

THE PRICE OF ASSISTANCE

The Family Planning Programme in India

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The evolution of the family planning programme has been greatly influenced by the foreign aid it has received. The author describes how (i) the nature and origin of 'aid' has changed and (ii) how and why the initial resistance of the Indian government to such aid crumbled. Not only the family planning policy but the methods of contraception promoted through the programme were determined by the aid, received directly from donor agencies or via international bodies such as the several UN agencies.

A commonplace assumption that goes virtually unquestioned these days is that the chief cause of every problem from the growth of slums to unemployment, famine, pollution, liberation, wars and strikes is overpopulation. Futurologists paint a pessimistic picture of the world in 2001 AD especially with regard to the third world and call for population control, that is family planning as the supreme panacea for all social evils. Similar views prevail amongst the Indian planners who accept the views that originated chiefly in the first world.

It is the hypothesis of this study that the present population policy is largely the outcome of factors other than mere socioeconomic and political changes in the country. The impact of external assistance as aid and loan received in cash as well as in kind has, over a long period of time, influenced the government's population policy. Although the government has shown ambivalence in implementing the population control programme, and although it is not officially accepted that the government's programmes rely largely on foreign aid, it can be proved that this external assistance has mainly been responsible for the population policy and programmes in this country. (1)

The Pre-Plan Period : 1947 to 1952

During World War II there was a lull in organised birth control activities. After the war statistical studies quickly gained momentum as valid science and "Asia's teeming millions" became a vital subject for investigation, particularly with the growth of political movements in India, China and south east Asia. The deepening food crisis in these areas frightened many American thinkers into the belief that they would turn communist (Borie, 1948).

As early as in 1946 the Swedish National Association, financed by some Americans tried to build up a liaison between societies interested in popula-

tion control but as the time was not ripe ^{their} efforts failed (FPAB 1948). Later in 1948, with the deepening food crisis all over the world the Family Planning Association of Great Britain and the Swedish National Association under the leadership of Margaret Sanger organised the 1st International Conference on Population of the World: Resources in Relation to Family in London. Here for the first time the 'dignified' term of family planning, actually a euphemism was used in place of 'birth-control'. The conference stressed the importance of human fertility research and an effort was made to involve the UN body but met with no response from the UN (FPAB 1948). In 1948 was born ^{the private body} the Family Planning Association of India (FPAI) as a private body. This body was affiliated to the parent body, FPA Britain from which it received funds in cash and kind. During this period there was no direct government aid nor multilateral (eg. UN) aid to India. ?

In 1949 China turned communist and this shocked the imperialist world particularly the USA. Its reaction and attitude was to "save India atleast". Many thinkers expressed the view that it was essential to check India's population (Vogt, 1949). Thus fertility control in India and the third world became a priority for the US monopoly organisations. One hears of birth-control only from the mouths of Americans, Swedish and British individuals and their organisations in the pre-independence period. Catholic opposition did not permit the first world governments nor the UN to get involved in birth control programmes. Private organisations previewing "danger" donated funds to Indian private organisations to open clinics and publish literature to favour birth control. A beginning was thus made by the private organisations in the family planning field in India.

The First Five Year Plan 1951-1956

The nations which the imperialists feared would be lost to communism became known as the

population powderkegs" of the "underdeveloped" world and population control programmes were designed for them. India was selected for special attention. The first in-roads into the population control programme in India were made by private organisations such as the Hugh Moore Fund, the Rockefeller Foundation, the Ford Foundation and Swedish and British businessmen (Mass, 1978).

Politically the subject of birth-control was sensitive. In the West there was Catholic opposition to birth-control, forcing private organisations to move with caution. The first approach was to spread the ideology of "overpopulation" through seminars, conferences, publications and through statistics. In 1952 the UN, for the first time, was persuaded to collect the demographic statistics of the third world countries (Mass, 1978).

Rockefeller, Moore and other private monopolies which had been supporting population studies earlier now made moves to start private international organisations. In 1952 under the sponsorship of the National Academy of Science, John D Rockefeller III convened a conference of demographic experts and population specialists in Williamsburg, Virginia to establish a non-profit organisation, the Population Council. This organisation was to provide a previously lacking "respectable base from which to influence professional and academic sectors to finance a more scientific approach to population". Between 1952-58 the budget of the council was quadrupled, rising from 4.5 million dollars to 18.3 million dollars. A large part of the 1958 budget, 8.4 million dollars was provided by Ford Foundation. It is said that over 500,000 dollars, nearly 80 percent of all the Ford's Fund for population control came to the Population Council. The Rockefeller Foundation also donated 3.4 million and the Mellon family 2.9 million dollars to Population Council (Mass, 1978).

