry, C. A. et al. (1992), *op cit.*, p. 6.
[26] *Ibid.*, p. 7.
[27] *Ibid.*, p. 8.

national plans and the training of Nepalis.[28] In 1955, the Ministry of Planning and Development was constituted and the country's first five-year plan was formulated in 1956 under its jurisdiction. [29]

Between 1952 and 1959, 164 Nepali participants were trained in the US universities under what is called the "direct transfer of knowledge" strategy of the Point Four programme.[30] Two types of training were provided: first, focusing on specific, practical skills and second, focusing on programme planners and managers.[31] While it is not clear what kind of university programmes these trainees graduated from, this was also a time when the discourses on population problem were finding increasing place in the newly emerging population studies and demography departments in the universities in US.[32] This was the climate in which the new Nepali trainees graduated and came back to operate the development machine in the country.

Before the political change of the 1951, the Rana government had sent five officials of the then Department of Industrial and Commercial Intelligence to participate in the International Training Centre on Censuses and Statistics for South East Asia and Oceania held at New Delhi under UN and FAO.[33] These five officials came back and trained 200 supervisors for three months, but census could not be carried out in 1951 because of the political turmoil, which eventually led to the fall of the Ranas.[34]

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[28] *Ibid.*
[29] *Ibid.*,p. 12.
[30] *Ibid.*, p. 14, 15.
[31] *Ibid*, p. 14.
[32] Caldwell, J. and P. Caldwell (1986), *op cit.*
[33] Kansakar, V.B.S. (1989), *op cit.*, p. 101.
[34] *Ibid.*

The task of development was nothing short of daunting. The second census in 1961 showed that most of the people lived in 24,500 villages with fewer than 500 residents, mostly in the hills and mountains.[35] By the end of fifties, the initial optimism of the community development advisors was giving way to a realization that a long term involvement was necessary and indeed that involvement beyond community development was necessary.[36]

Institution building became the primary concern of the USAID in the sixties. Nepal lacked the institutional structures for carrying out modern development programmes. The primary task for that was generating a wide range of statistics, in addition to the census.[37] Training of some statisticians in the Indian institutes was comenced for that purpose.[38]

While population control was to begin in the second half of the sixties, the statistics generated through censuses would provide the urgency. "The effects of ...relentless mathematical progression did not become apparent for some time, due in part to the lack of statistics on population."[39]

In addition to the community and infrastructure development, the USAID was actively involved in creating an institutional structure for the production and analysis of statistics in the country in the first half of the sixties. There was a desire on the part of some advisors to start the family planning programmes, but it was a low priority for the

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[35] Skerry, C.A., et al. (1992), *op cit.*, p. 23.
[36] *Ibid.*
[37] *Ibid.*, p. 100.
[38] Kansakar, V.B.S. (1989), *op cit.*, p. 101.
[39] Skerry, C.A. et al. (1992), *op cit.*, p. 138-39.

USAID/Washington.[40] Anti-family planning people were not to be alarmed, the guidelines from Washington instructed.[41] Therefore, the work primarily was limited to generation of quantified information to do "rational planning".[42] Statistics was also necessary to "measure economic progress and accurately plan development activities."[43] The National Planning Commission was set up in 1960, though the concept of five-year plans began in 1956.

The USAID started the Statistics Development Project to develop a "competent, efficient, governmental statistics organization to collect, compile and disseminate" statistical data. It helped in carrying out population, agriculture and industrial censuses; conducted family budget and price survey, collected import/export data, began publishing the monthly *Nepal Statistical Bulletin* and annual statistical handbook. With the USAID's help in 1965, the Nepali government drew up a five-year Statistics Development Plan. In the sixties, a very large contingent of Nepalis (1298 between 1960-1969, as against 164 in the fifties) were trained in different institutes, in India and in the US (ibid., p.100, 102), but over half in the US.[44]

By 1970, 250 Nepalis had been trained in the field of health and FP alone. During the first half of the sixties, the focus of health was on creating broad-based service delivery system. The second half saw shifts in priorities. Consolidation of the Malaria project and carrying out of Family Planning and Maternal and Child Health became the

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[40] *Ibid,*, p. 139.
[41] *Ibid.*
[42] Thakur, H.N. (1963), *op cit.*, p. 1.).
[43] Skerry, C.A. et al. (1992), *op cit.*, p. 100.
[44] *Ibid.*

exclusive priority in health.[45] The health service delivery system was to be created to the extent demanded by the imperative of the delivery of family planning.

III

The Need for Balance: Population, Resources and Family Planning

The discourse was beginning to change by the mid-sixties. By the second half of the sixties, the USAID had family planning in its priority list, second only to agriculture.[46] The then King Mahendra announced to the Rastriya Panchayat[47] that the government had adopted a family planning policy "in order to bring equilibrium between population growth and economic output."[48] In 1966, Nepal became one of the twelve countries to sign a UN declaration on population in Jakarta. The fact that the King was to announce it as a part of a public policy of the state was a sure sign of the times to come—he was speaking from a position of publicly unchallenged, absolute power. Thus, unlike in Europe and America, the interest towards "birth control" was primarily limited to the objective of bringing down fertility. If the issue of mother and child health surfaced, it was for essentially instrumental purpose. After all, the institutions with which Nepal increasingly came to rely on for developmental resources, such as the UNOs and the USAID, among others, had a domestic constituency who were not willing to go outright on "population control." For example, the World Health Organization, which had decided

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[45] *Ibid.*, p. 134.
[46] *Ibid.*, p. 97.
[47] This was the national legislative assembly during the Panchayat Regime (1960-1990). The King wielded absolute power over the executive and legislative during this period. So the King's speech assumes particular importance: he was speaking from a position of power. All the legislative and executive bodies were directly accountable to the King.
[48] *Ibid.*, p. 139.

not to get involved in family planning activities in 1952, accepted a limited and cautious role in 1966 when it agreed to give technical advice on the development of the family planning activities, but only on request, and only as an integral part of health services without hampering the regular functioning of the health service system itself.[49]

Family planning activities had begun in the country in the second half of the fifties. The Family Planning Association of Nepal (FPAN) had been established in 1959 as a part of a joint effort of the Nepal Medical Council and the Pathfinder Fund of the USA. But the activities were limited in terms of their geographical reach and nature of activities. The objective was to provide information about, and limited services of family planning to the people in the Kathmandu valley.[50] However, the state's involvement was to wait for almost a decade.

The official endorsement came in 1965 when the King announced the need of starting family planning activities in the country. The services began to be offered through the Maternal and Child Health Section of the Department of Health.[51] The activities began to expand after the government formally signed with the USAID an agreement to start Family Planning and Maternal and Child Health Project on June 30, 1967 "to establish an effective Family Planning Programme."[52]

The initial emphasis had been in establishing a few family planning clinics in the capital cities of Kathmandu, Patan and Bhaktapur in the early sixties.[53] By the end of the

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[49] Koivusalo, M. and E. Ollila (1997), *op cit.*, p. 182.
[50] Tuladhar, Jayanti Man, B.B. Gubhaju, and John Stoeckel (1978), ***Population and Family Planning Programme in Nepal,*** Ratna Pustak Bhandar, Kathmandu, p. 49.
[51] *Ibid.*
[52] Skerry, C.A. et al. (1992), *op cit.*, p. 140.
[53] Tuladhar, J. M. et al. (1976), *op cit.*

sixties, there was growing consensus among the policy elites of the country regarding "overpopulation". Thus family planning was to sail through with unquestioned legitimacy. Those, who were to run the development machine, were largely trained in the schools and universities of the US and for them "overpopulation" was beginning to assume the single most important obstacle to development.[54]

IV

The Five Year Plans: First (1956-1960) and Second Five Year Plans (1962-1965)

The First Five-year Plan (1956-1960) was formulated in 1956. The main objectives of the plan were the following:

1) Increase production;

2) Generating employment and raising the standard of living of people;

3) Establishing necessary system and institutions for carrying out the plans; and,

4) Creating economic foundations for future plans.[55]

The quantitative aspects of population was not yet of much concern. Resettling people from the hills into terai where malaria had been eradicated was an important activity of the state.[56]

The second plan was for three years and this also did not include anything about family planning and population. This was also a time of intense political turmoil in the country. The King wanted to impose absolute rule under partyless system in 1956, but he

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[54] Gurung, H.B. (1971), *op cit.*, p. 16.
[55] Sharma, P. (1985), *op cit.*, p. 154.
[56] *Ibid.*

had to give in to the demand of holding an election of the political parties after they organized political agitations. The Nepali Congress Party won two-third majority, but it was dismissed by the King in a military coup in December 1960. The subsequent armed struggle by the Nepali Congress and the need of consolidating the absolute power by the King left little room for serious exercises of planning. This was to change in the mid sixties. [57]

From the third plan onwards, however, population finds growing mention in the plans. It was during the second plan that the second census after the political change in the fifties was carried out. In both the plans, the main objective was "the raising of standard of living of the people". Population was beginning to be a topic of public policy making, but primarily as "beneficiary of development" projects.[58]

Third Five Year Plan (1965-70): The Cafeteria Approach

The numbers generated through censuses could have had powerful effect on the mindset of those in power, in a situation when large number of Nepalis were returning back from US and India after training in different fields, including demography and family planning. Moreover, the training in economics and planning also included concepts of population problems. The four censuses done during the Rana period prior to the political change of the 1951 were thought to be unreliable.[59] The really scientific census was said to have been carried out in 1952-54.[60] However, analyzing the statistics

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[57] Skerry, C. A. et al. (1992), *op cit.*
[58] Duden, B. (1997 [1992]), *op cit.*, p. 200.
[59] Gurung, H. B. (1971), *op cit.*, p.9.
[60] *Ibid.* p. 10.

was not within the institutional and ideological capacity of whatever rudimentary state structures that were available in the country. The second census happened at a time when the analysis of population was beginning to be possible with new experts who had gained skills in that field.

In the Third Five Year Plan, the government was beginning to take note of "growing population". The priority, however, was still not to deal with this problem through nation-wide family planning programmes. The government took it as one of socio-economic problems and the provision of family planning was a component of dealing with that problem, but pretty much limited in that.[61] Third Five Year Plan document had a whole chapter devoted to "Population and Manpower". There is ambivalence in this. It said:

> The most important resource of any country is manpower. Healthy, educated, and diligent people will ensure the bright future of any country even if it lacks other resources and this has been proved by the history of other countries. In fact, an important measure of national development is the productivity of the people. This productivity depends not only on the quantity but also the quality of its manpower. .....Along with that population growth has great implication for economic development. The economic development will be slow in a condition of high population growth. Therefore any national plan should analyse the quantity, type and quality of manpower.[62] (italics added)

The focus was on analysis. The production of second census made it possible to measure the growth rate of population. It also made it possible to calculate the future population—the age structure, total number, growth rates, etc. Moreover, the exercise of planning required knowledge about population number: the provisioning of services had

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[61] His Majesty's Government (1965), *Tesro Yojana (The Third Plan)*, HMG, Ministry of Economic Planning, National Planning Council, Kathmandu.
[62] *Ibid.*, p. 132.

to be based on that.[63] As a part of development discourse, population had already become a subject of public policy discourse.

Population growth was beginning to be perceived as a problem. The standard of living of people cannot be improved, if the population keeps on growing, the Third Plan document asserted.[64] Despite this realization, the Plan was very much limited to opening of altogether four family planning clinics in the three towns (Kathmandu, Patan and Bhadgaon) of the Kathmandu valley. The objectives were to provide limited contraceptive services, and education regarding family planning. Based on the experiences of these clinics, family planning programmes would be expanded into other places, the document said.[65]

Population was not conceived of as an independent variable that would have impact on the development, but rather an important factor determined by a host of different interventions in the social context. In fact, many officials even thought the growth of population as beneficial for the country to counteract the immigration of Indians in the Terai.[66] The government had also initiated the resettlement of people from the hills to the Terai along with the programme of malaria eradication. From the strategic interest, settling the hill people in the plains was thought to be important to counter the encroachment from the Indian side of the border.

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[63] Sharma, P. (1985), *op cit.*, p. 155.
[64] HMG (1965), *op cit.*, p. 132.
[65] *Ibid.*, p. 133.
[66] Skerry, C. A. (1992), *op cit.*, p. 139.

In 1968, Nepal Family Planning/Maternal and Child Health (NFP/MCH) project started. The government had already started Maternal and Child Health Section within the Department of Health to run a few clinics in the three towns of the Kathmandu valley, with supplies and equipment provided by the USAID.[67]

This was later taken out from the Department of Health and combined with Family Planning and Maternal and Child Health department into a semi-autonomous agency with a purpose of establishing "an effective Family Planning Programme" in the country (ibid.) In the second half of the sixties, family planning was getting increasing attention within the development programmes of the USAID itself and other bilateral and multilateral agencies which came to play increasing role in the development practice of the country. Between 1965 and 1978, the USAID's world wide funding rose from 5.5 per cent of the total health funding to 60 per cent.[68] Like elsewhere in the world, the focus at this point in time was on providing IUD.[69]

In 1969, twelve more family planning clinics were started with more supplies and participant training and addition of new advisors from the US. The targets for each contraceptive were set but the initial focus had been on the promotion of IUD. This reflected the desire of the establishment for long-acting, provider controlled family planning services instead of user controlled ones such as condoms and pills.[70] The acceptance rates were far below the targets, however.[71] The USAID officials also wanted

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[67] *Ibid.*, p. 140.
[68] *Ibid.* p. 139.
[69] *Ibid.*
[70] Sharpless, John (1977), *op cit.*
[71] Skerry, C.A. et al. (1992), *op cit.*, p. 141.

to promote abortion services, but the US government was reluctant because of domestic opposition.[72]

Fourth Plan (1970-1975): Gathering Momentum

Large areas of the country were without any health care infrastructure. For example until 1975, 43 of Nepal's 75 districts were without hospitals—ten of them lacked even a single health center. Roughly 90 per cent of the people remained without access to modern health services. In this situation, the acceptance of the family planning was not going to be easy.[73]

In the sixties, the focus had been in creating some kind of infrastructure base for the programme and starting of some facilities in some urban centres. The family planning strategies underwent shifts in the 1970s. This happened due to a number of things. First, there were worldwide shifts in priority and overpopulation was gaining a new sense of alarm in the western world, especially in the U.S.A. From the early years of the seventies, the population growth in the third world was increasingly seen as issue of U.S. security. Besides the US government, the United Nations Fund for Population Activities (UNFPA) was beginning to assume full fledged responsibility of promoting the issue of population problem and engaging with the national governments, especially in the developing world, to have full fledged national population programmes. From a very small programme within the United Nations Development Programme (UNDP), UNFPA was beginning to

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[72] *Ibid.*
[73] *Ibid.*, p. 213.

emerge as a full fledged autonomous agency with a large budget and contacts the world over.[74]

In Nepal also the public priority in the health sector was beginning to shift towards family planning and population control activities. However, as it is hard to get hold of detailed budget documents, it is hard to find out how much is actually allocated for family planning and the rest of health sector.

In the population discourse, which saw rising population as the major culprit for lack of development success, it would logically follow that development could not be possible without curbing the rising numbers. The cost effective study in the US (referred to in the last chapter)—showed that investment in family planning was twenty times more effective than investment in development.[75] This idea came to Nepal via a seminar organized in July 1971 on "Population and Development" by the Centre for Economic Development and Administration (CEDA), in which Stephen Enke presented his ideas to a sizeable number of Nepali policy makers.[76] In this context, it was felt that the establishment of the health infrastructure would be too slow for halting the menace of the overpopulation.

