

Family planning and population control in developing countries: Ethical and sociocultural dilemmas.

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Introduction

The World Health organization refers to family planning as the possibility of allowing individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births (WHO, 2012).

Population controls according to neo-Malthusian are programs and policies with deliberate intention to decrease population growth. It is usually related to neo-Malthusian view and development plans where rising population is negatively associated as a hindrance to national economic growth (Kaler, 2004).

It has been predicted by the World Resource Institute that the population will increase by 34% by the year 2050. Of this, over 90% increase will occur in the developing world (Eager, 1973). The prediction of population growth began as early as 1798 by Thomas Robert Malthus, who in his "*Essay on The Principle of Population*" (1888); wrote that the world population would continue to grow until they were limited by resources mainly, famine and diseases.

However in contrast to Malthus views and expectations science and technological advancement in the following decades and 20th century lead to improved health care and provision of medical facility and services that has seen boosted population growth two folds (Rust, 2010).

Population growth control can ideally be achieved in three ways; raise mortality, promote migration, lower fertility (Berelson B, 1979). While the first way is widely unacceptable and the second infeasible, the third way has become the goal of most population control policies and interventions.

Furthermore, population control methods can be distinguished into coercive methods and passive methods. Coercive methods involve use of force or forced mechanisms to control the population e.g. China's one-child policy.

Passive methods allows a person or couples to choose the number of children; but still limit population growth e.g. Contraceptives, voluntary abortions etc. (Rust, 2010). While coercive methods are forcefully in nature and passive methods may contradict societal values and culture, this paper will also discuss and shed light on ethical issues pertaining these two population control mechanisms.

Ethical Issues pertaining family planning and population control in developing countries

Family Planning and Population control policies can be argued to be paternalistic and thus restrict individual autonomy. Such paternalistic approach raise questions such as: can the freedom of a person be justifiably restricted in order to compel that person to benefit himself, or can it be restricted in order to benefit society as a whole? From John Stuart Mills's essay "*On Liberty*", in which he defends individualism against intrusion by the state and society in general he wrote:

"....The only purpose for which power can be rightfully exercised over any member of the civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not sufficient warrant" (Mill, John Stuart, On Liberty (New Haven, CT: Yale University Press, 2003)."

So, from Mill's point of view it is justifiable to control population in order to benefit society as a whole. However, population control through coercive methods not only interferes with individual's liberty but also are in contrast to the international human and reproductive health rights as put forward in the United Nations Declaration of Human Rights (UDHR 1948).

The government of Argentina for example, made it harder for women to access 'the pill' because they wanted to increase population growth, while the Peruvian Government shut down all clinics associated and sponsored by International Planned Parenthood Federation (IPPF) in bid to increase population growth (Warwick, 1974).

Considering the above fact, do governments have the right to restrict individual freedom and right to have fewer or more children? This raise difficult and debatable questions regarding appropriate relationship between the individual and the government (state); and whether governments actions directed at individuals in the name of their own health-paternalistic actions- are really justifiable.

Most of the family planning and population control programs in most of the developing countries are foreign funded and managed by foreign agencies (Warwick, 1974). This raises an ethical issue as it make it difficult to separate the foreign and the domestic questions. For example to what extent do these policies and programs answers and meet foreign needs and expectation as compared to the domestic ones or to what extent do the individual countries and domestic authorities have a say in these matters.

However, as far as the question of investment by developed countries in population control programs in developing countries is concerned, this can be due to the fact that developing nations may themselves have realized that population growth is a problem and thus requested assistance on the matter. Therefore, one may argue that it will be unethical for the developed nations not to respond to the plea in the same way as they would have responded in other sectors such as agriculture, education or any other area of public health.

The fact that many developing nations are economically depending on the developed countries and western led institutions such as World Bank and International Monetary Fund, makes them vulnerable and prone to pressure from that side of the world. This, unfortunately, has made many developing nations feel that their credit rating will be improved if they have population control mechanisms programs in place (Warwick, 1974). This may therefore rise an ethical problem of whether their support to any population control agenda pushed stems from the really population control pressure or from developing nation's economic dependency and other pressures.

Use of material incentives such as money, food, clothes was used to bring in and motivate acceptors of sterilization in India, a country which has set a world's record with more than 10 million sterilizations among its male population raises serious ethical issue. Research has shown that incentives works best with the very poor and the illiterate. This is to say in addition to being economically vulnerable because of poverty the typical acceptor of such material incentives stands a good chance of being misled because of ignorance (Warwick, 1974). Is it ethically justified to take advantage of one's socioeconomic status to achieve population control targets, how far can this go? What are the limits to such kind of "blackmailing"? Do these tactics respect human freedom and human rights?

