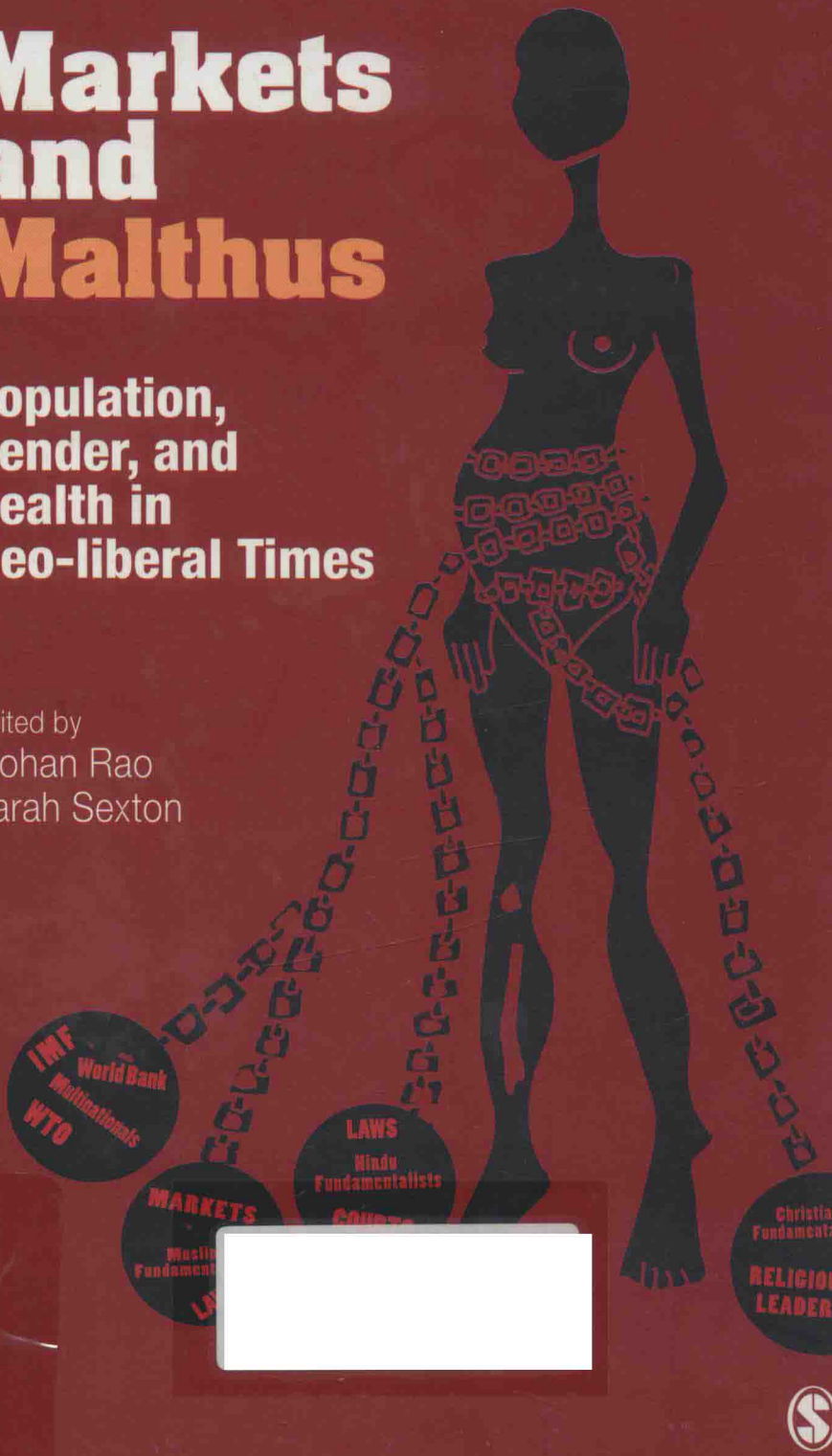
Markets and Malthus

Population, Gender, and Health in Neo-liberal Times

Edited by
Mohan Rao
Sarah Sexton



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Markets and Malthus

Mohan Rao would like to dedicate this book to his parents, Kapila and B.V.R. Rao, the most gentle, the rarest of parents; and to Imrana Qadeer, equally rare, teacher, and friend. They taught him that love and knowledge increases as it is shared, something neo-classical economists simply cannot understand.

