

Do Population Programs Violate Women's Human Rights?

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I S S U E S

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SUMMARY In September 1994 an International Conference on Population and Development, involving government leaders and nongovernmental organizations, will convene in Cairo to debate future population policy for the globe. A major issue that will underlie this debate is whether fertility control programs, which have become very widespread, violate women's human rights and ignore their health and other needs. Many groups advocate that these programs be replaced with programs that enhance women's health, education, or status—without explicitly attempting to control their fertility. But is the charge that population programs violate women's human rights valid? And will the proposed women's health and education programs be financially sustainable and effective for reducing population growth? Finding the correct answers to these questions is critical because without further reductions in fertility the world's population will double by 2025—to over 10 billion people. Because of this threat, improving the quality of fertility control programs seems preferable to abandoning them altogether.

In recent years, fertility control programs in developing countries have come under increasing attack by both feminist and conservative groups for violating women's human rights. These programs, their critics argue, pressure women to use dangerous contraceptives, to have abortions when they wish to bear children, and to undergo sterilization operations that destroy their childbearing capacity. Population programs are thus coercive; they also ignore women's overall health needs.

The policy remedy most frequently advocated is to convert population programs to reproductive health programs, thereby making the supply of contraception an incidental service and no longer attempting to convince women to limit family size. In response to charges that this conversion would undermine the effort to slow population growth—a goal that many regard as critical for the long-term welfare of humankind—the advocates for women's health programs argue that empowering women and providing them with high quality health care will together suffice to lower the birth rate. Investment in women's health is thus proposed not only as a way to improve the quality of women's lives—and to stop what are seen as violations of their human rights—but also as a way to curb population growth.

Are the charges that population programs violate women's human rights valid? And will world population growth indeed slow quickly enough if such programs are replaced by reproductive health programs? The answer to the first of these questions is complicated by basic disagreements about the nature of human rights, the relative importance of different types of rights, and the impact of certain program features on individual women. Almost everyone agrees that programs that force women or men to undergo sterilization operations or abortions violate human rights. The vast majority of population programs do not use such extreme approaches, however. Even so, there is disagreement about whether these programs violate women's rights or, if at fault, merely fail to serve them as well as they might.

Regardless of which is the case, abandoning

population programs seems premature. The United Nations estimates that world population will double during the next half century. This projection assumes, however, that fertility will continue to fall, an assumption that may not be met if governments cease their efforts to convince couples to have small families. Because many program features that are effective for lowering the birth rate also meet women's needs and preserve their rights, improving the quality and perhaps the breadth of population programs seems a wiser strategy than abandoning them entirely in favor of women's health programs.

Human Rights

Making ethical judgments about population programs begins with a consideration of human rights. Human rights differ from other rights in two ways. First, they are universal: they apply to everyone regardless of age, gender, race, nationality, ethnicity, or other characteristics. Second, they are fundamental: they take precedence over other rights and privileges.

Over the years, the United Nations has promulgated many conventions and declarations that define human rights. These documents have generally identified two types of rights: (1) individual freedoms, such as freedom of speech and assembly, and (2) social entitlements, or guarantees of basic human needs such as food, shelter, and physical security. Implicit, if not explicit, in most human rights documents is the obligation of governments to ensure both types of rights. Governments must not only protect the right to freedom of speech, assembly, and movement, but must also guarantee access to education and training, jobs, and other forms of economic and social support.

Human rights, while fundamental, are also conditional. For example, freedom of speech does not extend to acts that directly endanger others and hence violate their human rights. Yelling "Fire!" in a crowded theater is a classic example. The conditional nature of reproductive rights is specifically recognized in the UN Teheran Declaration on Human Rights, which states that couples should

Most agree that forcing people to undergo abortions or sterilization violates their human rights

have the right to decide their number of children “freely but responsibly.” Most observers agree that “responsibly” means ensuring that the number of children borne does not exceed the number that the parents can support. Some would also extend the concept of responsibility to include childbearing at a level that poses no threat to either the environment or the well-being of the community or society.

These conditions create a tension between the freedom of parents to decide how many children to have and their responsibility to society in making that decision. Closely related to this is the tension between the two types of rights referred to above, that is, individual freedoms and social entitlements. In countries with rapid population growth and scarce resources, large numbers of children may be perceived as a threat to the current or future well-being of society. In this situation, governments may justify limiting individuals’ reproductive freedom on the grounds that uncontrolled childbearing threatens the collective welfare.

This tension—and the much stronger emphasis given to individual freedoms in the West than in many socialist and developing countries—leads to disagreements about whether the practices of a particular population program violate women’s human rights. It also means that limitations on reproductive freedom that are ethically acceptable in one setting (one facing environmental or resource crises, for example) may be unacceptable in others. Thus, making blanket judgments about the ethical status of population programs is difficult.

