



## UNSCRUPULOUS STERILISATION IN INDIA- THE NEW WIKIPEDIA

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### I. ABSTRACT

*People with autism flourish in domains where the information is consistent and predictable, and struggle most in domains where the information is ambiguous and unlawful.*

- *Simon Baron-Cohen*

Since over five decades, India has struggled with overpopulation. India's population is expected to reach 1.5 billion people by 2050, according to the United Nations. Since 1951, India has used sterilisation as a form of population control in order to keep its population growth rate under control. According to the UN, India accounted for 37% of global female sterilisation in 2011<sup>1</sup>. Although sterilisation achieved the desired result but the fertility rates fell from 3.4 in the 1990s to 2.2 in 2016, it was not without controversy<sup>2</sup>. Mass sterilisation became entangled in the 1970s with India's greatest political issue, "the Emergency", a twenty-one-month period often regarded as the worst in post 1947 Indian history. During India's Emergency, the topic of mass sterilisation became controversial. Long after India's independence, sterilisation campaigns for both men and women were deeply embedded in imperialist ideas and long-held

Western attitudes about Indian manliness and womanliness; these measures were — and continue to be — rooted in expansionist ideas and long-held Western attitudes about Indian manhood and womanhood. Women are still dying in sterilisation camps over half a century after the intensive 1970s campaigns, undergoing surgeries that they believe are the only choice, without fully understanding the risks or possibilities. Long after India's independence, sterilisation campaigns for both men and women were deeply embedded in imperialist ideas and long-held Western attitudes about Indian manliness and womanliness; these measures were and continue to be rooted in expansionist ideas and long-held Western attitudes about Indian manhood and womanhood. Women are still dying in sterilisation camps over half a century after the intensive 1970s campaigns, undergoing surgeries that they believe are the only choice, without fully understanding the risks or possibilities.

**KEYWORDS:** Sterilization, India, Surgeries, forced, Population, Programme.

### II. INTRODUCTION

*Everything I like is either illegal, immoral or fattening.*

-*Alexander Woollcott*

From its beginning in 1951 until its peak in 1977, India's family planning programme should be viewed in the perspective of the global population control campaign. India's family planning programme got the most international help of all Asian and Sub-Saharan African nations. Between 1972 and

<sup>1</sup> Charlotte Alfred, "Deaths After Mass Sterilization Put India's Top Contraception Method under Scrutiny," The Huffington Post, last modified November 12, 2014

<sup>2</sup> Soutik Biswas, "India's Dark History of Sterilization," BBC, last modified November 14, 2014



1980, the World Bank awarded the Indian government a \$66 million loan for sterilisation. Western democracies pressured Indira Gandhi to conduct a mass sterilisation programme to regulate India's population<sup>3</sup>. Even when her own advisers were hesitant to endorse the sterilisation programme after the Emergency was declared, the Western nations lobby backed it. The worldwide pressure was so strong that in 1965, President Lyndon B. Johnson refused to send food assistance to India, which was facing famine at the time, unless the country agreed to pay for sterilisation<sup>4</sup>. As a result, actions made by the Indian government, such as pushing IUDs and sterilisations, can be considered as a response to pressure from the World Bank, the International Planned Parenthood Federation, the United Nations Fund for Population Activities, and USAID. Instead of assisting individuals with family planning, such organisations coerced people into using contraceptive techniques in exchange for cash. It is important to highlight that mass sterilisation did not begin during the Emergency, but had been utilised as a technique of contraception for a long period before to then. Similarly, many policy efforts, such as vasectomy camps, desirable and undesirable incentives, and mandatory sterilisation, were tested and developed in several states prior to the Emergency. The ruthlessness with which mass sterilisation was implemented during the Emergency set it apart. None of the prior family planning initiatives came close to matching the numbers, reach, and size of the mass

sterilisation operations implemented during the Emergency. As a result, the political justification for compulsory sterilisation outweighed the demographic goals. The national government developed an incentive scheme for a family planning campaign that began in 1976 in an attempt to reduce the rapidly rising population, but stopped short of forcing sterilisation. This initiative targeted male people and enticed underprivileged citizens to get sterilised through advertising and monetary incentives<sup>5</sup>. Those who accepted to be sterilised were offered land, homes, and cash or loans<sup>6</sup>. Vasectomies were performed on millions of men as a result of this campaign, and an unknown number of them were forced. Officials were said to be barricading towns and hauling males to medical clinics for vasectomies<sup>7</sup>.

