

# **FINRRAGE (Australia)**

## *Feminist International Network of Resistance to Reproductive and Genetic Engineering*

### **Submission** on Review of Australia's Overseas Aid Program.

The Feminist International Network of Resistance to Reproductive and Genetic Engineering (FINRRAGE Australia) welcomes the opportunity to make a submission to the Review of Australia's Overseas Aid Program.

Our organisation supports a renewed focus on how Australia's aid program can best contribute to poverty reduction, meet basic needs, reduce suffering, advance equity and contribute to a more just and secure world.

While there are many areas in aid policy, programming and delivery on which we could comment, due to severe time constraints our submission is limited to aspects of aid provision which touch upon the human rights dimensions, specifically as they relate to women. We have special concern for how our aid monies might impact on violence against women, trafficking in women and children, assist in aiding refugee women and sustaining grassroots development programs for poor marginalised women.

FINRRAGE (Australia) has a particular interest in Australia's contribution to population and family planning programs. Indeed, we believe a number of these programs are not in the best interests of women and in some instances are actually harmful to women.

It is our contention that internationally and domestically, in recent years there has been a shift in focus in aid services. We have been concerned to see an overarching emphasis on money directed to population control programs. This we believe is misdirected and not in the best interests of women, their partners and families. FINRRAGE (Australia) submits that there is no justification for the diversion of sparse aid monies to population control programs and away from basic development and poverty alleviation, literacy, education and food programs which directly improve the lives of women.

We strongly contend that health programs should not come under population-related assistance. Instead they should be administered in a separate category that specifically is aimed at improving women's everyday lives, thereby contributing to the WHO's definition of 'social' health.

FINRRAGE (Australia) is pleased with the increased attention given to basic education and primary health care in the latest overseas Aid Budget. Ours should be a program responsive to the needs of people in developing countries, and not determined by the global agendas of population control bodies and multinational corporations.

We welcome the \$8.8 million in support of programs targeting malaria, polio, neo-natal tetanus and HIV/AIDS, maternal and child health, tuberculosis, diarrhoeal diseases and acute respiratory infections.

We are concerned however that Australia's growth in aid is not parallel with our growth in GDP.

As the Inquiry Report into Population and Development stated:

in many areas where the effects of reducing population growth as commonly judged to be advantageous (eg education, exhaustive resources, poverty, savings) the benefits of population policies are likely to be modest compared to the benefits of more direct policies that accomplish the same ends ... If the government seeks to improve the economic position of the poor, the largest and quickest impact will come from...policies to increase access of the poor to land, credit, public infrastructure and services, particularly education and health."(Final Report, p19).

While we support the right of women to have access to safe contraception, preferably user controlled barrier methods and to determine the number of children they have, we are concerned that too often contraception has

been translated into family planning programs which in turn has meant population control. An overemphasis on demographic 'targets' and 'birth quotas' has led to violations of human rights in a number of places including Bangladesh, India, Indonesia etc.

We are very critical also at language adopted at the International Cairo Conference on population and development, 1994 in which women had been explicitly named as key players whose 'reproductive rights' and 'empowerment' will guarantee the successful slowing down of the world's population. FINRRAGE (Australia) has repeatedly criticised such language as mere lip service to the rhetoric of 'choice' and pointed out that a large percentage of the women's health movement had been bought off by money from the population control establishment to promote provider controlled and experimental contraceptives such as Depo Provera, Norplant, RU486 and still in the development stage the anti-fertility 'vaccine' (Renate Klein, Janice Raymond and Lynette Dumble, *RU486: Misconceptions, Myths and Morals* Spinifex Press, Melbourne; Renate Klein, 'Reflections on Cairo: Empowerment Rhetoric - But Who Will Pay the Price?', *Feminist Forum in Women's Studies International Forum* 18(4), pp.ii-v.; Renate Klein, 'A Feminist Perspective on Population Control' in *Proceedings*, Third National Immigration & Population Outlook Conference, Adelaide, February 1995; Laurel Guymier, 'Vaccination against pregnancy: a new contraceptive 'choice' for women or a tool for population control? *FINRRAGE Newsletter*, November, 1995, pp. 2-3).

FINRRAGE (Australia) rejects the proposition that women's fertility is causally linked to environmental degradation, world hunger and poverty. At our 1993 conference in Bangladesh bringing together over 60 health activists, lawyers, policy makers, journalists and academics from around the globe, we wrote in the Declaration of Comilla (reprinted in *Radically Speaking*, eds Diane Bell and Renate Klein, Spinifex Press, Melbourne, 1996):

In the name of structural adjustment programmes, the world bank and international monetary fund dictated prescriptions in which the third world countries have to sacrifice health and food subsidies. Their public health and welfare infrastructure are systematically dismantled and privatised. These reduced health delivery services are technologized and virtually reduced to instruments of population control. The poor, and particularly poor women, are the main victims of this global policy everywhere.

