



Family Planning Policies and Programs 380.665

Class Written Assignment - Ethical Issues in Population and Family Planning Programs

This assignment is based on a series of case studies reported from India that are published in the volume *Responding to Cairo: Case Studies of Changing Practice in Reproductive Health and Family Planning* (edited by Nicole Haberland and Diana Measham and published by the Population Council 2002). As stated in the Executive Summary:

“The 1994 International Conference on Population and Development (ICPD) in Cairo codified views long advocated by women's health activists the world over. Their humanistic and feminist goals became cornerstones of Cairo's landmark accord, which recognized the rights of all people to reproductive health, called for special attention to women's empowerment and clients' needs, and repudiated reliance on contraceptive services as the tool for achieving demographic targets. The ratification of the ICPD Programme of Action marked a turning point in the history of the population field—one that brought reproductive health and women's rights to the forefront of the international population agenda.

The case studies in this book examine past and present practice in a variety of settings, highlighting changes, however incremental they may be. Drawn from 22 projects in 18 developing countries, they present the stories of policymakers, program managers, health workers, health advocates, and clients.....

Violations of women's reproductive rights have occurred throughout the world, but some of the most widely condemned took place in India under its contraceptive target system, in China under its birth planning program, and in South Africa under apartheid.

Following the Cairo conference, policies that permitted abuse in these settings were abandoned or modified. In each country, change in national-level policy was necessary before meaningful change could occur in service-delivery systems. While national policy change sets the stage, responsibility for the details of implementation typically falls to officials at the state, province, county, and district levels. Part I chronicles examples of such field-level implementation efforts in each setting.

For example, in 1996 India abolished its contraceptive target system, under which health workers were evaluated based on the number of individuals recruited for particular contraceptive methods, particularly sterilization. The districts profiled in this chapter demonstrate considerable variation in the degree to which centrally-defined contraceptive targets have been replaced by goals health workers set themselves after assessing community reproductive health needs.... “

Attached is the India case study on: *Dismantling India's contraceptive target system: an overview and three case studies* by Nirmala Murthy, Lakshmi Ramachandar, Pertti Pelto, and Akhila Vasan. Based on the class readings and discussions of ethical issues, write a 2 - 4 page paper analyzing the programmatically changes that have been implemented in terms of how they have corrected violations in human rights, and what residual problems remain. (Note: Copy of the paper will be distributed in the class session.)