Sarah Sexton would like to dedicate this book to her colleagues, Larry Lohmann and Nicholas Hildyard, without whom this book would not have been possible—but who sometimes are just two too menny . . .

List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BNP	British Nationalist Party
CDC	Centers for Disease Control
CSIS	Center for Strategic and International Studies
CSMCH	Centre of Social Medicine and Community Health
CWPE	Committee on Women, Population, and Environment
DAWN	Development Alternatives with Women for a New Era
DISH	Delivery of Improved Services for Health
DPP	Decentralized Participatory Planning
ECSP	Environmental Change and Security Project
EPS	Environment, Population, and Security
ERSAP	Economic Reform and Structural Adjustment Program
FDA	Food and Drug Administration
G–7	Group of 7 (Seven of the world's leading countries that meet periodically to achieve a cooperative effort on international economic and monetary issues.)
GDP	Gross Domestic Product
HERA	Health Empowerment Right and Accountability
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICPD	International Conference on Population and Development
ICPD	International Conference on Population and Development
IMF	International Monetary Fund
IMR	Infant Mortality Rate
INGO	International Non-governmental Organizations
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
IVF	In Vitro Fertilization
IWHC	International Women's Health Coalition
JCRC	Joint Clinical Research Center

LACWHN	Latin American and Caribbean Women's Health Network
MTP	Medical Termination of Pregnancy
NEP	New Economic Policies
NGO	Non-governmental Organizations
NPP	National Population Policy
NSC	National Security Council
OECD	Organization for Economic Co-operation and Development
PGSI	Pew Global Stewardship Initiative
PHN	Population, Health, and Nutrition Office
POA	Program of Action
PRB	Population Reference Bureau
PRI	Panchayati Raj Institutions
RCH	Reproductive and Child Health Program
RSS	Rashtriya Swayamsevak Sangh
SAP	Structural Adjustment Program
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TB	Tuberculosis
TFA	Target Free Approach
TFR	Total Fertility Rate
TRCHS	Tanzania Child Health Facility Survey
UDHS	Ugandan Demographic and Health Survey
UN	United Nations
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHP	Vishva Hindu Parishad
WAD	Women and Development
WEDO	Women's Environment and Development Organization
WHO	World Health Organization
WICEJ	Women's International Coalition for Economic Justice
WID	Women in Development
WGNRR	Women's Global Network for Reproductive Rights
WTO	World Trade Organization

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Introduction: Population, Health, and Gender in Neo-liberal Times

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. . . VHP president Ashok Singhal said Hindus should give up family planning so that their population does not go down . . . He said population of minorities, especially Muslims, had been rising at "such a fast pace" that it would be 25 to 30 percent of the total population in 50 years. Singhal said it would be "suicidal" for Hindus if they did not raise their population. (Singhal 2004)

Unless we act to change our country's immigration policies, US population will double this century . . . Unfortunately, this flow of people into the US has not relieved population pressures in the countries of origin . . . [T]he populations of most developing countries . . . have continued to grow . . . Because our high resource consumption is exacerbated by our intake of immigrants, our population growth is compromising the environmental futures of not just our own country, but of the rest of the world—from many other countries from which we extract resources. (Elbel 2008)

Population growth is one of the factors contributing to global warming . . . Developing countries, especially those with rapid population growth, promise to worsen this problem [of man-made global warming pollution] as they too develop, using the model of wasteful, energy-intensive Western economies . . . Stabilizing population growth worldwide . . . are vital components of slowing, and eventually stopping, global warming.[1]