With the creation of the Population Council in New York, British and Swedish businessmen were moved to organise the Third International Seminar in 1952 at Bombay. The Family Planning Association of India (FPAI) managed the show. Many foreign European dignitaries who attended expressed Malthusian views and an International Planned Parenthood Federation (IPPF) was founded, with headquarters in London. Swedish and British monopolies were not able to donate as much as American monopolies and in the 1950's IPPF's budget was comparatively less than that of Population Council. It supported all the affiliated Family Planning Associations of the world. India being the major

target of attention, Lady Rama Rau was made the first joint secretary along with Margaret Sanger the pioneer of the birth control movement (FPAI, 1980-81). Margaret Sanger's views on birth control sound markedly racist today; she held that the growth in numbers of poor of the world was a burden and a threat to the peace of the "civilised" and needed to be checked.

India accepted the need for population control and incorporated a family planning programme in its health ministry. It officially opted for the clinical method and the opening of clinics. But in the first three years only the rhythm method was propagated. Private organisations such as IPPF and the International Red Cross donated in cash and kind to their clinics using diaphragms, foam tablets, condoms and conducted sterilisation operations in Bombay and Calcutta. These FPAI clinics were the first of their kind in the world (FPAI annual reports). Sanction for the use of contraceptives (mainly condoms, foam tablets and diaphragms) in the government's own clinics and the Rockefeller and the UN sponsored projects in Punjab and Bengal respectively was given only in 1955 (Ministry of Health Reports, 1952-1956). The Government's action in the first plan was negligible. This is confirmed by the fact that although the government sanctioned as much as Rs. 65 lakhs, no more than Rs. 31 lakhs was spent. This could not be due to mere moralist objections to artificial birth control programme alone. The need for birth control although accepted in principle by our planners, was not felt to be such a great necessity. Hence the difference between allocation and implementation persisted over many decades.

The Second Five Year Plan : 1956-1961 (March)

During this period, the liberation movements in the third world grew stronger. The economic condition of most of the third world deteriorated. For instance, India faced its direct major foreign exchange crisis in 1957 when the rupee was devalued. At this time, Coale and Hoover rejected the classical Malthusian theory but postulated that due to economic improvement death rates fall but not birth rate, and therefore, economic development is not possible. Thus the argument popular in the west was that investments in population control were more beneficial than investments in development programmes (Coale and Hoover, 1958).

Third world governments however, were not keen on finances from private donors. The Ford

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Foundation and the Rockefeller Foundation finding that they instead were being cold shouldered helped in funding the UN. The UN also received funds from the Population Council. In 1956 the UN carried forth the recommendation of the International Social Science Council to collect demographic statistics (ECAF, 70). It later moved two governments in the third world—one in Asia in 1957 and other in Latin America, to start demographic training centres catering to the people of neighbouring countries. In these institutes consultancy services were supplied by the UN. Most of the consultants were generally officials on leave from private population control bodies (for instance, Parker Mauldin, an Officer of the Population Council took leave from his office and came to the Bombay Demographic Training Centre as a UN Consultant on the subject) (Population Council Report, 1957). The idea was to train third world people in demography in order to spread the awareness of the need for population control. Thus ironically a member of the Population Council, (the ideology of which was not accepted by the third world), was allowed to help in training and advising Indians on the subject, as he came in the guise of a UN expert. This trend of private organisations infiltrating the third world through international bodies like the UN and thus gaining acceptance is continuing even today. It is in this way that their unacceptable ideas influence the population policy of the third world.

The WHO was in fact, severely criticised for organising such programmes for curbing population and controlling tropical diseases. This was interpreted as being not so much for the benefit of the third world, as for providing lucrative business for European and American drug cartels (Mass, 1978). An analysis of WHO's own reports reveals that the projects funded in the third world mostly relate to field and human trials of the drugs and chemicals being developed by first world firms (Times of India, 1981) Critics point out that but for these programmes, the firms would never have been able to develop the products or conduct such trials in the third world on their own.

At the same time the Population Council, independently started aiding demographic teaching in Asian and African universities and began collecting demographic statistics as well so as to spread awareness for the need to control population growth. However, in the name of action research, they also carried out the testing of certain contraceptives which had not been tested or approved by

their own government. The first world Drug Laws were too stringent and the lax laws of the third world on the other hand, offered wide opportunities for such testing.

The Ford Foundation, which had earlier showed interest in population control through other organisations now took a bold step. It independently started organising population control programmes in the third world, with its first programme being in India in 1959 (Ford Foundation, Report 60).

In 1956-57 the Indian government showed great resistance to private organisations aiding the family planning programme, although they accepted in principle the need for population control. But in 1958 faced with financial crisis the government's resistance broke down a little. India called for development aid from foreign countries which brought in aid first from the Ford Foundation that year and Bonnie Mass has stated that in 1959 India received 9 million dollars for publicity and campaigns for population control (Mass, 1978). Later others came with aid for agriculture and small industrial development. Along with development aid came assistance for population control. Various Universities departments of Economics were aided by the Population Council to start teaching demography.

