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Contesting Reproduction: Gender, the State and Reproductive Technologies in India

Navsharan Singh

**A thesis
submitted to the Faculty of Graduate Studies
in partial fulfillment of the requirements
for the degree of**

Doctor of Philosophy

**Department of Political Science
Carleton University
Ottawa, Canada
June 1998**

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acceptance of the thesis,

**CONTESTING REPRODUCTION:
GENDER, THE STATE, AND REPRODUCTIVE TECHNOLOGIES IN INDIA**

submitted by

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in partial fulfilment of the requirements
for the degree of Doctor of Philosophy

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Abstract

This dissertation is a narrative of Indian women's experience with intervention in their reproduction. This intervention ranges from birth control during the colonial period, to assigned reproductive responsibilities during the nationalist struggle, to population control in post-colonial India, to bearing male children for the patriarchal family, to name but a few. This dissertation demonstrates that in India, women's reproduction is linked to the interests of the nation, the states, international agencies and the patriarchal families which control women's reproduction. The underlying argument is that the conflation of economic development and population numbers fundamentally alters how women's reproduction is viewed in India. The Indian state sees population growth as a threat to the social and economic order and, because it declares the achievement of 'development' as the basis of its own right to rule, it supports patriarchal control of reproduction despite political and constitutional commitments to gender equality. State policies of population control articulate at various historical junctures with local patriarchal practices which as a result acquire new forms. In this process the Indian state is assisted by Western states and international agencies. This dissertation also demonstrates that reproductive technologies, which many women in the West welcomed as a "defining moment in history", and as liberating and empowering, meant more state and patriarchal control for women in the 'Third World'. It argues that whether reproductive choice through reproductive technologies is empowering or disempowering is decided in the realm of the politics of reproduction - in the discursive and institutional practices in which reproduction is represented and new threats (of population explosion, for example) and new roles are identified and contested. This dissertation shows how women in India are organizing against coercive practices of population control which are pushed by states and agencies in the name of reproductive freedom and 'choice'. In multiple activities and complex practices women are building a movement for gender-just reproductive rights where women's bodily integrity and women's own control over their reproduction and life-situations are central to this politics.

For my mother

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INTRODUCTION

In all dominant discourses on sex-gender distinctions, reproduction is seen because of its assumed natural character, as a constant and atemporal phenomenon - part of biology rather than history. The availability, in the 1960s, of new technologies of birth control on a potentially universal scale made some feminists in the West optimistic about the technical potential of reproductive technologies in transforming the mode of reproduction. They believed that reproductive technologies, with their potential to make childbearing totally voluntary, could alter fundamentally the social significance of reproduction. These feminists believed that so long as reproduction remained a natural phenomenon, women were bound in a cycle of social exploitation in which they could not control a large part of their lives. Once childbearing became totally voluntary, however, they assumed it need no longer be the sole or ultimate vocation of women but simply one option among others.

Thus in the 1970s, many Western feminists welcomed new reproductive technologies as promising starting points for women's project of controlling their reproduction and freeing their sexuality. They saw in reproductive technologies the technical potential for women to control their reproduction. Socialist-feminist Juliet Mitchell, for example, celebrated the availability of the Pill as she claimed, "at last the mode of reproduction could potentially be transformed".¹ She argued that reliable contraception made possible the dissociation of sexual from

reproductive experience, which all bourgeois ideology tried to make inseparable, and so threatened bourgeois ideology's *raison d'être* of the family as a social institution. The dissociation of reproduction and sexuality freed women's sexuality from alienation resulting from unwanted reproduction and freed reproduction from subjection to chance and uncontrollable causality.² Shulamith Firestone also welcomed new reliable reproductive technologies which potentially provided women greater control over their reproduction. She proclaimed that women's liberation demanded a biological revolution to free women from the "tyranny of reproduction" by every possible means and the sharing of the child-rearing role by the society as a whole.³ She claimed that before the advent of modern birth control, women were at the mercy of their physiological makeup: menstruation, menopause, "female ills", constant pregnancy, the pain and danger of childbirth, wetnursing and the care of infants - which made women dependent on males. Thus in her view reproductive differences led to the first division of labor, which was the origin of class.⁴

An assumption underlying most of these views was that all women everywhere share an oppression based upon their potential role in reproduction. They underscored the relationship between the oppression of women and female bodies, and linked the struggle for women's liberation, therefore, to

¹ Juliet Mitchell, *Women: the Longest Revolution: Essays on Feminism, Literature and Psychoanalysis* (London: Virago, 1966), p. 32.

² *Ibid.*, p. 33.

³ Shulamith Firestone, *The Dialectics of Sex: The Case for Feminist Revolution* (London: The Women's Press, 1970), p. 193.

women gaining control of their own bodies through access to and control of reproductive technologies. Many feminists in the West thus felt that the availability of technologies of contraception was the "defining moment" in the history of reproductive relations as it signaled a transformation in women's reproductive consciousness. These feminists believed reproductive technologies would usher in reproductive choice, transform the social relations of reproduction fairly directly and so liberate women.

These feminists, however, failed to understand that the social relations of reproduction which they thought would be transformed fairly directly are mediated by specific historical conjunctures. The perception that all women everywhere share a common oppression based on their role in reproduction which can be transcended by controlling reproduction with the aid of reproductive technologies failed to comprehend that reproductive roles are also influenced socially. They also did not anticipate the possibility that reproductive technologies could reproduce relations of patriarchal coercion as they articulate with local patriarchal relations and gender hierarchies and could produce newer, and even more coercive, reproductive responsibilities for women. While in these discourses the potential of reproductive technologies was regarded as contributing to emancipation or empowerment for women universally, many women in the 'Third World' experienced reproductive technologies very differently. In the 'Third World' reproductive technologies did not come as

⁴ *Ibid.*, p. 17.

choice-enhancing options for individual women nor did they free women from the "tyranny of reproduction". They followed a different trajectory with very different implications for women.

In the 'Third World',⁵ reproductive technologies usually are introduced by state-led programs and aid programs funded by Western states which deny individual women's reproductive choice in order to control population. Reproductive technologies are introduced in "family planning" programs whether or not women demand or seek to control their reproduction. The fact that neo-Malthusian and eugenic attempts to control women's reproduction lead to the introduction of reproductive technologies as part of the population control programs, not as part of women's demand for control of their bodies and reproduction, makes the potential of reproductive technologies to transform relations of reproduction for 'Third World' women not very assuring. My project is

⁵ 'Third World' as used in this thesis is not merely a descriptive category but a theoretical construct. I am aware of and sensitive to the fact that 'Third World' (like West) is not a singular entity or an automatic unity. Divisions and alliances on the basis of class, caste, ethnicity and history are internal to it. But 'Third World' as context refers here, as Chandra Mohanty argues, to the colonized countries and peoples whose economic, cultural and political structures have been deformed within the colonial processes. This context also extends to black, brown and yellow immigrants, and the indigenous peoples in North America, Europe and Australia. The West forms a unity in terms of its hegemonic relation (political, economic and cultural) with the 'Third World' and its representation of the 'Third World' Other. I use 'Third World' within quotation marks in this dissertation because it remains problematic, as it suggests homogeneity and hierarchy, which I want to contest. Chandra Talpade Mohanty, 'Cartographies of Struggle Third World Women and the Politics of Feminism', in Mohanty, Ann Russo and Lourdes Torres (eds.), *Third*

an exploration into these different consequences in the Indian context which have remained unnoticed and untheorized in dominant Western feminist scholarship.

I argue that whether reproductive choice through reproductive technologies is empowering or disempowering is decided in the realm of the politics of reproduction - in the discursive and institutional practices in which reproduction is represented and new threats (of population explosion, for example) and new roles are identified and contested. It is essential therefore to probe the politics of reproduction and the consequences of these negotiations and contexts for women's lives, and for gender relations and ideologies in a particular society.⁶ For most women in India and other 'Third World' women, "family planning" involves neither the emancipatory possibility envisioned by

World Women and the Politics of Feminism (Bloomington: Indiana University Press, 1991).

⁶ Mary O'Brien used the term 'the politics of reproduction' to provide a critique of traditional political thought. Her critique is based upon the nature and difference of male and female experience of biological reproduction, and upon the impact of male reproductive experience on the theory and practice of politics. O'Brien outlined a theory of reproduction which contested dominant mainstream Western philosophy which defined reproduction as a biological process. O'Brien argued that reproduction was not only the material base of the historical forms of the social relations of reproduction, but that it was also a dialectical process, which changed historically. Reproduction, she argued, therefore, is dialectical, material and historical. Mary O'Brien, *The Politics of Reproduction* (Boston: Routledge, 1981). I also use the term to argue that reproduction is political and public rather than "natural" and private. I explore reproduction, not as its biology, but as its institutional and discursive representation, and to show how reproduction articulates with nationalist, state, and international discourses and patriarchal relations to produce different meanings for women in India.

many Western feminists, nor genuine freedom of reproductive choice. I demonstrate in this thesis that in India women's reproduction is linked to the interests of the nation, the states, international agencies and the patriarchal families which control women's reproduction. My project includes identifying the sites and concrete processes whereby control over Indian women's reproduction is regulated by different social interests. By exploring various sites of control, I demonstrate how regulatory mechanisms operate and define women's reproductive "choices", and how reproduction is construed and with what implications for women. At the same time, I also explore how women organize and contest these controls to gain freedom for themselves. I argue that issues in women's liberation are constructed in feminist politics embedded within their location and building from their own experience.

India was the first post-colonial state to adopt a policy of population control by means of a family planning program in 1951-52, four years after India gained independence from British colonial rule following a protracted nationalist struggle. Indian nationalism was peculiarly contradictory and paradoxical. It generated in the popular imagination a powerful argument for *Hind swaraj*, self-rule, by defining the nation against the nonrepresentative colonial power and trying to build a nation to claim a state. In this process it constructed women as symbols of the nation. The nationalist movement generated a narrative of a "strong motherland" and engendered new reproductive obligations for women who were to bear healthy children for a healthy nation. It manipulated understandings about reproduction in its narratives of "national aspirations",

"national goals" and the "nation's strength", such that new controls were defined for women. This construction of women only as mothers of the nation and not as citizen subjects placed their reproductive capacities, as Catherine Hall says, at the centre of their service to the nation.⁷

The post-colonial Indian state did not intervene in civil society to restructure traditional civic identities. Consequently women remained dependents even when they gained many political and legal rights. In the political project of the post-colonial state, the family was accepted as a private domain in so far as the autonomy of men was concerned who have social control over women which is still regulated by religious communities' "Personal Laws". The same state thought nothing of interfering in reproductive decisions of the family when it came to "family planning". The state slowly built policies of population control as it conflated population numbers with development in order to legitimize efforts to control women's reproduction to serve the "needs" of the nation and the state. Population control was to be achieved through family planning with the use of the new birth-control technologies. Family planning policies targeted women, and at times poor men, as the "vehicles" of a successful program in which "success" was defined in terms of curbing birth rates at any cost. By making women the targets of its population-control program and by forcing invasive technologies of fertility control on women, the

⁷ Catherine Hall, 'Gender, Nationalism and National Identities', *Feminist Review*, (No. 44, 1993), p. 100.

state affected women's reproductive autonomy and reproductive consciousness negatively.

International politics directed at the 'Third World' constructed as it were with a neo-Malthusian preoccupation with population numbers also had a deep impact on women's reproductive freedom. In India, as in many other countries, the design and execution of population policies have been influenced heavily by the domestic and foreign policies of the United States. In the 1950s, for the first time, 'Third World' population control became an important part of the foreign policy of the U.S. Since then population control policies and programs have been advanced directly through bilateral assistance to 'Third World' governments and "cooperating" NGOs and influenced indirectly through USAID-funded population research centers, consulting firms, family planning NGOs and agencies such as the World Bank.⁸ These programs urge reduction in 'Third World' birth-rates as a weapon against poverty and as a tool in economic development. Research into reproductive technologies of fertility control and their application is also heavily funded through these programs. In India, as in

⁸ Since 1961, United States foreign assistance in the areas of population, family planning, and health has been provided under the authority of Foreign Assistance Act (FAA), a federal law. While noting that 'large families in developing countries are a result of complex social and economic factors... as well as the result of lack of effective birth control', the FAA authorizes foreign assistance for voluntary family planning "in order to increase the opportunities and motivation for family planning and to reduce the rate of population growth...". Center for Reproductive Law and Policy, 'Towards Greater Accountability: U.S. International Law and Policy on Reproductive Rights', *Reproductive Freedom at Home and Abroad*, March 31, 1994).

rest of the 'Third World', women's reproductive decisions are thus controlled not only through national family planning projects, they are also regulated through the mechanisms of aid and international concerns of "high politics".

With no democratic patterns emerging in gender relations the patriarchal family in India also has a strong hold on women's reproductive decisions. A woman not only has to bear children to prove her fertility, she has to produce the children of the right sex (male) to carry on the paternal lineage. New technologies of sex-selection, fetal sex-determination, and sex-selective abortions generate new structures of patriarchal control over women's reproductive decisions.

In the face of all these appropriations, Indian women's activism aims to place women's reproductive freedom on the nation's agenda but in terms that acknowledge the claims of women. This thesis contributes to this larger feminist project. The potential that reproductive technologies will provide women control of their reproduction by "transforming the mode of reproduction", as Western feminists like Juliet Mitchell wanted to believe, is thus complexly mediated by women's location and negotiation in particular race, cultural, class and gender relations. I argue in this thesis that we cannot understand the politics of reproduction in India either through mainstream, 'stageist', development discourse which blames population numbers for India's 'under-development' nor through dominant Western feminist thought which focuses on reproductive rights as inalienable rights of individual women or as a woman's right to choose in a narrow framework of individual autonomy. Some Western feminists

problematize what they call "new reproductive technologies", while taking for granted the older techniques of controlling reproduction (safe contraception, safe abortion and safe deliveries) best understood within a rights framework and as contributing to women's liberation from the necessity of having babies.⁹ The newer reproductive technologies, by contrast are problematized as contributing to men's greater control over women's reproduction. This framework is not helpful in explaining and understanding Indian women's experience with Indian nationalism, the Indian state and the pressures resulting from reproductive technologies 'old' and 'new' pushed by Western aid agencies. In its place, I present an alternative framework informed by the experiences and struggles of 'Third World' women and especially Indian women.

My research is motivated by a concern for women's emancipation and I argue that reproduction is political and public rather than "natural" and private as feminist practice worldwide has maintained and as women's activism in India displays. I look at reproductive technologies, not at the physiological level, but to show how they articulate with nationalist, state, and international discourses and

⁹ The new reproductive technologies include biomedical intervention in reproduction and broadly technologies which: control fertility (e.g., injectable contraceptives and implants); monitor and control labor and childbirth (e.g., cesarean sections); monitor the quality of the fetus (ultrasound and amniocentesis); and help infertile people to have children who are genetically their own (invitro-fertilization and artificial insemination). These technologies extend to sex selection technologies that are used to select male babies and abort female ones, fertilization outside the womb through fertilization of human egg in a laboratory dish-IVF (in vitro fertilization) and the injection of sperm into the fallopian tube-GIFT (gamete intrafallopian tube transfer) techniques.

patriarchal relations to produce new reproductive responsibilities and controls for women. My purpose is to develop a framework of the social relations of reproduction which will help to conceptualize reproductive freedom in India.

This project documents women's struggles and activism in India for reproductive freedom. This documentation is partially also the result of my own association with democratic women's movement in India which shaped my research interests. In this documentation I bring out the contestatory nature of Indian feminism and explore and make visible women's agency. I want to reject the representation of 'Third World' women as "victims" as they are presented in certain Western feminist writings which are otherwise critical of the use of reproductive technologies for population control in the 'Third World'. I argue and demonstrate that while 'Third World' women may be victims of population control enterprises they are not passive victims. Women's movements in India, through their complex praxis, are reclaiming the historical agency of women wrongfully denied to us in the making of our own history. I argue that women's agency is contextual and that feminist theory will develop only by theorizing from the contexts of 'Third World', women not as victims of a timeless cultural tradition but by placing their agency at the centre of feminist understanding of power and resistance. This requires a framework and methodology which places gender both in a framework of discursive analysis and in relation to specific historical, political, economic and cultural forces. I use a methodology which is sensitive to transformations, subversions and reappropriations that take place within

oppositional discourses and which I believe must be taken into account by an historically informed analysis.

The Research Question

The underlying argument in this thesis is that the conflation of economic development and population numbers fundamentally altered how women's reproduction was viewed in India from the colonial period to the present. The Indian state sees population growth as a threat to the social and economic order and, because it declares the achievement of 'development' as the basis of its own right to rule, supports patriarchal control of reproduction despite political and constitutional commitments to gender equality. State policies of population control articulate at various historical junctures with local patriarchal practices which as a result acquire new forms. In the West, reproductive control and access to reproductive technologies and safe, legal abortion, are women's demands and are an issue of mobilization and feminist activism. In many parts of 'Third World' including India, by contrast, technologies of reproductive control have been forced on women as part of neo-Malthusian agenda of controlling population of the "unworthy". Technologies of birth control are often introduced without women demanding them. Women's reproduction thus comes under state control and the Indian state is assisted in this by Western states and international agencies. Reproductive technologies, which many women in the West welcomed as a "defining moment in history", as liberating and empowering, meant more state and patriarchal control in the 'Third World' assisted by Western states and international agencies' in a new politics of reproductive control. In

state-led and regulated programs, reproductive technologies are used to take women's reproductive decisions away from them, to deepen gender inequalities and to impose new reproductive responsibilities on women, for example, of producing babies of the right sex. Women in India are organizing against coercive practices of population control which are pushed by states and agencies in the name of reproductive freedom and 'choice'. Women's activism in many parts of India is contesting the state policies of reproductive control. In multiple activities and complex practices they are building a movement for gender justice where women's bodily integrity and women's own control over their reproduction is central to this politics. Ironically, then, while many Western feminists struggle to gain access to abortion and see most reproductive technologies as potentially liberating, Indian women organize against state-imposed, coercive programs of population control. How are we to understand both the actions of the state and of international agencies and women's activism in India?

Organization of the thesis

This study is presented in three sections and eight chapters. In the **Introduction**, I introduce my concerns and outline major research questions. **Section one**, which has three chapters, builds the theoretical framework and methodology and explores some concepts used in this study. In **Chapter I**, I elaborate the many layers of the framework I adopt to probe issues in women's reproductive freedom at different sites, why I think they are important, what the

methodological and conceptual issues involved in this probing are and what is the significance of the thesis.

In **Chapter II**, I revisit some feminist theoretical debates which largely originated in the West on bodies, reproduction and reproductive technologies and show how they constructed 'women'. I also examine if experiences of women from different locations entered or informed the Western feminist scholarship and how the 'Third World' women are represented in these debates. Finally, I outline contributions of 'Third World' feminists in defining the feminist agenda for reproductive freedom. In **Chapter III**, I review the Western and 'Third World' accounts of the link between development and reproduction. I explore the post-World War II framing of fertility control in the discourse of international agencies and show how this discourse forms a backdrop for the development and applications of reproductive technology and fertility management. Finally I look at modernization's "population-development conundrum" and conclude that the population-development debate renders invisible the axis upon which it is poised, that of gender.

Section two explores the politics of reproduction at the sites of states and international agencies. In **Chapter IV**, I look at the birth control discourse in colonial India, largely during the nationalist struggle. Here, I consider how the early birth control discourse failed to generate an argument for women's demand for reproductive autonomy and how birth control failed to become a women's issue. I argue that ostensibly gender neutral nationalist claims contributed to a process of social restructuring which simultaneously controlled women's bodies.

I illustrate how the "nation" was a central element in birth control discourse during the nationalist moment and how ideas about reproduction and the particular historical and material context of the nationalist moment affected the assumptions that underlined the colonial and post-colonial policies on birth control.

Chapter V is an (re)interpretation of the "family planning" discourse which uncovers the processes of control and explores how the Indian state regulates women's reproduction in the name of the "needs" of the nation and state. In a detailed account of various phases of the family planning program in India, I explore how the state has affected women's reproductive consciousness, reinforced patriarchal relations of domination and maintained the unequal gender division of power within family and society.

In **Chapter VI**, I probe the practices of the Ford Foundation's modernizing mission to India from the 1950s through the early 1970s. I not only focus on the intentionality of this agency, but also the techniques and mechanism of its actual operation in projects administered in India. I look at how the mission engendered meanings about social reality, how it manipulated understanding about reproduction through developmental, scientific, cultural discourses and through its sheer position of power. I revisit the site of international agencies' practice in a USAID-led mission to India in the 1990s. A new thinking emerged in the 1990s, assisted as it were by the rise of new forces, a massive restructuring of international economic relations and the internationalization of the state. These processes also inaugurated new ways of international

agencies' intervention in the 'Third World' accompanied by a reordering of the state-society relations. I explore the implications of these changes for the reproductive autonomy of women in India.

Section three explores how new reproductive technologies aid to reproduce relations of patriarchal coercion. By looking at some specific new reproductive technologies I illustrate how they elaborate new structures of control over women's reproduction. At the same time I demonstrate how these controls are contested in women's struggles. In **Chapter VII**, I explore the technology of fetal sex-selection and sex-determination and argue that the new relations of control are not just a new form of the "traditional" patriarchal control as is sometimes argued. Instead I show that the new relations of control emerge from the articulation of new reproductive technologies with the existing patriarchal practices. I look at the complex and gendered relationship among patriarchal practices, the hegemonic discourse of overpopulation and the new reproductive technologies as they relate with each other such that each is modified as the result of this practice.

In **Chapter VIII** I explore the nature of contemporary women's movements and activism in the area of reproductive rights in India. I look at how resistance is built into the processes of control and how patriarchal reproductive control is contested through women's struggles. Through political struggles, women are contesting unequal power relations. Contemporary women's movements and activism in India are seeking to (re)claim control over their sexuality and

reproduction through newly emerging discourses and various movements for reproductive freedom. I explore the nature of these movements.

In **Conclusion**, I revisit my thesis, the research questions and present my conclusions in the light of the discussion spread over the previous chapters. I look back at the discussion and see what this project accomplished. I conclude that the control of women's reproduction and freedom from control are deeply embedded in local histories. Women's reproductive control in India acquires different forms mediated as it is by its specific historical conjuncture. Different issues in the history of women's reproductive control range from motherhood at the centre of women's service to the nation during the nationalist moment to controlling reproduction for national development to bearing male children for carrying out the lineage of the patriarchal family. This articulation provided the distinct conjuncture of reproduction question in India. I conclude that if we do not understand the sexual politics of nationalism, the state and international agencies in India, we do not understand women's reproduction in India.

Section One
Theoretical Debates

CHAPTER I

A Theoretical Framework and the Methodological Approach

Indian women's experiences with intervention in their reproductive freedom range from birth control during the colonial period, to assigned reproductive responsibilities during the nationalist struggle, to population control in post-colonial India, to name but a few. This shows that far from a "natural" process that unfolds in the private domain, reproduction is a social and political process involving contests over the means, the ends and the meaning of childbearing. Women and their bodies are usually the objects of these contestations.

My project explores the various aspects of reproductive technologies as they unfold in India, articulating with local history and patriarchal practices, having ramifications for women and gender relations in India.¹ Examining the discourses of nationalism, 'population explosion', and cultural preference for male progeny, I look for specificity and meaning of reproductive technologies in India under the burden of these discourses and the different ways in which they are deployed. I illustrate that the birth control debate as framed during the colonial period and the nationalist struggle impacted on women's reproductive

¹ "Local" here is not defined by geographical boundaries but is understood as a specific social space in which social meanings are informed and adjusted through negotiation and interaction. Local thus means heterogeneity in daily practices. See, Elspeth Probyn, 'Travels in the Postmodern: Making Sense of the Local', in Linda J. Nicholson (eds.), *Feminism/ Postmodernism* (New York: Routledge, 1990), pp. 176-189.

consciousness and autonomy and laid the basis for how women's sexuality and fertility were to be regulated in post-colonial India.

Reproductive technologies, like other technologies, are cultural objects enmeshed in social, political, and economic systems. They articulate with local patriarchal practices to produce new meanings from a particular articulation. Reproductive technologies also reveal the workings of social relations. This is as true of sex-selective abortions as of population control machinery which switched after 1975 from male to female sterilization in India. I explore knowledges of reproductive technologies whether "old" or "new" at various sites: in colonial discourse, in the nationalist discourse, in the "population explosion" discourses of the Indian state and international agencies, in feminist discourse, and in the Indian women's movements, to explore how the politics of reproduction develops out of existing attitudes about reproduction, motherhood and gender practices. Throughout, I move between past and present, viewing the colonial past and its legacy through the lens of feminist social history to see how the issues of reproduction and sexuality are played out in present contestations over gender meanings.

In what follows, I discuss the contours of this multilayered framework elaborating some of the concepts used, the methodological questions, theoretical standpoints and conceptual issues as I contextualize the politics of reproduction in India.

Gender and Sex/Gender System

The historicization of gender in different political and economic contexts distinguishes this study from works which map naturalized and homogenized gender systems onto all locations, making it part of the revolt of "situated" against "disembodied knowledge".² Underlying the issues in reproductive control are the concepts of gender and sex/gender system. Following Kumkum Sangari and Sudesh Vaid, Aihwa Ong and Michael Peletz, Chandra Mohanty and others,³ I argue that sex/gender domination is not fixed. Sex/gender systems articulate with, and are constituted by, other hierarchized domains like family, class, civil society, nation and the transnational arena which are in turn affected by the interplay of reproductive technologies. For instance, a woman's sex determines that she can give birth but how gender is constructed in Indian society at present demands that the product of her reproductive labor should be male. The widespread availability of sex-determination and sex-selection technologies since the 1980s ensures that the probability of a male child is virtually complete. A woman who now starts pregnancies and aborts fetuses repeatedly until she conceives the "right" sex thus experiences not only new

² Donna Haraway, 'Situated Knowledges: The Science Question and the Privilege of Partial Perspectives', *Feminist Studies*, (Vol. 14. No. 3, 1988).

³ Kumkum Sangari and Sudesh Vaid, *Recasting Women: Essays in Colonial History* (New Delhi: Kali for Women, 1989); Chandra Mohanty, 'Cartographies of Struggle: Third World Women and the Politics of Feminism', in Chandra Mohanty, Ann Russo and Lourdes Torres (eds.), *Third World Women and the Politics of Feminism* (Bloomington: Indiana University Press, 1991); Aihwa Ong and Michael Peletz (eds.),

reproductive responsibilities, but a total intrusion into her sex role, mediated by gendered social demands assisted by the technologies of sex-selection.

The underlying assumption of this argument is that gender (both femininity and masculinity) is socially constructed and influenced by the contexts created by different powers and hierarchies. Reproduction is a complex element of sex/gender systems. It is imperative, therefore, to pay attention to local practices of patriarchy and control, and to consider, how matters of reproduction and sexuality articulate with historical contexts.⁴ Although all state-led societies are patriarchal, patriarchal practices are not universal but vary significantly. As gender is defined historically and in a multiplicity of ways in different locations, patriarchal practices are constituted and reconstituted in daily ideological and material contexts of (all) societies ordered along sex/gender-hierarchies.⁵ Patriarchal practices are invented and reinvented at different historical junctures

Bewitching Women, Pious Men: Gender and Body Politics in Southeast Asia (Berkeley: University of California Press, 1995), pp. 1-20.

⁴ The term patriarchy is used in a great variety of ways. In contemporary feminist literature it has been discussed, for example, as an ideology which arose out of men's power to exchange women between kinship groups; as a symbolic male principle; and as the power of the father. It has been used to express men's control over women's sexuality and fertility; and to describe the institutional structure of male domination. It has been also defined as the sexual hierarchical ordering of society for political control. For a comprehensive review of the term, see, Zillah Eisenstein and Heidi Hartman, *Capitalist Patriarchy and the Case for Socialist Feminism* (New York: Monthly Review Press, 1978).

⁵ Sangari and Vaid argue that patriarchies are complex and variable. Not only are patriarchal systems class differentiated, open to constant and consistent reformulation, but defining gender seems to be crucial to the formation of classes and dominant ideologies. Sangari and Vaid, *op. cit.*, in note 3, p.5.

as existing meanings of gender-obligations, sex-role and material conditions transform. In the process of contestations, old controls slip away and new controls emerge. It is imperative therefore to pay special attention to how symbols and meanings of gender are produced historically and contested. Underlying the probing of reproductive issues in this dissertation is also a notion that gender is refracted along class lines and also with one's position in social and cultural hierarchy. This underscores the point that location is an important element in the study of gender and forms of contestation are defined and have meaning in particular contexts. Drawing on this insight, I illustrate that gender relations in India, as elsewhere, cannot be considered a fixed system. They are changing because they are comprised of ideologies which are undergoing change. Similarly, newer possibilities of resistance and contestations are also being produced constantly. It is, therefore, important to consider the impact of reproductive technologies by exploring the working of gender at **particular historical junctures** and in specific domains of social life in order to arrive at the different meanings and forms of contestation that various locations produce.

By studying the construction of gender and sex/gender systems as processes contingent on political, economic and cultural systems, state interventions, nationalist ideologies and mobilizations, I challenge essentialized accounts of women's oppression as timeless and unchanging. Furthermore, working through various gendered discourses of nationalism, state and international political economy, also reaffirmed my conviction that these discourses leave an important legacy for contemporary ideological and political

debates about women, culture and tradition. The colonial discourses on India and Indian nationalist discourses on women were gendered knowledges which not only affected how the West saw India and its women, but also affected the self knowledge of Indians. The different axes of my argument are tracing the reproductive debate in history by exploring how colonialism shaped knowledges about the Indian people, how dominant Hindu nationalist thought shaped the reality of all Indian women, and how international agencies, in the aftermath of decolonization, used the same discourses in the service of imperialism. Tacking between past and present, I demonstrate the multiple meanings of tradition, how traditions were "made" and show how imperative it is to historicize the "tradition". This method of inquiry allows me to see how boundaries of sexuality began to be articulated and how patriarchal practices were reconstituted at each of these historical moments, using technologies of reproduction and how they articulated with these discourses.

My concern in this thesis is to identify the sites and concrete processes through which control over women's reproduction is exercised, regulated, and contested by different social interests. Exploring multiple sites of reproductive control involves laying bare the link between forms of reproductive technologies and indigenous patriarchal practices and state policies. Thus I am principally concerned with questions such as how systems of patriarchal power bear on matters such as sexuality, reproduction and sex-selection, how reproductive technologies are enmeshed in these systems and with what implications for women. I document the varied forms of organized political struggles women in

India are waging against coercive efforts to control their reproduction. In these struggles women are articulating their demands, they are giving a name to their experience of sex/gender oppression and reclaiming their bodies from various forms of control. This project is thus also an exploration into counter-hegemonic practices which produce an alternate narrative by contesting control of women's reproduction and asserting women's control over their bodies.

State Politics of Reproduction

One of these sites of reproductive control are "Family Planning" programs. Through these programs the state intervenes to control women's reproduction for the "national goal" of limiting India's population to what are perceived as a "sustainable" level and to raise the levels of national income, without altering the highly inequitable distribution of national resources. I explore family planning policies to see how the Indian state strengthens patriarchal practices and participates in the maintenance of relationships of subordination, marginalization and oppression through deepening control over women's reproductive decisions.

The capitalist state's involvement in sex/gender oppression is an important theme in feminist scholarship, especially in feminist analyses influenced by Marxism. Through the explorations of family, health, social welfare policies, law, and educational institutions, feminist analyses in western contexts have shown that state actions affect and often regulate the ways in which female

and also male lives are constructed.⁶ Most of these studies, however, are based on particular capitalist state's contributions to the oppression of women based on assumptions derived from the specifics of Western case(s) at particular phase(s) of capitalism and based on perspectives rooted in Euro-American history and culture. It is only beginning to be recognized in contemporary Western feminist theory that the subordination of women's interests by states is not uniform even within Euro-American history and culture across time and social formations.⁷ In analyzing the oppression of women, therefore, historical conjuncture is important. A detailed understanding of a particular state's contribution to the oppression of women follows from the analysis of the specific social formation, shifting emphasis away from the "intentionality" of the state to pose questions about its "techniques" and "apparatuses of regulation". The interconnections

⁶ In the western context, Mary McIntosh, for example, argues that state is implicated in the oppression of women primarily through its support for a specific form of household which depends largely upon a male wage and female domestic servicing. Mary McIntosh, 'The State and the Oppression of Women', in Anette Kuhn and Ann Marie Wolpe (eds.), *Feminism and Materialism* (London: Routledge and Kegan Paul, 1978), p. 258; How social welfare policy which is based primarily on preserving the "traditional family ethics" is also central to Zillah Eisenstein's work on the specific efforts of the Reagan administration to restore traditional family values. Zillah Eisenstein, *Feminism and Sexual Equality: Crisis in Liberal America* (New York: Monthly Review Press, 1984); Rosalind Petchesky's study of abortion policy repeats this theme demonstrating how gender ideology and women's lives are deeply etched by state policy on the family and reproduction. Rosalind Petchesky, *Abortion and Women's Choice: The State, Sexuality and Reproductive Freedom* (Boston: Northeastern University Press, 1984).

⁷ Some of this literature is influenced by the thought of Michel Foucault. See, for example, Jane Jensen, 'Gender and Reproduction: Or Babies and the State', *Studies in Political Economy*, (No. 20, Summer 1986).

between local practices of domination and the operation of a structure of patriarchy, thus, cannot be assumed. In each case they have to be established and their discursive commitments revealed by exploring the local sites of its operation. Such a method also makes visible the spaces for resistance to and negotiation with state institutions.⁸

In post-colonial formations, the state is especially important for women. Given the nature of a developmental, interventionist state, women's activism addresses state institutions as women demand changes in existing laws, policies, and rights which affect how women's and men's lives are governed. Since state institutions are not neutral and betray patriarchal biases, Indian feminists do not see the state as their savior. But the existence of some rights mean that appeals can be made to an enforcing authority. In women's demands for rights and recognition, the state is thus pitted against patriarchal practices in many instances. On many other occasions, however the state contributes to deepening gender hierarchies and patriarchal controls by defending, regulating and generating new controls. The state institutions thus constitute an ongoing locale where meanings can take shape through political struggle.⁹ I contribute to the development of this theme by undertaking an inquiry informed by the history and culture of India. Using the case of reproductive technologies, I explore the processes which sustain women's oppression as control over women's

⁸ *Ibid.*

⁹ Jane Jensen and Fuat Keyman, 'Must we all be postmodern?', *Studies in Political Economy*, (No. 31 Spring, 1990), p. 157.

reproduction is enforced. In (re)reading official Indian strategies on population and birth control and examining policy practices, I demonstrate how patriarchal assumptions are embedded in the state's ways of functioning and also how feminists try to use the state to advance their political goals.

In this project, however, I do not try to determine the *cause* of women's oppression which was a concern, especially of western feminism, in the 1970s. Feminists continue to differ substantially as to what this cause might be.¹⁰ My concern is with unraveling the processes in which sex/gender systems are constructed as patriarchies are invented and reinvented.

¹⁰ Typically, liberal feminists tend to emphasize the power of male bias, irrationality and discrimination and articulate the need for a representation of women in decision making. The implicit or explicit individualism of liberal feminism is contested by socialist and radical feminist alike. Socialist feminists argue that the key problems lie in an economic system that actively benefits from women's oppression. Their analysis stresses exploitation rather than sexist prejudices, the structure rather than the individuals who operate within it. Against this, a typical radical feminist view stresses not capital but man - not men as semi-innocent agents of capitalist oppression, but men as the ones who get the better deal. Radical feminists also believe that women are oppressed by men as part of a universal sex/gender system maintained by culture, economic and political power and coercion. They hold that women were the first oppressed group and that patriarchy is a universal system in which men have always oppressed women on the basis of women's sexuality and reproductive capacity. See Alison M. Jaggar, *Feminist Politics and Human Nature* (Sussex: The Harvester Press, 1983), especially chapters three and seven for an excellent explication of liberal feminism and critiques of it; Heidi Hartman, 'The Unhappy Marriage of Marxism and Feminism: Towards a More Progressive Union', in Lydia Sargent (eds.), *Women and Revolution*, (Boston: Southend Press, 1981); Jill Vickers, *Reinventing Political Science: A Feminist Approach* (Halifax: Fernwood Publishing, 1997), pp. 38-39.

The Politics of International Agencies

Another site of reproductive control is the programs carried out by international agencies. The role of these international agencies in public policy has always attracted controversy, with depictions ranging from disinterested benevolence to malevolent manipulation linked with tax avoidance and redistribution of money to elite institutions. During the 1970s, as the Gramscian notion of hegemony acquired attention within the study of International Relations, the role of international agencies began to be viewed afresh. Recently, there have also emerged feminist critiques which have explored the gendered nature of international agencies' practices.¹¹ This literature has largely been written from the vantage point of the West, however, and ontologically privileges the Western subject. Western scholars coming from these different perspectives tend to concentrate on the centre(s) of power in Western countries - agency, foundation or organization 'headquarters' - and the analyses often view events happening in the West as determining of global realities. Such analyses fail to observe or recognize the non-Western contexts. The daily tragedies, the contestations and

¹¹ See, for example, Sandra Whitworth, *Feminism and International Relations: Towards a Political Economy of Gender in Interstate and Non-governmental Organizations* (London: Macmillan, 1994). How gender equality goals are met in the international agencies like the World Bank, ILO, and the United Nations is also a subject matter of feminist exploration. See, for example, Raunaq Jahan, *The Elusive Agenda: Mainstreaming Women in Development*; (London: Zed Books, 1995); Carol Miller, *Gender Mainstreaming* (Geneva: United Nations Research Institute For Social Development, 1995); Hilkka Pietila and Jeane Vickers, *Making Women Matter: The Role of United Nations* (London: Zed Books, 1996).

resistances of the host communities are most often either missed or are ignored as inconsequential in defining the 'global agenda'. This very method of knowing not only neglects or overlooks the possibility that there is a great deal more to the construction of reality than what happens at the 'centre', the power at the centre is also reified.

In this project, I address this conceptual silence as I explore how the politics of international agencies affects the politics of reproduction in India. I focus on the Ford Foundation's population assistance mission to India between 1952 and 1971 and a recent USAID population project. By uncovering the various layers of power, I illustrate how the relations of power embedded in the "technical assistance missions" are far more complex than a superficial reading of the assistance reveals. India has been a host to a number of other international agencies in the field of population control. I choose to look at Ford Foundation for several reasons, primary being the multifaceted nature of its intervention. Ford was the first agency to open a resident mission and with a huge paraphernalia (and some very flamboyant participating actors) to assist India in its national family planning program. But the Ford Foundation assistance was not limited only to assisting official population policy-making. It was spread over many other areas. The aid for population control, for instance, was linked to India's agricultural and industrial policy-making. The Foundation at the same time was funding university and autonomous research bodies to carry out research on human reproduction. The Ford mission was also present in the art

and culture field in India where its stated purpose was to build hegemony for free market ideology by using cultural forms and expressions.

The multiple layers of intervention of the Ford Foundation thus represents a fascinating example of the overseas assistance culture of its time, and a regime of representing 'Third World' subjectivities. This representation, I believe, demands a re-interpretation of the role of agencies' policies in the contemporary period, an area in which critical scholarship is emerging only very slowly. I use deconstruction as a conceptual tool for understanding the relations of power embedded in the practices of the agencies.¹² Based on some of the materials that the mission produced, I also sketch the gendered nature of its intervention advancing my general argument about the multiple sites of control of women's reproduction in the Indian context.

The case of USAID-funded project, 'Innovations in Family Planning Service' (IFPS), the second case at which I look, is important at a different level. The IFPS project illustrates the nature of the international intervention on the population front in the 1990s, at the beginning of the new state-society relationships emerging in the wake of globalization of economic processes in 'Third World'. The Government of India in 1992, signed an agreement with USAID to intervene in the Indian state of Uttar Pradesh to bring the fertility rate

¹² I use 'deconstruction' as V. Spike Peterson applies it to feminist analysis, to reveal ethnocentrism in empirical studies, and in theoretical perspectives; locating "invisible" actors and incorporating the experience of Others in knowledge production. V. Spike Peterson (eds.),

down with the help of non-governmental action and organizations. Unlike the Ford Foundation mission which was mandated to assist the official program of family planning, the new mission rejects the state and favors non-state actors as vehicles of change and emphasize the role of non-state actors. I will elaborate this "new conditionality of international agencies' intervention in the new order in Chapter VI.

In the new rhetoric of globalization, the burden of changing the social and economic structures of societies is increasingly placed on civil society, the latter being equated with the domain and activity of non-governmental organizations (NGOs).¹³ Within the liberal traditions in social science, there is a general celebration of the transformative potential of civil society and global civil society actors.¹⁴ These approaches overlook the implicit relations of power which shape the actions of NGO actors, however, and do not see NGO projects within the contexts of larger relations of state, society and international political economy. The case of IFPS, besides illuminating the new concerns about 'Third World' women's reproduction, illustrates the problem with this tendency to romanticize the activities of NGOs.

'Introduction', in *Gendered States: Feminist (Re)Visions of International Relations Theory* (Boulder: Lynne Rienner Publishers, 1992), p. 6.

¹³ Mustapha Kamal Pasha, 'Globalization and Poverty in South Asia', *Millennium: Journal of International Studies*, No. 3, volume 25, 1996), p. 638.

¹⁴ For an excellent critical review of these positions, see, Laura Macdonald, *Supporting Civil Society: The Political Role of Non-Governmental Organizations in Central America* (London: Macmillan Press Ltd., 1997), pp. 15-19.

Grassroots Mobilization and Issues of Women's Agency in India

In this exploration of the nature of the contemporary women's movement for reproductive freedom in India, I discuss women's agency, report on feminist activity and explore contemporary critical debate on the issue of reproductive freedom. In recent years, the question of agency has become important for feminist theory. By understanding and exploring agency in the context of feminist struggles for freedom against control of their reproduction, my attempt is to advance the current feminist discussion. In exploring feminist responses to controls over their reproduction and sexuality, I locate agency in relation to a wide variety of activities from wall writing to sharing experiences of reproductive violence, from feminist consciousness-raising workshops to mobilizations against reproductive violence and abuse. I locate the contemporary struggles for reproductive freedom in an interpretive history of the women's movements in post-colonial India which began to emerge in the late seventies.

Historically, the left political parties in India provided an important platform for channeling discontent not only during the anti-imperialist struggle but also in the aftermath of decolonization. The organized left inspired numerous peoples' struggle such as the heroic struggle of peasants in Telengana on the issue of tenancy reforms in 1950s, the peasant revolt of Naxalbari in the late 1960s, and the radical student and peasant movements in different parts of India in the 1970s. From the mid-seventies, however, other perspectives which reflected dissatisfaction and often disillusionment with the organized left, began to influence intellectual and political discourse. One perspective from within the left

challenged the Leninist notion of a vanguard party based on 'imputed' consciousness which was brought from the outside to the working class and not seen as embedded in the dynamics of the working classes. This perspective stressed the 'subaltern consciousness' locating socialist consciousness within the internal dynamics of subaltern consciousness.¹⁵ Many historians began to turn to themes of subaltern consciousness "unadulterated" by the outside interference of organized political parties during periods of rebellion. At a different level, non-party, grassroots social formations began to be stressed.¹⁶

During the 1980s, with the disintegration of the Soviet-type economies of the East Europe and a disillusionment with the traditional organized left, which supported the official positions maintained by the Communist Party of Soviet Union or the Communist Party of China, the radicalization of people often took

¹⁵ Within academia this perspective is represented by the Subaltern Studies group. Subaltern Studies was a new project of historical research initiated by a group of historians in late 1970s with an aim to promote a systematic and informed discussion of subaltern themes in the field of South Asian Studies "to rectify the elitist bias characteristic of research and academic work in this particular area". The contributors to Subaltern Studies focused attention on what Gramsci called the subaltern classes and their condition and re-examined well known historical events and themes in this more rounded perspective. See, for example, Ranajit Guha (eds.), *Subaltern Studies: Writings on South Asian History And Society*, Vol. I - VII (New Delhi: Oxford University Press, 1982-1993).

¹⁶ Rajni Kothari and the Lokayan group popularized the concept of "nonparty political formations", which brought together new women's organizations, nonparty mass organizations and funded "voluntary agencies" to contrast them with traditional left parties and their mass organizations. See, for example, Rajni Kothari, 'State, Classes and Masses', *Economic and Political Weekly* (Vol. 20, No. 5, 1986); 'NGOs, the State, and World Capitalism', *Economic and Political Weekly* (Vol. 20, No. 49, 1986);

place outside the circles of the organized traditional left. This phase saw the spread and strengthening of new grassroots movements. The 1980s new social movements differed from the earlier grassroots movements in terms of the concerns and methods of mobilizations. The new movements were not confined to rural spaces.¹⁷ The new activists largely came from the urban middle classes and defined their exploitation and oppression and the system that generated these, in "new" terms.¹⁸

The new movements were concerned with a whole range of activities including education peoples' science, health, environment, and grassroots mobilizations against large national and transnational projects like construction of large dams with consequent displacement of communities, patenting of life forms and plant genetic materials with implication for farmers rights. These were

Transformation and Survival: In Search of Humane Governance (New Delhi: Ajanta, 1988).

¹⁷ The earlier network of Gandhian grassroots movements which were active during the freedom struggle and where they played a vital role were rural based. In post-colonial politics, however, these rural units slowly became routinized and ceased to be transformatory in nature with their role confined to generating subsidiary employment opportunities for the poor with the help of limited state funding.

¹⁸ For a detailed analysis of the "New Social Movements" in India, see, for example, Gail Omvedt, *Reinventing Revolution: New Social Movements and the Socialist Tradition in India* (New York: An East Gate Book, 1993); Achin Vanaik, *The Painful Transition: Bourgeois Democracy in India* (London: Verso, 1990), especially pp. 195-205; Harsh Sethi, 'Groups in a New Politics of Transformation', *Economic and Political Weekly* (Vol. 19, No. 7, 1984); A. Gunder Frank and M. Fuentes, 'Nine Theses on Social Movements', *Economic and Political Weekly* (Vol. 22, No. 32, 1987); Pramod Parajuli, 'Power and Knowledge in development discourse: new social movements and the state in India', *International Social Science Journal* (No. 127, 1991), pp. 173-190.

issues not addressed by the earlier rural-based grassroots organizations and treated as subsidiary to class or the class struggle by the organized left. Though many of the activists in these movements had strong sympathies with the radical left and, in certain cases, these groups were consciously formed as fronts for radical left groups, in the process of the institutionalization and expansion of their activities, they became ideologically independent and more broad-based in their support, composition, programs and activities.

Women's movements are a vital part of this mobilization. Contemporary women's movements in India are also allied with democratic movements of other oppressed peoples. Women's groups have been at the forefront in the mobilizations against communalism,¹⁹ against policies of structural adjustment, against communal riots, against new regimes of trade and intellectual property rights, and for peasants' demands. Women's activism for reproductive freedom is located in this larger story. Women's activism makes it evident that women not only bear the brunt of coercive population control policies but also share with all other oppressed people the hardships inflicted in the name of structural adjustment programs, privatization, "free market", differentiation in agriculture and debt. In this thesis I weave together the many "layers" of feminist politics in

¹⁹ In the Indian social and political conditions communalism has meant antagonistic assertiveness in political, social and economic spheres by one aggregation of individuals against another after being organized along religious, caste or other ascriptive lines. See, for example, Pramod Kumar, Bhupendra Yadav and Atul Sood, *Communalism: Towards A Framework of Analysis* (Chandigarh: Centre for Research in Rural and Industrial Development, 1986).

India drawing upon feminist contributions such as in the fields of political science, political economy, history and women's studies. I argue for rewriting the Indian history of reproductive control and struggles for freedom based on the specific locations of histories of contestation(s) of women in these locations. In arguing for rewriting of our history, however, I do not want to locate Indian women in *an* "Indian culture" and a timeless tradition. I argue that women are constructing their story within the existing history and to recognize this, it is essential to problematize the (colonial) constructs of culture and tradition.

The (Colonial) Constructs of "Culture" and "Tradition"

With cultural studies acquiring a position of prestige, especially within the Western academia, an important lesson to be learnt is to be suspicious of primarily cultural explanations of social phenomenon. Looking at "cultural" accounts of women's oppression in 'Third World', it is evident that many cultural studies scholars implicitly assume that in studying gender relations, a political analysis of dependent relationships and larger historical configurations is not required. Clearly, it is easy to overlook the issues of neo-colonial dominance and produce cultural explanations without having to encounter questions of power. This privileging of culture often disregards any analysis of structural exploitation and domination. What results is thus "an erasure of history", class and unequal distribution of global power and resources.²⁰ In looking at the

²⁰ Chandra Talpade Mohanty, 'Feminist Experience: Locating the Politics of Experience', in Michele Barrett and Anne Phillips (eds.), *Destabilizing*

various meanings around women's reproduction within the cultural milieu of India, I interrogate the cultural practices and 'traditions'. In doing this the insights drawn from postcolonial studies are helpful. The practice of female infanticide, for instance, which is often cited as a 'tradition' in explaining the present day female foeticide practice, I argue is a colonial discourse.²¹ Some historians of modern India also believe that the social evil of female infanticide which was widely prevalent in some sections of Hindu society in North India in the nineteenth century was effectively suppressed by the British Government towards the end of the nineteenth century.²² They argue that in their policy towards female infanticide the "British government was guided purely by philanthropic and humanitarian aims".²³

This interpretation of colonial history has since been contested and the very ways of knowing the "evils of Hindu society" by the colonial power have been convincingly problematized by postcolonial theorists, subaltern school and

Theory: Contemporary Feminist Debates (Stanford: Stanford University Press, 1992).

²¹ The colonial discourse is defined to mean a mode of understanding Indian society that emerged alongside colonial rule and over time was shared by officials, missionaries and the indigenous elite, although deployed by these various groups to different, often ideologically opposite ends. This mode extended to postcolonial formations as well. See, for example, Lata Mani, 'Contentious Traditions: The Debate on *Sati* in Colonial India, in Sangari and Vaid (eds.), *op. cit.*, in note 3; Aihwa Ong, 'Colonialism and Modernity: Feminist Re-presentation of Women in Non-Western Societies', *Inscriptions*, (Volume 3, No. 2, 1988).

²² See, for example, Lalita Panigrahi, *British Social Policy and Female Infanticide in India* (New Delhi: Munshiram Manohar Lal, 1972); Barbara Miller, *The Endangered Sex: Neglect of Female Children in Rural North India* (Ithaca and London: Cornell University Press, 1981).

feminist historians in recent years. These scholars critique the "colonial discourse" and deconstruct the very "facts" of the colonial historiography. This critique is not based on furnishing alternate "facts" but is based on the argument that those facts themselves have been produced by an *episteme*, a way of knowing that implies a particular view of existence. This *episteme* presupposes a representational view of knowledge which is assumed natural and objective and not a matter for political debate. Tradition, in colonial discourse, is posited as a timeless and structuring principle of Indian society enacted in the everyday practices of indigenous people. Tradition is seen interchangeable for the most part with religion and culture and is construed as essentially idealistic (i.e., apolitical).²⁴ Further, in this account Hindu tradition is seen as based in the false knowledge and inferior practices of "primitivism".²⁵ Critical works have directly engaged the questions of different modes of knowing and their relations to power in "orientalist" representations of the "other". These works have established a space for the production of a new knowledge of India and its people which was denied in the colonial discourse.²⁶ These new narratives challenge the view that colonialism played a historically progressive role in modernizing India.²⁷

²³ Panigrahi, *Ibid.*

²⁴ Ronald Iden, 'Orientalist Construction of India', *Modern Asian Studies*, (Vol. 20, No. 3, 1986), p. 403.

²⁵ *Ibid.*, p. 419.

²⁶ See, particularly the various volumes edited by Guha, *op. cit.*, in note 15; Sangari and Vaid (eds.), *op. cit.*, in note 3; Ronald Iden, *Imagining India* (Cambridge: Blackwell, 1990); and in Iden, *op. cit.*, in note 23.

²⁷ There is a considerable debate among historians and political economists as to whether or not colonial rule produced conditions that were favorable

As I weave together discussion about the sex-selection technology and female foeticide in the 1990s India, I demonstrate that culture is neither timeless nor static but an historically situated construction. Culture, in our case, gender ideologies or the cultural images and values associated with genders - is not external to its bearers. Cultural values are constructions of human agents acting in historical time. This view allows me to question the assumptions that present cultural values are mirror reflection of past practices.

Encountering and Documenting Women's Struggles: The 'Field' Experience

In addition to charting nationalist, state and international agency discourses, this dissertation also documents women's struggles and activism in India for reproductive freedom. A part of the material for this research was collected over the four-year period from 1993-1997, during my several visits to India. During these visits, I visited several organizations whose work I was familiar with or had been reading/hearing about, made new contacts on the basis of literature review and revived my old association with women's groups and activists. The information generated in this process became the basis of including the four groups that I report on in Chapter VIII. Delhi-based *Saheli* and

for the development of capitalism in India. Political economist and historian Amiya Kumar Bagchi argues that colonialism deindustrialized India while some others disagree. See his 'Deindustrialization in India in the Nineteenth Century: Some Theoretical Implications', *Journal of Development Studies*, (No. 12, 1975-76). There has, however, been a broad agreement that colonialism held the promise of modernity and inspired a critical self-examination of indigenous society and culture. See, for example, the contributions in Diptendra Bannerji (eds.), *Essays in Honour of Prof. S. C. Sarkar* (New Delhi: Oxford University Press, 1976).