If we don't increase our sterilization targets, there will be 3 million more UPites. Can we cope with that? I get irritated when I see a woman with four children . . . I am on a self-propelled sterilization mission. (Anthony 2006)

Underpinning many an argument about population or over-population is the work of English economist and clergyman Thomas Robert Malthus, who is best remembered for the "law of nature" he first set out in his 1798 *An Essay on the Principle of Population* (Malthus 1798). His theory maintains that, as people have children, grandchildren, and so on, they will eventually go hungry because agricultural production just cannot keep up. Malthus claimed that food production increases at an arithmetic rate (1, 2, 3, 4, 5 . . .), but the number of people doubles every 25 years because it grows at a geometric rate (1, 2, 4, 8, 16 . . .), unless people delay and check their childbearing through late marriage and self-discipline (or through polygamy, infanticide, abortion, and contraception, all of which Rev. Malthus did not, of course, approve of). If they did not keep their numbers in check, warfare, epidemic disease, and starvation would do so—and because Malthus believed that poorer people found self-restraint or self-discipline difficult; disease and starvation were not only inevitable but also natural. His theory was, after all, a "law of nature".

Malthus continued writing and revising his theory over the next 30 years—and finally admitted that his mathematical and geometric series of increases in food and humans were not observable in any society. He ultimately acknowledged that his famous "power of number" was only an image, an admission that only some demographers have since confirmed. Most demographers around the world are, of course, trained in Malthusian certitudes.[2]

But despite it being a largely imaginary exercise in heuristics, various political and economic interests have invoked his theory and arguments ever since as a fact to bolster and support their interests. They have held the number of people—population—or the growth in population to be the ultimate cause of a plethora of local, national, regional, and global problems: deforestation, pollution, environmental degradation, poverty, hunger, urbanization, crime, war and conflict, social instability, slow economic growth, security, unemployment, and migration to name a few. Tackling these problems directly is considered futile unless external forces take action to control, slow, and stabilize the growth in population.

The dominance of this thinking among policymakers and bureaucracies worldwide can in large part be traced back to the 1950s when the United States became the dominant power researching and deploying neo-Malthusian arguments as a justification to contain communism in other

countries and to pursue various development policies (Ross 1998). It was at this time that many countries adopted what most people think of today as population policies. These tended to have a narrow agenda of reducing women's fertility so as to reduce the numbers of people in a country, or at least to reduce the rate at which numbers were increasing. In many places, particularly in Asia, such population control programs became synonymous with top-down, target-driven, often coercive, occasionally violent, sterilization and contraception programs. These programs often grew at the cost of general health services. Thus, a pregnant woman would not receive any care during her pregnancy or at childbirth until her third pregnancy, when she typically became a "case" for sterilization (Rao 2004). Funds for family planning programs grew exponentially in places where there were little or no health services available (Connelly 2008).[3]

Many women's health groups supported contraception that contributed to human health, welfare, and self-determination by enabling women and men to have greater influence over the timing and spacing of births, but opposed contraception that harmed women's health and welfare, especially when devised and provided without sufficient safety considerations. Feminist scholar Betsy Hartmann, for instance, pointed out that, "Married to population control, family planning has been divorced from the concern for women's health and well-being that inspired the first feminist crusaders for birth control" (Hartmann 1995: 37–38).[4]

In the early 1990s, some influential women's health groups, primarily based in the West but supported by some prominent "Southern" women, believed that working more closely with governments, international donor agencies or United Nations Population Fund (UNFPA) might ensure better reproductive health and counter their abuses. A combination of women's rights activists, feminist academics, and health activists from various countries decided to try to influence the UN's International Conference on Population and Development (ICPD), the third decennial population conference organized by UNFPA, which was to be held in Cairo, Egypt, in 1994. Their aim was to get governments to encompass women's reproductive rights and gender equity within their population policies. Many of them brought to the fore First World feminist concerns, in particular the right to abortion, which was increasingly threatened, since religious fundamentalists had come to dominate government policies in the United States in the 1980s and 1990s under the Reagan and

two Bush presidencies. Others had campaigned for many years against coercive population control programs and policies in the Third World. All were united in their opposition to the growing influence of fundamentalist groups in the USA, conservative Islamic countries and the Vatican (Petchesky and Judd 1998).

