



FERTILITY MANAGEMENT POLICIES: PAST, PRESENT AND CHALLENGES FOR THE FUTURE

First and Last Sessions from Chapter I in Population and Reproductive Rights (Corrêa and Reichmann, 1994, DAWN - ZED Books)

Retracing History

I am not sure whether we have any population policies in the Cook Islands, but I know that in the past women have controlled the number of babies using traditional medicine and abortions... (DAWN Regional Pacific Meeting Minutes)

Nomadic and traditional agrarian cultures have always resorted to self-regulatory procedures to increase or reduce fertility, as a strategy to balance their community size with available natural resources. Historical evidence also suggests that pre-modern norms and social regulations were designed to intervene in reproduction.¹ Therefore, today's State population programs are not a novelty. What is novel is that in the modern era the scope of the interventions has expanded enormously. Since the eighteenth century, as economic forces were reshaped by industrial capitalism, State-society relations were transformed and 'private' issues became increasingly subject to public interference. This shift was backed by the development of scientific methods of measurement within an environment where researchers and policy makers were gradually convinced that people could be managed as numbers.

The first examples of modern State interventions directly targeting women's fertility were pro-natalist. The cases most frequently cited are 19th century French and German pro-natalist measures, as well as the Nazi-Fascist regimes' strict family rules to 'perfect' the race and to form military cadre in Germany, Italy and Japan.¹ After the Second World War, demographic dynamics in the US and Europe were characterized by indirect policies promoting women's retreat to the household and the subsequent 'baby-boom.' Pro-natalism has also permeated most Southern countries' national policies throughout this century. In Latin America, for example, industrialization inaugurated in the 1930s required a large and cheap labor force (Barbieri 1993, Corrêa 1991). Elsewhere, particularly in the immediate aftermath of de-colonization, many national governments favored large populations as a 'nation building' strategy. As a result, domestic public policies incorporated both direct and indirect pro-natalist incentives that remained in place until very recently.² For decades, those policy patterns co-existed with the emergence and dissemination of conflicting premises about fertility regulation.

Beginning in the mid-nineteenth century, feminists, progressive birth control advocates and socialists advocated women's right to reproductive choice as a basis for

¹. As we know in the case of Germany and, to a lesser extent in Japan, strict family rules applying to 'superior' groups were combined with brutal practices to eliminate those considered inferior. And between 1933 and the end of the Second World War 200,000 people were sterilized in Germany.

².. In Brazil, among various indirect policies, wage complements were provided for each new born child (the 'family salary'). The policy is still in place but has lost economic value. All over Latin America, feminists have explored how the maternal-child health programs implemented in the 1970s have interacted with pro-natalism to reinforce women's roles as 'reproducers' rather than citizens (Correa 1991).

women's personal and political emancipation (Corrêa and Petchesky 1994, Gordon 1975). But in the same historical context, conservative eugenicist and hygienist groups advocated fertility control among the poor and disabled, as a scientific strategy to 'perfect' society. The premises of both camps influenced public opinion and policy debates, primarily in the US and Europe, but in other regions as well. In a review of the history of the population debate in Mexico, Cabrera (1990) refers to a 1916 Feminist Congress in the Yucatan which openly opposed Catholic principles regarding women's roles and reproduction.³ In the same period, the libertarian birth control movement influenced the 1917 Russian Revolution's abortion laws. Cuba's policy of providing safe legal abortions--the only such policy in Latin America--reflects how that early premise echoed for a long time in socialist thinking.

However, after the 1920s the progressive sectors of the birth control movement gradually lost leverage (Gordon 1975, Greer 1989, Davis quoted by Roland 1994). The conservative medical establishment, hygienists and eugenicists appropriated the political debate on reproduction,⁴ and their hybrid birth control-eugenicist perspective was then disseminated to the colonies and economically dependent regions through a variety of political and institutional channels. A great deal remains to be investigated about this early diffusion of 'fertility control' ideas in the South. But, an incipient institutional infrastructure was probably already in place in many countries when, in the 1960s, State-led family planning programs were incorporated in development priorities.

The Indian experience is an emblematic illustration of this historical evolution. Bawhan (1993) retraces the population debate on the Indian sub-continent from the 1920s to the creation of the Family Planning Association of India (FPAI) in 1949.⁵ During this period, controversies about population size and fertility regulation sparked debates in the Gandhian independence movement. Analyzing the subsequent period, Blatiwala (1993) describes how international pressures and the national food crisis, among other policy developments, led the early 'cafeteria' approach to family planning (advocated by the FPAI) to incorporate more draconian strategies after 1960.

