



## Population Control in the New World Order

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quantitative methods, there is a need to adapt management information systems to NGOs' requirements, given the marked problem in linking evaluation to other processes (design, decision making, resource allocation, etc.).

- There is a need for greater information-sharing between NGOs.
- NGOs need training in the use of appropriately adapted evaluation and management information system tools

The workshop enabled a cross-section of development agencies to move towards providing a set of methodologies and approaches which can be used in evaluating social development programmes. It is clear that customised methods of evaluation are required for NGOs involved in social development: there is no single method which meets all needs. There is a clear need

for NGOs to place their evaluation processes within the context of both the societies in which they operate and the organisational structures which support their programmes. It is hoped that the final published guidelines will be of use to people working in NGOs at all levels.

A fuller report of the Workshop is to be published by INTRAC by May 1993. It will reproduce some of the major case studies, and provide guidelines on the preparation, methods, and uses of the evaluation of social development programmes. Training programmes using some of the models developed in the workshop are to be held by INTRAC at the end of 1992 and repeated in 1993.

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## Viewpoint

*This section offers space for short presentations of personal views about development work. Replies from readers are welcome, either in full-length form (approximately 1,500 words), or in the form of a letter to the Editor.*

### Population control in the new world order

Betsy Hartmann

As someone who believes strongly in women's right to safe, voluntary birth control and abortion — and who is deeply troubled by attacks on that right by conservative forces — I am equally concerned about the ways in which population-control programmes can violate basic human rights and can be a form of violence against women.

### THE INTENSIFICATION OF POPULATION CONTROL

In the so-called New World Order, the Cold War obsession with military expenditures is giving way to other means of social control. The ideology of population control is being refurbished, polished with a feminist and environmentalist gloss, and marketed with the latest in mass communication techniques. Summarising a Pentagon study of global demographic trends, Gregory Foster of the US National Defense University writes:

Already the United States has embarked on an era of constrained resources. It thus becomes more important than ever to do those things that will provide more bang for every buck spent on national security ... [Policy makers] must employ all the instruments of statecraft at their disposal (development assistance and population planning every bit as much as new weapons systems).<sup>1</sup>

Population control is also vitally linked to 'free market' economic strategies. The breakup of the Eastern bloc, the controlling influence of the International Monetary Fund (IMF), the World Bank and other international financial and corporate institutions, and the corresponding decline of national sovereignty have led to a systematic reduction of public spending on human welfare. Since the benefits of the free market rarely trickle down to the poor, then the only way of reducing poverty, the logic goes, is to reduce the number of poor people being born. If women have fewer children, they also form a better reserve army of workers for rapidly shifting multinational industries. Thus, in the 1990s we are witnessing an intensification of population control efforts in both South and North.

### **Mechanisms in the South**

In the South the main mechanisms of population control are the following:

**1 Structural adjustment:** Government commitment to reduce population growth is often a condition of structural adjustment loans from the World Bank and the IMF. This is most recently the case in India, where government expenditure on population control is planned to increase, and international agencies are accelerating their efforts in the wake of an IMF agreement.<sup>2</sup>

**2 Targeting population assistance** at countries with the largest populations. The US Agency for International Development (USAID) is planning to double its aid to 17 so-called 'BIG countries' (India, Indonesia, Brazil, etc.) in a move hailed as 'bringing a demographic rationale back into the program'.<sup>3</sup>

**3 Rapid introduction of long-acting, provider-dependent contraceptive technologies,** such as Norplant and possibly the new contraceptive vaccine, in health systems which are ill-equipped to distribute them safely or ethically. In addition to targeting women and minimising user-control, these technologies, unlike barrier methods, do nothing to protect

women from sexually transmitted diseases, notably AIDS. They perpetuate the notion that contraception is a woman's responsibility, furthering the neglect of male methods such as the condom and vasectomy.

**4 Renewed pressure on governments to remove prescription requirements and dispense with basic medical standards for hormonal contraceptives:** For example, in a letter to the International Planned Parenthood Federation (IPPF), USAID criticises 'medical barriers' to providing hormonal contraceptives such as 'excessive physical exams (e.g. pelvic and breast)' and 'holding the oral contraceptive "hostage" to other reproductive medical care (e.g. pap smears and STD tests) ... With respect to contraindications,' the letter continues, 'we prefer not to even use the term' ... since it 'may have very negative connotations and a major inhibitory effect'.<sup>4</sup>

**5 Mass marketing,** both of contraceptive brands and neo-Malthusian messages, through social marketing programmes and US financing in the South of popular performers, radio and TV shows, and media networks which neatly converge with the interests of pharmaceutical companies.<sup>5</sup>

**6 Continued data collection and analysis** designed to persuade Southern officials of the need for population control. This ranges from simplistic computer graphics and presentations to the confidential 'gray cover' reports of the World Bank.