One notices a strange situation here: the Indian government allowed the private organisations to directly carry out certain population programmes but did not itself get totally involved in the programme. However it began to show a keen interest in implementing population programmes. Several demographic training and research units were started by the government and plans were made to carry out empirical research on contraceptives previously tested by FPAI in their clinics. Oral pills and different methods of sterilisations were tested by the end of the plan.

The government expenditure in the second plan was ten times more than that in the first plan. This may have been a result of increases in foreign aid for FP after 1958. One also notices that after 1958 the private voluntary agencies were getting more funds from private organisations and increased their activities. For instance, FPAI started more programmes as its funding organisation the IPPF got 66600 dollars from the Population Council in 1959-60 (UN, 1968).

Third Five Year Plan : 1961-66

With the continuation of the cold war, came a tremendous investment in defence all over the world. Economic stagnation and inflation pressures hit the

first world. As a chain reaction third world countries were the most affected. The UN economic survey report of 1963 indicates the widening gap between the first and the third worlds. All this affected private organisations and they became more interested in selling the idea of population control. They attempted to involve the American government, but president Eisenhower rejected family planning (Wiessman, 1970). Many writers persisted in their argument that Vietnam and other liberation wars of Asia, Africa and Latin America were the result of overpopulation. Therefore population control activities were most essential in the third world. Still others stressed that the widening gap between the first and third worlds was due to third world overpopulation. (Berelson, 1964).

The growth of pessimistic thoughts about the overpopulation of the world caused some of the private organisations of USA for instance Draper, Moore, Harper & Row, Cass Canfield and Rockefeller to set up the Population Crisis Committee which was the political action arm of the Population Control movement. The US government officials served as representatives in the above committee (Wiessman, 1970). With the consent of President Kennedy, Richard Gardener was allowed to offer aid for the Population Control Programme of the UN marking the beginning of US government aid to population control (Chandrasekhar, 1969).

With a programme from J D. Rockefeller III, the White House gave a 'New Look', to foreign policy. USAID made birth control a part of foreign assistance and permitted President Johnson to judge a nation's 'self help' in population planning as a criterion for giving Food for Freedom Aid. Developed rich nations thus directly pressurised underdeveloped poor nations through economic aids which the poorer nations could not refuse (Wiessman, 1970).

In India, by the end of the second five year plan it was realised that the economic plan targets were difficult to reach. secondly the policy resulted in widening the disparity in people's living standards. (Report 1960-61). In 1962 the Ford Foundation advised the government to take up the extensional approach ie to carry FP service to the door of the client through mobile units, camps and clinics. Besides Ford the other major donor to the Indian Voluntary agency FPAI was IPPF whose joint secretary was Dhanvanti Rama Rau. The Ford Foundation and FPAI experimented with mobile units and sterilisation camps and IUCD, initiating the period of

bio-medical testing in India. (Ford Foundation, 1961-66).

India was the first country in the world to experiment with sterilisation and its result was utilised to formulate a sterilisation programme for the world (Population Report 1973). The government at the beginning of the plan paid no heed to the recommendations of the Ford Foundation but later in 1963 with the increased economic crisis, accepted 'the extensional approach' (UN India, 1966). Was the government's willingness to permit experiments by foreign institutions before its acceptance of the programme due to a fear of mass reaction, or was it due to foreign pressure ?

Thus we see that the private bodies gave up doing research in demography and moved directly to support action programmes. The money allocated in the third plan by the government was forty times greater than that in the first plan and foreign private agencies contributed more money to family planning. In this plan period, although the reports do not clearly indicate the relative proportions of foreign private aid and multilateral aid (Health Directorate Report, 1961-66).

The Three Annual Plans : 1966-69

The prolonged war in Vietnam continued to drain US wealth, while severe inflation hit many countries of the first world. The painfully slow rate of economic growth was noticed not only in India but in all the third world countries. Population control continued to siphon off funds from development. As a result of this, all the food shipments of USA "Food for Peace" programme under PL 480 aid to the third world had to be expended on Family Planning ie birth control programmes (Cleaver, 1973) USAID and many suspectedly private organisations moved to give population control a more international touch.

The Ford, Rockefeller, Moore and other foundations began to give larger donations to the international agencies resulting in larger budgets for the Population Council and IPPF. Among their many activities was especially encouraged the distribution and testing of contraceptives. In 1966 the Population Council went on to emphasise the use of Lippes' loops which had already been discarded in the west. They were either donated freely as aid to the third world countries or else loans were granted for their purchase or were manufactured in third world countries. In India, the Population Council funded the opening of the Lippes' loop factory at Kanpur, the

machinery for which was sold to the government by the Council (Population Council, 1966).