### III. THE DREADFUL INITIATIVE

*When the President does it, that means that it's not illegal.*

*-Richard M. Nixon*

Male sterilisation was pushed in the spotlight, and people were enticed to participate in the procedure with monetary incentives. Goals were defined and communicated to the local councils in responsibility of implementing the programme. Vasectomy clinics were set up in tiny towns around the country, mostly for the poor and defenceless. States employed "motivators" to urge men to visit camps and undergo the procedure, including government employees, health authorities,

<sup>3</sup> Ashwaq Masoodi, "When Sterilization Wasn't a Matter of Choice," Livemint, last modified June 22, 2015.

<sup>4</sup> Matthew Connelly, "Controlling Passions," *The Wilson Quarterly* 32, no. 3 (2008)

<sup>5</sup> "A generation of lost manhood". *The Times of India*. Archived from the original on 7 January 2016.

<sup>6</sup> Relying on Hard and Soft Sells India Pushes Sterilization, *New York Times*, June 22, 2011.

<sup>7</sup> India's dark history of sterilisation". *BBC News*. 14 November 2014. Retrieved 8 April 2021.



police officers, and people who had already been operated on.

To meet the deadline, a large number of government personnel deployed and vehicles patrolled the region. Hundreds of men, some of whom were single and had one or two children, were hauled off the streets and forcefully sterilised. Food rations and water were withheld from households and sometimes entire towns who refused to comply with the practise. Teachers' pay was docked until they undertook the treatment. Those few who dared to speak out were put under anaesthesia and sent to the operating room.

It was "guys they sought any male," according to several. They opted not to object to the practise because they were paid Rs. 500 apiece for it. Clocks, buckets, butter, and other household items were given to others as incentives.

India's population was over 361 million in 1951, with a growth rate of 1.26 percent each year from 1941 to 1951<sup>8</sup>. R. A. Gopalswami, India's chief urban demographer, predicted in his study that India's population will expand by 500,000 people every year<sup>9</sup>.

The Indian government responded to Gopalswami's findings by launching the national family planning programme, making India the first country in the world to do so. The central government funded the whole initiative, and some of the tactics covered were:

1. Participation in a door-to-door campaign and an emphasis on rural regions

2. Encourage families to have no more than two children and to space their births out across two years.
3. Promoting family planning on television, in the newspaper, and on the radio
4. Providing financial incentives to families that follow these guidelines.

According to Gopalswami's study, mass sterilisation is the ideal approach for population control since it just requires a small operation, no hospitalisation or follow-up, and is performed under local anaesthetic. However, gaining support for sterilisation proved difficult, owing to a number of misunderstandings about the procedure. People used to think that vasectomy caused men to lose weight, become easily weary, and lose their sexual drive, and that it killed them on the operating table. Sterilization was a tough sell in a nation where a man's virility or capacity to impregnate his wife defined who the person was.

The majority of Indian politicians thought that population expansion and economic development were inextricably linked, and that India could not accomplish one without the other. As a result, India's first two five-year plans included family planning as a priority. The first two plans had restricted aims, and family planning received just a small portion of the entire health department budget. Only after 1965, when a distinct agency dedicated solely to family planning was founded, and the funding assigned to it was significantly raised, did major changes occur.

<sup>8</sup> Rossana Ledbetter, "Thirty Years of Family Planning," *Asian Survey* 24, no. 7 (1984): 736-758.

<sup>9</sup> Terrence McCoy, "The Forgotten Roots of India's Mass Sterilization Program," *The Washington Post*, last modified November 14, 2014



#### IV. THE EMERGENCY AND: “THE GANDHI”

*If government were a product, selling it would be illegal.*

*-P. J. O'Rourke*

Rainfall was below normal, food output had decreased, an international oil crisis had increased the price of imported oil, export earnings had plunged, and the rate of inflation had reached an all-time high in 1975. Prime Minister Indira Gandhi, on the other hand, was in the midst of a political crisis. She had broken a number of technical provisions of Indian election law, and the courts had ruled against her, putting her job in jeopardy. As a result, she proclaimed a national emergency on June 25, 1975<sup>10</sup>, in response to all of these issues. Sanjay Gandhi, Indira Gandhi's younger son, rose to prominence during this time. Sanjay Gandhi, in fact, played a key role in politicising the mass sterilisation effort. His strategy included corruption, coercion, and the use of bogus numbers. When it came to Indian politics, Mr. Gandhi was a total outsider. He had no formal role in the government and had little awareness of how it worked even during the Emergency. The fact that he was the Prime Minister's son was his only qualification. He devised a five-point plan that included family planning, tree planting, a dowry prohibition, each-one-teach-one adult education, and the abolition of social caste.