### **Mechanisms in the North**

Meanwhile, in the North, intensification takes these forms:

**1 Expensive and sophisticated lobbying and propaganda efforts by population agencies,** trying to attract increased aid allocations for population control. European governments and parliamentarians have become a new focus of these efforts.<sup>6</sup> European women's health activists report that their governments' aid agencies are under pressure to change their relatively progressive stances on

population to ones more in keeping with the UNFPA and World Bank agenda.<sup>7</sup>

**2 Alliance-building between population agencies and mainstream environmental organisations,** which accelerated in advance of UNCED in Rio in June 1992. 'Because of its pervasive and detrimental impact on the global ecological systems, population growth threatens to overwhelm any possible gains made in improving living conditions,' reads a recent 'Priority Statement on Population' signed by many US population and environmental groups.<sup>8</sup> Such messages, broadcast through the media and local activist networks, fuel racist prejudices against Southern peoples and black communities in the North. Images of the population explosion are back in vogue. Dark-skinned babies are portrayed as 'mouths to feed', and rarely as potentially productive human beings.

**3 Immigration restrictions:** In the USA and Europe, immigrants are viewed as a threat to the economy, to white dominance, and even to the environment. According to Paul and Anne Ehrlich, authors of *The Population Explosion*:

The United States faces very serious and complex problems with immigrants from developing countries. The nation has traditionally said that it welcomed the 'poor and downtrodden' of the world, but unhappily the 'poor and downtrodden' are increasing their numbers by some 80 million people a year. Many of these, of course, would like to come to the United States or other rich countries and acquire the standard of living of the average American (in the process greatly increasing their use of Earth's resources and abuse of its life-support systems).<sup>10</sup>

The solution? Population control in the South, immigration control in the North.

**4 Coercive population control of poor women, especially women of colour:** In the USA, while abortion rights are being seriously eroded, state legislatures are considering proposals to

give cash incentives to women on welfare to use Norplant; courts in California and Texas have ordered women to accept Norplant as a condition of probation. An editorial in the *Philadelphia Inquirer*, a prominent US newspaper, suggested that Norplant should be used as 'a tool to fight against black poverty' and 'reduce the underclass'.<sup>11</sup> The language in this editorial was so extreme that the newspaper was ultimately forced to apologise. Usually, of course, the language of population control is more subtle and seductive, an Orwellian doublespeak which plays on people's genuine concerns about the status of women and the preservation of the environment. On the positive side, this language may sometimes represent a genuine change in thinking; on the negative side it co-opts and obscures. To avoid that pitfall, I believe feminists and progressives must constantly expose the contradictions of population doublespeak and clearly articulate our own meanings so they cannot be turned against us.

## POPULATION DOUBLESPEAK

First in the doublespeak lexicon is the concept of **choice**. The difficulty with this term is that opponents of abortion and 'artificial' contraception have made anyone who supports access to them appear to be pro-choice. Thus, population agencies claim that they are expanding women's reproductive choices by developing and promoting new contraceptive technologies — the more technologies that are available, the logic goes, the more choices for women.

Perhaps the greatest master of this particular language is the Population Council, which developed Norplant and which is now promoting its use in countries with large top-down population-control bureaucracies. With input from women's health activists, eloquent guidelines for Norplant providers have been drawn up regarding informed consent, respecting women's request for removal on demand, and so on.

Yet the fact is that such guidelines are

essentially meaningless in demographically-driven family-planning programmes where women's needs have never been adequately respected. Examples abound of women being refused Norplant removal, as well as being denied adequate information and health back-up.<sup>12</sup> Is it technocratic hubris, political naivety, disingenuousness, or a combination of all three, which makes population agencies so intent on promoting Norplant in systems where 'choice' is last on the list of priorities, and population control is first?

Interestingly, one of the new strategies is to involve women's groups and health advocates in the introduction and monitoring of Norplant and other new technologies. Referring to a series of such meetings, an activist writes that although they were ostensibly designed to open up a dialogue, their main purpose was 'to divine [women's] arguments, appropriate their language and finally exhaust them'.<sup>13</sup>

Although dialogue can be useful, women's groups must insist on their own terms as a precondition for participating. In particular, these must include the right to make dissenting reports, to be published, unedited, in the official reports of the agencies concerned.