USAID donated assistance in cash and kind for population control along with development and food aid to India. In April 1966, the Population Council's bio-medical division continued to fund the testing of contraceptives and launched the International post-partum family planning programme. This was to start more direct FP assistance through a hospital base to all women who came for delivery or for Medical Termination of Pregnancy (MTP). (Mass, 1978). Although the acceptance of family planning appeared voluntary, the very fact that it was linked with delivery and abortion facilities detached it from the free will and volition of both the women as well as the hospitals that opted to receive the programme funds. But until 1969 funds for the post partum programme did not reach India (UN Report, 1970). Today this post partum programme has resulted in the acceptance of family planning measures being made a pre-requisite for obtaining medical treatment for deliveries or abortions. Thus a strange form of "compulsion" was created not overtly, but by skillfully narrowing down choices for women.

Faced with growing opposition from third world radicals and nationalists, private monopoly houses tried to move more cautiously. Through the UN a multilateral touch was given, by making family planning a human right in December 1966, adopted by 12 countries and later by all UN countries within a year. This resulted in the WHO, UNICEF, ILO, ECAFE and UNESCO directly donating funds for family planning and supplying contraceptives (UN Assistance 1968). In 1967 the United Nations Population Trust Fund (UNPTF) was formed whose major financial resources came from US donors and the USAID. In 1969 UNPTF became the UN Fund for Population Activity - UNFPA - and by the seventies, UNFPA dominated population control activities in the world (Mass, 1978). With growing antagonism USAID routed its funds through small as well as better known organisations such as Pathfinders and the IPPF. Private voluntary agencies in the third world were also willing to use their good offices to put to test oral contraceptives and experiment with the effectiveness of various delivery systems of family planning in their respective countries (OFECD, 1975).

In India The Third Five Year Plan was greatly lagging behind in its targets in 1966. The country was faced with another great economic crisis resulting in a severe drain on its foreign exchange. During

this period it is interesting to note that the "Development Aid" was bracketed with the family planning programme. The USA instead of signing annual or multiyear (food) sales agreements deliberately doled out food only for a few months at a time to ensure, through pressure, that family planning programmes were carried out. One notices that aid from USAID was the greatest to India during this period. It not only supplied money and PL 480 funds (such as oral pills in 1967-68 and then condoms for the Nirodh Marketing programme for testing as well) USAID in 1966-69 donated funds to start the "Intensive District Area Programme" providing nutrition programmes along with family planning. By 1968 SIDA, DANIDA and Japan signed the bilateral contracts with the Indian government and supplied contraceptives and equipment for family planning services (Ford Foundation, 69). Private organisations like the IPPF, Pathfinder and the Population Council which function through voluntary organisations tested IUCDs of different types and shapes oral pills were tested and sterilisation experiments were conducted in their voluntarily-run clinics, hospitals or dispensaries.

One notices that with each plan the priority accorded to the different methods of contraception has changed. In 1966-67 the government's stress was on IUCD; in 1967-68 sterilisation was officially emphasised and in 1968-69 it was Nirodh (Ministry of Health-Family Planning, 1966-69). Were these changes made by the government as a result of mass demand? or were they the result of the supply of contraceptives as part of the external aid as India did not produce them indigenously (UN, 1970)?

The government allocated in the first annual plan Rs. 149.30 million, in the Second annual plan Rs. 310 million and Rs. 370 million in the third plan for family planning. Incentive schemes were given emphasis in the second and third plans. One notices nearly a 100 percent rise from the sum allocated in the first annual plan. In this plan period almost 84 percent of the allocated funds were spent (Ministry of Health, 1966-69). This may have been a result of USAID compulsion to expand the FP activities and the PL 480 funds or it may be because the incentive schemes were offered to the acceptors and promoters of family planning. The most prominent trend in this period is the increase in direct involvement by the first world countries and the UN, instead of only private monopolies and their international organisations. With this the pressure for acceptance of family planning by the third world, especially by India, becomes greater and more rigid.

This desire for limiting population led to a marked increase in bio-medical testing to discover "the best contraceptive". In many cases women were not even aware that their bodies were being used for experimentation since they had approached the clinics for other medical treatment. Worse still others, because of financial incentives, sold their bodies to be used as "guinea-pigs" for experiments, the result of which could not be guaranteed; doctors themselves could not often predict possible reactions (Scheuer, 1972)

Family planning now became a goal to be reached, a tempting solution to the financial crisis and thus the human element was completely ignored. Protection of basic human rights, especially the rights of women, which the UN proposed as the aim of this programme, were completely ignored.

The Fourth Five Year Plan : 1969-74

The green revolution in certain parts of the world increased food production; but the Vietnam was continued to drain USA's public investments and world-wide inflationary conditions instead of improving had further hiked prices. Liberation wars and guerilla movements developed in the third world. All these conditions moved the private and government donors of the first world to loosen their purse strings for population control activities still further. During this period we see that the development aid increased in absolute terms but one can observe that the rate of growth for population control aid was much higher as compared to that in 1961. Development aid increased from 5200 million dollars to 7800 million dollars. Population assistance rose from 6 million dollars to 198 million dollars (UNFPA, 1974). In 1969 President Nixon in a revealing message to the committee of the White House stated that the UN, its specialised agencies and other international bodies should take the leadership in countering the problems of overpopulation in the third world and that the US should co-operate fully with such programmes (Singer 1971).