Studies of this nature were sponsored by the international population agencies in the third world. The ideas being developed in the US on the issues of population began to spread among the Nepali policy makers, planners and the elite. The Fourth Plan period was to see increased flurry of activities. In Nepal the Rockefeller Foundation supported a

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[74] Salas, Rafael M. (1976), *op cit.*
[75] Duden, B. (1997 [1992]), *op cit.*
[76] CEDA (1971), *op cit.*

cost-effectiveness study on family planning which proved that "investing in family planning is cost effective" from the development point of view.[77]

The proliferation of family planning went hand in hand with the proliferation of discourse in the general public—what Barbara Duden calls the creolisation of language—when the issues came out of the bound of expert knowledge and spilled over onto the general linguistic practices.[78]

During the fifties, there was an acceptance among the development agencies that fertility dynamics change in the course of changes in the social context within which people make their reproductive decisions. The transition from predominantly agrarian economy to one of modern industrial economy would entail restructuring of society which would put pressure on individuals to have less number of children than they would within the context of the agrarian, "backward" economy. In fact, the need of creating conditions whereby families would favour limiting the number of children they wanted to have was mooted by many policy makers including the USAID.[79]

However, that was also a time when it was believed that people could be "motivated" to adopt family planning through intensive information, education and communication (IEC) campaigns.[80] The people had to be made aware of the "overpopulation" problem through mass media and campaigns. The shift in strategy was reflected in increasing focus away from the cafeteria approach to the camp approach

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[77] Integrated Development Systems (IDS) (1983), *Reducing Fertility Through Family Planning in Nepal: A Cost—Benefit Evaluation,* Integrated Development Systems (IDS), Kathmandu.
[78] Duden, B. (1997 [1992]), *op cit.*
[79] CEDA (1971), *op cit.*
[80] Mamdani, M (1973), *op cit.*

(Rao, 1994). In Nepal, it was increasingly realized that establishment of clinics all over the country was almost impossible and that it was going to be too slow to combat overpopulation.

There was increasing concern about the cost as well. So emphasis was put on training of volunteers for village outreach and integrating different programmes.[81]

The Fourth Five Year Plan (1970-1975) envisaged nation-wide family planning activities. Immediately after one year of the beginning of the Fourth Plan, the 1971 census showed population growth rate to have been 2.07 per cent, which was higher than the projected 1.95 percent. The Fourth Plan took note of the pressure that the growing population would exert on the effort to provide social services to the population.[82]

The Fourth Plan had envisaged expanding of family planning activities along with the expansion of the health services in the country. The family planning services were combined with maternal and child health, which is obvious from the formulation of the project itself as Family Planning and Maternal and Child Health Project (FP/MCH).[83]

In the fourth plan, the number of family planning clinics would be increased to 260. There was a target of increasing the couple protection rate to 15 per cent of the married couple and opening of offices in 40 of the 75 districts of the country. The plan also envisaged the intensification of information, education and communication activities

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[81] Skerry, C.A. et al. (1992), *op cit.*, p. 214.
[82] Sharma, P. (1985), *op cit.*, p. 156.
[83] *Ibid.*

throughout the country. This plan also took note of the interrelationships between migration, urbanization and population growth.[84]

The Fifth Plan—1975-80: Running out of Patience

Family Planning was to obtain further impetus in the Fifth five Year Plan. It was increasingly realized that the targets of the Fourth Plan had not been achieved. The couple protection rate was abysmally low, and the first national fertility survey had shown it to be around merely two per cent of the eligible couples in 1976. For the first time, this Plan envisaged a national policy on population and the need of a national body to implement that policy. The need of population policy was mooted in the "Population and Development" seminar organized by CEDA in 1971. However, it was only in the fifth five-year plan that this began to take concrete shape.

This was also the period when the UNFPA in collaboration with the USAID was promoting the need of creating national institutional structures and policies on population throughout the developing world.[85] The USAID intensified its efforts towards creating national institutional mechanism to monitor and implement population policies in Nepal during this plan period.[86] It worked on creating a Population Policy Group. The Fifth Plan had envisaged the creation of an institutional mechanism to do research on, prepare report and policy formulation on population issues in the country.[87]

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[84] *Ibid.*, p. 157.
[85] Salas, R. M. (1976), *op cit.*
[86] Skerry, C.A. et al. (1992), *op cit.*
[87] *Ibid.*

In 1975, the USAID provided financial assistance to create a Population Policy Coordination committee. This was converted into National Commission on Population with the Prime Minister as the chairperson of the body in 1978. USAID provided most of the financial resources necessary for the process. In the mean time, the Family Planning Programme of 1966 was converted into Population and Family Planning Project during the Fifth Plan.[88]

It is worth recalling here that there was a profound shift in US policy towards population control following the publication of the secret report called the National Security Study Memorandum 200. This report had recommended strong and active U.S. involvement in the promotion of population control activities around the world for the sake of security. There was global surge of funding on population control activities, and agencies like the UNFPA were also heavily upgrading their scope of activities.[89]

By 1980, around 390 persons from the Population and Family Planning projects had taken training outside Nepal. In the initial years of its involvement, the USAID also involved itself in research on fertility determinants, the linkages between fertility and other factors, the population growth rate, demand of contraceptives and its acceptance rate, motivation for acceptance, the regional and ethnic/cultural variations of acceptance and communication strategies.[90] It also provided money for the local expenses of the Nepal Fertility Survey carried out in 1976[91], which was part of the World Fertility

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[88] *Ibid.*
[89] Salas, R.M. (1976), *op cit.*
[90] Skerry, C.A. et al. (1992), *op cit.*
[91] *Ibid.*

Survey.[92] This survey become the basis of the population activity planning. It also determined the future research. The USAID advisor worked within the Population Planning Coordination Board.[93]

During the latter half of the seventies several other surveys were carried out in addition to the Nepal Fertility Survey. The Demographic Sample Survey 1974-75, 76, 1977-78 by Central Bureau of Statistics; the Family Planning Knowledge, Attitude and Practice and Fertility Survey (from 1974 to 1978) by the Nepal Family Planning and Maternal and Child Health Project were important among them.

Demographic research also began in the seventies. That was also the period of the boom in population studies all over the world.[94] In Nepal also, surveys began to be carried out about different aspects of population growth in the country. The UNFPA was beginning to involve itself in promoting population education in both formal and informal education. [95]

A number of predictions were being made. Following international alarm bells, predictions ranged from desertification of the mountains, flooding of the plains, and political rebellion.[96] Through the mass media, a grim future was projected along with the message about the need of curbing numbers.

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[92] Kansakar, B. V. S. (1989), *op cit.* p. 107.
[93] Skerry, C.A. et al. (1992), *op cit.*
[94] Caldwell, John and P. Caldwell (1986), *op cit.*
[95] United Nations Funds for Population Activities (UNFPA) (1987), *Nepal: Report of Second Mission on Needs Assessment for Population Assistance,* UNFPA, New York.
[96] Eckholm, Erik P. (1978 [1976]), *Losing Ground: Environmental Stress and World Food Prospects,* Hindustan Publishing Corporation (I), Delhi.

Sixth (1980-1985) and Seventh Plan (1985-1990): Targets, Incentives and Disincentives

That the population control programmes were not successful in achieving the goals were becoming more and more obvious. In 1982, the National Commission on Population noted:

> The history of population policy in Nepal has been a history of disappointment. At first, it was thought that establishing a family planning programme would be sufficient, but the birth rate rose instead of declining... During all the time the Commission was being formed and reformed, the increase in population in Nepal reached crisis proportions. It would be a great tragedy, and certainly the surrender of a last hope, if the Population Commission in its present state should fail to lead the country in an effectively implemented policy of population control. [97]

By the time the Commission was formed, it was accepted among policy makers and experts that Nepal's family planning was not producing the expected results. There had been some growth of contraceptive acceptors, but that was far short of what was required for achieving the demographic targets set in the plans. There had been some growth in the permanent sterilization, but it was revealed that the average number of children among acceptors was four to six. Moreover, sterilization targets were set so high that they could not be met. For example, in 1986 the actual sterilization cases were only 73,500 as against the targeted 500,000.[98]

There was also vested interest in putting disproportionate emphasis on sterilization. It was the doctors who pushed this, as it would provide them with financial opportunities. According to Pitambar Sharma, one of the members of the National

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[97] As quoted in Skerry, C. A. et al. (1992), *op cit.*, p. 330.
[98] *Ibid.*

Commission on Population, the doctors were making as much as Rs. 300,000 per annum through surgical contraception.[99] There was so much focus on sterilization that in one camp, as many as 3000 women underwent laparoscopic sterilization.[100]

By 1980, the FP/MCH programme had been operating in 62 of the 75 districts through 232 family planning clinics.[101] Almost all the contraceptives were provided by the USAID. They provided so much that a 1979 audit revealed in stock pills and condoms worth US$200,000. This would be adequate supplied for six years. Most of the contraceptives were distributed for free.[102]

At one time, there was a discussion about whether to charge user fees on family planning services. But this idea was abandoned since it was thought that this would further reduce the number of acceptors.[103] Despite all this, the couple protection rate rose marginally from 2.3 per cent in 1976 to the bare 6.8 per cent in 1981.[104]

In 1980, it was realized that the couple protection rate could not go up unless the chances of survival of children were increased. "High fertility rates and a high rate of infant and child mortality appear to be closely related in Nepal", said the USAID.[105] This was nothing new as the very conceptualization of the NFP/MCH project was based on that understanding.

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[99] Sharma, P. (2002), Personal Communication.
[100] Skerry, C.A. et al. (1992), *op cit.*, p. 226.
[101] *Ibid.*, p. 227.
[102] *Ibid.*, p. 228.
[103] UNFPA (1987), *op cit.*
[104] *Ibid.*
[105] Skerry, C.A. et al. (1992), *op cit.* p. 228.

The institutional structure in the form of National Commission on Population had already been restructured to make it more powerful and central agency within the planning process in the country. A series of workshops were organized for the political leaders to gather political commitment for the activities. Most importantly, a national strategy on population was formulated and incorporated in the seventh plan (1985-90). The strategy had the following thrusts:

- High priority to the fulfillment of the substantial unmet demand for the family planning services;
- Integration of population programme in all projects relating to the environment, forestry, and rural development;
- Emphasis on programme for enhancing women's status, education, and employment;
- Mobilization of local development committees; NGOs, and local clubs to participate in fertility reduction programmes; and
- Controlling the steady increase of immigration.[106]

The NCP began recommending instituting incentives and disincentives for the promotion of family planning in the country. The idea of incentives and disincentives were mooted in the early seventies itself. In a seminar organized by CEDA in 1971 on "Population and Development", the participants had raised the issue of "legal restrictions

[106] His Majesty's Government (1993), *Nepal's Country Report,* prepared for International Conference on Population and Development held in Cairo, September 5-13, 1994, His Majesty's Government/ National Planning Commission Secretariat, Kathmandu, p. 23.

on family size and legalization of abortions ....to contribute to population control,"[107] "anti-natality fiscal measures"[108] among others. "....with a large illiterate rural population, an imposition from above is the only way to curb population growth", said some during the seminar.[109]

Similarly, in a conference on "Population, Family Planning and Development in Nepal" organized jointly by HMG/N-Family Planning and MCH Project and University of California Family Planning/MCH Project, Berkley, California, in 1975, the famous demographer Kingsley Davis had suggested the following:

> Since Nepalese people have strong incentives for having children, it is unproductive to offer them means for not having them. Therefore, what has to be added are strong incentives for not having them. Collective goals that involve social change are seldom achieved without building in new real incentives. Talk will not do it. People knew how to resist propaganda.....
>
> Within the foreseeable future, Nepal will be very short of medical services. It will have to concentrate its efforts on preventive public health and emergency cases. It cannot supply all the people with services to take care of their minor aches and pains. Therefore, within the medical context—since the demand for medical attention is great—to give first priority in ordinary therapeutic medicine to those who are limiting the number of their children would represent a substantial incentives.[110]

Kingsley Davis further suggested cost incentives for couples foregoing pregnancy, and special educational fellowship for men and women remaining unmarried. Nepal cannot yet educate all its youths, he said. Therefore, it must select—the basis of

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[107] CEDA (1971), *op cit.*, p. 24.
[108] Gurung, H. B. (1971), *op cit.*, p. 16.
[109] CEDA (1971), *op cit.*,p. 24.
[110] Davis, Kingsley (1975), "Demographic Reality and Policy in Nepal's Future", In Report of a Conferece on *Population, Family Planning and Development in Nepal*, His Majesty's Government/Nepal-Family Planning/MCH Project and Nepal-University of California Family Planning/MCH Project, Berkley, p. 24-25.

selection being the postponement of marriage.[111] Many of Nepal's family planning experts had participated in that conference. The conference report's initial pages comprised two messages form King Birendra. They reiterated the internationally circulating messages, thus:

> It is only true that our total needs grow with the rise in population. But if economic output fails to keep pace with human needs, poverty perpetuates itself, scarcities become acute, prices rise ever faster, the problem of indiscriminate settlement worsens, forest wealth gets depleted and soil erosion continues to bring in ever more devastations. In brief, the natural environment, congenial to a happy and peaceful life of men, gets polluted. Nor is this all. Any imbalance which arises between population and natural production may disturb peace at home as it may even adversely affects the prospects of world peace. Easy as it may be to let the population grow, it is indeed difficult to provide the newly born children with education and other provisions that enable them to lead a happy and respectable life. It should, however, be noted that population control is as much a national as it is a transnational problem. Aug 1, 1974.
>
> In the context of economic development, if we fail to maintain some equilibrium between population growth and production, especially in agricultural sector, it is certain that all our efforts at development will be nullified. At the same time it will also bring about ever deepening problems of poverty, destitution, denudation of forests, forced occupation of forest land, soil erosion, in brief, the problems of environmental pollution. It is in the light of such a realization that we should make a consistent effort, while we still have time, to expand the family planning programme both in the cities and in the villages. September 24, 1972.

There was hardly much chance for implementing the kinds of negative incentives that Davis had proposed.

The ushering in of the camp approach in the late seventies with disproportionate emphasis put on sterilisation had instituted some form of incentives for the health workers and the "clients". In the eighties, some positive incentives were further

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[111] *Ibid.*

announced as a part of the Population Strategy in 1983.[112] The incentives recommended in the Population Strategy included the following:

- Extra points for promotion for government staff who have only two living children;
- Extension of maternity leave up to 90 days for the women government employees for the first two children, and allowing no leave after that;
- Twenty per cent increase in the pension of employee who has only two living children;
- Compulsory family planning services in the government corporations, police, Royal Army and Organized industry;
- Provide Rs. 100 for sterilization as compensation for wage. In addition to that, provide Development Bond of Rs. 300 for those who adopted sterilization;
- To provide free education in the government schools to the children of the couple who adopted sterilization after only two children;
- Institute rewards for people who contribute in the field of population control. [113]

But except for the wage compensation to the clients, the rest of the incentives were not actually used. The long-term targets were also set by the Commission as shown below.

Table I: Long Term Demographic Targets, Nepal

Year	Total Fertility Rate	Projected Population	Annual Growth
2042	5.4	163 lakhs	2.2
2047	4.0	179 lakhs	1.9
2057	2.5	206	1.2

Source: Sharma, P. 1985 P. 164

[112] Sharma, P. (1985), *op cit.*
[113] *Ibid.*, 163.

Throughout the eighties, there had been focus on reducing infant mortality, increasing women's employment outside the agriculture sector, and integrating population control with development activities. In addition to that, some programmes for the regulation of immigration, controlling of urbanization, education were integrated with the population control activities.