Since the early 1980s FINRRAGE (International and Australia) has been involved in exposing the abuse of women in population control programs around the world, particularly in developing countries. We have documented forced abortion, unsafe, experimental contraception and coercive sterilisation including incentives and disincentives, social pressure on women and their families and punishments and fines for non compliance. Specifically we have exposed trials of experimental contraceptive drugs, devices, implants and injectables on poor women (Farida Akhter, *Resisting Norplant*, Narigrantha Prabartana, Dhaka, Bangladesh, 1995). We know that women have been denied access to credit and loans unless they agree to use prescribed contraception which is often provider controlled. Women are enticed into population control programs that mask as family planning with promises of food, clothing and land. Their supervision frequently amounts to total social control by a brigade of family planning workers who are instructed that to think in 'targets' and 'quotas' equals success. FINRRAGE has documented that women are used as dumping grounds for multinational companies eager too offload excess contraceptives from the West. We have also shown that food aid is conditional on IUDs and sterilisation (Farida Akhter, *Depopulating Bangladesh*, Narigrantha Prabartana, Dhaka, Bangladesh, 1992; UBINIG, *Faces of Coercion: Sterilisation Tearing Apart Organs*; Narigrantha Prabartana, Dhaka, Bangladesh, 1994).

Even *The Lancet* in a 1995 Editorial, acknowledged the new buzzword gender equality is the social tool by which the UN sees its aim of population control being met ... [H]ealth is defined in a surprisingly one-dimensional manner; it seems to exist in a reproductive context only. When seen through the lenses of fertility control, the notion of "health" is distorted beyond all recognition. This intellectual astigmatism leads the UN - and influential non-governmental organisations such as the International Planned Parenthood Federation - to adopt empowerment and equality as cure alls ... The new colonialism of the international women's health agenda is a dangerous strategy. It places western utopianism before local pragmatism, expert notions of what is right before a culturally specific understanding of need. Equality means far more than achieving the right to reproductive health. (Women in the world, *The Lancet*, Volume 346, Number 8969, July 22, 1995).

Professor Short of Monash University told a Ministerial Seminar on Population and Development in Asia, in Canberra November 1993, that contraceptives would be much cheaper than defence and would achieve the same results. "Let's turn bullets into contraceptives" were his words to an enthusiastic audience.

Soon after this event, Farida Akhter of UBINIG/FINRRAGE in Bangladesh wrote to the then Prime Minister Paul Keating: "If you're giving any money at all, don't give it to the population controllers. We don't have money for health programs. Please, divert it to health programs."

A 1995 Policy Paper states: "Underpinning Australia's population-related assistance is a commitment to empowering women to take control of their fertility, on the basis of informed free choice, by expanding their access to a range of safe and affordable reproductive health services. Coercion has no place in family planning programs." (New Directions in Australia's Overseas Aid Program Ministerial Policy Paper and Fifth Annual Report to Parliament on Australia's Development Cooperation Program AIDAB February 1995.)

The previous Minister for Development Cooperation and Pacific Island Affairs trebled expenditure on population activities announcing a four-year \$130 million plan to fund population-related programs. The (then) Government announced a commitment to achieve a target of four per cent of total aid flows for population activities by the year 2000.

FINRRAGE (Australia) has concerns about many of these programs. At the time of writing we do not have a specific list of individual projects and funding allocations in the new budget. However we are concerned about aid money going to a number of programs funded in recent times which may be ongoing.

We welcome the new government's decision to reduce funding to multilateral agencies, in particular the UNFPA, IPPF, the Population Council and to cut funding to the World Health Organisation's Human Reproduction Program.

We have long been critical of the UNFPA and IPPF, for their population control emphasis and their denial or playing down of human rights violations in family planning programs, especially in China which has benefited from funding and status from these bodies. (Which in turn received funds from the Australian people.)