The Impact of Population Programs on Human Rights

Over the past 20 years, the idea that rapid population growth is undesirable has spread throughout the world. Governments faced with burgeoning populations have thus created policies and programs designed to slow population growth by lowering fertility.

The nature of these population control programs varies considerably across countries. Some programs provide modern contraceptives to married couples free of charge or at a greatly reduced price but

otherwise make little effort to convince them to use contraception. These programs have been criticized the least by feminists and other human rights advocates, although the contraceptives they offer are sometimes criticized on safety grounds.

Some programs supplement contraceptive services with educational campaigns designed to alert couples to the availability of subsidized contraceptives or to the advantages of limiting births.

A few programs go further. Some provide relatively small monetary incentives (so-called promotional payments) to couples who adopt particular forms of birth control (usually the long-lasting or irreversible forms, such as the intrauterine device [IUD] or surgical sterilization); others provide much more substantial economic benefits (so-called adjustment payments) as a reward to those who keep their family size within certain limits. The programs that have come under strongest criticism use targets and group pressures to get couples to limit family size, but many observers criticize the use of incentives as well.

Three issues must therefore be addressed in any assessment of the ethical status of population programs: (1) whether incentives violate human rights, (2) whether targets and pressures violate these rights, and (3) whether unacceptable health risks are associated with various forms of birth control.

Incentives. In discussions of the ethics of population programs, small “promotional” payments to compensate clients for the out-of-pocket and indirect costs of an IUD insertion or sterilization operation are often distinguished from large “adjustment” benefits intended to change a couple’s family size desires or to influence the number of children they bear. Generally, the latter are regarded with more suspicion than are the former, partly because promotional payments tend to be small enough to make it unlikely that people will act against their long-term interests or needs simply to acquire the reward being offered. Indeed, the theory behind promotional payments is that the poor are often prevented from fulfilling their desires to postpone or stop having children because they cannot afford the time off, travel costs, and other expenses needed to

Steps to limit reproductive freedom may be ethically acceptable in one setting but not in others

Incentives to lower fertility may actually increase women's freedom of reproductive choice

obtain an IUD or have a sterilization operation. The intent of promotional payments is therefore to enhance individual freedom of choice rather than to limit it, a goal that seems to have been borne out in reality in at least one population program for which careful empirical evaluations have been conducted (Bangladesh's).

Large-scale payments or benefits designed to induce people to have fewer children than they would otherwise have are ethically much more controversial. Many observers agree that governmental attempts to alter people's childbearing by punishing those who fail to conform by denying them access to basic entitlements is unethical, especially since it is often innocent parties (children) who suffer most from this withdrawal of services. Even attempts to alter childbearing through the provision of positive incentives (special schooling for children, better housing for the family, higher pensions for the parents in old age) meets with disfavor in some quarters on the grounds that it is unethical for governments to manipulate peoples' reproductive choices. Reproduction is a private matter, they argue, and couples have a fundamental right to make reproductive choices without social pressure.

This argument has two flaws. First, government attempts to manipulate reproductive choice are seen by some observers as logically no different from government regulation of other "private" matters that rarely are criticized on ethical grounds. Examples include school attendance laws and incentives to farmers to grow particular crops.

Second, in many countries with rapid population growth, women have been pressured by community traditions to bear children in far greater numbers than they desired or was good for their health or that of their children. These traditional social pressures, which still exist in many countries, severely constrain women's freedom of reproductive choice by threatening them with loss of income, social ostracism, or even death if they fail to produce an adequate number of children or sons. In these countries, population programs that offer incentives to lower fertility may well increase women's freedom of reproductive choice, rather than restrict it,

because they offer husbands and other family members at least partial compensation for the loss of the potential benefits of having more children.

Whether incentives are accepted as a legitimate policy tool varies from country to country. For example, a study of public attitudes toward Singapore's incentive program conducted in the mid-1970s found that most Singaporeans supported the government's program; they agreed that the need to control population growth was serious and that to offer incentives to reduce fertility was therefore in everyone's best interest. But in China, the desire of most couples to have more than one child, and frequent reports of attempts to get around the government's one-child policy suggest that many Chinese find their government's fertility incentives illegitimate. Thus, whether incentives violate human rights depends on the social context in which the incentives are offered, especially on the traditional reproductive pressures that women face, and on agreement about the urgency of reducing population growth by lowering fertility.

Targets and pressures. Especially in Asia, government population programs have often been administered and evaluated based on demographic targets and quotas. Women's advocates have strongly attacked this practice on the grounds that it promotes a coercive attitude toward women, who are viewed as targets for meeting administratively mandated "counts" of contraceptive acceptors rather than as individuals in need of health and family planning services. Programs that are run according to targets and quotas, it is argued, tend to forget about the quality of services and instead worry only about meeting numerical goals.

