ABSTRACT

"Strong persuasion" in fertility policy encompasses social and administrative pressures or economic penalties that lessen but do not extinguish a person's perceived freedom to act contrary to the approved behavior. It entails more than manipulation of economic incentives but less than stringent physical sanction or threat. Particular aspects or phases of the antinatalist strategies of a number of societies might be characterized as strong persuasion, including those of China, Indonesia, and India. Some pronatalist strategies could also be so described. The ethical status of such measures is discussed in this essay.

The chief objection to complete reproductive freedom is that societies have legitimate interests in their demographic futures. The proposition is readily assented to when the society is a national state and the issue is the number of immigrants to be admitted. Fertility, the other route for recruitment of new members, entails an analogous balancing of interests, this time of people as parents or members of a family versus people as citizens. Traditions of Western liberalism, taken over and elaborated in international covenants on human rights, emphasize freedom from interference by government as a salient value. Where social interests, properly determined, are seriously threatened by existing levels of fertility, there is an ethically defensible case for abridging that freedom. Ethical assessment of particular fertility control strategies is helped by testing them against additional criteria—notably one of justice or fairness. However, this does not yield a cut-and-dried ranking of strategies. A problem of judgement remains, in which cultural features of the society and perhaps the political predilections of the observer will play a part.

STRATEGIES OF FERTILITY CONTROL:
STRONG PERSUASION

Geoffrey McNicoll

As a category of fertility control measures, "strong persuasion" lies at an intermediate level of severity. Fertility change brought about by manipulation of economic incentives can often be considered ethically innocuous. Change that is enforced by stringent physical sanction or threat is widely viewed as ethically inadmissible. Strong persuasion, roughly situated between incentives and compulsion, encompasses social and administrative pressures or economic penalties that lessen but do not extinguish a person's perceived freedom to act contrary to the approved behavior. The ethical status of such measures is discussed here.

Strong persuasion has characterized particular phases of antinatalist (fertility-reducing) strategies in a number of societies, and characterizes many policies proposed for countries where rapid population growth is seen as harmful and has proven resistant to milder measures. Some pronatalist (fertility-raising) strategies could also be so described.

Consider first whether strong persuasion of any kind in this domain of behavior is ethically legitimate. Ethical assessment of strategies involving persuasion would typically start from the premise that individuals are autonomous actors with well-established preferences concerning fertility. If choice is not constrained by ignorance or extreme poverty, reproductive freedom exists when fertility decisions are based on those preferences. Fertility decisions are of course influenced by the effect that family size has on family economic well-being. Incentive strategies can

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make use of this effect without seriously curtailing reproductive freedom. Strong persuasion, by definition, does seriously curtail it.

The ethical position that would accord individuals full reproductive freedom in this sense derives from the concept of "negative" liberty or freedom in Western liberal thought. Negative freedom is immunity from interference by others. The scope of a person’s activities to which that freedom applies defines a private sphere of behavior. Political philosophies differ in views of how extensive the private sphere should be. Its bounds might depend, for example, on the supposed minimum degree of interference needed to ensure social harmony or, more relevant here, on the extent to which particular activities of a person are seen as potentially harming others. (See Berlin, 1969; Paterson, 1991; Pettit, 1989.) If it were not for this possibility of causing harm, reproductive behavior would have a compelling claim to be considered private: curtailing reproductive freedom would be an intrusion into a sphere where individual liberty should prevail.

International declarations and conventions bear out this position with respect to the responsibilities of national governments. The Universal Declaration of Human Rights asserts a general protection of privacy—which signatory states have undertaken to recognize. Subsequent international declarations, although carrying less weight, have identified numerous more specific human rights, among them one that confers on individuals the freedom to choose the number of their children. (United Nations Secretariat, 1990.)

The ethical problem, however, is not so simply resolved. No society countenances complete reproductive freedom. In most contemporary societies, for example, monogamy is enforced, as is a minimum age of marriage; there are rules against incest. By and large, such restrictions do not occasion protest as infringements on individual choice. In some societies abortion is limited or prohibited—a measure that may "compel" a pregnant woman to give birth. Here, protest is more common, but the issues extend well beyond those of privacy. Other pressures on fertility are so longstanding that they are barely recognized as such, being built into the society’s institutions. American society, Judith Blake has argued, is "pervaded by time-honored pronatalist constraints" (Blake, 1972, p.105). Thus, there is some arbitrariness in declaring that numbers of children should be an inviolable object of choice. Bernard Berelson and Jonathan Lieberson make this point when they write: "We see no fundamental ethical or philosophical difference between sanctions on monogamy or vaccination on the one hand, and sanctions on fertility on the other—only sociological and historical differences" (Berelson and Lieberson, 1979, p.604).

