

# POLITICS OF THE BIRTH CONTROL PROGRAMME IN INDIA

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*The myth that projects population control to be the cure-all for all social and economic problems has a class bias. According to the author the emphasis of our planners on population control is an attempt to weaken the class struggle in India by absolving the exploiters of the responsibility for perpetuating inequalities and shifting the blame from the capitalist order to the people. The article deals with two major issues in the family planning programme (i) that overpopulation is a major cause of poverty and (ii) that persuading people to accept the small family norm is the only way that population growth may be controlled. It examines the socio-political content of these issues and emphatically suggests that eradication of poverty and unemployment, and guarantees against insecurity, sickness and the death of children must be demanded as a prerequisite for accepting the small family norm.*

**F**or the last many years the family planning programme has overshadowed all aspects of our social life including the development of health services. In fact health services have been oriented drastically to suit the needs of this programme. All activities of the health institutions and their staff are subordinated to the fulfilment of family planning targets. While assessing the work of the health staff including the doctors, the only criteria has been performance in family planning work. Their annual confidential reports, efficiency bars, transfers, rewards and punishments are all based on the achievements of this programme.

The family planning programme is getting nearly as much budget as the entire health sector which contain programmes of equal or even more importance. During the 1974-79 period the health sector was allotted Rs. 681.66 crores and the family planning programme received 645.00 crores. In the sixth plan the health sector and family planning programme got Rs. 1821.05 crores and 1010.00 crores respectively<sup>1</sup>. Later on during the time of mid-term appraisal Rs. 68.00 crores were shifted from the general side to the family planning programme. (Planning Commission, 1983). A population Advisory Council was also set up under the chairmanship of Health Minister to keep population control under close watch and advise the government on policy matters. The 13th item of the new 20-Point Programme is specifically related to popularisation of family planning programme with the people. (Planning Commission, 1983). This renewed emphasis on the population control programme intends to achieve the long term goal of planning to reduce birth rate from 33 in 1980 to 21 per thousand in 1995 and increase the couple protection rate from 22.5 percent in 1980 to 36.6 percent in 1984-85 and 60 percent in 1995.

Although the programme is given the name of family planning and lately, family welfare, in essence it remains primarily a birth control programme. This is evident from the fact that as compared to Rs. 1078 crores allocated for family welfare programme in the Sixth Plan only Rs. 250 crores were for nutrition programmes (Planning Commission, 1980). The programme is not linked up with important aspects of future plans necessary for the welfare of each family such as education of children, their employment, security against sickness and old age or rehabilitation of the destitutes. There is no provision in the programme to protect the family against economic, social and psychological insecurities being increasingly generated by the socio-economic dynamism of Indian society on the capitalist path. In this situation the family planning programme remains as an intervention by the government only to limit the number of children through birth control measures.

However what matters most for individuals who plan their families is a better future. They want to improve the economic and social status of their family through education and employment of their children and accumulation of non-human assets. Both these assets human and non-human, are a guarantee against sickness, old age and destitution in addition to the psychological satisfaction. Obviously, they need a minimum number of children particularly male ones for this purpose. Nothing is done where actual planning is required and couples are left on their own, unprotected against various types of insecurities. Thus family planning or welfare programme is a misnomer and emerges prominently as a birth control programme.

## The Poverty-Overpopulation Myth

The Population control programme is one of the key programmes in India. Indian planners view the

*Socialist Health Review*

limiting the growth of population as one of the main objectives of planning. In the words of the planning commission, "it is almost axiomatic that economic development can, in the long run, bring about a fall in fertility rate. However developing countries with large population cannot afford to wait for development to bring about a change in attitude of couples to limit the size of families as the process of development itself is stifled by population growth". (Planning Commission, 1980). During the emergency (1975-77), a naked expression of this hidden message of the Planning Commission was seen. The poor people were forcibly sterilised in huge numbers and in a manner worse than animals because the government and the Planning Commission could not wait for a change in their attitude.

The success of development planning and particularly solution of major economic problems such as poverty and unemployment have been linked up with the success of population control programme. Planning Commission states, "All plan projections of reduction of poverty and unemployment will go wrong if success is not achieved in containing the growth of population". (Planning Commission, 1980)

This policy of the government to control population has a class bias (Banerji, 1971). Indian society is a class divided society. Rural and urban poor belong to oppressed classes — poor peasants, tenants, artisans, agricultural/industrial proletariat and others engaged in a number of odd jobs. These poor people have a very weak material base and are deprived of the means of production. They live on their family labour. Their greatest asset is their labour power. It is the sole source of their income, prosperity and security against old-age, sickness and other adverse circumstances. The poor people without children generally become beggars and destitutes in their old age as there is no institutional arrangement in our society to look after them. The material need of the poor to have more children is more acute as compared to the rich.