Bombay-based Forum against Sex-Determination and Sex-Preselection (FASDSP) are the two oldest women's groups and have been at the forefront of women's reproductive rights movement in India. I had been following their activities long before I started this project. These groups and their struggles always inspired me and also shaped my research concern when I decided to do this dissertation. *Mahila Samakhya* and Society for Upliftment Through Rural Action (SUTRA) are two women's NGOs working with rural women. I have been reading of the good work these NGOs are doing in the local press. In November-December, 1996, I visited them several times, stayed at their premises, participated in their daily activities and explored the nature of their work.

While I draw on these groups, explore and make visible women's agency I also draw on literature from feminist historiography, postcolonial studies and feminist political economy, as well as feminist political science. My primary theoretical goal is to contribute to existing ways of 'knowing' the 'Third World', and of 'knowing' feminist agency in the 'Third World', especially India. But this is not an "area study" or "gender in a particular region" account only. The issue is about a way of understanding and a mode of feminist inquiry which is grounded in the relations among gender, class and sexuality at a particular historical location and moment.²⁸ I use a methodology which allows me to place gender both in a framework of discursive analysis and in relation to specific historical,

²⁸ Ong and Peletz (eds.), *op. cit.* in note 3, p. 1-20.

political, economic and cultural forces. The site from which I speak of Indian women is not 'the field' traversed by me during the 'field work months' nor is my study and conclusion solely based on the four groups I speak of in the last chapter. Many sources formed an integral part of this research: newspaper and journal reports about various women, groups and women's activism, the articles and handouts circulated by activists, circulars, pamphlets, appeals, newsletters, investigative reports, meeting minutes, judgments on cases, websites created by women's groups, audio and video materials, which I have been collecting as a testimony of women's agency. These are my texts alongside the rich material that I generated by talking to women activists, reading the texts produced by activists in workshops, in group meetings and in protest meetings, participating in meetings and simply observing activists working. My field work is thus not a 'discovery' to be reported separately in this dissertation. Nor did I go to India, "the field", as a naive researcher, "starting my work with a particular set of hypotheses which were all to be challenged during my research".²⁹ I lived in India and belong there. The 'field' over the years has informed this project. I apply the combined methods and perspectives of historical analysis and feminism to the analysis of reproductive technologies in India. By linking insights on the construction of reproductive control with theories bearing on post-colonial

²⁹ Julie Stephens, 'Feminist Fictions: A Critique of the Category 'Non-Western Woman' in the Feminist Writings on India', in Ranajit Guha (eds.), *Subaltern Studies VI: Writings on South Asian History and Society* (Delhi: Oxford University Press, 1992), p. 96.

formations, I hope to contribute to ways of thinking about and interpreting, more generally, gender and specifically the new reproductive technologies.

I would also like to add an important caveat here. While I talk about 'India' in this project, my examples and analysis deal mainly with the dominant Hindu community, largely in the Hindi-speaking belt of India. I feel that the exclusion of other religious and regional communities as well as marginalized groups (*dalits* and tribals, for instance) is a serious limitation. The geographical scope of this project is another kind of limitation considering the regionally differential practices. However, as Sangari and Vaid argue in the introduction to their celebrated work, *Recasting Women*, no one work or even generalization about Indian women could hope to be representative.³⁰ My work though limited in terms of such representativeness is, however, held together by the framework which allows a space for heterogeneity.

Contributions of the Research

As I argued above, this thesis explores the various aspects of reproductive technologies as they unfold in India, articulating with local history and patriarchal practices. Exploring knowledges of reproductive technologies at different sites, this dissertation uniquely explores how politics of reproduction develop out of existing attitudes about reproduction, motherhood and gender practices. In doing this, it historicizes gender as it weaves a narrative of Indian women's experience with intervention in their reproductive freedom.

³⁰ Sangari and Vaid (eds.), *op. cit.*, in note 3, p. 4.

In looking at the politics of reproduction by looking into various sites where control over women's reproduction is built, this thesis uniquely develops a relationship between reproduction and the mainstream issues of politics. As a matter of 'high politics', birth control was framed according to the conditions of national and international politics until very recently when a strong women's movement worldwide posed a foundational challenge to the demographically-led agendas of the national and international agencies. But the politics of reproduction continues to be excluded from mainstream politics. In analyzing the politics of reproduction in colonial, nationalist, state, international agencies' practices, and in international political economy, and contributing to a way of understanding policy practices, the nature of nationalism, states, the actions of international agencies, patriarchal families, and the multinational corporations in the business of new reproductive technologies, this project contributes to understanding the gendered nature of the 'political'. In accentuating the public rather than the private nature of reproduction, this project delegitimizes the realist and "high politics" concerns of states and makes a claim for gender as a relevant category in understanding the 'political'. It also addresses a conceptual gap in feminist analysis which sometimes either maps naturalized and homogenized gender systems on all locations or perceives that all women everywhere share a common oppression based upon their potential role in reproduction. By applying a framework which conceptualizes social relations of reproduction as mediated by historical conjuncture, this thesis contributes to a novel way of thinking and interpreting reproduction.

Until recently this thesis would not have been considered a "political science" project, since the issues of sex, gender and reproduction were not welcome within the conventional disciplinary boundaries of "political science". As feminist political scientist Jill Vickers argues, the validity of women-centered perspectives and feminist understandings of politics have met with resistance in the discipline.³¹ The boundaries were guarded so carefully in the past that those who tried to sneak such concerns into the disciplines, were shunned.³² It is only recently, as feminists began to redefine political science, that projects such as mine are admitted as valid contributions to the field. I am indebted to the founding mothers.

Conclusion

In Section One of the thesis I am building the theoretical framework of analysis. In this chapter I contextualized the research question and provided a broad framework and methodology within which to understand the politics of reproduction in India. I identified several different sites where control over women's reproduction is built and where it is contested. In the next chapter, I revisit feminist contestations of reproductive issues, first engaged in Western feminism and then evolved through many interventions of 'Third World' women and critiques by women of color. Reproduction has long been a terrain of

³¹ Jill Vickers, *Reinventing Political Science: A Feminist Approach* (Halifax: Fernwood Publishing, 1997), p. 17.

³² Vickers recalls that feminist political scientists such as Mary O'Brien and Angela Miles had to accept employment in the 1970s in other academic fields because their work was not considered "political science". *Ibid.*

political struggle but the new reproductive technologies are changing and extending the issues of struggle. Technologies such as fertilization of human egg in a laboratory dish and injection of sperm into the fallopian tube (called the GIFT-gamete intrafallopian tube transfer-technique) for couples unable to conceive, cloning, surrogate motherhood (commercial or otherwise), and reproductive rights of lesbians are altering, or threatening to alter, at least in the West, the traditional associations between heterosexuality, marriage and reproduction. While they (potentially) extend reproductive choices for many women, they also involve the potential for women to lose control over their bodies and reproduction, face intrusion of the state into more areas of personal life, and the extension of medical and technological control over women's bodies. Furthermore, in a world where population control is often represented as a tool of economic development and "progress" the reproductive abuse accompanying family planning programs raise important questions for feminist theory and practice. The hormonal implants and injectables introduced in the national family-planning programs in 'Third World', forced sterilization and the big business interests in promoting certain techniques such as sex-selection technologies to increase the probability of male babies, for example, are issues which feminist theory and practice has to confront as they reveal contradictions which underlie notions such as 'women's freedom', 'self determination' or the 'right to choose' of

all women in all societies. Feminist scholarship has been exploring these issues for over two decades. In the next chapter in this section, I revisit these feminist debates.

CHAPTER II

Western and 'Third World' Feminists Contest Reproduction and Reproductive Technologies

Masculinity and femininity have much less to do with born difference... besides a biological sex, there is a socio-cultural sex.

Margaret Mead, *Sex and Temperament*, 1935

Nature produced the fundamental inequality... which was later consolidated, institutionalized, in the interests of men. ... Women were the slave class that maintained the species in order to free the other half for the business of the world. ... The first demand of an alternate social system must be the freeing of women from the tyranny of reproduction by every means possible, and the diffusion of the child-rearing role to the society as a whole, men as well as women.

Shulamith Firestone, *The Dialect of Sex*, 1971

"Large mice, average mice, small mice - it was unbelievable - were all visibly pregnant", Edwards (IVF pioneer) wrote. "Excited, we autopsied some of them immediately".

Soon, I knew, describing his actions in therapeutic terms, he would be bombing the ovaries of women. (I) thought: Just as man has a perfect right to probe, puncture and irradiate the bodies of laboratory animals, so may he violate the bodies of women. Both women and animals are objects to be bought, seized, used and discarded.

Gena Corea, "Egg-snatchers" 1984

A reproductive rights perspective puts choice in the context of secure livelihoods, meeting basic needs and women's empowerment and political participation.

Sonia Corrêa, *Population and Reproductive Rights*, 1994

Feminist Body, Reproduction and Reproductive Technologies

Reproduction is central to women's lives. In different cultures and ages women have sought to control their reproductive lives to whatever extent is possible, individually or through collective practices handed down from generation to generation. They developed indigenous techniques to prevent

conception, get rid of unwanted pregnancies, attain voluntary conceptions, deal with situations of infertility, manipulate the sex of fetuses, and devise their own ways of dealing with involuntary childlessness.¹ Control of their reproduction is thus a women's issue even if it is an issue of high politics in the 'Third World'. In the Western world, women's control over their own fertility has been identified as crucial to their emancipation from the late 19th century. In the West, the women's movements and early developments in reproductive technologies opened up possibilities for some women to shape their lives and make active reproductive choices for themselves. These developments in the techniques of birth control were perceived as contributing to women's freedom. As new technologies of reproductive control began to appear in the 1970s, however, while many Western feminists perceived them as choice-enhancing because they gave women more control over their bodies and reproduction (many lesbians and women with disabilities also supported techniques like artificial insemination), others began to experience loss of control over their bodies. Many feminists in the West then became critical of how normal biological processes such as pregnancy, childbirth and also contraception, were increasingly medicalized. They mostly took the older technologies of birth control as given but began to question the implications of new reproductive technologies for women's autonomy, health and freedom.

¹ See, for example, Germaine Greer, *Sex and Destiny: The Politics of Human Fertility*, (New York: Harper and Row, 1984); Alison Dundes

In India, as in other parts of 'Third World', such a division between 'new' and 'old' reproductive technologies does not exist. Both 'old' and 'new' technologies were introduced almost simultaneously for the purpose of population control. The control of reproduction in India thus acquired a different meaning from that being engaged by feminists in the West and reproductive politics emerged in India in the form where women's reproduction came under greater social control. It was only recently, in the last decade and a half, that reproductive freedom became an actively contested issue of feminist politics. Women's activism for reproductive freedom in India involves engaging reproductive technologies and their implication for women in India. In different ways, women's groups are building up a strong and uncompromising movement not only against hazardous technologies of birth control but also against how women are cast as mere reproducing bodies in the practices of state and international agencies. (I elaborate on this in a later chapter). These movements are exploring reproductive technologies and their alleged role in women's autonomy, they are interrogating links between women's reproduction and the politics of development, and they are rethinking 'bodies', reproduction and birth control. In engaging these questions, in trying to understand the dynamics of reproduction, and in learning and unlearning about bodies and politics, they are encountering issues engaged also in feminist politics in the West.

Renteln, 'Sex Selection and Reproductive Freedom', *Women's Study International Forum*, (Vol. 15, No. 3, 1992), pp. 405-426.

Going briefly into the recent history of Western feminist debates, I look at how feminism brought the body, reproduction and reproductive technologies into public discourse. In looking at the Western feminist discourses in the 1960s and post-1960s when reproductive freedom became an integral part of women's movements and birth control and other technologies became available on a potentially universal scale, I explore various standpoints in feminism and where they locate women's reproduction. I follow Western feminist discourses - the broad currents in the debates on 'old' and 'new' reproductive technologies and how these questions are engaged in the political struggles and movements. In doing this, my goal is to see where reproduction is located in Western feminism(s) and what role they perceive reproductive technologies playing in defining women's reproductive freedom and autonomy. In the West, as I explain below, feminist politics, through its critical practice, shaped reproduction as a women's issue contributing to women's struggles against oppression. In contrast, in India, and in other parts of 'Third World', reproduction in public discourse is not a women's issue. Reproduction and its control remains in the hands of population experts as a variable to be manipulated for population control. I explore feminist discourses as they emerge in these different setting and the agendas they set for feminist practice.

With the development and application of reproductive technologies, especially in the field of assisted reproduction, the notion of a 'woman's right to choose'- a slogan developed by feminists in the U.S. during the abortion movement - has become problematic as many feminists seek bans on some

technologies. In discussing various feminist positions, in this chapter, I illustrate how since the 1980s and through the 1990s, feminists continue to debate the role of new reproductive technologies as they expand or curtail choices for women. Feminist positions on new reproductive technologies are by no means unified. Rather they have emerged across different experiences in different contexts, theoretical affiliations and crystallized around different issues. The concerns are also not monolithic and arise from the interplay of several cultural factors and from constant engaging with situations that arise at several different locations. More specifically, in this chapter I explore how feminism as a political praxis construes reproductive freedom, perceives bodies, birth control and new reproductive technologies. This exploration highlights the fact that women's stake in new reproductive technologies is not ordinary. It is linked to how women understand their status, the nature of their oppression, liberation and how reproductive control is central to women's consciousness and gender justice. I also demonstrate how 'Third World' women's challenges to the basically liberal, individual rights-based, white Western accounts arise out of concrete experiences of exclusion. 'Third World' women's critiques do not necessarily emerge from a separate theoretical standpoint nor do they demand a theoretical response. The new narratives of 'Third World' and black women and of other women of color in Western countries are a testimony of the diversity of women's experience.

Bringing the Body Back

Feminist politics and theorizing of reproduction in the West brought the body back into focus. Women struggled to theorize female bodies without reducing them to sexual and procreative bodies only as they debated the many causes and multiple sites of women's oppression. Western feminists scholars revisited the classical philosophical and religious discourses to reinterpret how women's bodies and women as bodies were cast in the academic and popular imaginations. Although Michel Foucault's work is often credited for making the body a favored subject for analysis in contemporary social science, feminist theory had a prior direct influence on the social science bringing bodies into focus. In a more fundamental sense, however, it was the women's liberation movement(s) in many parts of the Western world, which emerged out of the social discontent during the 1960s, which brought the body into politics. Sheila Rowbotham reminisces about these events and her association with the women's movement in the United Kingdom:

Feminists did not sit down in the late 1960s with an agenda on which someone wrote 'bodies: political implications of' but the concern with bodies grew when women sat down in small groups discussing feelings and relationships and turned to how they were regarded by men and by the media and how they experienced bodies.²

Women's right to control their own bodies was one of the basic tenets of the women's liberation movement which gained popular ground in many parts of the West during the 1960s. Control over one's body was seen as an essential

part of being an individual with needs and rights, a concept which was the most important legacy of the liberal political tradition but which had been denied by liberal states and societies to women.

In most Western political philosophy, 'woman' has been associated with the body, and 'man' with the mind, or reason. In cultural stereotypes as well as scientific medical practice, for example, women have been seen and treated as irrationally governed by the dictates of their body whereas men are not.³ This view of women can be traced back to Aristotle and later through the Christian tradition. In the 4th century BC, Aristotle maintained:

...while the function of men is to govern, that of women is to bear children. Even there in terms of reproduction the body is from the female, it is the soul that is from the male, for the soul is the reality of the particular body. [Furthermore] the rule of the soul over the body, and of the mind and the rational element over the passionate is natural expedient; whereas the equality of the two or the rule of the inferior is always hurtful.⁴

Aristotle's work influenced Christian theologians in medieval Europe who accepted this view of women that 'woman is the field in which man plants and ploughs'. Augustine in the fifth century and Thomas Aquinas in the thirteenth, continued to maintain that the function of women is to procreate, but only as a

² Sheila Rowbotham, *The Past is Before Us: Feminism in Action Since the 1960s* (London: Pandora, 1989), p. 61.

³ Dawn Currie and Valerie Raoul, 'The Anatomy of Gender: Dissecting Sexual Difference in the Body of Knowledge', in Currie and Raoul (eds.), *The Anatomy of Gender: Women's Struggle for the Body* (Ottawa: Carleton University Press, 1992), pp. 2-3.

⁴ Cited in *Ibid.* p. 3.

helper in the work of generations.⁵ Seventeenth century political philosopher, Descartes, proclaimed that the mind exists independent of bodily needs and that through the exercise of reason, the thinker could acquire a view of the world which transcends its point of origin. This dualist view of knowledge dominated thinking in western culture. Knowledge achieved through Cartesian reason was thus called "objective".

This patriarchal account of knowledge recently has come under sustained criticism from women-centered perspectives in politics and scholarship. The reclaiming of the female body by feminist scholars challenges the view that sexual difference is the basis of woman's inferiority, revealing instead how 'woman' is a socially constructed category. In feminist scholarship, the term sex designates biological differences between men and women. The supposed emotional and nurturing qualities of women are socially induced differences. By separating nature from nurture, feminists identify the ways in which male-biased knowledge constructs social differences and inequalities between men and women while presenting them as 'natural'.

These questions were popularly engaged during the women's movement of the 1960s, but they were a part of the discourse in the study of social world, where sexual difference had remained crucial in the works of many 'first wave' feminists during the 19th and early twentieth centuries. 'First wave' feminists challenged political theorists who justified the exclusion of women from the rights

⁵ Mary Briody Mahowald, *Philosophy of Women: Classical to Current*

of citizenship by appeals to natural difference. Mary Wollstonecraft's *A Vindication of the Rights of Woman* (1792), for example, was primarily a refutation of the notion that women do not have the potential for rational and moral development. Research done by early feminists and female anthropologists such as Margaret Mead in the 1920's, demonstrated that there is a wide variation cross-culturally in what the social sciences were earlier called "sex roles".⁶ Simone de Beauvoir in *The Second Sex* in 1947-48 developed an understanding of the female body as being more than a biological entity. In the diverse theories used in feminist studies to explain the reasons and/or origins of women's oppression, subordination and exploitation, the body has been central. But it was in women's movements that these questions were popularly engaged as women questioned the idea that differences between men and women were natural, rather than socially constructed and used to justify gender inequality.

Feminists like Betty Friedan questioned the sexual division of labor within the family which was represented by some as "functional", that is, as the most efficient allocation of necessary tasks, given women's childbearing role.⁷ They

Concepts (Indianapolis: Hackett, 1978) cited in *ibid.*, p. 3.

⁶ Margaret Mead argued that feminine and masculine characteristics were largely learnt. By comparing three cultures she came to the conclusion that masculinity and femininity have much less to do with born difference and that besides a biological sex, there is a socio-cultural sex. Margaret Mead, *Sex and Temperament* (New York: William Morrow, 1935).

⁷ Talcott Parson, for example, argued that the sexual division of labor within the American family of the 1950s represented the most efficient allocation of necessary tasks. Labeling the husband's bread-winning and authoritative role "instrumental" and the subordinate role of the homemaking wife "expressive", he argued that these complementary

pointed out how in other areas, such as in the study of history, economics, politics or culture, the activities of men were taken as the norm. Women's experiences were either ignored or portrayed as deviations from the male standards and the question of sexual difference almost never appeared. Mary O'Brien outlined a theory of reproduction which contested dominant mainstream Western philosophy which defined reproduction as a biological process, all body and without mind, and irrational or at least prerational.⁸ O'Brien argued that reproduction was not only the material base of the historical forms of the social relations of reproduction, but that it was also a dialectical process, which changed historically. She argued that the most significant historical change in the reproductive process was not a biological mutation of some kind, but a transformation in male reproductive consciousness, which was triggered by the historical discovery of physiological paternity. Reproduction, she argued, therefore, is dialectical, material and historical.⁹

Feminists also questioned the invisibility of women and negation of their experiences in traditional scholarship. They challenged the notions that their bodies, with all their associations with childbirth, menstruation and the "natural" unreasoning, instinctual world were polluting and that women, unable to ever fully transcend their bodies and their ties to nature, and so were incapable of

roles, although different, were equally fulfilling for adult men and women. Betty Frieden wrote a compelling critique of this argument. See, Betty Frieden, *The Feminist Mystique* (New York: Norton, 1963).

⁸ Mary O'Brien, *The Politics of Reproduction* (Boston: Routledge and Kegan Paul, 1981) pp. 20-21.

achieving pure rationality.¹⁰ Western feminists built a sustained critique of the conception of an abstract rationality as the foundation stone of dominant western understandings of the world. In doing this, feminist scholarship not only unearthed the power-centered character of this kind of reason but also unmasked its gendered nature.¹¹ This scholarship asserts not only that women have minds as well as bodies, but contests the mind/body division.¹²

Underlying the demand for women's control over the bodies is a wide-ranging critique which reconceptualizes the body from a purely biological form to an historical construction and medium of social control, a part of body politics. It challenges the male thought that as the biological is fixed and unchanging, development and change must take place in the public realm of politics where men make history. The implications of these connections among mind, body and politics have proved important for how feminists view sexuality, health, and reproductive technologies.

In feminist theory, however, writers do not agree about biology's role in women's oppression or liberation, nor about the most useful approach towards

⁹ *Ibid.*

¹⁰ Janet Price and Margrit Shildrick, 'Breaking the Boundaries of the Broken Body: Mastery, Materiality, and ME', paper presented at Women's Studies Network (UK) Conference, Portsmouth, U.K., 1994, cited in Tracey Potts and Janet Price, 'Out of the Blood and Spirit of Our Lives: The Place of the Body in Academic Feminism, in Louise Morley and Val Wash (eds.), *Feminist Academics: Creative Agents for Change* (London: Taylor and Francis Ltd., 1995), p. 104.

¹¹ See, for example, Sandra Harding, *The Science Question in Feminism* (Ithaca: Cornell University Press, 1986), p. 25.

women and gender relations. Feminists challenge the patriarchal knowledge base but in the de- or re-construction of women, they disagree on whether sex equality implies sameness or difference. Liberal feminists in the struggles for legal and political equality challenge the patriarchal view that women are irredeemably incapable of reason, emphasizing instead women's unrealized potential in order to achieve male standards. But while they reject patriarchal prescriptions of femininity, they unwittingly adopt the dominant male-centered view of humanity where male behavior is the norm. Others who are not necessarily political liberals, also adopt the 'female body as dysfunctional' view. Simone de Beauvoir, for example, did not agree that biology establishes a fixed and inevitable destiny for women, but she believed that "menstrual cycle was a burden" and childbirth "a fatiguing task of no individual benefit to the woman".¹³ Shulamith Firestone argued that the fundamental dualism in Western thought "sprang from the sexual division of labor itself".¹⁴ Although like de Beauvoir, she admits that this difference of itself does not necessitate the development of a system of inequality, Firestone claims that before the advent of birth control, women were at the mercy of their physiological make up: menstruation, menopause, "female ills", constant pregnancy... all of those made women

¹² See, for example, Roxanne Mykitiuk, 'Fragmenting the Body', *The Australian Feminist Law Journal*, (Vol. 2, 1994), pp. 85-86.

¹³ Simone de Beauvoir, *The Second Sex* (New York: Bantam, 1957), pp. 24-26.

¹⁴ Shulamith Firestone, *The Dialectic of Sex: The Case of Feminist Revolution* (London: Women's Press, 1979), p. 16.

dependent on men.¹⁵ She linked the struggle for women's liberation to control of the female body through the development of reproductive technology. She concluded that the first demand of an alternative social system must be the "freeing of women from the tyranny of reproduction by every means possible, and the diffusion of the child-rearing role to the society as a whole, men as well as women".¹⁶

While feminist theory and politics in many parts of West struggled with the role of biology in women's oppression/liberation, Firestone's vision of liberation through new technologies such as extra-uterine conception did not find many supporters. Their opposition, as we will see below, was due, in part, to the fact that technological development is male-centered and women have been excluded from development of technology. Emphasizing the catastrophic effect on both the social and the physical environment, this feminist reaction against technology has stimulated a strong reaction which emphasizes a return to, rather than a flight from, nature. This opposition to new technologies, however, does not question 'old' birth control technologies like the pill or safe abortion. The opposition is built around new technologies.

The Radical Rejection of New Reproductive Technologies

¹⁵ *Ibid.*

¹⁶ *Ibid.*, p. 193.

Positions involving a radical rejection of new reproductive technologies are based on questioning the neutrality of science. This view sees science as transforming human beings, and particularly women, into objects¹⁷ and new reproductive technologies as enhancing patriarchal and technological control over women by placing control of women's reproduction in the hands of "technodocs" and in men who "envy" women's power to reproduce.¹⁸ From a radical feminist point of view, science is the domination of nature and hence it results in the domination of women whose reproduction presents the forces of nature.¹⁹ This view is also strongly supported by ecological feminism, rooted deeply in radical feminism. Ecological feminism, among other things, maintains that technology, based on the artificial division between an active and a passive principle, has led to the colonization of land and other natural resources.²⁰ Ecofeminists believe that the same active/passive dichotomy applies to women who are colonized and devalued by men.²¹ These feminists thus demand a moratorium on the use of new reproductive technologies.

¹⁷ See, for example, Ruth Hubbard, *The Politics of Women's Biology* (New Brunswick: Rutgers University Press, 1990).

¹⁸ Gena Corea, 'Egg-snatchers', in Rita Arditti, Renate Duelli Klien and Gena Corea (eds.), *Test-Tube Women: What Future for Womanhood?* (London: Pandora Press, 1984).

¹⁹ Robyn Rowland, *Living Laboratories: Women and Reproductive Technologies* (London: Lime Tree, 1992).

²⁰ Vandana Shiva, 'The Seed and the Earth: Women, Ecology and Biotechnology', *The Ecologist*, (Vol. 22, No. 1, 1992), pp. 4-5.

²¹ See, for example, Maria Mies, Veronica Bennholdt-Thomsen and Claudia von Werlhof, *Woman: The Last Colony* (London: Zed Press, 1988).

An international coalition - Feminists International Network Against Reproductive and Genetic Engineering (FINRRAGE)²² - has espoused this perspective since 1984. Members of the group also produced the popular anthology *Test-Tube Women: What Future for Womanhood?*, edited by Rita Arditti along with Renate Duelli Klien and Gena Corea in 1984.

The introduction to *Test-Tube Women*, written by its three editors, sets the agenda for feminists to reject NRTs. Shulamith Firestone's contention of the 1970s, that the new technologies might contribute to women's liberation is vehemently dismissed: "new reproductive technologies are instruments of oppression, and not instruments to fight oppression". They also reject the possibility of a feminist contribution to science: "science is inherently patriarchal", so the only thing women 'in' science can do is act as "spies", and distribute what they learn as widely as possible to the feminist media worldwide.²³ Women are seen as "targets" of technological manipulation and "victims" of systematic oppression: "We are not in control, neither at the professional level as scientists or doctors, nor at the personal level as consumers".²⁴

²² FINRRAGE was founded during the Second International Interdisciplinary Congress on Women held in Gronigen in April 1984. The network monitors the development of reproductive and genetic technologies and their effects on women. It disseminates information by organizing conferences in different countries in cooperation with local NGOs. In 1988 it started the journal *Issues in Reproductive and Genetic Engineering*, which ceased publication in 1992.

²³ Arditti, Klien and Corea (eds.), *op. cit.*, in note 18, p. 5.

²⁴ *Ibid.*, p. 2.

In Canada, the National Action Committee on the Status of Women (NAC) also claimed that new technologies of medical intervention in women's reproduction opened the door to a "technological handmaid's tale".²⁵ Responding to the official, Royal Commission Report on New Reproductive Technologies, *Proceed With Care*, NAC demanded a moratorium on new reproductive technologies by proclaiming that the society "[has] not yet developed the mechanisms that would allow for the democratic control and regulation of biomedicine, science and technology ... [and] offered little possibility for genuine public participation in guarding and regulating the operation on new reproductive technologies".²⁶

The position on new reproductive technologies of some feminists connected with FINRRAGE²⁷ is similar to their earlier critique of technology as a whole. Dutch ecofeminist Maria Mies, for example, who is closely connected

²⁵ NAC deploys the imagery of 'handmaids' from Canadian Margaret Atwood's novel, *The Handmaid's Tale* (New York: Ballantine, 1985). *The Handmaid's Tale* reveals the author's interpretation of new reproductive technologies, which in the hands of a group of men will be used to exploit women and where women are reduced to the functioning of their reproductive organs as "two-legged wombs". Atwood's fiction is quite close to and reminiscent of Renate Klein and Gena Corea's descriptions of new reproductive technologies.

²⁶ Draft Document for Discussion 'NAC Response to *Proceed With Care* The Royal Commission Report on New Reproductive Technologies', Annual General Meeting, Ottawa, 1994.

²⁷ Some feminists who are part of FINRRAGE network and are writing constantly on NRTs with this perspective are: Farida Akhter, Gena Corea, Renate Duelli Klien, Janice Raymond and Robyn Rowland. Some feminist anthologies produced in the 1980s and the 1990s also reflect this perspective clearly. See, for example, Arditti *et. al* (eds.), *op. cit.*, in note

with the women's movements for reproductive freedom, also problematized the gendered foundations of "scientific knowledge" and questioned "technical progress" under capitalist relations. In 1985, she argued:

Technical progress is not neutral. It follows the same logic in capitalist-patriarchal societies. This logic is the logic of the natural sciences, more exactly of physics, and its model is the machine. It is always based...on exploitation of and domination over nature, exploitation and subjection of women, exploitation and oppression of other peoples.²⁸

For Mies, it also makes no difference whether men or women control the new technologies. She rejects the feminist perspective that technology can be liberating, if in the hands of women, and challenges the global capitalist-patriarchal model of accumulation: "...men deploy technologies in the service of capitalism and use women as a resource to multiply capital".²⁹

These feminists thus engage with issues fundamental to the debate on reproductive technologies, but problematically. The "male envy" thesis that men seek control of women's reproductive capacities through new reproductive technologies presents a functionalist argument about the role technology plays in serving the overriding goal of capital or men reducing women to its product. That business profits from the development of technologies and that technological development under capitalism is exploitative is surely an argument for attacking

18, and Gena Corea (eds.), *The Mother Machine* (New York: Harper and Row, 1985).

²⁸ Maria Mies, 'Why do we need all this? A call against genetic engineering and reproductive technology', *Women's Studies International Forum*, (Vol. 8, No. 6, 1985), p. 5.

the social relations of capitalism and imperialism. As Rayah Feldman reasons, however, the anti-science perspective pre-empts the possibility of any technology ever being used for people's good, and is thus negative technological determinism.³⁰ The radical feminists' critique of the new reproductive technologies is functionalist, especially the claim that new reproductive technologies represent further male invasion of women's bodies, that they are either open to abuse or are inherently abusive, and that their claims to be concerned with the cure and elimination of congenital disease are merely a cover for eugenics. The need is to scrutinize the ways in which the social organization of science leads to the prioritization of certain kinds of research and practices and not others and why. The rejection takes away from feminists the opportunity to participate and subvert the professional and institutional mechanisms of powerful reproductive technology practices and generate space for technologies which are empowering for women. It also overlooks the fact that women have participated in the development of scientific ideas since antiquity.³¹

It may be more useful to focus on contexts in which technologies are applied, rather than assume inherent properties which make any technology, including new reproductive technologies, inevitably hostile to women.

²⁹ *Ibid.*, p. 2.

³⁰ Rayah Feldman, 'The politics of new reproductive technologies', *Critical Social Policy*, (Vol. 7, No. 1, Summer 1987), p. 32.

³¹ For an excellent exposition of this view, see, Sheila Rowbotham, 'Feminist Approaches Towards Technology', paper presented at the Workshop on New Technologies and Women's Employment, UN University, Maastricht, The Netherlands, 1993.

Reproductive technologies, both new and old, as applied to 'Third World' women, for example, are not part of a "male envy"; they are mechanisms to control women's fertility for population control as advocated by development theory. It is true that technologies can create a repressive ethic of reproduction, but as Patricia Spallone maintains, it is repressive social relations which allow technologies to be developed and used.³²

More important, the essentialist arguments which oppose all technologies may blur rather than illuminate feminist analysis of the dynamic and highly varied effects of new reproductive technologies on women in different contexts. In the 'Third World', for instance, reproduction is not a women's issue in public discourse. Reproduction and its control remains in the hands of population experts as a variable to be manipulated for population control. The essential question is not reproductive technologies but the contexts in which they are applied locally. Some technologies may contribute to enhancing women's freedom while most others put women and their bodies under more social control. It is the aspects of these new controls (and freedoms) and the contestation around these aspects in various locations which are important for feminist understanding of the relationship between gender and new reproductive technologies. The emphasis in this scholarship on male control of technologies which make women the target and the victim of their gaze, obstructs our understanding of how new technologies rework the social relationships in

³² Patricia Spallone, *Beyond Contraception* (London: Macmillan, 1989).

multiple, shifting and novel ways and have interplay dynamically with social formations.

The centrality of social relations in defining the role of new reproductive technologies is well brought out in some 'Third World' women's practices as they contest reproductive technologies. Women in India, for example, demanded a moratorium on reproductive technologies (as we will see in the discussion on women's activism in India in a later chapter), arguing that reproductive technologies were used coercively with implications for women's struggle for dignity and respect in the society. This demand for a moratorium, as I interpret it, is located in a notion of justice which is denied to women in the forcible, invasive, intrusion of harmful technologies of reproductive control into their bodies in the name of family planning.³³ Similarly, in the campaign against sex-determination tests in India, although women demanded a ban on amniocentesis and other technologies that revealed fetal sex, the campaign itself was built around the slogan *ladki na ladke se kam* (a girl is no less than a boy). The centrality in the campaign of the girl child's social status de-emphasized the issue of technology and focused political struggle against socially constructed identities for women.

³³ For an emerging discourse on the notion of justice, see for example, Radha Jhappan, 'The Equality Pit or the Rehabilitation of Justice', in Radha Jhappan (eds.), *Women's Legal Strategies in Canada: A Friendly Assessment* (Toronto: University of Toronto Press, forthcoming); Also Nivedita Menon, 'Abortion and the Law: Questions for Feminism', *Canadian Journal of Women and Law*, (Vol. 6, No. 11, 1993).

Western and Indian feminists both reject reproductive technologies but for different reasons. In India, both new and old technologies are problematized on the basis of the purpose for which they have been introduced in that country. In the West, where new and old technologies were introduced almost a century apart, radical feminists often take older technologies of birth control for granted, locating them in a rights framework, as a part of individual's self-determination and as mostly contributing to women's liberation from the necessity of having babies and reject what they call the new reproductive technologies.

Radical rejection is not the only framework to look at new reproductive technologies in West, however. Some feminists support many, if not all, new technological developments.

New Reproductive Technologies: Selective Acceptance

Supporters of new reproductive technologies are mainly liberal, reproductive choice feminists who see access to new reproductive technologies as a further extension of women's reproductive freedom and self-determination, arguing that all women including, for example, women with disabilities, have the right to bear children if they choose and that the new technologies, such as in vitro fertilization, are extending these rights to those who were previously denied it.³⁴

³⁴ See, for example, Barbara Menning, 'In Defense of in vitro fertilization', in H. Holmes *et al* (eds.), *Custom-Made Child?* (New Jersey: Humana Press, 1981). An American sociologist, Lori Andrews, in *My Body, My Property*, hailed the new technologies, basing her argument on "free choice of reproductive alternatives and on the autonomy and privacy of reproductive

Some argue that the technologies need to be seen within the frameworks of the many factors, legal, cultural, economic, which control and constrain reproduction. The stigmatization of infertile women, for example, is an example of such a control. So the needs of women who are infertile become an important point in thinking about new reproductive technologies.³⁵ Others welcome these technologies as representing scientific and technological progress, arguing that it is the use to which they are put which makes them either good or bad, empowering or disempowering.³⁶ They argue that it is useless and hypocritical to be against all technologies; that women have a communal interest in safe abortion and that they profit from technology that makes pregnancy and childbirth safe; and that most women favor the reproductive freedom brought about by chemical and intrauterine devices.

decisions protected by the US Constitution. Andrews's study is the part of the 'Reproductive Laws for the 1990' project carried out in Rutgers University which welcomed NRTs on the grounds that it gave women alternative reproductive choices. Also see her 'The Aftermath of Baby M: Proposed state laws on surrogate motherhood', *Hastings Center Report*, (Vol. 17, No. 5, 1987); and 'Position Paper: Alternative Modes of Reproduction', cited in Helen Bequaert Holmes, ed., *Issues in Reproductive Technology I: An Anthology* (New York: Garland Publishing Inc., 1992), p. 330.

³⁵ See, for example, Marge Berger, 'Breeding Conspiracies: Feminism and the New Reproductive Technologies', *Trouble and Strife*, (Vol. 33, No. 9, 1986), also 'Infertility: a suitable case for treatment? *Marxism Today*, June 1985; 'Are the new reproductive technologies different from the old ones? *Women's Global Network on Reproductive Rights*, December 1985.

³⁶ Michelle Stanworth, 'Reproductive Technologies and the Destruction of Motherhood', in Michelle Stanworth (ed.), *Reproductive Technologies, Gender, Motherhood and Medicine* (Oxford: Basil Blackwell Ltd., 1987).

An overwhelming support to the technologies come from the liberal belief that new reproductive technologies are the avenue for personal liberation as well as sexual freedom. Liberal feminists believe that control over fertility is simply one of the rights women should have to enable them to participate in society as rational and autonomous individuals as fully as men.³⁷

The liberal support of the new reproductive technologies is thus mainly expressed around 'free choice' conceived typically in the Western context. The undeniable evidence that these technologies also serve as tools for violence on the bodies of women and have been the tool for most coercive population control policies in 'Third World' does not enter the universe of Western liberal feminism. The violence done to women through the coercive use of Depo Provera, Norplant, Quinacrine and other reproductive control technologies in Bangladesh, India, Indonesia, Brazil, Puerto Rico and Philippines and in Australia where these technologies are used experimentally on poor, aboriginal women, makes new reproductive technologies' promise of "personal liberation" suspect at best.

In celebrating the choice-enhancing potential of new reproductive technologies, this feminist position overlooks dimensions of race or class, and dimensions of social identity and location, which challenge the assumed unity of "women's" experience regarding reproduction and new reproductive technologies. As is well documented in feminist histories, woman's right to

³⁷ Ines Smyth, 'Gender Analysis of Family Planning: Beyond The Feminist VS. Population Control Debate', *Feminist Economics*, (Vol. 2, No. 2, 1996), p. 68.

choose was the slogan of women's movements in parts of the Western world. Black feminists such as U.S.'s Angela Davies³⁸ and Bangladeshi feminists such as Farida Akhter,³⁹ point to the racism in Western majority movement for reproductive "rights".⁴⁰ Both Davies and Akhter emphasize the need to separate the white and racist reproductive rights notion from the 'rights' sought by Black, and women of color in the West, and by 'Third World' women. Akhter points out that the "choice" has no meaning where poor women's main concern is sheer survival. Unless their overall economic situation is improved and women have political and social rights, the emphasis on reproductive rights remains empty.

Most 'Third World' feminists point to the very different trajectory of feminist struggles on matters of reproductive freedom in the 'Third World' from that followed in the West. Whereas in the West, advocates of new reproductive technologies largely focus on "sterility as a disease", in the 'Third World', reproductive technologies are used to fight fertility "on a war footing". The projected expansion of new reproductive technologies in the West is paralleled by an obsessive, often coercive, and neo-Malthusian emphasis on population control in the 'Third World'. Women in 'Third World' thus not only bear the burden of the so-called choice-enhancing technologies like amniocentesis and IVF, but

³⁸ Angela Davies, *Women, Race and Class* (London: Women's Press, 1981).

³⁹ Farida Akhter, Issues of Women's Health and Reproductive Rights, Paper presented at the International Women and Health Meeting, Manila, Philippines, November 5, 1990.

⁴⁰ Davies points to the "almost lily-white complexion of the American abortion rights campaign". Davies, *op. cit.*, in note 38.

they face also coercive population control technologies like Depo-Provera, Dalkon Shield, Norplant, Net-oen, Quinacrine imposed on their bodies, often under repressive political conditions.

'Third World' feminists' interventions, describing the nature of their encounter with new reproductive technologies, have opened a space to speak about reproductive freedom without framing it in the liberal reproductive rights discourse as laid down by some feminist scholarship in the West. In these narratives, the Western reproductive rights movement is criticized for defining reproductive and sexual rights in terms of women's "choice", for focusing only on the liberal notion of reproductive rights and overlooking power dynamics in the societal and global context,⁴¹ and a different interpretation of reproductive rights is advanced.

New Reproductive Technologies and Reproductive Rights

From the critique by the women of color and 'Third World' feminists a perspective has emerged which locates new reproductive technologies in the realm of 'Third World' woman's reproductive rights. Like the Western liberal

⁴¹ See, for example, Farida Akhter, 'The State of Contraceptive Technology in Bangladesh' *Issues in Reproductive and Genetic Engineering*, (Vol. 1, No. 2, 1988); Farida Akhter, 'The Eugenics and Racist Premise of Reproductive Rights and Population Control', *Issues in Reproductive and Genetic Engineering*, (Vol. 5, No. 1, 1992); Mustafa Kabir, Case Discussion in the panel 'Reproductive Rights as the International Human Rights', in Rosalind Petchesky and Jennifer Weiner (eds.), *Report on the Special Sessions*, Fourth International Interdisciplinary Congress on Women, Hunter College, New York, 1993; Sumati Nair, 'Population Policies and the Ideology of Population Control in India', *Issues in Reproductive and Genetic Engineering*, (Vol. 5, No. 1, 1992).

perspective, this view does not question the nature of technology but emphasizes the development of institutional frameworks to protect 'Third World' women's rights against the wrongful use of new reproductive technologies.

This thinking formed the backdrop for DAWN's (Development Alternatives With Women For A New Era)⁴² position on the issue of reproductive technologies and reproductive rights as described in Sonia Corrêa's *Population and Reproductive Rights: Feminist Perspectives from the South*.⁴³ Discussed and debated in various assemblies of the United Nations, this perspective bases women's reproductive rights on the International Declarations which form the basis for its legal foundations.⁴⁴ The advocates of this view posit that women's reproductive rights are affected by government policies and that a "reproductive rights" perspective can empower women. This "reproductive rights" framework

⁴² DAWN is a network of Southern women activists and researchers concerned with the impact of development models on gender systems. It was conceived in a meeting in Bangalore, India, on the eve of Third United Nations Conference on Women in Nairobi. The network prepared a platform document which was used as a basis of a series of Panels and Workshops at the NGO Forum in Nairobi in 1985. The network was formally launched in 1986 in Rio de Janeiro, where a secretariat was established.

⁴³ Sonia Corrêa, *Population and Reproductive Rights: Feminist Perspectives from the South* (New Delhi: Kali for Women, 1994).

⁴⁴ Some other major International Declarations include - The International Covenant on Economic, Social and Cultural Rights; The Convention on Elimination of All Forms of Discrimination Against Women -the 'Women's Convention'; The International Covenant on Civil and Political Rights (the "Political Covenant"); and The Universal Declaration of Human Rights (the "Universal Declaration"). For details of relevant Articles in these conventions, see, Centre for Reproductive Law and Policy, *Reproductive Freedom and Human Rights* (New York: Centre for Reproductive Law and Policy, 25 May 1994).

guides women to identify strategies for social and political change, seek policies and laws that improve women's reproductive health and protect them from coercive population policies and invasive technologies. Corrêa advocates increasing vigilance by the international women's movement to safeguard the reproductive rights of all women, especially Southern women, and a campaign for the availability of safe and voluntary methods of reproductive control.⁴⁵

DAWN's perspective on reproductive technologies focuses its critique of new reproductive technology in three major areas. The first involves ethical questions surrounding the testing of untried and potentially risky products exclusively in the South and among marginalized risk groups, as the pill, for example, was tested on Puerto Rico in the 1950s. Taking the example of the contraceptive vaccine and the long-acting hormonal implant, Norplant, DAWN questions the ethics of investing millions of dollars in developing such invasive methods, given, for example, the urgency of researching the human immunological response to HIV.

DAWN's second area of critique is excessive medical interventions such as cesarean sections and unnecessary surgeries like hysterectomies. DAWN maintains that in its attempt to gain control over the human body, the medical establishment frequently ignores the human capacity for self-healing. Instead,

⁴⁵ Sonia Corrêa describes in detail in the first chapter of her book how the state in 'Third World', international family planning agencies and the multinational corporations in the business of contraceptive and reproductive technologies are deeply implicated in violating women's reproductive health.

physicians recommend provider-controlled technologies which inevitably are more profitable than non-interventionist treatment.

Third, DAWN believes that, from a Southern perspective, the excessive medical intervention on the one hand and the total lack of basic health care on the other represents a profound contradiction in how health resources are distributed. It argues that women's health status is determined less by the availability of medical technology than by their social and economic conditions, gender, race and class position.

Reproductive Rights: From 'Choice' to a Gender-Just Framework of Reproductive Freedom

DAWN thus frames the debate surrounding NRTs not in terms of "choice" but in the rights discourse and perceives that participation in the rights discourse is essential to press for women's demands in society. Indeed, for political activists, the language of rights is attractive and the rights framework has become an accepted mode of doing politics. As Neera Chandhoke argues, the rights discourse possess both political and moral clout and rights themselves possess clarity in the sense that they make claims. To demand a right means that I do not receive anything that others may give out of benevolence or charity, but that I am entitled to respect and regard because I possess properties which are peculiarly human.⁴⁶ Ideally, reproductive rights guaranteeing access to safe contraception and abortion afford women increased options and control over

⁴⁶ Neera Chandhoke, "Thinking through Rights: Exploring Grey Areas in the Theory," *Economic and Political Weekly*, (Vol. 33, No. 4, 1998), PE-37.

their lives, although the degree of control exercised varies greatly with an individual's class, racial and ethnic background, age and sexual status. Furthermore, if, as Alison Jaggar claims, the role of state can be minimized in controlling decisions about women's reproductive aspects through a strong women's movement, "the rights discourse benefits women by enhancing their power within interpersonal relations and work lives through greater control over their reproductive capacities."⁴⁷ Participation in the rights discourse is considered necessary to maintain the limited control women have gained over their reproductive lives.

However, ironically, the rights discourse also provides a viable means for the enhanced social control of women and a greater potential legitimation of more state and social control over women in the name of the rights of others, the born, the yet-to-be conceived, the family, the ethnic group, the nation.⁴⁸ Because the very format of the discourse of rights is formulated upon competing rights of individual parties and a regard for the overarching ("collective") interests supposedly advanced by the state, women's rights, activities and potentials may be restricted in the name of the rights of others or in the name of the interests of the state.⁴⁹ 'Rights' thus is a problematic discourse.

⁴⁷ Alison Jaggar, *Feminist Politics and Human Nature*, (Totowa: Rowman and Allanheld Publishers, 1983), p. 136.

⁴⁸ See, for example, M. A. Bortner, "The Necessity and Inadequacy of the Reproductive Rights Discourse," *Social Justice*, (Volume 17, Number 3, 1990), 101; Menon, *op. cit.*, in note 33.

⁴⁹ Women's rights coming in conflict with the interests of the state became paradoxically evident in the campaign against sex-determination tests in

Rights discourse is a contentious issue in political theory and there are emerging trends in literature which point to the necessity to rethink the emancipatory potential of rights as they are conceived of by contemporary social movements in the 'Third World'.⁵⁰ For instance, the rights framework, upheld in many 'human rights' norms that are being regularized through various UN Conventions, is especially suspect. It can be argued that especially in the context of liberalization and structural adjustment policies which are led by the economic imperative of global capital, it is evident that vulnerable groups lose every bit of claim that they had in a nation's economy. In larger processes of commoditization, many segments of the population, including women, are increasingly losing their social, economic and community 'rights' to the needs of global capitalism whose forces are often at the forefront in charting universal 'human rights' norms. A rights discourse does not problematize these issues of social and economic justice. On the other hand, women in India and other parts of 'Third World' are struggling to regain their rights and claims in the name of community rights. Women for instance, mobilize to gain rights over common grazing land, forests and against pricing of water for irrigation. In these movements defined within their own universe, any rights won by the movements

India. Women demanded a ban on sex-selective abortions to stop female feticide. When the demand was finally conceded and a Bill to this effect was passed (see Chapter VIII for details), women found that their right to abortion was seriously affected. Women's campaign certainly did not want to bring women's right to abortion under state surveillance.

weaken the hold of capital. Rights-claims, as Nivedita Menon rightly contends, thus could derive their meaning and value only within their specific universes.⁵¹ This is not necessarily to question the historically liberatory role which democratization created by producing the right-bearing individual citizens as the unit of governance in place of hierarchical feudal loyalties. But these critiques of universal rights highlight the limitations of the notion.⁵² On the issue of women's control over their reproduction, as 'Third World' women's position and practice indicates, the notion of a gender-just framework of rights, negotiated in the realm of politics within the specific universe, generates a space for heightened consciousness and reproductive freedom. And it is this framework that I apply in this dissertation.

Conclusion

⁵⁰ It is not in my intention to provide a comprehensive review of the 'rights' literature here. I look at the problematic from the examples drawn from women's movements in the Indian context only.

⁵¹ Nivedita Menon, "State/Gender/Community: Citizenship in Contemporary India", *Economic and Political Weekly*, (Vol. 33, No. 4, 1998), PE-5.

⁵² Feminist politics in India have vigorously engaged these issues especially around the question of Personal Laws of religious communities versus the Universal Civil Code, a politics which was rendering gender invisible in the conflict of state and community interests. Feminist politics, working within a gender-just framework of rights is struggling for initiation of attempts to bring about reform within personal laws, bringing about legislation in areas which are not covered by either secular or personal laws - such as domestic violence and right to the matrimonial home, and working on laws in the 'public' domain of work (crèches, equal wages, maternity benefits etc.). These feminist responses prioritize the notion of the rights of women as citizens, negotiating the maximum possible space for women as individuals within their communities. See, *Ibid.*, PE-3.

The above discussion illustrated how the notion of reproduction is central to feminist thinking, albeit in a differentiated manner. I discussed the elements which differentiated various feminists positions and characterized separate strands of feminism and where they located women's reproduction: in women's person (as opposed to male control) in radical feminism, in nature as in the ecofeminist position, in a liberal notion of individual rights and personal autonomy for liberal feminists, and in a framework of fundamental human rights in DAWN's perspective.

I explored the ways in which feminism developed new discourses of embodiment, from the male defined body of liberal discourse and how as feminist scholars engaged with 'reason' and made claims for woman's embodied experience in knowledge creation, various new reproductive technologies threw open, once again, complex questions and dilemmas for feminism. The potential of reproductive technologies to give women control over fertility and reproduction on the one hand and bring normal acts of conceiving and birthing under the surveillance of those who control these technologies (who are not women themselves) gave rise to complex questions for feminist theory and politics.

In the next chapter I will demonstrate how the very framing of population-development discourse in the 'Third World' located women's reproduction in the realm of population questions. This not only affected women's reproductive consciousness negatively and had implications for 'Third World' women's

reproductive autonomy, it also made development contingent on the state successfully bringing reproduction under its control.

CHAPTER III

The Population Development Conundrum

Perhaps no other pseudo-scientific doctrines has been as durable as Malthusianism. ... Malthus had no evidence that his *Principles* were true. Malthus did not recognize either that women had practiced contraception for centuries or that each new person represents not only another mouth to feed but also another pair of hands to help produce. Malthus also confused the production of food with its highly inequitable consumption. Despite a lack of basis in historical fact, Malthusianism has continued to flourish as an integral part of the general corpus of biological-determinist thought.

Thomas M. Shapiro, *Population Control Politics* (1985)

[The] "Population problem" as it exists in India and in many parts of the Third World is high morbidity, high general mortality, high mortality among women and female children, high illiteracy, child labor, unemployment, and poverty, which has nothing to do with the rate of growth of population.

Malini Karkal, *Everybody Counts* (1995)

Introduction

Since the time of economist Thomas Malthus, who anticipated terrible disasters resulting from population growth and a consequent imbalance in "the proportion between the natural increase of population and food",¹ the debate about the relationship between population growth and economic development has been vigorous and also contentious. In recent years, in the narratives of states and international agencies, 'underdevelopment' is often linked to the

¹ Thomas Robert Malthus, *Essays on the Principle of Population As It Affects the Future improvement of Society with Remarks on the Speculation of Mr. Godwin, M. Condorcet, and Other Writers* (London: J. Johnson, 1789), chap. 8; in the Penguin Classic edition, *An Essay on the Principle of Population* (London: Penguin, 1982), 123.

anxiety over population explosion. Often economic and demographic arguments are evoked to argue that the poor performance of the national economy is the result of the "population explosion". By implication, in these narratives, female sexuality becomes a target of state discipline as women are forced to adopt family norms which will allegedly stop the economic downturn. This pairing of population and development relocates reproduction from women's control to the problematic of underdevelopment to be manipulated by population control policies. State policies reflect a concern with how to reduce or, less frequently, how to increase, the number of people to meet the objectives set out by states. Following this, state policies take different forms in different political economic contexts which vary from seeking to prevent the birth of the second child in China, to encouraging the birth rates among the people of the Chinese origin and controlling that of people of the Malaysian and Indian origin in Singapore, to forced sterilization of poor people in India.² On a more global scale, the narratives of threat to the global order and security emerge periodically where population numbers are singled out as the cause of global disorder and the possibility of mass emigration from 'Third World' and adverse consequences for

² A lot is being written on Chinese population policy. For a comprehensive review of this literature, see Susan Greenhalgh and Jiali Li, 'Engendering Reproductive Policy and Practice in Peasant China: For a Feminist Demography of Reproduction', *Signs: Journal of Women in Culture and Society*, (Vol. 20, No 3, 1995). For the Singapore experience see, Aihwa Ong and Michael Peletz (eds.), *Bewitching Women, Pious Men: Gender and Body Politics in Southeast Asia* (Berkeley: University of California Press, 1995).