Although an explosive North-South conflict permeated the population debates at the 1974 Bucharest Conference, the Southern critique of demographic imperatives did not restrain Southern countries from rapidly expanding their internationally funded family planning programs.⁶ Surprising as it may seem, developing countries have not been entirely

³.. Cabrera describes the following: *'As an aftermath of this congress, the booklet "Birth Regulation" was published and disseminated with remarkable success. It was written by the American nurse Margaret Sanger, initiator in several countries of the birth control movement. Additionally, in 1925, during the regime of a deeply anti-clerical president Calles, Ms Sanger's booklet was freely distributed throughout Mexico and three clinics were opened for the attention of women who wished to control their fertility.'*

⁴.. In the US, *'compulsory sterilization laws were common in the majority of states...As many as 45,000 people in the US were sterilized between 1907 and 1945, and many of them were poor'* (Feringa et al 1992). In 1942, the American Birth Control League, under the leadership of Margaret Sanger, changed its name to the Federation of Planned Parenthood, and shortly thereafter the International Planned Parenthood Federation (IPPF) was created. Significantly, the new organization initially shared a London Office with the British Eugenic Society (see Greer 1987).

⁵.. In Bawhan's description: *'Birth control was advocated by some medical writers, and in 1928, with the support of many influential persons, including High Court judges, a neo-Malthusian league was formed in Madras City. In 1923, Professor R.D. Karve opened the first family planning clinic in Poona. Thanks to its enlightened prime minister, the native state of Misore had opened the first government clinic in Bangalore in 1930 (although it attracted few clients). A society for the Study and Promotion of Family Hygiene was formed in Bombay in 1935, and the All-India Women's Conference also advocated the adoption of voluntary birth control. The impact of these efforts was limited to a very small section of the population, but private interest in spreading family limitation culminated in the formation of the Family Planning Association of India (FPAI) in 1949'*

⁶.. Aside from the theoretical debate between the population control movement and developmentalists, progressive

loyal to the Bucharest agenda. By the end of the 1970s, India and China--countries that led the Southern position in 1974--had already reframed their former policies to adopt clear fertility control measures (Mertens 1993).⁷ When the Second International Conference on Population was held in Mexico in 1984, most Southern governments had incorporated family planning programs in their policies. In some cases States had, in fact, defined draconian fertility reduction targets (Dixon-Mueller 1993).

Given the evolution of policies in the South after 1974, the Mexico Population Conference of 1984 could be interpreted as having signaled the definitive hegemony of neo-Malthusian theories (Canadian International Development Agency 1989).⁸ But this has not been the case. The final document's sweeping support for public family planning was overshadowed by the political impact of the US position. The 1984 American delegation--in close association with the Vatican -- adopted a neo-liberal view, proposing that international aid for population activities should be trimmed down and fertility management left to the invisible hands of household dynamics. Although it threatened the funding base of the population establishment, the US position in Mexico did not substantially change the fertility control premises informing the major international institutions (the World Bank, UNFPA and USAID) and national population guidelines.

In the field, the consequence of the 1984 Conference was not a retreat from population control but a trend toward privatized services. USAID's 'social marketing' programs subsidized private investments to distribute contraceptive methods, and in many countries, fees were also established for previously free services. Another trend after 1984 was the population establishment's resort to environmental arguments in their quest for financial support (See Erlich 1990). By the early 1990s, the 'Erlich equation' (correlating population growth to environmental degradation) had been widely disseminated to oppose Simon's theories.⁹ Thus, the rationale for population control in the 1990s has moved away from a traditional economic development argument to a case for environmental balance.¹⁰

analysts considered the new theories to be more ideological than scientific. Given the geo-political atmosphere of the period in which they were popularized, particularly in the US, the theories were viewed as a strategy to prevent the spread of communism in poor countries.

⁷ In India, the aftermath of Bucharest was the 'most historically significant period in the Indian population control program, thanks to serious human rights abuses committed in the name of family planning during the Emergency' (Blatiwala 1993). China followed the same trend; in 1979 the Chinese Minister of Family Planning referred to the 'detrimental consequences of population growth to capital accumulation...for the improvement in the standard of living and for overcoming shortages in industry' (in Mertens 1993).