Exclusion of all stringent fertility control measures from ethical admissibility therefore cannot be drawn from abstract libertarian principle. Support for such a standpoint appears to derive from convention—one that emerged in historical situations where societal welfare was not drastically affected by the aggregate demographic result of individual free choice. As Paul Demeny has remarked, James Madison wrote nothing about fertility, but if the United States in his time had had a population of one billion instead of four million, and could foresee a near-term doubling of that size, "the Federalist Papers would probably have given the question of population growth, and the question of what Americans might do about it, a great deal of attention" (Demeny, 1986, p.483).

If reproductive freedom is less than absolute, ethical assessment of fertility control strategies must involve a weighing of individual interests against some broader set of interests—typically, those of a community or larger society of which the individual is a member. This group whose interests are to be considered in the calculation is often called the "moral community." There is a range of ethically defensible positions on its scope. What, for example, should be the significance of national borders in delimiting it? Should moral consideration be extended to nonhuman sentient creatures, a case that is increasingly being argued? Moreover, if the familiar practice of time-discounting is permitted, reducing the weight of future members of the group in the calculation, can some analogous discounting be applied
to geographical distance or to remoteness in kinship or level of sentence? (See, e.g., Bayles, 1980; Feinberg, 1980.)

Taking just the case of the "society" (most often, identified with nation), the potential existence of a societal interest in decisions bearing on family size or composition is clear: the size no less than the socialization of the next generation has implications for a society's identity and well-being, and thus may properly be a concern of the collectivity. The case is analogous to that of admitting new members through immigration. How social interests are determined—in particular, the degree of participation and consent entailed and the protection granted to dissent—are critical issues, but no different here than in any other policy domain. At the extremes of fertility the social interest in modifying reproductive behavior may be very strong: for example, where fertility is at a level that causes population size to double in a generation, or to fall by one-third. A canvassing of policy preferences in such societies might well endorse vigorous efforts to achieve a preferred demographic path.

To give empirical content to the discussion of the ethics of such efforts, consider some cases of fertility control where the term strong persuasion appears to be applicable.

- India's family planning program has long favored sterilization (mainly of men) over reversible contraceptive methods, with financial incentives offered to clients and to the officials and private "motivators" who recruit them. Except during the two-year period of the Emergency (1975-77) when press-gang methods of recruitment were reportedly widespread, India has stressed the voluntaristic nature of its program. Nominal voluntarism, however, has been compatible with active recruitment efforts, encouraged by the incentives offered the recruiters and in some regions, especially during the "vasectomy camps" that were an important constituent of the program, by pressures on program officials to achieve target numbers of acceptors. In a highly stratified society, clients were disproportionately found in the most disadvantaged groups, where effects of incentives were strongest, susceptibility to browbeating greatest, and assurance of informed consent weakest. (See Gwatkin, 1979; Vicziany, 1982.)

- In Indonesia, the government's family planning program has sought to mobilize regional and local government officials from provincial down to village level to generate administrative pressures in support of its efforts to increase use of modern contraception—chiefly, pills and intrauterine devices (IUDs). With reversible methods dominant, initial acceptance is a less serious decision for a couple. However, antinatalist effect requires long-term contraceptive use: continuation rates are as important as acceptance rates. Like India, special drives—here, "safaris"—have sometimes been associated with reports of strong-arm recruitment tactics. A distinctive additional feature of the Indonesian program has been its use of existing acceptors as a pressure group within each local community, informally backed by village leaders, in gaining new acceptors and monitoring continuation. Especially in rural areas, non-acceptance may have called for some degree of defiance of authority. In Bali, where a person's cultural ties to his or her hamlet (banjar) were particularly strong, the community pressures invoked by the program were formalized at the hamlet level—for example, by making the contraceptive-use status of each couple a matter of public record and, more generally, by bringing contraceptive practice into the arena of socially pressured conformity. At such closeness of range, persuasion is necessarily strong. (See Hull et al., 1977; Warwick, 1986; and, on Bali, Streeftield, 1986.)

- China experienced a dramatic fertility decline in the decade of the 1970s, during which fertility was halved. A vigorous antinatalist campaign ("later-longer [birth intervals]-fewer") was instituted in 1971, combining provision of contraception and abortion services with close surveillance of couples'
demographic behavior and imposition of political penalties for noncompliance, working through the dense network of Party-controlled intermediate institutions: production teams and brigades, communes, study groups, and Party cells (Greenhalgh, 1988, p.660). This political pressure modified the existing parental benefit-cost calculus on the value of children, tipping the balance sharply toward low fertility. Pressure reportedly shaded into compulsion in some regions, depending on local interpretations of central policy dictates—although less commonly than during the initial years of the subsequent "one-child per family" campaign begun in 1979 (Banister, 1987, Greenhalgh, 1988, 1990).