This charge has considerable substance, and recognition of this (along with international pressures) has led some governments to abandon or reduce the importance of demographic targets and acceptor quotas in their population programs.

Whether targets or quotas invariably lead to the violation of women's human rights—that is, to coercive pressures that unjustly restrict women's freedom of reproductive choice—is less clear,

however. Overall demographic targets used without specific acceptor quotas seem less a problem than acceptor quotas set for each level of bureaucratic control (individual family planning workers, their supervisors or the units to which they belong, and so on up the line to the level of the state or province). For example, the one area of clear human rights abuse found in the study of incentives in the Bangladesh population program mentioned earlier was the use of payments to reward “recruiters” who brought men in to be surgically sterilized (vasectomy). Rewarding family planning workers for recruiting large number of “acceptors”—or punishing them for failing to do so—clearly encourages them to pressure women and men into accepting methods of birth control that they might not otherwise choose to accept. (Bangladesh has since dropped the use of payments to family planning “recruiters” and now makes payments only to contraceptive acceptors themselves.)

In addition to the use of targets and quotas, some population programs, most notably in China and Indonesia, use community pressures on individuals. Does the use of community pressures violate women’s human rights? On first view, yes. But again, whether it actually does so depends in part on the context in which it occurs—especially on traditions about the privacy of reproductive choices and the acceptability of group pressures in everyday life. For example, in Bali, daily life has been closely regulated for centuries by sub-village organizations called banjars, which provide essential welfare and social security services to their members in exchange for adherence to the banjar’s decisions. The Indonesian family planning program has co-opted the banjars to regulate members’ reproductive behavior in ways that many Westerners find ethically unacceptable. For example, in some banjars, the contraceptive method being used by each couple and the date of the wife’s last menstruation are listed on a large billboard posted in the banjar hall. Although to Western eyes, banjars can indeed be coercive (with coercion enforced by threat of expulsion and social ostracism rather than through force), they do not appear to be regarded as such by the Balinese. Thus,

whether the restrictions on individual freedom of choice that banjar membership requires constitute a violation of human rights or instead a perfectly normal and acceptable feature of everyday life in a group-oriented culture is not easily decided.

In sum, then, although targets, quotas, and group pressures clearly run the risk of abridging individual freedom, whether they actually do so depends very much on the social context in which they occur. From a human rights perspective, population programs would be better off without the use of these devices. But would their effectiveness in lowering population growth be compromised? Before answering this question, the issue of contraceptive safety must be addressed.

Contraceptive safety. One reason that feminists have criticized population programs is their belief that the birth control methods these programs promote endanger women’s health. In asking women to use contraception or surgical sterilization, feminists argue, programs are not simply asking them to bear fewer children; they are asking them to risk their health. Is this accusation fair?

The answer depends on how we judge a given birth control method. Feminists often compare the risks to women’s health associated with the major “female” methods of birth control that population programs promote (the Pill, Depo-Provera, Norplant, the IUD, surgical tubal ligation) to the risks that men face in using the major “male” methods of birth control (the condom, withdrawal, vasectomy). No male method, they correctly point out, subjects men’s bodies to the level of risk associated with most female methods. From this point of view, then, it is discriminatory and unfair to ask women to incur health risks in the name of lowering population growth.

A very different picture emerges when the risks associated with the major female methods of birth control are compared with the risks of uncontrolled childbearing. According to the best available studies of this question, the dangers to women associated with pregnancy and childbirth, especially in poor countries, are far greater than the health risks

The use of fertility targets and group pressures runs the risk of abridging individual freedom

Many women in developing countries who do not want more children still are not protected from having them

associated with any of the frequently promoted birth control methods. Thus, although there is unquestionably a need to develop better and safer methods of birth control for both women and men, when compared to using no birth control at all, the existing female methods are generally quite safe. From this point of view, population programs that encourage women to use modern contraceptives are helping to preserve women's health, not endanger it.

Feminist authors also argue against the heavy promotion of female sterilization. They view this as unethical because sterilization is permanent and thus removes women's freedom of reproductive choice. I agree that programs (such as China's) that promote female sterilization while ignoring vasectomy (a much simpler and safer operation than tubal ligation) discriminate against women, especially when these programs use coercive tactics (as China's reportedly does).

In many parts of the world, however, women who have as many children as they want often welcome the irreversibility of sterilization; they wish to be done with childbearing, and tubal ligation guarantees this. In fact, in the United States and many other developed countries, sterilization is the most popular birth control method among older married couples of reproductive age. Thus, although there is little question that forced or quasi-forced sterilization violates women's human rights—and little question that population programs are better from a demographic as well as ethical point of view when they offer women a range of birth control methods—sterilization cannot be considered an inherently unethical method of birth control. Again, the context in which it is used determines its ethical status.