Western standards of living are emphasized.³ Studies on aspects of reproduction in the 'Third World' are thus often linked to questions of population and their relationship with development. In this chapter I revisit the population-development discourse and the narrative of crisis to see how it was framed and with what implications for women, women's reproduction, and their reproductive autonomy.

Narratives of crisis are generally produced by demographers and economists who pay little attention to the gender issues at the core of both population and development and central to the relationship between population and development. While mainstream demographers study "population questions" they are strangely uncurious about the subjectivity of their population, especially women. Demographers are especially concerned with the issues of fertility. Often, in the study of fertility, the timings, causes and nature of fertility decline are central in theories of demographic transition. The kernel of these theories is the observation that in the Western societies, fertility and mortality were extremely high in the pre-industrial era, and that in contemporary industrial societies they are extremely low: the demographic transition is hypothesized to have occurred in between.

My research project is not about the so-called population question nor are population numbers my concern. Since this research is driven by feminist concerns, I revisit the population-development debate from a feminist

³ See, for example, M. Connelly and Paul Kennedy, 'Must it be the rest

perspective and illustrate how feminist scholarship engages with the development question. I demonstrate that the aspirations of women, and also of men, and their decisions (or the apparent lack of) about reproduction are intricately connected with gender relations, gender practices, levels of development and many other factors in society and cannot be understood apart from this context.

In this chapter, I first look at the "population problem" historically - as framed in the post World War II development discourse developed by an international "population community". I then look at how women and their reproduction were implicated in this discourse. Finally, I finally look at feminist critiques of the dominant paradigm of capitalist development and illustrate how feminists disconnect the population-development pairing.

Philanthropists, Philanthroids and Popucrats: The "Population Community" and the framing of the postwar population problem

Even today, as in most popular and scholarly works, the term "population explosion" remains essentially uncontested in the international agencies' universe of public discourse. Although the concerns now come laced with caveats like "sustainable populations", or in the name of women's "reproductive health", there is a near consensus, popular and scholarly, that the growing populations of the 'Third World' are a threat to global security.⁴ The interpretive

against the West?' *The Atlantic Monthly*, (December 1994).

⁴ See, for example, 'Population /Environment Equations: Implications for Future Security', Final Report of the Third Conference of the International Consortium for the Study of Environmental Security, held at Tufts

frame of the 'Third World' persists (despite the end of the Cold War between the First and Second worlds) as "expanding beyond its capacity". This limits the possibility of thinking critically and alternatively about the population issue. Malthus' fear of terrible disasters resulting from population growth and a consequent imbalance in the proportion between the natural increase of population and food were temporarily allayed in Europe by the success of the Industrial Revolution and by export of millions of its "surplus" population to U.S., Canada, South America, New Zealand and the colonies of conquest. But by World War II the international importance of the population question was again being treated seriously in many quarters. At this time eugenists, demographers, geographers, and U.S. government officials, armed with "projections" and "forecasts", began to signal concern about a global "population explosion".⁵ The

University, Medford, MA, USA, May 31-June 4, 1994; Garrett Hardin, *Living Within Limits* (London: Oxford University Press, 1993); Paul Ehrlich and Anne H. Ehrlich, *The Population Explosion* (New Jersey: Simon and Schuster, 1990); Thomas Homer-Dixon, 'Environmental and Demographic Threats to Canadian Society', *Canadian Foreign Policy*, (Vol. 2, No. 2, 1994); Paul Kennedy, *Preparing for the Twenty-First Century* (New York: Harper Collins Publishers Ltd., 1993); Paul Ehrlich *et.al.*, 'Food Security, Population and Environment', *Population and Development Review*, (Vol. 19, No. 1, 1993).

⁵ A large number of studies became available in the years to follow which are reflected on the post-War population concerns. Some of the studies were - Philip M. Hauser (eds.), *Population and World Politics* (Illinois: The Free Press, 1958); Philip M. Hauser, *The Population Dilemma* (New Jersey: Printice-Hall, 1963); Philip Appleman, *The Silent Explosion* (Boston: Beacon Press, 1966); Harrison Brown and Edward Hutchings, Jr., *Are Our Descendants Doomed? Technological Change and Population Growth* (New York: The Viking Press, 1970); Paul Ehrlich, *The Population Bomb* (New York: Ballantine Books, 1968); Bernard Berelson

projections, which built largely upon colonial censuses, also help to explain the timing of international agencies' overseas interventions. These new statistics which appeared following World War II marked the introduction of more organized efforts to "curb" population growth.

Some demographers consider 1952 to be a "watershed" year in population policy history - the year in which the Population Council and International Planned Parenthood Federation were founded, the year in which the Ford Foundation made its first population grant, and the year in which India became the first 'Third World' nation to announce an antinatalist population policy.⁶ This period witnessed the emergence of a "population community"⁷ which was constituted by demographers, philanthropists, and public and private organizations committed to "curbing" population growth. The prominent members of this community who shaped the population movement worldwide were the Rockefeller Foundation, the United States Agency for International Development (USAID) and its counterparts in other industrialized countries, the United Nations Population Fund, the World Bank, the International Planned Parenthood Federation, the Mellon and Hewlett Foundations, the Population Council, and the Ford Foundation. Some other private organizations like the

et al (eds.), *Family Planning and the Population Programs: A Review of World Developments* (Chicago: University of Chicago Press, 1966).

⁶ See for example, Oscar Harkavy, *Curbing Population Growth: An Insider's Perspective on the Population Movement* (New York: Plenum Press, 1995), 2.

⁷ Oscar Harkavy's term. *Ibid.*

Scripps Foundation for Research in Population Problems were already working in the field by that time under the influence of the neo-eugenicist movement.⁸

It was their commitment to social causes and their desire to solve major social problems that differentiated the philanthropists who created foundations from those who did charity to redress specific societal ills.⁹ The intellectual backdrop to the "population community" was formed by the postwar modernization discourse. The developments of the late 1940s and 1950s - political decolonization, the Bretton Woods conference and the foundation of the IMF and the World Bank, the success of the postwar European reconstruction via the Marshall plan, the Korean War boom, and U.S. hegemony in the world economy, all prompted faith in the ability of the West to be able to make a difference to the problems of the non-Western "backward" societies. Western intellectuals developed categories to characterize and deduce empirical generalizations about "traditional" societies. W. W. Rostow's stages of economic growth paradigm assumed linear stages of development, and accordingly measures like "take-off", "trickle down", technological transfer, and technocratic "top-down", large-scale projects, in which agrarian reforms and the agriculture sector were neglected, were suggested.

It was assumed that the crux of the problem was the inability of these countries to grow because of their low levels of per capita income due to high

⁸ See, Chapter IV for a discussion on eugenics movement.

populations and consequent low levels of savings and investment. Western thinkers and policy makers assumed that 'Third World' peoples could gradually, but steadily, be helped to achieve political and economic systems similar to those in the industrialized worlds.¹⁰

It was during the 1960s, the first international development decade, that the phenomenon of mass poverty was conceptualized as "underdevelopment". In the United Nations documents and in most parts of the world, countries with a per capita income of less than one-tenth of that of the United States were classified as under-developed countries. By this reckoning, nearly 70 percent of the population of the world lived in underdeveloped countries and needed to be "developed". It was also clear that within a short period, following the process of decolonization, the underdeveloped economies showed an unexpectedly high capacity to grow. But national growth patterns also showed that growth appeared to benefit only those already well to do, or who gained access to the benefits of growth through new opportunities. Growth was achieved with little or no benefit to the poor and marginalized sections of the society. But, with tremendous faith in the unlimited possibilities of science, technology and free enterprise, it was assumed that by exporting Western development models, turning the demographic tide, giving financial aid, and transferring science and

⁹ Stephen R. Graubard, Preface to the Issue, 'Philanthropy, Patronage, Politics', *Daedalus: The Journal of the American Academy of Arts and Science*, (Vol. 116, No. 1, Winter 1987), vi.

¹⁰ Jane Parpart, 'Post-Modernism, Gender and Development', in Jonathan Crush (eds.), *Power of Development* (New York: Routledge, 1995).

technology, there would be a "trickle down effect" and poverty would slowly disappear from the face of the earth. Many "development aid" and "population assistance" programs were devised in this spirit as the number of poor people swelled in the 'Third World'.

The underlying idea of this "development" presupposed a model in which the West was the standard against which to measure the progress of the rest of the world. The Western paradigm of development is based on an idea of progress and a belief that mankind has advanced in the past - from some original condition of primitiveness and barbarism, is now advancing, and will continue to advance through the foreseeable future. It is inseparable from a sense of time flowing in unilinear fashion. Stephan Marglin observes:

The consequence of this conceptualization of historic process is widespread belief in a tendency inherent in nature of man to pass through a regular sequence of stages of development in the past, the present and the future, the latter stages being superior to the earlier. Most often this idea also contains assumptions as to the continuity, the gradualness, the naturalness, even the inexorability, of these stages of development.¹¹

The dominant paradigm of development is rooted in a belief in the superiority of the people of the West, of Western knowledge and technology, and of Western "civilization" as a whole. The legitimization of this superiority succeeds so well that social progress has come to be defined in terms of a modernization project. The hegemonic epistemological space of the Western paradigm of development

combined with its political dominance proves resistant to different thinking about 'Third World' reality. Economic interests of the powerful in both the West and the 'Third World' also supported this paradigm.

Population control as a field of research and action was based on a similar representation of non-Western subjectivity as rural, passive immobile, illiterate, irrational and wildly multiplying. Female subjectivity particularly was represented as backward and illiterate, a 'Third World' woman as lacking control over her sexuality, and over the conditions in which she might get pregnant. Work in this genre provided a standard or model of comparison, counterposing Western subjectivity, emphasizing the Western man's (*sic*) secular, scientific, cosmopolitan, rational, and individualistic predilections, for cross-cultural comparisons. 'Third World' subjectivities were judged and represented against this model.

Those who saw colonialism as a civilizing mission were disappointed at the articulation of cultural differences and the political assertion of colonized peoples during nationalist, anti-colonial struggles. They argued that colonialism made death control easier but fertility could not be controlled because of the confrontation between colonial governments and dependent people defending their own culture.¹² Many members of the "population community" similarly

¹¹ S. Marglin, 'Towards a Decolonizing of Mind', in F. A. Marglin and S. Marglin (eds.), *Dominating Knowledge: Development, Culture and Resistance* (Delhi: Oxford University Press, 1990).

¹² See, for example, Kingsley Davis, 'Demographic Fact And Policy in India', *Milibank Memorial Fund Quarterly*, (Vol. 22, No., 1944).

believed that the British Raj was synonymous with Progress, Reason and Rationality which gave traditional societies an opportunity to progress, but the "rapid liquidation of colonialism" and the rise of nationalism cut short these cultures' transition to modernity.

The "population community" used metaphors of a sinking space-ship earth with an increasing number of 'Third World' people on board posing a threat to the lives of the First World people, projections of scary future numbers, civil strife, where "people competed with dogs for refuse".¹³

The patrons in the field of population were true believers in rationality, and progress through scientific engineering of the human community. They often became involved in the field of population through their personal encounters with the "backwardness" of the non-Western world¹⁴ or as the result of the influence of their wives who were elite supporters of eugenics or birth-control crusader

¹³ Appleman, *op. cit.*, in note 5, p. 6.

¹⁴ Edward Scripps who founded the Scripps Foundation for Research in Population Problems, for example, became concerned with population problems during travels in Asia in 1920s. He was a newspaper publisher and to share his Asian population experience, Scripps took Warren Thompson, who had just completed his Ph.D on Malthus, to the "Orient" and the Pacific Islands on his yacht. As a result of this excursion, in 1922, he established the Scripps Foundation for Research in Population Problems at Miami University which later became a big research unit on population problems with more grants from Rockefeller Foundation. Similarly, John D. Rockefeller III's concern with population issues developed through his social welfare work in the United States and his travels in Asia which gave him "firsthand experience of population pressure in that continent". See, for example, John Caldwell and Pat Caldwell, *Limiting Population Growth and The Ford Foundation Contribution* (London: Frances Pinter, 1986), 14; Harkavy, *op. cit.*, in note 6.

Margaret Sanger.¹⁵ The population community swung into action by what they described as "the unprecedented growth of population in the 'Third World' brought about by rapid declines in infant and child mortality after World War II largely as a result of progress under colonial rule".¹⁶ Colonialism's achievements were recounted by historian and demographer Kingsley Davis:

...[T]he hundred million people added to India's population since 1921 had been the result of British law and order, and famine control, of the improvement of transport, the extension of irrigation, the encouragement of a normal agricultural surplus for export, together with advanced famine warnings and famine relief, and the reduction of the great epidemic diseases, smallpox, cholera, kalazar.¹⁷

Warren Thompson, a neo-Malthusian and a member of the "population community", wrote in the mid-1940s that death rates had fallen in Taiwan and Korea as a result of Japanese colonization.¹⁸ Complimenting the achievements of colonialism, demographers John and Pat Caldwell noted as recently as 1986,

...[colonialism] added an important new dimension to theory of demographic transition. No longer was the Industrial Revolution needed to bring down death rates but only colonial and other governments with the necessary strength, knowledge and efficiency.¹⁹

¹⁵ David M. Kennedy, *Birth Control In America: The Career of Margaret Sanger* (New Haven: Yale University Press), 1970, pp. 111-116.

¹⁶ Davis, *op. cit.*, in note 12, p. 260.

¹⁷ *Ibid.*

¹⁸ Warren S. Thompson, *Population and Peace in the Pacific*, 1946, quoted in Caldwell and Caldwell, *op. cit.*, in note 14, p.14.

¹⁹ Caldwell and Caldwell, *op. cit.*, in note 14, p.14.

The "population community" was thus targeting population growth as the cause of underdevelopment of the newly independent nations. It is amazing to read how population scholars' work in this period is totally oblivious of the mainly 'Third World' scholars' "drain of wealth" or "deindustrialization" theses, discussed in the introductory chapter. The scholarship of the "community" chose to omit the connection between colonial dominance and underdevelopment. It failed to recognize how the "masses" were created in the first place.

Why was the "population community" terrified by declining death rates, a remarkable achievement of the times? The neo-Malthusians and eugenists were concerned that only "the fit" reproduce which basically meant healthy members of the white race. The members of the post-War "population community" were politically the product of Cold War hostility and were believers in the West's superiority and power. They were convinced of the Enlightenment rationality of the West, and the irrationality of non-Western peoples, their systems and the family structures of the communities. Following India's adoption of an anti-natalist policy, for instance, Kingsley Davis observed,

India is currently engaged in a massive experiment... attempting through government action to lower the birth rate quickly. ... India's leap may thus help to solve one of the worst afflictions of modern times, the aimless and economically deleterious multiplication of human numbers.²⁰

²⁰ Kingsley Davis, 'Fertility Control and the Demographic Transition in India', in *The Interrelations of Demographic, Economic and Social Problems in Selected Underdeveloped Areas* (Milbank Memorial Fund Roundtable Paper, 1954), p. 66.

In another study²¹ Davis identified concerns that the higher growth rates of the populations of the non-Western free world would also mean their growing voice in international affairs, especially in the UN. Analyzing the international population figures in 1950, Davis showed that of the eighty-one then existing countries, seventy were in the 'free world' and had 1450 million inhabitants against 800 million in the eleven countries under the Communist control. In the free world, 46 Western countries had a population of 648 million and the remaining 24 - non-Western free countries had a population of 800 million. Davis concluded "that insofar as power results from sheer numbers, the importance of non-Western and less developed areas will increase, and that these will continue to be the main prizes in the Cold War between Communism and anti-Communism".²² The conflict between the Communist and free worlds was the race to win the "underdeveloped" areas. Davis believed that the underdeveloped countries were plagued with social and economic problems, including:

[t]he demographic factors contributing to their inefficiency - *redundant population* (emphasis added), high death and sickness rates, extremely high birth rates, immobility and high agrarian density. These and other problems make them relatively impotent and also extremely 'ripe' for change, with Communism and anti-Communism offering alternative solutions.²³

²¹ Kingsley Davis, 'Population and Power in the Free World', in Hauser (eds.), *op. cit.* in note 5.

²² *Ibid.*, p. 202.

²³ *Ibid.*, p. 210

These fears were also reflected in one of the Ford Foundation proceedings. While debating a grant for a journal, *Population Bulletin*, it was argued:

In the world of today, population problems are closely related to those of peace. The rapid expansion of population in some parts of the world brings increased pressure on food supplies and other natural resources and generates pressure for territorial expansion.²⁴

During the mid-fifties, the U.S. administration began to link economic aid to poor countries with policies aimed at checking the so-called demographic explosion. The pressure to do so came from many quarters. Harold Dorn, a U.S. Senator, for example, argued that the populations of the 'Third World' countries were the cause of grave concern because millions of people in Asia, Africa and Latin America were now aware of the standards of living enjoyed by Europeans and North Americans and they were demanding the opportunity to attain the same standards and resisted the idea that "they must permanently be content with less." He argued,

The principle of public support for social welfare plans for the populations of these countries is now accepted by many nations....[However] the desirability of extending this principle to the international level has not yet been generally accepted by the wealthier nations. Even if this principle is accepted it is not as yet clear that the wealthier nations will long be willing to support the uncontrolled breeding of the population receiving assistance.²⁵

²⁴ Ford Foundation Trustees' Docket, July 15-16, 1952, quoted in Harkavy, *op. cit.* in note 6, p. 9.

²⁵ Harold F. Dorn, 'World Population Growth' in Hauser (eds.), *op. cit.*, in note 5, pp.35-36.

In 1957, the Population Council, a U.S.-based think-tank held a conference to examine the global population policy. "Alarmed" by the "population explosion" in the 'Third World', the conference proposed:

Government policies should be of a sort to equalize births between people at different socio-economic levels. They should discourage births among the socially handicapped who cannot give their children adequate opportunities. They should encourage large families among the socially fit.²⁶

This selection and elimination approach to population policy, which continues until the present, urged principles of selective procreation, where the "fit" are encouraged to procreate and the reproduction of the "unfit" is restrained.

U.S. President Eisenhower constituted a President's Committee in 1958 to look at the United States' Military Assistance Program. This Committee helped to crystallize the transition of population control from a relatively minor social movement to a major geopolitical issue. The Committee was chaired by Major General William H. Draper, who directed the European Recovery Program (the Marshall Plan) and who claimed that "the population problem is the greatest bar to our economic aid program and to the progress of the world".²⁷

The population-development pairing so constructed, (re)marked the boundaries of the discourse of reproductive control in the 'Third World' and

²⁶ Loes Kaysers, *Does Family Planning Liberate Women?* (1988) quoted in Sultana Kamal, 'Seizure of Reproductive Rights?' in Patricia Spallone and D. Lynn Steinberg, *Made to Order: The Myth of Reproductive and Genetic Progress*, (Oxford: Pergamon Press, 1987), p.146.

contributed to the total collapse of the birth control movement into fertility control programs.²⁸ Aid was finally tied to what Julian Huxley, a staunch neo-Malthusian, termed as the "demographic credit-worthiness" of the applicant.²⁹ In 1963, the U.S Senate Foreign Relations Committee added an amendment to the Foreign Aid Bill authorizing "technical assistance to cooperating countries in carrying out programs of population control".³⁰ USAID adopted an aggressive population control policy and in its "war on hunger", triggered by the drought in 1966-67 in many parts of the world, control of population growth became a major strategy. So much so that the head of the USAID population branch, Dr. Reimert T. Ravenholt, in an interview to *St. Louis Post-Dispatch* on April 22, 1977, told

²⁷ *Ibid.*, 35.

²⁸ It is important to note the distinction between birth control and population control movement. The birth control movement stood for women's control over their bodies, sexuality and reproduction. The Birth control involves voluntary planning and action by individuals to plan the number of children they want, and to decide when they want them. Birth control movement claimed birth control to be every woman's right. Population or fertility control, on the other hand, implies the incorporation of reproductive control into state programs. It is clearly laden with ideological assumptions about who should have access to birth control, how a family is defined and when sex is legitimate. See, Thomas M. Shapiro, *Population Control Politics: Women, Sterilization, and Reproductive Choice* (Philadelphia: Temple University Press), 1985.

²⁹ Julian Huxley argued that since people in the 'Third World' are choosing to be poor by multiplying their numbers, "a lesson for all grant-giving and loan-making agencies is that if a recipient country's population is growing too fast, aid may be wholly wasted. Aid-giving agencies should regard it as their duty to inquire into the demographic credit-worthiness of the applicant". Julian Huxley, 'Foreword' to Appleman, *op. cit.*, in note 5, p. xii.

³⁰ Harkavy, *op. cit.*, in note 6, p. 46.

his interviewer that the U.S. goal was to sterilize millions of world's women.³¹ He noted:

...Population control was needed to maintain the normal operation of U.S. commercial interests around the world Without our trying to help these countries with their economic and social development, the world would rebel against strong U.S. commercial presence The self-interest thing is a compelling element.³²

The reproductive rights of "millions of the world's women" thus stood little chance against safeguarding the commercial and security interests of the superpower. The U.S. interests would regulate when woman in 'Third World' could or could not bear children. 'Third World' women's reproduction was to be regulated by U.S. commercial control.

**"Development is the best contraceptive":
World Population Conferences and the Development Question**

While the first development decade, as we saw above, was marred by fears that population growth in the 'Third World' would literally eat into the fruits of economic progress, leading to deepening poverty and crisis on a global scale, the decade of the 1970s saw the development paradigm come under great strain. Financed initially by the U.S. and other western governments, and later adopted by a number of 'Third World' governments, the hallmark of the first decade was a massive dissemination of contraceptive technology. By the 1974 World Population Conference at Bucharest, a number of 'Third World' and

³¹ Peter J. Davidson, *Nature Against US: The United States and the World Population Crisis, 1965-1980* (Chapel Hill: University of North Carolina Press, 1990), 89.

³² *Ibid.*

socialist states openly criticized the narrow focus of Western governments on the 'population problem' as a way of distracting attention from the underlying inequalities in the international economic order.³³ They also pointed out that it was the spread of economic and social progress in Europe at the beginning of the century which brought about the sustained and widespread decline in fertility. The lesson to be drawn from this was, what the Indian delegation to the Conference proclaimed, 'development is the best contraceptive'. This slogan was registered as the 'Third World' position at the Conference. The World Population Plan of Action adopted at Bucharest reflected a new and broader international awareness of population issues.³⁴ It declared that population programs were constituent elements of socio-economic development policies rather than substitutes for them. The Bucharest Conference reflected a period when, alongside the continuing dissemination of contraceptive methods greater attention began to be paid to the underlying social context which led to high rates of fertility.³⁵

Ten years later, at the 1984 International Conference on Population in Mexico City, influenced by the neo-conservative framework and pressure from the religious Right, the U.S. adopted a *laissez faire* position on population

³³ Naila Kabeer, *Reversed Realities: Gender Hierarchies in Development Thought* (London: Verso, 1994), 188-190.

³⁴ The confidence to demand a better deal and a new international economic order came from the organized strength and new assertiveness of 'Third World' and the Group of 77 which was initiating in the United Nations and UNCTAD a wide series of negotiations with the West aimed at establishing a New International Economic Order (NIEO).

issues.³⁶ This was a period marked by the plunge of primary commodity prices, the debt crisis and the impoverishment of the 'Third World' and the rise of neo-conservatist agenda worldwide. Indebted 'Third World' countries, under the guidance of the IMF, were pressured to set up free trade zones and produce for the world market to fix their balance of trade deficit. The U.S. now considered population growth as a 'neutral' phenomenon within its understanding of development as economic growth triggered only by free market forces. The neo-conservative approach to population in their laissez-fairness thus overlapped with the religious Right's views on gender and reproduction, particularly abortion. The implications of this turnaround on 'Third World' were that once again U.S. policy decisions were taken without reference to women's rights or demands, resulting in coercive policies that constrained rather than opened up women's options.

Despite these neo-conservative pressures, by the 1990s, due largely to women's relentless efforts and the advocacy work of non-governmental grassroots organizations, feminist perspectives on population issues began to reach the international policy arena. A great deal of NGO advocacy revolves around the question of reproductive choice as a basic human right. Its impact has been seen in the process of defining the agenda for the International Conference on Population and Development in Cairo in September 1994, in

³⁵ *Ibid.*

³⁶ Sonia Corrêa, *Population and Reproductive Rights: Feminist Perspectives from the South* (New Delhi: Kali for Women, 1994), 2.

which many NGO participants insisted on including recognition of how human rights may be interpreted to condemn abuse of women's autonomy, and protect women's bodily integrity and personhood.³⁷ The hostile reaction during the preparatory meetings and the sessions of the population control community, the religious right and some nation states to women's demands reflected a deep seated ideological bias against women's reproductive freedom.³⁸ One outcome of this process of engagement has been a limited accommodation of concerns around reproductive health within the otherwise unabashed numbers games of population control. As Corrêa notes, official policies may no longer promote

³⁷ It is not my intention here to evaluate the gains of the ICPD for women's reproductive freedom. Women's groups who participated, and who did not, have varied opinions on what was and what was not accomplished. For a positive detailed review of the conference, see, Stanley Johnson, *The Politics of Population: Cairo 1994* (London: Earthscan Publishing Limited, 1995). A "Southern feminist" perspective is detailed in Corrêa *op. cit.*, in note 35. The study is supported by DAWN (Development Alternative for Women for a New Era).

³⁸ Stanley Johnson narrates how a few days before the Conference, *al-Azhar*, the Islamic Research Academy of Cairo sharply condemned the Program of Action as being counter to Islamic Sharia (law) for not only demanding abortion rights for women and recognizing the claims of lesbian women, but also for equating males and females in inheritance and in demanding that the minimum age of marriage be raised. The clergy and the pro-fundamentalist opposition labor party also protested on holding "an anti Sharia" conference in Egypt. Similar reaction came from number of other countries and their clergy. In a direct battle with the feminist position on reproductive rights, the Vatican Delegation to the Third Session of the ICPD Preparatory Committee (April 1994) exercised its position to obstruct the inclusion of 'safe abortion', 'fertility regulation', 'family planning', 'safe motherhood' and the 'right of individuals to decide on the number and spacing of their children' into the agenda. Also see, Corrêa, *op. cit.*, in note 35, pp. 2-3. Following this, orthodox churches all over the world lent their support to opposing the conference agenda. Johnson, *op. cit.*, in note 35, specially Chapter IV.

narrowly-defined family planning and contraceptive services. The proposed World Population Plan of Action now suggests that contraceptive assistance is just one component of a broad reproductive health approach encompassing maternal and child care and prevention of cancer and sexually transmitted diseases.³⁹ The conventional approach to women's 'status' that listed female education and employment as a strategy to reduce fertility has now been replaced by the promotion of gender equality and empowerment.

The fault lines of this conceptualization, however, are also evident. The vision of reproductive rights and gender equality in place of the old population control discourse, as some scholars point out, cannot be realized in the new Program of Action as long as it retains a mainstream model of development.⁴⁰ Rosalind Petchesky argues that the new framework reconfigures a gap between the politics of body, sexuality and reproduction and the politics of social development and global economic transformation. She argues that only an analysis that makes explicit the concrete links between macro-economic policies and the materialization of reproduction and sexual rights for all the world's women is needed.⁴¹ Interestingly, this has been an ongoing feminist engagement since the time of Ester Boserup's important work, *Women's Role in Economic Development*, in 1970.

³⁹ Corrêa *op. cit.*, in note 35, p. 7.

⁴⁰ Rosalind Petchesky, 'From Population Control to Reproductive Rights: Feminist Fault Lines', *Reproductive Health Matters*, (No. 6, November 1995), pp.152-161.

⁴¹ *Ibid.*, p. 159.

Feminism and the Development Debate

As seen in the previous sections, early development initiatives beginning in the 1930 and which preoccupied economists and colonial officials through the 1950s and in the first development decades, largely ignored women. Development was identified with modernization, which assumed the wholesale adoption of Western technology, institutions and beliefs. Both 'Third World' leaders and Western development specialists assumed western development policies would position 'Third World' economies to "take off". Few questioned whether this prosperity would extend equally to all classes, races and genders. Development was targeted as a technological problem, one that required male expertise from the North and male cooperation in the 'Third World'. Women were regarded as potential beneficiaries, but not as agents of change. This approach, as Parpart argues, was based on stereotypes which represented women primarily as mothers and wives rather than as economic actors who might produce goods (other than babies) and even sell those goods in the market.⁴² Hence women entered into discussions of population control, child health, nutrition and little else.⁴³ Drawing on a long history of colonial discourse which represented 'Third World' women as particularly backward and traditional,

⁴² Jane Parpart, 'Deconstructing the Development "Expert": Gender, Development and the Vulnerable Groups', in Marianne Marchand and Jane Parpart (eds.), *Feminism/ Postmodernism/ Development* (London: Routledge, 1995), p. 227.

⁴³ M. Buvinic, 'Projects for Women in the Third World: Explaining their Misbehavior', *World Development*, (Vol. 14, No.5, 1986).

development planners continued and even extended the representation of 'Third World' women as backward "other", mired in tradition and opposed to modernity.

The publication of Ester Boserup's *Women's Role in Economic Development*⁴⁴ which broke the mainstream tradition in economics whereby the contributions of women as workers and family members were ignored, investigated the impact of development projects on 'Third World' women. Showing that women were the farmers in Africa and parts of Asia, she demonstrated that development projects founded on the assumptions that women made no contribution to production, "got it wrong". Although her contributions were mixed,⁴⁵ two major underpinnings of Boserup's arguments were that all societies have developed a clear-cut division of labor by sex and even though what are considered to be male or female tasks varies considerably across countries, there is nothing natural to this division. Her other contribution was to show that economic development in the 'Third World' has had a differential impact on men and women and that the impact on women had been negative and that benefits from development projects do not automatically trickle down to women and other disadvantaged groups in the 'Third World'.

Following this, women involved with development issues in the United States lobbied to bring this evidence to the attention of U.S. policy makers. They

⁴⁴ Ester Boserup, *Women's Role in Economic Development* (New York: St. Martin's Press, 1970).

⁴⁵ See, for example, Lourdes Beneria and Gita Sen, 'Accumulation, Reproduction and Women's Role in Economic Development: Boserup

began to use the term "Women in Development" (WID) in their efforts to influence the United States Agency for International Development (USAID) policy. Their efforts resulted in the Percy Amendment of 1973 which required gender-sensitive social impact studies on all development projects, with the aim of helping to "integrate women into the national economies" of their countries.⁴⁶ WID represented a merging of modernization theory and liberal feminist theory. More profoundly, as Geeta Chowdhry notes, the WID regime had its origin in two distinct yet overlapping strands of modernist discourse: the colonial discourse and the liberal discourse on markets.⁴⁷ The colonial discourse which was based on the economic, political, social and cultural privileging of European peoples, homogenized and essentialized the 'Third World' and 'Third World' women. The liberal discourse promoted free markets, voluntary choices and individualism.⁴⁸ WID advocates failed to realize that 'Third World' women's marginalization in the development process was attributable to a variety of factors; some of these

Revisited', *Signs: A Journal of Women in Culture and Society*, (Vol. 7, No. 2, 1981).

⁴⁶ Jane Parpart, *Theoretical Perspectives on Gender and Development* (Vancouver: The Commonwealth of Learning, 1996), p. 50.

⁴⁷ Geeta Chowdhry, 'Engendering Development? Women in Development (WID) in international development regimes', in Marchand and Parpart (eds.), *op. cit.*, in note 41, p. 26.

⁴⁸ *Ibid.* Also Lourdes Beneria and Martha Roldan, *The Crossroads of Class and Gender: Industrial Homework, Subcontracting, and Household Dynamics in Mexico City* (Chicago: University of Chicago Press, 1987), pp. 3-7.

factors were gender-related, others derived from a pattern of growth that systematically generated acute class differences and social hierarchies.⁴⁹

Despite changes over time, WID policy and practice has remained consistently grounded in the assumption that women need to be integrated into the development or modernization process.⁵⁰ The state, both local and foreign, is seen as an ally ready to assist this process, a part of a solution, rather than a potential problem for the advancement of women. Consequently, WID practice refrains from questioning the priorities of governments. Basic assumptions about women and men, the accepted sexual division of labor, and traditions that bind women into subordinate positions are seen as sensitive areas into which agencies must not tread. They are reified as culture, and therefore placed outside the development mandate.⁵¹

Not surprisingly, throughout the WID decade, 'Third World' feminists tended to work outside of government-sanctioned WID efforts, organizing at the

⁴⁹ Lourdes Beneria and Gita Sen, 'Class and Gender Inequalities and Women's Role in Economic Development - Theoretical and Practical Implications', *Feminist Studies*, (Vol. 8, No. 1, 1982), p. 159.

⁵⁰ Caroline Moser, *Gender Planning and Development: Theory, Practice and Training* (London: Routledge, 1993).

⁵¹ See, for example, Parpart, *op. cit.*, in note 41; A. M. Goetz, "Feminism and Limits of the Claim to Know: Contradictions in the Feminist Approach to Women in Development", in Rebecca Grant and Kathleen Newland (eds.), *Gender and International Relations* (Bloomington: Indiana University Press, 1991); A. Mueller, "Peasants and Professionals: The Production of Knowledge about Women in the Third World", paper presented at the Association for Women in Development meeting, Washington, DC, 15-17 April, 1987, Patricia Stamp, *Technology, Gender and Power in Africa*, Technical Study 63E, (Ottawa: International Development Research Centre, 1989) and chapter VI.

grassroots level on many issues of concern to women, and improving communications among women.⁵² Their issues and tactics varied but women's activism was built to support and strengthen women, sometimes focusing on practical needs, but often mindful of strategic interests to contest women's subordination.⁵³ NGO activity increased and much of the work was either consciously shaped by a critique of the liberal feminist and WID frameworks, or generated by increasing dissatisfaction with mainstream analysis. Feminist debate on these issues intensified among activists, policy makers and academics. The dependency theorists' demand for self-reliant development⁵⁴ and the radical feminists' assertion that women could only develop outside patriarchal power structures, served as a backdrop for a new approach to the development, which was built on and celebrated women's culture, emphasized women-only projects, and warned against close cooperation with male-

⁵² Corrêa, *op. cit.*, in note 35; Parpart, *op. cit.*, in note 45, p. 51.

⁵³ Practical gender needs relate to women's daily needs in caring for themselves and their children, while strategic gender interests relate to changing existing gender relations and challenging women's subordinate position. See, Maxine Molyneux, 'Mobilization without emancipation: women's interests, state and revolution in Nicaragua', *Feminist Studies*, (Vol. 11, No. 2, 1985) and Caroline Moser, 'Gender Planning in the Third World: Meeting Practical and Strategic Needs', *World Development*, (Vol. 17, No. 11, 1989).

⁵⁴ See, for example, Samir Amin, *Accumulation on a World Scale* (Sussex: Harvester Press, 1974); Andre Gunder Frank, *Dependent Accumulation and Underdevelopment* (New York: Monthly Review Press, 1979).

dominated institutions. This approach, sometimes known as Women and Development (WAD), influenced the programming of many NGOs.⁵⁵

In the mid-1980s, political conservatism predominated in western governments and donor agencies. Even the largely rhetorical framework of 'basic human needs' began to be replaced by a growing concern with 'economic mismanagement' and under-development in 'Third World' economies. Compounded by two oil crises and huge international debts, the global recession hit the 'Third World' hard. Where dependency theorists saw debt as a component of the long term capital flows which drained wealth from poorer to richer countries, international financial agencies drew conclusions consistent with the modernization approach, that is that 'Third World' economies required structural adjustment if they were to revive. Structural adjustment programs were based once again on liberal development thinking, and assumed that economic prosperity (assumed to result) would benefit both men and women equally. At the same time, drawing on concerns about the growing poverty of women (and men) in the 'Third World' as well as radical feminist concern with global patriarchy, a socialist-feminist position emerged in various parts of the world.⁵⁶ 'Third World' feminists contributed to this debate, (christened the "empowerment

⁵⁵ For details and critique, see Eva Rathgeber, 'WID, WAD, GAD: Trends in Research and Practice', *Journal of Developing Areas*, (Vol. 24, No. 4, 1990), 489-502. Also see, Jane Parpart, *Women and Development in Africa: Comparative Perspectives* (Lanham: University Press of America, 1989).

approach"⁵⁷ or Gender and Development (GAD) approach), making 'Third World' women's realities the basis for feminist theorizing and action where issues of class, race and gender inequality were engaged. This discourse focused on gender rather than just on women, particularly the social construction of gender roles and relations, and on establishing the possibility of transforming gender roles. While the GAD perspective rarely explicitly challenges the modernization assumptions, it provides the discursive space to do so.

'Third World' Feminist Challenges to The Population-Development Pairing

As discussed above, WID and later interventions in development debates from women's perspective, influenced donor and host countries' policy priorities, although they did not break away from the paradigm of modernization. The women-centered discourses, however, generated space for new imaginings and feminists re-examined the population question. The incorporation of social constructions of gender into feminist analysis of women's subordination also led to an examination of the processes by which gender characteristics are defined and gender relations are constructed. With 'Third World' feminist interventions, race, class, colonialism and imperialism became integral parts of serious feminist debates.

Many 'Third World' scholars are now contesting traditional assumptions about the negative correlation between high population growth rates and

⁵⁶ Jane Parpart and Marianne Marchand, 'Exploding the Canon: An Introduction/Conclusion', in Marchand and Parpart (eds.), *op. cit.*, in note 41, p. 14.

economic development. The new research, along with changes in research methodologies influenced by gender concerns, is leading to analyses which deny the negative role of population growth in economic growth.⁵⁸ Implicit here is the understanding that population is not the central variable in advancing development and that peoples' lives cannot be described in terms of figures alone. Demography is thus being reimagined where newer narrative details are considered essential, not only for disaggregated population but also for the food people eat, education, health, shelter, consumption patterns and the rest. These scholars feel that governments and international agencies have misguidedly converted population into the world's principal crisis. Alternative means of calculating populations are also being suggested.⁵⁹

⁵⁷ Moser, *op. cit.*, in note 48.

⁵⁸ See, for example, the excellent essay of Allen C. Kelly, 'Revisionism Revisited: An Essay on the Population Debate in Historical Perspective', in Rolf Ohlsson (ed.) *Population, Development, and Welfare: The Nobel Jubilee Symposium in Economics* (Berlin: Springer - Verlag, 1993).

⁵⁹ Proponents argue that while discussing the "population problem" a distinction has to be made between 'absolute populations' and 'effective consuming populations'. Absolute populations of so called poorer countries or poor people may be large but their share of resource consumption is much lower. See, for example, R. Chopra and D. Sen, 'Natural Bounty and Artificial Scarcity: Water Resources', in Vasant Gowarikar (eds.), *Science, Population and Development* (New Delhi: Unmesh Communications, 1992); Atiq Rahman, Nick Robins, and Annie Roncerel (eds.), *Exploding the Population Myth, Consumption versus Populations: Which is the Climate Bomb?* (South Asia and Climate Network Europe, Climate Action Network, 199), cited in Report of the three day South Asian Consultation with the Independent Commission on Population and the Quality of Life, *In Search For A Secure Future, Everybody Counts*, (New Delhi: Centre for Women's Development Studies, 1994), pp. 8-9.

The very discourse of population and development is especially indifferent to the gender dimension of development and its relationship with population growth. Feminists are deconstructing and interrogating the assumptions that undergird this relationship. In demographic studies, for example, much of the analysis of fertility is based on statistics gathered about women whereas studies of labor force participation, migration and other more recognizably economic aspects of demographic behavior focus only on men. Women are thus explicitly identified as bearing primary responsibility for prevailing rates of fertility and hence their behavior comes to be implicitly defined as a major obstacle to economic growth. At the same time, their positive contributions to households are totally overlooked.⁶⁰ In an interesting ethnographic study, Susan Greenhalgh and Jiali Li suggest that the demographic transition theory relies heavily on two concepts from modernization theory - the role and the status of women. The concept of sex roles is derived from the concept of a "modern" family as based on a rationalized gender division of labor in which men perform instrumental tasks associated with the public world while women performed expressive functions associated with nurturing care within the family. With the increasing entry of women into the labor force with industrialization, and the associated role conflict which they experienced, the conditions were laid for the move to smaller family sizes. The concept of women's status derives from the view that the forces of modernization would sweep away primordial patriarchal relationships

⁶⁰ See, for excellent examples, H. Ware, *Women, Demography and*

within the family and result in greater equality between women and men, again leading to reduced reliance by women on their reproductive roles to achieve status in the social world. Since men's status was the implicit norm, indicators used to measure women's status tended to focus on the extent to which women had achieved parity with men in the traditionally male arenas of public life. There is, however, little in this literature, the authors argue, to suggest that gender inequalities are underpinned by power relationships between women and men, that these inequalities might be reconstituted in "modernized" forms within the marketplace and that may give them different and sometimes conflicting interests in decision-making outcomes, particularly in arenas as critical as reproduction.⁶¹

In neo-classical economic theories, empirical differences in characteristics of women and men are acknowledged (for instance, labor force participation rates, wages, education levels, and employment patterns), but there remains a complete absence of gender as a power relationship between men and women. While economic models may acknowledge the vital role that women play in the reproduction and care of "human resources", they remain unconcerned with the ramifications of unequal gender relations in decision-making power and the role of conflicting gender interests within the family in explaining fertility outcomes.⁶²

Development (Canberra: Development Studies Centre, 1981).

⁶¹ Greenhalgh and Li, *op. cit.*, in note 2, pp. 606-610.

⁶² Naila Kabeer, 'Gender, Demographic Transition and the Economics of Family Size: Population Policy for Human-Centered Development', *Occasional Paper*, United Nations Research Institute for Social Development, 1995, p. 9.

Feminists connected with DAWN, for example, point out how family planning programs are structured to circumvent and not confront the uneasy questions of gender-discriminatory practices in families, religions and cultural practices.⁶³ They point out that since reproduction takes place through women's bodies, therefore religious and cultural institutions and the population establishment which operate through existing hierarchical gender systems, overlook women's daily invisible efforts to feed, clothe and nurture their families and sustain communities through their reproductive labor.⁶⁴ They argue that this 'reality' of social reproduction derives from a gender-based division of labor, which in turn operates from the assumption that reproductive responsibilities constitute a natural extension of female biology.⁶⁵

In the discursive space created by various strands of feminism, both in the West and the 'Third World', many feminists in India believe that the real "population problem" which exists in India and in many parts of the Third World is high morbidity, high general mortality, high mortality among women and female children, high illiteracy, child labor, unemployment, and poverty, none of which

⁶³ Corrêa *op. cit.*, in note 34, pp.2-3.

⁶⁴ T. de Barbeiri, 'Gender and Population Policies: Some Reflections', *Reproductive Health Matters*, No. 1, May 1993, cited in *Ibid.*, p. 5.

⁶⁵ See, for example, Gita Sen and Caren Grown, *Development, Crisis, and Alternative Visions: 'Third World' Women's Perspectives* (New York: Monthly Review Press, 1987); T. Manana, 'Conventional Economic Theories and Gender Analysis', in Ruth Meena (eds.), *Gender in South Africa: Conceptual and Theoretical Issues* (Harare: SAPES Books, 1992).

have anything to do with the rate of growth of the population given the redistributive choices of the state.⁶⁶

Conclusion

This chapter provided an overview of the history of population-development discourse. The 1950s and 1960s witnessed the emergence of neo-Malthusian concerns that too many people reproducing too rapidly retard economic growth, destroy the environment and exacerbate poverty. As a consequence the population community promoted public understanding and support for birth control, the development of more effective contraceptive technology and family planning programs around the 'Third World'. Northern governments went to the 1974 World Population Conference at Bucharest with the position that family-planning programs should be the primary means to achieve population control. The 'Third World' countered this position with the claim that "development is the best contraceptive", arguing that equitable socio-economic development was the answer to the West's perceived demographic threats. I showed how by the 1980s family-planning activities had expanded throughout the 'Third World' despite the new U.S. position presented at the 1984 World Population Conference in Mexico City that population growth is a "neutral phenomenon". The 1980s also witnessed shifts in policies away from the 1970s' interests in poverty alleviation and meeting basic human needs, towards macroeconomic policies that emphasized economic growth, fiscal responsibility,

⁶⁶ Malini Karkal, 'Searching for a secure future', in Report of South Asian

and reduction of state-provided social security. In the 1990s, however, a crisis in the West over impending environmental catastrophe refocused public and political attention on population, environment and development.

Over time, state policies have been forced to take into account the evolving feminist critique of population and development policies. Initially, the Western liberal feminist approach brought out the gender-differentiated implications of the development process and WID policies were offered as a corrective mechanism. The WID perspective sought greater equity between women and men, but neither was Western knowledge about 'Third World' peoples and their systems questioned nor were existing gender hierarchies interrogated at the local level. Integrating women into development was seen as a technical problem, rather than something requiring a fundamental interrogation of gender relations and ideology.

'Third World' feminists redefine the population-development conundrum arguing that they are not against birth control and planning families, but they want an informed choice in contraceptives, and health care facilities. But they also want sustenance, safe workplaces, clean drinking water, sanitation, harmonious gender relations, control over their life situations and a better future for their children. As we will see in the Indian context, the coercive state policies on reproduction in the 'Third World' adopted under international advice have had a detrimental affect on women's health and reproductive autonomy. Women

have responded by developing different modes of challenging the control which are becoming evident in women's growing activism on reproductive matters.

Section Two

Aspects of Reproductive Politics in India

CHAPTER IV

(Re)Inventing Patriarchies Nation, State, Gender In Birth Control Discourse In India

...And there is now considerable evidence that those causes that are marginalized in the struggles are likely to be marginalized in its victories, and especially in the consolidation and institutionalization of victory in the state.

Jan Jindy Pettman, *Worlding Women: a feminist international politics*, 1996

Introduction

Despite a voluminous literature about the promotion of "family planning" in India in recent decades, little attention has been given to the terms of debate over this issue. While there are many his/stories of population policies there is little work on the relation between these policies and the local patriarchal practices. The discourse of birth control has a peculiar history and trajectory in India. It started as a eugenic and neo-Malthusian concern that the "unworthy" be prevented from reproducing during the early decades of the twentieth century influenced by similar movements in Europe and the North America. But it was also bound up intricately with the rise of nationalist struggle and the nationalist constructions of womanhood. The nationalist movement drew on gendered construction of nationalist identity. For women, the cultural identity defined in the nationalist discourse effectively meant that their lives could make sense only in relation to their families/communities. So although certain unjust practices were to be abolished and women were to be involved in activities outside the

home, they still had to act as guardians of national culture, indigenous religion and family tradition.

Birth control in the colonial and nationalist discourses, therefore, did not generate an argument for women seeking control over their reproduction nor was it provoked by such demands. It was a largely male discourse partly because birth control, and the entire "women question" was so construed in the gendered nationalist thought that women's emancipation was linked with the claim of independent nationhood. In the nationalist moment, the ostensibly gender-neutral claims of "national development", "healthy development of the race", and "strong Indian nation" contributed to a process of social restructuring in which the claim of superiority of the nation was built around the sacred and spiritual inner self of the nation.¹ In these discourses, women were the embodiment of this spirituality. This signification simultaneously initiated a process of re-claiming control over women's bodies and reproduction. By analyzing the birth-control discourse in colonial India and exploring how gender articulated with diverse forms of power, nationalism and capitalism, in this chapter, I look at the processes which affected women's reproductive consciousness and freedom. I explore the discursive forces during the nationalist moment which organized, produced, and administered control over women's reproduction and hence participated in the maintenance of patriarchal relationships of domination. By interrogating concepts such as the "nation's development", the "nation's

strength", and "nation building" and by identifying the regularities in eugenist, neo-Malthusian, economic nationalist and cultural nationalist discourses on birth control, I illustrate how birth control in India has meant the effective subordination of women to the needs of the nation. I illustrate how Indian nationalism (re)invented patriarchy, how "womanhood" was constructed within nationalist discourse, how nationhood was gendered and why birth control remained a masculinist discourse in India by conflating women with motherhood, with serious implications for gender relations.

I try to accomplish two things in this chapter: First, I look at the early birth control discourse and explore the discursive influence of western Malthusian and eugenist thought on Indian demographers, population activists and patrons of the birth control movement. Second, I explore the social construction of gender and motherhood in the debate on birth control during the nationalist moment. As the movement entered the *puran swaraj* (complete self-rule) phase, the agenda of birth control ebbed but a narrative of a "strong motherland" gained ground which gave new reproductive responsibilities to women in the nation. They now had to produce healthy babies for a future healthy nation and fulfill a particular image of woman - chaste, dutiful and maternal. My intention is not to plot the graph of "birth control in the nationalist struggle" but to explore how ideas about reproduction and the particular historical and material context of the nationalist moment affected the assumptions that underlined the policies on birth control.

¹ Partha Chatterjee, *The Nation and Its Fragments: Colonial and*

My focus is on the ways in which the nationalist struggle itself manipulated understandings about reproduction and the impact this had on the real lived condition of women and men. This discussion outlines the historical background of how women's reproduction was framed in the public discourse in colonial India. It provides a pillar for comprehending the issue of control of women's reproduction in India.

This chapter has two sections. In the first section I look at the influence of various ideas and political movements in framing birth control in India and analyze the nature of the local initiatives. I look at how women got involved in the public debate on birth control and on what terms. This is followed in the second section by an analysis of the nationalist reproductive politics, the construction of gender in nationalist discourse and how it underlined women's maternal capacities at the centre of their service to the nation.

Indian Men Discuss Birth Control: Malthusian and Eugenics Discourses on Birth Control

The issue of birth control has been debated in India since the closing decades of the last century.² Several elite Indian men were associated with the

Postcolonial Histories (Delhi: Oxford University Press, 1995).

² The term "birth control" was coined by the women-led movements for control over reproduction in the early decades of the present century in Britain and the United States. See, Linda Gordon, *Women's Body, Women's Right: A Social History of Birth Control in America* (New York: Viking, 1976), xv. The earlier attempts to grapple with the issue can

work of the neo-Malthusian League founded in England in 1877.³ They were western-educated, members of the administrative services, professors, or scientists.⁴ They were influenced by neo-Malthusian and eugenic theories which had become popular in the West at the time. The neo-Malthusian thought derived from the conservative ideas of Thomas Malthus who argued in 1798 that excessive birth rates among the poor would soon outstrip available food supply. He argued that while subsistence increased only in arithmetical ratio, population increased in a geometrical ratio.⁵ Neo-Malthusianism was (and still is) based on the principle that a reduction in the rate of population growth, achieved by means of a reduction in fertility, was a prerequisite and not a consequence of

probably be better termed as the issues of "control of human reproduction".

³ Ashish Bose and P.B. Desai, *Studies in Social Dynamics of Primary Health Care* (Delhi: Hindustan Publishing, 1983), p.187, cited in Mohan Rao, 'The Indian Family Planning Program: A Retrospective', paper presented at the Third All India People s' Science Congress, Bangalore March 1990.

⁴ See profiles of pioneering men in birth control movement in Barbara Ramusack, 'Embattled Advocates: The Debate Over Birth Control in India, 1920-1940', in Cheryl Johnson-Odim and Margaret Strobel (eds.) *Expanding the Boundaries of Women's History: Essays On Women in the Third World* (Bloomington: Indiana University Press, 1992), p. 175.

⁵ Malthus' "Law of Population" and his theory of overpopulation were sharply criticized by Marx and Engels a few decades later. Marx developed his law of population in *Das Kapital* stating that 'overpopulation' in capitalist societies is both relative and necessary; relative because the 'surplus' population in capitalist societies does not result from an inability of nature to support the existing population, but from the shortcomings inherent in the capitalist economic order; necessary because it constitutes the reserve army of labor, needed for the sustenance of capitalist economic system.

development. Supporters of this theory, therefore, actively campaigned for the spread of information and the distribution of contraceptive material and advice.

Eugenics emerged as an extension of the science of heredity in the closing decade of the nineteenth century. It claimed to apply genetic principles to the improvement of 'mankind'.⁶ The movement generated a strong base in Britain and the U.S. and a number of Eugenic societies were formed in these places in the late nineteenth and early twentieth century.⁷

Eugenic and neo-Malthusian ideas influenced elite men in India. Census studies conducted decennially since 1881, provided detailed data which was interpreted by some to indicate disturbing rates of population growth. The imperial Census Report of 1891 invoked Malthus to contend that overpopulation was responsible for poor health and economic misery among the expanding

⁶ The term 'eugenics' was introduced in 1883 in England by Francis Galton, a cousin of Darwin. He took the term from the Greek 'eugenes' which means of 'of good birth'. Galton combined the ideas of Darwin and Malthus and advocated "selective breeding" to prevent the deterioration of the human race. Galton later founded English Eugenics Education Society. C. M. Ewing 'Tailored Genes: IVF, Genetic Engineering and Eugenics', *Reproductive and Genetic Engineering*, (Vol. 1, No. 1, 1988), pp. 31-32.

⁷ The idea of the superiority of the white Anglo-Saxon and Nordic races and the ideology of racism led to the passing of legislation in 1935 regarding forced sterilization in 27 U.S. states for 34 categories of people including 'social misfits', such as epileptics, the mentally ill, homosexuals (called 'sexual perverts'), alcoholics, criminals and prostitutes. See, for example, Gena Corea, 'Who May Have Children and Who May Not', in H. P. Hynes (eds.) *Reconstructing Babylon: Essays on Women and Technology* (London: Earthscan Publication, 1990), pp. 92-102; Angus MacLaren, *Our Own Master Race* (Toronto: McClelland, 1990).

population.⁸ The imperial report traced the reason for high levels of fertility to "permanent elements in the traditional social structure which had remained inadequately responsive to the modernizing influences of India's contacts with the West."⁹ This imperial reasoning influenced Indian elite and many concluded that an essential condition of nation's survival lay in controlling its population. In 1916, P. K. Wattal, one of the first well-known Indian public advocate of family planning, published *The Population Problem in India*. In his book, Wattal advanced the view that a reduction in birth rate was a precondition for a rise in the standard of living of the people.¹⁰ The 1921 Census showed more increase in population. British administrators began to talk about birth control and education to curb the high rates of fertility which they claimed was nullifying the progress achieved under the aegis of the British benevolence.¹¹ In Bombay, Calcutta and

⁸ B.L. Raina, 'Family Planning', in M.S. Gore (eds.) *Encyclopedia of Social Work in India*, Vol. 1 (New Delhi: Planning Commission, 1968) cited in Debabar Banerji, 'Technology of Reproduction Control and Population Policy', Working Paper, Centre of Social Medicine and Community Health, School of Social Sciences, Jawaharlal Nehru University, New Delhi, August 22, 1991, p. 3.