We have criticised the Population Council for its role in the development and promotion of the long-acting subdermal implant Norplant which carries with it many health risks and which is currently the subject of legal action by thousands of injured women in the US. We have also opposed the WHO/HRP for its research and promotion of the abortion drug RU486/prostaglandin and its work on long-acting immunological fertility control vaccines such as the anti-fertility 'vaccine'. FINRRAGE (International, Australia and Bangladesh) is involved in an international campaign which to stop further research on these vaccines which we believe pose unacceptable health risks to women and which are further evidence of the push for provider-controlled rather than user-controlled contraception (Laurel Guymier, 1995 (quoted above) and Judith Richter, *Vaccination against Pregnancy, Miracle or Menace?* Zed Books London and Spinifex Press Melbourne, 1996; *Resistance on the Rise*, International Campaign against Population Control and Abusive, Hazardous Contraceptives, Amsterdam, 1996).

## **China**

It is FINRRAGE's position that no money should be given which any way supports China's family planning program. There is no doubt and the evidence is undisputable, that the China's family planning program relies on coercion.

The 150 page plan of action adopted by the Fourth World's Women's Conference in Beijing last year listed forced abortion and sterilisation, coercive/forced use of contraceptives, pre-natal screening and female infanticide as violence against women.

This violence against women is rife in China. It includes forced abortion and sterilisation, compulsory insertion of IUD's, fines, punishments, imprisonment, damage to property, discrimination against so-called 'illegal' children and monitoring of women's menstrual cycles. China's population control practices have resulted in the increased practice of selective abortion of female fetuses. China's one-child policy has also revived the traditional practice of female infanticide. (See John S. Aird, 'Women are the Principal Victims of Coercive Family Planning in China', paper presented to seminar in York, Pennsylvania, 23 May 1995; and Steven Mosher, testimony, Australian Senate Hansard, Legal and Constitutional Legislation Committee, 3 Feb 1995.) There is an imbalance in the sex ratios at birth of 118.5 males to 100 females - which means 1.1 million girls are missing (evidence of Dr John S. Aird in Australia China Relations, Report of the Senate Foreign Affairs, Defence and Trade References Committee, June 1996, p177.)

Tibetans are also the victims of China's stringent family planning measures. (See *Tears of Silence: Tibetan Women and Population Control* (Tibetan Women's Association, Dharamsala, India, 1994) and Martin Moss, *Children of Despair*, Report 3, Campaign Free Tibet.)

Despite this evidence, Australia continues to fund the China program indirectly and directly. It is promoting bilateral projects in China through AusAID with a "focus on promoting voluntary family planning." (Mr McLean, DFAT, Australia China Relations Report). According to Dianne Proctor, formerly of Family Planning Australia, FPA receives some support from AusAID for its programs in China. (Australia China Relations, 1996, p178.) Australia is contributing to the China Maternal and Child Health and Family Planning project in Ningxia Province - \$7 million over five years - and to another similar project in Guangdong.

FINRRAGE (Australia) disagrees with AusAID officials and others who argue that our involvement in China helps demonstrate that voluntary programs can work. We find this difficult to accept in a country where "voluntarism" in family planning clearly does not exist. Why does Australia think it can do what the UNFPA and IPPF have failed to do in the history of their involvement in China?

That Australia could rely on the Chinese Government and the China Family Planning Association to monitor the Government program in terms of abuses of reproductive rights is naive in the extreme. (Family Planning Australia, Australia China Relations, 1996, p178.)

A Review of Australia's Efforts to Promote and Protect Human Rights (Report of the Joint Standing Committee on Foreign Affairs, Defence and Trade, p.75) states: "Forced sterilisation and abortion, infanticide, restricted health and welfare benefits for families above a mandatory size, and reduced employment opportunities for women who bear more than the mandatory number of children are quite unacceptable to the Committee and it urges the Australian Government to speak against such practices in all appropriate forums." How do we speak against such things while providing money which can contribute to their practice?

If AusAID's view "is that coercive family planning programs negate human rights and human dignity" (AusAID, Committee Hansard, 1996, p.1255, in Australia China Relations) then to be consistent, it should not help pay for such programs or offer any support which helps legitimise them.

## **Indonesia**

FINRRAGE (Australia) has questions about Australia's contribution of \$8.1 million over three years to the Women's Health and Family Planning Project which is administered by the Indonesian Government. We would like to know exactly how this program is carried out. We have collected documentation of family planning abuses in Indonesia and Indonesia's family planning abuses of East Timoresean women. Our documentation includes personal testimony from Indonesian women's health activists and East Timoresean activists living in exile.