Obligatory sterilisation was therefore part of a wider poverty-reduction policy, which fueled rather than slowed economic growth.

<sup>10</sup> Davidson Gwatkin, “Political Will and Family Planning: The Implications of India’s Emergency Experience,” *Population and Development Review* 5, no. 1 (1979): 29–59.

More crucially, if Mr. Gandhi were to succeed in even a minor way in decreasing population increase, he would gain national and worldwide acclaim. He wanted to achieve speedy results with such a plan in mind. For example, he planned to manage the population in a year, beautify the city in a matter of weeks, and nearly eliminate poverty in a matter of days<sup>11</sup>. The Ministry of Health, on the other hand, realised how difficult and time-consuming it was to dispel sterilisation falsehoods. They anticipated that Indians might be persuaded to undergo sterilisation after two years of good teaching and instruction. But no one in the ministry, including Health Minister Karan Singh, had the fortitude to tell Mr. Gandhi that obtaining sterilisation assistance in the time frame he desired (six months to a year) was impossible.

The central government required two months to put the initiative into operation, which included building infrastructure and hiring physicians to execute the procedure. The scheme was also put to the test, but it was only effective in places where the chief ministers were willing to blindly follow Mr. Gandhi's commands. During the Emergency, the line of command was from the Prime Minister's Office-Sanjay Gandhi to chief ministers, district commissioners, and the local police force. Despite efforts to raise sterilisation awareness and support, the camps received a lacklustre response. Sanjay Gandhi then took matters into his own hands and began giving public talks aimed at the young. He also chastised his own party's leaders, mostly the elder generation, for failing to support his cause. Sterilization will

<sup>11</sup> Vinod Mehta, “Indiri Bachao” in *The Sanjay Story: From Anand Bhavan to Amethi* (Noida: Harper Collins India, 2015): 112–133.



be at the heart of India's National Population Policy, He said. Due to Sanjay Gandhi's efforts, vasectomy camps were popular across the country, and they were established in places with larger population densities. The success of these camps was ensured by a team of doctors from the Family Planning Association and gynaecologists. Vasectomy camps in Uttar Pradesh, India's most populated state, originally did 331 surgeries each day, then 1,578, and finally 5,664 operations per day. 9 Several incidences of unsupervised forcible sterilisation occurred during the process. When Mr. Gandhi was informed of these abuses, he categorically asserted that all forced sterilisation data were false. People were complaining about not getting a follow-up following the procedure, according to Sanjay Gandhi, not about the sterilisation itself. Furthermore, Mr. Gandhi stated that given the scope of the initiative, some excesses were unavoidable.

#### V. VASECTOMIES ON THE RISE

*The illegal we do immediately. The unconstitutional takes a little longer.*

*-Henry Kissinger*

As the population grows, so does the demand for commodities and resources. With India's ever-increasing population, it was predicted that millions of tonnes of grain would be required to fulfil demand. "Government is of the belief that group incentives should now be implemented in a bold and inventive manner so as to make family planning a mass movement with increased community

engagement," wrote Karan Singh, then Minister of Health and Family Planning.

Gopalaswami came to the rescue, recommending that "anyone with three or more children be sterilised." To stop the cycle, a large number of doctors were assigned tasks to achieve the stringent sterilising quotas imposed by local authorities. Dr. R. Gupta set a new record by completing 83 procedures in under six hours. He admits to feeling pressed to fulfil the aim of 15,000 sterilisations and was praised for doing 50,000 tubectomies<sup>12</sup>.

Gujarat broke the world record by conducting over 0.2 million vasectomies in two months. In a single year, the programme sterilised 6.2 million men, which is 15 times the number of males sterilised by the Nazis during Hitler's dictatorship in Germany. Over 2,000 soldiers were killed as a result of poorly handled or negligent activities. Some people developed septic, and everyone was traumatised.

Men were mass sterilised in 1975, but now, the duty of family planning falls on the shoulders of Indian women who have fallen to such dreadful circumstances. India has a staggering rate of female sterilisation of 39 percent, nearly twice the global average. In India, it is estimated that more than 75% of sterilised women did not use any other kind of birth control prior to the procedure.