VII

Eighth Plan (1992—1997): Structural Adjustment Programmes, Health and Family Planning

In 1990, following political changes, the National Commission on Population was dissolved and its role was shifted to the newly created Population Division within the National Planning Commission. In 1995, Ministry of Population and Environment was established. In 1996, a National Committee on Population was formed with the Prime Minister as the chairperson.

There was continuation of the past approaches in the Eighth Plan. The Eighth Plan put forth the goal of population policy as "fulfilling the humanistic needs of Nepalese people by creating a balance between population growth and economic and social development as well as environment."[114] By then, it had become apparent that the targets set by the erstwhile National Commission on Population could not be met. So the Eighth Plan had a revised set of targets as shown in Table II.

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[114] HMG (1993), *op cit.*, p. 24.

Table II: Revised Health and Family Planning Targets, Eighth Plan

Population Variables	1990	1997	2000
1. Maternal Mortality (per 1000 live births)	8.5	7.5	4.0
2. Infant Mortality Rate (per 1000 live births)	102	80	50
3. Life Expectancy (Year)	54.4	61.0	65
4. Total Fertility Rate (Children per woman of 15-49 age)	5.8	4.5	4.0
5. Crude Birth Rate (per 1000 per year)	37.5	30.8	27.5
6. Crude Death Rate (per 1000)	13.8	11.3	10.3
7. Contraceptive Prevalence Rate (Per cent of married women of reproductive age)	23.0	31.7	37.6
8. Child Mortality Rate (Under 5)	165.0	130.0	70.0

Source: HMG, 1993, p.25.

The population programme as envisaged in the Eighth Plan would focus on the following areas:

1) Availability of family planning contraceptive services;

2) Demand generation for family planning services;

3) Population management; and

4) Institutional arrangement.

The family planning services would be provided through the health services system. The distribution of contraceptives would be improved. The generation of demands would be done through:

- Development of programmes to increase women's status;
- Integration of population and family planning education in development activities such as rural development, agricultural production activities, forest development, and promotion of industrial development;

- Development of IEC activities by formulating national IEC strategy;
- Establishment of population information centres to facilitate systematic collection, analysis, and dissemination of population related information at national and international levels; and
- Implementation of population programmes in those areas where environment is affected by population pressure.

The Plan also envisaged the managing of population through regulation of migration flows to urban areas and Tarai region by developing and generating employment in hilly areas and developing small towns along east-west and north-south highways, and formulation of programmes to redistribute population in sparsely populated areas.

The eighth plan also gave greater emphasis to the involvement of NGOs and other non-governmental sectors in the population control activities. Similarly local participation was also emphasized.[115] The involvement of NGOs was emphasized in the first population policy announced after the formation of the National Commission on Population. However, the political context in which freedom to organize was severely curtailed was a major constraint. Most of the NGOs mobilized for the family planning purposes were local clubs and very much limited in number. This was to change in the changed political context of the nineties.

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[115] HMG (1993), *op cit.*, p. 26

In addition to the increasing focus on NGOs, there has been greater recognition of the need of women's empowerment for population control. Thus female education is encouraged at all levels. Increased enrollment of girls in schools and completion of secondary education are encouraged through provision of scholarships and school uniforms.[116] Women's economic status also would get attention. Community development activities for women would be launched in 64 of the 75 districts in the country.[117]

The health services system would have the major responsibility in delivering the family planning services as it is in the top agenda. This was nothing new but got reiterated in the new political context. Methods specific targets were also set as shown in Table III. The emphasis was on the promotion of long acting, hormonal and clinical contraceptive methods, even though it was realized that sterilization was going to be the dominant method. The CPR target for 2000 was set at 37.7 per cent.[118] There was also a brief description about the quality of services. These would, according to the plan, include the following:

- To ensure an acceptable level of medical care;
- To ensure voluntarism and informed consent;
- To ensure the acceptance of contraceptive methods only after counseling or that the client has a complete information before making the decision to accept a contraceptive method;

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[116] *Ibid.*,p. 27.
[117] *Ibid*
[118] *Ibid.*

- To ensure safe clinical semi-permanent and surgical contraceptive methods by trained and skilled manpower; and
- To ensure the quality assurance standards for all methods as described in a book "Nepal Medical Standard on Contraceptive Services" as recommended by HMG.

Table III: The Contraceptive Target Set by Eighth Plan (1992-1997)

Method	1991	1996	2000
Pill	5.5	5.5	5.6
IUD	0.8	2.3	3.5
Female Sterilization	39.4	35.84	33
Male Sterilization	38.4	34.84	32
Injectible	9.2	12.44	15
Condom	6.00	5.44	5.0
Norplant	0.7	3.64	6.0

Source: HMG, 1993, p.29.

After the International Conference on Population and Development in Cairo in 1994, there have been some changes in the approaches. Following the ratification of the World Population Plan of Action, the government has included reproductive rights as an important component of population control activities. But as we shall see in the next chapter, the change has been more in rhetoric than in the actual practices. The actual practices continue to be based on target setting and promotion of narrow-range of clinical contraceptives for women.

The new National Health Policy 1991, formulated after the political change of the 1990, sets targets for reducing maternal mortality rate from 850 per 100000 live births to

400 by 2000.[119] The safe motherhood initiative aims at reducing maternal mortality and morbidity by "enhancing the quality and safety of the lives of women and girls through the adoption of a combination of health and non-health strategies. The programme places a special emphasis on the need for better and more widely available maternal health services, the extension of family planning services, and effective measures aimed at improving the status of women."[120] The strategies envisaged within the safe motherhood programme are the following:

1) Promoting inter-sectoral collaboration in order to attain the aims of the National Safe Motherhood programme.

2) Ensuring Maternity care for all pregnant women and ensuring availability of national Family Planning services to promote child spacing and lowering fertility.

3) Improving the Status of Women and reducing gender discrimination.

4) Promoting research on Safe Motherhood[121]

Ninth Plan (1997-2002): Reproductive Health

The reproductive health programme is said to have replaced the family planning programme of the past in the Ninth Plan. However, the emphasis is still on the distribution of contraceptive technologies and raising awareness about the small family norm.

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[119] His Majesty's Government (HMG) (1991), *National Health Policy 1991*, HMG/Ministry of Health, Kathmandu, p. 34.
[120] *Ibid.* , p. 34 -5.
[121] *Ibid.*, p. 35.

Population education had been the main strategy in sectors such as education, health, local development, labour, agriculture, forest, and industry, to increase the demand for family planning services.

The population environment relation is also thought to be self-evident. The plan document notes: "since it has been evident that the growing population has caused environmental degradation and also aggravated the problems of development, the triangular relationship among population, environment and development should be integrated and utilised for the progress of the country. There is unmet need of family planning services. IEC is thought to be achieve awareness about the services as well as the desirability of small family."[122]

The objectives of the Ninth Plan as regards population programmes are:

- To attract the common people to have small family according to the concept of two children;
- To carry out necessary population programmes to reduce the total fertility rate to the replacement level in the coming 20 years;
- To ensure availability of qualitative family planning methods as well as maternal and infant health services in an easy and simple manner.[123]

According to the Plan a fall in the fertility rate is possible given the fulfillment of the unmet need for family planning by providing easy and qualitative services, and by

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[122] His Majesty's Government (HMG) (1997), *The Ninth Plan*, National Planning Commission, HMG, Kathmandu, p. 222.
[123] *Ibid.* p. 223.

implementing effectively the legalised age of marriage. It also envisages creation of a population perspective plan. The family planning programme will focus on female contraceptives for women aged 15-29 years old.[124]

VIII

Perpetual Failures and Invention of Explanations: New Caveats and Old Targets

There were and still are basically three assumptions behind the population control programmes that Nepal adopted since the mid-sixties. These assumptions continue to inform the population control programmes in Nepal even today, despite change in nomenclature and rhetoric.

Firstly, it was believed that many of the ills facing the country were the result not of the political economic context, but that of rise in human numbers. For example, in the sixties, the degradation of the environment, widespread poverty, lack of education and lack of health services were beginning to be explained as the result of growing population. This would go well with the assumptions of the international population lobby[125] which was the major driving force in the formulation and running of the population control programmes in the country. The elites in the country used the population growth argument to explain away the political and social roots of the ills in society. They also found in this a new opportunity to perpetuate their hold on resources within the country and that coming in from outside as development aid. After all, the size of the population control assistance was not a small amount.

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[124] *Ibid.*
[125] Greer, G. (1984), *op cit.*

Secondly, it was believed that the provision of contraceptive technologies to the people in general would lead to the control of the rising numbers. Contraceptives were mass produced in the western world and there was a dominant thinking that adoption of contraceptive technologies was leading to gradual stabilization of the population in that part of the world, although some analysis had shown that the decline in population growth occurred much before there was any reliable method of artificial contraception available for the general population. The development of pills, IUDs and sophistication of sterilization methods had led to firm faith in the efficacy of these methods in checking the growing menace of the overpopulation.

Thirdly, it was believed that people could be motivated to adopt family planning technologies, if they were made aware of the benefits that this would bring. The benefits could be to the family, the community, and the nation. The massive exercise of information, education, and communication (IEC) was initiated in the late sixties to raise people's awareness about the need of the family planning. The picture of a small and happy family decorated the homes of people. This process got further intensified in the second half of the seventies. Messages through personal contacts of the village health workers, interpersonal counseling, radio dramas and advertisements, television documentaries, pamphlets, posters, public exhibitions, minister's speeches, began to reach the mass of people in the country.

The family planning programmes based on these three main assumptions were to encounter failures of monumental proportions from time to time, at least in their goal of halting the menace called population growth. Census after census became uneasy pointers to the fact that, despite huge amount of money and other resources mobilized for one of

the biggest state interventions in people's lives, things did not look as encouraging as the development experts, politicians, rulers, planners, intellectuals and development agencies had expected. The rising numbers continued to haunt the imagination of experts and lay people alike. The Malthusian spectre was to stay in the imagery.

The periodic assessments clearly showed that the assumptions did not work, that they were even false in many cases. The assessment reports showed the inadequacy of the programmes and inadequacy of the very thinking behind the programmes. However, these assessments did not lead to rethinking on the assumptions. Instead, some techno-managerial solutions were emphasized, which would not change the adopted course, but alter some management or organizational set up here and there. More of the same continued to be recommended.

There were also researches which showed that people were not adopting family planning technologies because of some valid reasons. Child survival was still precarious in a situation where the majority of people had no state sponsored social security. There had been no change in the structures of production and distribution of resources. Ill health and disease were still rampant for the majority of the population. Further, the side effects that these primarily women-centered clinical contraceptives would cause were experienced by women. The gender relations within the household, which did not allow for autonomous choice for women as regards the matters of reproductions, was another major culprit that these surveys revealed. For many people, the services were just not available. The health risks were just too high. The value of male child within the patriarchal society and increasing domination of men over the resources that development

era had brought in led to sex preference of male-child. And women continued to be married at very early age.

The planners and experts, as also the politicians, realized the nature of these problems. Integrating population control with the development process was to be new thinking. What they did not realize was that these problems require restructuring the inequitable social relations existing in society. Instead, the elites used the realization to create yet another set of opportunities for themselves in the form of more development programmes to be integrated with the population control programmes. The women's development programmes now emphasized the population content, and so did the farmer's development. Ministries and other line agencies began to have their "population" components in their programmes.

By neglecting the larger social context in which people make their reproductive decisions, the population establishment in Nepal has very narrow focus on promoting contraceptives. Even in that, the focus has been rather on narrow range of choices, often targeted to women.

That the fertility and survival chances of the children were closely related was accepted by the population control establishment in the late sixties. But its solution for infant survival has been based on medicalized, techno-centric approach as symbolized by Maternity and Child Health project. The government's strategy for MCH had five priorities as follows in the seventh five year plan:

- oral rehydration
- nutrition

- immunization
- basic and natal care
- birth spacing[126]

However, historical experiences in different parts of the world reveal that infant mortality is closely related to the social economic context. There are clear class differentials. The rich infants die less than the poor ones.

Research in the late eighties showed that a large number of children were born underweight. In one study done in the Maternity Hospital in Kathmandu during 1987-1988, it was found out that 22.8 per cent of the newborn had low-birth weights. The sample of the study was clearly not nationally representative. Most of the women who came to deliver were from the urban areas and had higher income than the national average. Moreover, the very fact that it was based on the hospital delivery shows, that those who could come were of better-off economic background.[127] The large proportion of infant deaths occurs in the first four weeks of life. The greatest proportion of them dies of from causes related to prematurity, low birth weight and tetanus. All these are highly correlated to the socio-economic situation.

That enhancement of women's status in society was necessary for reducing fertility rate was realized by the agencies. They saw in enhanced status of women an opportunity for increasing the contraceptive prevalence rate as well as rise in age at

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[126] UNFPA (1987), *op cit.*, p. 9.
[127] Malla, Dibya Shree (Dr.) (1992), *The Final Report on the Study of Low Birth Weight and Infant Morbidity and Mortality*, Kathmandu. Unpublished Report.

marriage. They also realized that "religious and cultural beliefs support fertility and male dominance in decision making."[128] Upliftment of women's status therefore assumed a new-found importance in the context of the population control. However, the imagery of women as an undifferentiated lot dominated the programmes. They glossed over the class, caste, ethnicity and regional differences among women.[129]

There was general recognition from the very beginning that a well-integrated and effective health service system is necessary for the promotion of family planning services. Similarly the need for the quality of family planning services are also understood.[130] Study after study showed that women were dropping out in large proportions. They had clearly pointed towards the lack of quality in the family planning services. However, that problem was again reduced to one of motivation.

The existence of unmet need, or what is called in the programme language the KAP-Gap, had puzzled many. There were a large number of women who would want to limit their family size or would like to wait for some time before having next child, but were not using contraceptives. Research showed that women were either afraid of "negative side effects" or "barred from using contraceptives by their husbands" or "were not in good health" to avail of contraception.

In one study carried out in the late eighties among a large number of women in rural and urban Nepal, it was found that women who would otherwise like to limit their

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[128] UNFPA (1987), *op cit.*, p. 15.
[129] Tamang, Seira (2002), Personal communication.
[130] Shrestha, Ashoka, John Stoeckel and Jayanti Man Tuladhar (1991), "The KAP-GAP in Nepal: Reasons for Non-use of Contraception Among Couples with an Unmet Need for Family Planning", *Asia Pacific Population Journal*, Vol 6, No. 1, pp.25-38.

family size or space birthing of another child were not using contraception due predominantly to health related reasons.

But the researchers use that finding to argue for more of the "motivation" through information, education and communication. They conclude their findings with the following recommendations:

> The challenge which remains for the family planning programme is to develop an IEC strategy which would effectively address these reasons for non-use and reduce the KAP-Gap by persuading substantial proportion of the unmet demand population to practice contraception.
>
> An additional challenge for the programme will be to effectively integrate the information on method-specific reasons into training curriculum for health workers. The objective of this training would be to familiarize health workers with potential reasons for non-use and the explanation which they could utilize to respond to these reasons for both prospective and current contraceptive acceptors. This should contribute to the workers' effectiveness in alleviating fear and concern regarding selected methods of contraceptive during both their motivational and follow-up activities.[131]

The problem is also presented as "lack of awareness and education". For example the government report prepared for submission in the International Conference on Population and Development (ICPD) 1994 in Cairo says that "the low level of knowledge has ..constrained behavioural change for family well-being in the society with consequent negative effect on fretility behaviour and safe motherhood practices."[132]

There has been change in the language, however. The Family Planning Programme is renamed the National Reproductive Health Programme following the ratification of the Plan of Action of the ICPD 1994. However, driven by the demographic

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[131] *Ibid.* p. 36.
[132] HMG (1993), *op cit.*, p. 39.

imperative, which is explicitly stated in planning and policy documents, the emphasis is not on the liberating aspect of "birth control", but the coercive aspect of "population control". We will elaborate on this in the next chapter.