A number of studies in India show that among the poor households poverty is not caused by the large family but rather, it provides some relief against it (Mamdani 1972, Mamdani 1976, Nadkarni 1978). The poverty of the poor households originates from their poor command over the productive resources such as land and capital assets. According to agricultural census 50.62 per cent holding with less than 2.5 acres of land operated only 8.97 percent of total cultivated area. On the other hand, the top

15.17 per cent of the holdings with more than 10 acres of land operated 60.63 percent of the area in 1970-71. Almost the same trend is observed from data about 1971-72 from the 26th round of National Sample Survey (Laxminarayan and Tyagi, 1976) Land is the most prominent asset in the rural areas and it accounted for 66 per cent of the total assets in rural India in June 1971. According to the Reserve Bank's All India Debt and Investment Survey (RBI, 1971-72) 9.34 percent of rural households were landless and 27.63 per cent of the household owned less than 0.50 acre of land. According to this survey the top ten per cent of the rural households accounted for 50.56 per cent of the total rural assets (Basu 1976). The distribution for assets in urban areas is even more skewed with major part of the private corporate industrial structure being under dominant control of top monopoly houses (both Indian and foreign). Thus the poverty of the poor families emanate from their weak material base rather than family size.

In the same way unemployment in society cannot be explained in terms of population growth. It can be explained only in terms of management and development of the economy on capitalist lines. The dynamism of capitalist development produces large scale unemployment. Marx points out, "the labouring population therefore produces, along with the accumulation of capital produced by it, the means by which it itself is made relatively superfluous, is turned into a relative surplus population; and it does this to an always increasing extent. This is a law of population peculiar to the capitalist mode of production; and in fact every special historic mode of production has its own special laws of population, historically valid within its limits alone". Even in professional jobs like that of teachers, doctors and engineers there exists unemployment, though there are a number of illiterate persons needing teachers, sick people in need of doctors and a large number of projects needing engineers. In a capitalist economy resources are directed towards profit maximisation rather than towards social usefulness. Many resources including an unemployed labour force can be socially useful but remain unutilised for want of profitability. Unemployment is a typical characteristic of capitalist development. It is not due to high population growth. In capitalist economies there is a fundamental right to property but no such right to work.

The emphasis of Indian planners and policy-makers on control of population through birth control measures as a precondition for the success



of plan to eradicate poverty and unemployment is an attempt to conceal the basic causes of these problems. It is an attempt to project population growth as the villain of every problem in society. This tries to conceal the root cause of such problems that is unjust socio-economic systems. It helps in diverting attention from the exploitation of society being carried out by multinationals in collaboration with local monopoly (and non-monopoly) capital, exploitation of labour by capital (both in industry and agriculture), and exploitation of tenants and peasants by landlords, moneylenders and traders. It is this system of exploitation which is responsible for a shift of resources (income and wealth) from the poor to the rich and is the basic cause of poverty. The control of the exploiting classes over state power to maintain the existing system of socio-economic organisation of society on capitalist lines is the basic cause of unemployment and other problems of Indian society today.

### Poverty and Family Size

Family size is the only asset which the poor possess and it provides them income and security of various types. Since the family size and from it the family labour is the mainstay of the poor, they have a greater need for children. Added to this is the fact that the survival rate of children in India particularly in poor families is low. In 1971 infant mortality rate was 129 per 1000, 138 for rural and 82 for urban areas. In 1978 Infant mortality rate was 126-136 for rural and 71 for urban areas. In spite of the wide claims of improvements in the health services the infant mortality rate has not gone down, particularly for the rural areas, where three fourths of India's population resides. The infant mortality rate though slightly low for male as compared to female is quite high in India. In 1978 it was 120 for male and 131 for female. Data on the infant mortality rate of different income groups/classes is not available. In their absence, let's look at the data of scheduled caste/tribe. Infant mortality rate in case of these two categories is higher than the average. In 1978, it was 152 for scheduled castes as compared to all India rate of 126. Similarly infant mortality rate in the women workers is high. It was 143 for farmers, fishermen, hunters, loggers and related workers; 150 for production and related workers, transport equipment operators and labourers. (Registrar General of India 1983). The magnitude of the problem can be

judged from the fact that a fourth of the children in India die before attaining adulthood. Thus the survival rate of children is low particularly among the weaker sections and oppressed classes in India.