All this created a climate for symposia, conferences and debates on the population problem. The chief cause of every problem was seen as over population. Economists worked out the cost-benefit analysis of population control investment versus development investments insisting that the former was more beneficial than the latter. The World Bank received for the first time donations from the US and other first world countries for activities in population control. Under the leadership of Robert McNamara it frantically called for population

control and assigned from its budget 27.0 million dollars in 1973 (World Bank) in India. The World Bank started population project in Rajasthan and Andhra Pradesh in 1974.

USAID, faced with objections from many third world countries rechanneled aid through multilateral and a few private international agencies. By 1973 100 million dollars of AID Funds entered the developing countries once again through private organisations for population control activities. By 1971 many new private organisations such as Family Planning International Assistance, Association for Voluntary Sterilisation, Asia Foundation and the International Confederation of Midwives had been founded. Pathfinder, a private organisation receiving funds from USAID had by 1973, 35 projects in 44 developing countries which were funded directly by private organisations and not by governments of the third world countries. IPPF in 1973 launched programmes to integrate family planning with rural development and when its activities expanded, it received increasing recognition by government. (USAID, 1973).

USAID was very keen on promoting bio-medical research and in developing new contraceptives. It donated 3 million dollars in 1970 to the Population Council to develop the "once a month-pill" and the Indian Council Medical Research Unit cooperated in testing in India (USAID, 1973).

In mid-1971 when the New York Population Council started its International Committee for Contraceptive Research (ICCR), in India a Contraceptive Testing Unit (CTU) in Delhi with 14 centres in different cities of India was set up. This duplication was unnecessary as already there existed the Institute of Reproduction in Bombay which had its centres in major cities of India. The ICCR tested intra-uterine device on 50,000 women over a period of one year. The ICMR has conducted research on various intra-uterine devices and hormonal contraceptives. About 50,000 women are estimated to have taken part in these tests for the ICCR.

It is interesting to note that the population control activities which were started in 1952 by foreign powers with the sole emphasis on demographic research were transformed by the 70s into direct population control of the third world people. IPPF was the only international private organisation whose budget rose very fast as this organisation concentrated on family planning activities and worked on a voluntary basis in third world countries. But the budget of other private agencies like

Rockefeller, Ford Foundation did not increase and private organisations and USAID started donating more liberally to IPPF.

India, despite enjoying some fruits of the Green Revolution due to an increase in food production, could not check the growth of poverty and unemployment. The inflationary crisis continued to increase as well. World-wide inflation had further worsened her economic conditions. The Indo-Pak war for the liberation of Bangladesh further upset her economy and in 1971 the Indo-Russian pact strained her relations with USA triggering off other repercussions.

The family planning programme was again given the highest priority and the population policy became in principle more ante-natal. Upto 1970-71 USAID and Ford Foundation had given major support for family planning. Their consultants advised the Planning Commission, the Health Ministry and the ICMR. When relations with the US were strained USAID and Ford Foundation were asked to wind up their population control units and their aid ceased to flow (Seal, 1974).

After a little lull in donations in 1971-72 funds from multilateral organisations and other governments were gradually stepped up. One sees SIDA, CIDA, UK and Norway donating large funds to support the building of the National Family Planning Institute in Delhi and some research on nutrition and health programmes in India. UNFPA, ILO, UNICEF and WHO, whose activities were limited in India gradually became the major donors. Both private and multilateral bodies were heavily supported by the USA. By the end of the plan an experimental area development scheme — India's first population project — was launched by the government with aid from the World Bank, IDA and SIDA. When USAID stopped functioning directly, many voluntary private organisations like IPPF, AÜS, Pathfinder Fund, FP International Assistance, Christian Church Associations, and the International Red Cross started funding small voluntary organisations in India and thus many rural and urban clinics, hospitals and dispensaries were opened. The organisers were invited for seminars and conferences abroad and they were donated contraceptives and money. Many organisers came back and stressed sterilisation and offering incentives like radios, buckets, sarees, transistors.

In the Fourth Five year Plan Rs. 315 crores were allocated but government expenditure after 1972 reduced as USAID and Ford Foundation

found themselves in disfavour at the government level as a result of the Indo-Russian pact. The USAID policy statement indicates 'AID recognised early that many instrumentalities would need in helping developing countries to attack their problems of population growth. Direct assistance could be helpful in those countries receptive to the bilateral approach. In some others however, assistance from multilateral agencies and from private organisations appeared to be more welcome — thus USAID shall help multilaterals and private organisations and they shall work independently'.