Chapter 3

Reproductive Rights or Selective Appropriation?

I

The ICPD 1994 and the Language of Rights: Beyond Demographic Obsession

The International Conference on Population and Development (ICPD) held in the Egyptian capital, Cairo, in 1994 is claimed to have been a significant departure from previous population conferences.[1] This conference is thought to have accepted reproductive rights and health as central elements in framing population policies and programmes. The Programme of Action adopted during this conference and ratified by an overwhelming majority of the member countries specifically upheld women's and men's right to decide on reproductive matters and the states' duty to create enabling conditions so that they can exercise those rights.[2]

Following this conference there has been a reframing of the population policies all across the Third World. The family planning programmes are being renamed as Reproductive Health programmess paving the way for what is called the "semantic

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[1] Correa, Sonia (2000), *Weighing Up Cairo: Evidence From Women in the South,* Development Alternatives with Women for a New Era (DAWN), Fiji.

[2] Sen, Gita, Adrian Germain and Lincoln Chen (1994), "Reconsidering Population Policies: Ethics, Development, and Strategies for Change", In Gita Sen, Adrian Germain and Lincoln Chen [eds.], *Population Policy Reconsidered: Health, Empowerment and Rights,* Harvard University Press/ Harvard Center for Population and Development Studies and International Women's Health Coalition, Massachusetts, pp.3-11.

revolution"[3] in the population thinking. Concerns for women's reproductive and sexual rights is said to have replaced or expanded the narrow population policies of the past which only focused on setting and achieving demographic targets predominantly through the promotion of contraceptives among people, especially women.

But, what changes, if any, are actually taking place both at the level of thinking and practice? What implications would they have on the realization of women's reproductive and sexual rights and health? Can the changes taking place lead to realization of reproductive freedom as is envisaged by the women's movements? Or are they mere attempts on the part of the population lobby to continue doing what they have been doing, albeit under new labels? This chapter will try to address these questions and is broadly into three parts.

The first part of this chapter explores the conceptual framework within which women's rights activists have situated the reproductive and sexual rights discourse. It will borrow from the broader conceptualization which would locate the women's reproductive rights in the context of overall social, political, economic and cultural transformation to bring about more just, equal and sustainable gender relations in society.[4] Within this framework, reproduction is not taken merely as individualized biological phenomenon, but as a biological process mediated by social reality.[5] This framework, then, will allow

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[3] Correa, Sonia (2000), *op cit.*,p. 7.

[4] Sen, Gita et al. (1994); Petchesky, Rosalind Pollack (1998), "Introduction", In Rosalind P. Petchesky and karen Judd [eds.], *Negotiating Reproductive Rights: Women's Perspectives Across Countries and Cultures*, Zed Books, London ; Petchesky, Rosalind Pollack (1980), "Reproductive Freedom: Beyond 'A Women's Right to Choose'", *Signs: Journal of Women in Culture and Society*, Vol 5, no.4, pp.661-685.

[5] Petchesky, R. (1980), *op cit.*

for critical examination of the actual practices of the states and other actors who are thought to be involved in the promotion of reproductive health and rights.

The second part describes the historical evolution of the reproductive health and rights approach. It tries to briefly analyze the context within which this emerged and evolved and the trajectories it has traversed in the last one and half centuries. It will look at the brief public activism beginning from the second half of the nineteenth century till the first two and half decades of the twentieth century as a first phase of reproductive rights campaign in the western world. The second phase began after the end of the Second World War, when welfare states came into being, and women's movements reemerged during the sixties in the west, and when the population control establishment increasingly realized the importance of paying attention to women's body as it is through women's bodies that population control programmes were deployed.

It will then look at the convergence of the two seemingly opposite forces coalescing in the ICPD 1994. On the one hand was the population control lobby—composed of wide array of actors ranging from global level institutions, the states, NGOs, health personnel, researchers, communication experts, private sector down to the village-level health volunteers.[6] This lobby increasingly began to realize that the demographic goal of reducing fertility could not be achieved without recognizing women's right to make decisions regarding reproduction and sexuality. It also began to accept, though grudgingly, the colossal failure of the family planning programmes carried out in the Third World countries for the last three decades in achieving demographic targets.

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[6] Bandarage, A. (1997), *op cit.*, p. 67.

On the other hand, there were the loosely connected women's rights activists—feminist academics, health workers, grassroots organizers, policy makers both from the west and the third world. They had been, or were said to have been, involved in the new women's movements in the sixties in the west, and campaigning against the largely coercive population policies since the late seventies in much of the third world. Many of them had brought to the public debates the hardships that women all over the world had been going through due to these policies and programmes in different parts of the world.[7] They also exposed the gender biases in the conceptualization and putting into practices of the population control policies since last two decades. The diversity within this network does not allow for easy categorization, but the commonality of these groups was reflected in their campaign for women's reproductive rights. Their presence was significant enough in the ICPD 1994 to catapult the discourse towards reproductive and sexual rights agenda. This was clearly reflected in the Programme of Action adopted during the conference as a consensus document.

However, the adoption of the Programme of Action by the countries did not necessarily mean that women's reproductive rights were upheld in actual practice. The largely abstract language of rights adopted in the international forum like ICPD 1994 would still require the state level practices to realize these rights.[8]

Moreover, the abstract language of rights also allows interpretations to be made differently. Reproductive rights in the abstract can mean one thing to the women's rights

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[7] Sen, Gita et al. (1994), *op cit.*
[8] Petchesky, R. (1998), *op cit.*

activists the third world and while it may mean another thing to women's activists from the North. Indeed it may mean something substantially different to people in large institutions like the World Bank and other donor agencies, or to the states dominated mostly by upper class, upper caste men. Therefore, the change in the discourse at the international level would not automatically translate into changes at the national level.[9]

In fact, there has been selective appropriation of this language of rights by the states and other population control agencies, as the third part of this chapter would try to show by looking at the reproductive health programmes and strategy adopted by the Nepali government since the mid-nineties. There has been reemergence of targets in the population policies[10], which the ICPD 1994 was thought to have done away with. The comprehensive conceptualization demanded by women's activists at the international level is diluted into selective, and highly medicalized, reproductive health concept, the purpose of which is overtly fertility control, albeit couched in the language of rights.

This does not, however, mean that there has not been any meaningful change post-ICPD 1994. In fact, where the women's movement has been strong and has been able to politicize the issue significantly, there has been better realization of the reproductive rights and the enabling conditions it requires. In places, where the women's movement is not strong enough, then the changes have been cosmetic.[11] Moreover, though pride of place for numbers is still allowed in the programmes and policies,[12] the

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[9] *Ibid.*

[10] Rao, Mohan (2002), "Population Policy: From Bad to Worse", *Economic and Political Weekly,* June 1, 2002.

[11] Correa, Sonia (2000), *op cit.*

[12] Qadeer, Imrana (1998), "Reproductive Health: A Public Health Perspective", *Economic and Political Weekly,* Vol. 33, No. 44, October 10, pp. 2675-2684.

concern for quality of care of the family planning has increased, albeit for the goal of fertility control. However, in the present context of the dominance of neo-liberal trends all over the world, leading to increasing unemployment, increased concentration of wealth and greater disparities, increased militarization, the environmental degradation, and increasing withdrawal of the state from the social sectors[13], a few changes in policies and programmes, although an welcome trend, can in themselves have very limited impact, if at all, for improving health of women and men.

In the third part of this chapter, in addition to examining the reproductive health programmes and strategies of the Nepali government, we would also like to look at some of the macro trends which could have bearing on the realization of the reproductive rights for women and men in the third world.

I

Reproductive Rights and Health: Conceptual Framework

Reproductive rights and health cannot have any universal meaning in a situation of differentiation among women all over the world—along class, caste, ethnicity, religious beliefs, geographical locations, marital status, age, color and sexual orientations.[14] The society's reproduction occurs primarily through women's body as she is the one who takes primary responsibility in giving birth to the future generation. But this biological aspect of reproduction is mediated through the social context within which reproduction takes place. Women's ability to make reproductive decisions are determined

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[13] Bandarage, A (1997), *op cit.*
[14] Petchesky, R. (1998), *op cit.*

within the multi-layered context in which gender, class, caste, ethnic relations, culture, at the household, in the community, state and international processes interact with each other in complex ways.[15]

While it is only through primarily women's body that reproduction in a society occurs, women's reproductive freedom means that she has the choice of whether to have a baby or not, or when, with whom or how to have it. This ability to exercise this freedom, however, is determined by the existing social context, which determines, her access to health care, the distribution of wealth and resources in society, the cultural practices, women's ability to decide on social priorities, etc.[16]

Therefore, women's control over reproduction is an issue of power relations between, and within, sexes at multiple levels in society. Moreover, differentiation among women themselves along class, caste, ethnicity, geographic locations, age, educational attainment, place in the state hierarchy, among many other factors, will have differing implications on exercising such control.

The control over reproduction by others occurs at the level of ideology and practices.[17] The state legislations, religion, cultural beliefs, and socially hegemonic values provide ideological basis for exercising control over women's reproduction. At the level of practices, the population control programmes,[18] health service system,[19] and the individual family, exercise reproductive control over a woman's body. As Homans says,

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[15] Petchesky, R. (1980), *op cit.*
[16] *Ibid.*
[17] Gupta, J. A. (2000), *op cit.*
[18] Bandaraga, A. (1997), *op cit.*
[19] Oakley, Ann (1986), *op cit.*

"Male control over reproduction is maintained at an individual level by the power men have over women, and at an institutional level through cultural practices and patriarchal ideology which shape the way that all institutions in our society are organized."[20]

Reproductive rights is about challenging both the ideology and practices which allowed control by others over women's reproduction. Women's movement for reproductive rights have been centrally involved in countering these ideologies and practices.

Correa and Petchesky bring in the notion of power and resources in defining reproductive rights: "power to make informed decisions about one's own fertility, childbearing, child rearing, gynecologic health, and sexual activity; and resources to carry out such decisions safely and effectively."[21] They try to reconstruct the reproductive rights discourse by bringing in the notion of "gender, class, cultural and other differences" and recognize that realization of reproductive rights requires the "democratic transformation of societies to abolish gender, class, racial, and ethnic injustice."[22] They propose a "feminist social rights approach to population and development policies."[23]

Women can meaningfully exercise reproductive and sexual rights only within an enabling environment.[24] The constraints are, however, enormous. Petchesky identifies four constraints for women's ability to exercise their rights.[25]

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[20] Hommans (1985), p.2 quoted in Gupta, J. A. (2000), *op cit.*,p. 55.
[21] Correa, Sonia and Rosalind Petchesky (1994), "Reproductive and Sexual Rights: A Feminist Perspective", In Gita Sen, Adrian Germain and Lincoln Chen [eds.], *Population Policies Reconsidered: Health Empowerment and Rights,* Harvard University Press, Harvard Center for Pupulation and Development Studies and International Women's Health Coalition, Massachusetts, p. 107.
[22] *Ibid.*
[23] *Ibid.*, p. 108.
[24] Sen, Gita et al. (1994), *op cit.*
[25] Petchesky, Rosalind (1998), *op cit.*

Firstly, health and other services are becoming victims of downsizing and privatization, taking them away from increasingly large number of women, especially poor women, in the Third World countries. The health care system is becoming narrower and narrower in focus and, driven by the logic of profit, is based on individualized biomedicine.[26] Public investments in health services are declining and the private sector is gradually dominating health services, thus creating a condition in which the poor are left out from the health service system. The structural adjustment programmes being followed in the majority of the Third World countries are not only distorting the health service system, but also marginalizing poor people further and further away from the social services. The skewed priority in the public spending, the increased military spending have further led to deterioration of the conditions of people's lives.

Secondly, there has been resurgence of fundamentalism and narrow identity politics all over the world which define women's place in society in a very narrow sense: as child-bearers and caretakers of the household. These fundamentalist forces, of whatever religion, are opposed to women's reproductive and sexual rights.

Thirdly, the existing cultural and social roots of gender inequality are the major constraints for the realization of the reproductive and sexual rights of women. The dominant conceptualization of women's role as a mother and wife, and acceptance of women's subordination within cultural practices, place barriers in the process.

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[26] Elling, Ray H. (1981), "The Capitalist World System and International Health", *International Journal of Health Services*, Vol.11, no. 6, pp 21-51.

Finally, the widespread marginalization of women in political decision making have created conditions where women's concerns and needs do not get reflected in the actual programmes and policies of the state and other agencies.

Reproductive rights, therefore, is much more than the access to reproductive health services and would encompass the transformation of the current inequitable gender and class relations at every level of society. Reproductive health is an important part of reproductive rights, but not limited to it. Moreover, the conceptualization of reproductive health in a broader sense requires that reproductive services be effectively provided only in the context of comprehensive primary health care system.

In fact, the broader conceptualization calls for nothing short of changing the whole gamut of human relationships based on social hierarchy. Petchesky succinctly puts it this way:

> As part of collective feminist efforts to reclaim a property in our bodies, we must redefine all essential health care and services (and a safe, clean environment, education, housing, a livelihood) common property to which all people are entitled access (Check this sentence: it does not seen correct!). We must reconnect our self-ownership to our right to communal resources. Of course, in a world where the language of social need and common ownership is rapidly disappearing in the universal babel of the market (which so easily co-opts the idea of individual choice), this would almost mean turning the world upside down. The language of reproductive freedom is still burdened with 300 years of the dominant Euro-American model of dichotomization between self and community, body and society. But I am convinced that language has as much resilience and power to transform as do the social movements that deploy it and the politics that reinvent it.[27]

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[27] Petchesky, Rosalind Pollack (1995), "The Body as Property: A Feminist Re-vision", In Faye D. Ginsburg and Rayna Rapp [eds.], *Conceiving the New World Order: The Global Politics of Reproduction*, University of California Press, Berkley, pp.387-406.

Evolution of Reproductive Rights: From Voluntary Motherhood to ICPD, 1994

The issue of control over reproduction had been part of women's activism for a long time, albeit in different forms and degrees. There has been a diversity of initiatives that women around the world have been taking to exercise greater control over reproduction—as individuals, as groups and as networks. Individual empowerment, public advocacy, political activism, and self-help groups are among many ways through which women have been trying to exercise greater control—in the affairs that affect their lives. These initiatives have been taken at multiple levels—at households, in the communities, at the national level and internationally.

There are broadly two phases through which reproductive rights evolved in the public discourse in the recent past. In the first phase, women in the West began campaigns for voluntary motherhood, access to birth control and access to health care, beginning in the later half of the eighteenth century. In the second phase, the idea began to get generalized in other parts of the world as different actors began to get involved transnationally.

Pre Second World War: Voluntary Motherhood, Birth Control and Access to Health

In the nineteenth century there were basically three groups of people who actively promoted birth control: the neo-Malthusians, feminists and, beginning with the late nineteenth century, professional eugenists. We have discussed some of them in detail in

the first chapter. Here, we focus on feminists' campaigns for the promotion of birth control.