⁹ P. B. Desai, 'The Perspective of India's Population Policy', in Ashish Bose, P. B. Desai and S. P. Jain (eds.), *Studies in Demography* (Chapel Hill: University of North Carolina Press, 1970), p. 399.

¹⁰ P.K. Wattal, *Population Problem in India: A Case Study* (reprinted) (New Delhi: Minerva Book Shop, 1958), p. v.

¹¹ Not much was done to strengthen the education system. Mass education was never a priority of the colonial regime. It is a well documented fact that British education policy was geared to exposing a few elite Indians to the English-style education which would give Indians access to the superior scientific knowledge of the West. Middle-class Indians were to be introduced to the English language because the colonial administration needed clerks and translators. Selective education among women was promoted largely because the British wanted their civil servants to have

Madras, more educated, elite Indian men began to discuss the need for birth control and attempted to establish institutions to provide information on contraception. In 1923, the Birth Control League, a non-governmental association on population was formed in Bombay and two years later a similar association appeared in Pune. The first family planning clinic was opened in 1925 on the initiative of Professor Karve in Bombay. A Neo-Malthusian League was founded in Madras in 1928 which began actively to promote reproductive control for the economic and eugenic improvement of the Indian population.¹² An Indian scholar, S. Das, participated in the first World Population Conference organized by Margaret Sanger in Geneva in 1927 and in his presentation, he underlined the need to introduce population restraining methods to people. He referred to the "crowding of population in India", which he argued, had resources for feeding only half the current population.¹³ In 1930, the Maharaja of Mysore, who was a supporter of neo-Malthusian ideas, directed the Mysore state hospital to give out birth control advice to its out-patients. Mysore hospital became the

educated wives to further ensure their loyalty. For an interesting feminist reading of the British education policy in India see, Geraldine Forbes, *The New Cambridge History of India: Women in Modern India (IV.2)* (Cambridge: Cambridge University Press, 1996), specially Chapter 2.

¹² Bose and Desai, *op. cit.*, in note 3, p. 187.

¹³ S. N. Das, quoted in Kumudini Dandekar, 'Fertility: Its Control and Future Prospects', in Ashish Bose (eds.), *Population in India's Development: 1947-2000* (Delhi: Vikas Publishing House, 1974), p. 334.

world's first government-sponsored, birth control clinic.¹⁴ Madras followed with the establishment of a birth control clinic in state hospital in 1933.¹⁵

In 1935, the Family Hygiene Society was founded in Bombay. The Society began to publish a periodical, *The Journal of Marriage Hygiene*, in the same year.¹⁶ The 'Family Hygiene Society' was later renamed the 'Family Planning Society' in 1940, and still later in 1949, after Independence, it was renamed the 'Family Planning Association of India' (FPAI) with Lady Dhanavanti Rau as its President.¹⁷ Another birth control society called 'Help Our Mothers Society' was formed in Ujjain, in the Central Provinces in 1936 and began to provide birth control services.

The *Journal of Marriage Hygiene* became important in defining the terms of the birth control discourse. The *Journal* provided information on contraception and the Marriage Hygiene Society aimed to "increase happiness in marital and family relationships and to ensure general improvement in human race".¹⁸ The Society sponsored research, education, especially through the journal, and through a series of classes on elementary sexology and marriage hygiene, and gave contraceptive advice through clinics to married women who sought it. The

¹⁴ Bonnie Mass, 'An Historical Sketch of the American Population Control Movement', *International Journal of Health Services*, (Vol. 4, No. 4, 1974), p. 655.

¹⁵ Robert H. Cassen, *India: Population, Economy, Society* (Hong Kong: Macmillan, 19978), p. 145.

¹⁶ Rao, *op. cit.*, in note 3, p. 1.

¹⁷ Lady Dhanavanti Rau also became the Vice-President (with Margaret Sanger) of International Planned Parenthood Association in 1952.

Family Hygiene Society was an elite group operating clinics for a non-elite clientele who were not represented among its members.¹⁹

In 1935, U.S. activist Margaret Sanger, who had acquired a big name by this time as a promoter of artificial birth-control methods, toured India. Before starting her tour Sanger established contacts among groups of women, physicians and social scientists. She also approached sympathetic personnel in the Raj bureaucracy and in the independence movement, as well. She planned and arranged demonstration clinics at a number of places to provide practical instruction in contraceptive methods for local midwives and British missionaries who were best organized to advance health and welfare reforms on a wide scale.²⁰ But the highlight of Sanger's visit was her speech at a meeting of the All India Women's Conference (AIWC)²¹ where she spoke on birth control. Sanger's nationwide tour was very successful and she won many friends and ardent supporters for the birth control movement in India among elite Indian men and women.²²

¹⁸ *Journal of Marriage Hygiene*, No. 2, November 1935, 116, quoted in Ramusack, *op. cit.*, in note 4, p.187.

¹⁹ *Ibid.*, p. 119.

²⁰ Ellen Chesler, *Woman of Valour: Margaret Sanger and Birth Control Movement in America* (New York: Simon & Scuster, 1992), pp. 356-358.

²¹ AIWC, as we will see below, was a prestigious women's voluntary organization. Formed in 1929 for upliftment of Indian women by elite Indian women and some British sympathizers later was active in the freedom struggle. By 1935-36 it claimed to represent 10 million women. See, for example, Kamaladevi Chattopadhyay, *Indian Women's Battle for Freedom* (Delhi: Abhinav Publications, 1983).

²² Rao, *op. cit.*, in note 3, p. 1.

Following Sanger's visit, some women's birth-control groups were formed in Bombay and Calcutta. The women's groups and other single-issue associations which were already working, advocated that information on contraception be provided in public clinics. They encountered strong opposition from municipal councils however, and officials in most governmental bodies were reluctant to provide information on contraception in publicly-supported institutions, considering birth control as obscene, even when the British administration endorsed the suggestion to provide birth control information.²³ Women's groups thus remained marginal.

In 1938, the Indian National Congress established a National Planning Committee, with Jawaharlal Nehru as its chair.²⁴ One of its sub-committees was

²³ It is interesting to note that while birth control was endorsed by British in India, dissemination of information on birth control was illegal in Britain, Canada, Australia and New Zealand at this time.

²⁴ Congress constituted its first National Planning Committee in 1938 to consider means and ways of industrializing India. The immediate impetus for such thinking came from the formation by the Congress, under a new constitutional arrangement, of ministries in six provinces in India and the questions raised by Gandhi about the responsibility of the Congress in regulating the growth of modern industry. Gandhi considered industrialization to be the cause of modern society's major ills. This Committee was an opportunity for Congress to carve out Indian thinking about economic development in anticipation of the state power. The Committee, in the process of formulating a development model for India, engaged rival intellectual traditions (capitalist, socialist, Gandhian) that dominated Indian debate on economic development at that time. National Planning Committee, in a nutshell, was to provide a blueprint of Congress rule in Independent India. The Committee held five sessions between 1938 and 1940. A number of sub-committees were also formed to look at specific issues in the development debate. See, for example, B. R. Tomlinson, *The New Cambridge History of India: The Economy of Modern*

devoted to the question of population. The sub-committee argued in its report that the state should adopt a family planning policy "in the interests of social economy, happiness of the family and the development of the nation".²⁵ In 1943, the Health and Development Committee, often identified after its chair as the Bhore Committee, was constituted to provide a blueprint for the development of health services in the country. The Bhore Committee concluded its study in 1946 and in its report unequivocally underlined the need for introducing contraception to people for health and economic reasons. It argued that the decline in birth rates had not followed declines in death rates in India thus generating a grave population problem. The Committee recommended that the state should assist the birth-control movement, both to promote the health of mothers and children, and on economic grounds in the interests of the individual and community. The legacy of eugenic thought was also clearly evident in the report,

...the classes which possess many of the undesirable characteristics are also known to be generally improvident and prolific. A continued high birth rate among these classes, if accompanied by a marked fall in the rate of growth of the more energetic, intelligent and ambitious sections of the population, which make the largest contribution to the prosperity of the country, may be fraught with serious consequences to national welfare.²⁶

India, 1860-1970 (Cambridge: Cambridge University Press, 1993), pp. 12-13, and p.166; Chatterjee, *op. cit.*, in note 1, pp. 200-201.

²⁵ National Planning Committee, *Report of the Sub-Committee on National Health* (Bombay: Vora and Company, 1948) cited in Tomlinson, *Ibid.*

²⁶ *Ibid.*, 3.

Economic Nationalist and Socialist Feminist Discourses on Birth Control

While neo-Malthusian and eugenist arguments asserted a causal relationship between the population of the country and scarcity of food, there was also an economic nationalist argument in its opposition. The economic nationalist argument was derived mainly from India's pioneer economic nationalist of the late nineteenth century, Dadabhai Naoroji's, "drain theory", in which Naoroji argued the mass poverty in India was a direct consequence of Britain's "drain" of resources out of India.²⁷ The economic nationalists forcefully argued that colonial rule was responsible for India's poverty. Economic nationalists rejected the idea of overpopulation as the cause of misery and focused opinions on the relation between colonial rule and impoverishment, particularly of certain classes. They argued that all population problems would be solved with the end of colonial rule.²⁸ Colonial scholars and imperial apologists in response maintained that by guaranteeing peace between the

²⁷ Dadabhai Naoroji, in his study 'Poverty and Un-British Rule in India', completed in 1871, and published in 1901, measured the extent of transfer of economic resources from India to England and other European countries. He assessed the effects of this drain for Indian masses and concluded that India's mass poverty was a direct consequence of the British rule. It was in this connection that Naoroji provided the first ever estimates of India's national product. See, Bipan Chandra, *The Rise and Growth of Economic Nationalism in India*, (New Delhi: People's Publishing House, 1966).

²⁸ R. C. Dutt, an ex-civil servant, resigned from his job and developed a focused critique on the distortions to the Indian economy brought about by British rule. He linked the impoverishment of the mass of population to the colonial drain of wealth from India to Britain over the course of the nineteenth century. R. C. Dutt, *The Economic History of India in the Victorian Age* (London, 1906).

warring princely states and providing timely warnings about famine situations, the colonial rulers had abolished two of the three "Malthusian checks" on population growth namely, famine, disease and war.²⁹ The economic nationalists responded that famines and wars between the princely states were the direct result of colonial policies. They argued that a large population was an asset of the new nation.³⁰ So there was, no need to promote birth control.

Economic nationalists thus generated a powerful argument for sovereignty and for rejection of a "population problem". Economic nationalists argued that poor health, high mortality and morbidity rates, blamed on higher breeding patterns of the "undesirable classes" in the eugenic, neo-Malthusian and colonial discourse, would be resolved in an independent nation.

Besides economic nationalism, another counter discourse on population which contributed to the Indian birth control debate, though marginally, was generated by Western Socialist feminism. Around the early decades of the present century, in Europe and North America, a growing women's movement was demanding a right to birth control. This women-led movement for birth control in Europe and North America had almost nothing in common with the

²⁹ For a very lively and a detailed summary of this debate, see, Bipan Chandra, *The Rise and Growth of Economic Nationalism*, pp.1-54.

³⁰ The view that a large population was going to be the new nation's asset, as we will see in the next chapter, remained an important standpoint within a considerable section of the political elite, at least in the formative years of the new nation. It was marginalized partially by the increasing pressure from the international agencies of population control, and partially by the distributive choices that the new state made which worsened the situation of poverty.

eugenicist or neo-Malthusian movement for birth control. These women-led movements aimed to empower women by controlling their reproduction to gain personal autonomy and improved economic conditions. Between 1910-20, as Linda Gordon documents, it is this movement in the United States that produced the term "birth control". It represented a new concept but also "a new organizational phase" with birth control leagues created mainly by feminists in larger socialist movement.³¹ Sheila Rowbotham chronicles a similar movement in Britain.³² The new socialist-feminist movement debated the links between reproduction and production, mothers and workers and issues such as ownership of one's person and control over nature. These socialist feminists argued that birth control for women was no less essential than workshop control and the determination of the conditions of labor for men, and that birth control was woman's crucial effort at self-determination and at control of her own person and environment.³³ They argued that repeated pregnancies were harmful to the health of working-class women and that it was in the interests of capitalists to have unlimited supply of cheap labor. As Sheila Rowbotham observes, by the late 1920s in Britain, male Communist belief that birth control worked as an alternative to the redistribution of wealth also began to shift and 'Workers' Birth Control' groups were formed. Feminists in the new movements deliberately

³¹ Linda Gordon, *Women's Body, Women's Right: A Social History of Birth Control in America* (New York: Viking, 1976), p. xv.

³² Sheila Rowbotham, *The Past is Before Us: Feminism in Action Since the 1960s* (New York: Pandora, 1989), pp. 221-238.

³³ *Ibid.*, p. 224.

disassociated themselves from Malthusian population control as an alternative to socialism. They criticized eugenicists' desire to prevent the "unfit" from reproducing as "class bias" and "sex bias".³⁴

Some of these women came in contact with Indian nationalist leaders who traveled to Britain and North America seeking support for the Indian struggle against colonialism. Many of these women joined Indian people in their freedom struggle.³⁵ Some U.S. women were also initiated into the Indian freedom struggle by the ideas of *Hindustani Ghadar Party* formed by socialist Indians who were living in California. Although these Indian nationalist men never directly took to the cause of supporting birth control, the North American women who joined them, actively disseminated information on birth control to Indian women. Agnes Smedley, a U.S. supporter of the Indian nationalist struggle, was also a birth control crusader who worked with Margaret Sanger on her journal *Birth Control Review*. In 1925, Smedley deplored the lack of birth control options in India. She was concerned that Indian Socialist men dodged the problem of birth control in India by writing only about the geopolitical concerns of the issues and not about social evils in India.³⁶

³⁴ Stella Browne, 'Women and Birth Control', in Eden and Cedar Paul (eds.), *Population and Birth Control, a Symposium*, cited in Sheila Rowbotham, *A New World for Women: Stella Browne Socialist Feminist* (London: Pluto, 1977).

³⁵ See profiles of many such women in Kumari Jayawardena, *The White Woman's Other Burden: Western Women and South Asia During the British Rule* (New York: Routledge, 1995).

³⁶ Smedley wrote passionately in favor of birth control and argued that in the absence of birth control, India produced "droves of weak slaves" and that

This socialist-feminist discourse on birth control remained marginal in India. Many Indian reformers, elite men and writers used the term birth control in late 19th and early 20th century but without accepting the politics and meaning of birth control which the feminist movement in the West generated. They were familiar with the ideas and politics of birth control in West and some of them were in touch with women activists in the United States. But their association with the western birth-control movement was peculiarly gendered and its politics and practice was different from the objectives of the birth control movement of which, for example, Margaret Sanger was the pioneer in the United States.³⁷

Indians, and those sympathetic to India, would be in a stronger position if they acknowledged "India's evils"; adding that we did not need the British government or Christian missionaries to tell us what we needed. Janice R. MacKinnon and Stephen R. MacKinnon, *Agnes Smedley: The Life and Times of an American Radical* (Berkeley: University of California, 1988), cited in Kumari Jayawardena, *The White Woman's Other Burden*, p. 237.

³⁷ Several contemporary historians of the birth control movement in the United States have concluded that by the late forties, the birth control movement had become increasingly professionalized and institutionalized in the United States. Margaret Sanger also began to yield her feminism and grass-roots orientation in her quest to gain scientific acceptance of the cause. At a 1948 World Population Conference, the International Committee on Planned Parenthood was launched which in 1952 became the International Planned Parenthood Federation with Margaret Sanger and Lady Rama Rau of India as joint honorary presidents. The U.S. movement's change of name from birth control to Planned Parenthood was crucial. The concept of "planned parenthood" reflected a clear shift towards strengthening the family as a unit rather than aiding women to take control over their sexuality. See, for example, Ruth Dixon-Mueller, *Population Policy and Women's Rights: Transforming Reproductive Choice* (Westport: Praeger, 1993), p. 41; Asoka Bandarage, 'A New And Improved Population Control Policy?' *Political Environments*, (No. 1, Spring 1994), p.11. Also see, Sandra Whitworth, *Feminism and International Relations: Towards a Political Economy of Gender in*

Interestingly, Margaret Sanger who defined birth control to mean women's autonomy to choose the timing and number of pregnancies through contraception and greater personal control for women over their health and economic situation, never emphasized this meaning in her association with Indian male reformers. Efforts at birth control therefore, in India, developed without the participation of women and without their empowerment as the goal.

Indian reformers and nationalists appropriated neo-Malthusian and eugenic arguments but shaped them to their own vision of a "strong Indian nation". Pioneering men appealed to other elite Indian males with arguments about the political, economic and to a lesser extent, the personal benefits of exercising reproductive control. Women, even elite women, were seldom included as participants in these campaigns. As Barbara Ramusack sums up, "the male vanguard was most active as propagandists establishing the necessity for and morality of reproductive control".³⁸

Indian Women Become Involved in the Birth Control Discourse

Elite Indian women began to become active participants in the campaigns only with the growing participation of women in the national movement in the mid-1920s. The All India Women's Conference (AIWC), an autonomous national women's body which later played a vital role in the nationalist movement, held its first session in 1927 in Pune. At this session, it formally became a permanent

Interstate and Non-governmental Organizations (London: Macmillan, 1994).

³⁸ Ramusack, *op. cit.*, in note 4, p. 175.

organization with the goal of reforming the general social and economic situation of women. AIWC was the first organized women's body to talk about reproductive control but it took supporters of birth control of the organization several years and tremendous effort to convince various strands in AIWC membership and their leaders of the merit of birth control for women.³⁹ The first resolution on women's need for birth control was passed in AIWC's Madras session in 1936.⁴⁰ Some of AIWC workers' earlier effort to bring in a resolution in favor of birth control during the 1931 session, came under heavy opposition especially from members of various religious groups who found birth control sacrilegious.⁴¹ A sustained campaign on the part of some women, later led to the gradual acceptance of the discussion of birth control issues in meetings. At the Sixth Annual Session of the AIWC in Madras in 1936, the issue of regulating the size of families came under discussion, and was hotly debated but ultimately the need for birth control for women was recognized and a resolution to pursue birth control was passed.⁴²

Initially AIWC's emphasis on birth control was elitist as elite women talked of reproductive restraint by poorer women to curb population growth in the country. Later AIWC's emphasis began to drift away from population agenda. AIWC began to talk about giving birth control information to women to give

³⁹ Kamaladevi Chattopadhyay, *Indian Women's Battle for Freedom* (Delhi: Abhinav Publications, 1983), pp. 82-83.

⁴⁰ *Ibid.*

⁴¹ Ramusack, *op. cit.*, in note 4, p. 183.

⁴² Chattopadhyay, *op. cit.*, in note 40.

decision-making in reproductive matters in the hands of women. This shift was largely influenced by women's increasing involvement in the freedom struggle and women's agenda acquiring an important place in the nationalist struggle. By the 1930s, the participation of rural peasant women, plantation workers, workers in textile mills where wives of male workers, widows, and deserted women were among the work force, had increased tremendously in the freedom movement. The increasing visibility of women in the freedom movement also made visible their low status in society, for instance, in terms of health, education, and employment. AIWC became an important platform to voice women's concerns. The AIWC position on birth control then accorded women a better position in decision-making on the issues of reproduction. This was demonstrated in the debate at the Madras session in 1936 which concluded by urging that in the women's struggle for emancipation, it was crucial that "mothers should have the opportunity to limit their families".⁴³

⁴³ Although it was 'mothers' opportunities that were put as a central focus, this was the only vision of emancipation. Many Indian women emphasized equality, and not so much sacrifice and service, as self-rule. They emphasized fulfillment as an individual in relation to nationalist struggle and argued that this kind of self-rule and fulfillment could not be given "by well wishing men but had to be taken by force". [Amiya Devi, cited in Radha Kumar, *The History of Doing: An illustrated Account of Movements for Women's Rights and Feminism in India, 1800-1990* (New Delhi: Kali for Women, 1993), p. 58]. Radha Kumar argues that two differing rationalizations for women's resistance coexisted. Women's rights were being presented in terms of various ideals of the role of the mother and also because women had the same needs, desires and capacities as men. But as I argue in the next section, "motherhood" became the dominant rationality and discourse of equality was marginalized.

The AIWC position thus differed from the male discourse on birth control in that it emphasized women's health as the main rationale for promoting birth control. Although the dominant position of women leaders supported the dissemination of knowledge about contraception only to married women and only as an aid to physically and mentally healthy families, women's reproductive health was important. Lakshmibai Rajwade, a prominent Congress woman, forcefully argued the case for birth control before the National Planning Committee in 1938:

...birth control, provision of goods, instructions, demonstrations and consultations in material and child health services should be an important part of government policy. Birth control is obviously a very important function in view of the fact that high mortality among mothers and children in this country is in part due to frequent pregnancies involving a terrific strain on the nerves and on a vitality already abnormally low. Children are born not as a creative evolutionary response to the vital urge but as brittle standardized product of a tired reproductive machinery set in motion by a sexual act. The reproductive system has to be kept fresh and vitalized to respond creatively and must not therefore be subject to that strain. That can only be done by controlling pregnancy by contraceptive methods.⁴⁴

The debate in India on the need for reproductive control through contraception ebbed during the 1940s. The AIWC which had supported a resolution on birth control and emphasized the rights of women as mothers to information on reproductive control, began to move away from a central focus on birth control as it concentrated on lobbying Indian legislators for legal reforms regarding women's rights, basically the demand for a new personal and family

law reforming areas such as marriage, divorce and inheritance.⁴⁵ The draft Code, which was commissioned by the colonial government in 1943 and which submitted its report in 1945, proposed changes in personal law following the demand of the women's movement. It gave a widow the same share as a son in the husband's property, gave a daughter half a son's share, and proposed the banning of polygamy, and legalized inter-caste marriages along with some divorce provisions proposals.⁴⁶ The draft Code was supported by women's organizations but it met with strong opposition from a number of influential male Congress members.⁴⁷ In this debate, issues of reproductive control and other social reforms did not surface.

Birth control thus did not develop into a full-blooded women's issue. It remained largely a male-led neo-Malthusian discourse in India. It was not articulated around the questions of woman's freedom or woman's control over her reproduction or sexuality. The discourse on birth control and the public

⁴⁴ Rao, *op. cit.*, in note 3, p. 3.

⁴⁵ Renuka Ray, legal secretary of the AIWC wrote a pamphlet *Legal Disabilities of Indian Women: A Plea for a Commission of Inquiry* in which she argued in favor of new laws for all women regardless of community. She argued that Indian women did not want sex war, they demanded equality to be able to play a role in the affairs of the country. For details on mobilizations around the draft code, see Forbes, *op. cit.*, in note 11.

⁴⁶ Joanna Liddle and Rama Joshi, *Daughters of Independence: Gender, Caste and Class in India* (London: Zed Books, 1986), p. 37

⁴⁷ Some men based their disapproval on the sanctity of religious beliefs and practices: customs and behavior supported by Hindu law were unalterable. Others raised the fear that reforms would bring chaos. What sensible governing body would want to create "havoc in the household", they asked. Some men decided to speak for women, declaring how

discussion on contraception in India was regulated in response to other "national/race concerns" and "crisis" and was imbricated by the nationalist discourse. It overlapped with the period when the nationalist thought as Partha Chatterjee argues, was reconfiguring the "public" and the "private" in Indian society⁴⁸ and it was natural therefore for birth control arguments to reflect the nationalist construal of the question. The colonial mind had been successful in turning Indian women into signs of the inherently oppressive and unfree nature of the entire cultural tradition of the country. Nationalist thought in presenting a political position opposed to colonial rule and in response to political, economic, and cultural encroachments by the West, took up the "women question" once again in the language of culture and tradition which was to relegate women to the domestic sphere, the home and family. In what follows I discuss how the "woman question" was "resolved": the social construction of womanhood in nationalist thought.

"If boys grew up to be men then girls grew up to be mothers": Social Construction of Gender and the Discourse of the Domestic

That the place of Indian women in "national life" was to be as mothers became apparent in the early 20th century when women began to take part in the national struggle. It is interesting to note various ways in which the "motherhood of the nation" was expressed in this period. They ranged from a

happy the women they knew were with the current situation. See, Forbes, *op. cit.*, in note 11, pp. 114-115.

presumed inherent "biological-spiritual" power of motherhood which was assumed by many women activists in the national struggle to the "biological-rationalist" interest of social reformers in the "healthy development of the race" which was championed by social reform organizations.⁴⁹ Nationalist men believed that a "healthy race" was necessary for the creation of the Indian nation, that women were responsible for the "production" of a healthy race, and that 'if boys grew up to be men then girls grew up to be mothers.'⁵⁰

Mahatma Gandhi developed a discourse on women's liberation on a nationalist basis. In his essay entitled "Women and Social Injustice", he attributed the nation's poverty and weakness partly to women's exclusion from productive labour and education. In matters of sexuality he deplored double standards by which a man who engaged in unregulated sexual conduct was easily forgiven but a woman who did likewise was considered a prostitute and traitor to the noble ideals of wifehood and motherhood.⁵¹ This is not to say that Gandhi thought both men and women could engage in promiscuous sexual activity; rather, he wanted to hold men to the same "standards" to which women were held. In Gandhi's gendered division of labor, there was no inequality. Male and female roles were equally important. He advocated women's education because it was directly connected with the survival of the nation. Prenatal care

⁴⁸ Chatterjee, *op. cit.*, in note 1, especially Chapters six and seven.

⁴⁹ Kumar, *op. cit.*, in note 44, pp. 50-51.

⁵⁰ *Bombay Chronicle* 1913, quoted in *Ibid.* p. 51.

and maternal education were of primary concern as healthy children were needed for the "preservation of the nation" and the "preservation of the race". Gandhi had a very specific notion of gender roles. He did not think women should assume the roles and occupations pursued by men and was adamant in the view that the principal bread-winners should continue to be men. Women were to contribute to good standards of housekeeping, nutrition, sanitation and hygiene and were to be the conscience-keepers of the nation.⁵²

Mahatma Gandhi also spoke on birth control and wrote several articles on this subject in *Young India* and *Harijan*, the two journals that he founded.⁵³ He advocated suspending procreation through continence, *brahmacharaya*, which referred to the student stage of male Hindu life when one was to study the ancient Vedas and practice self-restraint.⁵⁴ Gandhi denounced artificial contraception and argued that sexual union which was not for procreation but for pleasure was "immoral". He desired limitation of birth not so much for the solution of any presumed overpopulation; for him, it was for the improvement of the moral status and physical health of the individual. His uncompromising position accordingly was:

⁵¹ Vinay Lal, 'The Mother in the "Father of the Nation"', *Manushi: A Journal About Women and Society*, (No. 91, November-December, 1995), pp. 28-29.

⁵² *Ibid.*, 29.

⁵³ These articles are brought together in: M. K. Gandhi, *Self-Restraint vs. Self-Indulgence* (Ahmedabad: Navjivan Publishing House, 1947).

⁵⁴ M. K. Gandhi, *Birth Control*, edited by Anand Hingorani (Bombay: Bharatiya Vidya Bhawan, 1962).

There can be no two opinions about the necessity of birth control. But the only method handed down from ages past is self-control. It is an infallible sovereign remedy doing good to those who practice it. ...The practice of abstinence is difficult but is not impracticable.⁵⁵

Margaret Sanger, during her visit to India in 1935-36, held extensive discussions with Mahatama Gandhi on artificial methods of birth control where, finally, they agreed to disagree as Gandhi's stand remained unchanged. In his report of the discussions between Gandhi and Sanger, Gandhi's secretary, Mahadev Desai, wrote, "... and yet as Mrs. Sanger was so dreadfully earnest, Gandhiji did mention a method which meant avoidance of sexual union during unsafe periods, confining it to the safe periods of about ten days during the month".⁵⁶ But once again Gandhi's advocacy was for the larger national cause as he said, "it is our duty at the present moment to suspend bringing forth heirs to our slavery".⁵⁷

Interestingly, women's responsibility for the health of the race was a subject of concern not only for social reformers and philanthropists but for the imperial government as well. In 1908, the colonial Indian Factory Commission noted the need to restrict women's hours of work, saying, "it will protect to some extent all women operatives who have household duties to perform and will thereby tend to promote the general health of the whole body of workers".⁵⁸ But

⁵⁵ M.K. Gandhi, *Self-Restraint vs. Self-Indulgence*, cited in Desai *et al* (eds.), *op. cit.*, in note 11.

⁵⁶ Mahadev Desai, quoted in Desai, *op. cit.*, in note 9, p. 401.

⁵⁷ *Ibid.*, pp. 400-401.

⁵⁸ Kumar, *op. cit.*, in note 50.

interestingly, the concern for women's long hours of work did not result in a shortening of women's hours of work or the provision of more holidays. The proposed official reform focused instead on improving conditions of child birth and early care. The issue was women's responsibility for the health of the working class, particularly, the health of the future generation of workers. As Radha Kumar observes,

The role of the working-class mother, thus was defined as the production of healthy workers. Debates on the nature and importance of motherhood for the motherland, were restricted to defining the roles of middle class women, and whether they were to be the mothers of the nation or mothers of the British Indian Empire.⁵⁹

Women, Nationalism and the Discourse on Birth Control

The "women's question" in India was as inextricably tied up with the concerns of nation-building as it is in many other parts of the colonial world. Womanhood during India's nationalist struggle became one of the most important signifiers of colonial transformations. Women were invested with authenticity that made them the chief conduits of nation building.⁶⁰ Feminist historiography is beginning to examine the extent to which elements of national identity are articulated as forms of control over women and which infringe upon their rights as enfranchised citizens. But such systematic attempts to analyze women's

⁵⁹ *Ibid.*, p. 51.

⁶⁰ Jasodhira Bagchi, 'Ethnicity and the Empowerment of Women: The Colonial Legacy', in Kumari Jayawardena and Malathi de Alwis (eds.), *Embodied Violence: Communalizing Women's Sexuality in South Asia* (New Delhi: Kali for Women, 1986), p. 115.

association with the nationalist project are still relatively few. There are basically two ways in which women's involvement has been theorized in the literature on South Asia. First, some feminist authors have linked the rise of feminist movements to anti-colonial and nationalist struggles.⁶¹ The nationalist struggles aimed at achieving political independence, asserted a national identity and a desire to modernize society. In their quest for modernization, they dismantled many pre-capitalist structures, especially ruling dynasties and religious orthodoxies that stood in the way of internal reforms. These struggles, the argument goes, opened space for social reform and an important space for questioning women's position and the prevailing social and religious practices which legitimated their subordination.

In contrast, some other feminists argue that the agenda of nationalist policies on women's equality was instrumental. While certain women played an important role in the early stages of the nationalist projects, the analysis goes, it was often men who shaped the agenda of social reform.⁶² They mobilized

⁶¹ See, for example, Kumari Jayawardena, *Feminism and Nationalism in the Third World* (London: Zed Books, 1986); 'Introduction', in Jayawardena and de Alwis (eds.), *op. cit.*, in note 61; Jana Everett, Kathleen Staudt and Sue Ellen Charlton, (eds.), *Women, the State, and Development* (Albany: SUNY Press, 1989); Sheila Rowbotham, *Women in Movement: Feminism and Social Action* (London: Routledge, 1993); Deniz Kandiyoti, 'Identity and Its Discontents: Women and the Nation', in Patrick Williams and Laura Chrisman (eds.), *Colonial Discourse and Post-Colonial Theory: A Reader* (New York: Columbia University Press, 1994), p. 378.

⁶² See, for example, Valentine Moghadam (eds.), *Gender and National Identity: Women and Politics in Muslim Societies* (London: Zed Books, 1994), Jan Jindy Pettman, *Worlding Women: A Feminist International Politics* (New York: Routledge, 1996),

women when they were needed in anti-colonial movements, or when they were needed in the labour force or even at the front, only to be returned to domesticity or to subordinate roles in the public spheres when the national emergency was over. The apparent convergence between the interests of men and nationalist priorities led some feminists to conclude that the state itself was a direct expression of men's interests.⁶³ Some feminists also argue that control over women and their sexuality was central to national and ethnic processes. Women bore the burden of being "mothers of nation" as well as being those who reproduced the boundaries of ethnic/national groups, who transmitted the culture and who were the privileged signifiers of national difference.⁶⁴

The common thread in these otherwise divergent positions is that the integration of women into modern nationhood has been a different experience from that of men. It is also evident that the nationalist movements were profoundly ambiguous about the proper place of women. The exceptional circumstances of struggle required a break with custom; the claims of a "modern civilization" required women educated and engaged in production. Yet the creation of a nation involved, as Sheila Rowbotham expresses it, "the legitimation of continuity".⁶⁵

⁶³ Maria Mies, *Patriarchy and Accumulation on a World Scale* (London: Zed Books, 1986).

⁶⁴ Nira Yuval Davis and Floya Anthias (eds.), *Women - Nation - State* (London: Macmillan, 1989). Also see various contributions in Jayawardena and de Alwis (eds.), *op. cit.*, in note 61.

⁶⁵ Rowbotham, *op. cit.*, in note 62, p.108.

In the case of India, elements of national identity evolved in the form of control over women's behavior and how they lived their lives. During the late 19th century Indian reform movement, reformists spoke up for oppressed Indian women. They condemned the atrocities inflicted on women in the name of *sati*, the marginalization of widows, child marriage, prohibitions on widow marriage etc. They campaigned vehemently against these "backward" practices. The main enemy of early reformers was "backwardness" which they wanted to get rid off in order to make a claim for nationhood and strengthen the nation. For the colonial state, the *raison d'être* of the colonial rule was to save the Hindu women from the shackles of Hindu males. As Indian reformers campaigned, the colonial state passed several laws to end the practice of *Sati*, legalize widow remarriage and increase the "age of consent".⁶⁶

With the turn of the century, reforms on women began to vanish from the agenda of the nationalists. Partha Chatterjee has convincingly conjectured about this phenomenon by closely looking at Bengali society in this period.⁶⁷ He argues that the nationalist discourse counterposed a spiritual, internal, private morality which symbolized the internal spiritual strength of India which could not be colonized by the imperial power to a pragmatic, worldly and public space. The interior, spiritual space was represented by "woman". To Chatterjee, the nationalist discourse guarded the public/private boundary carefully resulting in a

⁶⁶ The *Sati* (widow immolation) Abolition Act was passed in 1829, the Hindu Widow Remarriage Act was passed in 1856, and the Age of Consent Act in 1891.

moral, spiritual victory of India over her colonizers. The nationalist movement, aimed at achieving political independence, asserted a national identity and a desire to modernize society. But this did not mean emulating the West in every respect of life, for the distinction between the West and the East had to be preserved. The assertion of a national identity on the basis of which people could be mobilized against colonial domination was based on a claim of superiority in the "inner" or the spiritual domain where the colonial power had no control. Women were the signifiers of this distinct identity. Mobilizing the inside/outside distinction, nationalist rhetoric thus made woman "the pure and ahistorical signifier of "interiority" as woman took on the name of a vast inner silence".⁶⁸

Benedict Anderson argues, when people construct a "nation" they choose among various "pasts" what to valorize and continue into the future.⁶⁹ In their search for a national identity, religious nationalists in India harked back to a national (read Hindu) culture - a culture based on a (re)invented tradition and yet not traditional. Women's roles were pivotal in this Hindu male nationalists' construction of a tradition that articulated what should be preserved and what should be built anew. To seek legitimacy for this position, reformers also idealized the Hindu civilization of a distant past, speaking of the need to regain

⁶⁷ Chatterjee, *op. cit.*, in note 1.

⁶⁸ A. Radhakrishnan, 'Nationalism, Gender and the Narrative of Identity', in A. Parker, M. Russo, D. Sommer and P. Yaeger (eds.), *Nationalism and Sexualities* (London: Routledge, 1992), p. 84.

the freedom that women were said to have possessed in their societies. Nationalism's moral/normative power thus lay in claims to a cultural superiority which was constructed in opposition to West.

The nationalist movement drew on gendered constructions of nationalist identity. For women, the cultural identity defined in the nationalist discourse effectively meant that their lives could make sense only in relation to their families/communities. So although certain unjust practices were to be abolished and women involved in activities outside the home, they still had to act as the guardians of national culture, indigenous religion and family tradition. The new model "Hindu woman" conformed to a specific gender division of labour and an identity symbolized by the moral purity of this woman, where she represented the superiority of the "glorious tradition". The nationalist discourse firmly directed women towards a new realm of "reformed" domesticity selecting them as guardians of Honour and familial respectability. The family was the center and motherhood as the bond of nationhood was woman's sole "national obligation". The new woman in the home was to complement rather than challenge the nationalist man in the family. The conditions of working outside the home, as Chatterjee describes, brought upon changes in men's food habits, dress, and religious observance. They had to be compensated for by a renewed assertion of spiritual purity on the part of women.⁷⁰ Men were relatively free to adopt new

⁶⁹ Benedict Anderson, *Imagined Communities: Reflections of the Origin and Spread of Nationalism* (London: Verso, 1992).

⁷⁰ Chatterjee, *op. cit.*, in note 1.

styles of conduct but women, in Najmabadi's terms, had to be "modern-yet-modest".⁷¹ Modernity had different meanings for men and women. Familial patriarchies were thus being reinvented which conferred upon women new social responsibilities and subjected them to new controls. The reinvention of patriarchy during the nationalist moment was to be consistent with the nationalist project. As Chatterjee eloquently observes,

The new woman did emerge who was subjected to a new patriarchy which was derived from a "classisized" tradition - reformed, reconstructed, fortified against charges of barbarianism and irrationality. Education began to be stressed... (but) which was to be "Indian" in content stressing a "feminine curriculum" as the central place of the educated women was still at home.⁷²

Kumari Jayawardena affirms the thought::

The objective of the (nationalist) reformers was twofold: to establish a system of stable, monogamous nuclear families with educated and employable women such as was associated with capitalist development...; and yet to ensure that women would retain a position of traditional subordination within the family.⁷³

Interestingly, the women in this nationalist representation were largely Hindu, upper caste and upper class. Working-class and peasant women did not become a part of this national imagining nor were Muslim women part of the "national" culture. Educated upper and middle class men sought "civilized

⁷¹ A. Najmabadi, 'The Hazards of Modernity and Morality: Women, State and Ideology in Contemporary Iran', in Deniz Kandiyoti (eds.), *Women, Islam, and the State* (London: Macmillan, 1991), p. 49.

⁷² Chatterjee, *op. cit.*, in note 1, pp. 128-129.

⁷³ Jayawardena, *op. cit.*, in note 62, p.15.

(house)wives" and elaborated rules for the women of their class.⁷⁴ Working class and peasant women were not their concern. These men made every effort to make their women identifiably different and reformed from the working class women. Partly due to the controls in behavior that this new identity demanded, upper and middle class Hindu women came under stricter social obligations and stricter social control.

The Moment of Decolonization and Women's Role as Symbols of "The Nation"

In nationalist thought, therefore, women with their new roles and responsibilities were the inner strength which legitimated the nation's claim of superiority to the colonizer. For both the community and the state, women were the carriers of honor. This was once again illustrated in the events around the declaration of the Hindustan-Pakistan Plan at the moment of the decolonization of the subcontinent. During the partition of the country and in the violence that followed women became the locus of tension. The Hindustan-Pakistan plan announced on June 3, 1947 created a new political entity, Pakistan. Although the exact boundary between the two countries had still to be negotiated, the exchange of populations had already started accompanied by unprecedented violence. Hundreds of thousands of men, women and children were killed in the

⁷⁴ In their quest for civilized wives, upper class men often arranged personal coaching for their wives. English women gave Indian wives lessons in English poetry, language, dressing, eating and housekeeping inside the four walls of their homes. This is wonderfully portrayed, for example, in film maestro Satyajit Ray's film, *Ghare Bahare*.

violent communal clashes on both sides of the border. Thousands of women on both sides chose violent deaths for themselves by drowning or taking poison by grinding their glass bangles or asked to be killed by their own men. They preferred to die rather than submitting to the sexual violence unleashed upon them by men of other communities. Thousands of women were abducted and raped or forcibly converted to their abductors' religion and married to them. The woman's body as Veena Das observes, became the sign through which men communicated with each other.⁷⁵ The political program of creating two nations of India and Pakistan left permanent scars of the sexual and reproductive violence that accompanied the creation of the two nations.

An official fact-finding committee reported that half a million innocent lives were taken in the communal carnage and close to 100,000 women were abducted on both sides.⁷⁶ A policy with regard to abducted women and children born as result of sexual violence was first enunciated in a session of the Indian National Congress in November 1946. In the wake of the terrible violence between Hindu and Sikhs on one side and the Muslims on the other, the Congress expressed its grave concern with the fate of women who were violated. Congress resolved that the women who had been abducted and forcibly married must be restored to their homes. The situation worsened, however,

⁷⁵ Veena Das, 'National Honor and Practical Kinship: Unwanted Women and Children', in Fay D. Ginsburg and Rayna Rapp (eds.), *Conceiving the New World Order: The Global Politics of Reproduction* (Berkeley: University of California Press, 1995), p. 214.

beginning March 1947, and the disorder became so acute that three weeks after India and Pakistan became separate states, the representatives of both countries agreed that steps should be taken to "recover" and "rehabilitate" abducted women.⁷⁷ The implementation of those decisions led to a large number of women being "recovered" from both sides. For the new nation states of India and Pakistan, the recovery of abducted women and children was a matter of national honor. Leaders expressed their concern and anger at the "moral depravity" that characterized this "shameful chapter" in the history of both countries. "We all know our history", said one Member of Parliament in Indian Parliament, "of what happened in the time of Lord Sri Ram when Sita was abducted. Here, where thousands of girls are concerned, we cannot forget this. As descendants of Ram we have to bring back every Sita that is alive".^{78 79}

⁷⁶ G.D. Khosla, *Stern Reckoning* (Delhi: Oxford University Press, 1951 cited in *ibid.*, p. 215.

⁷⁷ This vocabulary of 'recovery', 'rehabilitation', 'homeland', Urvashi Butalia argues, was actually a euphemism for returning Hindu and Sikh women to the Hindu and Sikh fold, and Muslim women to the Muslim fold. Thus even for a self-defined secular nation (India) the natural place/homeland for women was defined in religious, indeed communal terms. Urvashi Butalia, 'Community, State and Gender: On Women's Agency During Partition', *Economic and Political Weekly*, (Volume 28, No. 15, 1993), WS-16.

⁷⁸ As the legend goes, the demon king Ravan, abducted Lord Ram's wife, Sita, and took her to Lanka. Ram with the help of monkey god, Hanuman, invaded and burnt down Ravan's Lanka and "recovered" Sita. The part of the story that the M. P. did not tell was that after recovering Sita, Ram asked Sita to prove her chastity by walking through fire, the *agnipariksha*. Sita successfully performed the *agnipariksha* but even then Ram deserted her because she had lived in Ravan's Lanka before it was burnt down.

And yet because of the time that had elapsed between women's abduction and their recovery, many women had been converted to the religions of their abductors and were married to them. Many had children by their new husbands or were pregnant when they were recovered. Women, carriers as they were of community/nation's honor, were now "defiled". Many women refused to leave their new homes. Some agreed to leave their new families who did not want to return the children, especially sons, born to them in this period. Others were threatened that if they left, their children will be killed. Many did not want to return for the fear of facing their communities. The stories go on.⁸⁰ When the women were brought to their respective homelands, many families refused to take daughters back who were pregnant and raped and declined to accept children born of "wrong" sexual unions. In a nation where motherhood was a woman's greatest virtue and duty, women's right to motherhood, of course, was mediated closely by the presence of accredited fathers in a socially-sanctioned relationship of marriage and in a socially sanctioned community. Consequently,

⁷⁹ Constituent Assembly of India (Legislative) Debates, December 1949, cited in Ritu Menon and Kamla Bhasin 'Abducted Women, the State and Questions of Honour: Three perspectives on the recovery operation in post-Partition India', in Jayawardena and de Alwis (eds.), *op. cit.*, in note 61, p. 6.

⁸⁰ Some feminist historians recently started an oral social history project and communicated an experience of Partition through women who were destituted in one way or the other by the events, a history which was never recorded in the two countries before. Some of these works include: Ritu Menon and Kamla Bhasin 'Abducted Women, the State and Questions of Honour', Urvashi Butalia, 'Community, State and Gender: On Women's Agency During Partition', and Veena Das, 'National Honor

hundreds of women remained "unclaimed" and many were deserted in the camps.

Indian national leaders issued appeals to communities and families to come forward to claim their women, asserting that women had not violated any sexual norms voluntarily and they deserved compassion rather than revulsion.⁸¹ Gandhi and Nehru called abducted women their own daughters.⁸² Rehabilitation and transit camps were set up by the governments in the border towns of Amritsar, Lahore, and Jullandhar where women were kept, nursed and "cleaned"⁸³ before they were returned to their communities.

The whole process of "recovery" and "rehabilitation" illustrated how women were the signifiers of national and community honor. They were not "exchanged" as citizens; the nation's interest in them was premised upon their definition as sexual and reproductive beings. Their vulnerability to another community's revilation was an attack on the nation's purity and honor. The

and Practical Kinship: Unwanted Women and Children' *op. cit.*, in notes 76, 78, and 80.

⁸¹ The ministry of relief and rehabilitation is said to have issued a pamphlet which quoted *Manu* to establish that a woman who had had sexual involvement with someone other than her husband, involuntarily became purified after three menstrual cycles and hence her family could take her back. See Butalia, *op. cit.*, in note 78, WS-18.

⁸² Ritu Menon and Kamla Bhasin, 'Recovery, Rupture, Resistance: Indian State and Abduction of Women during Partition', *Economic and Political Weekly*, (Volume 28, No. 15, 1993), WS-4.

⁸³ "Cleaning" (*safai*) is an expression that is colloquially used for abortion in India. Although it was not legal to perform abortion at that time, abortions were performed in these rehabilitation centres.

honor of the nation was at stake as women the sexual and reproductive beings were forcibly held by the other side.⁸⁴

In the aftermath of partition, the leaders of the post-colonial state made certain attempts to fulfill their promises to women. The new state declared the legal equality of men and women in the Constitution and set up various administrative bodies to promote opportunities for women. Yet the years after independence seemed the site of a severe setback for feminist politics. After Independence, the *Hindu Code Bill* was again discussed in the Assembly but there was still opposition to proposed changes in the personal law including from the then President of India, Rajendra Prasad. The *Bill* was eventually treated in a piecemeal fashion, with some sections, namely, *The Hindu Marriage and Divorce Act*, *The Hindu Adoption and Maintenance Act* and *The Hindu Women's Right of Succession to Property Act*, passed as separate Acts only many years later, in the mid-fifties. The *Dowry Restraint Act* was passed only in 1961. No action was taken on the question of a uniform civil Code. The draft Hindu Code brought out the divisions over the women's question in the nationalist movement. Opposition to changes in personal law was strong among the conservative sections of the nationalist leadership and within the Assembly. When it came to implementing equality in the domestic arena, it became clear that whilst the nationalist men were determined to resist national subordination, they were not

⁸⁴ Das, *op. cit.* in note 76, p. 221.

ready to forgo their control and domination over women. As Liddle and Joshi argue,

(the nationalists) supported the principle of sexual equality,... partly because it also fulfilled nationalist purposes, but opinion on the Hindu Code Bill was split because the guarantee of domestic equality represented a challenge to male dominance rather than to British colonialism. ...Equality in the areas of politics and employment was granted, but it was precisely the area which characterized women's subordination, the very feature that distinguished gender oppression from other forms, namely, domestic, sexual and family relations, that the men resisted conceding their privilege.⁸⁵

The resistance to proposed changes in the personal law demonstrated that nationalist thought represented women only as symbols of modernity. In the masculine definitions of both modernization and tradition, the interests of men and the nation neatly converged. "Modernity" had a different meaning for men and women. The discourse of birth control did not return except in the debates on national planning.

Conclusion

The purpose of this chapter was to build systematically how nationalist thought impacted reproductive consciousness. I argued that birth control did not develop into a women's issue. The discourse on birth control and the public discussion on contraception in India clearly emerged in response to other "national concerns" and in response to the situations of "crisis" from increasing number of poor people. Although there were modernists who foresaw, at least

⁸⁵ Liddle and Joshi, *op. cit.*, in note 47 p. 38.

partially, a better role for women and economic nationalists who were producing a counter discourse of poverty. There was also some women's activism which included initiatives by white socialist women, alongside women in the Congress-led nationalist moment who did articulate arguments for women's reproductive health. In the end, however, they were largely subsumed in the nationalist construction of womanhood. The description of birth control revealed the gendered relations of subordination structured through various discourses of the state and the nation. Elite men constructed birth control in eugenic and Malthusian terms, the colonial state blamed India's poverty on reproductive profligacy of the poor women, economic nationalists countered the colonial claim but subsumed women's reproductive freedom under the 'larger' goal and a national aspiration of an independent nation. The dominant Hindu nationalism constructed women as mothers of the nation and markers of its boundaries. This trope of the nation-as-woman depended on an image of woman as chaste, dutiful, daughterly or maternal.⁸⁶ The new model of "Hindu women" constructed in nationalism conformed to a specific gender division of labor and an identity symbolized by the moral purity of this woman, where she represented the superiority of the "glorious tradition". The nationalist discourse firmly directed women towards a new realm of "reformed" domesticity selecting them as guardians of honor and familial respectability. The family was the center and motherhood as the bond of nationhood and her sole "national obligation".

⁸⁶ Parker, Russo, Sommer and Yaeger (eds.), *op. cit.*, in note 69, p.6.

The nationalist reproductive politics, the construction of gender roles where women were the inner-self of the nation - the guardians of tradition - defined within family and community while men took up the public space; the focus on women's maternal capacities as the locus of their service to the nation; and the restraint on reproduction to bring to life only those who could make contributions to "national welfare", appropriated women's reproductive control.

The discourse on birth control in India was thus largely a male discourse. It was framed to fit into the "strong nation" goal: the goal of "ameliorating the economic conditions in India" and to "enhance the health of Indian population". In the next chapter, I will demonstrate the validity of Pettman's evocative construction that those causes that are marginalized in the struggles are likely to be marginalized in its victories, and especially in the consolidation and institutionalization of victory in the state.⁸⁷ In discussing the birth control policies in post-colonial India I will argue how the nationalist baggage and the state concerns defined women's reproductive choices.

⁸⁷ Pettman, *op. cit.*, in note 63, p.61.

CHAPTER V

"The Husband State": The Post-colonial State Claims Reproductive Control

In the previous chapter I explored how gender articulated with nationalisms by analyzing the birth control discourse in India. I identified the discursive forces which claimed control over women's reproduction and hence participated in the maintenance of relationships of gender subordination. I specifically explored how nationalism used the birth control debate to re-construct patriarchy. I interrogated notions such as the "nation's aspirations" and "national crisis" and unveiled the gendered assumptions of presumably gender-neutral claims. Looking at the birth-control discourse during the nationalist moment, I explored how "woman" was constructed in relation to the nation, how nationhood was gendered and showed how birth control was a largely male discourse in India which conflated women with motherhood.

In this chapter, I present the regularities in the discourses of birth control and family planning policies in India from the time of independence in 1947 to date. This discussion highlights how the state policies have meant effective control of women's reproduction for the "needs" of the nation and state. Family planning programs are a site where the Indian state intervenes to control all women's reproduction for the "national goal" of regenerating nation's population in numbers that are perceived as "sustainable", without altering the highly unequitable distribution of resources. This helps me to contextualize the question of women's reproduction and identify another site where women's

reproduction is controlled and contributes to the framework of understanding reproduction in the Indian context. Beginning with a brief introduction of the family planning structure in India, in what follows, I explore various phases of the program, particularly from the point of view of the meaning they engender for women in India.

The Edifice of Family Planning in India

Soon after India's independence, the Planning Commission was constituted and a budget earmarked for family planning. A Family Planning division was set up in the Planning and Development section of the Directorate General of the Health Services in 1952. Family planning was considered the financial responsibility of the federal Health Ministry, but implemented by the states. In 1952, India thus became the first country in the world to have a state-sponsored family planning program. During the same year, an autonomous agency, the Family Planning Association of India (FPAI) was established to assist and provide direction to the official programs of family planning. FPAI was affiliated to the International Planned Parenthood Federation. In India, as elsewhere, family planning emphasized the virtues of small families for the health and well-being of mothers and children while strategically pushing fertility control.¹

¹ Pravin Visaria and Anurudh K. Jain, *India, Country Profiles* (New York: Population Council, 1976).

By the Third Plan (1961-66), a full-fledged federal department of family planning was established within the Health Ministry under a minister of cabinet rank and the ministry was renamed as a Ministry of Health and Family Planning. In 1966, the Central Family Planning Council was set up with the Health Minister as chair, with similar councils in the states. In the same year, a Commissioner of Family Planning was appointed to head the Department of Family Planning; the commissioner's rank was elevated to that of a joint secretary in 1974-75. Though the Commissioner was always a medical doctor, the upgraded post has always been held by a senior bureaucrat. "Family Planning" was renamed "Family Welfare" by the Janata government which replaced the Congress government at the centre after the state of Emergency in 1977 in an effort to neutralize the dreadful image which came to surround the very phrase of "family planning" after the excesses of the Emergency.