And then there is the larger question: don't women's groups have more pressing work to do than to monitor the introduction of easily abused technologies in already abusive systems? Shouldn't the focus be on changing the systems themselves?

Contraceptive vaccines, which immunise women against a hormone produced early in pregnancy, are likely to prove even more medically and ethically problematic. Although one vaccine has been tested on only 180 women in India, it is being billed there as 'safe, devoid of any side effects and completely reversible'.<sup>14</sup> The scientific community knows very well that such assertions are false — for instance, many questions still remain about the vaccine's long-term impact on the immune system and menstrual cycle. There is also evidence on film of women being denied information

about the vaccine in clinical trials.<sup>15</sup> Nevertheless, the vaccine is being prepared for large-scale use.

Meanwhile, the Human Reproduction Programme of the WHO is also testing its own contraceptive vaccine. At a 1989 WHO symposium the chairperson summarised the debate:

Foremost in my mind during these discussions was our difficulty in assessing the urgency of the demographic crisis. To the extent that the impact of that crisis increases, the need for more effective family planning methods must increase. At the very least, failure to develop something that might provide a more effective technology would be to take a grave and unnecessary risk.<sup>16</sup>

What about the grave and unnecessary risks taken with women's health? Genuine choice entails real power, not being on the receiving end of a system designed to control your body as a means of controlling world population growth.

Another key term in population doublespeak is **improving women's status**. Even the most die-hard Malthusians are for it, provided of course that it doesn't upset the global *status quo*. Female literacy, after all, is closely correlated with lower birth rates: educated women use family planning more effectively.

While trumpeting their commitment to raising women's status, many of the same people who bring us population control are bringing us structural adjustment programmes, slashing health and education budgets, laying off workers, raising food prices, and occasionally casting a few moth-eaten World Bank safety nets to catch the poorest of the poor. The result is disastrous for women and children's health. The solution? Family-planning programmes.

Miraculously, family planning is somehow to lift women from their sorry status without having to make meaningful social and economic change. So, the argument runs, even more of the dwindling health budget

should be spent on it. And, in the words of the Population Crisis Committee, organisations such as USAID should take care not to 'diffuse or weaken' family planning 'by shifting to a broad reproductive health or maternal and child health orientation ...'.<sup>17</sup>

Yet, despite their zeal to reduce birth rates, the population controllers leave many of the determinants of high fertility in place: the need for children as a source of labour and security, high infant mortality, limited economic opportunity for the poor. In the New World Order, even the saying 'Development is the best contraceptive' has an old-fashioned ring to it, rather like 'basic needs', 'equality', and 'human rights'.

There is yet another constellation of doublespeak terms, including the **environment**. Preserving the environment is the latest ideological rationale for population control, even though the major causes of global environmental degradation lie elsewhere, in inequitable economic systems, corporate agriculture and logging, military and industrial toxic wastes, and inappropriate technology. Why are the rich always missing from the neo-Malthusian picture of the environment? Are they so invisible?

And then **sustainability**, a word so easily manipulated that in an article called 'Health in a sustainable ecosystem', Dr Maurice King can write in *The Lancet* that where there is unsustainable population pressure on the environment, public health systems should not use oral rehydration for the treatment of diarrhoea in babies from low-income families.<sup>17</sup> Rather than indicting this argument, the editorial observed that 'Nothing is unthinkable'. The definition of sustainability must, in my view, be expanded to include moral sustainability. Malthusian eco-fascism is morally unsustainable, as are theories which claim that AIDS is a good thing since it reduces population pressure on the environment. Such views exceed the earth's carrying capacity for racism and injustice.

My final slippery term is **consensus**. This is a favourite word of the United Nations Fund for Population Activities, which is

proud of the way it has forged an international 'consensus' around the need for population programmes.<sup>19</sup> But whose consensus is it? I, for one, am not part of the grand UNFPA consensus.

Women and men need access to safe birth control, including abortion. But when family planning is designed and implemented as a tool of population control, it undermines health systems, targets women, fosters abuse, and perpetuates the 'technical fix' mentality which has distorted contraceptive research and development, and has led to the systematic neglect of barrier and male methods and a lack of concern for health and safety. This is not to negate the need for contraceptive research. But priorities must change, and women must have control over the technological process before research truly expands reproductive 'choices'. Within family-planning programmes, efforts at reform by improving 'quality of care' are a step forward. But for the poor, there is not likely to be real quality of care until there is better quality of life.

