Double think and double talk
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The public health debate on population growth and child mortality continues, fuelled by the hypothesis that in allowing more children to survive until reproductive age, programmes such as the Diarrhoeal Diseases Control Programme of the World Health Organization contribute to long-term human misery by overburdening the carrying capacity of the planet. A significant part of the solution put forward is to withhold public health services to children in developing countries. This argument is here refuted on socioeconomic, ethical and humanitarian grounds. An alternative approach is offered, which takes into account the economic and social obligations of the industrialized nations.

The discussion generated by Dr Maurice King’s articles, “Health is a sustainable state” (1) and “Legitimate double think” (2) is remarkable. We refer the reader to these articles as well as to other key publications (3-5) for a review of the issues; here we would like to present the point of view of a primary health care programme, WHO’s Diarrhoeal Diseases Control Programme, involved in health development with the aim of reducing childhood deaths.

As Dr King himself notes, his articles continue to stimulate broad interest and provoke strong reactions from a wide variety of sources (1, 2). As there is nothing new in his neo-Malthusian thesis, which predicts the collapse of Third-World societies as a consequence of their growing demographic “entrapment”, one wonders why this is so. It was said of Malthus that he was famous “not because of any intellectual brilliance in his Principles of population, but rather because he wrote at a moment opportune to a controversy that excited wide interest” (6). The same may be true of Dr King. This is indeed a time in which serious rethinking of development assistance in the health sector is needed. Yet, just when constructive, forward-looking solutions ought to be vigorously sought, Dr King offers only excuses and proposals which reflect despair. The major consequence of his argument is to shift the burden of responsibility for existing problems from those who have to those who have not. He rationalizes the continuing inability of the powers of the North to find and implement political and economic solutions to problems which are, to a large degree, of their own creation. His interpretation of the “demographic trap” and his proposed solution (essentially, to stop supporting certain public health interventions) are particularly welcomed in some quarters as

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they seem to provide moral justification for the already meagre support given to child survival.

**Getting out of the trap**

Dr King claims that the strongest protests about his thesis come from the international community, especially from those agencies which have been responsible for promoting child survival programmes. In fact, many people in the developing countries, whose voices are frequently less heard, are equally disturbed. For our part, although we share Dr King’s concern about the gravity of the current problem, we feel that his proposed solution is conceptually, practically, and ethically wrong.

According to Dr King, economic “connectedness” determines the links between ecosystems. Few communities are completely isolated; among the principal connections are the flow of food from source to market and the migration of populations, largely for economic reasons. The lack of connectedness, a situation strongly related to entrapment, is, therefore, an economic problem, but Dr King finds both theoretical and practical limitations to the promotion of economic development as an agent of disentrapment. Instead, he fatalistically proposes that in order to assist entrapped communities we should act on the basis of “what will happen, and not of what ought to happen in an ideal world” (3). Interventions aimed at increasing the “carrying capacity” of an ecosystem, such as those which increase agricultural yield, cancel existing debts, and improve terms of trade, all of which would lead to economic growth (a prerequisite, most think, for slowing down population growth), are not given serious consideration. Instead, “extreme pessimism with the ethical unresponsiveness of the North” forces Dr King to seek solutions within the affected communities themselves (thereby reducing their already low level of connectedness) (3).

Because of the reluctance of the North to assist, he thinks other factors will “disentrap” a community: forced migration, limiting family size to zero children or, at most, one child, starvation, epidemics, and high levels of childhood mortality. Of these, for reasons which he does not spell out, he favours the last, again playing into the hands of the callous North by urging them to withhold their support for child survival programmes, including simple treatment of diarrhoeal diseases. Although it is true that children have the highest reproductive potential in a society, why not propose increased migration, for instance, or the transfer of all funding from AIDS control into compulsory family planning programmes? Does Dr King feel that these might be less popular, or more likely to provoke an outraged response than withholding preventive and curative care from children?

Current under-five mortality rates in the 30 least developed countries are in the range of 150 to 300 deaths per 1000 live births (4). Although these rates are held in check to some extent by existing child survival programmes, improvements in economic conditions and related social programmes have also made a substantial contribution. Thus in reality, the programmes which Dr King is target-

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...ing are currently aimed at reducing mortality among only 15–30% of all children. If they were allowed to prevent 50% of the deaths now occurring, child survival rates would
increase by less than 10% and their contribution to population growth, even in the long term, would be small. Rather than forcing the existing children of developing countries to bear the brunt of efforts to solve entrapment, it would seem more reasonable to plead for stronger, better financed, and technically improved voluntary family planning programmes (5). Cutting child survival programmes, which have been shown to be relatively cost-effective, would not even substantially reduce dependence on the international aid agencies. For all the publicity surrounding them, the financial allocations to these programmes are insignificant compared to those made, for increasingly dubious benefits, in other sectors, especially military support.