⁸.. The Mexico Conference keynote speech by the Brazilian Health Minister (Dr Waldir Arcoverde, 1980/1985), is poignant. In 1984, the Brazilian Government -- a dictatorship in the process of democratization -- had just approved a Women's National Health Programme, which included for the first time the provision of contraception within the public health system. The programme was informed and supported by the women's movement. But in the international scenario, the 1984 Brazilian position could be interpreted simply as the final surrender of a government well known for its resistance to implementing any type of fertility management policy.

⁹.. The famous Erlich equation is written as $I=P \times T \times C$, where "I" refers to the environmental impact, "P" is the population factor, "T" a technological factor and "C" the level of consumption. The equation has been applied to evaluate the impact of population growth on circumstances as varied as de-forestation, fertilizer use and numbers of motor vehicles. Amalric and Banuri (1993) critique the equation: '*it is an apparently elegant way to measure the contribution of population growth to the global environmental crisis...Written as it is, it is simply wrong unless we assume that consumption and technological factors are homogeneous across the entire population considered.*'

¹⁰.. During the 1992 UNCED process in Rio, the population establishment built an alliance with mainstream

The preparatory process for the 1994 Cairo International Conference on Population and Development has been permeated with appeals to environmental responsibility, yet Southern feminists and Northern minorities recognize beneath the new arguments familiar and enduring racist and colonialist biases:

The eugenicists (those who would improve human heredity) of the 19th and early 20th century thought that the poor were inferior, and encouraged 'more children from the fit and less from the unfit.' The last proclivity, 'overpopulation' and its effects on sustainable development, is reminiscent of these policies (Declaration of the U.S. Women of Color Coalition for Reproductive Health and Rights - U.S. Women of Color Delegation to the International Conference on Population and Development)

The establishment of State-led population control strategies after the 1960s represented a critical turning point in the North's long-term struggle for hegemony over the politics of reproduction. Then, in the 1980s, market forces and privatization of services substituted the model of public investment in fertility control. The 1990s may represent yet another turning point, as the international feminist movement reclaims the ethical regard for women's integrity and self determination that was silenced in the early decades of the twentieth century. Moreover, today's Southern feminist perspective on reproductive rights is modifying the earlier framework by analyzing how political, cultural, ethnic and racial factors interact with fertility (Asia Indigenous Women's Network-AIWM and Cordillera People 1993; DAWN 1994; Madunagu 1994; Priso Jeanne 1994; Reproductive Health and Justice International Women's for Cairo'94 1994; Petchesky and Wiener 1990; Roland 1994).

These historical and conceptual developments in the population field are reflected in the present world map of fertility management policies. A variety of forces have driven their design and implementation, including the recent decades' shifts in demographic patterns. Although population control interventions clearly prevail, pro-natalism and ethnically-based policies have certainly not disappeared. This chapter will explore the heterogeneity of fertility management policies and identify the detrimental effects of population interventions on women's lives.

Reshaping Policies: Political Challenges

Fertility management policies have had undeniable negative effects on women's health and wellbeing around the world. In addition to population programs' coercion, discrimination and poor services, data on contraceptive prevalence, maternal mortality and unsafe abortion provide empirical evidence of persistent gender biases in program implementation (Berquó 1993a; Dixon Mueller 1993; Ross et al, 1993; Sundstrom 1993; Guttmacher Intitute, 1993). Southern women are subject to second class standards, whether as subjects of fertility control or pronatalist policies.

environmentalists as a leveraging strategy. The political atmosphere of the early nineties stimulated, within USAID for instance, the formulation of the so-called BIG program targeting the most populated countries in the world (India, Brazil, Mexico, Nigeria and Indonesia among others) to become population control priorities in the 1990s. Advertisement of the program coincided with preparations for the Conference, infuriating feminists and causing extremely detrimental effects on the ambience of the meeting.

But the history of the last three decades does not portray a linear evolution of demographic policies. The 1984 shift in population policy at the Mexico Conference illustrates how even macro-level policies have not been continuous. Instability has characterized regional and national policies as well. For example, Blatiwala (1993) demonstrates how India's population policy from the 1950s to the 1990s moved from a 'soft' cafeteria approach to a developmentalist 'basic needs' perspective and then to the vasectomy 'camp' strategy. Domestic reactions and international human rights critiques of the camps prompted a return to targeting women's fertility, which remains in place today. As another example, African Governments historically resisted population policies, but under the pressures of structural adjustment in the 1980s, they established official population policies. Marcelo (1993) portrays a similar contradictory pattern in the Philippines' political process. With the democratic struggle against dictatorship and imperialism, the state's previous heavy-handed fertility control policy was only to be replaced by another official anti-natalist position (see also Dixon-Mueller 1993). Today, policies in the Philippines are taking still another direction.¹¹ Finally, in Latin America both neo-Malthusians and pro-natalists have historically militated against feminists' claims to women's self-determination.

