Women's sexuality dominated by men

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Right to con trolling fertility

While a couple, and more specifically women, must have access to knowledge and services to regulate fertility, this right is distinctly different from the objectives of the policies of population control. It must be added here that the right to regulate fertility - family planning or birth control - goes beyond access to knowledge and services for contraception for sexually active couples. It must include the right to decide when and with whom to have sex, whether to bear children, when to bear them, from whom and how many. Translated into simple needs, and especially bearing in mind the present social situation, this means a right to decide when to marry and whom to marry. Women must have rights over their bodies and over their sexual experiences. Studies show that women want to regulate their fertility and space and limit the number of children they bear.

Patriarchal domination of women

At present, patriarchy controls the sexuality of women. This is done by controlling the choice of partners, the expected relationship between spouses, the dependent position of women and the young in the family, the extent to which women are permitted to make decisions and so on. At every stage in her life a woman is under the dominion of someone, her father, her husband or son. The purpose of marriage is to transfer the dominance over the woman from the father to the husband. The girl is married off young to ensure that the domination is not questioned. Subjugation of the girl is also assured by marrying the girl to a man much older in age. Seniors in the family then decide on child bearing.

Women must be liberated from patriarchal controls. Interviews with women have consistently shown that women are made to bear more children than they desire. Instead of interpreting this finding as a consequence of patriarchal oppression of women, demographers - predictably male - interpret it as indicative of the unmet need for contraception and use it for promoting long acting contraceptives.

Equal access to resources vs. increasing population

Government policies have been formulated to reduce the size of the population. It is argued that ever increasing population reduces the access of an individual to resources, worsens environmental degradation as well as social and economic conditions under which the individual is forced to live. Available data however do not support the contention that the higher rate of growth of population is responsible for poverty, illiteracy, unemployment, malnourishment, poor health, high infant, child and maternal deaths.

The main problem is the unequal access to resources and power. A small number of individuals ensure an unusually large share of land, money and other resources for themselves and, in doing so, deprive a large section of the population even of their basic needs. The world's poor - some 11 billion people - earn just 2% of the world's income. 3.3 billion fall in the world's middle income category. The consumer class - around 1 billion - take 64% of world's income - 32 times as much as the poor.

The consumer society's exploitation of resources threatens to exhaust, poison or unalterably disfigure forests, soil, water and air. Industrial countries with one fourth of the globe's people, consume 40% to 86% of the earth's various natural resources.

Over the years the disparities are widening in incomes as well as in patterns of consumption. Human Development Report (UNDP, 1992) points out that the ratio of incomes of the world's richest 20% population to those of the poorest 20% has gone up from 30: 1 in 1960 to 59:1 by 1989.

Medical profession silent on practices known to be harmful

Population policies are promoting provider-controlled contraceptives that are long acting and known to be hazardous. The targets of the population control programmes are women. These programmes thus promote patriarchal interests of oppressing women by subjugating them when there is a need to empower women by ensuring that they have opportunities to enjoy their rights.

41% of currently married women in ages 13 to 49 are said to be practising family planning. Of these couples, 28% use female sterilisation and 3% male sterilisation. 2% use IUDs. 1% use oral pills. Methods such as tubal ligation and IUDs are promoted despite their known hazards. Extensive research on tubal ligation since the 1930s leads to the conclusion that there have been both short and long term problems with the procedure. Its sequelae include many gynaecological problems ranging from torsion, hydrosalpinx and endometriosis to irreversible interference with the endocrine system. IUDs are known to cause pelvic inflammatory diseases with consequent backache, vaginal discharge and blockage of

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Fallopian tubes resulting in infertility.

Biomedical professionals are not only silent on these harmful methods and violations of women's rights but they are active in inventing and promoting newer methods with the same flaws. It is argued that in a country where maternal mortality is high, the hazards of contraception should not even be discussed. While population control interests are happy that total fertility rate - average number of children per woman - has fallen from 6.5 to 3.39, the fact is that 58% of these births are in girls aged 13 to 19.

Coercion is widely practised in the implementation of population control programmes. Government, international agencies and pressure groups play an important part in enforcing these programmes. Decisions made by the women concerned and even those by their families are overruled without hesitation in promoting the use of contraceptives. This overriding is not limited to the explicit use of legal coercion or economic compulsion but includes denial of opportunities for jobs or welfare that they can expect from a supposedly responsible government. Such policies add to the miseries of people by reducing health care and education services.

Violent, unethical doctors

Doctors who conduct sterilisation, insert IUD, inject anti-fertility vaccine or insert 'Norplant' without the truly informed consent of the person concerned are certainly violent and unethical. They inflict physical and psychological trauma on their victims.

What needs to be realised is that there is not only insensitivity in doctors to the fact that the woman is victimised but, perversely, even a feeling of performing a noble and patriotic act in the interest of the nation. Such feelings are openly and sincerely expressed by Dr. B.C. Mehta who has conducted laparoscopic sterilisation in hundreds of thousands of women and complains that the government does not permit a doctor to perform more than 100 operations in a day. Gynaecologists promote hazardous contraceptives for women arguing that in the face of high maternal mortality, preventing pregnancy is less hazardous. The Federation of Obstetrical and Gynaecological Societies of India- which champions endoscopic sterilisation - is not known to have undertaken programmes for ensuring ante-natal, natal and post-natal care for all mothers. Nor has it shown interest in other causes of maternal morbidity and mortal i ty .

The attitude of the medical profession has, in turn, led to an unenlightened public opinion that looks with contempt at a couple that has three or more children or, for that matter, a beggar with even a single child. Society considers the parents of these children as criminals harming the welfare of the general population. Maternity leave is denied to the mother if she already has two children. During a meeting called to discuss breast-feeding it was suggested that there should be a demand for at least six months of breast-feeding leave for the mothers. Many doctors were insistent that such leave should be denied for the third child. We also hear parents being prevented from contesting elections if they have three or more children. These are bigoted and irrational views.

Scientists and professionals have a moral responsibility to promote healthy attitudes. Demography as a science was developed by the population lobby and demographers have concentrated their efforts in providing scientific arguments for promotion of population control. The following contributions of demographers deserves scrutiny.

Dr. K. Srinivasan has worked for over 30 years in the field of population science and held important positions such as Director of a World Bank project and Director of UN-GOI Institute for Population Sciences. He writes, 'Family planning programme performance during 1976-77 was the best ever realised in the history of the country, with a total of 8.26 million sterilisations- more than the total number done in the previous four years. Had this tempo continued, even on a slightly more modest scale, for a few more years, India's birth rate would definitely have plunged as dramatically as it did in China.' [1]

Commenting on the slowing down of the programme after the political Emergency was withdrawn, Srinivasan says, 'From a retrospective analysis of development during this period, it seems that India made a sacrifice in terms of delayed demographic transition, and possibly socio-economic development, to safeguard her people's democratic rights. It is doubtful whether a compulsion family planning programme can ever be implemented in India within the present political structure or that centrally specified demographic goals can be imposed on the states.'

Srinivasan is not alone in providing moral support to the coercive family planning programme. Demographers often hold similar views. Dr.Ashish Bose, founder member of the Indian Association For The Study Of Population, and who too has had a long professional innings in the field of population says, 'The main reason for the success of the Indonesian model is the excellent military style logistic in running the program. In India we have an overdose of democracy.'[2] It is therefore not surprising that the draft policy on population, formulated under the chairmanship of Dr.M.S.Swaminathan had suggested use of the army in implementing the programme.

References

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