Furthermore, the use of material incentives may also be considered as expensive mechanism of population control and may raise a question, particularly in developing countries, of whether it is wise and justifiable for the state to use public funds to award some individuals and families that decided to limit their number of offspring for their own good.

Advocates of population control argue that population control is necessary to combat global poverty and the continuing environmental deterioration.

Based on that argument, one may counter-argue that any population control mechanism degrades human life and therefore morally unacceptable. This is because such policies instrumentalize human beings as just another tool for dealing with problems such as poverty, resource limitation and environmental degradation; and thus restricts human liberty and personal desires based on perceived dangers of high population growth.

Social and cultural factors surround the acceptance or rejection of contraceptive methods. In societies which are highly pronatalist a woman's social worth is measured by the number of children one bears. Thus, emphasizing on use of contraceptives to limit fertility presents a challenge both ethically and culturally (Agadjanian & Hayford, 2009).

Limiting population growths in developing countries by coercive ways imply the family will not be able to attain its basic needs such as food, shelter and water. This is because the more offspring a family has helps attain these needs (Rust, 2010). However, an ethical question may arise with such an argument as whether depending on children to supply for basic need implies that societies are instrumentalizing their children since parents must bear more children so they can provide them with goods and security.

The United Nations Population Fund (UNFPA) 2012 report titled "*State of the World Population: By Choice, Not By Chance: Family Planning, Human Rights, and Development*" promotes family planning and access to contraceptives as a human rights (Humphries, 2013). In most countries such as those in Africa and Asia religious and cultural values play an important role on how contraceptives are viewed, and have an influence with regard to family size, sexuality and fertility (Srikanthan & Reid, 2008).

This means religion is part of the social and moral fabric and therefore has a strong influence on people's beliefs and practices which may be against contraception use. Making contraception a human right implies that such acts may be viewed as violations of human rights, and therefore raise a question of whether it can override social and religious boundaries.

Conclusion

The question of whether a government has the right to interfere with the freedom of an individual to choose the number of offspring, by either increasing or reducing the population, and or a donor(s) who exerts pressure on developing nations to put into place population control programs lies heavily on ethical, socio-cultural, economic and moral values that surrounds the acceptance and or rejection of contraceptive methods.

Family planning and population control programs should invest on examining ethical issues in depth and set ethical guidelines known to the public about the family planning and population control so as to educate and inform the people and thus avoid what can be considered as unnecessary ethical dilemma and conflict.

The main interest of population control is to reduce the burden on the already stretched resources such as land, money, water etc. Better mechanisms should be adopted to tackle the burden on economic and limited resources. Resources as they are currently are not equally distributed. By doing so, the individual will have more time to dedicate to their children the society will benefit as a whole due to lowered infant mortality and reduced use of resources.

It is important that while trying to achieve the positive goods brought about by family planning at individual and societal levels, on the other hand, the freedom justice and values of these same individuals and societies should be protected.

References

- Agadjanian, V., & Hayford, S. R. (2009). PMTCT, HAART, and childbearing in Mozambique: an institutional perspective. *AIDS Behav, 13 Suppl 1*, 103-112. doi: 10.1007/s10461-009-9535-0
- Berelson B, J. L. (1979). Government Efforts to Influence Fertility: The Ethical Issues. . *Population and Development Review, 5*(No. 4), 581 - 613.
- Humphries, V. (2013). The Policy Implications of Family Planning as a Human Right. Retrieved from <http://www.africaportal.org/blogs/community-practice/policy-implications-family-planning-human-right>
- Kaler, A. (2004). The Moral Lens of Population Control: Condoms and Controversies in Southern Malawi. *Studies in Family Planning, 35*(2), 105-115. doi: 10.1111/j.1728-4465.2004.00012.x
- Rust, D. L. (2010). The Ethics of Controlling Population Growth in the Developing World. *Intersect, 3*(Number 1).
- Srikanthan, A., & Reid, R. L. (2008). Religious and Cultural Influences on Contraception. *Journal of Obstetrics and Gynaecology Canada, 30*(2), 129 - 137.
- Warwick, P. D. (1974). Ethics and Population Control in Developing Countries. *The Hastings Center Report, 4*(No. 3), 1 - 4.
- WHO. (2012). Addressing the Challenge of Women's Health in Africa *Report of the Commission on Women's Health in the African Region*. WHO Regional Office for Africa, Brazzaville, Republic of Congo: World Health Organization, Regional Office for Africa.