Joining these women were several groups from the population control establishment, comprising a wide array of actors ranging from the World Bank and Population Council to a number of International Non-governmental Organizations (INGOs), nation-states, health personnel, and academics (Bandarage 1997). Although seemingly opposed to the feminist camp, this extremely influential group had apparently realized that the demographic goal of reducing women's fertility could not be attained without taking into account women's ability to make decisions regarding reproduction and fertility. Even for purely instrumental reasons, they realized they had to change their approach to the population issue.

Acting together, these groups crafted what has become known as the "Cairo consensus" (after the Egyptian capital that hosted the ICPD) of which the most tangible output was the ICPD's Programme of Action that was intended to govern population policies around the world for the following two decades and was signed by some 179 countries.

The Programme of Action drew unprecedented acclaim: it was described as a turning point in the history of the population field, and a sea change in the way population and reproductive health are conceptualized (Haberland and Measham 2002). More frequently, it has been described as a paradigm shift in the way population and development are understood. It has even been described as revolutionary (Cornwall and Welbourn 2002). Why? Because the Programme of Action put women's empowerment and reproductive health firmly at its center. It signaled a distinct break from demographically-driven population policies that "attribute poverty and environmental degradation to women's high fertility, and, in turn, women's high fertility to an absence of information and methods" (Petchesky and Judd 1998: 2). It challenged the "moral arsenal" of Christian, Hindu, or Islamic fundamentalisms to curtail rights of women in the name of tradition or culture, most often fraudulent and concocted. It redefined the population field that had neglected sexuality and gender roles, focusing instead largely on outcomes such as contraceptive efficacy or declines in birth rates, or, more recently, reproductive infections (Dixon-Mueller 1993). Above all, it provided a fillip and sanction from international covenant to

health and women's groups opposing coercive population programs (while struggling desperately for women's rights) in a number of countries. It was now possible for these groups to argue that these programs violated international covenants to which their governments were signatories. Even though demands for reproductive rights and health did not originate in Cairo, and were not formulated by the population control agencies or other international agencies that supported them (Ravindran 1998), it was in the "Cairo consensus" that they cast their influential shadow.

In the years since the 1994 ICPD, it has become rare to hear women's or health groups complaining about a country's heavy-handed population policy. Does this suggest that the Programme of Action agreed at Cairo solved the problems that had dogged population policies for decades? Do most women now have access to reproductive health? Are they able to exercise their reproductive and sexual rights? Are social and environmental ills now attributed to other causes instead of population growth and women's fertility?

Unfortunately, the answer is a resounding "no".

Although population growth rates and women's fertility rates are tumbling in country after country around the world (although it's impossible to say whether this is because of population policies or not), major social, environmental, and economic problems are still attributed at root to population growth and thus to women's fertility. Some of the most recent additions are climate change and terrorism.

Neo-Malthusianism continues to unite the elites of the world and to hold powerful sway in a range of areas. In India, where population growth rates are falling, most policy-planners continue to believe that "Cairo was wrong" and that some element of coercion is needed to bring down fertility rates. Mistakenly, China's enormous economic growth is attributed to the "success" of its family planning program, and it is argued that India has some hard lessons to learn. Many regard Cairo as simply a "will of the wisp" that UNFPA and perhaps the World Bank wanted all countries to sign, but no more. More powerfully and distressingly, population growth arguments are imbued in the growth of vicious anti-Muslim pogroms, as in Gujarat in 2002 (Rao 2007). In the United States, population arguments take the form of youth bulge theories, and are at the center of discourses on security issues and the rise of Islamic terrorism (Hendrixson 2004). In many countries in the West where immigration is a sensitive political issue, the problem is stated to be population growth in poor countries.