Presently, in the states, state Family Welfare Bureaus are headed by a Joint Director of Family Planning and Maternal and Child Health, with an officer of the rank of Secretary to head the cell in the Secretariat. Implementation of the family planning program areas is through the Community and Primary Health Centres funded by the state governments. Over the years, an extensive network of over 2000 Community Health Centres, 21,000 Primary Health Centres and 131,000 village level sub-centres has been set up to provide family planning services, alongside primary health care including maternal and child health care,

at the grassroots level.² The recommended population to be covered within this network is 3000-5000 for every sub-centre, 20,000 - 30,000 for every primary health centre and 80,000 - 120,000 for every community health centre.³ This is separate from the centrally-funded but autonomous agency, Family Planning Association of India (FPAI), which in 1994 had 41 branches and 27 Integrated Rural and Area Projects in 17 states and 2 Union Territories.⁴ The official documents of the Government of India view three distinct stages in the evolution of the Family Welfare programs. The clinical approach (First and Second Five Year Plans: 1951-1956 and 1956-1961); the extension and education approach (Third Five Year Plan: 1961-1966), and finally the cafeteria approach.⁵

The Official Approaches to Family Planning

The **clinical approach** initiative was heavily funded from abroad and was based on the Western "clinic model". It involved opening up family-planning clinics country-wide with an idea that those who wanted advice on contraception would visit the clinics. The rhythm method was the officially sanctioned method in the First Plan, but information on barrier methods was also offered.⁶ In the

² Department of Family Welfare, Government of India, *India: Country Statement*, International Conference on Population and Development, Cairo 1994 (New Delhi: Government of India, undated), p. 11.

³ *Ibid.*, p. 11.

⁴ Family Planning Association of India, *Strategic Plan 1992-2000* (Delhi: FPAI, 1992), p. 2.

⁵ See, for example, Department of Family Welfare, *op. cit.*, in note 2.

⁶ The rhythm method was adopted at the behest of Dr. Abraham Stone from the WHO who visited India in 1951 to study which method might be most suitable. It was chosen because it was considered to be more in

private clinics, the diaphragm with jelly (D-J) method were also advocated. During the Second Plan period, sterilization was also added as a method and mainly tubectomies were carried out.

The **extension and education approach** was launched during the Third Plan years since clinics had little impact on the birth rate. This approach aimed at embedding the concept of birth control in family planning and health services nearer home through an extensive network of primary health centres and sub centres in rural areas, and in hospitals and family welfare planning centres in urban areas. International agencies' influence on population planning increased during this period. On the advice of the Population Council and the Ford Foundation, the clinic-based approach was changed to extension services including education, to cultivate a desire for family planning. Information, education and communication were stressed for community involvement and improving motivation as well as spreading knowledge about non-clinical methods such as the rhythm method and condoms. During the same period, the Ford Foundation helped to found the National Institute of Health Administration and Education and the Central Family Planning Institute for research and training.

The **cafeteria approach** is supposedly promoted to make available different "choices of family planning methods" to couples in state-led family planning centres. It is based on the principle that a range of contraceptive methods - both permanent, such as sterilization, and temporary which enable

keeping with Indian culture and acceptable to all religions. Also see,

birth spacing, such as the pill, condom, IUDs - should be offered to clients so that they can make an independent and voluntary choice regarding the method of birth control. The cafeteria approach remains the official position with more and more choices added to the "cafeteria" with the development of technologies of reproductive control.

A Gendered View of Family Planning

This classificatory scheme, however, hides crucial aspects of the family planning story in India. It presents family planning as a gender-neutral public policy, which benefits the partners in married couples equally, concealing the gendered history of family planning. It is important, therefore, to rewrite this history from a gender perspective. What follows in the next section is a genealogical account of more than forty years of family planning in India. I look at three phases of policy of Indian official practice of increasing control over women's (poor women's in particular) reproduction. My division of three family planning phases is based on the changing and deepening control over women's reproductive decisions in the practice of family planning.⁷ This interpretive

Chapter VI for more details.

⁷ Feminist scholars who looked at the family planning program have used different schemes to explore the various phases. Vimal Balasubrahmanyam, *Contraception As If Women Mattered: A Critique of family planning* (Bombay: Centre for Education and Documentation, 1986), divides the period into four different phases based on the overall approach: the clinical approach, extension approach, camp approach and integrated approach. Malini Karkal, 'India family planning program: historical perspective', paper presented at the conference of the Campaign Against Long Acting Hormonal Contraceptives, Bombay 1986, looks at the program chronologically; Mohan Rao, 'The Indian Family

history of family planning in India shows how Indian women's reproductive decisions are controlled by the Indian state. The following discussion also illuminates how the post-colonial state is a major player in the reproductive politics and a major stake in feminist political practice.

Let everything be planned

Aided Volunteerism: The First Decade of Family Planning in the New Nation

"Spiraling population as a national problem" which required regulation of family size to forestall the emergence of a "national crisis", did not emerge immediately as part of government discourse after Independence. Although the bureaucracy which inherited power from the British proclaimed that the nation will "not be able to feed, clothe and house its people if their numbers continue to swell",⁸ the Nehru government still had an ambivalent stand on population and its relationship with economic development. The new government did not present poverty as a function of population and certainly did not view India's people as burden. By contrast, the Indian people had wrested freedom from colonial rule: the nation was building itself on the strength of its people. This was evident in First Five Year Plan which argued that the effect of an increase of the population

Planning Program: A Retrospective', Paper presented at the Third All India People's Science Congress, Bangalore, March 1990, and Jyotsna Agnihotri Gupta, 'New Freedoms, New Dependencies: New Reproductive Technologies, Women's Health and Autonomy', Ph.D dissertation (Leiden: Leiden University, 1996), provide a plan-wise history of the family planning.

⁸ See, for example, National Planning Committee, Population, *Report of the Sub-Committee*, National Planning Committee Series 6 (Bombay: Vora, 1947); Baljit Singh, *Population and Food Planning in India* (Bombay, 1947).

could not be judged solely in terms of the effect on per capita incomes, since population affected the whole pattern of production and consumption. The plan put all weight on planned development:

...It is not possible to judge whether or not, an increasing population is favorable or unfavorable to development. In the past, periods of rapid economic development have also been periods of rapidly increasing population, but whether there is any causal relationship between the two or how it works one cannot say with any certainty. In periods of rapid development and changing techniques it is questionable whether the concept of 'optimum' population can have any precise meaning.⁹

The Planning Commission also believed that the nation was "backward" - deeply divided by caste, with extremely low levels of literacy, and in which superstitions, disease and religious fundamentalism ruled and gender-based discrimination was the norm. The nation had to modernize, economically, socially and culturally. The state had a model of planned development: hydraulic dams were to be the temples of modern India and factories were its foundation. Nonetheless, family planning was another advocated "modern" practice - another pillar of the modernizing nation despite the ambiguity about the link between population increases and development.

During the First Five Year Plan period (1951-56) the program promoted for advice on family planning in rural medical centres and government hospitals. Resources were also set aside to initiate social behavioral and bio-medical

⁹ Government of India, Planning Commission, *First Five Year Plan*, Chapter I, The Problem of Economic Development, Delhi 1952, para 7.

research on acceptance and different methods of contraception.¹⁰ Family planning clinics were opened all over the country to give advice on contraception "in the interest of mother and child health".¹¹ It was perceived that the provision of voluntary services and methods of fertility regulation to those who requested them would have the desired impact on the birth rate. The methods of fertility control (rhythm method and diaphragm with jelly) were natural or barrier methods whose control lay with women.

Not many people made use of the family planning clinics, however. By the end of the five year plan period it was clear that people were not identifying with the notion of family planning advanced through these clinics. Official reasoning focused on two factors for its failure. First, it was argued that rhythm method failed because women with irregular cycles could not rely upon it and use of the diaphragm and jelly required privacy, and facilities of water and storage space, which few could afford. Second, it was argued that the methods required good communication between spouses which was presumed to be generally lacking.¹² Interestingly, the solution found by the state to the two problems was sterilization. In the period of Second Plan (1956-1961), the Central Family Planning Board was established which was a coordinating body for the State Family Planning Boards, and sterilization was added as a method in

¹⁰ Asok Mitra, *India's Population: Aspects of Quality and Control* (New Delhi: Abhinav Publications, 1978), p. 633.

¹¹ *Ibid.*, p. 634.

¹² John Caldwell and Pat Caldwell, *Limiting Population Growth and the Contribution of Ford Foundation* (London: Frances Pinter, 1986).

the program. Sterilization focused mainly on tubectomies and men's participation in family planning remained minimal.¹³

Despite endorsing private initiatives on birth control, the colonial state had not interfered with family size. The post-colonial state, however, attempted to enter the private domain and claimed control over women's reproductive choices. Matters reproductive now were to be regulated in conformity with an "appropriate" size of family in centrally planned local state-led programs. As it perceived a need to limit population growth, and to the extent that it was concerned with the national population, the post-colonial state built its programs on the basis of a re-constructed notion of Indian womanhood. This notion perceived women as the carriers of authentic cultural or national identity and guarantors of its purity. Certain attributes of this notion changed with the times, for instance girls began to go to school but their schooling was also to make them better wives, and mothers.¹⁴ The family-planning discourse constructed motherhood as the primary role of women in the Indian society. The First Five

¹³ *Ibid.*

¹⁴ This is evocatively brought out in a very popular Tamil song, "a very very good woman" which an Indian cultural delegation to Moscow in 1951 sang. The song portrayed the virtues of a "good woman" who as a girl went to school, as a wife was dutiful and never argued with her husband, cared for her in-laws family, cooked, swept and cleaned "bending the waist", she was - a good woman, a very very good woman..., the song affirmed. See, C S Lakshmi, 'Bodies Called Women: Some Thoughts on Gender, Ethnicity and Nation', *Economic and Political Weekly*, (Vol. 32, 45, 1997), p. 2953. Lakshmi argues that coming four years after independence, the song was particularly significant as it put many things in perspective about official endorsement of particular cultural practices and assumptions.

Year Plan emphasized "happier, healthier families" (which changed to "smaller families" in the subsequent plans) where women (read mothers) were to be the "keepers of family health".

Education of women, heavily emphasized from the inception of family planning in India, was also functionally geared towards this use. Adhering to the functional demographic identity between women's level of literacy and fertility, in the 1950s and 1960s, the major policy objective in the education sector was to expand enrollment.¹⁵ But this education did not give women the space and power to raise their voice against unjust traditions and question their positions in society.¹⁶ In various family-planning programs women were made to appear as "key to improving" the lot of families. Poor women were particularly targeted and blamed for high child mortality rates because of their presumed "ignorance" and "unhygienic practices". Family-planning officials dictated a series of tasks women could undertake to improve the health and wealth of their families. One

¹⁵ The government did not succeed in actually enrolling many girls in schools. Even now, as the 1990 figures revealed only 39 percent of female above the age seven are literate, as opposed to 64 percent of males. World Bank, *Improving Women's Health in Practice* (Washington: World Bank, 1996), p. 52.

¹⁶ Meenakshi Thapan looks back at the education of 1950s and 60s and argues that women's education did not seek to empower and liberate them. It did not address the needs and claims of women in their daily lives and therefore failed to generate the possibility for personal growth and independence. She argues that the significant value of education lay in its ability to alter women's consciousness and lives from within and bring about a change in their everyday lives through a "positive understanding and appreciation of their identities as women". Meenakshi Thapan, 'Linkages Between Culture, Education and Women's Health in

example of this was GOBIFF - growth monitoring, oral rehydration, breast feeding, immunization, family planning, food supplements, the so-called six point program of mother's (but not father's!) education.

The discursive formation of family planning, therefore, not only strengthened the existing structure of family, it also affected how feminine and masculine lives were construed. The family-planning discourse promoted a model of the family based on the Western nuclear family - a "*sukhi parivar*" (happy family), was made up of a working father, a stay-at home wife and two or three children. The discourse of family planning did not see women and men as persons with wider needs and claims located within and outside of the family. It constructed women and men as mother/wife, and husband/provider, defined within and by the family. There were no other identities for women.

The state's interest lay in bringing the rate of population growth down, but it did not have the social strength to recast gender identities. State institutions as centralized agents of social control, legitimated patriarchal practices by legally protecting many male privileges and limiting women's options and roles to those concerned with reproduction. It continued to discuss ways of manipulating the demographic variables of births, deaths, and migration and the principal economic and social means of influencing them. There was no attempt to assist women in creating social identities other than that of motherhood. There was no specific plan to include women in the process of industrial

transformation, the "great experiment in nation building", which the post-colonial state was initiating under its charge.¹⁷ Although legally entitled to an equal share of parental property under the *Hindu Succession Act* of 1956, few daughters actually received any agricultural land or other property in their name. Customary practices restricted women's ability to exercise their rights and the post colonial state could not assist them. Women lacked financial independence which was also reflected in the absence of any viable options to marriage.¹⁸ The family-planning discourse was based on an expectation that women's place was exclusively in the home. All interventions in the family were proposed and initiated while keeping the existing familial arrangements intact and without

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¹⁷ As a 1987 survey report concluded, ninety per cent of women engaged in so-called economically productive work are casual workers who do not have any security of employment or access to social support. Women's wages for casual work are generally one-half or less than those for men. Although participation of women in the labor force has increased in the past two decades, this is the result of deteriorating economic conditions among the poorest sectors of the peasantry, compelling women in these households to engage in wage labor. This is evidenced in declining proportions of cultivators and increasing proportions of wage laborers in agriculture with every census. Results of National Sample Survey Organization, 1987, *Report on the quinquennial survey on employment and unemployment, survey result: all India*. Thirty Eighth Round, No. 341, Department of statistics, Ministry of Home Affairs, Government of India, New Delhi, 337-338, cited in T K Sundari Ravindran, 'Women and the politics of population and development in India', *Reproductive Health Matters*, (No. 1, 1993), p. 26.

¹⁸ Although age at marriage had been slowly increasing, marriage is universal with about 99 percent of both men and women getting married. Sonalde Desai, 'Engendering population policy', paper presented at the International Conference on Gender Perspectives in Population, Health and Development in India, National Council of Applied Economic Research, New Delhi, 1996, p.12.

bringing in any change in the gender division of labor, power and resources. It was assumed that the existing familial structures were "natural". They were not to be changed nor did they need to change. "The" family was not open for interrogation. The State never intervened in the family to alter its gendered practices. Keeping the structures intact, it used the family to realize "national goals". The state's concern remained only with the reproductive aspects of women's lives and not with women's other productive roles in economy and society. By raising the issue of employment for women I am not presenting an *a la* demographic equation that women's employment is likely to have greatest impact on fertility.¹⁹ But my argument is that construction of an identity of women, not essentializing her reproductive but also her productive self, was not an issue engaged by the post-colonial state.

From the concerns with reproduction came gendered policies. The state's practices meant endorsement and maintenance of unequal power relations

¹⁹ Feminist scholars have been engaging with the issue of employment and greater sexual and reproductive choices. Ruth Dixon-Mueller, *Population Policy and Women's Rights: Transforming Reproductive Choice* (London: Praeger, 1993), chapter 5, for example, examined this question and before her Kalpana Bardhan, 'Women's Work, Welfare, and Status: Forces of Tradition and Change in India', *Economic and Political Weekly*, (Vol. 20, No. 51-52, 1985), p. 2262, had argued that the rate of workforce participation may have a role in determining women's status, but that role was qualified by the work quality, the class variation and whether productive labor was a sufficient condition for women's autonomy. Recently, Padmini Swaminathan, 'Work and Reproductive Health: A Hobson's Choice for Indian Women', *Economic and Political Weekly*, (Vol. 32, No. 43, 1997), p. 53, has argued that the "cultural stubbornness" of patriarchal households is such that whatever the contribution of women,

between men and women and provided a site for reproduction of women's subordinated status. It was thus a much easier option to shun the methods of fertility control that required better communication, women's control and other basic amenities of life, like access to water and little privacy. Small wonder that by the end of the first decade of family planning, sterilization was the main method of fertility control promoted by the Indian state.

State Control of Reproduction Through Coercion: The Second Phase of Family Planning

The 1961 population Census revealed that India's population was larger than the demographers had estimated. Family planning immediately became a "high priority" program. In 1962, the central government introduced financial incentives in the family planning program to bring down birth rate. Further, on the recommendations of the first UN Evaluation Mission report in 1965, the family planning program was integrated with the Maternal and Child Health (MCH) services as part of the Primary Health Care Strategy. MCH service providers at the community level were now required to fulfill a specified quota of family planning "acceptors". Quotas were accompanied by an elaborate system of financial incentives for acceptors and service providers at all levels. As the economic crisis of mid-1960s in Indian economy exacerbated, the Indian

women are still forced to "choose" abortion (rather than contraceptives) as a means to end unwanted pregnancies.

government adopted a policy of reducing the birth rates as its way of dealing with the crisis.²⁰ As T K Sundari Ravindran so evocatively expresses:

the policy of reducing the birth rate transformed the problem of high fertility - of which women and children were the victims - into the problem of 'women having too many children' - of which women were the perpetrators.²¹

The "integration' of family planning with maternal and child health (MCH) services diverted scarce resources and personnel away from women's maternal health needs. It also encouraged a transfer of responsibility for family planning exclusively onto women and since family planning services were made available only through MCH services, unmarried women, adolescents and adult single women were denied access to contraceptive services.

An intra-uterine device (IUD), the Lippes Loop, was introduced in 1965 in the family-planning program on the insistence of some international agencies.²² This marked the beginning of the Indian family planning program's special focus on women. By 1966-67, the program gained momentum and the "target approach" was initiated. This was a period when India was reeling under acute food shortages following the drought of 1965-66. The U.S government had given

²⁰ The mid-1960s represented a watershed in the economic history of India, with major agriculture and industrial difficulties leading to fundamental changes in policy and the distribution of public investment between agriculture and industry. For details see, S. L. Shetty, "Structural Retrogression in the Indian Economy", *Economic and Political Weekly*, (Annual Number, 1978) and Deepak Nayyar, "Industrial Development in India", *Economic and Political Weekly* (Special Number, 1978).

²¹ Sundari Ravindran, *op. cit.*, in note 17, p. 29.

²² Please see the next chapter.

food aid under PL 480 agreement and USAID supplied food while making family planning a condition, among others, for food aid.²³ By this time there was a clear shift in the family-planning agenda from a more or less voluntary and welfare program to one of population control. The central government's family-planning budget was increased and mass-communication techniques were evolved with the help of international agencies to bring the family planning message to the "ignorant masses".²⁴

To achieve quick results a "camp approach" was initiated.²⁵ At this time, through cash incentives, men also were encouraged to participate. The world's first mass vasectomy camp was organized in the state of Maharashtra in 1961

²³ The U.S. food aid under the PL-480 agreement came with several other strings. The then Johnson administration exerted pressure on New Delhi to implement new economic policies that would favor private enterprise and foreign investment, especially in agriculture. Although India resented these pressures but the mid-1960s food shortage in the country pushed the Indian government to agricultural restructuring. Green revolution in the late 1960s was the outcome of that. See, for details, B.R. Tomlinson, *The New Cambridge History of India: The Economy of Modern India, 1860-1970, III.3* (Cambridge: Cambridge University Press, 1993), pp. 205-207.

²⁴ The new techniques of mass communication and the role of international agencies are discussed in the next chapter.

²⁵ The camp approach involves taking a particular contraception facility out of clinics or hospitals to the rural areas or slums for a short duration. Prior publicity is done and people from surrounding areas are informed by the basic health workers and other staff through the Panchayats, temples or other community centres about the service availability and the incentives to be doled out. The underlying assumption in the camp approach is that poor, rural and uneducated masses do not require personal counseling and can be treated *en masse*. Sterilization camps are often set up in make-shift facilities. Medical personnel from referral hospitals contribute their services for a few days at a time and normally hundreds of sterilizations per camp are carried out each day.

where about 1400 men were sterilized in three days.²⁶ The following year, D.N. Pai, a doctor and a strong supporter of regulating fertility for population control, established a vasectomy clinic at Bombay's busiest subway station, Victoria Terminus, to cater to the railway passenger traffic which was estimated at 200,000 daily. This initiative was described as one of the most successful of the early programs.²⁷ Inspired by Dr. Pai's work in Bombay, a senior administrator of Ernakulam District in Kerala organized another massive camp in 1970 where 15,005 men were sterilized in a one-month period. Six months later another camp was organized in the same area wherein 63,000 vasectomies were carried out.²⁸ The World Bank, the UNFPA and SIDA supported these "dynamic" initiatives with considerable funds.²⁹ The "camp approach" became such a big

²⁶ Balasubrahmanyam, *op. cit.*, in note 7, p.12.

²⁷ Rao, *op. cit.*, in note 7, p. 169.

²⁸ The report of the Ernakulam Mass Vasectomy Campaign in 1970 and 1971, and its evaluation by an agency describes the "exemplary fashion" in which publicity and motivation campaigns were mounted and sustained: "The atmosphere of Ernakulam camp, on all accounts, assumed on occasions an air of festive gaiety ... men boarding trucks in large groups to be taken to vasectomy camps ... ". There is also a detailed description of the many extra prizes, incentives, and rewards that were offered to acceptors, and how badly the Union Family Planning Minister's offer of a small transistor radio compared to these attractive rewards. In the first Ernakulam camp in 1970, the cash incentive to the acceptor was Rs. 86. In the second camp of 1971, the cash incentive alone was Rs. 114 plus Rs. 10 to motivator per case. For details, see, Krishna Kumar, *The Story of Ernakulam Experiment in Family Planning* (Cochin: Government of Kerala, 1971); Mitra, *op. cit.*, in note 10, p. 670-671.

²⁹ Rao, *op. cit.*, in note 7, p. 170.

success that during 1971-72, more than 60 percent of the 2.19 million vasectomies were performed in the mass camps.³⁰

The Legalization of Abortion

Abortion was legalized in India in 1972 when the *Medical Termination of Pregnancy (MTP) Act*, 1971 came into force. Abortion like birth control again, entered the lexicon of Indian women's 'choice' through a very different trajectory from that followed in the West. Here, the 'right' to abortion was never at the centre of much debate since it is seen as a measure to control population growth. In 1965, a UN mission evaluating India's population policy had recommended legalizing abortion.³¹ Following the mission evaluation, a Committee was constituted to look at the recommendations. The Shantilal Shah Committee submitted its report in 1966 recommending that abortion be legalized to reduce the incidence of illegal and unsafe "back alley" abortions which were taking a heavy toll of women's lives.³²

Not all abortions became legal though. *The Act* allowed termination of pregnancy on therapeutic grounds (risk to the mother's physical or mental

³⁰ Balasubrahmanyam, *op. cit.*, in note p.13.

³¹ B.P. Singh Sangal, *Women, Birth Control and the Law* (New Delhi: Deep and Deep, 1991), 12, cited in Nivedita Menon, 'The Impossibility of 'justice': Female foeticide and feminist discourse on abortion', in Patricia Uberoi (eds.), *Social Reform, Sexuality and the State* (New Delhi: Sage, 1996), p. 374.

³² The Committee specifically denied that its recommendations was intended to serve the aim of population control. It stated that since the medical facilities to support an intensive abortion program were not available, liberalizing abortion with a view to family planning could in fact be counterproductive for the program. Menon, *op. cit.*, in note 31, p. 375.

health), eugenic grounds (of a child likely to be born deformed or with severe disabilities), juridical grounds (pregnancy resulting from rape or incest) and social grounds (as a result of contraception failure).³³ It is this provision of "social grounds" for MTP which enables the government to provide abortion as a family-planning service, though it is not technically placed under the family-planning category. This provision also enabled women to seek abortion for birth control and for limiting family size.

Abortion in India, as in many parts of the world, did not become legal because of feminist demands. *Lok Sabha* (Lower House of Parliament) debates when the Bill was tabled are a testimony to the fact that the real objective for legalizing abortion was population control.³⁴ Far from women having to struggle for the right to abortion, government-sponsored programs, as well as private clinics, explicitly advocate the use of abortion as a method of controlling population.³⁵ The *MTP Act* did not give women control over their reproduction. It privileged medical opinion in matters related to the length and type of

³³ Ministry of Health and Family Planning, Government of India, *Report of the Committee to Study the Question of Legalization of Abortion*, 1966, p. 40, cited in Gupta, *op. cit.*, in note 7, p. 181.

³⁴ *Lok Sabha Debates*, Fifth Series, Vol. 7, 1971, cited in Menon, *op. cit.*, in note 31, p. 375.

³⁵ An official advertisement in January 1984 read: "Carrying Again? You need not worry. Get your pregnancy terminated. Abortion is legal. Two is enough. Stop the third", cited in Balasubrahmanyam, *op. cit.*, in note 7, p.35. Also see, Amrita Chhacchi and C. Satyamala, 'Sex-determination tests: A technology which will eliminate women'. *Medico Friends Circle Bulletin*, New Delhi, 1983, p. 4, on how abortion is regarded as a population control measure in the family planning program.

pregnancy.³⁶ *The Act* empowers the medical practitioner to take a "pregnant women's actual or reasonable foreseeable environment" into account in the decision. The pregnant woman seeking an abortion, as Amar Jesani and Aditi Iyer note, has to provide explanations that fit into the broad, and yet, restrictive, conditions listed in the *Act*.³⁷ The desire for control and increased power in the family is not an acceptable ground. Clearly then, the legal sanction for abortion does not arise from feminist principles at all.³⁸ Ironically, the preoccupation with population control often lead medical practitioners to interpret the *Act* liberally. The failure of the *Medical Termination of Pregnancy (MTP) Act* to regard access to abortion as a fundamental reproductive right, however partly accounts for the continuation of illegal abortions even after nearly three decades of legalization. According to different estimates, from four to nine million illegal abortions are performed in India every year.³⁹ And, although abortion is clearly part of India's family planning strategy, there is a big shortage of MTP practitioners in government health centres and hospitals. In rural areas, a large number of

³⁶ Pregnancies up to 12 weeks necessitate the authorization of one doctor while those between 12 to 20 weeks necessitate the opinion of two doctors.

³⁷ Amar Jesani and Aditi Iyer, 'Women and Abortion', *Economic and Political Weekly*, (Vol. 28, No. 44, 1993), p. 2592.

³⁸ Menon, *op. cit.*, in note 31, p.374.

³⁹ Sayantan Chakravarty in 'Abortion: The Double Death Syndrome', *India Today*, August 31, 1996, pp. 104-106, quotes Rami Chhabra who led a Ford Foundation study in 1994 estimating nine million illegal abortions every year in India, M.E Khan and Sandhya Barge, 'Abortion in India: An Overview', Working Paper, The Population Council, India and Centre for Operations Research and Training, Vadodra, 1996, put the number of

community and primary health centres do not have MTP facilities.⁴⁰ The MTP training centres have grown very slowly and the average number of doctors trained in these centres has not shown much increase in most of the states; partly due to various procedural problems, partly to a lack of facilities (for MTP) both at the training centres and subsequently at the primary health centres. There is not much demand or enthusiasm for receiving MTP training either.⁴¹ So the majority of women continue to get abortion services from the midwives in illegal, highly painful and unsafe conditions.⁴² The incidence of maternal deaths following unsafe abortions in India has been put at over ten percent.⁴³ With the increase of sex-selective abortions in recent years, the possibility of abortions and repeated abortions has increased.

illegal abortions at six million. Jesani and Iyer, *op. cit.*, in note 37, p. 2593. estimate a ratio of eight illegal abortions for every legal abortion.

⁴⁰ Khan and Barge, for example, reveal that while the state of Uttar Pradesh accounts for 18.4 per cent of all abortions performed in India 95 per cent of Community and Primary Health Centres in Uttar Pradesh are not equipped to perform MTPs. In the states of Gujarat, Maharashtra and Tamil Nadu, less than twenty percent of primary health centres have the facility. Khan and Barge, *op. cit.*, in note 39, pp. 4-5.

⁴¹ *Ibid.*, p. 11.

⁴² Some of the most common "backstreet" techniques of abortion are - scraping the uterus with near lethal wooden stick with cotton-wool at one end or twigs with rags soaked in arsenious oxide, arsenic sulphide and red lead, or boiling water combined with acidic solutions; abdominal massage which crack the fetus out by force, and concoction made from papaya seeds, pineapple, carrot and wild plants. Chakravarty *op. cit.*, in note 39, p. 106. Midwives trained at the primary health centres etc. also use heavy doses of anti-malarial drugs and drugs like E.P Forte which are known to cause abortion.

⁴³ Shireen Jejeebhoy, 'What is Reproductive Health?: Reproductive Health Needs in India', *Voices*, (Vol. III, No. 2, 1995), p. 5.

Not only are safe abortion services often unavailable in rural areas, information about legal termination is also rarely available. There is a widely-held perception that abortion is illegal.⁴⁴ Furthermore, although there is no such written rule, most hospitals and primary health centres do not perform authorized MTP unless the client agrees to get a tubectomy after abortion.⁴⁵

In the fifth Five Year Plan period (1974-79), the family-planning budget received a big increase. More mass camps were organized and mobile units went to rural areas to sterilize as many men and women as possible in one day. A quota system and sanctions were adopted against those who were expected to bring in acceptors and failed to do so. School teachers, local leaders, and government employees working at the grassroots were all required to recruit women and men for sterilization. People's rights and well-being were blatantly violated to fulfill program targets. In June 1975, the then Prime Minister, Indira Gandhi, declared a state of internal Emergency in the country ostensibly to restore law and order in the country which had been disturbed by wide-scale protest movements demanding the resignation of the Congress government following Indira Gandhi's conviction on two charges of electoral corruption.

The Emergency laid the basis for a massive campaign for population control. In 1976, The National Population Policy was issued affirming the priority accorded to population control and proclaiming that the "public was now ready to

⁴⁴ *Ibid.*, 6.

accept much more stringent measures for family planning than before".⁴⁶ The Policy document acknowledged that the nation's real enemy was poverty, but argued nonetheless that simply to wait for education and economic development to bring about a drop in the fertility rate was not a practical solution. State governments were given special powers to introduce rules, making employee benefits conditional on sterilization after two children. The Policy also outlined long-term measures like raising the marriage age and improving female education.⁴⁷ The most controversial part of the statement was the proposed legislation for compulsory sterilization of couples who had a certain number of children. Only Maharashtra state actually tabled a Bill to this effect which was not passed.⁴⁸

During 1976-77 a coercive sterilization program was implemented under the leadership of Indira Gandhi's son, Sanjay Gandhi, especially in the northern states where family planning performance was perceived as poor. The intensive sterilization period was characterized by the use of incentives and disincentives. The range of penalties was large and the sterilization operation became a pre-condition for jobs, promotions, pensions, housing, loans, ration cards and

⁴⁵ Several field-based research studies have reported this phenomenon. See, for example, Gupta, *op. cit.*, in note 7, p. 384; Chakravarty *op. cit.*, in note 39, p.104; Jejeebhoy, *op. cit.*, in note 43, p. 5.

⁴⁶ Mitra *op. cit.*, in note 10.

⁴⁷ For details, please see, 'The National Population Policy Statement of 16 April 1976 and June 1977', in Mitra, *Ibid.*, pp. 691-707.

⁴⁸ Balasubrahmanyam, *op. cit.*, in note 7, p.12.

licenses for various things.⁴⁹ Sterilization targets set for the year 1976-77 were completed before the end of 1976 though its demographic impact remained questionable because often those sterilized were beyond their reproductive years. The state governments, on their part, vied with each other to implement the targets set for sterilization. During this period, the brunt of the coercive program was borne by poor, illiterate, so-called lower caste and in some places Muslim men. Sterilization operations were performed in unhygienic conditions and scores of men died of tetanus after sterilization.⁵⁰

At the elections after the Emergency was lifted in 1977, the Congress government was swept out of power, partly because of the excesses committed in the implementation of the family planning program. The new Janata government while recognizing the need for checking the growth of population, committed itself to pursuing a family planning program on a wholly voluntary basis and as an integral part of a "comprehensive policy" covering education, health, maternity and child health care and nutrition. To highlight the shift in focus, the program and the executive department concerned were rechristened

⁴⁹ A large number of research studies and press reports have documented how unscrupulous motivators lured by the motivation money, thrived during the period and brought unsuspecting, young, sometimes unmarried, and mostly poor men, to the sterilization camps.

⁵⁰ The Shah Commission which was constituted by the Janata government to look at the violation of democratic and human rights of the citizens during the period of Emergency, recorded 1774 deaths in the country following sterilization. Mohan Rao, 'Faulty Diagnosis: The World Bank's Prescription for India's Family Welfare Program', *Political Environment*, 1996.

as the Family Welfare Program and Department respectively. The word "target" was replaced by the phrase "expectation of achievement".

The major difference in the new policy, although never acknowledged in any official document, was its almost total shift toward women. Although there was no particular statute which stated that in order to limit the size of the family only women will undergo sterilization, female sterilizations became the norm after the state of emergency. Male sterilization was almost entirely taken out of the official family-planning program and the Family Welfare program now clearly focused on women.⁵¹ The Draft Five Year Plan (1978-83) noted that the "climate of coercion and pressure as was witnessed in some parts of the country during the Emergency in connection with the implementation of the family planning program resulted in an attitude of antipathy and indifference towards this program in the minds of the people", and committed itself to giving high priority to the Family Welfare program.⁵² A Working Group on Population Policy during the same period viewed the problem of implementing the Family Welfare program in terms of creating the necessary level of demand and maintaining the supply of services. The Group recommended the achievement of a Net Reproductive Rate of one (NRR=1) by the year 2001 by reducing the rate of infant mortality rate to less than 60 per 1,000 live births. It also aimed to increase the proportion

⁵¹ Female sterilizations, which accounted for 46 percent of all sterilizations in 1975-76, and fell to only 25 per cent in 1976-77, rose to 80 percent in 1977-78. Throughout the 1980s they accounted for about 85 per cent of sterilizations and in 1989-90, they were 91.8 percent. Sundari Ravindran, *op. cit.*, in note 17, p. 30.

of couples practicing family planning methods and towards this end, it emphasized female education. The Group further recommended that since women are the best votaries of the family welfare program, the program for the immediate future be centred around women.⁵³

The Sixth and the Seventh Five Year Plans and the National Population Policy of 1986 asserted that family planning was "one of the essential components of the national strategy of growth" and placed equal emphasis on "accelerated development". It was recognized that the process of development was bound to be lopsided unless socio-economic imbalances among the people, including imbalances in their access to health services were removed speedily. It further underlined that birth control was a vital means to the attainment of "health for all". The Family Welfare program was pursued with renewed intensity. The program concentrated on a new technology - laparoscopic female sterilization - to meet the targets. The entire bureaucratic chain from the Centre to the village level was activated to obtain "cases" for female sterilization. Achievements of targets in sterilization once again became the index in the assessment of bureaucrats.⁵⁴ There were instances in which employment on famine relief works was refused to women workers who had not undergone

⁵² Mitra, *op. cit.*, in note 10, pp. 701-703.

⁵³ *Ibid.*, 703.

⁵⁴ The Government of Maharashtra, for example, rewarded the "best achievers" among senior bureaucrats with a paid holiday in Bangkok. Rao, *op. cit.*, in note 7, p. 175.

sterilization.⁵⁵ Laparoscopic female sterilizations were also mainly conducted in mass camps where surgeons performed hundreds of laparoscopic sterilizations in two or three day camps.⁵⁶ Many studies have assessed the complications associated with laparoscopic sterilization and have reported large scale failures, debilitating effects, spotting and backache etc.⁵⁷ Notwithstanding these issues, female sterilization remains the main method of fertility control.

State Control of Reproduction with Provider-Controlled Technologies: The Third Phase of Family Planning

India began implementing Structural Adjustment Program (SAP) during the late-eighties.⁵⁸ With SAP the official policies of family planning also acquired

⁵⁵ Report prepared by women's groups *Saheli*, *Sabala Sangh*, Action India, *Disha* (Delhi), Women's Centre, Forum Against Oppression of Women, *Awaz-e-Niswan* (Bombay), *Development for Whom? A critique of women's development programs*, 1991, pp. 9-10 available with *Saheli*, Delhi Office.

⁵⁶ Deepa Dhanaraj in her 1992 documentary film, *Something like a war*, interviewed a surgeon on camera who boasted that he had performed 250,136 laparoscopic sterilizations in camps in less than ten years. The film documented the scenes of such camps where women were numbered by small stickers on their foreheads and then made to stand in lines leading to the operation table facilitating speedy surgery. In all these camps, pelvic or other examinations were not performed.

⁵⁷ See, for example, John Caldwell and Pat Caldwell, 'Family Planning in India: A Woman's Eye View from a Rural Area in South India', *South Asia*, (Vol. 5, No. 1, 1982) cited in Betsy Hartmann, *Reproductive Rights and Wrongs* (New York: Harper and Row, 1987); Desai, *op. cit.*, in note 18; Gita Narayana and John Canter, *Doing the Needful: The Dilemma of India's Population Policy* (Boulder: Westview Press, 1992).

⁵⁸ The package of structural adjustment measures that many countries initiated in order to reschedule their financial obligations have varied from country to country, but the basic idea behind each package has been to 'fix' the economy of the debtor country in such a way that it can correct its balance of payment position. Formally, the structural adjustment program in India was initiated in June 1991. However, the process of deregulation

a new more stringent form. Notably, almost the only social program that received increased funding in the 1990s, after the IMF's "belt-tightening" economic policy prescriptions, was family planning.⁵⁹ Implementation of structural adjustment policies meant shifts in development policies away from poverty alleviation and meeting basic human needs towards macroeconomic policies that emphasized economic growth, fiscal control and massive cuts in state-provided social services. Interventions to improve the quality of life of the poor no longer remained on the state agenda. The so-called 3-D (devaluation, disinvestment and deregulation) SAP formula which governed the liberalization process affected the state's capacity to reduce inequalities in the system through social programs. It had direct implications for the social and economic status and the well-being of women.⁶⁰

and liberalization had begun earlier in the eighties. I am not going into the debate on how and under what circumstances India initiated the SAP framework. See, for example, Centre for Women's Development Studies, 'The Gender Implications of Global Restructuring in the North and the South: A Special Focus on Canada and India' (Centre for Women's Development Studies: New Delhi, 1996), p. 18.

⁵⁹ The government's budget for family planning increased from Rs. 3200 crores for the first five-year period 1985-1990, to Rs. 1000 crores (one crore = ten million) for the one-year period 1992-93 alone. The UNFPA also increased its assistance to India from US \$52 million for 1985-1990 to US \$90 million 1991-1995. USAID gave financial assistance of US \$325 million to reduce the total fertility rate in Uttar Pradesh alone. Figures from 1992-93 budget cited in Sundari Ravindran, *op. cit.*, in note 17, p. 30.

⁶⁰ Many feminist scholars have examined the relative impacts on women and men of new macro initiatives arising from changing relationship between states, markets, and families in India. Scholars have documented the gendered implications of the so-called gender-neutral

In the 1990s, alarm over a projected impending environmental catastrophe, refocused attention on population numbers in the public imagination globally. Based on neo-Malthusian ideas that converted population into the world's principal problem, the pressure on the 'Third World' states to reduce population increased. Internationally, the rationale for population control also shifted focus from hunger and famine to ecological problems. Population policy was considered indispensable for the integrated management of people and resources. As many scholars have observed, by the 1980s population control activities had expanded greatly throughout the 'Third World' partly following the neo-Malthusian discourse internationally. This growth occurred despite the United States' Republican government's official position at the 1984 World

processes of 'deficit reduction', 'devaluation' and 'reduction in public spending'. They have demonstrated how these process do not embody "common" sacrifice and benefits. They looked at the implication of reduced spending on the health sector and argue how for India where maternal mortality is among the highest in the world (more than 600 maternal deaths per 100,000 live births) and the child mortality and morbidity rates almost among the highest, new policies have effectively meant a deterioration in the health status of women and children. Others have looked at the labor market to see the changes in women's employment status and concluded that although women's participation in labor market has increased, the "new" employment opportunities for majority of women remain low-paid jobs. See, for example, Sundari Ravindran, *Ibid.* Other works include: Sally Baden, 'The Impact of Recession and Structural Adjustment on Women's Work in Developing Countries', Interdepartmental Project for Women in Employment, Working Paper No. 19, (ILO: Geneva, 1993); Nandita Shah, Sujata Gothoskar, Nandita Gandhi and Amrita Chhacchi, 'Structural Adjustment, Feminization of Labor Force and Organizational Strategies', *Economic and Political Weekly*, (Vol. 29, No. 16, 1994); Niru Acharya and Sarthi Acharya, 'Structural Adjustment and Small Producers Reflections from Case Studies', *Economic and Political Weekly*, (Vol. 30, No. 1/2, 1995).

Population Conference in Mexico City that population growth was a "neutral" phenomenon.⁶¹ Renewed insecurity in the developed world over environmental destruction allegedly due to overpopulation in the Third world sparked new policy prescriptions with new targets and new goals, setting the family planning program on an aggressive path once again. A discourse of crisis that blamed the poor in the 'Third World' as the primary culprits of natural resource abuse and environmental degradation, gained further credence in the West. This discourse claimed population control should take precedence over other development 'investments' and that it could be successful in situations of extreme poverty and underdevelopment.⁶²

This period also saw new actors in the national and international health and population field. Global restructuring, which brought about the integration of financial markets and new modes of post-fordist production, also occasioned the advocacy of liberal concepts of civil society and of a global civil society. This generated new social space for civil society actors to act against the dominance of statist thinking in politics as well as in the population field. Women's health activists, social scientists, health professionals and some family planning

⁶¹ See, for example, Gita Sen, Adrienne Germaine, Lincoln Chen, 'Reconsidering Population Policies: Ethics, Development, and Strategies for Change', in Gita Sen *et al* (eds.), *Population Policies Reconsidered: Health, Empowerment and Rights* (Boston: MIT Press, 1994), p. 4.

⁶² For a summary of this view see, Gavin Williams, 'Modernizing Malthus: The World Bank, Population Control and the African Environment', in Jonathan Crush (eds.), *Power of Development* (New York: Routledge, 1995), pp. 158-175.

providers voiced a total disapproval of population policies and demographic goals. This critique was partly responsible for the national and United Nations initiatives such as the Child Survival, Safe Motherhood and Reproductive and Child Health initiatives which in turn brought new actors into the debates on population and reproductive matters. As I argue in the next chapter, however, in spite of these voices (partly due to their inability to question structural inequalities effectively), the coercive control over Indian women's reproduction also deepened at the same time.

In India, the late eighties saw pursuit of more "permanent solutions" for the "surplus" population. The government of India which had not allowed new reproductive technologies of fertility control such as hormonal contraceptives in the national family planning program, now approved their use and different trial phases. Hormonal and provider-controlled contraceptives such as pills, injectables (Net-Oen), hormone releasing IUDs, and implants (Norplant) were introduced in the family welfare programs and other trials began on a big scale.⁶³ Meanwhile laparoscopic sterilization in camps continued with the same severity. In 1992, in the Eighth Five Year Plan, bringing down the population rate was announced as one of India's six priorities. Partly because of women's increased voice in civil society, the Plan document also underlined the "crucial link between

⁶³ Veena Shatrughna, cited in the Report of the three day South Asian Consultation with the Independent Commission on Population and the Quality of Life, 'In Search For A Secure Future, Everybody Counts', Centre for Women's Development Studies, New Delhi, 1994, p. 19.

population and development" and added a separate chapter on "Women and Development". This chapter noted that in National Population Policy, female literacy, age at marriage, employment opportunities for women and their status in society were as important as achieving a reduction in infant mortality, improving the health and nutrition of the pre-school child and providing a comprehensive package of maternal care services. The fact that basic facilities were lacking in the country for improving women's health and social status was also admitted.

A National Commission for Women was also established by a statute in 1992, to be consulted by the Central government on major policy matters affecting women and to be entrusted with protecting the rights and interests of women. In the same year, the Indian Council for Medical Research, for the first time, invited women's health activists to discuss the approach to a national policy on women's reproductive health.⁶⁴

At the same time, as part of overall strategy to reduce infant, child and maternal mortality, the Universal Immunization Program was geared up with the objective of providing all infants and pregnant women with immunization against

⁶⁴ But as I discuss in Chapter VII, the consultations proved to be more to take the sting out of women's objections and obtain their cooperation in implementing family planning policies rather than responding to their voiced concerns. During this consultation meeting ICMR assured women activists that the government was not planning on carrying out the next phase of Norplant trials when it had already planned to carry out trials at several places. See Chapter VIII for details.

vaccine-preventable diseases.⁶⁵ A new Child Survival and Safe Motherhood Project was introduced in 1992-93. It involved sustaining the high coverage levels achieved under the Universal Immunization Program in good performing areas and strengthening the programs in areas where the coverage was still not satisfactory.

The Ministry of Health and Family Welfare in July 1993 instituted an Expert Group to prepare a draft National Population Policy for the year 2000 in consultation with organizations and individuals who had experience and expertise on matters relating to population and development. The ten-member Committee submitted its report to the Union Health and Family Welfare Ministry in 1994.⁶⁶ The Expert Group proposed a seemingly radical stance on the issue of population. It argued that development which was not equitable was not sustainable and that an enabling environment and empowering mechanisms were required to improve the quality of life of the poor. It also proposed the

⁶⁵ As a result of this program, an official document claims, the infant mortality rate dropped from 95 in 1987 when the program was first launched to 79 per 1,000 live births in 1992. *India Country Statement, op. cit.*, in note 2, p.12.

⁶⁶ Although the members of the Expert Group agreed that "wide ranging consultations should be held with organizations and individuals who had experience and expertise on matters relating to population and development", no organizations with "expertise" (including women's organizations) were actually consulted. After the release of the Expert Group Report, women's organizations submitted a memorandum to its Chairman, highlighting the limitations and contradictions in the Draft. Agreeing with the critique provided by women's organizations, one of the members of the expert committee, dissociated with the Expert Group. For

continuation of social programs to address inequality and the integration of maternal and child health and family planning with general health services. It reflected its concern with gender inequality and discrimination against women and proposed new inheritance laws, better educational and job opportunities and improved health care. It further recommended the setting up of a high-power Population and Social Development Commission to plan, implement and monitor the entire strategy for equitable development.⁶⁷

At the same time, the Expert Group proclaimed that population, poverty and environmental degradation had close linkages and the quest for food, education, health and work for all would remain illusory unless success was achieved in limiting the growth of population. To limit the growth of population, the Expert Group suggested legislative steps, including cutting off of employment, promotional and public office careers for those with more than two children. As one of its major recommendations, the Expert Group also proposed to do away with the "target approach" which, it argued, achieved little in arresting the growth of population.

The Expert Group proposed that under the norm of "informed choice" all contraceptives should be made available to people. It was claimed that there existed in India an efficient scientific set-up for testing the safety, effectiveness,

details see, *Saheli Women's Resource Centre*, 'Campaign Against the National Population Policy Draft', *Saheli Newsletter*, January 1995.

⁶⁷ *A Summarized Analysis of the Expert Committee (M.S. Swaminathan)'s Draft of a National Population Policy with some Preliminary Comments*

reliability and acceptability of contraceptive methods before introducing them to the family welfare program.⁶⁸ As is evident from the critique by women's groups, the Draft was a desperate attempt at advancing a set of alternative strategies for tackling the discredited family planning program and gender inequality.⁶⁹

The Expert Group, following the lead in many other areas like literacy and development for micro communities, also encouraged the direct involvement and active participation of non-governmental organizations (NGOs) in national programs for population stabilization. It proposed giving direct access to funds from bilateral donors, foundations and UN agencies to the NGOs. In this way the Expert Group hoped to ensure the acceptance of government programs which might be resisted if they came from the government itself by capitalizing on the legitimacy which many NGOs had built up with people. At the same time, it also facilitated the interventions of those organizations, national and international,

from Women's Organizations, (undated). Available at Centre for Communication and Development, Chandigarh, India.

⁶⁸ It was brought to the notice of the Expert Group by the women's groups that faith in the scientific set up should be viewed in the light of the fact that a so called efficient scientific set up like the Indian Council of Medical Research (ICMR), only studied the Norplant-2 system of contraception, and based on those findings tried to introduce the Norplant-6, which never went through the mandatory clinical trials. This unethical and unscientific move was stalled by organized resistance by women's group in various parts of India. For details, see, *Saheli Newsletter*, January 1995.

⁶⁹ As Imrana Quadeer put it, the Draft proposals eventually "boiled down to "choice" within a set of hormonal contraception". Imrana Quadeer, 'The labor of the rich: Of India's population policy', *Frontline*, October, 1994, p.121.

who were accountable to their sponsors and donors and not to the people or national government for their practice.⁷⁰

Following these suggestions to improve India's family planning program and the criticism of India's policies by the women's movement and health activists in India and the discussions at the International Conference on Population and Development (ICPD), on April 1, 1996, the Union Health and Family Welfare Ministry announced it was revoking the target approach. The state governments were also asked to stop focusing on contraceptive targets, incentives and disincentives and concentrate on improving Reproductive and Child Health (RCH) care facilities.⁷¹ The RCH approach aimed to focus on programs providing better nutrition for pregnant women and improved health facilities for childbirth. Better child-survival rates, it was hoped, would lead couples to opt for fewer children. The need for either strengthening the existing services, making them more accessible and/or more broad-based could not however be discounted. The RCH program, as Padmini Swaminathan argues, approached the problem more from the supply side as the program still did not

⁷⁰ Recently, for example, USAID lent a big money to India for population control, not for the official program of family welfare but to be disbursed through non governmental action. The multi-million dollar project is underway in the state of Uttar Pradesh where NGO projects on population control are funded by an autonomous disbursing agency, State Initiatives in Family planning Services Project Agency (SIFPSA). This reordering of state-society relation was the conditionality of USAID. See, chapter VI for details.

⁷¹ Union Health and Family Welfare Ministry cited in 'Family Planning Program: The Buzzword is Quality', *India Today*, May 1996, p. 102.

address the structural causes of women's health problems and hence could only be partly successful.⁷²

The new policy also proposed to rescind the primary goal of the two-child family and offered to help clients to meet their own health and family planning goals. This was clearly influenced by the agenda of the International Conference on Population and Development, Cairo in 1994, where women's health activists demanded women's reproductive rights and urged governments to move away from demographic targets and concentrate on quality health care. The government now does not fix targets for health centres. Rather, the health workers declare their "workload" and this workload adds up to the progress of the block/district/province.⁷³

The new policy also saw an increasing emphasis on newer technologies of birth control, both permanent and temporary. Aggressive state policies, under the principle of "informed choice", now included support for the hormonal contraceptive vaccine and implants when the efficacy and safety of some of these newly introduced contraceptives (Net-Oen, for instance) has not yet been adequately tested. Others, such as the oral pill Mala, are being distributed free by community workers and sold over the counter.⁷⁴ And despite a renewed emphasis on information, education and communication (IEC), detailed

⁷² Swaminathan, *op. cit.*, in note 19, p. 53.

⁷³ Chakravarty, *op. cit.*, in note 39, p.102.

information and knowledge of adverse effects is based solely on the experiences of other women.⁷⁵ The increasing focus on new technologies of reproductive control in the official program as well as among the private practitioners and promoters of population control has also resulted in graver methods of sterilization. Quinacrine sterilization is one such example.⁷⁶

Women's health activists and groups have demonstrated that the new invasive contraceptives treat women as objects of demographic goals and as sites for attaining the goals of sustainability, economic growth, and national development. The Indian case illustrates how its national family planning policy upholds the notions about women's lack of control over their fertility while introducing the hormonal contraceptives. The new contraceptives are introduced with an assumption that women have no right to refuse sex and they have no

⁷⁴ The information leaflet distributed with this most frequently used brand of the pill does not mention any contra-indications or possible side-effects; in fact it claims that there are none. Field notes.

⁷⁵ More and more studies are showing the harmful effects of these contraceptives on women. Interestingly, most of the work which is available to non-medical professionals is being provided by women. The rights over these contraceptives and technologies are controlled by powerful transnational drug companies. These companies not only sell their product through aggressive marketing strategies, but also control the information and the kind of interpretation available on them. The information on the harmful effects of these technologies to women is thus disbursed only by network of women and concerned men.

⁷⁶ Quinacrine sterilization is a highly invasive method of female sterilization. Quinacrine drug is known to produce corrosion and irritation of the membranous substances it stays in contact with. The fallopian tubes get blocked when Quinacrine in the form of pellets is introduced into the uterus through the vagina, thus resulting in female sterilization. See, Chapter VIII for more on quinacrine and the health issues associated with it.

control over the conditions in which they become pregnant. The view is that women should somehow be made "pregnancy proof" through methods not controlled by them. There is a disregard for the health and short and long-term effects of these on the health of women. The male partner's involvement in the process of reproduction is made totally women's responsibility. There is no attempt to envisage or promote more egalitarian relationships between men and women or to place more responsibility on men. The new family-planning initiatives once again naturalize a whole set of familial relations which are based on unequal gender relations. Although governments identify the structural determinants of high fertility at various points, this analysis does not inform the core aspects of policy. There remains a strong elite bias in the program. The official program and the service providers work on the notion that women from poorer communities are incapable of making intelligent and informed decisions even if they are informed about the risks involved. There is, therefore, no culture of obtaining an informed consent before subjecting the women to particular methods of birth control. Almost no information is provided on the contra-indications of various reproductive technologies, or possible side-effects. The same attitude governs the programs approach to adverse effects reported by women as has been documented in various studies.⁷⁷ Women almost never

⁷⁷ See, for example, Rani and Abhay Bang, 'Contraceptive Technologies: Experiences of Rural Indian Women', *Manushi: A Journal About Women and Society*, (No. 70, May-June 1992); T K Sundari Ravindran, 'Users' Perspectives on Fertility Regulation Methods', *Economic and Political Weekly*, (Vol. 28, No. 46, 1993); Shree Mulay, 'Campaign Against

know how the particular method of birth control that they were advised to accept worked.⁷⁸

Thus with the introduction of newer and provider-controlled technologies of fertility reduction, women's control over their reproduction has been moved further out of their control. Norplant cannot be taken out by women themselves if the hormonal implant interferes with the normal functioning of their bodies affecting their well-being. Nor can Depo Provera or Net-Oen be controlled by women themselves once injected. In the case of contraception it is actually becoming a choice between dangerous and more dangerous contraceptives. New technologies of contraception, are pushed but issues about the nature and quality of existing public health care systems are not raised. Nor are complex factors that mediate different women's access to them part of the reproductive

Unethical Use of Quinacrine Sterilization in India, Pakistan and Bangladesh', Report Presented to the International Centre for Human Rights and Democratic development, Montreal, 1997; Paramita Banerjee, 'Women as Bonded Reproducers for the Family', *Canadian Woman Studies*, (Vol. 7, No. 2, 1997); Vimla Ramachandran and Leela Visaria, 'Emerging Issues in Reproductive Health', *Economic and Political Weekly*, (Vol. 32, No. 36, 1997); Jyotsna Agnihotri Gupta, 'Women's Bodies: The Site for the Ongoing Conquest by Reproductive Technologies', *Issues in Reproductive and Genetic Engineering*, (Vol. 4, No. 2, 1991); Saheli Women's Resource Centre, 'Victims Speak Out Against Coercive Population Control', *Saheli Newsletter*, January 1995.