The Fifth Five Year Plan : 1974-79

The decade of the Seventies began with a further upset of the already deteriorating world economy — the oil crisis hit the western world. At this crucial period in 1974, the World Population Year was celebrated and the activities of population control expanded. The first international conference on population sponsored by the UN was held at Bucharest. Various proposals and plans of action were put forward which would drastically reduce birth rates in the third world. Planners of the conference were confident that they would be able to strike an agreement on 'plans of action' for family planning. Surprisingly third world countries formed a powerful block and opposed the US experts' 'plan of action' intended to stabilise the third world's population growth, treating birth-control as a factor which could be detached from the health and well-being of the women, family and society. Many of the socialist countries protested against what they considered the absurd theory of "population explosion." They felt instead that development would itself bring down the birth-rate. (Mass, 1978) Experience had shown that poverty was the main factor responsible for over-population. Hence they argued that to insist that family planning was more important than development was to see the problem from the wrong end.

The social and political consciousness of the third world made it necessary that population programmes of the future would have to be couched in more subtle terminology. In order to make it palatable to the third-world recipients John D Rockefeller II was the first to put population planning in a developmentalist framework. He argued that population programmes and overall development programmes should indeed go hand in-hand. "We recognised that reducing population growth is not an alternative to development, but an essential part of it for most countries" (Mass, 1978).

Though there was a protest and an apparent setback for imperialists at Bucharest, the working group of the conference comprised representatives from many countries who chose to make the final draft. They voted to retain neo-Malthusian 'target' figures which proposed that the birth rate of the underdeveloped nations be reduced to an average of 30 per thousand by 1985. Despite the vehement protests of the third world, the end results of the report of the conference were heavily influenced by the opinion of the first world.

The Population Council concentrated on its bio-medical testing even after 1975. Till 1975 the International Committee for Contraceptive Research carried out tests on 12 new potential fertility control methods. However, faced with objection in the third world the Population Council handed over the post partum projects to UNFPA and donated large funds to it (Mass, 1978).

The Pathfinder Fund with a budget in 1965 of 100,000 dollars expanded in 1975 to 3.5 million dollars and supported approximately 150 studies in more than 40 countries. Its office in New Delhi which was set up in 1964 was later closed down (Mass, 1978).

By 1975 the Family Planning International Association funded by the Planned Parenthood Federation of the American IPPF and other voluntary world church organisations, services aided by USAID became the single largest source of contraceptives and other family planning supplies to the third world. Nearly 1000 church related hospitals, clinics, dispensaries and private groups were supported.

The Co-operative for American Relief Everywhere (CARE) began by 1970 to support birth control and by 1975 gave birth control the highest priority. Many other private organisations like OXFAM (England, Canada), Christian Aid (England), Asia Foundation, American Voluntary Association for sterilisation supported family planning ie birth control as their highest priority projects (UN, 1979).

UNFPA whose activities expanded in 1974 and which was in charge of the world conference split up its global role of population assistance into three phases by mid-1976 : (1) Traditional technical assistance-transfer of technical know-how (2) Financial support to assist government and non-government bodies to expand activities. (3) Phasing out of assistance or foreign experts at the country level which will expand the programme.

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India's economy suffered grave setbacks -due to world inflation. In response to the Bucharest conference, assistance from the UN, as well as voluntary organisations took a more subtle form and was linked with rural development, child care and nutrition. For example, families accepting birth control were given free tube wells, free meals, or free maternity and child health benefits. The government too accepted this approach and integrated family planning with nutrition. This can be seen as a method of making family planning a prerequisite for nutrition benefits from the government.

Meanwhile, after the 1971 war, political consciousness was reaching a new peak with mass peasant uprisings throughout India. The movement by Jay Prakash Narayan was to have important consequences for the future. The political overtones of this and other movements and the insensitivities of the ruling party led to the declaration of the emergency and the upsetting of the five year plan.

In 1976 the central government in an important move to make state governments accept the family planning decided to freeze the population based at the 1971 level for the next 25 years for determination of representatives in the Lok Sabha and state legislatures. This compelled the leadership of many of the states to accept compulsory sterilisation and offer incentives viz. Rs. 150/- if performed with two living children, Rs. 100/- if with three living children and Rs. 70/- if performed with four and more (Times of India, 1976). Maharashtra declared that government servants who were not sterilised and had more than two children would not be given ration, housing facilities, or free hospital services (Times of India, 1976). To add to these frightening and unjust disincentives, in the Pune Municipal Hospital a sick person was not admitted unless and until one family member was sterilised and produced a certificate. All these measures led to great opposition to family planning among the public and to the Congress regime and the Congress was voted out of power. With the advent of the Janata Party, Raj Narayan, the Health Minister modified the Population Policy. He eliminated all forms of compulsion and gave family planning a new dignified name — family welfare programme, which in substance remained the same.