The Demographic Effectiveness of Reproductive Health Programs

Will a population program that abandons all attempts to convince men and women to limit their fertility or adopt birth control, and instead focuses on providing women with a range of reproductive health services (including birth control services), be

effective in lowering fertility? The answer to this question is complicated by problems in determining the most beneficial rate of fertility decline, even in societies facing very rapid increases in the size of an already-large population.

It is true that the slower the rate of fertility decline, the larger will be the number of people added to the population. But very rapid drops in fertility or a decline to very low levels (significantly below the 2.1 people needed to replace the population in the long run) can disrupt marriage markets and social services; therefore, the government may face a need in the future to raise fertility. Thus, there are trade-offs between different rates of fertility decline; fast is not necessarily better than slow, nor is slow necessarily better than fast.

Still, I believe there are at least three reasons for maintaining an emphasis on slowing population growth, rather than abandoning all attempts at population control and transferring the resources currently spent on population programs to reproductive health programs for women. The first is the enormous growth of the world's population that will almost certainly occur during the next half century—and the problems engendered by such growth. Since 1950, the world's population has more than doubled—from 2.5 billion people to 5.3 billion. According to the United Nation's most recent projections, the population will grow to 8.5 billion people by the year 2025—but only if the average number of children borne by women in the world's developing countries falls by more than one child, from 3.90 to 2.44 children per woman. (If fertility does not fall at all, there will be 10.4 billion people in 2025, almost twice as many as are alive today.) Many countries are already crowded and face serious environmental and resource problems. Without population control programs designed to lower fertility from four children per woman to between two and three, the problems generated by population growth are likely to be even worse.

Second, an exclusive emphasis on the provision of reproductive health services for women ignores the role of men in fertility. Numerous studies have documented a moderate-to-high level of "unmet

need” for family planning services in the developing world—that is, a substantial proportion of married women who say they want no more children but are not protected from having them. In some countries, the ultimate cause of this unmet need is men’s resistance to their wives’ use of contraception or sterilization, not just a lack of family planning services in the local community. Where this is true, a health program that incidentally offers contraception to its women clients seems unlikely to go as far in meeting women’s unmet needs for fertility control as a program that tries to convince men of the benefits of family planning.

Finally, a continued emphasis on population programs is appropriate given the evidence that, without using coercion, these programs can be highly effective at a very low cost. A recent study estimates that population programs have accounted for between one-fifth and one-half of the fertility decline occurring in much of the developing world during the past 30 years. These programs, moreover, typically cost dollars per person rather than tens or hundreds of dollars. Although much-needed improvements in the quality of many population programs will clearly increase their cost somewhat, these improvements will also serve women’s needs better and make these programs more demographically effective.

Effective population programs share many features: they provide clients with complete information and establish the conditions needed for effective, two-way communication; they provide ease of access, high quality services, and continuity of contraceptive supplies; they offer women anonymity and confidentiality; they employ skilled, sensitive, and fully informed personnel; they offer a variety of birth control methods and the freedom to choose the desired and appropriate method; and they keep contraceptive costs in line with the client’s income. Thus, although the best, most effective population programs will not necessarily meet all of women’s reproductive health needs, they will meet their fertility control needs in a manner that preserves their rights and enhances their freedom of choice. Because good population programs are known to be

highly effective in reducing fertility, the move to abandon them altogether and instead focus all resources on women’s reproductive health seems premature.

Conclusions

Population programs serve an important purpose in slowing the growth of an already large and still rapidly growing population. And they do so relatively inexpensively. Even high quality population programs can cost as little as a few dollars per person per year, a trivial amount when compared with the costs of a full-blown health or education program.

That population programs can best meet their demographic purposes by use of approaches that preserve, and in some cases expand, women’s human rights suggests there are two worthwhile human rights goals to be pursued in the future. First, pressure on governments to improve the quality of population control programs, so that these programs enhance rather than restrict women’s (and men’s) freedom of choice, needs to be continued. Specific features that are subject to human rights abuses, such as the use of worker quotas or group pressures, should be questioned. Clients should have a voice in the design and implementation of population programs so that meeting their needs is the primary focus of the program and is built into its method of operation.

Second, in addition to improving population control programs, we also need to press for the full range of human entitlements, including the right to adequate health services, that women in so many cultures have been denied in the past. Women tend to experience more reproductive health problems than men, and the diagnosis of these problems is often relatively difficult. Many poor countries also lack facilities designed to meet women’s health needs in a manner consistent with cultural restrictions on their freedom of movement, requirements for modesty, social embarrassment about infections, and lack of access to financial resources. (Men have particular health needs as well but typically have more resources to meet these needs than do wom-

The most effective population programs preserve or expand women’s human rights

en.) As women's health advocates have noted, we need to empower women in a variety of social and economic spheres—for example, by ensuring that they receive adequate education and are free from physical abuse within the family. A vital step in empowering women, however, is giving them the means to control their own fertility.

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