⁷⁸ A researcher and community medicine activist, Snehlata Vishwanath, discovered during their work with women in rural North India that many women identified oral contraceptives as "milk pills" as they were instructed to take them with milk. Some women fed the pills to their husbands if they were going to be away. Some men used condoms on their fingers as that was how it was demonstrated. Snehlata Vishwanath, 'May I Have Some More Milk Pills Please', *Reproductive Health Matters*, (No. 3, May 1994), pp. 46-48.

control discourse. Control over their reproduction is definitely in the interest of women's health and, as many survey reports indicate, women want to have access to safe, efficient and reversible methods of contraception for both spacing and controlling their family size. What is offered to women, however, is hazardous intervention in reproduction disguised in a rhetoric of "informed choice" and providing women with "more choice to exercise their right over their body and their fertility". Control over women's fertility has actually become a right of the providers whose commitment to reducing the reproduction of poor women is only too well known. In the "third phase" thus there is a change in public rhetoric: the official discourse now emphasizes women's reproductive health as against family planning or family welfare. Effectively, however, women's reproductive rights are further undermined despite the new rhetoric.

Conclusion

The analysis of family planning program in this chapter displayed broadly, three statist strategies of reproductive control:

- a) scientific management of the problem of high fertility by the state appropriating a facilitators role and largely initiating policies that implicitly assumed that if helped, people would voluntarily control their fertility (the first phase of reproductive control);
- b) the state taking control of the reproductive decisions directly, firmly believing that poor people are a fetter on the smooth functioning of the economy, and that they do not have the capacity to take rational decision about the size of their

families; hence the state should force them to adopt a particular size family norm (the second phase of heightened coercion);

c) state deepening the control over women's reproduction through more and more provider controlled, women targeting, and invasive options of birth control for women (the third phase of control).

In exploring these phases, I argued that the conception of family welfare as a welfare problem, an alternative to a political economy solution and/or a different social imagining, is rooted in the nature of the Indian post-colonial state which adopted convenient neo-Malthusian perceptions of the poor as a threat to the social order or a restraint on the market economy. Underlying official family-welfare policies is the notion that poor people are the problem. I also illustrated how the dual role of the state as both an agency concerned with the formulation and administration of social policy and development on one hand, and an instrument upholding coercive patriarchal relations on the other, which makes the state a serious stake in feminist politics.

This discussion also demonstrated that despite almost five decades of family planning there still are few safe methods of birth control available to a vast majority of India's people. Women are expected to be mute recipients of whatever the program makes available to them. What is available is decided on the basis of national policy goals or program efficacy, not on women's health or social needs or preferences. Even the type of pill, IUD or sterilization is many times dependent on what foreign donors are prepared to fund rather than other considerations. The birth control formula is simple: most women who have no

children are offered the oral pill, those with one child will be required to have an IUD inserted and those with two or more children will be offered no choice other than sterilization.⁷⁹

Middle-class and other affluent women who have access to private health care and who can use the public health facilities to their advantage, choose the best out of the existing choices. Poor women remain the targets of all experimentation. With the increasing hold of global restructuring moreover the pressures on poor women are increasing as newer and more "efficient choices" are being added to the existing methods of fertility control. The 1990s choices are not empowering choices for women and women's control over their reproduction is being undermined. In the name of enhancing women's reproductive choices, a range of unsafe contraceptives are forced on them. The rhetoric is about allowing women the dignity of making an informed choice, however, offering women a variety of unsafe contraceptives to choose from, without providing adequate information of their effects on their lives and an essential support services, means the new 'choices' actually threaten women's right to safe living. As I discuss in a later chapter, it is women's movements which are demanding an alternative to the reductionist and bio-medical model of mass fertility control through a radical reorientation of contraceptive research and services aiming at enabling women to exert greater control over their fertility without sacrificing their bodily integrity, health and well-being.

⁷⁹ This was confirmed during my interviews in India.

I demonstrated that in its own terms the family planning program has been failing to achieve its own goals of reducing fertility and has failed to meet the needs of the majority of the population. I also showed that this is partly because the family planning program treated women as "an incidental and manipulative variable" among all the factors determining fertility, and high fertility itself as a significant problem only because it leads to a net increase in population. Often imposed from above, under pressure from powerful funding sources to deliver the goods, and operating in sub-standard conditions of service provision, the program has transformed women into "uncooperative targets". Coercion and denial of women's reproductive rights and dignity are endemic to India's family planning program and have seriously compromised women's health, well-being and dignity. These programs have denied women the control over their reproduction and affected how women view reproductive options. I showed that reproductive technologies which could mean opening up reproductive options to women have only produced more and newer controls for women in India. In the next chapter I look at Ford Foundation and USAID population missions to India and demonstrate how international agencies aid local relations of reproductive control and how international politics of reproductive control builds in the 'Third World'.

CHAPTER VI

Gender, the International Population Control Establishment and Redundant People: Ford Foundation and USAID in India

Introduction

The post-colonial discourse discussed in the previous chapters, on the nation and population control in India did not evolve in a vacuum. Both the national governments and the international agencies have been deeply implicated in construing birth control in terms of an agenda dominated by national demographic concerns. This overlapping agenda displaced birth control from being a women's demand to a concern with controlling women's fertility for the larger purpose of population control. Whereas, as we have seen, post-colonial national governments paired population levels with development and other 'national goals' as they evolved policies of family planning, the international agencies saw the rising populations of the 'Third World' as a matter of international (high) politics. Once framed in these two distinct, and yet complementary terms, the issue of birth control belonged to a different realm, the realm of the population controllers. Those who framed the "problem" also claimed to possess solutions. Birth control was now to be manipulated, maneuvered and dealt with by "experts" in ways they knew best.

Previously I have demonstrated the patterns in the discourses of birth control and family planning during the nationalist struggle and in the post colonial family planning policies in India. I showed how state policies meant the effective subordination of women's reproductive freedom to the needs of the nation and

state. I also discussed the post-World War II construction of “(under)development”, “(in)security” and “overpopulation”, the *raison d'être* of international agencies' intervention in the 'Third World'. In this chapter I explore the actual operation of two international agencies, the Ford Foundation and the USAID, in the field of population assistance to India. I explore Ford Foundation practices in India between 1951-52 to 1971 - the years of the hegemony of the modernization paradigm and the USAID led mission in the 1990s - the era of global economic restructuring. I focus on their actual operation in India and illustrate how the missions, from their positions of power, engendered meanings about local social reality and how they manipulated understanding about reproduction through developmental, scientific, and cultural discourses. In this chapter while I explore the many ways in which Indian women's reproductive decisions came under scrutiny and technical manipulation, I also argue that it is critical to scrutinize the practices of the international agencies from the perspective of 'Third World' people. There are varieties of power which go to form and sustain any given set of relationships between the agencies, the host states, and the host people. These processes are also completely gendered and thus they should be examined for in a wide variety of ways and in variety of places and not just from the perspective of the core. Using some of the materials that the two missions produced, I sketch the gendered nature of their intervention and advance my general argument about the dispersed sites of control of women's reproduction in the Indian context.

We know it all!

The Ford Foundation in India

It was 1951 when the first of Ford Foundation's overseas representatives, Douglas Ensminger, arrived in India. A former professor of demography at the University of Missouri, Ensminger believed passionately in the threat of population growth. In India 1951 was the time of First Five-Year Plan, which, had an ambivalent stand on the population question. Nehru was unimpressed with the urgency of the population problem, and his government was not yet secure enough to enunciate a policy which could possibly excite passionate opposition.

But although Nehru was not convinced of the urgency of population control, he did believe in the scientific management of problems, population included. He believed that with family planning on a nation-wide scale, there was no reason why population growth rates could not be altered quickly. The Foundation's keenness to assist India with its national family program attracted the attention of Nehru and some of his colleagues in the government, particularly the Minister of Food and Agriculture and the Planning Commissioner.¹ As discussed in a previous chapter, there were supporters of the policies of poor people's population control. Sections of the bureaucracy shared the Ford mission's confidence that large numbers of technically competent Americans offering assistance to Indian government and nongovernmental institutions, together with generous grants, could help overcome the formidable obstacles to

economic and social development facing the country.² But, while a large section of the Indian polity was still attempting to configure the connection of its poverty with the size of its population, the Foundation and its allies had reached the foregone conclusion about the causal connection between the two.

The Foundation began its work in the field of population by diverting a small percentage of its total developmental grant to India.³ A large percentage of this total grant, however, was spent on creating facilities for the staff. Oscar Harkavy provides details of the Ford Foundation's India office and the overseas assistance culture of the 1950s of which Ford Foundation was an exemplar:

The operational style of the New Delhi office was remarkable for its expansiveness. At its height in 1966-67 it was staffed by 72 expatriate professionals, and an administrative and technical corps of 177 Indian national, 63 other full time employees, plus 16 foreign employees of institutions supported by the Foundation to conduct program activities in India... The New Delhi office maintained two small airplanes, each with a pilot and copilot, to transport foundation staff to project sites throughout India. ... To house the foundation staff, Ensminger constructed a magnificent campus including a strikingly handsome office building and a guest house resembling a small, modern hotel, with its own swimming pool, all set in a green oasis of carefully tended lawns and sparkling fountains. Each morning, before embarking on his strenuous working day, Ensminger would arrive in a black victoria, drawn by

¹ Asok Mitra, *India's Population: Aspects of Quality and Control* (New Delhi: Abhinav Publications, 1978), p. 4.

² The Ford Foundation agenda in the 1950s included community development, agricultural production, education at all levels, public administration, small business development, as well as family planning.

³ The Foundation initially committed a total of more than a \$100 million to Indian development from 1951 to 1970. Of this, \$10 million was devoted to population. Oskar Harkavy, *Curbing Population Growth: An Insider's Perspective on the Population Movement* (New York: Plenum Press, 1995).

two black horses, take a salute from Indian guards and inspect the premises...⁴

The Ford Foundation's intervention in the Indian family planning programs has three distinct, but overlapping phases. The first phase, beginning in the 1950s and extended through the sixties, involved direct assistance to the national family planning program, but was phased out when the Foundation technical assistance became unwelcome. The Foundation then turned to building capacity for social science and management research, which, it hoped, would help Indians understand their population problem scientifically and shape policies accordingly as well as learning to manage their programs more effectively. The Foundation also provided funding to universities and research centres, as well as individual fellowships for graduate study abroad. This era endured through much of the decade of the 1970s. The third phase broke with traditional lines of population work to focus on health promotion, including reproductive health, and nutrition.

As the Foundation began to draw up plans and strategies for India's "population problem" in the early 1950s, the first major opposition to the Foundation's collaboration with Indian family planning program came from the Minister of Health, Rajkumari Amrit Kaur, who rejected the Foundation's proposal for including contraceptives in the family-planning program. The Minister was a strong believer in the Gandhian anti-contraceptive tradition. On the Foundation's

⁴ *Ibid.*, p. 131.

insistence, however, she later agreed to request World Health Organization's consultancy on natural family planning, while making it clear that the Indian government would not advocate any type of birth control other than the rhythm method. The WHO consultants agreed to provide consultancy on the rhythm method and, in assistance with Foundation and Indian birth controllers, designed the famous menstrual necklace devised to permit women who had had no formal education to keep track of their menstrual cycles in order to use the rhythm method.⁵

The rhythm method did not make any significant impact on birth rates.⁶ In 1959 the Foundation began a Family Planning Communications and Action Research (FPCAR) program with a \$330,000, five-year grant to the Ministry of Health. The program's overall objective was to find ways of motivating people to make use of the hundreds of state-run family-planning clinics established in the 1950s and which dispensed the contraceptives then available - condoms, diaphragms, and foam tablets, and offered birth control advice.⁷

⁵ The menstrual necklace consisted of a string of 28 beads: red for the fertile days, green for non-fertile, and orange for days of menstrual flow. The necklace was to be custom designed for each wearer in accordance with her own cycle and the user was to keep track of her safe days by moving the beads from one side of the necklace to the other.

⁶ Bead necklaces were later spotted by the program evaluators in most unusual places in the villages - adorning the horns of the cows and decorating the village deities. Harkavy, *op. cit.*, in note 3, p. 132.

⁷ The lion's share of the \$330,000 grant covered the cost of foundation consultants from the United States and fellowships for training in public health at schools of public health at Harvard, Berkeley and the University of North Carolina. John Caldwell and Pat Caldwell, *Limiting Population*

Additional grants were made to conduct knowledge, attitude, and practice (KAP) studies, which were considered the principal avenue through which social science research contributed to family planning.⁸ The Indian KAP studies typically revealed that relatively few individuals practiced family planning, but that a large number of those surveyed had some knowledge of contraception. Many of them expressed a desire to limit family size, but few actually practiced birth control. Such KAP findings encouraged population experts to claim the "scientific" basis of their concern and intervention. The superficiality of these findings was brought out in Mahmood Mamdani's significant field study conducted in the same Indian village where Harvard School of Public Health did the famous KAP study, popularly known as the "Khanna Study".⁹ Mamdani challenged the "scientific" basis of KAP by questioning the knowledge system on which the whole KAP model was predicated. Mamdani's study illustrated that

Growth and the Contribution of Ford Foundation (London: Frances Pinter, 1986).

⁸ The KAP studies were standardized surveys of the views of a population on the knowledge, aptitude and practice of birth control. They were conducted by population planners in numerous countries, primarily during the 50s and the 60s. These sample surveys were hailed by population planners as a fundamental tool for policy formulation and program design in family planning social action. For an excellent critique of the methodology of KAP studies, see, Mahmood Mamdani, *The Myth of Population Control: Family, Caste, and Class in an Indian Village* (New York: Monthly Review Press), pp. 18-21.

⁹ The Khanna Study was the first birth control program to have a control as well as test population based on the basis of 'Knowledge, Aptitude and Practice' (KAP) sample surveys. For details of Khanna Study see, John B. Wyon and John E. Gordon, *The Khanna Study: Population Problems in Rural Punjab* (Massachusetts: Harvard University Press, 1971). For a

the population control program did not acknowledge the social context in which women and men were making (or apparently not making) decisions about the size of their families. Population control was substituted for fundamental social change. The "experts" looked at the population "problem" independently of other aspects of social relations and so did not understand the motives of men and women which originated in their social experience.

Interestingly, while the Ford Foundation project assisted the Indian national family planning program, the Ford project was also a project for winning political hegemony, the struggle for the "hearts and minds" of people, the securing of consent for all for which the West stood. The Ford Foundation, being a product politically of Cold War hostility and ideologically convinced of Enlightenment rationality, like other Western development interventions in the 'Third World' at the time, was deeply embedded in the belief in the superiority of the Western system of liberal democracy, Western knowledge and technology and Western civilization as a whole. It is interesting to see, for a moment, the program initiatives which were being developed at the 'headquarters' just around the time when the Indian mission was carrying out the population business. Rowan Gaither, who took over the presidency of the Foundation in 1952, while rendering intellectual guidance to the Foundation initiatives, also underlined the need for efforts on the cultural front as a "quest for the hearts and minds of men"

devastating critique of the methodology, approach and the very paradigm of Harvard school's Khanna Study, see Mamdani, *op. cit.*, in note 8.

(sic).¹⁰ In enlarging the mandate of the Ford Foundation to work in the 'ideological' field, the Gaither report underlay its rise from a largely locally-oriented to a national and international donor. The Foundation's cultural grants bore the deep marks of the Cold War. When the Foundation began making international grants in 1950, much of Europe still lay in ruins left by the Second World War and the U.S. observers were pointing to the potential growing appeal of Communism and Marxism among the European intelligentsia. Set against the backdrop of increasing Soviet involvement in the Middle East, the Communist coup in Czechoslovakia, and the victory of Mao in China, the task of luring intellectuals away from Communism assumed new urgency.¹¹

In 1952, the Foundation started an Intercultural Publications (IPI) program which began to publish a journal, *New Directions*, with a purpose stated in no unclear terms: "the aim of journal is not so much to defeat the leftist intellectuals in dialectical combat as to lure them away from their positions by aesthetic and rational persuasion...".¹² In this "war of position", a series of "country perspectives" were included in various issues. The publishing initiative corresponded well with the international studies agenda of Ford Foundation,

¹⁰ H. Rowan Gaither, (eds.), *'Report of the Study for Ford Foundation on Policy and Program', Vol. II: 'Report of the Humanities Division'*, The Ford Foundation, New York, 1949. Cited in Kathleen D. McCarthy, 'From Cold War to Cultural Development: The International Cultural Activities of the Ford Foundation, 1950-1980', *Daedalus: The Journal of the American Academy of Arts and Science*, (Vol. 116, No. 1, 1987), p. 96.

¹¹ *Ibid.*, p. 94.

¹² *Ibid.*, p. 95.

which it had initiated in the universities and about which a Foundation scholar wrote,

The emergence of the United States as a world power after World War II underscored the national need for *expertise about* (emphasis added) “non-Western” societies- that is, nearly all countries beyond the boundaries of Western Europe and North America. It was evident to us that knowledge about foreign areas could be best developed by supporting training and research within universities.¹³

In these specific country profiles, particular attention was paid to India, the first country in which the Foundation had engaged in overseas activities and where, U.S. observers feared, Marxism and Communism were exerting a growing appeal. India at that time was receiving large quantities of inexpensive books from the Soviet Union. These were regional language translations by some highly acclaimed Indian writers of Soviet War-time and post-Communist Soviet Russian classics. This literature commanded a larger readership among urban middle classes in India and was popular in the universities. In the light of this Soviet cultural combat, the Ford Foundation launched a “Books for India” program in 1953, in close coordination with the State Department to present the point of view of the “Free World” to India, and to “... acquaint Indian readers with the basic traditions of democracy in the West..”.¹⁴ It is ironic that in the same period when Nehru was building a ‘modern’ nation by inculcating a scientific

¹³ Richard Magat, *The Ford Foundation at Work: Philanthropic Choices, Methods, and Styles* (New York: Plenum Press, 1979), p. 103.

¹⁴ *Ibid.*, p. 166.

temper and fighting religious obscurantism among people,¹⁵ the Foundation launched the Southern Languages Book Trust in 1955 with a massive \$500,000 grant. The Book Trust was not only to translate Western literature into Indian languages but was also to strengthen, through literature specially geared to strengthening the virtues of local religious belief systems, not because they were superior but because they were thought likely to act as a barrier to Indians accepting communist ideology. To quote: "... (the Book Trust) will intensify revitalization of traditional indigenous values - a potential spiritual and intellectual force which may prove an even stronger barrier to the acceptance of Communism by Hindus and Moslems than imported Western ideals".¹⁶

In the early 1960s, the Foundation's aid to international cultural activities declined as the Foundation shifted focus to assisting the process of "nation building" and the development of Universities to train the growing ranks of the indigenous managerial elites within developing countries. On the Population front, a separate Population Office was established in the Foundation's New York headquarters in 1963. The Office's primary responsibilities were to support university-based research and training in social and biomedical sciences in the United States, and in other countries and to assist such special-purpose

¹⁵ Recall Chapter V, Nehru was proclaiming that hydraulic dams were modern India's temples.

¹⁶ McCarthy, *op. cit.*, in note 11, p. 98.

institutions as the Population Council.¹⁷ The Foundation had also been involved in medical research earlier, and during the year 1952 through 1958, it made big grants to medical research. This research excluded work in reproductive biology because "from a public-relations viewpoint, contraceptive research was too controversial in the United States in this period".¹⁸ But now there was a clear shift in focus in research towards reproductive biology. Much of it had to do with birth control attaining a respectable stature in this period. With the establishment of IPPF and the acceptability of contraception for strengthening the family and marital relations, research in reproductive aspects and contraception was gaining wider acceptability in the United States.¹⁹

The Foundation's approach to birth control was analogous to its support for agriculture research (in which the Foundation made big grants) to develop "miracle" varieties of grain and other agricultural products.²⁰ The Foundation

¹⁷ Ford Foundation Working Paper, 'Review of Past Programs Emphases', *The Ford Foundation's Work in Population: A Working Paper From the Ford Foundation* (New York: Ford Foundation, 1985), p. 23.

¹⁸ Magat, *op. cit.*, in note 14, p. 93.

¹⁹ *Ibid.*, p. 98.

²⁰ In the field of agriculture, the Ford Foundation was a major actor, along with the Rockefeller Foundation, which initiated the shift in Indian agriculture research and agriculture policy. Until early 1960s, India's approach to agricultural development was characterized by a commitment to two co-equal goals: the economic aim of achieving maximum increases in agricultural output to support a rapid industrialization; and the social objective of reducing disparities in rural life. These two goals influenced the selection of agricultural development methods. The use of costly modern inputs as means of increasing agricultural productivity were discouraged in the Plans. However, due largely to failure of land reforms, agricultural productivity did not increase and India's food dependence increased. As described in the previous chapter, pressures from global

aimed to "control" the hunger problem in 'Third World' through the new high yielding varieties of the food grains. It was also in search of a "miracle seed" for controlling reproduction of 'Third World' women. The Foundation was gaining respectable professional status for reproductive research. As one Foundation consultant put it,

...Reproductive research is no longer a low-status field for scientists, since research interests tend to follow paths marked out by funds...Foundation funding has contributed to an explosion of new fundamental knowledge in reproduction, although the device - the "miracle rice" of birth control - has not been invented.²¹

In India, the Ford Foundation got directly involved in supporting reproductive research, especially towards "understanding human reproduction and its control".²² This research was in an infancy stage in India and not many Indian scientists or laboratories specialized in it. Biomedical scientists in India were more engaged in finding a "scientific" basis for indigenous methods of birth control. The Foundation outlined that the purpose of this research was "to

financial agencies increased which led India to adopt "New Strategy" in agriculture in 1965. This strategy in essence called for the implementation of high yielding variety (HYV) seeds which demand availability of controlled irrigation water and the application of the package of modern inputs, especially very high doses of chemical fertilizers and pesticides which were essential prerequisites for its success. For details of this shift in Indian agriculture, see, Francine R. Frankel, *India's Green Revolution: Economic Gains and Political Losses* (Princeton: Princeton University Press, 1971), Lester Brown, *Seeds of Change: The Green Revolution and Development in the 1970's* (New York: Praeger Publishers, 1970), Vandana Shiva, *The Violence of the Green Revolution: Ecological Degradation and Political Conflict in Punjab* (Dehra Dun: Research Foundation for Science and Ecology, 1989), especially pp. 8-28.

²¹

Magat, *op. cit.*, in note 14, p. 94.

increase India's receptivity to contraceptives developed abroad and to evaluate them in terms of India's special needs".²³ The Foundation deplored the,

tendency in Indian biomedical people to be enthusiastic about the untested contraceptive potential of native plants while spurning as dangerous the estrogen-progestine contraceptive pill that had been introduced in the West in the 1960s. The Foundation's strategists hoped that enlisting Indian scientists in reproductive studies would increase the intellectual community's commitment and support for family planning.²⁴

As a part of its population assistance to India, the Foundation began to develop institutional capacity and a scientific community which was appreciative of Western reason in biomedical field. Dr. Sheldon Segal, who was then assistant medical director of the Population Council, was flown to India under Foundation auspices to lead the reproductive research program in India. Segal was given a visiting appointment at India's prestigious medical science school and hospital - All India Institute of Medical Sciences (AIIMS) - where he established a laboratory for reproductive research to develop new provider-controlled contraceptives.

It is interesting to note that the Foundation consultant, Sheldon Segal, before undertaking his assignment in India in 1962, reviewed the reproductive science literature in the United States in search of publications by Indian

²² *Ibid.*

²³ Harkavy, *op. cit.*, in note 3 .

²⁴ Ford Foundation, '*Introduction to the Reproductive Biology Grants, Their General Background and Objectives*', The Ford Foundation in India and Nepal, Status Report, October 1966, p. 49, Ford Foundation Archives, quoted in *Ibid.*, p.160.

researchers based on doctoral dissertations done by Indians in the U.S universities. Once in India, he tracked those researchers down and involved them in the research.²⁵ It was in the All India Institute of Medical Sciences where the initial clinical applications of the "most exciting new contraceptive lead"- a contraceptive vaccine - were made.²⁶ A Foundation grantee, Pran Talwar, and his team, began the work of preparing a contraceptive which was allegedly specially suited to 'Third World' women. The characteristics of such a contraceptive were described as: inexpensive and provider-controlled.²⁷

The program's evaluation report deemed this demographically-driven and science-led project on reproductive research for "understanding human reproduction and its control" as "highly successful". A senior University of California scientist, Dr. Howard Burns, who assessed the impact of the series of grants to this project, wrote:

The most successful of the projects with which I am familiar are so not only because they have resulted in productive research activities, but also and may be most importantly because they are serving as centres for the training of the next generation of Indian experimental biologists. I am impressed with the intellectual vigor and the critical faculty demonstrated by young Indians in these laboratories... the majority of the people compare favorably with their counterparts I work with in Berkeley.²⁸

²⁵ *Ibid.*, p. 140.

²⁶ Magat, *op. cit.*, in note 14, p. 95.

²⁷ Pran Talwar continues to carry out trials in India, where his anti-hCG vaccine, amidst wide-scale protests from women's organizations, as I will discuss in chapter VIII, is at the most advanced stage of research at present as compared to other anti-fertility vaccines developed elsewhere in the world.

²⁸ *Ibid.*, p. 140.

The continuity of a network that had its own history of existence was thus ensured in a new generation of Indian scientists who understood the "problem" in terms in which it was framed.

In 1965, the Foundation designed a vigorous popular family planning campaign, the red triangle and the four faces, to motivate people to limit the size of their families and to visit family planning centres. The campaign logo, a vermilion equilateral triangle, its apex pointed downward and the smiling faces of a mother, father, a son and a daughter - the four happy faces painted against a yellow background, together with a very specific message: "Have only two or three children, that's plenty", was conceived by Ford Foundation's consultant on communication for family planning. It was acclaimed as an "Indian formula for mass communication"²⁹ which discovered a symbol, associated with family planning, based on the western nuclear family norm, which could be easily reproduced and applied everywhere and anywhere. The campaign used every possible surface on which to emblazon the message, including billboards, match boxes, and buses. The campaign enthusiasts even procured elephants which were draped in a red triangle and four faces robe and distributed leaflets urging men and women to have less children!³⁰

²⁹ T.K Tyagi quoted in, 'Editor's Introduction', *Demography*, (Vol. 5, No. 2, 1968), p. 569.

³⁰ Harkavy, *op. cit.*, in note 3, p. 138.

At this time, in 1965-1966, India experienced a famine due to low rainfall and asked for international help to deal with its food crisis. The United States government discussed the food shortage and the population situation. Food grains were sent to India under the (in)famous PL 480 agreement. The increased dependency on food aid strengthened the foreign influence on population policies. USAID was the largest supplier of food aid and following the U.S. federal law, *Foreign Assistance Act* (1961), which made family planning a condition for food aid,³¹ credit by USAID and the World Bank came with increasing emphasis on family planning. The World Bank insisted on market reforms and shifted the emphasis from agriculture to industrial sector. Thus instead of undertaking rural development programs or reformation of agricultural policies, which would enable the majority of the population to share in the development process, more emphasis was given to urban industrial development to meet the balance of payments "problem". A technological "solution" to the starvation problem was offered in terms of providing high yielding varieties of foodgrains which later ushered in the "Green Revolution". A technological solution to the population problem was also offered in terms of the Intra-uterine Devices (IUDs). Jack Lippes, the inventor of the Lippes Loop (an IUD developed with financial help from the Population Council), arrived in India to encourage the use of Lippes Loop and to motivate people to use the pill.

³¹ See, Introduction. Also, Ramla Buxamusa, 'The Price of Assistance', *Socialist Health Review*, (Vol. 1, No. 4, 1985), pp. 144-154.

IUDs had been introduced earlier, on the insistence of the Population Council, in a "crash program of insertions" in 1956. As has been documented well, they were introduced in some parts of India even before instructional manuals were written or the details of the field programs were developed.³² Because of insufficient training of those who inserted the devices and a general absence of patient counseling, its side effects became enormous and IUDs proved to be "intrauterine death devices". The Population Council tried to revive the device again in 1962 in an international conference to which a number of prominent Indian physicians were invited. This proposal was met with strong resistance from the Health Minister, Sushila Nayar, who turned down the Population Council request even for small-scale trials in India.³³ However, after the economic crisis of the mid-1960s, the use of the IUD in the national family planning program was finally approved.

Ironically, as these campaigns were being launched, pushing men and women to adopt family planning, the program was hopelessly deficient in safe birth-control methods. There still were no new, safe methods of contraception for people, other than those ones already tried and proved inefficient or unsafe. Besides sterilization, the family planning centres were offering jellies, douches, diaphragm and vaginal suppositories, which had already proved ineffective for

³² Kathleen D. McCarthy, *The Ford Foundation's Programs in India, Pakistan, and Bangladesh, 1959-1981* (Ford Foundation Archive Report #011011, 1985), endnotes 13, 97.

the majority of women who lacked separate bathrooms and were far from running water which made the application of devices difficult if not impossible. These methods also required high motivation and with extremely high child mortality rates and economic interest in large families, these methods obviously made little sense to people.³⁴

Oral contraceptives, such as the Pill, introduced in the Western market in 1940s, were not yet popular in India and not part of the national family planning program. The international "population community" blamed "the conservatism of the Indian medical profession" for not showing interest in oral contraceptives,³⁵ but Indian physicians were wary of the side-effects of the Pill which, because of lack of access to medical facilities for a large majority of women, was a big cause of concern.³⁶

The Foundation's carnivalesque red triangle and the four faces campaign - the "Indian formula for mass communication" - was followed by the "social

³³ Sushila Nayar threatened to haul the Commissioner of family planning before a medical disciplinary council for his role in clinical testing of the method in mid-50s. Harkavy, *op. cit.*, in note 3, p. 154.

³⁴ The child mortality rate in 1960s was 165 and despite listed as one of the main reasons for high fertility, the Indian state which boaste of having nuclear capability, could not bring its infant mortality rate down. The rate was 137 per 1,000 births in 1970 and still stood at 68 per 1,000 births in 1995. UNDP, *Human Development Report 1996* (New York: Oxford University Press, 1996), p. 149; The World Bank, *World Development Indicators 1997* (Washington: The World Bank, 1998), p. 6.

³⁵ USAID Office of Population in Washington, launched a worldwide campaign to purchase oral contraceptives on a large scale and convinced client countries to use them in their national programs. India, however, showed strong resistance.

marketing" of contraceptives in 1968. This large scale project involved distributing subsidized contraceptives through commercial marketing channels. The project originated with a proposal for a public-private partnership by another Ford Foundation consultant. Condoms, supplied free by USAID, were distributed by a number of large corporations with branches in India such as Lipton Tea and Hindustan Lever. These companies used their existing sales channels to reach wholesalers and retailers throughout India. The condoms, called *Nirodh* (literally meaning prevention), were sold at low prices to retailers and other vendors who, in turn, made a small profit reselling them to customers at a very low price.

The project was termed not very 'successful' as birth rates continued to swell and spacing had not been achieved. The social marketing of *Nirodh*, assumed that the consumer's objectives were in line with the marketer's objectives. The reality was that consumers' objectives ran opposite to what the marketer assumed. Only a segment of the population perhaps wanted to practice the two child norm. Further, in the absence of any mechanism for opening channels of communication with the mass of people, the social marketing strategy could not succeed.

In the late 1960s, the Ford Foundation once again renewed its interest in cultural programs believing they could make a contribution to the development process. As discussed in Chapter III, the failure of development projects based on the modernization paradigm to end poverty and address the basic needs of

large populations in the 'Third World' began to invite widespread criticisms from many quarters in the West during the late 1960s. Whereas in the 1950s, the Western system and its security had seemed to many to be inextricably linked to preserving democratic regimes overseas, during the 1960s, the Vietnam War, "American omnipotence" and its "imperialistic designs in 'Third World' shattered the liberal consensus at home and overseas.³⁷ 'Third World' development was proving unsuccessful and as many of the poor in the 'Third World' stayed poor as the anticipated gains failed to "trickle down" to those in need, disillusionment increased. Critics argued that many modernization programs had challenged indigenous values, unsettled traditional societies, and offered only limited gains in return. Modernization advocates were criticized for driving a "bulldozer of money and technology through the societies" they sought to aid.³⁸ This darkened mood was interpreted by the Foundation thinkers as demanding sensitivity to differences in cultures.

Cultural projects also won support in the Foundation because the ideas of cultural development were vague enough to accommodate a variety of aspirations and choices. The field representative in India, Douglas Ensminger, chose this occasion to address the Indian polity on "nation building". He declared

of Gender', *Social Scientist*, (Vol. 22, No. 3-4, 1994).

³⁷ *Ibid.*, 106.

³⁸ For an exhaustive survey of this literature see, for example, Frans J. Schuurman, "Introduction: Development Theory in the 1990s", in Frans J. Schuurman (ed.), *Beyond the Impasse: New Directions in Development Theory* (London: Zed Books, 1993), pp. 1-48.

that the idea of cultural development would "help national leaders awaken to an understanding of the social, cultural and political aspects of nation building".³⁹

The cultural development programs initiated in India in 1969 under the guidance of the population field representative focused on four main concerns: halting the loss and destruction of irreplaceable cultural materials, enhancing the role of culture in strengthening national identities, tapping the educational potential of museums and traditional performing arts and increasing possible economic benefits from tourism. Suddenly, the past was no longer an obstacle to modernization, it was a source of dignity and worth, "to be explored and constructed in the present and carried forward proudly in the national future".

As the Foundation expanded its influence in the cultural sphere, its family planning programs came under critical scrutiny. The political climate of moving to "self determination", increasing Indian expertise in the population field and the growing importance of multilateral aid as an instrument of assistance, made foreign, especially U.S., technical help in the population field an easy target.⁴⁰ The activities of the resident Foundation staff, the imperial lifestyle, the elaborate parties and the royal treatment of the visiting Board of Trustees of the Foundation, especially the hunting parties on the backs of elephants,⁴¹ increasingly became a subject of criticism among the middle-class intelligentsia

³⁹ Douglas Ensminger quoted in McCarthy, *op. cit.*, in note 11, p. 107.

⁴⁰ Meredith Minkler, 'Consultants or Colleagues: The Role of US Population Advisors in India', *Population and Development Review*, December 1977, pp. 403-404.

⁴¹ Harkavy, *op. cit.*, in note 3, p. 146.

and a painful reminder of the Raj when India's backwardness, its economy and its cultural practices were used by the British for continuation of imperial rule. The local bureaucracy in the field of population resented the underlying idea of the Foundation intervention in which the foreign "expert" controlled the decision-making on the basis of its command over financial resources.⁴² The control of the white men over decision-making, among other factors, hurt the Indian male's pride.⁴³ As discussed in a previous chapter, cultural autonomy and self-determination, especially in the areas of family, religion, language and education, provided part of the legitimacy of the Indian nationalist movement in its anti-colonial struggle and unification. The supposed superiority of Indian identity in the cultural realm against the West was always easy to invoke. The government of India decided that it did not want any more interference in its family planning

⁴² Such was the hold of the 'expert' on the situation that when asked about giving more decision-making power to Indian, one advisor put it, "(giving more power to Indians) would be like giving the keys to the car to a ten-year old child". Meredith Ann Minkler, 'Role Conflict and Role Shock: American and Indian Perspectives on the Role of U.S. Family Planning Advisors in India' (Ph. D Dissertation, University of California, Berkeley, 1975), p. 237. Minkler studied the responses of fifty men and women, all of whom served as long term family planning or population advisors with the Ford Foundation or USAID in India. He also interviewed some of their Indian colleagues.

⁴³ When the Indian government wanted to use the Ford Foundation grant to buy condoms on the world market (since the U.S. condoms were three times the price of the Japanese condoms), this was not allowed. But finally when USAID agreed to provide condom grant, it was tied to six consultants, who were to be placed in six regions in India to oversee the condom distribution. The then Indian Family Planning Commissioner refused to take the condom as the consultants would have costed the program more than the condoms. The Commissioner's reported to have

policies. In 1970, the secretary of the Ministry of Health and Family Planning ordered that the services of the Foundation supported consultants to the ministry be terminated by January 1971. A number of Foundation-supported consultants were fired sending a signal to the Foundation that the government's family planning program was prepared to operate without the day-to-day advice of foreign experts. The Foundation persevered but it reduced its staff drastically. By the 1980s the Foundation had changed its focus. As it was effectively blocked from assisting the government of India's family planning program, it began health and nutrition initiatives in several parts of India to be carried out through NGOs.

**Fertility Control in the Age of Global Restructuring:
'Innovations in Family Planning Services (IFPS) Project'**

In the 1990s, with globalization and global restructuring acquiring new heights in the international political economy, population-control activities have also entered a new phase. The increased functional integration of economic activities, liberalization of economic regimes and new mode of production facilitated by new communications technologies, have also occasioned new forms of intervention on the part of international agencies' operating in the 'Third World'. The Innovations in Family Planning Services (IFPS) project is an interesting case in point to observe the nature of interventions led by international agencies in the population field.

said, "Indian males were just as capable as American males of demonstrating the use of the condom". Minkler, *op. cit.*, in note 43, p. 246.

The USAID signed an agreement with the government of India in 1992 to intervene in the state of Uttar Pradesh to bring the fertility rate down with the help of non governmental organizations. Uttar Pradesh has the highest fertility rate in India.⁴⁴ Under the agreement, a project, 'Innovations in Family Planning Services', was launched in the state of Uttar Pradesh to "revitalize the family planning program in Uttar Pradesh by improving the access and quality of health and family planning services".⁴⁵ The project aimed at reorienting the official family planning program in Uttar Pradesh from a "Government sterilization effort" into a "people's program" where, as it claimed, "demographic goals were to be achieved not by focusing on targets but by bringing about people's participation in behavioral changes".⁴⁶ Unlike the Ford Foundation mission which was mandated to assist the official program of family planning, the new agreement now rejects state initiatives and favors non-state actors as vehicles of change. This emphasis on the role of non-state actors is part of "the new conditionality" of international agencies' intervention in the new order which insists on the rolling

⁴⁴ The total fertility rate (TFR) for the state of Uttar Pradesh is 5.4 as compared to all India rate of 3.4 in 1991. Incidentally, Uttar Pradesh is also one of the poorest states in India with per capita income of Rs. 4012 as compared to all India Rs. 5529; the population below poverty line stands at 45 percent as compared to 37 percent for all of India; the sex ratio is 882 females to all India 929, the female literacy rate is 26 percent as compared to the all India rate of 40.

⁴⁵ Innovations in Family Planning Services (IFPS), 'Communication Strategy for Health and Family Planning in Uttar Pradesh', *Report of the Information, Education and Communication (IEC) Strategy Development Workshop*, October 6 and 7, 1994, Lucknow (IFPS, 1995), p. iii.

⁴⁶ *Ibid.*, iii.

back of the state and placing the initiative of change in the hands of civil society actors, the NGOs.⁴⁷

The IFPS project commenced operation in April 1993. USAID at the first instance pledged US \$325 million to the project to be disbursed over a period of ten years. The project started operation through a network of Uttar Pradesh based NGOs in the project districts. The community-based NGOs are given funds to facilitate the goal of fertility reduction, by meeting the "unmet need" for family planning services,⁴⁸ increasing the demand for family planning services by creating greater awareness, emphasizing spacing, increasing age at marriage of the bride, and promoting gender equality through education and decrease in son

⁴⁷ The statist thinking in politics and public intervention came under attack not only from a burgeoning civil society but also with the liberal advocacy of civil society, the state rolls back and NGOs are identified as new actors of social change. This is true also of poverty alleviation programs since the 1980s which have almost totally disappeared from state development agendas and fallen on NGO hands. For a critical analysis of the new terms of the 'game' see, Mustapha Kamal Pasha, 'Globalization and Poverty in South Asia', *Millennium: Journal of International Studies*, (Vol. 25, No. 3, 1996); Marianne Marchand, 'Reconceptualizing 'Gender and Development' in the era of 'Globalization'', *Millennium: Journal of International Studies*, (Vol. 25, No. 3, 1996); Michel Chossudovsky, *The Globalization of Poverty: Impacts of IMF and World Bank Reforms* (Penang: Third World Network, 1997).

⁴⁸ "Unmet need" is the difference between those who do not want any more children and those who are currently practicing family planning. Like the Knowledge, Aptitude, and Practice (KAP) surveys described in the previous chapter, the "unmet need" is also calculated through an empirical survey method by asking couples if they wanted more children and if they were using any birth control. But as Mamdani's study pointed out, the respondents usually know what the family planning surveyors want to hear and they usually give them the answer that they want to hear. Hence many critics question the reliability of "unmet need" statistics. Mamdani, *op. cit.*, in note 8.

preference through community intervention.⁴⁹ Apart from the community-based NGOs, the project also coordinates with the corporate sector, cooperatives, and the industry sector and helps them build fertility controlling projects for their workers or members and undertakes the training of the community health workers in public and private sector to enhance their efficiency and effectivity.

The project operation is managed by an autonomous body, State Innovations in Family Planning Services Project Agency (SIFPSA), which was registered to manage the project in terms of increasing the access, improving the quality and creating demand for family planning services. The Chief Secretary of Uttar Pradesh is the Chair of the Governing Body of SIFPSA and the Principal Secretary, Medical Health and Family Welfare of Uttar Pradesh, its Vice Chairman. Other members of the body include high officials of the Uttar Pradesh bureaucracy, population experts, and industry and trade leaders. SIFPSA also secures funds from the Government of India and facilitated budgetary allocations into various sectors of the project. SIFPSA's terms of reference include involving the government sector, the private sector and experts to the program of family planning.⁵⁰

⁴⁹ Innovations in Family Planning Services (IFPS) *op. cit.*, in note 46, p. iv.

⁵⁰ SIFPSA's mission statement reads, "SIFPSA seeks to facilitate - through innovative means and partnerships with government and other agencies - the goal of health for all in Uttar Pradesh, by improving the quality, demand, access and delivery of Family Planning and Maternal and Child Health services and also improving other related quality of life parameters, including the status of women". *IFPS Project and SIFPSA* introductory

During my field interviews with IFPS project officials, I explored the rationale for constituting another body for the implementation of a project which the state department of health had a full mandate to do. It was explained to me that first, the government department lacked legitimacy to carry out any social program and second, working with the government department was constraining because of the lengthy procedures involved for disbursing funds.⁵¹

The IFPS project claims to be "innovative" because it repositions family planning with an emphasis on "reproductive health services", client-oriented "quality" health services, "performance-based disbursement" focused on outputs rather than inputs and developing "partnerships" for synergy.⁵² And, while the project lays out all these goals "innovatively", the practice presents the same family planning program, which seeks to control women's reproduction through the use of more and more provider-controlled technologies of reproductive control, in the same framework. An IFPS document proclaims:

Acceptance of the suggested approach (above) involves a major change in the *image* of family planning. In marketing advertising

handout acquired from the Public Relations officer at the Lucknow office of SIFPSA in January 1997.

⁵¹ Interview with project officer at SIFPSA headquarters, Lucknow, January 1997. It is interesting to note the underlying rationale of the new initiative. It is not to strengthen the civil space as many liberal proponents of all NGO activity tend to believe. Rather the operation through civil society actors is to circumvent the onus of public accountability built into procedures especially involving foreign funding. To elaborate, the 'lengthy procedures' which are deplored in the name of efficiency also acted as checks on various points in disbursing public funds. In the new system these are bypassed.

⁵² *Ibid.*, p. 6.

terminology, it is necessary to re-position family planning and to *project a new image*. Thus it is necessary to move from the negative image of family planning (perceived as a government program, for which people are bribed, pressured or even coerced) to a positive image of a people's program... (emphasis added).⁵³

The program is not altered to make family planning empowering for women, rather the emphasis is on marketing it efficiently. In these presentations, government programs are demonized and they stand out as totally discredited, while hope is built around the private initiatives. The program solicits change in social relations and behavioral patterns but the execution strategies stress marketing:

...the strategy then is to meet the existing need, create demand by better supply (easy availability, higher quality), promote behavioral changes (e.g., age at marriage) and an ambience where appropriate attitudes and behaviors are facilitated through a vigorous social marketing program.⁵⁴

The stress on social marketing is matched with a new language of health and reproductive health, which has become a buzzword for population planners in the 1990s, once again to catch the public imagination. Packaged within the new language of health, of course, is still the concern for population numbers.

Observe, for example:

There are several approaches to family planning: the "economic approach", the sociological approach, the macro/global approach, the development approach, the coercive approach, and the health approach. The health approach has many advantages. It is an issue that touches people. Bad health is a cause of concern and it

⁵³ *Ibid.*, p. 13.

⁵⁴ *Ibid.*, p. 7.

also has an immediate economic impact, as daily wagers lose wages if they are in bad health. It thus has both economic and emotional dimensions. ... It may be emphasized that the "health approach" means putting family planning within the context of health. It is not a campaign, for example, to promote "exercising for better health".⁵⁵

While socially oppressive practices such as the neglect of the girl child, son preference, and the giving away of young girls in marriages are mentioned in the project literature, there exists no plan to address these issues systematically.⁵⁶ The project is premised once again on the notion that high fertility is the result of backwardness of its people. There is consequently no attempt to open dialogue with women and to empower them with knowledge about their bodies and their control. Other issues of unequal gender relations, poor health, and high child mortality rates are recognized but since the agenda of the project is demographically driven their solution is seen in reproductive control.

The IFPS project commits itself to providing "informed choice" on contraceptive methods to individuals, confining itself not only to government run family welfare centres and PHCs but extending the services in the private sector as well.⁵⁷ However, my research from the project documents reveals that what is

⁵⁵ *Ibid.*, p. 12-13.

⁵⁶ On asked, for example, what the long or short-term IFPS strategy was on the neglect of girl child or how the project wished to address the issue of early marriage, the answer was "through education". Whose education, how and with what plan were not known. Interviews with SIFPSA program staff, Lucknow.

⁵⁷ IFPS Project, *Innovations: A Newsletter of the Innovations in Family Planning Services Project*, No. 1, June 1995, p.2.

meant by informed choice is actually introducing women to long-acting and provider-controlled methods of reproductive control. A majority of the projects supported by IFPS are actually focusing only on identifying the sections of the low-income populations ready to pay for "quality" family planning services in the private sector.⁵⁸ The project is also committed to bringing down the fertility rate in U.P. in less than ten years. Efficiently extending the influence of coercive methods of reproductive control combined with the goals of fertility reduction is not empowering for women as some feminist organizations recently concluded while demanding a cancellation of the "anti-women" agreement between the USAID and government of India.⁵⁹

The neoliberal discourse on restructuring privileges new structures, agents and processes in civil society in place of statist discourses of intervention and planning. That this new reordering could have multiple implications in a 'Third World' context is hardly looked into. In locations where democratized participatory structures are not developed and where the state is not fully committed to redressing inequality, the agents in civil society, notably NGOs,

⁵⁸ See, for example, 'SIFPSA Projects at Work', *Innovations: A Newsletter of the Innovations in Family Planning Services Project*, No. 3, June 1996, pp. 6-7.

⁵⁹ These views were expressed at the three day South Asia Consultation with the Independent Commission on Population and Quality of Life, April 25 to 27, 1997. A Joint statement of twelve Indian women's organizations participating in the conference condemned the IFPS project and recommended the cancellation of the agreement between USAID and government of India. See, Report of the Independent Commission, *In the*

could easily fail to tackle the structural questions. The IFPS project initiative is a clear case in point. In the IFPS project, NGOs are the new actors as providers of family planning services. However, NGOs are not inherently progressive nor is all NGO activity transformatory or emancipatory for the people with whom they work. Their role clearly depends on the political commitment and agenda of a particular project. As an alternative to a developmental state intervention, the present intervention in women's reproductive control is more diffused, less identifiable and more dispersed with the NGO vision of intervention or direction of change totally unspecified. Since the donor agency is guided by a demographically driven agenda, these dispersed efforts are only likely to reduce women's reproductive autonomy. The focus on non-state actors as vehicles of change and transformation on the basis of money power wielded by the USAID is by far not an ideal situation for poor people. The big money to be disbursed to community based family planning services has already led to a mushrooming of NGOs even in the smallest townships of the state and NGO activity becoming a lucrative career for many, especially retiring or retired bureaucrats who use their clout to obtain projects.⁶⁰ Financial irregularities are already being detected.⁶¹

Search For a Secure Future Everybody Counts, Centre for Women's Development Studies, New Delhi, 1994, pp. 16-17.

⁶⁰ In Devaria, a small township in Uttar Pradesh, the manager-coordinator of an NGO allegedly passed on "his" NGO with its project funds to his son-in-law at the time of his daughter's marriage in dowry! Field notes, Lucknow, 1997.

⁶¹ See, 'SIFPSA Projects at Work', *Innovations: A Newsletter of the Family Planning Services (IFPS) Project*, No. 3, June 1996, p. 7.

Conclusion

The Ford Foundation's work in the population field started in post-World War period out of the anxiety with rising populations of 'Third World'. Many of the concerns of the international "population community" regarding growing numbers of 'Third World' populations (as described in Chapter III) were reflected in the Foundation's programs in India. The discussion illustrated how Foundation practices in India, arising out of concerns with 'high politics' engendered agendas for the local people predicated on the assumption that the population was a technical "problem" which required a Western, scientific, expert solution. The Ford Foundation intervened in India's population-control program on the basis of this expert knowledge position and manipulated understanding about reproduction through developmental, scientific, and cultural discourses. Basing their practice on the gendered and racialized knowledge previously established about the local people (and the irrationality of their knowledge systems), the Foundation contributed to building institutional structures which identified women as mindless breeders, bringing their reproduction under more and stricter controls. Their expert knowledge systems constructed women as biological bodies, with no control over their reproduction; they were merely bodies which produced more bodies. In its family planning practices, the Foundation encouraged a peculiarly male view of the world. Its alliance and efforts to steer the Indian national family planning program never emphasized birth control as being a woman's issue. It remained concerned with population numbers as

issues of global security and sustainability. Once construed in this fashion, it was to be understood, manipulated and controlled by the high politics of international agencies and the national government. I explored how the very framing of the "population problem" in this fashion forms a backdrop for the development and applications of reproductive technology and fertility management which renders gender invisible. While concerned with reproduction, an issue which was of obvious importance to women (and men), the Foundation in its policy de-emphasized the gendered nature of reproduction. It made invisible the role of women in reproduction and disregarded the role of family planning in women's reproductive freedom.⁶² The family planning program offered no real safe options while it blamed women for adding to already swelling population numbers. It totally disregarded the relationships between women's lack of social power and their lack of control over their reproduction.

I looked at another population control project to argue that the 1990s interventions are building a more dispersed control of women's reproduction. In the USAID-led project in Uttar Pradesh, the family planning activity is no longer confined to state-led intervention. It is spread over public, and different tiers of private initiatives under NGO initiative. In this new project the discourse of over population remains intact while the agency practice shifts emphasis from state-led initiatives to more dispersed intervention of non state actors.

⁶² Sandra Whitworth makes a similar observation in case of IPPF. Sandra Whitworth, *Feminism and International relations: Towards a Political*

The IFPS project demonstrates how new institutions created outside the state sector often circumvent public accountability as the new “partners-in-population-planning” now participate and intervene outside regular institutional channels. They play the new rules of the global game - efficiency and privatization - to achieve the same demographic goals. Once again, women are the targets, this time of the policies of population planning packaged in new terms. They are offered once again the same disempowering choices which make them vulnerable to the targets of populations planners.

In this section of the dissertation, in exploring the Indian birth control debate during the nationalist struggle, the post-colonial policies of family planning, and interventions of international agencies, I explored the many facets of population discourse and pointed to the sites where control over women's reproduction was construed. The next section, explores reproductive technologies-aided relations of patriarchal coercion, how they elaborate new structures of control over women's reproduction and how these controls are contested in women's struggles. In the next chapter, I look at the complex and gendered relationship among patriarchal practices, the hegemonic discourse of overpopulation and reproductive technologies as they relate with each other such that each is modified as the result of this articulatory practice. This illustrates how such technologies articulate with local systems of patriarchal control and gender hierarchies. I also make use of folk literature, the narrative of

a community seeking male progeny, and how various technologies operate in this community, once again to emphasize my general argument on how reproductive control contributes to women's reproductive consciousness.

(London: Macmillan, 1994).

Section Three

Feminist Contestations in India

CHAPTER VII

Of Amniocentesis, Female Fetuses, Little Girls and Women: New Reproductive Technologies in India

Let you be the mother of a hundred sons!