Campaign for birth control, and for abortion, has been important part of women's activism for reproductive rights. The late nineteenth century saw the promotion of contraceptives for "voluntary motherhood" and women's groups claimed that for the health and welfare of both mother and child people had to make informed decisions regarding their reproduction.[28] Willing mothers could be better wives and mothers, was the basis of this campaign.[29] The initial emphasis was put on abstinence as these campaigners disapproved of the use of contraception.[30] They began questioning the "conjugal rights" of men. The greater control over one's own bodily processes formed the core of the campaigns.[31]

This was followed by a more radical agenda of sexual freedom and self-assertion in reproductive matters. Birth control provided a lot of women the potential to exercise this control over reproduction.[32]

Women's activists had to face tremendous opposition from the state, religious orthodoxy and professional society, especially the doctors.[33]Birth control can allow women and men to take greater control over reproductive decisions. Not that the birth control itself will ensure this automatically. In fact, birth control can serve a variety of purposes. Gordon identifies three major functions of the birth control: to increase

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[28] Gordon, Linda (1978), *op cit.* p. 146.
[29] Gupta, J. A. (2000), *op cit.*, p. 153.
[30] *Ibid.*
[31] Petchesky, R. (1980), *op cit.*, p. 666.
[32] *Ibid.*
[33] Gordon, Linda (1978), *op cit.*

individual freedom of women; to control overall population trends; and to improve and protect health.[34] It was the first one and possibly the third one which would be compatible with the reproductive rights issue.

The women's campaign for birth control that emerged in Europe and North America in the late nineteenth century and early twentieth century was concerned with the legalization and public acceptance of birth control. This could be taken as the forerunner to the organized reproductive rights movement internationally in the later half of the twentieth century, but this was to be usurped by doctors and the eugenists in the first half of the twentieth century.[35]

The doctors were disparaging about women's attempt to educate women about contraceptives and birth control by arguing that they were not scientific enough. They considered the spread of birth control information as a threat to their own profession, leading to moral degeneration of society (ibid.). George Kosmak, a prominent gynecologist argued:

> The pamphlets which have received the stamp of authority by this self-constituted band of reformers ..... are a mixture of arrant nonsense, misinformation, false reports, and in addition, in some cases, seditious libels on the medical profession. These publications are not scientific and in most instances have been compiled by non-scientific persons.[36]

Some physicians even claimed that there would be negative health effects of contraceptive use. For example, Dr. Frederic McCann, wrote in 1926 claiming that birth control could have an insidious influence on the female, causing many ailments

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[34] Gordon, L. (1978), *op cit.* p. 144
[35] *Ibid.*
[36] Quoted in Gordon, L (1978), *op cit.* p.153.

previously regarded as obscure in their origins; and that while "biology teaches" that the primary purpose of the sexual act is to reproduce, seminal fluid also has a necessary and healthful local and general effect on the female.[37]

Though this attitude was to change later as professionals began to accept the need for contraception, the change was not leading to women's greater control over reproduction as was envisaged by activists. It led to greater control by the physicians as eugenics and medical concerns gradually dominated the birth-control field.[38]

Besides contraceptives, access to maternity care, especially in the early twentieth century, was an important agenda of women's wing of the labour movement.[39]

From the late nineteenth century onwards, there had been increasing concern about women's health among women's activists as well as from the state. Several attempts were made in improving maternal health through the provisioning of the maternity health care.[40] This led to the paradoxical situation of increased control of the professional physicians over women's bodies. The state was interested in women's health because of their role as producer of babies, especially male babies, who would grow up to be recruits in the army. The lack of healthy recruits was particularly troubling to the state and it was believed that healthy mothering would be required for healthy babies.[41]

But there were women's activists who were making visible the plight of women also. The data about maternal mortality rates began to be collected in the later part of the

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[37] *Ibid.*, p. 152.
[38] Greer, G. (1984), *op cit.*
[39] Hoggart, L. (2000), *op cit.*
[40] Oakley, Ann (1986), *op cit.*
[41] *Ibid.*

nineteenth century. Mortality rates remained unchanged till early part of the twentieth century. Several women's organizations made this a political case of their campaigns.[42] In England, the women's groups campaigned for the formation of the Ministry of Health also.[43]

Legalization of abortion was another subject of women's campaigns. In 1934 the Women's Cooperative Guild passed a resolution for that. In 1936 the Abortion Law Reform Association was formed.[44] In the first half of the twentieth century, the socialist feminists actively campaigned for greater reproductive control for women and greater state responsibility for the provision of services, so that women could exercise that control. The Worker's Birth Control Group was formed during an Annual Conference of Labour Women in 1924 in England.[45] Similar campaigns evolved in Germany also.[46] Though the feminists had to moderate their demands when they confronted a strongly patriarchal Labour party, it still made a significant impact on the state's involvement in the provisioning of birth-control information. In many countries in Europe, states began to relax legal restrictions regarding contraception. In fact, because of the fear of venereal diseases among its soldiers, the British government even distributed condoms to the recruits who were dispatched to the field in the First World War,[47] though this was not aimed at reproductive freedom of women. Besides contraception, the states began to be actively involved in the area of women's health.

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[42] *Ibid.*, p. 65.
[43] *Ibid.*, p. 69.
[44] *Ibid.*, p. 91.
[45] Hoggart, L. (2000), *op cit.*
[46] Woycke, James (1988), *op cit.*
[47] McLaren, A. (1978), *op cit.*

Nevertheless, compared to the second half of the twentieth century, the states' reluctance in involving itself in the matter of reproductive health appears extraordinary, except in the case of extreme eugenics practiced by the Nazis in Germany during the thirties.[48] Moreover, except for Europe and America, in the rest of the world, the state's direct involvement in the area of reproduction was fairly limited.

Post Second World War: Developmentalism, New Women's Movements and Population Control

The women's campaigns for reproductive freedom fell on the wayside after the 1920s due to many reasons. Gordon[49] identifies three major ones. Firstly, the issue of reproductive freedom became marginal to radical political activism in the wake of state suppression of socialist politics in the USA after the 1920s. The activists focused on countering this repression and for them, as they deeply believed in the Marxist notion of structure and super-structure, the issue of reproductive freedom was subsumed under the question of economic equality and socialist transformation. Secondly, the birth control field was taken over by the professionals, for whom women's reproductive rights was secondary, and in fact, to some, unacceptable. Thirdly, the issue of birth control was increasingly equated with racism in the wake of eugenic policies and practices in the US. Until the Second World War, the issue of women's reproductive rights lay dormant.

In the new socialist states also, the issue of reproductive rights was increasingly repudiated because of the emergence of active pro-natalism in the thirties. Moreover, the

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[48] Woycke, James (1988), *op cit,*
[49] Gordon, L. 91978), *op cit.*

main concern of the Soviet Union was to encourage women to participate in the production process. So the goal was not reproductive freedom per se.[50] In the Soviet Union, where access to contraceptives, abortion, and health services were provided freely in the twenties, the policies were reversed as the declining birth rates alarmed state officials.[51]

This began to change after the end of the Second World War. There are three main reasons for this. Firstly, new women's movements emerged in most of the western world, which campaigned for the right to contraceptives, abortion, and other reproductive health services in the sixties. Secondly, this was the time when welfare states emerged in the West as part of dealing with the crisis of the economic cycle, after the Depression. Thirdly, the population control lobby began to pay increasing attention to women's issues, as it was through her bodies that the population programmes were to be deployed.

Moreover, this was to spread to the non-western part of the world through the development programmes. The reluctance on the part of the state to involve itself in the matter of birth control saw an incredible reversal after the end of the Second World War. However, in much of the third world, beginning with the 1950s till the late seventies, the dominant tendency was the population control. The provision of contraceptives and other maternal and child health services assumed instrumental significance for achieving that goal[52] rather than leading to greater freedom and autonomy for women. For the states, the

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[50] Petchesky, R. (1980), *op cit.*
[51] Symonds, Richard and Michael Carder (1973), *op cit.*
[52] Hartmann, B. (1995 [1987]), *op cit.*

upholding of women's reproductive freedom became an instrumental argument for justifying the promotion of family planning programmes.

Though the reproductive rights enshrined in the ICPD 1994 declaration was unprecedented, the beginning was made almost three decades ago. The international treaties, declarations, covenants, and fora upheld the principles of reproductive freedom from time to time.

The Human Rights Conference held in Iran in 1968 emphasized the need of free and informed choice of contraceptives. The agreement there stated:

> Parents have a basic human right to determine freely and responsibly on the number and spacing of their children and a right to adequate education and information in this respect.[53]

The 1974 and 1984 World Population Conferences organized by the United Nations reiterated this, albeit slightly differently. For example, the 1974 population conference held in Bucharest went one step further and added "individuals and couples", instead of "parents", whereas the 1984 conference of the Mexico City elaborated on the responsibility that would come with the right. It noted:

> Any recognition of rights also implies responsibilities: in this case, it implies that couples and individuals should exercise this right, taking into consideration their own situation, as well as the implications of their decisions for the balanced development of their children, and of the community and society in which they live.[54]

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[53] Quoted in Hardon, Anita (1997), "Reproductive Rights in Practice", In Anita Hardon and Elizabeth Hayes [eds.], *Reproductive Rights in Practice: A Feminist Report on the Quality of Care*, Zed Books, London and New Jersey, p. 3.

[54] Quoted in Hardon, A. (1997), *op cit.*, p.4.

The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)—adopted by the UN in 1979 and by June 1995 ratified by 140 of 159 member countries—was even more explicit when it comes to women's reproductive rights. It declared:

> State Parties.....shall ensure, on a basis of equality of men and women....[t]he same rights to decide freely and responsibly on the number and the spacing of their children and to have access to the information, education and means to enable them to exercise these rights.[55] (Quoted in Hardon 1997 : 3)

Among others, these fora upheld women's human rights in deciding on matters related to sexual and reproductive life. The Fourth World Conference on Women in Beijing was also explicit about this. It observed:

> The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.[56]

Despite the rhetoric of rights, the population policies followed by the countries in the Third World countries focused on setting of targets for fertility and contraceptives—and instituting mechanisms of incentives and disincentives to motivate people to accept contraception. The overwhelming emphasis was put on coverage and expansion of the use of contraceptives, often provider-controlled, long-acting and women-centered ones.

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[55] Quoted in *ibid.*, p. 3.
[56] UN (1995), quoted in Petchesky, R. (1998), *op cit.*, p. 3.

The population control activities carried out by the states and other agencies were essentially based on vertical contraceptive delivery system. They were driven by neo-Malthusian thinking about the impending disaster because of increasing number of poor people in the Third World. These policies placed excessive emphasis on technology of contraceptive in bringing down the fertility, rather than changing the socio-economic context that would have impact on fertility decisions. Driven by the belief that the growing population of the Third World was posing serious threats to the First World, the northern-based donors supported and promoted the policies which placed targets for fertility control, instituted mechanisms for incentives and disincentives, promoted largely long-acting contraceptive methods, which compromised the issue of free choice, and in many cases led to compromising the health of women.[57]

Women's bodies become the object of intervention of the population apparatus that came into being in the form of family planning programmes, communication strategists, population experts, population studies centers. As all the woes of the Third World—from illiteracy to ill-health—came to be blamed on rising numbers, the reproductive activities of the citizens became an arena of state intervention for the greater good of society.

But women's organizing from the local through national to the international levels brought into public the ways women experienced the impact of the population policies on their lives. The coercion at the hands of the state machinery, the negative health effects of hormonal contraceptives, the reinforcement of gender biases through population policies

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[57] Hardon, A. (1997), *op cit.*

(based on the implicit and explicit belief that reproduction is the sole responsibility of women) all began to be contested by women's groups and health groups all across the world.[58]

Women resisted in many ways—from dropping out of the unhealthy contraceptives to getting organized in putting popular pressure in changing policies. This resistance found reflection in international declarations at fora such as the World Conference on Human Rights in 1993 in Vienna, the International Conference on Population and Development (ICPD) in Cairo in 1994, and the Fourth World Conference on Women in Beijing in 1995.[59]

The international mobilisations of women began to gather momentum after the UN declaration of Women's Decade in the 1970s. Other international mobilisations in subsequent decades saw strengthening of women's positions in these fora—both in terms of their presence as well as the issues taken up for deliberations.[60] By the mid-80s, women's coalitions, networks, organizations had been able to bring several crucial issues into the international policy debates and the issue of reproductive rights and freedom was one among them.

Dissatisfaction with the dominant approach of population control among actual and potential clients, the women's health movement, health professionals, social scientists

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[58] Sen, Gita et al. (1994), *op cit.*
[59] Petchesky, R. (1998), *op cit.*, p.3.
[60] Pietila, Hilkka and Jeanne Vickers (1996 [1990]), *Making Women Matter: The Rold of the United Nations,* Zed Books, London.

and some family planning providers became evident by mid-80s.[61] The United Nations Decade of Women, the Child Survival movement, and the Safe Motherhood Initiative had brought new actors into the debate—pushing for broader approaches to family planning. From the seventies onwards, an extraordinary amount of mobilization on various issues related to women occurred at the international level. This increasingly began to question the very model of development followed for the last several decades and called for significant rethinking.[62]

All this called for rethinking the existing population policies. Women's groups particularly, though not exclusively, tried to critically examine the ethical basis, the objectives and the methods of the dominant population policies. They also called for human development approach and tried to locate reproductive health, empowerment and rights as central objectives. This would create an enabling environment for women and men to decide if and when, and how many children they want to have. [63]

Backlash at Two Levels

The state's goal in bringing about demographic changes through the promotion of contraceptives led to backlash at two levels: within the population control establishment, which slowly began to realize that mere expansion of family planning was not enough for achieving the fertility control, as population continued to grow despite huge efforts put on the promotion of family planning in the third world.[64] The obsession with meeting targets

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[61] Sen, Gita et al. (1994), *op cit.* p. 4.
[62] Pietila, Hilkka and J. Vickers (1996 [1990]), *op cit.*
[63] Sen, Gita et al. (1994), *op cit.*, p. 5.
[64] *Ibid.*

often led to promotion of harmful contraceptives especially among women, often compromising on the quality of care. In extreme cases it also led to widespread abuses and coercion.[65] This began to prove to be self-defeating as women began dropping out of the family planning system. Even for instrumental reason, this had to change.[66]

Studies began to show that there were high default rates in cases where quality of care was compromised. For example, a study done in East Java showed that as high as 85 per cent of the family planning clients, who did not get the methods they requested from the family planning clinics discontinued use within one year. In contrast, only 25 per centof women who got what they wanted discontinued.[67] This was going to be self-defeating even in terms of achieving demographic goals, in most of the cases, of reducing fertility.

It also began to dawn on many that for women to be able to exercise their right to decide on reproductive matters, there has to be fundamental restructuring of the gender relations in societies. Women's empowerment, therefore, slowly came to the forefront of the population control agenda.[68]

There was backlash from women's activists also, who campaigned against the largely coercive population policies which did not respect women's rights, and pushed for long-acting contraceptives, often without their consents and perpetrating large scale

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[65] Rao, M. (1994), *op cit.*

[66] Germain, Adrian, Sia Nowrojee, and Hnin Hnin Pyne (1994), "Setting a New Agenda: Sexual and Reproductive Health and Rights", In Gita Sen, Adrian Germain and Lincoln Chen [eds.], *Population Policies Reconsidered: Health Empowerment and Rights,* Harvard University Press, Harvard Center for Pupulation and Development Studies and International Women's Health Coalition, Massachusetts, pp.27-46.

[67] Pariani (1989), cited in Hardon (1997), *op cit.*, p.7.

[68] Sen, Gita et al. (1994), *op cit.*

abuses often having adverse health effects. They also fundamentally challenged the dominant view that saw growing population as the major culprit for the rise in poverty, violence, and environmental destruction[69] and called for broader agenda. They called for broadening of choices and greater control over reproduction.