The socio-economic dynamism of society on the capitalist path levies very meagre resources with these sections. So they cannot afford medical facilities of their own. They are denied even the shabby public health facilities available in our country. That is the reason that most infant deaths below one year take place unattended by trained medical practitioners. Percentage of such deaths was 58.3 in 1978. The state of other necessities of life needed for good health is also deplorable. In India most of the people do not have facility of hygienic and clean drinking water. Even now 57.70 percent of the people are drinking water from wells and 5.31 percent from pond/tank and rivers. Only 34.35 percent of population drinks water from taps and handpumps. (Registrar General of India, 1983) Average calorie intake in our country is 1880 which is even less than the minimum calories needed i. e. 2250. In spite of three-fold increase in the food grain production our per capita consumption is stagnant since 1956. The poor do not get reasonable good diet, clean water and secure shelter in life. These factors are responsible for high mortality rate in the children, thus the need of the poor to produce more, in order to get a minimum number of surviving children. Even in a prosperous state like Punjab, on the average 1.10 children per family had already died when a survey of the sterilised couples was conducted (People's Health Group.)

Children are also source of income before their adulthood. Though child labour is legally banned yet a large number of children from poor families are labourers. Both in urban as well as in the rural areas children can be seen doing all types of odd jobs to earn wages or help in family work in productive activities. According to the Government of India survey 3.7 percent of the Children were full-fledged workers in 1978 — 4.2 percent in the rural areas and 1.5 percent in the urban areas. In the rural areas 4.8 percent of male children and 3.5 percent of female children were workers. About 80 percent of child labour were children of farmers, fishermen, hunters, loggers and related workers and 11.64 percent of production and related workers, transport equipment operators and labourers. Thus children belonging to the poorest families do not attend the school - but contribute to the family income. On paper children may be shown in schools but a large number of them from poor families drop out and

join the labour market at a very early age. In addition to being full-fledged workers a majority of the children, particularly in the rural areas, contribute significantly to the family labour. It is obvious that child labour can not be stopped by implementation of legislation but through material upliftment of the poor families in the society.

Apart from these economic factors, there are a number of social reasons why people need to have more children, particularly male ones — emotional security, social status and continuity of family, are some of them. For these reasons common people have an urge to have more than one surviving male

child in the family. Even in a relatively prosperous state like Punjab where a lot of people from the villages are employed in government and semi-government jobs, the average number of children after which the couple accepted sterilisation was 4.47 with 2.48 boys. The figures for the agricultural workers was a little higher i. e. 4.54 and 2.58 respectively (The detailed break up is shown in Tables I & II.)

Only four percent of the couples accepted sterilisation after two children — the norm recommended and propagated by the government. None of the agricultural worker's families accepted to stop after two children.

**Table I**  
No. of Children per Family in rural Punjab (percent of couples already sterilised).

Category	No. of children/family					
	1	2	3	4	5	More than 5
In general	Nil	4	22	30	22	3
Agricultural workers	Nil	Nil	14	37	30	19

**Table II**  
No. of boys per family in rural Punjab (percent of couples already sterilised)

Category	No. of boys/family				
	1	2	3	4	5
In general	7	48	38	4	3
Agricultural workers	7	42	40	9	2

**Table III**  
Minimum no. of children they could imagine  
(Boys + Girls)

Boys Girls	1+0	1+1	2+0	2+1	2+2	3+0	3+1	3+2
No. of couples (percent)	Nil	2	4	66	21	2	4	1

In this survey which was carried out in the rural areas of Punjab, 98 per cent of the couples could not imagine less than two boys for a family. This survey was conducted by the family planning staff whom the villagers always want to please by mentioning the least number of children there should be in a good family. Taking into account the average loss of 1.10 children per family, one can imagine that their desire to produce 4 to 6 children or 2 to 3 boys is not unnatural.

A family without a male child is still looked down upon and parents with one male child are still considered as blind in one eye. The two children norm propagated by the government is not acceptable to people at large. These are in fact, family norms of educated middle class. It is for this class that children remain a burden to be borne by families for a considerable period in India. They have to be reared, well-looked after, educated and even helped to get a middle-class job. In this way they have to be supported for 20-25 years before they can be of economic use to the families. That is the reason most of the middle class people have been following small family norms and not primarily because of family planning propaganda. It is worth mentioning that many of the countries have never propagated family planning and still their growth rate is almost nil. For example USSR had never launched a family planning programme of the type we see here in our country. Although that government always encourages its citizens to produce a number of children, half of the couples produce only one or two children.

It needs to be reasserted that poverty is not explained by big family size but by the weak material base or by lack of productive resources at people's command. The link between eradication of poverty, population control and the idea subscribed to by Indian planners, that the success of the former is linked to the success of the latter, is ideological. It is not based on a scientific analysis of our socio-economic reality but rather, it amounts to consciously making the whole thing stand on its head.

