

Ten Years After Cairo: The Resurgence of Coercive Population Control in India

By Rajani Bhatia

In 1994 at the U.N. International Conference on Population and Development (ICPD) in Cairo, world leaders reached a new consensus on population. Although the ICPD Program of Action (POA) legitimizes demographic goals set by national governments, it recommends policy approaches based on the promotion of reproductive health, informed free choice, and gender equity. The document specifically rejects the use of coercion in family planning programs and discourages the use of social and economic incentives and disincentives to reduce fertility.

However, today after commemorations of the tenth anniversary of the ICPD have taken place around the world, population control is still with us. While the negative effects of China's one-child policy have received much attention, recent two-child norm policies in India have also had devastating consequences for women and the poor. It is important that women's health and reproductive rights activists remain vigilant about the continuing impact of population control.

During the last 15 years, population control in India has moved away from a tightly connected system of policies imposed by the central government mainly involving pressure on the poor to be sterilized.¹ Instead, individual states are devising their own schemes to enforce a two-child norm. Designed to deter parents of two children from having a third, these policies employ disturbing new incentives and disincentives that trample on the rights and health of the country's people. Disincentive penalties prohibit parents of more than two children from holding posts in local village councils or seeking government employment and deny or circumscribe access to public provision of education, health insurance and other welfare

benefits. Working in the reverse, new forms of incentives give preferential access to anti-poverty and employment schemes to individuals who accept sterilization after two children.² Emerging studies show how these population control policies have increased socio-economic and political disparities as well as gender-based violence in the country.

Oddly, most of the two-child norm policies came about either concurrent to or just after the national government of India made significant policy changes consistent with the ICPD Program of Action. First, a Target Free Approach (TFA) was adopted in April 1996, which officially removed targets related to contraceptive acceptance.³ In February 2000 the government announced a new National Population Policy (NPP 2000) that upheld the principles of voluntarism and informed consent in reproductive health care provision. However, many of the new strategies never had a chance to get off paper and on the ground. Health Watch, a watchdog coalition formed to monitor the government's commitments made in Cairo, conducted surveys in nine states and found the new approach poorly implemented.⁴ In those areas where the TFA was tried, many officials doubted its merits and too quickly interpreted the subsequent fall in sterilization rates as system failure.⁵

When India's population crossed the one billion mark on May 11, 2000, alarmism around the need to reduce population further undid what little progress had been made toward upholding ICPD and NPP principles in state health policies. M.K. Raut, a government official from Chattisgarh state, for example, expressed this common sentiment, "We can't wait forever. The empowerment route advocated by the Cairo declaration is a long

process and we would have added another billion by then...Yes, it is coercion. But with a billion-plus people, family size is no longer a personal matter.”⁶ The current national government led by the newly elected Congress Party has thus far taken no action to pressure states into adhering to NPP 2000 principles. As recently reported by the *Washington Post*, officials of the Indian Ministry of Health and Family Welfare describe population issues as an area now mandated by states without central regulation.⁷

Among the most controversial disincentives are electoral laws that since 1992 have sprung up in eight states. These debar anyone with more than two children from holding office in local government bodies or village councils known as *panchayats*. As a result over 4000 *panchayat* members have been forced to vacate their posts upon having a third child.⁸ State officials say they devised electoral disincentive laws in order to force village council members to act as role models in encouraging smaller families.⁹

In July 2003 the Supreme Court of India gave a national stamp of approval to the state two-child norm policies by upholding the constitutionality of the electoral disincentive law of Haryana state. In its ruling the Supreme Court stated, “Disqualification on the right to contest an election for having more than two children does not contravene any fundamental right, not does it cross the limits of reasonability. Rather, it is a disqualification conceptually devised in the national interest.”¹⁰ Emphasizing India’s “burgeoning population” as a national problem causing everything from congestion in urban areas to shortfalls in food grains and reduced per capita income, the Supreme Court further observed, “Complacency in controlling population in the

name of democracy is too heavy a price to pay, allowing the nation to drift towards disaster.”¹¹ Critics of the two-child norm and the Supreme Court decision have likened current policies to the 1970s Emergency Period in India’s political history remembered for massive forced sterilizations and suspension of democratic rights.¹²