I

Woman, it is
the *samskaras* contain
the rites and actions that render
the mind and body fit to attain
maturity and *brahma*.
Said Manu, the all-knowing lawgiver,
this human frame is justified only
by the generation of sons.
Man must procreate
according to the practices of *garbhadhana*,
and by the rites of *pumsavana*
ordain the *garbha* to become male.

In order to perform *garbhadhana*,
woman, bathe three days after menstruation.
Husband, after she has thus bathed
get her to pound rice, and boil it
and eat it, with various other things,
according as you desire
a fair son, a dark or brown son, a learned son.
Near the morning hour make offerings
of *ghee*, little by little,
to the holy fire.
Take out then the rest of the rice,
eat it, and having eaten,
give a portion to your wife.
Cleanse your hands, fill a jar,
sprinkle her thrice with water
saying
'Arise, O *Visvvasu*,
seek another blooming girl,
a wife with her husband.'
'I am *Ama*, thou art *Sa*.
I am the sky, thou art the earth.
Come, let us strive that a man child be begotten.

Remember on *cathurthikarma*
to chant this verse:
'May a male embryo enter thy womb
as an arrow into the quiver.
May a man be born here,
a son, at ten months end.

Remember
each of the even nights from fourth to the sixteenth
after the commencement of the monthly illness
are more and more conducive
for the excellence of male offspring.

Says the *Vaikhanasa*
woman in her unclean days
should bathe on the fourth day,
wear white,
anoint herself with unguents.
Besides, she must hold no converse
with another woman or a *sudra*,
must see nobody save her husband
since the boy to be born
becomes like the man
the woman looks at after her *ritusnana*.

And then, under the constellation *Tisya*,
you shall perform *pumsavana*
by virtue of which performance
a male child is born.¹

¹ This poem describes *garbhadhana* and *pumsavana*, the two rituals prescribed in ancient literature for the conception of a male child, and is practically a quotation from Pandurang Vaman Kane's *History of the Dharmashastras: Ancient and Medieval Religious and Civil Law*, Vol. II, Part I, Government Oriental Series: Class B, No. 6 (Pune: Bhandarkar Oriental Research Institute, 1941), pp. 188-221, quoted in Kumkum Sangari, 'If You Would be the Mother of a Son', in Rita Arditti, Renate Duelli Klein and Shelley Minden (eds.), *Test-Tube Women: What future for motherhood?* (London: Pandora Press, 1984), pp. 257-258.

II

Do you know King Dasaratha performed
a *puttreshti yagya* and Ram was born?
Don't you know Jijabai willed herself
to have a warrior son - *chatrapati* Sivaji?
Woman, with the force of your will you can determine the gender
of your child, up to the third month.

But the astrologer said
there is no son ordained for you,
your stars deny it.
You will have to borrow one
from your last life or your next
by praying to *Shantinatha bhagwan*,
by worshipping the silver snake
for nine months, by giving away
a golden snake when your boy is born.

III

Bidh mata, O goddess of creation
come when you are offended,
come when he has offended you, and
pierced your heart with his speary words
when you are in agony
and don't want to return to him
Come and you will sculpt
a preferred thing, a boy,
nicely chiseled, grandly beautiful.
For you are not in a hurry to go back.
Don't come when you suffer from pangs of separation
when you want to return to your beloved.
You will then take a big black lump of earth
and mold it into something rotten.
Hurriedly you will do your job,
make a girl which no one wants.

Said the old aunt,
listen woman, who is three months gone
if you desire a son,
make a loving couple fight over nothing

and if they fight, *bidh mata* will also come annoyed
and make you a beautiful boy.²

IV

Hey men, hey women
if you want a male baby
come to my clinic
I have a franchise from the big Dr. Erricson
I am the science guy, no quack or a hermit
Listen to me, I can tell
Sex of the baby is determined by the sperm
that fertilizes the egg:
sperm carrying an X chromosome gives you a girl
a Y carrying chromosome produces a boy
Female-producing sperms are heavier
male ones are lighter
Come to me
I will spin the sperm in a centrifuge
heavier one will settle down, lighter ones will float
I will separate the two
I know you want a baby boy, a male child
I will put the right ones into your woman's womb
and
give you a male baby at the end of nine months
My results are cent percent
My results are backed by science.³

V

Want to know what you are carrying?
A wonderful male baby,
who shall carry your family name
who shall nurse you when you are old and feeble

² This is a popular folk verse addressing the deity of creation who enters the woman's womb and makes the child. Pregnant woman worship the deity and prays that the goddess, *Bidh Mata*, enters their womb when her terms with her beloved are bad and she has plenty of time to spend in her creation. Translation mine.

³ Composed by this author.

who shall put you up when you have nowhere to go
who shall lit the holy pyre and release your soul trapped in this body
Or it is a girl,
a burden of a life time
a stone falling into your courtyard, bringing misfortune
you will spend lakhs on her wedding,
you will perform *kanyadaan* and give her away
you will put your turban, your honor,
on her in-laws feet,
beg them to take her away
for ever

But no need to worry
come to us!
we will put a needle in your womb
take a little fluid out
we will see it under our powerful scopes
will tell you,
for sure,
its a boy or a girl
You can get rid of your burden there and then
We also have excellent facilities for abortion, completely legal
Come spend five hundred now, save five lakhs later!⁴

⁴ Composed by this author.

Introduction

In this chapter I argue that relations of patriarchal coercion aided by reproductive technologies have elaborated new structures of control over Indian women. The new relations of control are not just a new face to the "traditional" patriarchal control as is sometimes argued. Instead, new relations of control have emerged from the articulation of new reproductive technologies with existing patriarchal practices and attendant power relations. To explore these new relations of control, in this chapter, I look at the complex and gendered relationship among patriarchal practices, the hegemonic discourse of overpopulation and the new reproductive technologies as they relate with each other such that each is modified as the result of this articulation.

In chapter V and VI we saw how population policies led by the state or international agencies increasingly eroded women's control over their reproduction. The increasing use of new technologies of fertility control in the family planning programs has consequences not only for women's reproductive health, they also disempowers women as fertility control passes from women-administered techniques to provider-controlled technologies. In this chapter I use the technologies of fetal sex-detection and sex-selection as a case study to illustrate a different dimension of the impacts new technologies have on women.

In exploring the technologies of fetal sex-detection and sex-selection in India within the "cultural context" of a strong preference for male progeny, I explore the many meanings of fetus-screening technologies and problematize the idea of "cultural context" and the fixity of meaning it reflects in much analysis.

In chapter II, I looked at how Western feminists are confronting the situations generated by reproductive technologies and argued that different feminist standpoints in the debate on reproductive technologies produce their own challenges, inconsistencies and contradictions for feminist politics. I also argued that feminism brought the female body into focus and staked a claim for women's embodied experience in knowledge-creation and how new reproductive technologies threaten the erasure of the body once again by fragmenting biological processes, conditions and relationships. The technologies also fragment existing social arrangements which rest on this biological order and hence the importance of constant feminist engagement with the issue of reproductive technologies. In this chapter, I explore fetal sex-selection technologies and also engage the feminist debate on reproductive technologies and their implication for women's reproductive autonomy showing the tension in universal categorical claims.

This chapter is also in a sense methodological. I explore the issue of sex-selective abortion in the contemporary period while locating, and yet, distancing it from the practice of female infanticide in colonial India which is often invoked to suggest a link between the traditional practice of female infanticide and the modern practice of sex-selective abortion. I explore the making of the tradition of female infanticide to illustrate that traditional values of male preference do not become meaningful in explaining sex-selective abortions unless they are located in their relation, on the one hand, to the changing socio-economic structure of the society and on the other, hand to the crucial context of patriarchal power.

This chapter is divided into three sections: in the first, I look at amniocentesis and the practice of sex-selective abortion in the present context; in section two I deconstruct the "tradition" of female infanticide and show how it was a colonial construct; and finally I show what is "new" in new reproductive technologies.

Tradition versus Modernity: Amniocentesis and Sex-Selective Abortion - a tradition modernized?

While there may be similarities in the kind of research concerning reproductive technologies conducted in India and the West, there are vast differences in their applications. The nature of feminist discourse is therefore also very different. In the West, low birth rates have been achieved among white people, so reproductive technologies and the science of genetic engineering emphasize the "quality" of population or the "problem" of childlessness. In India, technologies for prenatal diagnosis and even preconception diagnosis are increasingly gaining importance. But, whereas in the affluent West, prenatal diagnostic technologies are mainly being used to avoid bearing offspring with genetic or other "disorders", mainly by aborting fetuses considered undesirable, in India they are being used to avoid the birth of daughters, by determining the sex of the fetus, followed by an abortion if a female offspring considered "undesirable" has been conceived.

In 1975, the All India Institute of Medical Sciences in Delhi, India's premier medical science institution, initiated experiments in using amniocentesis for detecting fetal abnormalities. A by-product of the test was knowledge about the sex of the fetus. Most of the couples who learnt that the fetus was female chose

abortion. "The test", the colloquial term used to refer to amniocentesis, soon became popular for sex-detection. Subsequently, following the widespread use of the amniocentesis test for sex-detection, the institute, through an order of the Indian Council for Medical Research, restricted the test to cases of suspected genetic diseases.⁵ Between 1977 to 1985, three circulars from the Health Ministry to government departments at the centre and in the states banned the use of prenatal sex-determination for the purpose of sex-selective abortion.⁶ The ban on the use of this technology in government institutions opened doors for its privatization and commercialization. By the mid-1980s, sex-detection clinics mushroomed all over the country and places which lacked such basic amenities as potable water and electricity had prenatal sex-detection clinics.⁷ Rural health centres with no facility to test sputum for tuberculosis or to maintain the cold conditions for oral polio vaccines sent samples of amniotic fluid in ice packs to the nearest towns for sex-detection tests.⁸ A study showed that even marginal farmers were willing to take loans at high interests rates to avail themselves of

⁵ Sanjeev Kulkarni, *Sex Determination Tests and Female Feticide in the City of Bombay*, Report commissioned by the Secretary to the Government, (Department of Health and Family Welfare, Government of Maharashtra, 1986), p. 19.

⁶ The test was finally banned after a sustained campaign by women's organizations when the Prenatal Diagnosis Technologies (*Regulation and Prevention of Misuse Bill 1991*), was passed by the Indian Parliament on July 26, 1994 putting an all India ban on these tests.

⁷ Madhu Kishwar, 'When Daughters Are Unwanted: Sex Determination Tests in India', *Manushi: A Journal About Women and Society*, (January-February, 1995).

these tests.⁹ Although no all-India figures are available on sex-selective abortions, a number of studies for individual hospitals, clinics in different parts of the country and for different communities, point to the enormous number of such abortions.¹⁰ Several doctors and their clinics announce unique saving schemes. The clinics advertise sex-determination tests with wall writings, hand-bills and newspaper ads like "Spend rupees 500 now and save 50,000 later", meaning, spend a small sum now on sex-determination and get an abortion if it is a female

⁸ Nivedita Menon, 'The impossibility of 'justice': female foeticide and feminist discourse on abortion', in Patricia Uberoi (eds.), *Social Reform, Sexuality and the State* (New Delhi: Sage Publications, 1996), p. 376.

⁹ Forum Against Sex-Determination and Sex-Preselection (FASDSP) and Saheli Women's Resource Centre, Delhi, *Information sheet on sex determination and sex preselection techniques* (on file with Jagori, Delhi), undated.

¹⁰ Govind Kelkar estimated that between 1978 to 1983, 78000 female fetuses were aborted using amniocentesis in Bombay alone. Govind Kelkar, 'India Stopping the Violence Against Women: Fifteen Years of Activism', in M. Schuler (eds.), *Freedom From Violence: Women's Strategies from Around the World* (New York: Unifem Books, 1992); A. Ramanamma and U. Bambawali in a study of records of three hospitals in the city of Pune, indicate that between June 1976 to June 1977, 700 women sought sex detection and 95.5 percent of female fetuses were aborted. A. Ramanamma and U. Bambawali, 'The mania for sons: an analysis of social values in South Asia', *Social Science and Medicine: An International Journal*, (Vol. 14B, No. 107-110, 1990), cited in Lakshmi Lingam, 'Sex-Detection Tests and Female Foeticide: Discrimination Before Birth', *Indian Journal of Social Work*, (Vol. LII, No. 1, 1991), p. 15; Also see Sunil K. Khanna, 'Prenatal Sex Determination: A New Family Building Strategy', *Manushi: A Journal About Women and Society*, (No. 86, January- February, 1995), a study of the Jat community in the periphery of Delhi metropolitan; Meenu Sondhi, *The Silent Death: A Study of Female Foeticide in Delhi*, M.Sc. dissertation (Delhi University, Delhi), undated.

fetus so that you do not have to spend thousands on the daughters' dowry later.¹¹

Parents prefer male children, it is often said in India, in order to continue the family line, manage property, work in the fields, fulfill the fathers' image of potency and manhood, and light the funeral pyre of the parents to release their souls from the confines of their bodies. Scholars have also been trying to explain the phenomenon of strong preference for sons to the total disregard for daughters in Indian society. Some scholars argue that the preference for male children arises out of the material needs of a predominantly peasant economy. Prem Chowdhry, in her pioneering ethnographic study of the Haryana region in Northern India, argues that peasant culture with its strong preference for male off-spring, although clearly identifiable with a particular caste, was firmly rooted in and molded by the region's economy. She argues,

...The famine ridden *barani* region (dependent on rainfall) with its concomitant low yielding crops and chronic crop failures ...made living for an overwhelming majority of landowners a hand to mouth affair... (necessitating) extremely hard work depended mostly on family labor. The logic of the situation greatly reinforced, what is perhaps common to peasant economies generally, namely, a very strong desire for male progeny.¹²

¹¹ In the saving scheme, 50,000 rupees changed to one lakh and even to three lakhs in the early nineties and after the Bill against sex-determination (Pre-natal Diagnosis Technologies, Regulation and Prevention of Misuse Bill 1991) was finally passed in 1994 by an Act of Parliament, the advertisements now read "**Come and Discover If It is a healthy BOY Or a healthy GIRL**". My field notes, slogan spotted in a number of big and small cities in Northern India.

¹² Prem Chowdhry, *The Veiled Women: Shifting Gender Equations in Rural Haryana 1880-1990* (Delhi: Oxford University Press, 1994), p. 47.

According to Chowdhry, in the drought-prone region of Haryana, a male child came to be regarded as essential as the life-giving rain, where a popular local saying goes: *meehn aur bettya te koon dhappaya sai* (who can have enough of rain or sons).¹³

Pranab Bardhan makes a similar observation by conjecturing a relationship between crop production and economic activity in a particular region and the preference for male progeny. He suggests that rice cultivation or wet land agriculture is relatively intensive in female labor as compared to wheat or dry region crops and hence preference for sons is less intense in the regions of wet land agriculture.¹⁴

Many scholars look at sex-selective abortions as a part of an oppressive patriarchal culture. They treat female infanticide which was practiced among some communities in India during the colonial period and the sex-selective abortions of the modern times as part of a single continuum. Jyotsna Gupta, for example, argues that female feticide and female infanticide and the neglect and abuse of female children are part of the same patriarchal culture which oppresses women. She argues that while female feticide and female infanticide

¹³ *Ibid.*, p. 48.

¹⁴ Pranab Bardhan, 'Little Girls and Death in India', *Economic and Political Weekly*, (Vol. 17, No. 36, 1982), pp. 1448-1450. Also by the same author, 'On Life and Death Question', *Economic and Political Weekly*, (Vol. 9, No. 31, 1974).

are active, the neglect and abuse are passive forms of the same continuum.¹⁵ Some other scholars¹⁶ also see a direct link between female infanticide or neglect of females leading to higher infant and child mortality for girls and sex-selective abortions. They reject the notion of sex-selective abortions as the "ultimate form of patriarchal oppression" and argue that sex-selective abortion is a "better" solution than female infanticide or the severe ill-treatment of little girls. Sex-selective abortion spares the girls neglect and abuse which they experience when they are born, they argue. Others see sex-selective abortion only as the latest manifestation of a long history of gender bias.¹⁷

It is true that girl children is neglected in India. A number of studies have documented the various forms of abuse and discrimination perpetrated against them using various indicators.¹⁸ The cross-national and intra-regional examination of demographic variations in India highlight the impact of cultural and economic differences on the relative number of women in Indian society. In

¹⁵ Jyotsna Agnihotri Gupta, *New Freedoms, New Dependencies: New Reproductive Technologies, Women's Health and Autonomy*, Ph.D. Dissertation (Leiden: Leiden University, 1996), p. 366.

¹⁶ See, for example, Barbara Miller, *The Endangered Sex: Neglect of Female Children in Rural North India* (Ithaca: Cornell University Press, 1981) p. 35; Dharama Kumar, 'Male utopias or nightmares?' *Economic and Political Weekly*, (Vol. 18, No. 3, 1983), p. 64.

¹⁷ See, for example, Radhika Balakrishnan, 'The Social Context of Sex Selection and the Politics of Abortion in India', in Gita Sen and Rachel C. Snow (eds.), *Power and Decision: The Social Control of Reproduction* (Harvard Center for Population and Development Studies: Harvard University Press: 1994), p. 267.

¹⁸ For a detailed review of literature on the plight of girl-child in India, see, Neera Kuckreja Sohoni, *The Burden of Girlhood: A Global Inquiry Into the Status of Girls* (Oakland: Third Party Publishing Company, 1995).

1901, the sex ratio for all India (female/1000males) was 972; in 1971 the ratio had declined to 930 and after a small climb in 1981 to 936 the ratio in 1991 was an all time low of 929 and stood at 940 in 1995.¹⁹

Many studies have analyzed the connection between social variables and sex ratios and illustrate the complex interlinkages of cultural, economic and social conditions which increase female mortality. These studies attempt to find the factors that have led Indian society to practice male preference to such an extent that the relative population of females is significantly decreasing. Radhika Balakrishnan explores the relationship between access to property and sex ratios.²⁰ Monica Das Gupta emphasizes the importance of kinship patterns and the economics of the family.²¹ Malini Karkal argues that the difference in female

¹⁹ Comparable figures for some other South and South East Asian countries for the year 1995 are: Pakistan 920, Nepal 960, Sri Lanka 100, Malaysia 980, Thailand 100, and Singapore 980. The World Bank, *World Development Indicators 1997* (Washington: The World Bank, 1997). There is a lot of controversy among demographers, social scientists and feminists on the question of sex ratios in the Indian context. A grand debate has gone on this issue in the social science journal *Economic and Political Weekly* during the years 1992 and 1993 after the 1991 census results became available. The main argument of some of the demographers is that the fewer number of women is the result of undercounting of the female members of the household due to the cultural invisibility of women. A.K. Sen and S. Sengupta's intervention is significant here when they argue that the sharp decline in female population cannot be answered by the under-counting of females alone. See, A.K. Sen and S. Sengupta, 'Malnutrition of rural children and the sex bias', *Economic and Political Weekly*, (Vol. 28, No. 13, 1983).

²⁰ Balakrishnan, *op. cit.*, in note 18, p. 270;

²¹ Monica Das Gupta, 'Selective Discrimination Against Female Children in Rural Punjab, India', *Population and Development Review*, (Vol. 13, No. 1, 1987), pp. 90-95.

mortality rates in India are related to the relative status of women.²² She dismisses the widely-held claim that the high female mortality rates are symptomatic of the poor health conditions prevalent in India or merely signs of innate biological difference between sexes. Instead she attributes these differentials to the subordinate status of women within the family and in the society at large.²³ Some other scholars explore changes in marriage customs and excessive dowry demands that may indicate why sex ratios have been declining as daughters become burdensome.²⁴ Scholars have also drawn connections between inheritance patterns and sex ratios. Monica Das Gupta in her Punjab study argues that ensuring women have the right to hold property may be a primary way to redress high levels of female mortality.²⁵

In many studies, the state of Kerala is cited as an ideal for women. Kerala is the only state in India that historically has shown an absence of sex bias and has shown a positive sex ratio (i.e. more women than men) consistently over the past century. Relative to other regions of India, Kerala also has other characteristics indicative of better gender equity: it has generally the lowest

²² Malini Karkal, 'Differentials in Mortality by Sex', *Economic and Political Weekly*, (Vol. 22, No. 32, 1987), p. 1344.

²³ Many 'Third World' countries show higher sex ratios. In 1995, Argentina showed a ratio of 1040 girls to 1000 boys, Brazil 1010, Mexico 1010, Bhutan 1280. *World Development Indicators 1997*.

²⁴ See, for example, John Caldwell, Patricia Caldwell and P.H Reddy, 'The causes of demographic change in rural South India', *Population and Development Review*, (Vol. 8, No. 4, 1982), pp. 689-728 and Madhu Kishwar, 'Dowry Calculations: Daughter's Rights in Her Parental Family', *Manushi: A Journal About Women and Society*, (No. 78, September-October, 1993), p. 9.

fertility rates, the highest level of female literacy, a high average age of marriage and a fairly high use of contraceptives. Scholars point to matrilineal inheritance as a possible explanation for both the positive sex ratio and the greater gender equity that set Kerala apart.²⁶

Typically, most of the above mentioned studies try to look for cultural and material roots of the phenomenon of female infanticide or neglect of female children. They link the disregard (or regard) for the female sex to women's relative position in family and society in the social structure and seek to trace the origins of the phenomenon either to Indian culture or the peasant economy.²⁷ While this analysis is useful in so far as it sees the devaluation of women in Indian culture, it could potentially reduce space for struggles for political gains within existing patriarchal norms as it appears to have a continuity and no break. The analyses could thus be interpreted as arguing that women had a lower status since the dawn of history, they have it and will continue to be devalued. Such analyses reduce the role of agency and change. The timelessness of tradition, which is at the root of such analyses, deters an exploration of the modern connection of the phenomenon with the patriarchal practices which are

²⁵ Das Gupta, *op. cit.*, in note 22, p. 94.

²⁶ See, for example, Gopalakrishna Kumar, 'Gender, Differential Mortality and Development: The Experience of Kerala', *Cambridge Journal of Economics*, (Vol. 13, No. 4, 1989), pp. 517-54; Radhika Balakrishnan, *Access to Property and its Relationship to Sex Ratios in India*, Ph.D dissertation, (Rutger University, Rutger), 1990, quoted in Balakrishnan, *op. cit.*, in note 18, p. 274.

invented and reinvented at various specific moments in history and have implication for gender relations in society. This is not to deny that the renewed patriarchies and new technologies for sex selection do draw from the already existing practices but they are not unmediated by new relations.

As an example of the dynamic nature of tradition surrounding this subject, in the next section I review the historiographical debate on the "traditional practice of female infanticide" in colonial India to see how far from being part of a timeless tradition this discourse was a historically situated construction. This historical detour provides a useful way of looking at past and present practices.

The making of a "tradition": Female infanticide in colonial India

Lalita Panigrahi's *Female Infanticide in British India* is perhaps the only detailed work that exists on female infanticide during the colonial period.²⁸ Through a rigorous study of archival material, Panigrahi describes the course that a few colonial administrators followed in discovering and attempting to suppress the practice which was spread over different regions of India. Her argument is that the social evil of female infanticide, which was widely prevalent in some sections of Hindu society in North India in the nineteenth century, was effectively suppressed by the British Government towards the end of the

²⁷ Barring Madhu Kishwar, almost all the scholars see the female infanticide and neglect of girl children as parts of a continuum of the traditional bias against women and preference for male progeny.

²⁸ Lalita Panigrahi, *British Social Policy and Female Infanticide in India* (New Delhi: Munshiram Manoharlal, 1972). Barbara Miller's *The Endangered Sex*, *op. cit.*, in note 17, also has a chapter on female infanticide in colonial India but she bases her major argument on Panigrahi's work.

nineteenth century. She argues that in their policy towards female infanticide the "British government was guided purely by philanthropic and humanitarian aims".²⁹

This interpretation of colonial history as explained in Chapter I has since been contested and the very ways of knowing the "evils of Hindu society" by the colonial power have been convincingly problematized and reinterpreted by postcolonial theorists, subaltern school historians and feminist historians in recent years. The "philanthropic and humanitarian aims" of the colonial power have also come under attack. Panigrahi, nonetheless, like many other historians of modern India, believes in the historically progressive role of colonialism in modernizing India. Her analysis does not interrogate the orientalist knowledge base and what was assumed about India and its traditions in the civilizing mission of colonialism. She unreflexively accepts the terms of the female infanticide debate which make her analysis part of the same colonial discourse that was generated about India and its traditions. Nonetheless her work is useful for providing a detailed account of the colonial intervention and the rich material it cites in this research.³⁰

²⁹ Panigrahi, *Ibid.*, p. xi. *The Bill for the Prevention of the Murder of Female Infants* passed by the British in 1870 is regarded as an important step towards uplifting the status of women in India by ensuring protection of female infant lives by many scholars. It is also considered important in indirectly helping to break up the caste barriers amongst the castes and clans which formerly resorted to female infanticide. See also Miller, *op. cit.*, in note 17.

³⁰ Much of the official colonial positions used in this section are based on Panigrahi's sources.

Panigrahi's research reveals that the official discourse on female infanticide for a prolonged period was surrounded by considerations about whether the practice could "safely" be prohibited through legislation. The concern with "safety" was premised on the belief that the practice had a basis in Hindu "tradition" and that interference in a matter which pertained to the secluded domain of the Hindu household might provoke indigenous outrage.³¹ Unlike the practice of *sati*, which was committed with a considerable amount of display, female infanticide was carried out in the privacy of the women's chamber to which the colonial power had no access. The preservation of the private domain, the seclusion of the Hindu household, was viewed as the major obstacle to curbing the "barbarous" practice which was occurring "inside".³²

Interestingly, alongside this debate which is spread over a period of roughly four decades, i.e. between the initial British "discovery" of the practice of female infanticide in the 1830s and 1870 when the law was passed against the practice, during which different positions were argued both in favor and against the judicial abolition, colonial officials and indigenous reformers advanced their positions from within a common discourse on India. The focus of this discourse was the centrality of "tradition" in the Hindu way of life, which was assumed to derive its life force from religion and the hierarchical caste system, of which the caste "pride" was seen as the main element. It was assumed that the

³¹ Panigrahi, *op. cit.*, in note 29.

³² C.T. Buckland, *Sketches of Social Life in India*, 1884, 151, quoted in Panigrahi, *Ibid.*

indigenous submission to tradition was total and unquestioning. Unlike many other "revolting" social practices that colonial government encountered in India, female infanticide did not have any scriptural sanction. Yet the "tradition" of female infanticide, the "social custom" as it was often termed, prolonged the official indecision on the handling of the practice.³³

The official discourse on female infanticide reveals how "tradition" was comprehended in the colonial discourse. Female infanticide was linked with preference for a male child deriving its strength from the high-caste religious practice of Hinduism whereby the funeral pyre of the father is lit by the son supposedly to release the soul captivated in the body. It was argued that the roots of female infanticide lay deep in the Hindu religion and in the institution of caste and marriage.³⁴ This comprehension of "Hindu religion" was again peculiarly colonial.³⁵

³³ Lalita Panigrahi's work cites numerous personal communications among the officials in the Civil, Criminal and Infanticide Department of the Judicial Proceedings of the North Western Provinces and the Parliamentary Papers relating to infanticide where officials exchanged ideas on "customs" and "traditions" to which the 'Hindoo' subjects conformed unquestioningly.

³⁴ J. Peggs, *India's Cries to British Humanity Relative to Suttee, Infanticide, British Connection with Idolatry, Ghaut Murders and Slavery in India* (London, 1930), cited in Panigrahi, *Ibid*, p. xiii.

³⁵ As has been argued by historian Romila Thapar, the varied and heterogeneous structures of society and the variant premises of Indian religion which were different in essence from the model of Semitic religions, were understood as lacunae of religions in India by the Christian missionaries and the Orientalist scholarship of the time. The colonial construction of Hinduism was strengthened by the East India Company's interest in locating and codifying Hindu law and gave a legal form to what were essentially social observance and customary law. Hence what was

The colonial administration's "discovery" of the practice of female infanticide was purely accidental. During the 1820s, the colonial government launched the land tax assessment program in the North-Western Provinces which necessitated not only the measurement of fields but also census of the villages. It was in the course of this census that female infanticide was discovered where some villages supposedly showed no girls in any of the enumerated families.³⁶ But it was not until 1835 when the practice was officially investigated. James Thompson, the Magistrate of Azamgarh (and later Lt. Governor of the North-Western Provinces), while going over revisions in the land settlements in his area, discovered that amongst the Bais Rajputs of Kooba Tappa in Deogaon, the birth of a daughter was considered such a serious calamity that she was seldom allowed to live.³⁷ Later, reports came in from other areas confirming the practice of female infanticide among some Rajput clans in Rajputana, Bedis of Punjab, Lahorins of Lahore, Jahrejas of Kutch and

basically part of Brahmanical *smṛti* (memorizing) was taken as the law of the Hindus and presumed to apply to all. The new Hinduism which emerged in this colonial construction now seeks historicity for the incarnations of its deities, encourages the idea of a centrally sacred book, claims monotheism as significant to the worship of deity, acknowledges the authority of the ecclesiastical organizations of certain sects as prevailing over all and has supported large-scale missionary work and conversion. Romila Thapar, 'Imagined Religious Communities? Ancient History and the Modern Search for a Hindu Identity', *Modern Asian Studies*, (Vol. 23, No. 2, 1989), p. 228. Also see, Ronald Iden, *Imagining India* (Cambridge: Blackwell, 1990) and Ronald Iden, 'Orientalist Construction of India', *Modern Asian Studies*, (Vol. 20, No. 3, 1986).

³⁶ Panigrahi, *op. cit.*, in note 29, p. 19.

³⁷ *Ibid.*, p. 20.

Kathiawar and some other groups who were practicing female infanticide.³⁸ The major reason for the practice was found to be the demand of dowry which the above mentioned communities, with their deteriorating economic position in the changing political economy of the region, could ill-afford.³⁹

Even when it became clear that the practice was being carried out in high caste Hindu households, it was thought that the effective suppression of female infanticide involved "a probe into the most secret and sacred affairs of the Hindus, which was further rendered impossible because of the seclusion and privacy of the women's chamber".⁴⁰ It is interesting to note the repeated reference and emphasis on the "privacy of Hindu home" in the official records when studies, for instance, Lalita Panigrahi's (based on official records and other archival material) and Barbara Miller's (based on other secondary sources), mention the openness and the "lack of reticence" on the part of communities practicing female infanticide. Miller quotes a dialogue between British official W.H. Sleeman and a peasant in North-Western Provinces as an example of peasants' openness about the practice. On being asked whether he thought that Rajputs murdered their female infants, the peasant replies:

'Yes, Sir, they still destroy them; and we believe, that the father who preserves a daughter will never live to see her suitably married, or, that the family into which she does marry, will perish or be ruined.'...'My uncle preserved a daughter but died before he could see her married; and my father was obliged to go to the cost

³⁸ *Ibid.*, pp. 21- 42. .

³⁹ *Ibid.*, p. 7.

⁴⁰ Parliamentary Papers, *Hindoo Widows*, Vols. 1 and 2. These include papers relating to infanticide, cited in Panigrahi, *Ibid.*, p. 43.

of getting her married into a Chouhan family, at Mynpooree, in the British territory. My grandfather and his brother preserved each a daughter and married them into the same Chouhan families of Mynpooree. These families all became ruined, and their lands were sold by auction. It is the general belief among us, Sir, that those who preserve their daughters never prosper; and that the families into which we marry them are equally unfortunate.⁴¹

Similarly, Panigrahi comments, quoting P. Melville, Secretary to Chief Commissioner, Punjab, (1853) that many among the "infanticidal races"(sic) freely confessed that they killed their daughters and at the same time were fully aware of the fact that the practice had no religious sanction whatsoever. Bedis of Punjab, for example, were known in the whole region as *Kuri-mar*, the daughter-slaying race.⁴² And yet, the colonial discourse revolved around the "seclusion of Hindu household" and "the Hindu tradition" constantly building on the tyranny of the "Indian male" and the "Indian religion". C.T. Buckland, a colonial official recorded how high caste Hindu women stayed away from the public gaze and that a rigid etiquette had to be established in conversation with the native gentlemen in even alluding to the female members of the household who remained under his strict control.⁴³ Interestingly, while noting that seclusion was only a high caste Hindu practice, the colonial obsession with it remains complete to the dismissal of subaltern castes and class practices.

⁴¹ P. D. Reeves, (eds.), *Sleeman in Oudh: An Abridgement of W.H. Sleeman's Journey through the Kingdom of Oude in 1849-50* (London: Cambridge University Press, 1971), p. 279 cited in Miller, *op. cit.*, in note 17, pp. 49-50.

⁴² Panigrahi, *op. cit.*, in note 29, p. 26.

Historian Uma Chakravarti argues that in seeking psychological advantage over their subjects, colonial ideology felt compelled to assert the moral superiority of the rulers. One of the ways to do so was in the area of gender relations. The "higher" morality of the imperial masters could be effectively established by highlighting the low status of women among the subject population as it was an issue by which the moral "inferiority" of the subject population could simultaneously be demonstrated.⁴⁴ That the degeneration of Hindu civilization and the abject position of Hindu women, requiring the "protection" and "intervention" of the colonial state, were two important aspects of colonial politics, becomes amply clear in the official discourse on female infanticide. As the Empire was consolidated, the mood to "reform" Indian society became manifest in British administration. During the earlier stages of its rule, the government was primarily concerned with the promotion of the commercial interests and the maintenance of law and order necessary for it. Now it was ready to combine authoritarianism with paternalism. After the Act against female infanticide was passed in 1870, Fitzjames Stephen, a law committee member of the colonial judiciary, defended his position in the face of a charge of hasty and unnecessary legislation,

⁴³ C.T. Buckland, *Sketches of Social Life in India*, 1884, p. 151, quoted in Panigrahi, *Ibid.*

⁴⁴ Uma Chakravarty, 'Whatever Happened to the Vedic Dasi? Orientalism, Nationalism, and a Script for the Past', in Sangari and Vaid (eds.), *op. cit.*, in note 32, p. 34.

...the government of India found it necessary to interfere with native practices in order to suppress various crimes as according to European ideas and standards of morals they were abominable. ...British are representatives of a belligerent civilization... they are to wage constant warfare against strange barbarianisms, horrid customs... ready at any moment to start into activity.⁴⁵

and

We realize how difficult it is to make laws in India. The British task is the introduction of the essential parts of the European civilization into a country densely peopled, grossly ignorant, steeped in idolatrous superstition, unenergetic, fatalistic, indifferent to most of what we regard as the evils of life, and preferring the repose of submitting to them to the trouble of encountering and trying to remove them.⁴⁶

Interestingly, however, even when the 'civilizing of the barbarian' was initiated, the colonization mission was not about the imposition of a new Christian moral order. Rather, it initiated the "recuperation and enforcement of the truths of indigenous tradition".⁴⁷ It is thus that the alternatives to female infanticide are also drawn from the "tradition". In several regions the colonial administration created dowry funds with government money and made payment for dowries to communities. The Maharaja of Jaipur also decided to reform the tradition of female infanticide among the Rajputs and doubled the *shagun* (gift) money for the marriage of daughters as compared to that of son's in his region.⁴⁸ What

⁴⁵ J. Strachey, *India: Its Administration and Progress*, 3rd. edition, (London, 1903), Panigrahi, *op. cit.*, in note 29, p.147.

⁴⁶ Fitzjames Stephen in quoted in W.W. Hunter, *A Life of the Earl of Mayo: Fourth Viceroy of India*, Vol. 2, (London, 1876), cited in *Ibid.*, P. 147.

⁴⁷ Mani, *op. cit.*, in note 32, p. 95.

⁴⁸ Panigrahi, *op. cit.*, in note 29, p. 147.

was necessarily inevitable about marriages with dowries as an the alternative to female infanticide? Why dowry? Why dowry marriages? Why not an argument for women's inheritance of parental property? Why not funds for women's education? Colonial construction of Indian women was from a patriarchal perspective. Women were brought from under the protection of Indian men to protection by colonial law where patriarchal assumptions remained deeply embedded. There was no alternative imagining. The so-called reason involved for both female infanticide and dowry was "tradition" seen as unchangeable.⁴⁹

The colonial administrators and the indigenous elite (which was convinced of the civility of the imperial masters and the savagery of the native) supported reform but by harping on "tradition". This importance given to tradition in generating an argument for reform actually reconstituted "tradition". However, the very terms of this discourse were modern. As Lata Mani argues, this modern discourse on tradition exemplified the late eighteenth century colonial discourses that elaborated notions of modernity against their own conceptions of tradition. What emerged was not a discourse in which pre-existing traditions were challenged by an emergent modern consciousness, but in which both "tradition" and "modernity" were contemporaneously produced.⁵⁰

⁴⁹ Notice the similarity in the modern discourse on sex-determination where again "tradition" of dowry is invoked to legitimize the practice of sex-selective abortion.

⁵⁰ *Ibid.* 116.

In fact there is no record of female infanticide in India prior to late eighteenth and early nineteenth century.⁵¹ The custom of marrying only into one's own caste is also relatively new.⁵² It was late in the history with the growth and development of a complex system of social differentiation, which happened at different times in different regions in the country, that the various divisions and subdivisions of castes and clans developed and marriage outside of one's caste group became a taboo. There is no direct evidence, but there are indications that the "tradition" of female infanticide developed when the Mughal Empire disintegrated and British gained ground in the eighteenth century. The anarchic conditions that resulted in its wake destroyed security of life and property. The efforts of colonial rule to extract surplus created classes conducive to its rule. The colonial land settlements re-empowered the former landholding groups within the context of individual ownership of land and of market relations. This further impoverished both tenants and agricultural labor. Also, individual property rights were vested primarily in the hands of men, and women generally had only use rights accruing from their subordinate relationships with men. In this, as Kumkum Sangari and Sudesh Vaid argue, there was both a continuation and a reinforcement of the exclusion of women from ownership or control of the

⁵¹ The oriental historian A.L. Basham noted that there was no reference to the crime of female infanticide in the early Hindu legal texts. A. L. Basham, *The Wonder that was India* (New York: Taplinger Publishing Company, 1968), p. 161.

⁵² A. S. Altekar notes that in the vedic tradition there was no law to prohibit the marriage of people belonging to different castes. A. S. Altekar, *The*

means of production prevalent in the pre-colonial agrarian structure. Where matrilineal systems did exist, they were slowly transformed to patrilineal patterns of inheritance.⁵³ The naming of female infanticide as "tradition" simply missed the political questions. It denied the colonized people their subjectivity and denied space for alternative discourses which emphasized colonialism as the cause of misery.⁵⁴ A poignant illustration occurs in some villagers' response to colonial census inquirers in 1870 during a detailed inquiry of population composition. The official report noted that of the fifteen families of the village Narainpur, in North-Western Province, there were twenty six boys in the village and the parents said that "no girl had been born since the British took possession of India".⁵⁵

Female infanticide was thus a patriarchal colonial discourse. Sex-selective abortion or "female feticide" as some feminists prefer to call it, is similarly a modern phenomenon, driving its life force from modern technology and

Position of Women in Hindu Civilization from Pre-historic Times to the Present Day (Benares: M.L Publishers, 1956), pp. 8-9.

⁵³ Kumkum Sangari and Sudesh Vaid, 'Recasting Women: An Introduction' in Sangari and Vaid (eds.), *op. cit.*, in note 32, p. 6.

⁵⁴ This is not to suggest that female infanticide was the invention of colonialism. The argument is that privileging of female infanticide as a "tradition" was a colonial discourse based on a colonial mode of inquiry. In this discourse the basis of the disdain for the practice was not patriarchal gender discrimination but it was rooted in the belief of the barbarity of the native culture. In the former there is a conception of human dignity that comes into play but latter in based solely on the notion of the superiority of the West.

⁵⁵ W. Lane, officiating Magistrate Mainpuri to officiating Secretary, North-Western Provinces Government, 2 June 1870. North-Western Provinces,

legalization of abortion laws in India at the behest of international agencies and compulsions of dependent economies.⁵⁶ To see sex-selective abortion as a continuum of female infanticide not only does not help in understanding the nature of the modern practices, it reinforces the notion of the timelessness of tradition and stagnancy of culture where women are devalued across time and space. It perpetuates an essentialist notion of tradition, people and their beliefs. "Tradition" has to be problematized as it is loaded with patriarchal assumptions. It does not simply survive from the past, there are contemporary forces that impinge on its reproduction.

Furthermore, locating the practice of sex-selective abortion as part of the continuum of traditionally-practiced female infanticide makes it an ahistorical practice, simultaneously making patriarchy ahistorical too. It mistakes tradition for history and sees this tradition as "historical", since it goes back "to the dawn" of history. But this is fundamentally ahistorical since it fixes the tradition within its non-evolutive specificity, instead of defining it as a product, a result of the operation of forces in the field of historical change.⁵⁷

Judge, Criminal Consultations 25 June 1870, 34. Cited in Panigrahi, *op. cit.*, in note 29, p. 132.

⁵⁶ It is important to note that legalization of abortion, unlike many parts of the western world was not the demand of women's movement at the time of its legalization. It was legalized in 1972 on the insistence of international agencies of population control as one of the officially offered method of birth control, discussed in Chapter V.

⁵⁷ Partha Chatterjee's 'The Thematic and the Problematic' in *Nationalist Thought and the Colonial World: A Derivative Discourse?* (Bombay: Oxford University Press, 1986) has been useful for me to understand "tradition" as deployed in the writings reviewed in this chapter.

What is "new" in new reproductive technologies?

As the discussion in the previous section suggested, interest in sex selection seems to be an old pursuit. In many cultures, including India, there exist 'wise women's' or men's techniques to influence the sex of the child. According to the Indian system of medicine, Ayurveda, the sex of the fetus is influenced by the timing of the intercourse, through a special diet and it can even be changed after conception. The Ayurveda system believes that sex of the fetus is determined only six weeks after the conception and therefore may be "manipulated" prior to this.⁵⁸

What distinguishes the contemporary means of gaining offspring of the preferred sex is the technological means of assuring this preference. The technology turns the preference into unfailing success - riding on the back of science this time. The Indian Forum Against Sex-Determination and Sex Pre-Selection maintains:

...the technologies provide fail-safe techniques for sex-determination and preselection. What is so different and shocking about them is the fact that they are precisely that: accurate and irreversible. Then, in the security of its modernism and 'neutrality', science reinforces or legitimizes conservative, orthodox prejudices. Again, its philosophy has become the dominant mode of thinking in society today, and the belief is that it invests men with more or less full control over lives and bodies.⁵⁹

⁵⁸ Alison Renteln in an interesting intercultural study discusses in detail the use of some of these methods historically in different cultures. Alison Dundes Renteln, 'Sex Selection and Reproductive Freedom', *Women's Studies International Forum*, (Vol. 15, No. 3, 1992), pp. 405-426.

⁵⁹ Forum Against Sex-Determination and Sex Pre-Selection, 'Using Technology, Choosing Sex: The Campaign Against Sex Determination and the Question of Choice', in Vandana Shiva (eds.), *Minding Our Lives:*

As the poems in the opening montage of this chapter illustrate, the son preference was willed preference and a non-invasive one. If you *will* you will bear a son. Although the contradictory ideas of free will and fate coexisted in the lore, and there was an interplay of free will and destiny, the control or at least the illusion of it, lay with the people seeking the male child. This is eliminated in the new techniques of sex-preselection or sex-determination. The new technologies of sex-selection legitimize the patriarchal families' pursuit for male offspring and reinforce the gender discriminatory preference for boys. The male preference is not simply a "preference", it is a gender discriminatory practice. It is accompanied by total, and often violent and abusive neglect of the female child if it is allowed to be born, or the fetus itself is aborted if it is known to be female - a phenomenon Janice Raymond prefers to call "previctimization", i.e. women being destroyed before even being born.⁶⁰

The availability of legitimizing techniques has led in part to an aggravation of existing unequal gender relations within Indian society and has given a new lease on life to gender-differentiated patriarchal practices. The practices of sex-selective abortions or sex-preselection aided by new reproductive technologies reify and legitimize the inferior social status of women.

Women from the South and North: Reconnect Ecology and Health (New Delhi: Kali for Women, 1993), p. 78.

⁶⁰ Janice G. Raymond, 'Introduction', in Helen B. Holmes, Betty B. Hoskins and Michael Gross (eds.), *The Custom-Made Child? Women-Centred Perspectives* (New Jersey: Human Press Inc., 1981), p. 177.

One disturbing new fact that has come to light recently is the increasing incidence of female infanticide in some villages in the southern Indian state of Tamil Nadu. Tamil Nadu is a state which has no recorded history of this practice. In her 1986 research report *Born to Die*, social activist V. Vaasanthi Devi argues that in a cluster of 300 villages in Usilampatti, Tamil Nadu, to be born a female is virtually a death sentence. "The first born girl child may survive, the second or the third are guaranteed a quick death", she argues. V. Vaasanthi Devi traces the history of the practice to the last two years and links it directly to the period of gathering intensity of the family planning propaganda in the area and marginalization of women in the development process.⁶¹ Another study in the same region quotes women respondents as saying their motive in female infanticide is to save the girl child from a lifetime of suffering as they themselves had suffered. But they also acknowledge that they have an economic motive as bringing up a girl is considered a costly affair.⁶²

Sex-preselection techniques in recent years

⁶¹ Vaasanthi, *Born to Die: A Research Report*, reproduced in Report of three day South Asia consultation with the Independent Commission on Population and Quality of Life, April 25 to 27, 1994, *In The Search For A Secure Future Everybody Counts* (New Delhi: Centre for Women's Development Studies, 1995). These findings are supported by some other field studies in the region. See, for example, Sheela Rani Chunkath and V.B Athreya, 'Female Infanticide in Tamil Nadu: Some Evidence', *Economic and Political Weekly*, (Volume 32, No. 19, 1997), WS-21-28.

⁶² This study was conducted by ADITHI, a Bihar-based women's NGO and the Community Services Guide (CSG), a Tamil Nadu NGO between January and June 1992, with financial support provided by the Department of Women and Child Development of Ministry of Human Resource Development, the Government of India.

Looking at some technical aspects of sex-preselection,⁶³ it can be seen that more sound technologies of sex-preselection arrived with the technology of differential centrifugation during the 1950s. These processes started from the basic finding that the X and Y chromosomes differ in size, with the Y chromosome being smaller.⁶⁴ It was believed that the sperm bearing the two types would be of two different weights and could therefore be separated physically according to density with differential centrifugation. But it was discovered in practice that the female-determining sperm were more sensitive than the male ones and were damaged in the centrifuging process. Some fertility clinics in San Francisco and Chicago, notably among them, Dr. Ronald J. Ericsson's Gametrics Limited of Sausalito, California, used this process.⁶⁵ After centrifugation, which not only precipitate the heavier gynogenic sperm but also destroys them in the process, the resulting solution is placed in a test tube containing human serum albumin, which is difficult for sperm to swim in. The

⁶³ This section relies on the works of Ruth Nentwig, 'Technical Aspects of Sex Preselection', in Helen B. Holmes, Betty B. Hoskins and Michael Gross (eds.), *The Custom-Made Child? Women-Centred Perspectives* (New Jersey: Human Press Inc., 1981), pp. 181-186.

⁶⁴ Cells in human beings contain 46 chromosomes, two of which are sex chromosomes. Males possess an X and a Y chromosome, while females have two X chromosomes. When the ovum and the sperm unite, the resulting zygote will be female if fertilized by a sperm containing an X chromosome (called gynogenic sperm) or a male if the sperm has a Y chromosome (called androgenic sperm). This discovery proved that sex determination resided with the male rather than with the female.

⁶⁵ Gametrics Limited of Sausalito, California specializes in sperm separating technology for producing male babies. It has a world wide operation and it sells franchise to companies around the world who are in the business

lighter androgenic sperm happen to be best "swimmers" and make their way to the bottom of the tube. These sperm are then introduced by artificial insemination and guarantee male children 65-90 percent of the time. Another technique which became known by the later half of the 1970s involves antigen-antibody reactions between sperm and egg. Since sperm are foreign bodies introduced into the female reproductive system, a slight immune reaction occurs when the ovum is exposed to cells unlike its own. Gustaaf van den Bovenkamp of San Francisco developed a technique to isolate the separate antibodies produced by the ovum to both gynogenic and androgenic sperm. These antibodies can be injected into the female to produce either a male or a female child. Bovenkamp patented this technique in the early 1980s.

When new technologies are directly associated with a relation of dominance in the cross-cultural context of power, changes can occur in the technological relations themselves in the new cultural context. When patriarchal relations of dominance and subordination of women exist, technologies which are conceived in a different context are received and transformed in the new context. Such is the case with amniocentesis technology which was initially applied to detect fetal abnormalities. In the Indian context, however, amniocentesis became primarily fetal sex-determination technology. In amniocentesis, a long hollow needle is inserted through the abdominal wall of the woman into the amniotic cavity surrounding the fetus. By aspirating a small

of fetal sex-determination. India, Pakistan, Jordan, Egypt, Malaysia,

amount of amniotic fluid, biochemical and microscopic analysis can reveal fetal health and can detect some fetal abnormalities. As a by-product of the procedure, fetal sex is "detected"⁶⁶ The technique which was developed as a diagnostic tool to screen for possible genetic defects, has found its way into the market of detecting female fetuses which are aborted upon confirmation by amniocentesis. The procedure is done during the 16-20th weeks of pregnancy, and additional three 3-4 weeks are required for biochemical and chromosomal analysis. This makes abortion, when selected, a risky procedure, since this is now a second trimester abortion, which yield statistically 18.6 maternal deaths per 100,000 in West.⁶⁷ The mortality rate for second-trimester abortion in India is much higher.

Reproductive technologies are not neutral to the cultural context but have different social consequences when projected into different sociocultural situations. They also acquire new meanings in their new cultural contexts, which raises interesting issues about the positivist base of scientific knowledge. In India, support for these technologies is not limited to patriarchal families desiring male heirs. The support comes from varied quarters including the most

Taiwan are some of its major markets.

⁶⁶ This detection of sex is termed, though wrongly, as sex-determination and amniocentesis which is done for the purpose of knowing the fetal sex termed as sex-determination test.

⁶⁷ The total maternal mortality rate (MMR) in India in 1995 was 5.5 per 1000 births. See, for example, P. N. Mari Bhat *et al*, 'Maternal Mortality: Estimates from an econometric model', in Monica Dasgupta *et al* (eds.), *Women's health in India: Risk and Vulnerability* (New Delhi: Manohar, 1995).

"modern" sectors. A common argument is that sex-selective abortions are an important part of India's answer to overpopulation. It is often argued that most families in India keep producing children until they feel that they have the desired number of sons. In the process, often several daughters are born before the desired number of sons arrive. Therefore, they argue, if families could ensure the birth of a son or two without risking the birth of too many unwanted daughters, it is likely that they would have more of an interest in smaller sized families. Madhu Kishwar on the basis of her study argues that bodies like the medical associations have failed to take a stand against these tests because most doctors involved in this business are convinced that they are providing an important social service, are doing "noble work" and that "happy and wanted children are what we desire, and unwanted babies must be aborted".⁶⁸ A woman doctor is reported to have said, "Our priority is population control by any means. Amniocentesis should be used as a method of family planning and be made available to everyone at a minimum cost or even free".⁶⁹ Another study conducted in Bombay also concluded that "a majority of the doctors thought the sex-determination tests were a human service for women who did not want any more daughters, and some even felt that they could be an important family

⁶⁸ Madhu Kishwar, 'When Daughters Are Unwanted', 18. This was supported by my own interview with a doctor practicing in Amritsar.

⁶⁹ Sudha Limaye, head of the Obstetric and Gynecology Department of Bokaro General Hospital in Bihar, quoted in Kishwar, *Ibid.*, p. 18.

planning device for our country".⁷⁰ This sentiment did not remain confined to middle-class professionals only; it also found support among some state officials. Despite a sustained campaign by feminists and other human rights activists against sex-determination which also led to its partial ban in 1990, the Minister of State for Health in 1990 proclaimed:

...[F]or an effective reduction of population growth, a decline in the rate of female population growth is the *single* most important factor (emphasis mine). Infant mortality rate and the desire for a son are two important psychological factors which have an impact on the motivation to avert births. The inability to choose the sex of the child has led to discrimination against girls and even female infanticide. The reduction in infant mortality will take a long time, so it is the possibility to select a son - the other factor - which may have an immediate impact.⁷¹

Rather than attacking the preference for male offspring, these "modern" proponents of new reproductive technologies perpetuate this preference by providing a more socially acceptable means of achieving this goal.

New state practices of population control were in the National Population Policy Draft of 1994. The Draft was hailed in the official press as a revolutionary plan. The Draft recommended doing away with the "target approach" set by Central and State governments for specific contraception methods. The same

⁷⁰ Forum Against Sex-Determination and Sex Pre-Selection, 'Using Technology, Choosing Sex: The Campaign Against Sex Determination and the Question of Choice', in Shiva (eds.), *op. cit.*, in note 62, p. 81.

⁷¹ The Minister of State for Health speaking on the occasion of a book launch *Choose the Sex of Your Child - The Natural Way*, 1990, by Dr. Inderjit Kaur Barthakur, an economist and principle advisor to the Planning Commission of India, *The Daily*, Bombay, 9 September, 1990, cited in Gupta, *op. cit.*, in note 16, p. 374.

draft, however, proclaimed that a goal of achieving a national average of total fertility rate (TFR) of 2.1 by the year 2011 is still to be striven for (the TFR in 1995 is 3.2). The TFR goal of 2.1 and the Government of India's promise at various international fora of replacing one mother with one daughter (Net Reproductive Rate of one) effectively mean the disappearance of 0.1 percent daughters.⁷² In a society where sex ratios are already highly masculine, such measures of population control can only perpetuate and strengthen gender discriminatory practices.

