

Women, for obvious reasons, are the direct (actual and potential) beneficiaries of the various methods of birth-control. They also are, as a result more prone to various, at times dubious, experiments in the field. But, quite surprisingly, again, the author has not even mentioned the politics of number in relation to birth-control for men.

Another issue that deserves mention: I am greatly disappointed that a magazine like SHR does not have any leading feature on the health issues and the peoples' right to know potential and actual hazards to their health, associated with industries in which they either work or which are in the vicinity of their homes, except for a note-like article

by Anurag Mehra. I am sure that despite your prior commitments, Bhopal tragedy deserves more importance than has been hitherto accorded. I hope your next issue on 'Health and Imperialism' will more than compensate for this omission and will also focus on the implications of this tragedy for the peoples' right to health and safety in addition to its other aspects rooted in the political economy of industrialisation in the poor countries of the world. And finally, hearty congratulations for timely production of SHR.

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Criticism of Tubectomies Unscientific

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A frontal attack by Sucha Singh Gill in his *Politics of Birth Control Programme in India* (SHR 1: 4) though not comprehensive enough, was very much needed. But he goes too far at the end of his article, and makes some very sweeping statements which can not stand a little deeper probing. The way he attacks and rejects tubectomies as a method of sterilisation is unscientific. It is superficial to criticise tubectomies by just saying that after tubectomies "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 operation." There is a lot of literature on complications, complaints after tubectomies and it is widely known that many women wrongly attribute many of their health-problems, particularly back-ache to tubectomies. A survey merely reporting what women felt after tubectomies is too insufficient a basis for a sweeping criticism of tubectomies. A correct argument would be to point out that though incidence of complications due to tubectomies is not high in absolute terms, tubectomies should not be pushed when far more simpler and safer method of sterilisation is available for the male. Since the government and the medical system does not want to attack the patriarchy in the society, (they themselves help perpetuate it) it is pushing tubectomies, when in reality it should be used only in exceptional circumstances.

Gill's reasoning that birth control programme is "a serious attempt by the rulers to reduce the number of their enemies in order to reduce the risk to their oppressive regime" is quite off the mark. Increase in the number of pauperised population

does not increase the chances of social revolution or even a revolt. It is the contradiction between developed capacities, aspirations of the people (as a result of capitalist development) on the one hand and their actual suppression (especially in periods of crisis) due to capitalist social relations that create possibilities of revolution.

Gill does not take into account the role of patriarchy in deciding the size of the family. The necessity of having male children; non-cooperation of husbands in family planning (both consequences of patriarchy) contribute to a larger size of the family even when women do not want more children. (In India every year, about half a million women undergo medical termination of pregnancy and about four to six million undergo abortion through unsafe methods which kill thousands of women every year. This shows that they many times do not want pregnancy.) It is true that unlike in middle and upper class families children in toiling classes do contribute to family's income. But they probably consume more than what they produce since upto the age of atleast three years they consume on an average, about a quarter (in terms of calories) of what adults consume without being able to contribute in production. Slightly older children look after younger children and spare adults for outside work. But the point is—was there a necessity of having this younger child in the first place?

High infant mortality and lack of old age security are the real justification of having a somewhat larger family. The rest is due to patriarchy and ignorance about family planning. Let us not gloss over this and indirectly justify any unnecessary burden on women due to patriarchy, ignorance...

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