The idea of projecting population growth and large family size as the basic problem of society is an attempt to hold people responsible for their problems and exonerate the ruling classes from this responsibility. It is an ideology of the ruling classes to shift the blame of existing social and economic mess to the people in general. This 'ideology of victim blaming' is being widely used by the ruling classes in

all fields of life to blur the rising consciousness of people. This fact, that the poor do not find the two child norm suited to them and therefore do not accept it is used by the rulers to attack the poor, an attempt to pre-empt the attack by the poor on rich.

### Birth Control Programmes : A Subtler Form of Class Oppression

The rigorous implementation of small family norm and population control on the unwilling poor leads to the use of some form of open or tacit compulsion. The officials entrusted with the task of fulfilling the targets, compel the field staff to bring enough number of cases for sterilisation. The field staff uses various means ranging from incentives of financial help to the threat of officials and local influential persons to complete sterilisation targets. Given the unjust socio-economic system, such threats work only on the unorganised poor in the country. This take the form of direct class oppression of the poor, the worst form of which was faced during emergency period of 1975-77.

Sterilisation particularly of the women has mainly become the birth control method of the poor. The side effects are multiple. One is the development of complications arising out of sterilisations and even deaths of some women. Back-ache, pelvic pain and other problems make the women chronically ill. In a survey conducted in Punjab more than 80 percent of women complained of one or more problems after the operation. (People's Health Group). This adversely affects their capacity to work and consequently the earnings of the working class families. "For women of labouring class . . . tubectomies may be a dangerous intervention, productive of family conflict and tragedy: if it decreased the women's output then children are made to do her work, while, if she is forced to keep her economic activity at the same level, children then have no protection against either the hopelessness or savagery of her feelings". (Pettigrew, 1984). Therefore, tubectomy operations are not only inappropriate but harmful to working class families. For obvious reasons, doctors, engineers, lawyers, college/university teachers or bureaucrats hardly use this method. Nobody has ever asked those recommending tubectomy to poor women as to why they do not get their own women sterilised.

In this context birth control programmes not only becomes a political enterprise but a subtler form of class oppression. It hits them hardest but conceals the identity of the attacker. It directly transmits the class conflict into family conflict among the



poor. It is an attempt to blur the class conflict and hits the poor through control of their reproductive system. By thrusting upon the unwilling poor sterilisation and particularly the tubectomy operations make the poor economically weak and psychologically shattered. This reduces further their capacity to organise and fight against their oppression and exploitation. It is a way to dominate economically, politically, culturally and socially to perpetuate the system of exploitation. This leaves them ideologically confused, socially shattered, politically weak and psychologically perplexed. This is an offensive of the exploiters against the exploited to weaken them to avert the offensive. It is a serious attempt by the rulers to reduce the number of their enemies in order to reduce the risk to their oppressive regime. It must be emphasised and re-emphasised that too small a family among the poor is economically, socially and politically a weak family and is bound to affect their class strength. Therefore, pro-people elements in the society must understand that birth control programmes are a part of the ruling class strategy of repression of the poor in general. But this is presented as a programme of welfare of the people. This needs to be exposed as a thoroughly anti-people programme which affects the very vitals of the people. It operates at a very subtle level and intends to control the most sensitive part of life that is, reproductive system.

The political nature of this programme must be made clear to the people. The failure of the ruling classes must not be allowed to be projected as failure of the people. The un-willingness of the poor to accept the two child norm of the ruling classes must not be allowed to be used as a pretext to use frank and hidden compulsions against the poor. The eradication of poverty and unemployment and guarantees against insecurity of old age, sickness and death of children must be demanded as a pre-requisite for accepting the small family norm. The impatience of ruling classes to thrust birth control programmes on the poor even with coercive methods before even attempting to solve the socio-economic situation which make a large family desirable needs to be understood and opposed. The only check against this on-slaughter is through the conscious organised force of the poor.

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## Just Out

### The Political Ecology of Disease in Tanzania

by Meredith Turshen

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25 dollars

The book looks at disease in Tanzania and argues that it is not the inevitable consequence of climate or geography but the result of colonialism and capitalism. Colonial rule changed the ecology and economy of the country, imposing frontiers that did not respect African settlement, bringing in new diseases, and starting wars of conquest that touched off epidemics. Women were particularly affected — their social position was lowered, their political power was eliminated, and their role as valued food producers was lost. After 1961 the new government tried to meet the basic needs of its people, and on some levels it achieved a measure of success but certain programmes, like the reorientation of the system of food production, were unsuccessful.