The International Conference on Population and Development (ICPD) held in Cairo in 1994 was a culmination in accepting the women's reproductive rights. This conference generated a consensus among seemingly opposing sides of the population debates: those who argued for demographic change and those who argued for respecting women's human rights to make decisions regarding their reproduction. For the first time, the Programme of Action adopted in the conference put the reproductive rights and reproductive and sexual health of women and men at the center of plans aimed at addressing population growth. It said:

> Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.[70]

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[69] *Ibid.*
[70] Quoted in Hardon, A. (1997), *op cit.* p. 5.

This was fundamental departure from the previous plans of actions. Women's activists lobbied for change in the practices as regards population. A significant amount of mobilizations had taken place leading to the convergence in the ICPD 1994. The three year long preparatory process of women's coalitions campaigning for reframing of the population control policies and programmes brought the issues and concerns that women's groups had been raising into a public debate.[71]

In September 1992 women's health activists from Asia, Africa, Latin America, the Caribbean, the US and Western Europe met to devise strategies for making women's voices and concerns heard during the ICPD 1994 in Cairo. This meeting prepared a "Women's Declaration on Population Policies" that was reviewed, modified and finalized by over 100 women's organizations from around the world.[72]

This called for changing the "unequal distribution of material and social resources among individuals and groups, based on gender, age, race, religion, social class, rural-urban residence, nationality and other social criteria; .....changing the patterns of sexual and family relationships; changing the political and economic policies that restrict girls' and women's access to health services and methods of fertility regulation: and changing the ideologies, laws and practices that deny women's basic rights"[73] It also called for reframing of the population policies that respects women's reproductive rights. It put forth certain ethical principles towards that end. .

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[71] Germain, A. et al. (1994), *op cit.*
[72] *Ibid.*
[73] Women's Declaration on Population Policies (1994), quoted in Germain, A. et al. (1994), *op cit.*, p.31-34.

This declaration highlighted seven ethical principles:

1. Women can and do make responsible decisions for themselves, their families, their communities, and, increasingly, for the state of the world. Women must be subjects, not objects, of any development policy, and especially of population policies.

2. Women have the right to determine when, whether, why, with whom, and how to express their sexuality. Population policies must be based on the principle of respect for the sexual and bodily integrity of girls and women.

3. Women have the individual right and the social responsibility to decide whether, how, and when to have children and how many to have; no women can be compelled to bear a child or be prevented from doing so against her will. All women, regardless of age, marital status, or other social conditions have a right to information and services necessary to exercise their reproductive rights and responsibilities.

4. Men also have a personal and social responsibility for their own sexual behaviour and fertility and for the effects of that behaviour on their partners and their children's health and well being.

5. Sexual and social relationships between women and men must be governed by principles of equity, non-coercion, and mutual respect and responsibility. Violence against girls and women, their subjugation or exploitation, and other harmful practices such as genital mutilation or unnecessary medical procedures,

violate basic human rights. Such practices also impede effective, health- and rights-oriented population programmes

6. The fundamental sexual and reproductive rights of women cannot be subordinated, against a woman's will, to the interests of partners, family members, ethnic groups, religious institutions, health providers, researchers, policy makers, the state or any other actors.

7. Women committed to promoting women's reproductive health and rights, and linked to the women to be served, must be included as policy makers and programme implementors in all aspects of decision-making including definition of ethical standards, technology development and distribution, services, and information dissemination.[74]

Based on these ethical principles, they called for restructuring of the development priorities in general and health and family planning ones in particular. Among other things, they asked for:

- reducing and eliminating pervasive inequalities in all aspects of sexual, social and economic life;
- involving women in the designing, implementing and monitoring policies and programmes and provision of services in the communities;
- assuring personally and locally appropriate, affordable, good quality, comprehensive reproductive and sexual health services for women of all ages,

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[74] *Ibid.* p. 31.

provided on a voluntary basis without incentives or disincentives including access to birth control, counseling, information, etc.;

- increase women's choice of contraceptives, especially those that women can control themselves rather than those dependent on providers or other agencies;
- reprioritize finances to achieve these objectives.[75]

Their presence was significant in the ICPD as many of these demands and propositions were to be reflected in the Cairo Plan of Action. This meeting itself was a culmination of organizing at different levels for almost one and half decades. Hundreds of women's groups began forming Women's Health Coalitions in Latin America, North America, Africa and Asia. These groups were involved in a variety of activities such as direct and alternative provisioning of health services, research and public education campaigns and publications. They also became increasingly involved in the international lobbying for changes in policies and programmes.[76]

By the nineties, their strength had increased both in numbers and the range and depth of issues they raised. Their involvement in the Cairo process led to a fundamental reframing of the discourse on population control. The Principles and the Programmes of Action adopted during the conference reflect their concerns to a large extent, if not entirely.

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[75] *Ibid.*, p. 31-34.

[76] Garcia-Moreno, Claudia and Amparo Claro (1994), "Challenges from the Women's Health Movement: Women's Rights versus Population Control", In Gita Sen, Adrian Germain and Lincoln Chen [eds.], *Population Policies Reconsidered: Health Empowerment and Rights*, Harvard University Press, Harvard enter for Pupulation and Development Studies and International Women's Health Coalition, Massachusetts, pp.47-61.

The Programme of Action approved during the ICPD 1994 also set a target for the implementation of reproductive health programmes: "All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015."[77]

The women's groups could not achieve all they had set out to achieve. For example, the Programme of Action was still short of accepting women's right to abortion, due, primarily, to the strong lobbying from the religious groups, especially the Catholic church. Still it was thought to be significant breakthrough in the international population debate.

Following the adoption of this Programme of Action by the UN member countries, there have been changes in the way family planning programmes are conceptualized all over the world. The changes have not been same all over the world. The governments all over the world are talking about women's reproductive rights and reproductive health. The population policies are said to have been conceptualized in broader terms than used to be the case when narrow family planning programmes used to dominate the population policy in the past.[78] The population policies now, at least on paper, emphasize the need of ensuring better quality services, empowering women, and providing comprehensive reproductive health services.[79]

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[77] Quoted in Hardon, A. (1997), *op cit.* p. 6.
[78] Correa, Sonia (2000), *op cit.*
[79] Aitken, Iain and Laura Reichenbach (1994), "Reproductive and Sexual Health Services: Expanding Access and Enhancing Quality", In Gita Sen, Adrian Germain and Lincoln Chen [eds.], *Population Policies Reconsidered: Health Empowerment and Rights,* Harvard University Press, Harvard Center for Pupulation and Development Studies and International Women's Health Coalition, Massachusetts, pp.177-192.

The quality of family planning services was specifically emphasized because this was the area which had been at the centre of the critique of population policies in the past. The Programme of Action recommended that the family planning programmes should:

- Ensure information and access to the widest possible range of safe and effective family planning methods appropriate to the individual's age, parity, family size preference and other factors, to enable men and women to exercise free and informed choice;
- provide accessible, complete and accurate information about various family planning methods, including their health risks and benefits, side effects and their effectiveness in the prevention of HIV/AIDS and other sexually transmitted diseases;
- ensure safe, affordable and convenient services for the user;
- ensure privacy and confidentiality;
- ensure a continuous supply of high-quality contraceptives;
- expand and improve formal and informal training in sexual and reproductive health care and family planning including training in interpersonal communications and counseling;
- ensure adequate follow-up care, including that for side effects related to contraceptive use[80]

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[80] ICPD Programme of Action (1994), cited in Hardon, A. (1997), *op cit.* p. 8.

Another issue raised by women's rights activists is that of access to safe abortion. They argue that this is necessary for ensuring their right to make decisions as well as for improving the health of women. For example, they say that unwanted pregnancies lead to unsafe abortions in many parts of the world causing large scale maternal morbidity and mortality. However, this was not approved in the ICPD 1994 due to opposition from the Vatican and some Islamic countries. Even in this area, there was a significant softening of stands as there was a conditional acceptance of abortion in a situation of risk to the health to women and the baby. It disapproved of using abortion as a method of family planning.

In addition to the broadening of the family planning services to include comprehensive reproductive and sexual health services, the POA also called for changing the gendered relations in society. It called for women's empowerment, involvement of greater number of women in policy and programme formulation and implementation.[81] Moreover, the Plan of Action also called for catering to adolescents and women beyond reproductive age.

But this conceptualization at the ICPD did not automatically translate into the realization of the reproductive rights for women all over the world. The abstract language of rights enshrined in the ICPD document requires to be put into practice through policies and programmes. Who conceptualizes the programmes? With what ostensible goals in mind? Who puts in resources? These are the issues which determine the content of the reproductive rights approach. As we shall see in the next section, the language is increasingly appropriated by the state and international agencies. The emphasis is still on

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[81] ICPD 1994 (1994), *The Wold Population Plan of Action*, ICPD, Cairo.

the population numbers; reproductive health is narrowly conceptualized to fit into the ongoing health sector reforms which repudiates the very concept of comprehensive health care.[82] Merely technocratic intervention will not have much impact as the majority of the people are facing a deterioration in the conditions of their lives due to the ongoing liberalization and structural adjustment programmes in the third world.

III

Reproductive Health in Nepal: A Case of Selective Appropriation

Following the ratification of the ICPD 1994 Programme of Action, Nepal committed itself to the implementation of reproductive health approach. Nepal had gone to Cairo with its commitment to "reducing population growth" through family planning.[83] It had been setting demographic targets ever since it started implementing family planning programmes since the mid sixties. The continuing high population growth, despite investments by the government and the donors in the population control field, has been a cause of worry ever since. This found expressions in one plan documents after another. The planners, academics and policy makers alike found in growing population a reason for the continuing poverty, increasing environmental degradation, ill health and deteriorating living conditions.

The Cairo consensus called for reframing of the population policies along the reproductive rights and reproductive health approach. This was adopted in principle not only by the women's activists and member states of the UN, but also by the international

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[82] Qadeer, Imrana (1998), *op cit.*
[83] HMG (1993), *op cit.*

agencies such as the World Bank, the UNFPA and others. This is significant as the World Bank was increasingly becoming dominant in shaping the policies and practices of many of the third world countries, especially the ones that were dependent on it for the financing of development programmes.

The international acceptance of the Cairo consensus would, therefore, mean that Nepal had to revise its population policies accordingly—due to its international commitment, and more importantly, due to its dependence on the international donor agencies—both the bilateral and multilateral ones. A large chunk of the development budget consists of foreign aid—a euphemism for predominantly loan financed external assistance. Over the last few years, this dependence has increased to such an extent that this year the government is on the verge of asking foreign assistance even to pay for its regular expenses, due to escalating military expenditure.

The lending and aid priorities of the donors shifted towards the Reproductive Health Approach and the Nepali government had to comply. Moreover, the World Bank was to be the biggest lender in the field of reproductive health after Cairo.[84] In 1994 December, the World Bank sanctioned its first loan on reproductive health in Nepal.[85] For the World Bank, the involvement in the population control is justified primarily on the ground that it has led to decline in per capita income in the developing countries. The improvement of reproductive health, reduction in maternal mortality, increasing infant health and increasing women's access to employment through improving their

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[84] Koivusalo, Meri and E. Olilla (1997), *op cit.*
[85] www.worldbank.org.np

reproductive health are other reasons for its involvement in the reproductive health programmes.

The World Bank, the USAID, JICA, the UNFPA, and the WHO adopted the reproductive health approach following the ICPD 1994. The dominant role of the World Bank in the overall funding of the development projects in the country, and its funding through other multilateral agencies such as the WHO and UNFPA, would mean that the approach that the Bank would adopt will have impact on the approach that these agencies would adopt.[86] The approach that the World Bank has taken has been clearly reflected in the reproductive health programmes Nepal has adopted after the Cairo Population conference.

The National Reproductive Health Strategy

Following the ratification of Cairo Plan of Action, the Nepali government has adopted the reproductive health approach to population control.[87] Nepal also ratified the WHO's Global Reproductive Health Strategy.[88] Immediately after the ICPD, thev Nepali government jointly organized with the World Health Organization (WHO) South East Asia Regional Office (WHO-SEARO) a National Workshop on Reproductive Health in March 1996 to "develop a national reproductive health strategy based on SEARO, RH strategy."[89]

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[86] Koivusalo, Meri and E. Olilla (1997), *op cit.*
[87] His Majesty's Government (1998a), *National Reproductive Health Strategy,* Family Health Division, Department of Health Services, Ministry of Health, HMG, Kathmandu.
[88] *Ibid.*
[89] His Majesty's Government and World Health Organization (1996), *Report of National Workshop on Reproductive Health, March 24-26, 1996,* HMG and WHO, Kathmandu.

Reproductive health became one of the highest priorities of the HMG and donors and NGOs were interested in supporting this area.[90] This workshop followed the regional meeting of the South East Asia Regional Office of the WHO in which some Nepali officials had participated in order to develop a regional strategy.[91]

The joint workshop saw the participation of high level officials from the WHO, the Ministry of Health, HMG, independent experts and NGOs in Nepal. The topics covered were the concept of reproductive health, current status and needs of family planning, current status, needs and perspectives of safe motherhood, emerging insights and needs of abortion, current status of child survival, AIDS/RTI and Infertility, adolescent reproductive health and gender perspective in reproductive health care service, among others.[92]

As an outcome of the workshop, it set some targets to be achieved by 2001 as follows:

- MMR to be reduced by 20 per cent bringing it down from the current well over five hundred to four hundred;
- reduce maternal morbidity by 15 per cent;
- increase couple protection rate to 37.2 per cent of the eligible couples;
- gradually reduce unwanted pregnancies;
- access to women as per the national policy for prenatal care during pregnancy;

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[90] *Ibid.*
[91] HMG (1998a), *op cit.*
[92] *Ibid.*, p. 4.

- trained attendants at delivery and care during the post partum period for all women during the maternity cycle;
- access to functional referral facilities for high risk pregnancy and OE to 50 per cent of the population,
- Essential Obstetric care hospitals in 30 districts (out of 75);
- reduce iron deficiency anaemia among women aged 15 to 45 from the current prevalence rate of 63 per cent to 40 per cent;
- reduce low birth weight by 40 per cent of the current 20-25/1000 live births;
- eliminate neonatal tetanus (<1/1000);
- information, counselling and services for family planning, RTIs, STD, HIV to all individuals and couples including adolescents.

Subsequent to this, the Family Health Division of the Department of Health Services of the Ministry of Health conducted the Maternal Mortality and Morbidity Study in different parts of the country during January 1997—January 1998.[93] Analysing the largest maternal mortality and morbidity data set available in Nepal, this was designed to guide policy, planning and resource allocation decisions for Nepal's National Reproductive Health Programme and to guide in choosing the most appropriate interventions.[94]

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[93] His Majesty's Government (1998b), *Maternal Mortality and Morbidity Study*, Family Health Division, Department of Health Services, Ministry of Health, His Majesty's Government of Nepal, Kathmandu.
[94] *Ibid.*

The recommendations made by the workshop on reproductive health, and the study on Maternal Mortality and Morbidity, became the basis for the formulation of the National Reproductive Health Strategy.[95] The objective of the strategy is to ensure full range of appropriate reproductive health information, services or referral is available to all people of Nepal.[96] Another objective is to contribute to fertility decline more effectively. The Director of Family Health Division writes in the preface:

> The major thrust of the health policy in the past was to provide basic health service with an emphasis on primary health care and family planning services as an integrated package on the one hand, in recent years there has been growing concern for the persistent high level of maternal mortality and on the other the family planning programme has begun to contribute to a reduction in the high level of fertility in Nepal. It is well established that family planning can help reduce infant, child and maternal mortality. Similarly, it is known that effective maternal and child care service delivery also contribute to increased use of family planning (ibid.). [97]

The strategy aims to adopt the human development approach. It recognized that reproductive health is not only a reflection of health in infancy, childhood and adolescence, it also sets the stage for health beyond the reproductive years for both women and men.[98]

This is reflected in the Ninth Plan (1997-2002) also.[99] In addition to the official policies and programmes, the public debates on the issues of maternal mortality, women's empowerment, and women's health have also raised this issue to an important level of preeminence. Articles in newspapers on the issue of maternal health, safe

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[95] HMG (1998a), *op cit.*
[96] *Ibid.*
[97] *Ibid.*
[98] *Ibid.*
[99] His Majesty's Government (1997), *op cit.*

motherhood, maternal mortality began to be common. Moreover, women's groups working on the issue safe motherhood have formed into a Campaign for Safe Motherhood.