- Although not in any sense reflecting an intentional fertility policy, in some European societies prior to their industrialization the leadership of local communities exercised fairly stringent oversight of marriage or establishment of a household within their boundaries—factors then directly if incompletely governing fertility. In English parishes, for example, there was a community responsibility to support indigent members, creating a collective incentive to limit their numbers. Together, the parish system, property requirements for marriage, and the Poor Laws constituted a devolved institutional framework through which community interests could influence fertility. The framework was later dissolved by the changes in labor relations and mobility wrought by the industrial revolution. Analogous community-level systems of demographic control could be found in many other parts of Europe and in Japan (see McNicoll, 1975).

A common feature of these cases is that fertility, or behavior bearing on fertility, is the subject of close-at-hand social or administrative pressure on individuals or couples. Often there is some intimation of political or economic sanctions for noncompliance, but social sanctions such as shaming or ostracism may be perceived to be just as severe. There are ethically relevant differences in the overall degree of pressure imposed, in the justice or fairness of its application across the population, and in the intrusiveness of the methods of fertility control employed.

In their review of the ethics of fertility control programs, Berelson and Lieberson (1979) argue that there is a hierarchy of permissible interventions paralleling the degree of gravity of the fertility problem: "the degree of coercive policy brought into play should be proportional to the degree of seriousness of the present problem and should be introduced only after less coercive means have been exhausted" (p.602). As a practical political proposition, this may be regarded as common sense: use the minimum pressure to attain a given objective, assuming that the objective is legitimately set. Strong persuasion would be defensible for a middle range of fertility predicaments—plausibly including the cases of India, Indonesia, and China cited above. However, as an ethical maxim, what Berelson and Lieberson call the "stepladder approach" is quite vague. It reflects the authors’ rejection of "foundationalism" in ethical theory. Berelson and Lieberson explicitly deny that there can be a set of agreed ethical principles available for application to all demographic situations. Donald Warwick criticizes them for this stance: their framework, he writes, "is politically expedient, lacking in solid ethical foundations, and easily becomes a rationalization for suppressing civil liberties" (Warwick, 1990, p.33).

An alternative way of assessing the ethical standing of fertility control measures is to judge each against a set of value criteria. Callahan (1971) selected three: freedom, justice, and security/survival. Warwick (1990) adds two more: truth-telling and welfare. Strong persuasion would not meet the test of freedom and, in many cases, would also fail one or more of the other criteria. For example, adverse side-effects of proffered contraceptive methods may not be explained, violating "truth-telling" and, if damage to health follows, security/survival. This approach defines a subset of control strategies that pass muster on all counts. However, it does not provide a means of ranking strategies that fail one or more of the tests. Thus it
may not help in determining a best course of action in the more serious demographic predicaments in which strong persuasion is likely to be contemplated. In both approaches, assessment of a proposed strategy involving strong persuasion requires combining judgments on factors that are strictly incommensurable—deciding, for example, whether a reduction in freedom can be offset by a gain in welfare. The chief difference between the two approaches lies less in the choice of criteria beyond freedom that are to be applied, or in making that choice explicit, than in the degree of seriousness of the fertility problem that is deemed to be required for any departure from voluntarism in policy response.

Gauging how much reproductive freedom has been sacrificed in a particular fertility control strategy is complicated by the fact that fertility preferences may shift. Preferences change in fairly predictable ways over the course of economic and social development. For example, urbanization and industrialization create conditions that powerfully favor smaller families. When accompanied or soon followed by rapid economic development, strong antinatalist persuasion, where it is adopted, is thus unlikely to be more than a temporary phase of policy: individual demand for fertility control soon takes over as the driving force of demographic change. By the end of the 1980s, this had probably occurred in Indonesia and in parts of China. At the same time, economic development undermines the conditions that may once have permitted tight political or administrative control of fertility. For both reasons, the ethical problems raised by fertility policy in such cases predominantly refer to that early phase.

That preferences adapt in this manner means that the disparity between preferences and behavior may be a poor indicator of the pressure applied. A control strategy perceived as harsh at the time might be judged as fairly mild in retrospect, and vice versa. On the theoretical problems raised by adaptive preferences, see Elster (1983, Part III).