In the end, blaming poverty and environmental degradation on population growth obscures the real causes of the current global crisis: the control of resources — economic, political, environmental — in the hands of an ever more tightly-linked international elite.

Two centuries ago, Thomas Malthus put forward this analysis:

That the principal and most permanent cause of poverty has little or no direct relation to forms of government, or the unequal division of property; and that, as the rich do not in reality possess the power of finding employment and maintenance for the poor, the poor cannot, in the nature of things, possess the right to demand them; are important truths flowing from the principle of population.<sup>20</sup>

In the New World Order, the essence of population control remains this simple political imperative.

**NOTES**

**1** G. Foster: 'Global demographic trends to the year 2010: implications for US security', *Washington Quarterly*, Spring 1989. See, e.g., 'USAID offers Rs. 800 Cr. to UP', *Times of India*, 15 Feb. 1992. On World Bank conditionality, see F. T. Sai and L. A. Chester: 'The role of the World Bank in shaping Third World population policy', in G. Roberts, ed.: *Population Policy: Contemporary Issues* (New York, Praeger, 1990).

**3** Tom Barron: 'New USAID population strategy aimed at "BIG Countries"', *Family Planning World*, January/February 1992.

**4** Letter from J. D. Shelton, Chief, Research Division, USAID Office of Population, and Cynthia Calla, Medical Officer, Family Planning Services Division, to Carlos Huezco, IPPF Medical Director, 21 August 1991. Also see 'Paying for family planning', *Population Reports*, Series J, No. 39, Nov. 1991, p.5.

**5** See *ibid.* and 'Lights! Camera! Action!: Promoting family planning with TV, video and film', *Population Reports*, Series J, No. 38, December 1989.

**6** See, for example, 'Europeans adopt population agenda', *Population* (UNFPA), Volume 18, No. 3, March 1992, p. 1.

**7** Personal communications.

**8** Contact organisations: Zero Population Growth and Humane Society.

**9** See, e.g., Paul and Anne Ehrlich: *The Population Explosion* (New York, Simon and Schuster, 1990), where Africa is called 'the dark continent' (p. 83).

**10** *Ibid.*, p. 62.

**11** 'Poverty and Norplant: can contraception reduce the underclass?', *Philadelphia Inquirer*, 13 Sept. 1991. See Julia R. Scott: 'Norplant: Its Impact on Poor Women and Women of Color', Public Policy/Education Office, National Black Women's Health Project, for information on Norplant. The state of New Jersey has passed legislation which denies benefits to children born to women already receiving public assistance.

**12** See, e.g., S. J. Ward *et al.*: 'Service Delivery Systems and Quality of Care in the Implementation of Norplant in Indonesia'

(New York: Population Council, Feb. 1990).

**13** Personal communication.

**14** 'Birth control vaccine for women developed', *Planned Parenthood Bulletin*, Family Planning Association of India, Vol. XXXIX, No. 5, November 1991. For a review of contraceptive vaccines, see A. F. Schrater: 'Contraceptive vaccines: promises and problems' in H. Holmes, ed.: *Issues in Reproductive Technology I: An Anthology* (New York: Garland Publishers, 1992). Also a forthcoming pamphlet by Judith Richter.

**15** This is shown in two excellent documentaries: 'Something Like a War', a film on the Indian family planning programme. made by Deepa Dhanraj (D&N Productions, 58 St Marks Road, Bangalore 560001, India) and a film focusing on the vaccine, by Ulrike Schaz (Bleicherstr. 2, 2 Hamburg 50, Germany).

**16** Quoted in Judith Richter, 'Research on antifertility vaccines — priority or problem?', *Vena Journal*, Volume 3, no. 2, Nov. 1991.

**17** S. Conly, J. Speidel and S. Camp: *US Population Assistance: Issues for the 1990s* (Washington, DC: Population Crisis Committee, 1991), p. 36.

**18** Maurice King: 'Health is a sustainable state', *The Lancet*, Volume 336, no. 8716, 15 September 1990.

**19** Nafis Sadik: 'The role of the United Nations — from conflict to consensus' in G. Roberts, ed.: *Population Policy: Contemporary Issues* (New York, Praeger, 1990).

**20** Thomas Malthus: *An Essay on Population*, Vol. II (New York: E.P. Dutton, 1914), p. 260.

**THE AUTHOR**

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