In the logic of dominant powers, shifts from population control to strategies that view women as incubators (and vice-versa) are not as radical as they may appear. Even when policies maintain a consistent set of goals, the design and scope of interventions may change over time. Recognizing this instability allows us to de-construct the notion that policies are immutable--a perception that has frequently paralyzed feminist discourse about reform of existing policy definitions. If population policies can change in one direction, they can switch again, subject to political forces. The politics of 'fertility management' run from macro-policies to the ground level, where resistances are spawned and mature. All the links of the chain are critical points of entry for political intervention. Consequently, feminists must explore many political terrains and influence them with our analyses and actions.

Policies at the national and international level are subject to transformation whenever social relations and cultural norms are challenged from the ground. Our task is to sustain women's struggles to restructure and 'engender' household dynamics while simultaneously confronting the social and political environments that reinforce oppressive gender systems. The women's movement does not operate in a vacuum but in permanent dialogue (and sometimes, conflict) with the other actors and voices that emerge and evolve within civil society, including the powerful and contradictory non-governmental family planning system.¹² And, since policies are defined by governments, we cannot avoid engaging with State systems to challenge their postulates. This terrain is a minefield, as State-led policies have historically meant abuse of women's rights (Kannabiran 1988). But

^{11.} In the Second Session of the ICPD Preparatory Committee, the Philippines government strictly followed the Vatican's orientation. In the Third Session (in April 1994), non-governmental organizations were represented in the official Philippine delegation and the position shifted to support the reproductive health and rights framework.

^{12.} The IPPF's strategic importance must be considered in at least two ways. It's past contributions to policy definition and program implementation clearly fed on the neo-Malthusian fears of elites worldwide and must be forcefully challenged. However, if feminists seriously intend to transform population policies, the IPPF network cannot be ignored. Coalitions among women family planning service providers and feminist organizations are already a positive reality in parts of Africa and other Southern contexts. The Caribbean experience also inspires hope.

the Southern feminist movement cannot evade involvement with States if we are to see the implementation of gender-sensitive programs, universal services and legal reforms.

At this point in history, State systems are experiencing turbulent change. On the one hand, market forces have been unleashed to shrink the State, while on the other, conservative fundamentalist forces struggle for State control. Individual national governments no longer manage what has always been understood as 'state' apparatus, as emergent global economic, legal and political systems begin to appropriate many of their functions. The Bretton Woods institutions -- the World Bank, the International Monetary Fund, and the General Agreement on Tariffs and Trade (that would become WTO) -- have gained enormous power in recent years, and the United Nations System is being reformed in order to cope with the challenges of the new world order. As international systems tend to globalize, most Southern governments are de-centralizing. Therefore, our interaction with State systems will involve defining strategies to pressure and negotiate at local, national and global levels in this complex and fluid world order.

Southern women have already accumulated a great deal of knowledge about State population policies. The challenge of the 1990s will be to further investigate how the expansion of market forces in the health sector and family planning programs affect women's reproductive health and rights. We cannot abandon our political strategies to reverse market-oriented development paradigms, but our critical research and analyses should also provide proposals for monitoring and ensuring the quality and accountability of public and private programs. Given the scope, complexity and instability of today's fertility management systems, the time frame for the transformations we seek is necessarily long-term. Drawing upon the experience of Southern feminists' efforts to reshape national policies during the last decade (Claro and Moreno 1994; Corrêa 1991; Dixon-Mueller 1993), we have learned that changes at the ground level are slow, and our effectiveness will depend on thoughtful and sustained political action.

ⁱ In Ancient Rome, particularly after the Emperor Augustus, a series of laws conditioned transmission of property among patricians to civil marriage and procreation. Male Roman citizens could not inherit property from their fathers if they were living in concubinate or did not have a certain number of live children. Rousselle (1980) analyzes how this State regulation had a

direct impact on medical practices and discourse about sexuality, reproductive behavior and women's bodies.