

or invest in "non-profit-creating" measures to maintain health in the long term interest of appropriating surplus or surplus value. Such actions might be deceptive for anyone who sees the picture only as one of "continuous greediness to increase surplus value no matter what happens with the workers' health."

Today, the new movements of ecology, health and safety groups in the unions, workers' control and grass-roots democracy, various kinds of peoples' science movements, women's health groups and so on are bringing forward studies and practice helpful to this question. Many left groups are becoming conscious of this aspect and trying to act accordingly. These are important advances and close

coordination of all the movements, unions, organisations of the rural poor community organisations, cultural organisations will deepen and extend this movement. It will be a movement that may start with efforts to reduce ill health in fields, factories and homes, but it has to fight to abolish class, state, caste, and patriarchal domination along with abolishing the technological monstrosities specific to these dominations. This only can establish harmony with nature and abolish "work" itself, the first and basic cause of ill health.

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Need for Population Control Cannot Be Ignored

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The editorial perspective (SHR, 1: 4) by Manisha Gupte does an excellent job of summarising the marxist critique of Malthusian view on the 'problem of population'. However, the perspective gives rather an incomplete picture of the situation. It is true that the ideology of population control, as preached and practised in the poorer countries of the world, is primarily used to divert attention from the real issues and factors behind poverty and other related aspects of life for a vast majority of people.

The perspective fails to adequately emphasise the well established fact that in the experiences of today's developed market economies, the changes in the family size and population structure since Industrial Revolution followed a rise in living standards of population. It was also significantly affected by a host of legal and institutional measures adopted by the government of the day as the needs and priorities of the ruling classes changed. This, of course, only enforces the view that population control is a consequence of the development process and cannot be a substitute for necessary structural changes in a system where a tiny minority is the prime beneficiary of the process of development.

Another important aspect that should have been reflected in the perspective is related to the changes in the pattern of population growth in the centrally planned economies of Eastern Europe, USSR and China in the last few decades. One does not have to agree with the details of alternative systems there to recognise the effectiveness of

medical system in these countries and its impact on their population growth.

The ideological misuse of the family planning and population control by the ruling classes in various countries of the world should not detract anyone from the possible disturbing effects of continuing high rates of population increase in large parts of the world. Again, one does not have to be a neoMalthusian to say that, unlike the historic experiences of the developed market economies which could afford the 'natural' adjustments in their population growth and structure spread over a long period, the world as a global entity has to take cognizance of the natural resources and their potential growth as well as limits to growth as the global population continues to increase. Family planning and population control must constitute an explicit objective of any meaningful strategy of development. Population control cannot be a substitute for development; development without measures to check population growth is not likely to be very meaningful either.

I am quite surprised to see the benefits of birth control and contraceptives only briefly discussed under the sub-title of 'the feminist perspective', as if there were no socialist perspective of birth control! I am sure the author views the feminist perspective as integral to the socialist perspective, but she fails to clarify that benefits of birth-control and contraceptives have much wider implications for the society as a whole and must be recognised as such, apart from their effect on sexual mores of the society.

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.

17 March, 1985.

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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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