In short, there is no quick fix for the world’s current predicament – not even the curtailment of programmes aimed at keeping children alive. We should therefore insist that political and economic solutions be found and, in spite of our pessimism, insist more forcefully than we have to date that the North should contribute its share. Connectedness involves not only the flow of people and food, but also shared responsibilities. The consumption patterns of the North have contributed to limiting the carrying capacity of developing countries’ ecosystems, and the price which has been paid in exchange has been pitifully insufficient. One of the best ways to redress the balance might be for the North to divert resources from its own short-term security to the planet’s long-term security, its carrying capacity. Both family planning and child survival programmes might be major beneficiaries of these more rational and equitable expenditures.

### Community decision-making

One of the major themes in Dr King’s papers is that communities should decide for themselves, rather than blindly accept programmes decided upon by international aid agencies. This idea, for all its obvious strengths, has four main weaknesses.

- First, it probably would not bring about the kind of change Dr King is advocating; that is, communities would value child survival just as highly even if their own immediate survival were at stake. Our experience suggests that it would be unusual for a community in a developing country to choose, of its own volition, to sacrifice today’s children for the promise of a better tomorrow, and Dr King conspicuously offers no examples of where this might have occurred.

- Second, making decisions at any level implies having viable options. It is somewhat ironic, then, to suggest that communities should decide while at the same time proposing to remove the option of activities that would save the lives of their children. At the heart of Dr King’s confusion, we suspect, is his notion that preventing mortality due to diarrhoeal diseases, an intervention which he singles out as one which should be discouraged, depends on imported technology. Diarrhoeal disease control is not only about oral rehydration salts; more importantly, it is about the empowerment of mothers by enabling them to care for their children at home and obtain the health services they need. Creating conditions in which breast-feeding can be practised without economic loss,
providing easier access to safe water, and making skilled health workers available are "maternal survival" interventions. Is Dr King suggesting that these should be suppressed as well? We would contend that "letting the community decide" without offering the social, economic and technological choices which are increasingly available to Northern societies would perpetuate injustice as much as, if not more than, letting international aid agencies decide.

Third, if family planning were to be an effective alternative to child survival programmes as the only way out of entrapment, some societies would have to take the Draconian measure of restricting families to one child or no children at all. Such a measure, if it could be enforced, would leave virtually no scope for choice.

Finally, let us suppose that decisions about health care for children were to be left to communities and they were to opt for Dr King's "solution" of withholding public health services which have been proved to be safe and effective. Should the global community allow this to happen? Dr King asserts that whatever a community decides to do "is held to be ethically right for them" (2), but the fact is that communities throughout the world have sometimes behaved in ways that are universally recognized as unethical. The arguments for taking action against societies which persecute minorities are too complicated to discuss here; suffice it to say that the core of Dr King's proposal, that children should be deprived of basic health care, is repugnant to many, no matter how able he and his supporters are to couch it in intellectual terms.

Child survival versus family planning

The most naive and fundamental error in Dr King's argument is the assumption that child survival and family planning programmes are somehow opposed to each other. In fact, WHO's Programme for the Control of Diarrhoeal Diseases has been among the strongest proponents of exclusive breast-feeding for the first four to six months of life, an intervention which favours both child survival and family planning, and of supplemented breast-feeding for at least the first two years of life (7). Whatever competition for resources might exist is a creation of the aid agencies, not of communities; better planned families and better health care for children are both in the best interests of community development. They should be, and frequently are, seen as complementary rather than as competitive. It should be acknowledged, nevertheless, that these programmes have, in fact, been competitive - international aid agencies have been forced by the limited resources made available to them to choose between population control activities and health promotion programmes. However, the choice is an artificial one: the appropriate response of the health community should be to insist on adequate funding for both.

Dr King is wrong on yet another, crucial, point. Children are not, as he suggests, the social group which receives the highest priority; if they have recently received increased attention, it is because they have been among the most neglected. While defending them, we recognize the real danger of demographic entrapment and do not claim that "child sur-
vival" is the only priority for the public health community. Family planning and economic development are clearly essential. The process of identifying and implementing the best balance of developmental strategies for particular countries is not easy. Nevertheless, we believe that in concentrating on doing less than the small amount that is already being done to ensure the survival of children, Dr King upsets this balance and, in so doing, has adopted a radical position with which few thoughtful people could agree.

References

The population dilemma

The object of birth reduction policies is to make resources available to society and to raise its standard of living. However, if the vigorous pursuit of drastic population restriction policies results in a situation wherein a good part of national resources have to be expended for the support of perpetually growing numbers of the old (too old to earn their own livelihood) by a shrinking proportion of working adults (15–24 years), the process could be considered self-defeating. This is not a plea against family planning programmes, but a note of caution against too drastic fertility restriction programmes like the "one-child policy ".

C. Gopalan, Nutrition in developmental transition in South-East Asia. New Delhi, World Health Organization Regional Office for South-East Asia, 1992: 83 (SEARO Regional Health Papers, No. 21)