This has brought about some shift in the way population control is imagined officially. The government has accepted that setting demographic targets is neither feasible, nor is it conducive to respecting human rights and freedom.[100] Rather than focusing on the provision of contraceptives as the only means of fertility regulation, a wider conceptualization was needed, it argued.

Reproductive health as is envisaged by the Strategy draws largely from the recommendation made during the workshop in March 1996. It includes the following:

- Family Planning counseling, information, education, communication and services (emphasizing the prevention of unwanted pregnancies)
- Safe Motherhood; education and services for healthy pregnancy, safe delivery and post-natal care including breast-feeding
- Care of the newborn;
- Prevention and management of complications of abortion;
- Prevention and management of RTI, STDs, HIV/AIDs, and other Reproductive Health Conditions;

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[100] HMG (1998a), *op cit.*

- Information, education and counseling, as appropriate, on human sexuality, reproductive health and responsible parenting for individuals, couples and adolescent;
- Prevention and management of sub-fertility; and
- Life-cycle issues including breast cancer, cancers of the reproductive systems and care of the elderly[101]

These components were not new as most of them were included in the health programmes. The Strategy claims that Reproductive Health is "rather a new approach to strengthen the existing programmes" such as safe motherhood, family planning, HIV/AIDS, STD, Child Survival, Nutrition "with holistic life-cycle approach."[102] These programmes had been in operation since the second half of the 1980s.

The strategies adopted are the following:

- Implementing this as "Integrated Reproductive Health Package" at hospitals, PHC Centre, Health Posts, Sub-health Posts as well as through Primary Health Care Outreach, TBA, Female Community Health Volunteers, Mothers' Groups and other community and family level activities;
- Enhancing functional integration of Reproductive Health activities carried out by different divisions;

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[101] HMG (1998a), *op cit.* p. 3.
[102] *Ibid.*, p. 4.

- Emphasizing advocacy for the concept of Reproductive Health including the creating of an enabling environment for inter and intra-sectoral collaboration;
- Reviewing and development of IEC materials;
- Review and upgrading the existing training;
- Ensuring effective management systems;
- Development of the national Reproductive Health research strategy;
- Upgradation of health service delivery system;
- Development of appropriate RH programme for adolescents;
- promotion of inter-sectoral and multi-sectoral coordination;

These services are to be delivered through the five levels, viz:

- Family/Decisions Makers
- Community
- Sub-health Post/Health Post
- Primary Health Center
- District[103]

It also emphasizes the coordination between the NGOs, private sector and the public health service. NGO and private sector representatives would be invited to "attend

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[103] *Ibid.*, p. 8.

the trimesterly reproductive health coordination committee meetings held in the Department of Health Services"[104]

In addition to the government, various non-governmental organizations, private sector organizations, international donor agencies have adopted this approach as an effective means of checking the rising population. The donors have been adopting safe motherhood and maternity and child health approach since the mid eighties, as it became evident then that focusing only on promotion of contraceptive technologies was not successful in bringing down the population growth rate. After the Cairo conference, this approach got reinforced and expanded.

Ninth Five Year Plan: Reproductive Health for Population Control

The concern over the rising population is raised in every plan since the Fourth Plan. The Ninth Plan identifies poverty alleviation as its main objective and all the sectoral activities are geared towards that. In the opening pages, it identifies population growth as the major cause of poverty in the country. "Poverty still persists as a formidable challenge as population growth has not come down and the increase in the income of the people has remained minimal."[105]

The goal of the development is set as the increase in per capita income and the strategy adopted is two fold: acceleration of economic growth and reduction of population growth rate as increasing population is thought to be frustrating any attempt at improving the economic condition of the people.[106]

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[104] *Ibid.*, p. 14.
[105] HMG (1997), *op cit.* p. 60.
[106] *Ibid.*

The approach of population control in the Ninth Plan is the continuation of the approach adopted in the Eighth Plan of maternal child health and family service. It has put reproductive health in the priority. The strategy adopted in the ninth plan is:

- awareness raising, especially targeted to the village people regarding the "small family as happy family" concept;
- reducing the higher infant and maternal mortality rate[107]

The programmes envisaged are: safe motherhood, family planning, and female health. It has also set targets regarding the total fertility rate: reducing it from 4.6 at the end of the Eight Plan to 4.1 during the Ninth. Other targets include reducing the Maternal Mortality rate from 539 to 400 and increasing the Couple Protection Rate from 28.9 to 37.3 per cent.[108]

The extension of the health services into village level is aimed at providing family planning and maternity services, among others.[109] It has also proposed to carry out a fully facilitated maternity health and safe motherhood service programmees in twenty five districts. The services include ,

- treatment and prevention of infertility;
- prevention of abortion and its solution;
- and reproductive health related programmes for adolescence and women over 44 years[110]

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[107] *Ibid.*, p. 661.
[108] *Ibid.*,p. 662.
[109] HMG (1993), *op cit.*
[110] HMG (1997), *op cit.*

It recognizes the necessity of improvement of survival chance of infants in order for the couple to practice birth control. So reduction of infant mortality rate is considered to be an important component of health. It aims to reduce the current IMR of 70 to 50 by 2000 A.D. The strategy adopted is the provision of immunization through expanded immunization programme.[111]

However, the predominant focus on medical technology to achieve the desired health goals is the major limitations of the policies and programmes of reproductive health. Moreover, by ignoring the larger social context in which health and well-being of people are produced, the programmes are set to confront failures like the previous plans. Below we try to raise some of the crucial issues regarding this.

IV

Technocentrism : Reproductive Health and the Invisibilizing of Social Context

Investment in the health sector is very low in Nepal. The priorities are biased towards catering to urban centers.[112] Further a restructuring of the health service system is occurring—greater privatization is the official policy with the public sector limited to provision of the essential clinical package.[113] The reproductive health service that the government aims to provide is "essential element of the Comprehensive Reproductive Health Care."[114]

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[111] *Ibid.*
[112] World Bank (2001), *Public Expenditure Review, Vol 1: PER Review—The Main Report,* World Bank, Poverty Reduction and Economic Management Unit, South Asia Region.
[113] HMG (1997), *op cit.*
[114] HMG (1998a), *op cit.*, p. 7.

What the change in population policies led to was bringing to the centre of the public health service system the reproductive and child health package—essentially the erstwhile MCH, but renamed to suit the demand of the time.

There is peculiar absence of any coherent data on the morbidity and mortality in the country. The burden of disease calculation is said to be the basis of prioritization—but how this was done in the absence of the adequate data is often not explained.[115]

The government conducted a maternal mortality and morbidity survey in 1997. This was claimed to be the basis of upgrading of the National Reproductive Health Programme. The study would provide details about different aspects of the maternal morbidity and mortality. Though the study cannot be considered representative, it would nevertheless provide a picture.

But it whether this could be the basis of prioritizing of the reproductive health over other health problems is questionable. The analytical approach adopted in the study is essentially bio-medical, and social aspects of the mortality and morbidity gets peripheral importance, if at all. Though the epidemiological data generated in Nepal on the health status of the population is very meager and fragmented, a closer look at this report itself would reveal a number of limitations which would have serious implications.

The very fact that this study looked only at the maternal deaths and morbidity tells that this data cannot give much insights into the relational aspects of morbidity and mortality from non-maternal causes. But out of 640 reproductive age deaths identified

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[115] World Bank (2001), *op cit.*

and screened, only 132 were identified as maternal deaths.[116] This account for 20.6 per centof the total deaths. This does not provide much insights into the differential health status of women across class, caste, gender, regional locations, ethnicity, etc. However, even at the general level, the deaths occurring from non-maternal causes far outweigh the ones from maternal causes. Surprisingly, almost 13 per cent of the deaths out of the 640 identified and screened in three districts were due to suicide. Given the scope of the study, this report could not yield any explanations as to why such a large number of women were committing suicide. However, it points towards a non-biomedical domain of women's health and illness.

Though data on epidemiology of women's health in Nepal is meagre, the analysis done in India reveals that the exclusive focus on the reproductive health is not justified as women predominantly suffer from other health problems.[117]

The deaths occurred largely among poor women. The study did not look at the overall health status, but a large proportion of women in Nepal suffer from chronic hunger and anemia, among others. The study recommends making people aware about seeking early care. In a situation where the health service system is in disarray, the mere change in behaviour would not yield much result. Moreover, the accessibility and availability of quality care can itself be a source of behaviour change. But the emphasis is on "awareness generation" through IEC. [118]

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[116] HMG (1998b), *op cit.*, p. i.
[117] Rao, Mohan (2000), "Family Planning Programme: Paradigm Shift in Strategy", *Economic and Political Weekly,* Vol.35, no.49. pp.4317-4322.
[118] HMG (1998a), *op cit.*

Neoliberalism and Reproductive Rights

Realization of reproductive rights requires changes in the overall social, political, economic and cultural context, and the creation of what many call the enabling conditions.[119] A number of obstacles exist in creating those enabling conditions. Petchesky (1998) identifies three broad obstacles: the trend in economic policies and restructuring which is leading to increasing shrinkage of public investment in social services including in health, education and food; the resurgent fundamentalist trends—Islamic, Christian, Hindu fundamentalism, which oppose policies that would provide autonomy and freedom to women, and their right to make decisions regarding their life, including sexual and reproductive life; and finally, the inequality between men and women deeply embedded in cultural life.

Some NGOs have now taken up the reproductive health of women as their entry point into the community in working towards changing the unequal social relations among people including unequal gender relations.[120]

They have been able to uncover the underlying structural root of the reproductive illnesses among women in the communities. For example, an NGO working among dalit communities in a remote mountain district of western Nepal has identified the underlying cultural practices such as Chaupadi system and unhealthy birthing practices. Women are still made to sleep in a shed-like house when they are menstruating and during and after

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[119] Sen, Gita et al. (1994), *op cit.*

[120] Centre for Agro-Ecology and Development (CAED) (undated), Mahila ra Prajanan Swasthya (Women and Reproductive Health), CAED, Kathmandu.

birthing for some days.[121] Women are not allowed to eat nourishing food during their menstrual period. Menstruating women are not allowed entry into most of the public spaces.

Paying *jari* is still common. According to this practice, if a woman elopes with another man then the new husband is made to pay certain amount of money to the former husband. This epitomises the structural condition within which women would be making reproductive decisions. Child marriage is still common. As most of the able-bodied men migrate to Indian cities in search of wage labouring, women have to bear the burden of maintaining families.

The health service system largely is unresponsive as it is more or less non-functional and mostly male-dominated. Most of the time women would hesitate to share their health problems with male personnel. The medicines are generally not available. The WB's study entitled "Health Facilities, Infrastructure Status Survey" done in 1996 revealed: "None of the health posts in the Far West Mountain region and only a quarter of those in the Far West Hills has water supply. Lack of electricity, toilets, and staff quarters were common, while basic equipment such as thermometers were absent in many facilities. ---while vaccines and drugs for malaria, leprosy and tuberculosis were available in sufficient quantities, many other essential drugs such as anti-biotics were not availabie for up to six months of the year. Shortages were particularly severe in the primary health centers. Staff vacancies and absenteeism are acute in many rural health facilities. Long Term Health Plan (1998) reported that a third or more of the sanctioned posts of health

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[121] *Ibid.*

assistants, auxiliary nurses, midwives and village health workers were vacant; and that over a quarter of appointed staff were absent."[122] It is in this context of the virtual absence of primary health care facilities that the RCH package is sought to be implemented.

Promotion of Injectible Contraceptives

The population control programmes in Nepal essentially involved promotion of either sterilization or hormonal contraceptives. Sterilization, both male and female, continues to be the predominant methods adopted in the country. However, there has been increasing push for temporary, hormonal contraceptives. The achievements of the family planning programme is evaluated primarily on the number of new acceptors and the increase in the proportion of injectible contraceptive users.[123] The seriousness of the side effects is generally downplayed. For example, the advertisement for the injectible depo-provera routinely exhort women to use it because it is completely side-effect free.[124] The injectible is allowed to be used by the private sector without any regulation or monitoring in Nepal. This is extraordinary given the fact that even the WHO has allowed it for use under the condition of post-Marketing Surveillance. Most of the drug stores in Nepal can legally administer it to their clients.

In a situation of dismal health service system in most part of the country, this is particularly worrisome. Research has routinely shown that these contraceptives have had

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[122] World Bank (2001), *op cit.*, p. 40.
[123] HMG (1998a), *op cit.*, p. 2.
[124] Joshi, Sushma (1998), "World Population Day, Women's Bodies and My Friend *Sangini*," *The Kathmandu Post Review of Books*, 3(6), p.1.

negative side effects on women.[125] But these side-effects are routinely blamed on the "psychology of women" rather than arising from the use of the contraceptive itself. One of the strategies of the government to tackle this problem is through "countering the rumours."[126]

Though not on the same scale as the injectible Depo-provera, Norplant is also promoted in most of the districts. It is claimed that this is limited to those places where the health service system is functioning. However, given the complete collapse of the health service system in most of the districts, this shows complete callousness on the part of the government.

The contraceptive research and development is not aimed at the production of a client-controlled system.[127] Research revealing harmful effects have been suppressed.[128] The testing is done on poor women of the third world. Even when the USDA rejected the promotion of Depo provera in the USA in the early seventies, this was tested in Nepal in 1973.[129]

Eliminating Society from Disease Context

The lack of "reliable and scientific information" was claimed to be the reason behind the lack of ability to design "the most cost-effective implementation" of the reproductive health approach. The Maternal Mortality and Morbidity Study conducted by

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[125] Satyamala, C (2000), *An Epidemiological Review of the Injectible Contraceptive, Depo-Provera*, Medico Friends Circle and Forum for Women's Health, Pune.
[126] HMG (1998a), *op cit.*
[127] Hartmann, B. (1995 [1987]), *op cit.*
[128] Satyamala, C (2000), *op cit.*
[129] Tuladhar, J. M. et al (1976), *op cit.*

the Family Health Division of the Department of Health Services with technical support from the UNFPA and other international agencies is said to the basis of the formulation of the National Reproductive Health Programme.

However, a closer analysis reveals that what was lacking was not information per se—it definitely was a lacuna in the health policy and programme formulation in Nepal—but a perspective which would look at the health needs of the population in the context of their social, political, economic and cultural context. The reproductive health approach has become yet another vertical programme. Nowhere in the policy and the strategy was it said that this programme would be implemented within the context of the comprehensive primary health care system. This fits in well with the gradual reduction of public health service system to a set of cost-effective interventions.