In this plan as compared to the earlier one, Rs. 497 Crores were allocated. The major donors during the Fifth Plan were UNFPA — 40 million dollars; World Bank — 21.2 million dollars, and SIDA — 10.6 million dollars.

With more funds coming in, the expenditure rose in each successive year. For e.g. in 1976-77 it increased almost to Rs. 16793.89 lakhs mainly due to the so-called incentives for sterilisation and IUCD programmes. Although it increased during Janata regime there was a fall in the expenditure and surprisingly enough, the external aid received during those last two years of the plan exceeded earlier donation. This was because during the Janata regime, "family welfare" (nutrition, child welfare, post-partum programmes) were used as a bait. Before the sixth plan began in 1980 a year passed without a five year plan but activities on Family welfare increased during this year.

The Sixth Plan : 1980-85

With the world situation remaining practically the same, with increasing recession, the emphasis on the need for population-control continued. Bilateral aid, earlier rebuffed, was now welcomed by the Indian Government. Permission for adoption of villages in the third world by the UN and by the World Bank was now extended to bilateral organisations like USAID, CARE, SIDA and others. In India too this became a common feature. Monetary crisis has made India sign a development pact with many First World countries. Although the total figures of external aid was not available, the Indian government allocated Rs. 1010 crores for family welfare of which Intensive District Development (ie development of primary health centres and family planning in districts by multilaterals and bilateral units) accounted for nearly Rs. 225 crores (UN, 1980-81). The India Population- II programme of Intensive District Development based on the experience of Population-I programme was extended. Their aim was "to promote family welfare to lower the fertility rate through the creation of facilities for integrated delivery of services for health, nutrition, MCH, contraceptives and medical termination of pregnancy, closer to the homes of people particularly in rural areas" (USAID, 1980-81).

The external aid for India Population Project-II has involved many donors. The multilaterals UNFPA and the World Bank consented to support projects in 18 districts with 95 million dollars. Performance Budget, 1980-81). On examining bilateral involvement one finds that USAID which had stopped donating for the family planning programme since the Indo-Soviet pact of 1971, agreed to donate 40 million dollars supporting 12 districts and the above project is still being implemented (USAID paper, annexure). Further UK and DANIDA who had earlier supported the sterilisation programme and

National Health and Family Welfare Centre building funds, donated 63 million dollars to carry out family welfare and health programmes in 15 districts (Performance Budget, 1980-81).

It is not easy to get statistics on the foreign contribution to family welfare but one is aware that a good quantity of Copper T manufactured by the Population Council has reached India, and today besides sterilisation, this is the foremost method of family welfare adopted by the government for which substantial incentives are being given.

The state of Maharashtra which was declared as the foremost in the use of Copper T for three consecutive years was exposed in a racket uncovered by the Indian Express (1984). The number of eligible couples in Maharashtra, were found to be much less in number than the acceptors of Copper T! When the government field surveys for inspection were conducted, it was found that nearly 25 percent of the copper Ts inserted ie 726 lakh Copper T inserted, worth four crores were fictitious cases.

The annual reports of ICMR indicated that the Population Council, Ford Foundation, and WHO continued to give funds for bio-medical contraceptives research. The FPAI received laproscopes from IPPF in 1979-80 and organised camps in rural areas. For example a welfare organisation in the village of Tara, used laproscopes in Raighad District while the taluka hospital had none. A demand for laproscopes was made. Thus by 1984 almost all districts of India, especially in Maharashtra, got laproscopes.

In 1970 the direct involvement of Ford Foundation which had started since 1959 was stopped. In 1971 JRD Tata founded the Family Planning Foundation of India (FPFI) and the Ford Foundation stepped in as one of its major donors. (Ford Foundation, 1980).

The FPFI by 1972 took up action-cum-research projects, demographic research and later biomedical testing of contraceptives. The activities which were initially directly handled by the Ford Foundation were now aided by it. Its role thus remains important even today, and its philosophy continues to influence the Indian population policy. In 1979 the Ford Foundation donated 700 000 dollars ie almost 50 percent of the FPFI's total budget (Ford Foundation, 1980). Though the activities of the Family Planning Foundation began during the Fifth Plan period, it was only during the sixth plan period that it took on a more prominent role to carry forward the philosophy of the Ford Foundation by organising and founding seminars, conferences, action research, etc.

Table 1
Nature of Assistance of Imperialist Powers to private voluntary organisations and the government for Family Planning Programmes and central government plan allocations :

The following data has been tabulated to (a) understand why the population policy has undergone changes and (b) to find out what the impact of the external assistance ie. private, government and multi-lateral (2) has been, and (c) how and in what way it has affected Indian programmes.