Ever since Malthus wrote his first *An Essay on the Principle of Population*, his theory and arguments have been refuted endlessly by empirical evidence indicating that any problem attributed to human numbers can just as easily have a different explanation, or that the statistical correlation is ambiguous. But facts and figures have never had much effect on population debates and disagreements over policies because, deep down, the disagreements are political and economic disagreements, always tinged with an element of the cultural, not scientific ones. They are less about numbers than about rights, economic markets, and welfare. Overpopulation arguments and the policies based on them tend to persist, not because of their intrinsic merit, but because of the ideological advantages they offer to powerful political, economic, and social interests.

Moreover, women's health and rights continue to be undermined in many ways during this period, despite the so-called Cairo consensus. Women in some countries are still coerced into being sterilized. During 1996, for instance, family planning providers intimidated and humiliated indigenous, poor, and rural women in the Peruvian Andes into being surgically sterilized after offers of food and clothing had not persuaded them. In Indonesia, poorer women do not have access to contraception, even though the country was held up at Cairo in 1994 as an exemplar of family planning provision. In India, several states have introduced a two-child norm for those who wish to contest local elections, while others have introduced such norms for access to government schools.

In many parts of the world, maternal mortality rates—a measure of the number of women dying each year from pregnancy-related causes—have stagnated or worsened, as have infant and child morbidity and mortality rates. Some 600,000 women die each year, 95 percent of them in sub-Saharan Africa and Asia, while 18 million are left disabled or chronically ill because of largely preventable complications during pregnancy or childbirth. These figures indicate that many women do not have access to essential and emergency obstetric care from skilled health workers, let alone access to more comprehensive reproductive health services. In 2000, between 115,000 and 170,000 women died in childbirth in India, accounting for about one-quarter of all maternal deaths worldwide (Freedman et al. 2004). Far from declining over the 1990s, maternal and neo-natal morbidity and mortality rates in India have at best plateaued, at worst increased (Ved and Dua 2005).

Indeed, many positive trends in the health of women the world over, from North to South, East to West, have been reversed over the past two decades, while reproductive health and rights remain threatened, particularly for poorer women, migrant women, and women of color. An estimated 330 million people are infected each year with sexually transmitted diseases, of which Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) accounts for six million; women and children are disproportionately affected. Some 70 percent of deaths at childhood can be attributed to diarrhea, pneumonia, measles, malaria, and malnutrition, the incidence of which is on the rise.

And anti-feminisms are increasing the world over, accompanied by increasing levels of violence against females ranging from sex-selective abortions to overt violence directed at women, especially poorer ones. A striking fact is that infant and child sex ratios in many parts of the world have turned anti-female, not just in the "Orient" (United Nations Secretariat 2003). There is also consensus that exploitation of women in the sex industry and of young children has increased as well over the past decade.

As for the Cairo agenda, various factors and forces have come together to make sure that the Programme of Action has not been implemented to any significant degree, something that several regional women's groups had documented even before the turn of the millennium (ARROW 1999; Development Alternatives with Women for a New Era 1999; Sadasivam 1999). The cause is usually stated to be a lack of resources, but the actual cause is a lack of political will: over the same period, governments found enormous resources to increase their military expenditure. Indeed, both India and Pakistan received opprobrium when they announced themselves to have become nuclear states, but Israel, another nuclear state, did not. There was clearly a new global context; in this it was becoming evident that the tryst made with promises that were Cairo was precisely that: empty promises.

Besides policy implementation, Cairo's policy rhetoric (along with any international policy or practice that touches on women's human rights) is now repeatedly challenged by the conservative forces that dominated politics in the USA (at least until 2009). Some commentators have declared that, far from being successful, Cairo is simply dead. In 2004, a decade after Cairo and mid-way through the Programme of Action's allotted time span, several women's groups concluded that it was best not to