Adrina Taslim (Melinda Tankard Reist, 1994, *How Family Planning Gets Under A Woman's Skin*, *The Age*, September, p.12) has spoken of the pressure applied to Indonesian women to accept Norplant, the lack of informed consent and difficulty getting family planning workers to agree to remove it. She says women are told Norplant will make them beautiful and lucky. Indonesia's Minister for Population, Dr Haryono Suyono, did not deny Norplant was promoted as a beauty aid in Indonesia during a 1994 visit to Australia to sign a joint agreement with Australia on greater cooperation in family planning issues. He compared it to Coca Cola being promoted as more than just a drink.

A report in *Inside Indonesia* (June 1994) described "highly invasive and coercive practices underpinned by extensive surveillance and control." The article said that without a KN (National Family Planning Program) card, a woman can have problems gaining access to health and education services.

Thousands of Indonesian women who had Norplant inserted are now lost to follow up, still wandering around with the subdermal implants under their skin five years later.

Australian taxpayers money is also being used to fund the Indonesian family planning board (BKKBN) to train family planning workers from the Pacific countries. In light of the documented pressure applied by the Indonesian government to get people to submit to contraceptive use, having their workers train others in their successful techniques, must be viewed with serious concern.

## **PNG and South Pacific**

Remnants of neo-colonialism can be seen in Australia's attempts to get PNG to comply with its idea of ideal family size. A 1990 pre-feasibility report commissioned by (the then) AIDAB says: It is time, then, that leading citizens and foreigners seek to influence attitudes to and trends in PNG population growth.

The report is critical of the PNG governments approach which shows a strong preference for an indirect influence on fertility, thus limiting the scope for donors who have an interest in family planning and contraception as part of development policy and action.

Overall efficiency of donor assistance would dictate against the allocation of resources to ameliorating living conditions in stressed and peri-urban regions until capacity to improve and sustain improvements is released (sic) by declining fertility the document states.

Does the present government accept this type of aid blackmail?

FINRRAGE (Australia) has been informed that Family Planning Australia (FPA), a member of IPPF, is receiving aid funds to support family planning programs in the South Pacific. It has also received \$0.5 million to appoint an FPA Project Officer to facilitate the development of sustainable sexual and reproductive health projects in the region (Independent Inquiry Report into Population and Development, 1994, April 13th).

A number of South Pacific leaders have expressed concern about foreign attempts to change their cultural appreciation of children.

The PNG Government is to carry out a Population and Family Planning Project co-financed with the World Bank and the Asian Development Bank and designed to enhance the capacity of PNGs health and family planning services. The UNFPA is receiving Australian money for an integrated Population and Environment Project in the South Pacific (Independent Inquiry Report into Population and Development, 1994, April 13th).

The UNFPA's involvement in the South Pacific is of great concern to FINRRAGE (Australia). In 1989 it urged a population control regime for PNG which set targets for contraceptive acceptance of oral contraceptives, condoms, and Depo Provera from an estimated 6% in 1989 to 35% by 1995. Depo Provera accounted for 63.3% of the total funds to be spent on contraceptive purchases for PNG. In fact, Australia was paying for Depo Provera for PNG women at a time when it would not allow the use of this injectable in its own country.

We are concerned by reports that PNG women can get access to Depo Provera with no problem, where in some areas, basic health care and supplies of malarial treatments and antibiotics are low or non-existent.

## **Vietnam**

Australia also supports family planning related projects in Vietnam. FINRRAGE (Australia) has particular concerns about the coercive nature of Vietnam's program, including a two-child limit, a fine of the equivalent of 10 months income for a third child and the loss of rice growing land as well as denial of a birth certificate for the third child. Indeed we are appalled about conditions that allow women to be paid a \$20 reward for undergoing a hysterectomy (*The Australian*, 2-3 Sept 1995).

## **Maternal Mortality**

A recent UNICEF study says millions of women are injured for want of basic obstetric care, a doctor who knows how to perform a caesarean section or a few hundred dollars worth of hospital improvements. "Many of the deaths and much of the suffering, to the world's shame, are preventable," UNICEF executive director Carol Bellamy said "Direct and increased assistance to health services in such countries is a desperate need" (*The Courier Mail*, June 12th 1996, p.21).

Sumati Nair from FINRRAGE (Holland) has written "The major causes for the deaths of women are evidently not childbirth and related causes, but respiratory diseases and other parasitic infections...Poverty, malnourishment and poor health services that bring about high death rates are the very factors that give rise to high maternal mortality rates. It is the same women that are most likely to be the worst affected by the

indiscriminate promotion of the new hormonal contraceptives." (*Imperialism and the Control of Women's Fertility: New Hormonal Contraceptives, Population Control and the WHO 1989 Campaign Against Long-Acting Hormonal Contraceptives*, London Amsterdam.)