Phase	Plan Period	Donor Agency to India	Recipient Agency in India	Central govt. allocation for FP
I	Pre Plan 1947-1952	Private	Private	British government had no programme
II	First Five Year Plan 1952-1957 March	Private Multilateral	Private Government	Rs. 65.00 Lakhs
III	Second Five year plan 1957-61 March	Private Multilateral Private	Private Government Government	Rs. 479.00 Lakhs
IV	Third Five year plan 1961-66 March	Private Multilateral Private Government	Private Government Government Government	Rs. 269.70 Lakhs with provision for Rs. 500.00 lakhs
V	Three Annual Plan 1966 to 1969 March	Government Private Multilateral Private	Government Government Government Private	Rs. 750.01 Lakhs
VI	Fourth Five Year Plan 1969 to 1974 March	Governments Multilateral Private Private	Government Government Private Government	Rs. 3150.01 lakhs
VII	Fifth Five Year Plan 1974 to 1979 March	Private Multilateral Private	Private Government Government	Rs. 4970.00 lakhs
VIII	1979-1980	—	—	Rs. 1180.00 lakhs
IX	Sixth Five Year Plan 1980 to 85 March	Multilateral Private Private	Government Private Government	Rs. 10100.00 lakhs

Note :- Figures of Donation received not indicated as assistance is in cash and kind.
Source :- Data collected from various yearly reports of :

1) Population Programme Assistance United States Aid to Developing Countries; 2) Reports of the Ministry of Health; 3) Annual Reports of the Directorate General of Health; 4) Annual Reports of the Ford foundation; 5) Annual Reports of the Rockefeller Foundation; 6) Annual Reports of the Population Council; 7) Annual Reports of the International Planned Parenthood Federation; 8) United Nation Funds for Population Activities; 9) Aid for Family Planning pamphlet by Emerging Population Alternative. (Mimeograph)

March 1985

Summary and Conclusion

In the pre-independence period the efforts of birth control were carried out by a few concerned individuals in India. A couple of foreign organisations funded Indian birth control clinics. There was no state level movement.

In the First Five Year Plan the Government accepted family planning as a programme. The major emphasis particularly in the early years lay on the rhythm method, due to the diffidence of the government. Private organisations funded generally by private organisations were free to propagate other methods.

In the 60s the increased economic crisis, the shortage of food, the growth of liberation movements brought first world governments to focus their attention on the importance of population control to avoid major social and political upheavals. Development aid was increasingly linked to population programmes and there were an increased aid flow from governments of the First World to the governments of the third world.

In India, the programmes of voluntary organisations served as important pointers as to what direction the government policy would take. It was also their advice and donation which compelled the government to change prescribed contraceptives during each plan period. It gave or promoted what it received and tested what it was asked to as the economic crisis made them helpless and forced them to accept assistance which led often to indebtedness.

After the World Population Year, 1974, the approach has again changed. It is now recognised that development is essential for birth control programmes to make a headway. Thus increasingly the

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trend is to support 'integrated' projects which include health, nutrition, and development. Multi-lateral and governmental aid have become the major source of finance for the Indian government though it still remains to be analysed whether these programmes are development oriented or whether they are basically family planning programmes with merely an acceptable cover.

The point of this article, is not merely to criticise the idea of birth-control itself which should be available to women as their basic right. This paper is also aimed at examining the history of the fallacy that family planning is a solution to the problems of poverty, underdevelopment and unemployment. Has the bogey of overpopulation been created by the leaders of the first and third world countries and exaggerated merely to divert attention from the real problems facing them? More important have the woman's basic needs been forgotten in the quest for ever-higher targets of achievement in family planning measures? Do we in the Third World want a reduction in the birth rate, at any cost?

NOTES

1. *Performance Budget 1977-78* Ministry of Health and Welfare Government of India P. 184 "The expenditure on the family welfare programme is basically met out of the national exchequer. Some assistance which forms a small proportion of the total expenditure on the programme is received by way of international cooperation from some of the international agencies".
2. *Private Donors* to India are most often the monopoly houses or its funded voluntary organisation. Many of these voluntary organisations are also funded by government aid agencies eg. The Ford Foundation, the Rockefeller Foundation, Hugh Moore Foundation, International Planned Parenthood Federation, Population Council, Pathfinder Funds, Medical Christian Association, International Red Cross, Peace-Corps, OXFAM, Population Crisis, Voluntary Sterilization Association and other private receiving agencies, Family Planning Association of India, The Family Planning Foundation, Indian Red Cross, various Rural & Slum Developmental Agencies, Gandhigram Institute etc.
3. *Multilateral Donors* are the agencies funded by more than one monopolies and governments such as bodies of United Nation and recently the World Bank eg. WHO, ECAFE, UNICEF, UNFPA, IDA and others.
4. *Bilateral-Government* - First it was USAID United State Aid to Developing Countries, NORAD Norwegian Agency for International Development, BODA British Overseas Development Assistance, SIDA Swedish International Development Authority, DANIDA Danish International Development Agency, CIDA Candian International Development Authority, France, Japan, Korea, Finland, Representative of Germany, Australia.

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