Why was this the case? This question begs us to go beyond the rhetoric of government policy documents and look at the structural relations it has with the international agencies, the changing visions of health within those agencies, and the ongoing health sector reforms currently being implemented under the aegis of these agencies.

Nepal's budget is completely dependent on foreign aid—more so when it comes to health services. Most of the development expenditure of the budget was borne by the loan and grants from international agencies, mostly bilateral and multilateral lending agencies. These agencies' vision of health is increasingly dominated by the programme of liberalisation which sees health as yet another commodity to be bought and sold in the market place, and not as a human right, as is demanded by women's rights activists when they have been campaigning for policy change.

They do not call for complete withdrawal of the state financing and provisioning of the services, but call for withdrawing from those areas of health services which would be provided by the private sector—both the for-profit health business, and the non-profit NGOs.[130]

Therefore, the vision of a comprehensive primary health care system is increasingly distorted. This is reflected in resource allocation also—as a huge chunk of the allocation for health goes to a few hospitals. The pathetic condition of the health posts and centres located outside the urban areas is accepted by the government and the agencies. The concentration of health personnel in a few urban centers and increasingly in the capital is not any secret even to the ordinary citizens.[131]

The hospital equipment are in utter disrepair. The health posts do not have running water, and most do not have electricity. Drugs are negligible except in a few cases. The government's liberalization of health sector has meant a greater space for the growth of the private sector — primarily located in regions where people possess purchasing power. The private sector could not be any panacea as far as the need of the majority of the people in the country was concerned.[132]

In this context, the strategy and the programmes adopted by the government for addressing the reproductive health needs of the women in the country is bound to meet

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[130] World Bank (2001), *op cit.*
[131] *Ibid.*
[132] *Ibid.*

with colossal failure. If anything, this would further marginalize the almost-non-existent health services to the common people.

Going beyond the health service system, the widely prevalent morbidity in the population in the country demand change in the social context in which illnesses are produced. There are indications that the context is changing for the worse.

Violence against women seems to be on the rise in most of the world. This violence has its root in the social disintegration occurring all over as more and more people get marginalized because of the increasing concentration of wealth, greater militarization, and environmental degradation. All these processes are essentially interconnected.[133]

The situation of food security is declining for increasing proportion of the poor people around the world, and women form the majority of them.[134] The declining terms of trade in the global market place have led to the erosion of livelihoods of the agricultural communities in most of the third world.[135]

There has definitely been awareness about gender inequalities in society. But the structural changes required for the realization of equality is further from the sight. In this context, the reproductive and sexual health programme is at best a cover-up for population control. In fact, the disproportionate emphasis put on the delivery of family planning services reveals this clearly.

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[133] Bandarage, A. (1997), *op cit.*
[134] *Ibid.*
[135] Patnaik, Utsa (2002), "Agrarian Crisis and Global Deflationism", *Social Scientist,* Vol. 30, nos, 1 &2, pp. 3-30.

Experiences from other countries suggest that political commitment for the comprehensive vision of reproductive health would require political force in the form of organized women's movements and initiatives. The lack of these is palpable in Nepal, as the women's mobilization in the country is essentially limited to the role of "broker" between the state and international agencies and the general people. This does not mean that women's groups in Nepal have not raised any voice. In fact, women's groups working on health issues have actively taken up the reproductive health issues as part of their organizing and campaigning. But they are limited in terms of the political clout. Moreover, dependent as they are on the funding from international agencies, they have structural limitations to go beyond and campaign for a reproductive health approach that would not limit women to the role of uterus bearers but as human beings. Secondly, they have not yet developed a comprehensive vision of health care which would have reproductive health as an integral part.

There have been some legal changes recently. For example the amendment of the civil code allowing for partial property ownership and legalization of abortion is a signal in a positive direction. But these legal changes do not in themselves deliver the result.

It was claimed that fifty percent of the maternal death was due to the unsafe abortion and most of the unsafe abortion occurs because of the illegality associated with it (not much reliable data are available, though, to substantiate this position). This position, while partially valid, has serious limitation. To make abortion legal is definitely one big step forward as far as women's control of the reproductive processes is concerned. But how this legal provision translates into actual exercise of this right is dependent on a whole lot of other factors, most of them structurally determined.

For example, how could the current health service infrastructure deliver safe abortion? What proportion of people has access to the health services that actually exists? The large urban based health service system will not benefit all those living in the rural and remote areas. Therefore, abortion is not only a legal issue, but also a structural one at the same time.[136] Can one talk about exercising the right to abortion without at the same time creating a health service system which is comprehensive, equitable, just, and sensitive to the specific needs of women? And can one talk about establishing comprehensive, equitable, just and gender-sensitive health service system without at the same time transforming the structures of the state, its relations with the international donor agencies, at the community levels and within family?

This holds true for other services as well. This also leads to the further realization that fulfilling these needs cannot be possible without transforming the current structures at home, within community, nationally and internationally. The way things exist, the reproductive health programmes can at best be a vehicle for further expansion of contraceptives which may be harmful to women's lives, but which would be indispensable for the larger goal of population control. Even for that goal to be achieved, the current health service system would not be adequate.

In this context, the language in reproductive rights reflected in international for a such as ICPD 1994 and Fourth World Women's Conference in Beijing in 1995, national policies and programmes, in the international agencies policies, and NGOs activities, can

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[136] Petchesky (1980), *op cit.*

at best be considered what Petchesky calls the "rhetorical achievement."[137] As a transformative programme, achieving reproductive rights is nothing short of "turning the world upside down."[138] And turning the world upside down requires going beyond what the current techno-centric programmes and policies aims to do. It requires political mobilisations to transform the current structures of power at all levels—from home, community, state, market to the international relations.[139] There is definite limit to what the Cairo consensus can achieve without this transformation.

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[137] Petchesky, Rosalind (1995), *op cit.*,p.403.
[138] *Ibid.*, p. 404.
[139] Bandaraga, A (1997), *op cit.*

Summary and Conclusion

Population control programmes have become ubiquitous in most of the third world by now. The issues of overpopulation, environmental degradation, and family planning have become all too familiar. The international agencies, states and, since the late seventies, NGOs, have been increasingly involved in population control endeavours. The discourse permeates from everyday language to transnational treaties. By now the idea of population control has been established as a largely unquestioned truth. However, ideas and practices emerge in particular historical contexts. Actors are involved. Institutions come into being and ideas find expressions in specific practices. With the change in societal discourse, ideas and practices undergo transformations. This study tried to examine the historical trajectories of population control programmes.

The first chapter began by looking at the emergence of "population" as a category in a particular historical context. The emergence of modern nation state, the sophistication of statistical techniques, the desire on the part of the state to know about the citizens, the importance of labour as a source of national wealth were typical of modern industrial era. The numerical representation of people was an essential element of calculation of the nation's wealth.

Population as a category began to get deployed by scholars and politicians to measure national wealth, to evaluate the state's policies and to argue about measures required for either controlling it or augmenting it. For a long time, it was believed that

more population meant more wealth. Several measures began to be deployed to augment it. But it was not the numbers alone, the quality of population also mattered.

However, this began to change in the nineteenth century. From late eighteenth century onwards, the problem of poverty posed serious challenge to the new social order that was emerging in the wake of industrialization in Europe. Large numbers of people were being uprooted from their communities as commercial farming led to disenfranchisement of farming communities during the seventeenth century. The beginning of the factory system of production required large scale labour power to operate the production system. These uprooted people formed the necessary labour pool for the industrialization process.

But the eighteenth century was also a time of political turmoil. The French Revolution was a culmination. The proclamation of sovereignty of people led to a new concept of citizenship. It showed that the social reality is not preordained, but something that was amenable to human intervention. The widespread misery, many began to believe, is not the result of God's command, but rather the result of social structures and relations.

Can society be changed for the better? Can hunger and want be abolished? Can rank injustices be done away with? A number of debates, some polemical, occurred on this issue during this time. Scholars like Condorcet and Godwin believed in social betterment, the perfectibility of society. Condorcent argued that the world without misery, inequality, and poverty was perfectly possible. This concept challenged the immutability of the newly established capitalist order. The industrialization process had led to immense concentration of wealth side by side with an immense scale of human

misery. This was intellectually being legitimized by the emergence of classical political economy. Supposedly scientific, the political economic laws emphasized the laissez faire and tried show through simple demand-supply schema that the societal good can be maximized if left to the invisible hand of the market. The economy was better off without any state intervention, according to the classical political economists. Godwin's and Condorcet's ideas challenged this notion.

Every social order requires its legitimizing ideology in the form of belief systems and institutions. For Thomas Malthus, the idea of population provided a perfect example of refuting the arguments for perfectibility of human society and presenting the immutability of the existing social order. He formulated his theory of population in the form of a simple mathematical proposition: that the human population increases in geometric rates and food increases in arithmetic ratio. The divergence between them is, therefore, inevitable leading to widespread famine and misery which would constantly bring back the population to equilibrium with the food production.

This simple mathematical schema had a powerful appeal. Based on this simple mathematical schema, he naturalized poverty and argued against any attempts on the part of the public authority to provide for the welfare of the poor. His argument was deployed in reforming the poor laws in the 1830s. Explanation of the natural state of poverty formed the core of his population theory. He opposed any form of artificial contraception, but argued in favour of abstinence or late marriage. But for him poor are just plain stupid and they cannot be prudent enough to exercise restraint.

The nineteenth century, however, saw a different set of actors for whom the idea of population appealed in another way. Unlike Malthus, they saw in family limitation a

perfect way to tackle poverty. If poverty is the result of the rise in population, obviously the best way to deal with that would be by promoting birth-control among the poor. The Neo-Malthusians began popularizing birth control among the poor with this belief.

However, they were not the only actors involved in the popularization of birth-control. The use of birth-control was becoming widespread among the middle classes in France by the middle of the nineteenth century and this was beginning to be the case in England also. However, there was excessive birth among the working classes. They were invariably the ones who were poor also.

Another set of actors also emerged: women's activists saw in birth control a possibility of exercising greater control over reproductive processes. That women had been practicing birth control for a long time is now an established fact. However, there were technical limitations. The second part of the nineteenth century saw the invention of some more reliable methods of birth control also. This enhanced the potential of artificial contraception.

In the late nineteenth century, yet another set of actors emerged in the field of birth control. Some sections of the ruling classes were beginning to be worried by the differential fertility between the upper classes and the working classes. The rising tide of the working classes taking over them posed a real challenge. Similarly, the racial differences in fertility were also becoming visible in America by the early decades of the twentieth century. For the eugenists, birth control could serve another purpose: the selective augmentation and control of population based on race, class, or ethnicity. Until discredited by the Nazi excesses in the 1930s, they had become the dominant actors in the field of birth control in England and America. Backed by big industrial houses and with

overt support from the majority of the states in the U.S.A., the practices of eugenics involved researching and categorizing people according to their IQ, determining their worth in society, and promoting sterilization among the less worthy ones, and exhorting the more worthy ones to have more children. For them, the middle-class whites of the West European descent were invariably the worthy ones. Thousands of Black women and men were forcibly sterilized during the thirties in the U.S. as involuntary sterilization became legal in the majority of the American states by the late thirties. Those involuntarily sterilized included mentally challenged people, alcoholics, the epileptic, indeed even the tubercular among others. The immigration laws were tightened to check the influx of the unwanted peoples. .

The beginning of the Cold War brought into existence a new context. The development and modernization process had started in the third world with active involvement of the U,S. The goal was ostensibly to counter the communist threat. The threat was palpable: the Chinese had turned red, Vietnam was going the same way, and the Soviet hegemony was spreading. In this context, the challenges to the West, led by the U.S. , were immense. The technological project of development as envisaged in the inaugural speech of the newly elected U.S. President Harry Truman became the major tool of winning the Cold War or checking the spread of communism.

Seen in this context, a lot of efforts were put by the U.S. foundations to raise the spectre of overpopulation as a sure road to political revolt. Through active lobbying and mass media campaigns, the issue of growing population in the developing world got established as important public policy issue. The initial reticence on the part of the American state to get involved in birth control gave way to large scale involvement in the

promotion of family planning by the late sixties. From the seventies onward, as overpopulation was officially accepted as a threat to U.S. security, population control was firmly put in place.

The second chapter looked at the specific experience of Nepal. The discourse on population emerged in Nepal in the sixties when the newly trained planners began to believe that the growing population was posing a serious threat to the development process. The regularization of census taking and the new training in demography made it possible to analyze the dynamics. The theory they learned from the training centres in US and India provided the tools. The Malthusian tide had arrived even in landlocked Nepal, declared Pashupath Shumshere J.B.R in 1971 in the inaugural speech of a seminar on "Population and Development" organized by CEDA. That the country was getting dangerously overpopulated was not to be questioned. It was easy in Nepal—in the absence of any political opposition, the establishment had a free hand in running the affairs. Family planning was thus to be the major strategy of development. Begun with a few family planning clinics in the three towns of the Kathmandu valley in 1965, family planning spread to every nook and corner of the country—through mobile sterilization camps, the local health volunteers, radio programmes, and minister's speeches.

But the programme was to encounter monumental failures. The fertility continued to grow. The impatience with which the planners promoted family planning was not matched by reciprocal response from the illiterate masses. This gave rise to immense frustration: some even argued that the poor had to be forcibly sterilized. The increasing number continued to haunt the imagination of the elite as census after census showed that

the investment in population control had not paid off. However, the numbers also provided a simple excuse for the monumental failures of the development in the country.

The assumption that family planning as a technological intervention can bring about fertility change was beginning to be doubted by the middle of the eighties. Research increasingly showed that people were not simple accepting it. But there were other actors coming on the scene also who were challenging the very notion of population control and various assumptions behind it. The women's movement brought in sharp critiques of the population policies as they meant further coercive interventions on women's bodies through the promotion of harmful contraceptives, inadequate health services, and continuing gender inequality in society. The racist motives underlying sterilization policies among the non-Whites in the USA was also under attack.

As the third chapter tried to show, these seemingly divergent actors coalesced into a powerful voice during the International Conference on Population and Development (ICPD) in the Egyptian capital Cairo in 1994. A consensus emerged that respecting people's right to choose, the need of creating enabling conditions for people to make reproductive decisions, and reproductive freedom was upheld during that conference. Ratified by most of the member states of the UN, the Cairo Plan of Action became a departing point for the reformulation of population policies in most of the third world. The family planning programmes began to be renamed reproductive health programmes. It is considered a major step forward. However, the language of reproductive rights is increasingly appropriated for the goal of population control and the larger structural issues that the women's movement raised got further muted.

The assumption that growing population is the major cause of ills facing the third world countries is perfectly alive and kicking even after Cairo. Based on these assumptions, the family planning programmes continue to be the strategy of population control. The issue of women's freedom to choose, the quality of care gets marginalized, as the third chapter has tried to demonstrate by looking at the policy changes in Nepal.

The vision of reproductive health as is imagined by the Nepali state is based on a very narrow, medical conceptualization. The solutions offered are a series of techno-centric interventions. The large structural cause of ill health is completely overlooked. The birth control can have three main objectives: increasing women's control over reproduction; improving the health by avoiding unwanted pregnancies; and bringing about demographic changes. It is primarily the last which is dominant, largely overlooking the needs of women in Nepal. Injectible contraceptives, which have been shown to be harmful to women's health, are routinely promoted as perfectly safe, as is the case with Norplant and Depo-provera. Surprisingly, there has not been much opposition to this, except from individual women who have been dropping out from them as the side effects began to be too difficult to bear. The reproductive rights and health as contemplated by women's movements gets further narrowed down into a series of bio-medical interventions.

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