A study titled: "Too far to walk: Maternal mortality in Context, Part 3, states:

Delays in the delivery of care are symptomatic of the inadequate care that results from shortages of staff, essential equipment, supplies, drugs and blood as well as inadequate management. Later or wrong diagnosis, and incorrect action by the staff are other factors (which) contribute to delays in the timely provision of needed care ... In addition to identifying the diagnoses in cases of maternal death, some hospital-based studies determine whether or not the deaths were avoidable. They generally find that while a small number of maternal deaths are unavoidable, the large majority are either entirely or probably preventable.

For example, 98 per cent of institutional deaths studied in Tanzania, 94 percent of maternal deaths studied in Cali, Colombia, 88 percent of those studied in Vietnam and 80 percent of those studied in Jamaica and in Lusaka, Zambia, were judged preventable by the respective investigators. (Thaddeus & D. Maine, *Women's Global Network for Reproductive Rights, Newsletter*, 37, October to December 1991).

These figures clearly demonstrate that the majority of maternal deaths could be prevented by adequate basic health care as well as improved everyday living conditions and freedom from violence. Put differently women die during pregnancy, childbirth and as mothers because of these structural injustices rather than because of inadequate family planning.

As feminists/international health activists we refuse to accept that the reproductive behaviour of women anywhere in the world is to blame for the world's problems. We will not disengage structural issues such as consumerism, exploitative practices of distribution of wealth and resources, land rights and militarism from the debate.

We call for justice and equity rather than the identification of demographic targets and numerical analyses which neglect the underlying causes for poverty. We refuse to be aligned with population groups and pharmaceutical companies whose main purpose is to devise provider-controlled contraceptive drugs and devices to control the fertility of so-called "third world" women thereby jeopardising their health.

Sumati Nair, author of *Imperialism and the Control of Women's Fertility: New Hormonal Contraceptives, Population Control and the WHO 1989 Campaign Against Long-Acting Hormonal Contraceptives*, London Amsterdam) writes: There is enough documented evidence from different parts of the world to show that whenever targets are set to be achieved by family planning programs, they have been achieved only through coercion and false promises." (Personal communication 13 Apr, 1994.)

FINRRAGE (Australia) argues that the abuse of women has been ignored in the world-wide population control push.

Indian medical doctor, Mira Shiva has said: "We've got the right to contraception, but we haven't got the right to eat. What does choice mean for women who don't have basic food? The question of the basic needs of the poor does not come on the agenda." (How Family planning gets under a woman's skin', *The Age*, September 2, 1994.)

We believe that the so-called "unmet demand for contraception" has diverted attention away from the pressing needs of health provision, education, literacy programs, minimum wage measures against violence and other needs.

We also submit that structural issues such as wealth distribution poverty, landlessness, militarism and consumerism must be examined.

Population control policies threaten women's health and lives. Reasonable methods of family planning that allow women to decide family size are abandoned in favour of a shift from user controlled contraception to provider controlled hormonal and immunological contraceptives such as Depo Provera, Implants (Norplant) and the anti-fertility 'vaccine'. The result is that general health, education, freedom from violence and bodily integrity is eclipsed by the emphasis on 'reproductive health'.

To give an example, Public health expert Imrana Quadeer from India questions the term 'reproductive health' (*Terra Viva*, Sept 6, p22): "When I tell the women in my villages about the WHO definition of reproductive health, they laugh at me. They say, I will be well if you assure me daily wages, water and subsistence."

Similarly, Farida Akhter from UBINIG Bangladesh commented (*Women on the Line*, Melbourne, November 2 1994):

We are not empowered to say that western countries should reduce their consumption and that we don't want the World Bank in Bangladesh. We are only 'empowered' to say that we will reduce the number of children we have. This is not empowerment. And the right to choose only means women's decision to reduce their fertility not the right to refuse harmful contraceptives.

Akhter's words perfectly echo our own sentiments. We end this brief submission by urging the AusAID Secretariat to thoroughly examine their funding program for what we believe is a misallocation of resources for international aid. In addition we particularly urge the Secretariat to scrutinise other submissions for their rhetorical use of supposed women friendly language such as 'choice', 'empowerment' and 'reproductive rights'. Social justice will only come about by ending the racist and sexist western notions that define women in the so-called developing world as breeders whose bodies must be prevented from polluting the world - no matter what cost to their own health and indeed lives.

We therefore urge AusAID to fund programs for basic health care and economic assistance as well as programs on violence against women instead of supporting the global population control establishment.