To some extent preferences can also be manipulated. All governments attempt this in some policy domains. At its worst, the result is an insidious extension of direct pressures on behavior. In relatively open societies, however, such efforts are often better seen as part of the give and take of politics—analogueous in the public domain to commercial advertising—than as a deliberate undermining of consumer sovereignty. The Indonesian government, for example, has used a barrage of publicity measures to instill in the population the ideal of a small family. The behavioral effect is uncertain but is likely to have been negligible in comparison to its wielding of village-level peer pressures; subsequently, both efforts would have been dwarfed in their effect by the rapid social and economic change that has made children much more costly to parents.

The justice or fairness of a strategy of strong persuasion is clearly central to an ethical assessment, but the application of such a criterion is not straightforward. One interpretation of distributional equity might regard with favor China’s efforts to limit fertility to one or two children per couple. The policy seeks to impose a radical equality of fertility outcome across the population: “fairness” is achieved. Equality of outcome would, of course, disguise substantial inequalities in perceptions of pressure: persons with strong preferences for large families suffer greatly, some others with different preferences not at all. This is a familiar problem with any rationing scheme: the half-serious proposal of Boulding (1964) to establish a market in childbearing rights was aimed at alleviating that objection. Directing antinatalist persuasive efforts at disfavored minority groups or at those with least political access, such as those lowest in socioeconomic status, would be deemed ethically objectionable on equity grounds. It may be objectionable even if their fertility were higher than average. Such groups are often poorly placed to resist strong persuasion by program officials and in consequence, as the Indian case might suggest, would tend to become prime program targets.
Other dimensions of justice or fairness are also raised by persuasion-based fertility policy. Three deserving particular attention are equity between men and women, equity across generations, and equity between societies. The common assumption that both members of a couple have similar family size desires is often invalid. The fall-back position that whatever differences do exist are private matters to be negotiated between them is undercut where there are institutionalized power differences between husband and wife affecting whose preferences dominate. The traditional patriarchal family, still commonly found in South Asia and Africa, embodies such differences; another example is the institution of purdah, which severely constrain the life choices available to women in some Muslim societies. Persuasion that in effect seeks to modify behavior in the direction of the preferences of the weaker party may contribute to equity.

The extent to which culturally entrenched gender inequality warrants ethical respect is contentious. Acceptance of universalistic criteria of gender equality is clearly gaining in the modern world. Most present-day governments give at least nominal recognition to equal rights for women—and support international instruments containing strong endorsements of equality—suggesting their recognition of ethical judgements made from that premise. Equalizing responsibility for and risks of fertility control between men and women would be an immediate corollary.

An analogous problem of equity arises between generations. In making family size decisions parents often ignore the interests of their children in the numbers of siblings each child has. Even if they did take account of those interests, any particular parents have no influence over the fertility decisions of other parents—and thus over the size and per capita inheritance of the next generation as a whole. This predicament, in which an outcome recognized to be unfavorable can result from the separate, rational decisions of individuals, is familiar in many social contexts and known in game theory as the "prisoner's dilemma." In the field of population it is one of the standard justifications for strong state action to restrain rapid growth (Hardin, 1968). The many philosophical intricacies of intergenerational equity in fertility policy are discussed in Sikora and Barry (1978). Broader custodial claims by government—for example, claims to stewardship of environmental stability or of biodiversity—can be grounds for sterner policy interventions, although the fertility connection in such arguments is often fairly tenuous.

Finally, there are equity-based ethical issues involved in efforts to persuade another society to adopt measures to alter its demographic behavior, paralleling the situation of families within a society. The persuasion contained in international instruments like the 1984 Mexico City Declaration on Population and Development is vanishingly weak, in deference to national sovereignty. Overt pressure from international agencies like the World Bank to introduce antinatalist measures would probably be resisted by most governments, even though far-reaching policy realignment is frequently demanded and obtained in other spheres. Behind the scenes, however, pressure to adopt or strengthen antinatalist programs is probably fairly common in international dialogues on foreign assistance. Formally, the bargaining situation vis a vis population policy is quite similar to other circumstances where effects of activities in one country spill over its frontiers—for example, the case of "greenhouse gas" emissions—although fertility control may evoke sharper national sensibilities. Of course, nominal accession to such pressure, if lacking domestic political support, is unlikely to translate into effective fertility control measures.