A study conducted by the Bhopal-based NGO, Mahila Chetna Manch, between July 2001 and March 2002 clearly reveals how state policies have adversely impacted local communities and their village councils. Commissioned by the Ministry of Health and Family Welfare with support from the U.N. Fund for Population Activities (UNFPA), the study covered the states of Andhra Pradesh, Maharashtra, Madhya Pradesh, Orissa and Rajasthan. It found that 75 percent of those disqualified from their *panchayat* posts for having a third child belonged to economically and socially disadvantaged groups known as Scheduled Castes and Tribes. People resorted to a variety of means in order to evade the law including forced abortion, desertion of pregnant wives, divorce, extra-marital affairs, denial of paternity, hiding babies or children (for example by not allowing them to attend school), child abandonment, tampering of birth and immunization records, and giving away of children in adoption. The laws also resulted in a marked rise in the number of prenatal sex determination tests and abortion of female fetuses. In the case of a male fetus, most mothers were pressured into having a third child with the consequence of losing her own or her husband’s post in the *panchayat*.¹³

Meanwhile, the traditional system of incentives has not disappeared entirely. In the state of Andhra Pradesh, for example, Health Watch documented the use of gold chains to entice women to get sterilized after having two children.¹⁴ States have also employed a range of new incentives to allow individuals accepting sterilization preferential access to subsidized housing, food, government jobs and the like. In addition, some states have implemented group or community incentive schemes that give preferential access to development grants for housing, sanitation, school buildings, etc., based on collective family planning performance. As in the past, Madhya Pradesh, Andhra Pradesh and Maharashtra provide performance awards to service providers who meet family planning targets.¹⁵



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Most shocking is a guns-for-sterilization scheme put into place in three districts of Uttar Pradesh. The policy mirrors past incentives for family planning “motivators,” but is directed at harnessing the exploitive power of rich, land-owning farmers. Bringing in two people for sterilization gets you a single-barrel shotgun; five people a revolver license. The London *Guardian* recently reported a case of five poor farmers who in July 2004 were lured by a rich farmer’s offer of work and then forcibly sterilized.¹⁶

Some states employ population policies to address social issues such as low age at marriage, son preference and lack of male responsibility in contraception – but unfortunately by punitive or preferential means. Uttar Pradesh, Rajasthan and Madhya Pradesh, for example, deny individuals married before the legal age of 18 access to government jobs, thereby further disempowering women forced against their will to marry early.¹⁷ Similarly ill-conceived is a policy in Andhra Pradesh that awards three couples selected by a “lucky lotto” dip 10,000 rupees. In order to qualify for the lotto, couples must either adopt a permanent method of family planning after having one child or two girl children or by adopting vasectomy after having one or two children.¹⁸

Neo-liberal economic and deregulation policies of the past ten to fifteen years have also had a negative effect. Resource allocations to the health sector have fallen at both federal and state levels. The research of Health Watch revealed that many women in India do not have easy access to basic health care or even minimum reproductive health care services. The context of population control has become decentralized as a host of different actors including state and local government bodies, NGOs, corporations, and lending sources for micro-businesses implement separate strategies to instill a two-child norm.

Another recent development in Indian population rhetoric is the influence of Hindu right wing alarmism that posits a Hindu majority threatened by a rapidly growing Muslim population. While announcing the new state population policy in Uttar Pradesh in 2000, the Hindu Nationalist Chief Minister, R.P. Gupta, spoke unobtusely, “There are groups and communities which feel that if they go on increasing their number they will capture power

one day. Such a way of thinking has to be disincentivised.”¹⁹

Women in India have raised their voices against the latest resurgence of coercive population control. On March 6, 2003, a group of women representatives from local government bodies in different states spoke out at the National Human Rights Commission. They denounced the two-child norm policies as both anti-women and anti-poor.²⁰ Immediately following the Supreme Court ruling to uphold the two-child norm policy in Haryana, the All India Democratic Women’s Association released a statement condemning the decision and demanding that the national parliament take action to force states to adhere to Cairo and NPP principles.²¹

On the other hand, many mainstream women’s and population organizations in the West have been slow in responding. Their efforts in recent years have mainly focused on defending the Cairo POA against conservative anti-abortion forces and reinstating their government’s monetary commitments made at the conference. The accomplishment of the Cairo declaration with its gender progressive content seems to have blinded many to the continuing reality of population control abuses.

While the POA is worthy of support, much more must happen to counter trenchant population control ideology and abuse internationally. The UNFPA and the Population Council in India have openly condemned two-child norm policies.²² Women’s groups internationally must also take action. The U.S. Agency for International Development, for example, ought to be confronted for its silence, as it has influenced the formulation of some state population policies in India, including in Andhra Pradesh and Uttar Pradesh.²³ The September 2005 International Women and Health Meeting in Delhi will provide an opportunity for women around the world to join their sisters in India in opposing population control and building action steps to stop abusive policies. Let this not be a missed opportunity for solidarity.

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