#### VI. STRAINED AND TESTED METHODS

*What we observe is not nature itself, but nature exposed to our method of questioning.*

*- Werner Heisenberg*

<sup>12</sup> <https://www.washingtonpost.com/news/morning-mix/wp/2014/11/14/the-malthusian-roots-of-indias-mass-sterilization-program/>



All of the government's methods for increasing sterilisation rates have been tried and evaluated previously. In the state of Kerala, for example, the "vasectomy camp" technique began in 1971, with camps built up in open fields or school buildings and patients treated in an assembly line fashion. It was also the first time that government employees other than those from the health department were in charge of organising family planning events. Although vasectomy was elective in 1971, it was imposed in 1976, the second year of the Emergency. In fact, local officials pushed individuals aboard buses and drove them to sterilisation camps. Similarly, instead of health-care employees, all high-ranking government officials were "motivating" individuals to get sterilised. District development officers, police superintendents, village council members, tax collectors, local leaders, and teachers were among those who participated<sup>13</sup>.

Kerala and Maharashtra also incorporated positive and negative incentives. People in Kerala were paid nearly a month's pay to be sterilised. Employees' wages and loan approvals, on the other hand, were withheld until they were sterilised. During the Emergency, such behaviours were observed in a number of locations around the country. In Rajasthan, for example, persons with more than three children were barred from having government jobs unless they were sterilised. Teachers' pay checks were withheld in the state of Uttar Pradesh unless they were sterilised.

Even before the Emergency, the Indian government used targets to carry out birth control initiatives. These goals, however,

were not strictly implemented. After the State of Emergency was imposed, governmental authorities in each state were set objectives to meet, which they had to do through a variety of strategies.

Health officials, for example, were not paid until they had completed their sterilisation quota. Teachers and police officers were also given quotas, and their incomes were depending on how many individuals they could persuade to undergo sterilisation. The number of sterilisations climbed from 1.3 million in 1975 to 2.6 million in 1976 and then to 8.1 million in 1977 as a result of strict enforcement tactics<sup>14</sup>.

## VII. THE PRESENT SITUATION

*When we are no longer able to change a situation - we are challenged to change ourselves.*

*-Viktor E. Frankl*

India has always had a high level of population control violence. The poor and needy are assumed to be helpless, with the notion that the poor are poor because they have too many children to feed, whereas the wealthy can afford to avoid forced sterilisation. According to a United Nations report issued last month, India is expected to overtake China as the world's most populated country by 2027. During the years 2013-2014, India performed up to 4 million sterilisations, with less than 1,00,000 of these procedures performed on men. Up to 700 people died as a result of botched procedures between 2009 and 2012. Despite advances in technology and updated safety precautions

<sup>13</sup> Gwatkin, "Political Will and Family Planning."

<sup>14</sup> V. A. Pai Panandiker and P. K. Umashankar, "The New Politics of Population: Conflict and Consensus

in Family Planning" in "Fertility Control and Politics in India," *Population and Development Review* 20 (1994): 89-104.



for executing safe sterilisations, the rush to reach imposed quotas persists.

A 2014 instance in Chhattisgarh showed the sterilising facilities' still-dangerous circumstances. At a government-run health camp, eleven women died as a result of tubectomies. According to witnesses, a doctor and his helper operated on 83 women in little under six hours, all of them were from underprivileged homes. The women were given a monetary reward of \$20. After then, the surviving was treated at three separate hospitals.

The fact is that males are not as active in family planning programmes as they should be. According to data from the Ministry of Health and Family Welfare, the male to female sterilisation ratio was 1:52 in 2016-17.

It is more important than ever to shift the storey around family planning in general, as well as the prejudices that become defining narratives. The poor are impoverished not because they have too many children, but because they lack a basic income, rely on agriculture when agriculture fails due to a failing environment, and have no failsafe mechanism in place when this happens. There has to be a greater effort made to recruit males into these programmes, whether as patients or educators.

### VIII. CONCLUSION

*Peaceful demonstrations are essential to our democratic system. Unfortunately, some individuals have engaged in unlawful and dangerous activity, including arson, rioting, looting, and damaging public and private property.*

*-Ted Wheeler*

Acknowledging that forced and coerced sterilisation of women is basically a violation of the anti-discrimination law is a critical first step toward ending the practise. It is probable that litigators, non-governmental organisations, and judicial officials will be better able to abolish the practise if they are cautious in the claims they make and remedies they issue. At around this time, India has a population of 1,380,004,385 people, accounting for 17.7% of the world's total human population. Population control is a vital policy that we must follow - both for the sake of people and the nation as a whole. Mass sterilisation, on the other hand, is not the answer to the problem. Instead, India must work to improve its health-care infrastructure. Furthermore, especially among the poor, education and knowledge regarding the population rise are critical.

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