Ethical justification of strong persuasion in a given fertility situation can never be carte blanche, since ethical assessment is needed also of the specifics of the control measures proposed. A given amount of pressure judged in terms of the fertility outcome may entail varying degrees of intrusiveness into individual or family behavior, depending on the details of the measures employed. Protection of privacy, an ethical value bound up with freedom, calls for minimizing that intrusiveness. This principle does not give a simple ranking of fertility control methods, but would, for example, prefer social pressure to adopt safe, reversible contraceptive practice over
comparable pressure for sterilization. Browbeating a woman to have an abortion, a practice reported in some studies of China’s antinatalist program, would of course be found highly objectionable. Outcome-based persuasion directed at reducing, say, fourth or higher-order births but leaving choice of means open and providing a range of safe and convenient contraceptive options for both men and women may appear less intrusive than persuasion directed at, say, acceptance of IUDs or contraceptive implants.

Cultural acceptability is a consideration in such rankings of specific measures. The more acceptable the measure, the less the perceived pressure submitted to in adopting it. Among the cultural factors that affect whether a measure is deemed objectionable are notions of privacy, shame, and personal autonomy; beliefs about health and therapeutics; and the expected level of communication between wife and husband. Cultural acceptability may also be influenced by the kinds of pressures routinely applied elsewhere in the society in efforts to change other behaviors, or that are exercised in social life generally. If daily life is minutely regulated—whether by an intrusive government or by neighborly meddlesomeness—pressures on fertility may be a comparatively small additional invasion of privacy. Practices such as neighborhood surveillance of pregnancies in urban China or the month-by-month listing of couples’ contraceptive status in village registers in Bali should be judged not alone but along with the polities they manifest.

Some religious beliefs and moral codes may make distinctions among birth control methods. Particular methods, abortion most frequently, may be prohibited outright. For believers, the sanctions for violating such a prohibition, possibly extending into an afterlife, can clearly warrant the term strong persuasion. The position of the Roman Catholic Church on contraception, as set out in Pope Paul VI’s 1968 encyclical Humanae Vitae (reaffirmed by John Paul II in 1993), entails discriminating between “natural” and “artificial” methods. The Church opposes all forms of artificial birth control. In this case, however, the perceived strength of the sanctions has been vitiating, at least in the U.S. and other affluent countries, by shifts in Catholics’ attitudes toward Church authority in that domain. Contraceptive behavior in these countries has shown an increasing departure from the Church’s teaching on the subject and Catholic/non-Catholic differences in fertility have largely vanished.

Most of the above discussion has been concerned with antinatalist strategies, the principal arena of ethical debate on population policy matters. Looking ahead, it is likely that situations of very low fertility and rapid natural decrease of population will become increasingly common. Immigration is at best a partial substitute for births: with very low fertility, the scale of immigration needed to maintain a nation’s population size and limit the rise in its average age may be incompatible with maintenance of its cultural identity. Assuming a compelling social interest in demographic continuity, fertility policy would then reemerge on the public agenda, directed at pronatalist objectives.

Pronatalist strategies based on incentives have a long history but have shown at best modest results for quite large public expenditures. Strong pronatalist persuasion, a more recent phenomenon, has perhaps even less to show (see David, 1982; David et al., 1988). The measures adopted are often ethically retrogressive in that they revoke options and opportunities formerly available. For example, in 1966 Ceausescu’s Romania outlawed abortion, previously widely practiced, resulting in an estimated 40 percent more births over 1966-76 than would have been expected in the absence of the policy shift (Berelson, 1979). In Iran, the enforcement of traditional sex roles after establishment of the Islamic Republic in 1979 was accompanied by a substantial rise in fertility (Aghajanian, 1991).

In most respects, the ethical issues raised by pronatalist strategies mirror those of antinatalist strategies. Economic incentives are ethically inoffensive; their problem is that the level they must be set at to be effective may be inaffordable. Strong persuasion, as before, is ethically problematic—even when well short of Iranian- or
Romanian-style restrictions. A nation facing rapid demographic decline might well arrive at a collective decision to try to raise its fertility by means formally analogous to the community-level peer pressure discussed earlier. The ethical evaluation of such a strategy would involve the same array of considerations as in the antinatalist case.

In sum, the chief objection to complete reproductive freedom is that societies have legitimate interests in their demographic futures. The proposition is readily assered to when the society is a national state and the issue is the number of immigrants to be admitted. Fertility, the other route for recruitment of new members, entails an analogous balancing of interests, this time of people as parents or members of a family versus people as citizens. Traditions of Western liberalism, taken over and elaborated in international covenants, emphasize freedom from interference by government as a salient value. Where social interests, properly determined, are seriously threatened by existing levels of fertility, there is an ethically defensible case for abridging that freedom through the use of strong persuasion. Ethical assessment of particular fertility control strategies is helped by testing them against additional criteria—especially that of fairness. However, this does not yield a cut-and-dried ranking. A problem of judgement remains, in which cultural features of the society and perhaps the political predilections of the observer will play a part.

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