The case of sex-selective abortions thus elicits a very different kind of relationship of patriarchal practices with technology. What emerges is the dialectical relation between new reproductive technologies and patriarchies, in the construction of women's lack of control over their sexualities and reproduction. Relationships between patriarchies and reproductive technologies are complex and variable. Patriarchal systems are differentiated, and open to constant reformulation and the implication for women caught between conflicting situations are devastating. Their bodies and reproductive powers have become a contested domain in a power struggle between the state and the patriarchal family. Women suffer from this situation in a most physical way. The state's concern for small families instituted through invasive contraceptive technologies, patriarchal families' demand for male heirs, repeated pregnancies and repeated

⁷² See, for example, Department of Family Welfare, Government of India, *India: Country Statement* for International Conference on Population and

abortions of fetuses of the “wrong sex”, all expose women to major health risk. They make women's bodies truly the sites for inscribing the larger goals of nation, of family honor and cultural pride.

Conclusion

In this chapter I demonstrated how reproductive technologies articulate with local patriarchal practices to produce more reproductive responsibilities and risks for women. I also showed how the dominant discourse of over population affect the development and use of reproductive technologies in a specific milieu. Picking up from the discussion in Chapter II on various feminist positions on new reproductive technologies, in this chapter, I tried to illustrate that new reproductive technologies are not the *cause* of the inferior status of women. Within the existing patriarchal practices, the ideologies of gender discrimination and pressures of population control, reproductive technologies exacerbate woman's oppression with more and more groups taking it over and hence define new patriarchal control. I argue that new technologies interact with preexisting cultural constructions of subjectivities, gender difference and gender relations and engender new meanings. The social, cultural and global economic compulsions shape the ways in which technology is produced, deployed and received. I argued how the differential impact of technologies as embodied in the Indian context is mediated through the cultural level with which people view

their reality and the politics of population control which not only force the coercive methods of fertility control but also heighten the patriarchal family's gender discriminatory practices.

At another level, by taking the example of technologies of sex-determination, in this chapter I provided a methodological critique of the scholarly work that is engaging with the issue of sex-selective abortions or neglect of girl children. I argued that to relate the phenomenon to traditional or cultural preference for male offspring is to once again operate in the discursive field of patriarchal analysis. I looked at various currents in feminist thinking and suggested that if we unravel the subterranean thread of reasoning behind the cultural argument, we find a historically variegated and differentiated practice. I argued that culture is a historically-situated construction. Cultural values are the construction of human agents acting in historical time. I questioned the assumptions that present cultural values are mirror reflections of past practices and looked at possible differences between the two. In India, present day gender ideologies resemble those of the past in their valuation of sons over daughters. On exploring the issue further and deeper, however, I illustrated how they were importantly different and that they were human constructions reflecting traditional biases that have been reworked in response to specific changes in the political economy of the nation, the pressure from the population controlling

state policies and the availability of new reproductive technologies which respond to these situations and also reify them.

Taking the instance of female infanticide in colonial India, I argued that privileging "culture" to the marginalization of other discourses, not only apoliticizes and ahistoricizes the phenomenon, it reifies the tradition. It denies that gender ideologies or the cultural images and values associated with the two genders, are not external to its bearers. Tacking back and forth between the past and the present, I pointed to the significance for understanding practices affected by colonialism, nationalism and capitalism and how new technologies have given rise to new ideology of gender and social practices. I argued that the "tradition" of female infanticide, is a patriarchal colonial discourse and that to conflate it to the contemporary practice of sex-selective abortion is an erroneous argument.

Although the phenomenon of sex-selective abortion, reflects elements of the precolonial cultural preference for male progeny, the exploration of the present phenomenon cannot become meaningful unless it is located in its relation, on the one hand to the changing socio-economic and technological relations of society, and on the other hand, to the crucial context of patriarchal power in the post-colonial context. I historicized and contextualized the issue of sex-selective abortion as an aspect of colonial and post-colonial discourses and mapped the social economic and political configurations of contemporary reality to combat the notion of a "timeless" tradition. I illustrated how the legitimacy and the moral sanction of the practice is not coming from the uneducated or illiterate "masses" but from the urban, middle classes and professionals, politicians and

policemen, doctors and proponents of population control. The practice of sex-selective abortions is a commercial reality and an entirely "modern" phenomenon where the impetus is derived from the reconfigured gender dependencies visible in the flourishing of the practices of dowry, increasing incidence of violent crimes against women, rape, marginalization in the development process and so on.

This analysis, although still operating within the boundaries of the earlier discourse of the devaluation of women, crucially breaks away from it in two respects. In the first place it radically interrogates the ahistoricity of the modern debate and the transhistoric evidence that it provided in its favor. Secondly, at the level of methodology, it presents fresh insights to explore "tradition" following a postcolonial critique placing it in the present historical context.

In the example of sex-determination technologies as they operate locally I have illustrated the articulation of the technology with local practices and its play in this particular cultural milieu. It is this articulation, I argued, that provided the materials for differential constructions of the gender-technology relationship in different locations and the dynamic and highly varied effects of new technologies on women in different contexts. As in the previous chapters, I argued how patriarchal relations, as manifested in attitudes towards reproduction, have an historically variable meaning which is constituted and reinvented at different historical moments. However, this control is also contested in various feminist practices in a continuous processes of contestation, resistance and struggle in the spheres of economy, polity and society. The next chapter provides further

evidence of the importance of women's agency by looking at how the women's movement in India in its plurality engages with the issues of reproductive rights.

CHAPTER VIII

"We Will Re-Examine Everything" Women's Struggles for Reproductive Freedom in India

In Section two, I explored the discursive practices through which women's reproduction came under surveillance. Exploring the discursive sites of international agencies, state institutions and the patriarchal family, I argued how women's bodies and fertility came to be controlled through the (ab)use of reproductive technologies. The previous chapter also explored contestations of theory and analysis. In this chapter, I look at the emerging feminist discourses on women's claims over their bodies, sexualities and reproductive capacities. This is an exploration into counter-discursive practices producing an alternative narrative by contesting the control over women's reproduction and reconstructing women's control over their bodies. This chapter brings me back to the theme of feminist contestation and freedom from control in feminist practice.

In this chapter, I explore the nature of the contemporary women's movement for reproductive freedom in India. I discuss women's agency, report on feminist activity and intervene in the contemporary critical debate on the issue of reproductive freedom in India. Based on my field notes, observations, documentation from the movements themselves, newspapers and journal reports and academic studies, I describe the process of their emergence and provide the context in which contemporary struggles for reproductive freedom are being waged.

This chapter is divided into three sections. The first section is a narration of women's reproductive activism in India placed in a context of women's movements in post-colonial India as described in Chapter I from the dawn of the 1980s to the 1990s. This section helps to explore the many layers of feminist reproductive politics as it engages with various issues and links the struggle to other democratic politics in India. The second section is an account of some women's groups working in the area of reproductive freedom I studied during my field research and the feminist activities that I followed. In the third section I provide an analysis of the activities of the groups and their contribution in building feminist reproductive consciousness.

Constructing Social Protest: Contemporary Women's Struggles in India

Current struggles around reproductive rights must be understood in the context of the evolution of the contemporary women's movement in India. As described in Chapter I, the post-colonial phase of women's activity started during the late 1970s when feminist activists claimed openly that the Constitutional promise of gender equality pledged at the time of independence was a sham. This was a period when gender, rendered invisible in universalisms of various kinds, began to become visible. New women's organizations were born and old ones revitalized by the early 1980s.¹ This was a period in India when non-party, grassroots social movements began in post-colonial India.

¹ See, for example, Susie Tharu and Tejaswini Niranjana, 'Problems for a Contemporary Theory of Gender', *Social Scientist*, (Vol. 22, Nos. 3-4, 1994); Radha Kumar, *The History of Doing: An Illustrated Account of*

Of these social movements which brought to centre stage new actors, forms and definitions of the content of politics, the women's movement is perhaps the strongest. The women's movement provides important generalizations on the nature of the new social movements, their linkages with dominant political structures and their future as agents of transformation. In this larger setting, the late 1970s marked a new wave of the women's rights movement in India. Autonomous women's groups began to emerge. Historians of contemporary women's movement recount how the campaigns against 'eve-teasing' taken up by women students in many parts of India in this period issues of sexual harassment in public spaces and threatening conditions all women have to deal with everyday on the streets, in universities and workplaces. Through public-interest litigation against custodial rape, family violence, and restitution of conjugal rights, women activists tried to demonstrate the gender asymmetries and inequalities in rights and the legal process in India. They demanded changes to make the law more sensitive to the cultural and economic contexts of women's lives. Women's groups' mobilization against "dowry deaths" demonstrated how the designation of the family as a private domain restricted women's access to protection against domestic violence. In "dowry death"

Movements for Women's Rights and Feminism in India 1800-1990 (New Delhi: Kali for Women, 1993); Gail Omvedt, *Reinventing Revolution: New Social Movements and the Socialist Tradition in India* (New York: An East Gate Book, 1993).

cases, they exposed the collusion of the law, police, the medical system and the patriarchal family in classifying these deaths as suicides or accidents.²

Feminist scholars worked to salvage gender and women's issues from being subsumed by class analysis and sought to extend the Marxist understanding of labour to include domestic production and highlighted the marginality and vulnerability of women in the workforce.³ In the academic disciplines such as history and literature, feminist scholars critiqued, produced alternative narratives that foreground gender and raised the question of a feminist epistemic both within and outside of the currency of the respective disciplines. Women's access to health care systems and how the process of "development" had passed them by were demonstrated in a sustained manner.⁴ These struggles and initiatives engendered, strengthened and sustained understanding of the micro-politics of civil society. They showed how pervasively

² See, for example, Tharu and Niranjana, *Ibid.*; Madhu Kishwar and Ruth Vanita (eds.), *In Search of Answers: Indian Women's Voices from Manushi* (London: Zed Books, 1984); Leslie Calman, *Towards Empowerment: Women and Movement Politics in India* (Boulder: Westview Press, 1992).

³ See, for example, Chhaya Datar, 'The Women's Movement: A Feminist Perspective', in Harsh Sethi and Smitu Kothari (eds.), unpublished manuscript, *The Non-Party Political Process: Uncertain Alternatives*, 1983; Section on 'Why women's autonomous movement and the question of left politics', in *Saheli* (an autonomous women's group), monogram (in Hindi) on the occasion of its seventh anniversary (New Delhi: *Saheli*, 1988).

⁴ See, for example, Gita Sen, *Development, Crisis, and Alternative Visions* (New York: Monthly Review Press, 1987); Vandana Shiva, *Minding Our Lives: Women From the South and North Reconnect Ecology and Health* (New Delhi: Kali for Women, 1993).

mechanisms of control and subjugation operated and how processes of 'othering' worked in relation to women.

In both scholarly gender analyses and mobilizations during this period, it was the category "woman" which was invoked. Interestingly, this "woman" was not divided along caste, class, religion or region lines. And these movements were "democratizing movements" seeking to democratize gender relations both in the home and the workplace and transform both the sexual division of labor in production and property relations and the ideologies of a specific patriarchal formation.⁵ In India, as in many 'Third World' countries, after the mid-sixties the pressures on poor women intensified amid the global crisis of development. The existence, of formal democratic rights in India, however, made it possible to

⁵ Kumkum Sangari and Sudesh Vaid make a distinction between two kinds of women's movements. The first type are the movements that aim at 'modernizing' the patriarchal modes of regulating women and which provide a more 'liberal space' for middle-class women. The others are movements which seek to 'democratize' gender relations both in the home and the workplace. "Social movements which try to change, to whatever degree, both the base (the sexual division of labor in production and property relations) and the ideologies of a specific patriarchal formation may be termed 'democratizing' movements". Democratizing movements have a greater potential for democratizing patriarchal power than the 'modernizing' movements because they challenge the basis of inequality rooted in the structure. However, historically, they argue, there remains a crucial linkage between the two kinds of movements. The 'modernizing' movement helps to generate space for women to take up professions and open space for participation in political movements. These activities not only provide an occasion for women to experience the consequences of unequal social division of labor, they also generate space for intellectually engaging the issues of patriarchal dominance and make visible the space and possibilities of individual and collective action. Kumkum Sangari and Sudesh Vaid, 'Recasting Women: An Introduction', in Sangari and Vaid

articulate alternative ideas and also to organize and mobilize women, in the towns and in the countryside, against both gender and wider social subordination.

In India, "bride burning" provided one of the first rallying grounds for the new movement. One of the first major agitations against "bride burning" or "dowry death" occurred in June 1979. In May 1979 a young woman, Tarvinder Kaur, was burnt to death by her in-laws in Delhi. According to the victim woman's dying declaration, her mother-in-law and sister-in-law doused her with kerosene oil and set her afire because they were unhappy with her for bringing insufficient dowry. The police, however, recorded the case as "suicide". As a result of this case, individual women and some belonging to civil liberties organizations and political parties, came together and led a widely publicized march on June 1, 1979, proclaiming "Women Are Not For Burning" and demanding punishment for the murders and an end to the custom of dowry.⁶

Close after this case, came the Supreme Court judgment against Mathura in a rape case⁷ which led to a spontaneous outbreak of anger and new

(eds.), *Recasting Women: Essays in Colonial History* (Delhi: Kali for Women, 1993).

⁶ See, Manini Das, 'Women Against Dowry', in Kishwar and Vanita (eds.), *op. cit.*, in note 2.

⁷ A minor *dalit* laborer, Mathura, was gang raped in a police station in 1972 by police personnel where she went in connection with her brother's complaint against her boy friend, Ashok, who she desired to marry. While Mathura's brother, her boy friend and his family waited outside the police station, Mathura was gang raped inside the police station. On the pressure of police, the doctor who examined Mathura did not give a conclusive evidence of rape and the Sessions Court (the lower court)

autonomous groups emerged. These groups mobilized against rape, especially custodial rape, and other forms of violence against women. These mobilization began to broaden the issues of the new movement. Following this mobilization, for example, the Forum Against Rape which later changed its name to Forum Against the Oppression of Women, indicating its broadening agenda, emerged in Bombay. In Delhi, the women who had come together first to protest "dowry deaths" and then the judgment against Mathura formed *Saheli*,⁸ a group which is dedicated to assisting battered women and a pioneer in waging struggles for reproductive freedom.⁹ (I will return to this group in the next section.)

The new wave undertook the analysis of the nature of the postcolonial state in India and also re-examined the nationalist struggle in the light of the post

acquitted the police personnel whom Mathura named in her testimony. Mathura appealed and after several stages of litigation for several years, the Supreme Court of India in 1979 once again ruled that since there was no evidence of resistance, Mathura must have consented and indeed was a willing participant. In the aftermath of Mathura case judgment, huge demonstrations took place in several cities and town of India. For more details, see, Reports, 'Rape: The Victim is the Accused', *Manushi*, (No. 4, 1979-80), pp. 42-46; 'We Will Not Live in Fear Anymore', *Manushi*, (No. 5, 1980); Vibhuti Patel 'Women's Liberation in India', *New Left Review*, (No. 163, 1985).

⁸ Literally translated *Saheli*, means friend or a companion.

⁹ Leslie Calman documents that in the aftermath of the Mathura judgment at least thirty autonomous groups (some old but many new) came together in the state of Maharashtra alone to form *Stree Mukti Andolan Sampark Samiti* (loosely translated - Coalition for Women's Liberation) who later collected thousands of signatures on a petition calling for a review of the Mathura rape case judgment. Calman, *op. cit.*, in note 2, pp. 67-68.

independence experience of nearly three decades.¹⁰ Women writers critiqued the post-colonial state which was interventionist only in the sphere of production, where it created conditions for the development and expansion of capital.¹¹ They reprimanded the organized left parties for overlooking women's sex/gender oppression in their "stageist" formulation of politics while claiming that class movements should not only be a struggle against the state, but also against the institutions which enabled patriarchal control over women.¹² Thus without rejecting class politics, the women's movement added a new dimension to the definition of politics so that the fight against patriarchal control is also part of the movement.

The aspects of the interaction among state, capital and patriarchy thus came under examination. It was argued that, while the preservation of a traditional patriarchal family through the maintenance of separate civil codes for the different religious communities were the aspects of the restorative element of the post-colonial Indian state, there was an increasing intervention of the state in other areas of civil society. The state's commitment to capitalist development was undermining traditional patriarchal structures, generating contradictions

¹⁰ The feminist journal *Manushi*, which began publishing in 1979, focused on these issues and soon became the voice of women in the new movement. The editorial of the inaugural issue - 'We Shall Re-Examine Everything' - laid the basis and feminist commitment "to understand the predicament collectively as women in Indian society".

¹¹ See, for example, Amrita Chhachhi, 'Forced Identities: the State, Communalism, Fundamentalism and Women in India', in Deniz Kandiyoti (eds.), *Women, Islam and the State* (Philadelphia: Temple University Press, 1991).

between capitalist and patriarchal interests. This was occurring in the context of pervasive communalization of society, where religious fundamentalist groups of different communities were exerting pressures on the state to reassert traditional patriarchal controls.¹³

In the mid-1980s, the issue of a Uniform Civil Code, was triggered by the court appeal of a Muslim woman, Shah Bano, for maintenance after she was divorced. This issue clearly brought out the unholy alliance between patriarchy, religion and communal politics. A Constitutional Bench of the Supreme Court of India gave its verdict upholding Shah Bano's right to maintenance. In the judgment, the Bench also commented on the unfair nature of Muslim Personal Law and made a reference to Article 44 of the Constitution which called for a Uniform Personal Code. The issue took a communal turn. Whereas the Hindu

¹² See, for example, Datar, *op. cit.*, in note 3, pp. 300-303.

¹³ Here, I am not going into the details of the process of communalization of society. However, two major explanations which have been put forward for the increased phase of communalism in 1960s can be briefly recounted here. At the political level, the general argument was that the secular consensus wrought in 1947 broke down in the 1960s as the ruling Congress party began to play the Hindu communal card for electoral gains. The Nehru legacy was undermined. The others emphasized the petty bourgeois basis of communalism. The economic prosperity of some communities, in the midst of shrinking opportunities for the majority because of retarded capitalist development, generated space for mobilization on communal lines for electoral gains. See, for example, Bipan Chandra, *Communalism in Modern India* (New Delhi: Vikas, 1984); Randhir Singh, *Five Lectures in Marxist Mode*, (New Delhi: Ajanta, 1993), especially the chapter, "Communalism in Contemporary India", pp. 36-53; Rustom Bharucha, *The Question of Faith*, (New Delhi: Orient Longman, 1993); Tapan Basu, Pradip Dutta, Sumit Sarkar, Tanika Sarkar and Sambudha Sen (eds.), *Khaki Shots and Saffron Flags: A Critique of the Hindu Right* (New Delhi: Orient Longman, 1993).

fanatics supported the judgment and began to demand a Uniform (Hindu) Personal Code, the verdict irked the Muslim fundamentalists. They termed the Supreme Court judgment the 'death warrant' of Muslim identity in a Hindu-majority State thus turning the battle for the rights of Muslim women in civil law to the rights of Muslims in India. The women's movement was divided by the case which paved the way for separate Muslim women's groups in the country. The judgment was used by communal forces to reassert the authority of religious clergy by resorting to extreme interpretations of Muslim Personal Law.¹⁴ The ruling Congress Party, which had just suffered election reversal in the Assembly elections, fearing loss of minority support passed the *Muslim Women's (Protection of Rights on Divorce) Bill* in 1986 amidst strong opposition from women's groups and democratic rights organizations. This Bill deprived divorced Muslim women of their hard won right to maintenance.¹⁵

¹⁴ The Muslim Shariat Conference in Ahmedabad in 1985 decided to create a network of Shariat Panchayats to settle petty disputes among Muslims. It asserted its right to punish the defiant members of the community in utter disregard to the law of the land. Shabanat, a divorced woman, was severely beaten up publicly on a charge of adultery and had to be hospitalized. Following widespread protest, another woman, Sulekha Biwi, of Kerala, was spared the punishment of public flogging on order of the Jamaat. See, for example, Kumud Sharma, 'Contemporary Women's Movement in India: Its Dialectics and Dilemmas', *The Indian Journal of Social Science*, (Vol. 5, No. 1, 1992).

¹⁵ The voices of change within the communities and by the women's organizations are being raised continuously. In two separate petitions, Mary Roy (Christian Women's Right to Property) and Shahnaz Sheikh (Muslim Women's Right), challenged the constitutional validity of personal laws arguing that fundamental rights under Constitution guaranteed equality before law. See, Zoya Hasan, "Communalism, State Policy, and the Question of Women's Rights in Contemporary India, *Bulletin of*

Coming on the heels of the *Muslim Women's Bill* was the incident of a young Rajput woman who committed *sati* on the funeral pyre of her husband.¹⁶ The Rajput community hailed the incident as contributing to its "traditional valour and pride". But in the wake of a country-wide protest by women's groups, the government introduced the *Sati (Prevention) Bill* in 1987 which was passed by the Parliament in January 1988. Whereas women's groups condemned the mild nature of the Bill which did not adequately punish the offenders, the Rajput community mounted a counter-agitation against the so-called attack on their religious customs. The Rajput community was backed by the right-wing Hindu Bharatiya Janata Party (BJP).

The nature of the women's movement underwent a change in the late 1980s. The late 1980s and the early 1990s are the years when issues of reservation for backward caste people (recommended in the Mandal Commission Report),¹⁷ the demolition of an old mosque by Hindu

Concerned Scholars, (Vol. 25, No. 4, 1993), pp. 9-10 and Zoya Hasan, "Minority Identity, State Policy and Political Process", in Hasan (ed.), *Forging identities* (New Delhi: Kali for Women, 1993).

¹⁶ On 4 September 1987, 18-year-old Roop Kanwar, married only seven months, died on her husband's funeral pyre in Deorala village, in Rajasthan. The event was reportedly witnessed by thousands of people. The state government did not react to the news although *sati* is an illegal practice in India.

¹⁷ The background of Mandal is a familiar one. On 7 August, 1990, the then Prime Minister of India, Vishwanath Pratap Singh, announced the implementation of the recommendations of the Mandal Commission on the status of backward castes in India. This meant reservations of 27 percent for backward castes, in addition to 22.5 percent for Scheduled Castes and Scheduled Tribes in government services and public sector

fundamentalists to construct a lord Rama's temple in its place¹⁸ and the IMF and World Bank-led structural adjustment policies occupied the centre-stage in the national politics. The implication of these political mobilizations and policies were far reaching for democratic women's movement as the movement faced fresh questions. These questions demanded engagement with issues of caste, religious affiliations alongside the new issues emerging from the so-called liberalization of the economy. They also raised new issues of women's agency.

In the mobilization against reservation policy and for building a temple in place of the Babri mosque, middle class Hindu women came on the streets in a big way. The appearance of middle-class women, "the embodiment of submissiveness, sacrifice, silent suffering and humility", as Mahatma Gandhi

jobs. The decision sparked off student riots led by the upper castes in the country leading to total polarization of Indian polity on caste lines.

¹⁸ On 6 December 1992, a sixteenth century mosque, Babri Masjid, in Ayodhya, Uttar Pradesh was pulled down by a violent communal Hindu mob which was led by the Hindu right-wing Bharatiya Janata Party, the BJP. Ayodhya is a supposed birthplace of Ram, a popular and much revered Hindu God. According to the Hindu Right's representation of history, the Mughal ruler, Babur, had constructed a mosque on Lord Ram's birthplace. The Hindu Right wanted the mosque destroyed and replaced by a Hindu temple dedicated to Lord Ram. On 6 December, 1992, a BJP- organized huge procession, where party leaders dressed up as warrior-gods descended on Ayodhya in order to "set history right". In the presence of hundreds of police officials and para-military troops which silently looked on, the frenzied crowd pulled down the historic mosque. The destruction of the mosque sparked off one of the worst communal riots country-wide where hundreds of Muslims and Hindus were killed. For details and related themes see, for example, Tapan Basu *et al. op. cit.*, in note 13; Ananya Mukherjee-Reed, 'The State As Charade: Political Mobilization In Today's India', in Leo Panitch (eds.), *Socialist Register 1997* (New York: Monthly Review Press, 1997).

described them,¹⁹ on the streets marked the potential for political resistance the kind of which had not been seen before. The Hindu women's struggle, as Tharu and Niranjana argue, however, like the non-violent struggle led by Gandhi, effectively masked the violence in certain religious and cultural traditions such as the hierarchy of castes or the caste oppression of the so-called lower caste women and men.²⁰ It was this image, of uncorrupted, moral, disinterested and silent suffering that feminists had to confront. The anti-reservation women had learned to *claim* deprivation and injustice not as women but as citizen subjects. Their claims were not based in gender for that would bring up antagonism against men of their class and caste. They claimed citizenship rights which set them against lower caste men but also against lower caste and class women.²¹

The mounting assertion of the Hindu fundamentalists - the *Sangh Parivar* - in Indian politics and its systematic entry into cultural forums in the name of regaining lost "Indian" values, gained it support among women. The "new" right wing Hindu woman came out on to the streets as easily as the men from the community, to avenge the 'wrongs' done to Mother India (*Bharat Mata*) by Muslim invaders. In doing this, she had the support of her family and the

¹⁹ Quoted in Kumari Jayawardena, *Feminism and Nationalism in the Third World* (London: Zed Press, 1986), p. 97.

²⁰ Tharu and Niranjana, *op. cit.*, in note 1, pp. 97-98.

²¹ An interesting display of this "caste/class solidarity" was witnessed in a student demonstration where anti-Mandal women students held placards reading - "We Want Employed Husbands"- the concern being that if more than fifty percent jobs are reserved, their men will fail to find employment. In that case, why should they not marry the reserved castes' men? They

community elders. Hence women found this role not only exciting, as it provided them a sense of meaning and an identity, but also more comfortable in comparison to the protests against a violent husband or a rapist from within the community. The irony lay in the fact that the communal forces were able to mobilize women far more easily adopting the ideology of the modern Durga (goddess of power and revenge) which was popularized as a form of protest by the democratic women's movement. The communal mobilization appropriated the rhetoric of the women's movement but used it not to combat violence within the home and community but directing it externally towards Muslims - both men and women.²²

It was in this political and social ambiance that some women's groups and activists took up reproductive issues for mobilization and contestation. The campaigns began initially against harmful contraceptives. One of the first examples of women's collective agency was the campaign against the injectable contraceptives Depo Provera and Net-en.²³

were asked by a press reporter. "But how can that be... ". See, Jyoti Malhotra, *The Independent*, 26 August 1990.

²² Flavia Agnes, 'Redefining the Agenda of the Women's Movement Within a Secular Framework', in Mehdi Arslan and Janaki Rajan (eds.), *Communalism in India: Challenge and Response* (New Delhi: Dewey, 1994).

²³ This account is based on my field notes including interviews with *Paridhi* activist, Priti Kirbat, in Delhi in 1996 and 1997; Vimal Balsubrahmanyam, *Contraception: As If Women Mattered* (Bombay: Centre for Education and Documentation, 1986); Nandita Gandhi and Nandita Shah, *The Issues at Stake: Theory and Practice in Contemporary Women's Movement in India* (Delhi: Kali for Women, 1993); Campaign pamphlets on file with *Jagori*: Women's Resource Centre, Delhi.

Introduction of Net-en trials in India forced various women's groups, health activists and civil liberties groups, who have been expressing concern over the coercive population control policies and the health threat to women, to adopt a concerted approach against the state programs. During the 1970s, the injectable contraceptive Depo Provera (DMPA) attracted a raging controversy in the West over its health risks. Consequently, it was withdrawn or banned in a number of countries, including the United States and United Kingdom.²⁴ The Indian Council of Medical Research shelved its plans for experimental trials but the drug itself was not banned. In mid-1980s, a medical practitioner filed a case against the Drugs Controller of India and the Union of India on the grounds that he was unlawfully refused a license to import DMPA from Belgium. A Bombay-based women's organization, Women's Centre, and a concerned people's health group, Medico Friends Circle, applied to be co-respondents in the petition along with the government. They argued that the petitioner had been advocating DMPA which can be dangerous for women's health as a method in the national family planning program. Also, if he was given the license to import the drug, then he and others could try out the drug. The court restricted the medical practitioner from using DMPA injections on human subjects.

The DMPA controversy was soon overtaken by one around Net-en.²⁵ ICMR had been conducting its trials since the early 1980s. It began its pilot

²⁴ Gandhi and Shah, *Ibid.*, p. 120.

²⁵ Net-en is a bi-monthly injections that inhibits the production of gonadotropin, a pituitary gland hormone which, in turn, prevents ovulation.

study by recruiting approximately 2000 women as subjects for experimentation. The next phase of trials began in 1984 and aimed to cover 45 Primary Health Centres attached to 15 medical colleges with more than two thousand more women were recruited. When women's groups tried to get information on the previous trials from the ICMR, they were prevented from doing so and complete secrecy was maintained about the whole project. Soon after women's groups learnt about a closed-door meeting in Bombay organized by the Family Planning Association of India with representatives from foreign drug companies who were interested in launching injectable contraceptives. Activists from seven women's groups stormed the meeting and asked for complete information on trials and studies in India. They also objected to the widespread experiments with harmful drugs on Indian and other 'Third-World' women and demanded a public inquiry on injectables and implants.

At the same time, a women's group *Stree Shakti Sangathana* in Hyderabad, Andhra Pradesh, started a different kind of campaign on the issue. In April 1985, *Sangathana* activists went to a village medical "camp" which was about to inaugurate a 12-month trial program on Net-en. When their request to stop the trials was not heeded, they procured permission to address the fifty women volunteers for the test. Taking the opportunity, they explained the nature

Net-en is a product of the German company, Schering AG. The company had been into Net-en research since the mid-50s but the product was withdrawn from the market in 1971 after breast and pituitary nodules were found in experimental rats. Schering AG, however, reintroduced Net-en claiming that findings on rats were not applicable to human.

of the experiment and its possible side-effects to women, after which only five women agreed to go through the program. Women volunteers had not been informed that they were participating in an experiment and one whose consequences were fairly uncertain. They had simply been informed that if they took the injection they would not have children. The dangerous implications of such unethical experiment led women's groups - *Stree Shakti Sangathan* (Hyderabad), *Saheli* (Delhi) and *Chingari* (Ahmedabad) - as well as five doctors and journalists from different parts of India in 1986, to file a joint petition in the Supreme Court of India against ICMR, Ministry of Health and the State of Andhra Pradesh. They urged that through these uninformed trials women's human rights were violated. The trials, they petitioned, also flouted the Helsinki declaration against experimentation on humans. The case remains pending though the Court gave a stay order against further trials.

These campaigns were among the first struggles for women's bodily integrity and among the first against the government's ruthless policies of population control. In what follows I provide some brief portraits of other initiatives by women's groups or collectives and NGOs as they contest control over their bodies and reproduction. The groups portrayed are not representative in a 'scientific' sense, but analysis of their efforts shows some of the multiple forms of struggle adapted by Indian women's groups around reproductive issues. In these portraits, I look at how they came together and describe the processes of contestation and generation of alternative discourses and subjectivities.

Forum Against Sex Determination and Sex-Preselection (FASDSP)²⁶

In 1982 some national dailies published news and advertisements about a particular clinic in Chandigarh in northern India which was providing ante-natal sex determination services. In response, women's groups from Bombay, Delhi and other places issued a statement against "the test". Some people's science and health groups such as Lok Vidyan Sangathan and the Medico Friends Circle, as well as research organizations joined the protest, such as the Centre for Women's Development Studies, New Delhi, the Research Unit on Women's Studies, SNDT Women's University, Bombay, and the Voluntary Health Association of India.

The emphasis in the protest campaign was mainly on writing articles for the media and creating a public support group to make the issue visible. The themes highlighted the role of scientists and doctors who helped to propagate the tests, the dangerous effects that these techniques could have, either of permanent damage to the fetus or injury to the woman's uterus. The accuracy of the test was also questioned.²⁷ Slowly it started to look as though ante natal

²⁶ This account is largely based on the position paper of Forum Against Sex Determination and Sex-Preselection (FASDSP) contributed to the Seminar on 'Women, Ecology and Health: Rebuilding Connections,' which was held in Bangalore in southern India from July 17-22, 1991. The proceedings of the seminar and the papers contributed appeared in Shiva (eds.), *op. cit.*, in note 4.

²⁷ Indeed the very information regarding the availability of such tests in private clinics came as a result of a newspaper report in early 1980s of a "wrong" detection in one, Dr. Bhandari's Clinic in Amritsar, where a male fetus was aborted wrongly. The father of the male fetus, an influential politician then went public against "the test".

diagnostic techniques had become more efficient, more accurate and less dangerous, thus eliminating problems raised by the critique. The campaign slowly petered out.

In November 1985, a group of activists from women's groups and people's science groups in Bombay agreed on the need for more consistent action to demand a ban on sex determination tests because of the extent to which the practice had spread to all parts of India. After discussions, they came together as a joint action group, the Forum Against Sex Determination and Sex-Preselection. The Forum critically reviewed the earlier campaign and analyzed the issue at multiple levels. The question of sex-determination and preselection were now viewed as an integral part of women's oppression and discrimination, as a misuse of science and technology against people in general and women in particular and as a human rights issue.

The Forum members spent long hours educating themselves on the medical, social and legal technicalities. They were then ready to ask for modifications in the *Medical Termination of Pregnancy Act*. But soon it was realized that any modification could also curtail women's right to abortion which the Forum did not want. They decided to ask for a new law, the first of its kind, to regulate diagnostic techniques. A demand for a total ban was not raised because it was felt that the detection of genetic abnormalities was essential in India where, in the absence of any state support, mothers usually have to bear the responsibility of bringing up children with birth defects single-handedly.

The Forum members formulated a model *Act* and lobbied the state bureaucracy and Maharashtra State Legislative Assembly for it by finding 'sympathetic' contacts within the bureaucracy and among elected members. Simultaneously, a country-wide signature campaign was launched and 'eminent' persons from different walks of life were contacted. Lobbying was done with members of the Assembly and others who mattered. Articles were written in the media and events such as parent-daughter marches were held to highlight the campaign. The campaign slogan - *Ladki na ladke se kam* (A girl is no less than a boy) was popularized through street plays and songs, documentary films, and street corner meetings.

In April-May 1988, eight organizations jointly organized a fortnight-long program *Nari Jeevan Sangharsh Yatra* (A quest to liberate women's lives). This campaign brought together issues related to women's survival in society. An exhibition, accompanied by a booklet, was set up linking the issues of female feticide and infanticide, wife-murder, abuse, rape and *sati*. Along the campaign trail, video-shows, poster exhibitions, plays, debates etc. were organized in several different parts of Bombay. A pilot study was done in Bombay on the prevalence of sex-selective abortions which revealed that an overwhelming majority of gynecologists interviewed were performing amniocentesis for sex determination, followed by an abortion of any female fetus. The Forum managed to be represented on the State expert committee to formulate such a law.

In June 1988, the *Act* came into being in the state of Maharashtra. Although it represented the state response to the campaign, the *Act* had certain

provisions which a feminist campaign could not defend, including punishment for women undergoing a sex determination test (imprisonment for three months and/or a fine of Rs. 1000) while husbands or the in-laws were not held liable. The new *Act* included provisions to grant licenses to private labs/clinics/centres for providing ante natal diagnostic services, although the Forum had demanded that such services should be made available only in the government hospitals and hospitals attached to medical colleges. It prohibited access to the judiciary whereby no person other than the authorities laid down by the *Act* could seek the help of the judiciary against any alleged violation of it. It also made sure non-answerability of government machinery and the various bodies appointed under the *Act* by making them non-accountable to the public. No punishment was to be given out to them for failing in their duty.

After June 1988, the Forum paused to reflect on the gains and dilemmas of the movement. They were clear that, despite its weaknesses, the *Act* served to bring the issue of sex-selective abortion into the limelight and provided the legal sanction to confront sex-determination clinics. It was clear the *Act* would not stop clinics from offering "the test" altogether, but could act as a deterrent. Although an all India *Act* did not seem in sight,²⁸ and there was also a growing realization that law alone cannot get justice for women, the Forum believed that the through the process of campaigning for legislation, through the protest and

²⁸ An all India *Act* was passed only in 1995 and ratified in 1996.

pressure generated, more and more women are exposed to diverse views, creating a social atmosphere which can strengthen women in their struggle.

On the other hand, the activists confronted dilemmas posed by asking for more state control over women's lives when they had always been wary of state control. They also conceded that, in a society where the bias in favor of a male child is so predominant, the Forum's unrelenting stand against sex determination certainly did not reflect majority opinion. As time passed, the state government showed no sign of constituting committees, registering private genetic clinics and laboratories and fulfilling other requirements of the Act. The Forum asked to be represented on the committees and demanded access to information through the mandatory publishing of periodic reports giving details of the number of tests carried out in registered centres, indications that required such tests, and their diagnoses. The experience with the state of Maharashtra, however, demonstrated the limitations of this approach in the face of an unwilling state machinery. By June 1992, the state government gave registration to 24 new labs and clinics over the state, 17 of them in Bombay in spite of the campaign assertion that no more pre-diagnostic clinics were required. No cases had been registered under the law, and the test is still available in Bombay. Therefore, state legislation was effective only in marginally reducing the number of clinics and increasing the charges for the tests.

While campaigning against sex-determination and trying to think how to launch a campaign against sex pre-selection, the activists were faced with the totally new dimension of the technologies. A series of issues, such as in vitro

fertilization (IVF), gamete intra-fallopian tube (GIFT), and the whole domain of genetic engineering posed new questions. They felt that not all of them could be explained away only as discrimination against women or the misuse of science and technology. They felt that it was important to undertake a critique of modern science and technology, but the question was, while trying to evolve a new philosophy of science, how does one understand the knowledge acquired so far and know what to accept or reject? How does one work towards a non-reductionist methodology of science as recommended by feminist critics of modern science? The activists' experiences also made them aware that these debates were taking them further and further away from the people who were directly affected when technological innovations backfired.

They also confronted hard questions on reproductive technologies. It was felt that, typically, women are compelled into accepting a harmful, dehumanizing technology in a no-choice situation, when it seems to offer a viable solution to their immediate problems. To a woman not allowed to use contraception and unwilling to shoulder the burden of repeated pregnancies, deliveries, miscarriages and abortions, an invisible injection or implant could be a solution. To a woman who has been branded barren, IVF could be a solution. To a woman whose only recognition is as a producer of sons, sex-determination and sex-preselection become solutions. And all of these issues are important as they give an illusion of bringing about a change in one's situation. The Forum therefore maintained that it did not believe in saying a categorical 'No' to

reproductive technology but it is continuing its single issue campaigns and broadening out to include specific action against other reproductive technologies.

Saheli²⁹

New Delhi's *Saheli* is one of the autonomous organizations that emerged as part of the new movement of the early eighties. *Saheli* was founded in 1981 by women who had participated in agitations against dowry deaths and the Mathura rape case. The organization is made up of several full or part-time paid staff members and several volunteers. The organization also counsels battered women and women in distress; offers legal advice, to the parents and other supporters of the women who are murdered or who are harassed by their husbands or in-laws for dowry; it often shelters battered women in the homes of volunteers and tries to find paid work for such women. It also mobilizes women and takes part in protest marches and campaigns on the issues of women's concern. Most of the funding for *Saheli* comes through private sources, individual donations and donations from small businesses and individual sympathizers at the time of fund raising.

The group operates as a collective. Responsibilities and tasks are rotated among small sub-groups. On the basis of the group's experience with the collective decision-making process, documented in a *Saheli* paper written in

²⁹ The following description about the group are based on my interviews, written documents on file with *Saheli* resource centre, *Saheli* Newsletters,

1986,³⁰ the group has experimented with a new structure, in which sub-groups that undertake particular tasks, make the decisions about those tasks. No longer does the whole collective control decisions about everything. *Saheli* is also a group which has constantly taken up the issues of women's reproductive rights at various levels. It is this aspect of their work that I studied.

Saheli began to think about aspects of women's reproductive experience and how they related to the status and role of women in Indian society soon after its inception. In 1981, *Saheli* organized a workshop on Menstruation and Conception.³¹ This was in response to a situation in which most of the women did not know how a woman's body functions. The group engaged with questions such as: Why women are kept in ignorance of the functioning of their bodies? Why are women considered unclean during menstruation? Why is woman an object of taboo? and Why is this ignorance defined as innocence and given a moral stamp of virtue in Indian society? *Saheli* felt that a complete knowledge about aspects of women's reproductive functions- why we menstruate, when we ovulate etc.- could put women in touch with the total menstrual cycle and help them accept their bodies and how they function. This knowledge could help women control their own bodies and also health care. Claiming the right to

the groups' published material on aspects of women's reproduction and contraception, newspaper reports and some academic writings.

³⁰ *Saheli*, 'Women's Organizations: A Perspective', Paper delivered at the National Conference on Women's Studies, October 1986, Punjab University, Chandigarh.

knowledge about women's bodies and sharing remedies was understood to be the perspective of building a women's health movement. It was also felt that common knowledge about fertility had been lost through the isolation of women from each other and the medicalization of women's reproductive functions.

In the workshop where women compared their menstrual cycles, duration and symptoms peculiar to each one of them, they discovered that each one of them was unique and yet there was a commonality in their differences. They discovered that many of them suffered such great shame about menstruation that they could not go to the chemist and ask for sanitary napkins without "dying a thousand deaths."

In December 1981, the group prepared an exhibition - *Aurat ka Chamatkar* (The Miracles of Woman) - on women's bodies and her fertility and took it to a village in Mehrauli where women showed their experience as they saw the exhibition. Since then the group has been moving to slums, resettlement colonies, villages on the outskirts of Delhi and also to other cities and towns meeting local women, learning from and teaching them "the most fundamental aspects of a woman's life - reproduction - and how it determines the status and role of women in Indian society".³² It has been moving with an understanding that with fertility consciousness women can gain a greater control of their lives and act collectively to change it.

³¹ The background and the details of the workshop have been gathered from *Saheli*, 'Workshop on Women and Health', on file with *Saheli* Women's Resource Centre, undated.

The group also began exploring information on existing methods of birth control. *Saheli*, from its very beginning distanced itself from the state initiated interest in methods of controlling fertility. The group's position has been that birth control as an individual right must not be confused with population control as social manipulation. Every woman has the right to choose, to decide for herself when and how many children she wants, discover why she has not borne any children and seek appropriate remedies, or even choose not to have children at all.

Saheli formed "Self Help Groups" for women where they shared the so-called private and personal matters of birth control or abortion as an accepted aspect of social responsibility to women's private lives. Out of information generated in these groups and through painstaking research by the members of the group, *Saheli* Collective brought out its major publication "Contraception Safety and Our Health" in English in November 1994 and a few months later its translation into Hindi.³³ *Contraception Safety and Our Health*, provides a feminist perspective on women's reproductive health. In its seventy odd pages, this aesthetically designed and highly accessible booklet, declares on the cover page, "No copyright, may be reproduced freely", which reflects the collective sharing of women's knowledge. The text engages issues such as choice, ethics in reproductive research, and fertility awareness why and how, and provides a

³² *Ibid.*

³³ The *Saheli* Collective, *Contraception Safety and Our Health* (New Delhi: The *Saheli* Collective, November 1994).

detailed information about reproductive technologies (new and old) of fertility control. The emphasis is on sharing the health and other implications of each method, combined from women's own experience shared in Self-Help groups and workshops and the information generated through networking with other women's reproductive health groups, nationally and internationally.

The purpose of the *Saheli* text is to share with women the latest trends in fertility-controlling reproductive technologies that are invasive and hazardous and give women a little control over them. It deconstructs the discourse of "choice" in contraceptive methods which the government family-planning policies and private companies offer women. It argues that women are constantly bombarded with information about contraceptives that are supposedly "ideal" for them and which claim to provide "complete control" over how many children the woman wants or how she wants to space them while at the same time concealing information about the health implications of particular contraceptives. It also engages with the issue of the relationship between population and development and argues that the state likes everyone to believe that growing population is the cause of all the problems of the country - poverty, unemployment, and starvation - whereas in reality the reverse is true. It asserts that a growing population is only a symptom of poverty, while the real cause is unequal distribution of wealth and opportunity. And it argues that this basis of

poverty will have to be changed before population growth can be stabilized in the country.³⁴

The booklet provides extensive information on existing methods of birth control including various barrier methods, natural methods, invasive methods that affect the healthy functioning of the entire body, chemically methods that interfere with the body functions, and the new and long-acting hormonal methods of contraception. The booklet acts as campaign material which is distributed to women, and as a point of discussion with other women's groups. Above all it demystifies reproductive technologies by putting the information in a highly accessible manner described from the point of view of women.

Saheli rejects all long-acting hormonal birth control contraceptives because the potential health hazards and also because their long term effects are not known. It strongly endorses a natural method, 'fertility awareness'. It is a natural method by which a woman can become aware of the changes that her body undergoes with every cycle, to the extent that she can recognize the time of the month when she is most fertile i.e. most likely to become pregnant. Then, if sex is avoided on 'those days', or adequate protection is used, pregnancy can be avoided. *Saheli* backs fertility awareness not only because it is a highly safe birth control method but also because it is a powerful tool that helps women explore and discover their own bodies and through that, their own sexualities. It also forces men to become more sensitive to women's wishes and take

³⁴ *Ibid.*, 1.

responsibility for birth control. Implicit in this endorsement is *Saheli's* utopia of more egalitarian gender relations where a woman's voice in issues of her sexuality counts. This is reflected in the little cartoon that accompanies the text in this section: A woman standing upright, with one hand on her waist and another flying in the air, and looking straight into the eyes of her husband who is sitting on his haunches, asserts, "Not tonight, I'm fertile".

Saheli has led several campaigns against invasive and hazardous drugs. The first campaign was against the hormonal drug Estrogen Progestine Forte, commonly known as E.P Forte, which was being prescribed in many clinics and hospitals for the treatment of irregular periods and for detecting pregnancy. Concerned health workers, scientists and activists had been warning of the dangers of the drug since it interfered with the reproductive cycle and caused abortion or fetal abnormalities. They had been demanding a total ban on the drug because of its wide-scale misuse. E.P.Forte was already banned in many countries in the early seventies and the World Health Organization had also warned its member nations of its harmful effect. It was, however, available in India openly even during the early 1980s. *Saheli* was part of the campaign against E.P. Forte. During the campaign, *Saheli*, with the help of other women's group decided to collect proof on the misuse of the drug. Although technically the drug was not supposed to be available without a doctor's prescription, *Saheli* activists bought it without a prescription at a number of places. They discovered that many companies did not even print the harmful effects of the drug as information for the consumer as is required by the drug controller in India.

Others printed it in very fine print or in English which many women could not read. The activists faked pregnancies and sought private gynecologists' advice for abortion and were given E.P. Forte. The group publicized its "findings" which led to an uproar in the national Parliament and finally the Drugs Controller agreed to impose a partial ban (phased in over one year) on manufacture and sale of the drug in 1982. The domestic drug lobby challenged the decision in the court on the plea that if the drug was really harmful, it would never have received a phased pulling out. This, they argued, was proof enough of the safety of the drug. The matter was litigated for six years and finally the Supreme Court of India imposed the ban in 1988 in the interest of public safety and health.

In April 1994, *Saheli* led a major campaign against Depo Provera.³⁵ In 1992, the group learnt that the Indian government was planning to approve the entry of Depo Provera into the Indian market. They began demanding the results of the suitability tests done in India from the Indian Council of Medical Research (ICMR). Women's groups had been arguing for some time then that Depo, along with Net-En (a similar injectable), Norplant and the anti-fertility vaccine, were hazardous contraceptives that the government was introducing to "control population" irrespective of the dangers they spelled for the health and well-being of the women. Women's groups learnt that Up Johns Ltd., the U.S.

³⁵ Depo Provera is a long acting synthetic hormonal contraceptive injection. It is made of artificial progesterone (called medroxyprogesterone acetate) and prevents ovulation, thickens the cervical mucus and prevents implantation in the uterus. Once given, Depo prevents conception for three months.

manufacturer of Depo, submitted the data which totaled five studies, none of which were carried out for dose determination appropriate for Indian women. These studies had been carried out nearly twenty years earlier in some part of Latin America. Due to the intense questioning of the trial results, ICMR delayed the approval to Depo by a year.

Saheli began campaigning against efficacy of Depo and other injectables which the government was floating as possible choices to be included in the national family planning programs. Government officials were hailing the injectables on the grounds of being easy to administer (on account of the existing Universal Program of Immunization which had taught all health workers in India everything about giving injections) and better than IUDs which were resulting in a high rate of reproductive tract infections. In 1993, on several occasions *Saheli* activists confronted ICMR and the officials of the Department of Family Welfare who assured them that the government was not planning to give the licenses to Depo or NORPLANT without trials in India.³⁶ In April 1994, however, they learnt that Depo was to be launched in Indian markets and actually had been granted approval in 1993.

Saheli launched a chain-letter awareness campaign and also involved other women's group in planning strategy against Depo. In a campaign leaflet, "Why Women Say "No" to Depo Provera", *Saheli* and several other Delhi-based women's organizations pointed to several health risks of Depo including

increased risk of breast and cervical cancer and total menstrual chaos ranging from complete stoppage to heavy, unpredictable bleeding. They pointed to the fact that when women suffer from these side effects, nothing could be done because once Depo was injected into the body, it cannot be removed. *Saheli* once again began to lobby the Drugs Controller of India to cancel Depo's license in India.

The distributing rights for Depo in India lay with Indian Max Pharma Ltd. which planned to launch the product in Indian market in April 1994. A few days before the Depo launch, Max Pharma called a press conference to dispel doubts about the injectable contraceptive. Women's groups were not invited but they learnt about the press conference and decided to attend to inform the press about the dangers of Depo and the results of the trials which were not being made public by the company. Led by *Saheli* and several other women's organizations, women reached the venue in large numbers but were debarred from entering by the security of the publicity firm for Max Pharma Ltd. Women activists determined to enter scaled the walls and entered the press conference. They raised questions ranging from dose-determination to long-term effects, to product safety and efficacy. Max Pharma representatives had no answers for most of the questions. Women activists then drew their attention to their corporate social responsibility which meant that if they had no case for defending the introduction of Depo in India they should voluntarily suspend its marketing.

³⁶ For details of these meetings, see, *Saheli Newsletter*, (Vol. 5, No. 2,

Women activists also made public the fact that, while the Depo kit sold to buyers in the United States contained literature with a long list of possible side effects and complications arising out of its use, the one produced in Hindi, for the Indian women, mentioned none.

Women's intervention made to the front pages of most national dailies and their arguments were heard. As a result, Max Pharma was asked by the Drugs Controller of India to supply the same information to women in India in Hindi which was given out to customers in the United States as the contraceptive was introduced.

Saheli's latest concerted action is against the Quinacrine method of sterilization. Quinacrine has a notorious history. It was discovered in the 1920s and has been used as an anti-malarial drug and as the treatment for several infections for more than sixty years. It was used in the form of tablets and occasionally as injection. Quinacrine is known to produce corrosion and irritation of any membranous substances with which it stays in contact. The corrosive action results in the two adjoining surfaces sticking together permanently. In late 1960s, a Chilean scientist, Jaime Zipper, published reports about the potential use of Quinacrine for tubal blockage by inserting it into the uterus. The fallopian tubes become blocked when Quinacrine in the form of pellets is inserted into the uterus through the vagina, thus resulting in sterilization. This method is being hailed by the population lobby internationally on the grounds that it presents an

"easy" and economical alternative to surgical sterilization even though its "side-effects" abound.

In a painstaking research study, *Saheli* collective produced *Quinacrine: The Sordid Story of Chemical Sterilizations of Women*, a research monograph on Quinacrine sterilization in 1997. The study covers the historical background of the Quinacrine drug, how the U.S. population lobby is pushing Quinacrine in many parts of 'Third World', including India, and interviews based on case studies of women who were sterilized using the Q-method. In India, many private practitioners are applying the Quinacrine method for sterilization. Women's groups, on the basis of the initiative *Saheli* has taken in compiling the case studies, are planning a public interest law suit to demand a ban of this invasive sterilization method.³⁷

Society for Upliftment Through Rural Action (SUTRA)

Started as an NGO for development work for women in the Solan district of Himachal Pradesh in India in 1980, SUTRA has now expanded into a powerful

³⁷ A Public Interest Litigation is being filed in Supreme Court of India on behalf of the All India Democratic Women's Association (AIDWA), certain consumer organizations and individuals against the Indian Council for Medical Research, the official body that oversees the ethical conduct of human trials in India and the Government of India. Also, *Maitreyi*, a coalition of women's organizations has been formed in Calcutta to campaign against the unethical practices and to alert women from poor neighborhoods and rural areas that the method has not been approved by international agencies. For details, see, South Asia Research and Resource Centre (CERAS) report by Shree Mulay, presented to the International Centre for Human Rights and Democratic Development, Montreal, Canada, *Reproductive Rights of Women in South Asia*:

NGO committed to women's empowerment through intervention in those aspects of their lives which define their power or lack of it in society. The initial development work in SUTRA involved providing women the skills to work in the existing small industries at the village level and starting new small industries for women. While evaluating this work, SUTRA realized that in order for women to take control of their lives through independent economic activity, they had to be organized and made aware of their conditions and status in Himachali society. They then began to organize women at village levels in *Mahila Mandals* (women's groups). Thereafter, young women were organized in *Yuvati Sangathanas* (young women's associations) and 'awareness camps' were organized for them. These *Sangathanas*, or associations, became platforms for women to voice their concerns, raise questions and get help on various aspects of life.

The women's associations or the *Mahila Mandals* are geared more towards developmental activities including training women in income generating vocations, giving them training on tending milk-giving animals and profitably managing live-stock; the young women's associations or the *Yuvati Sangathans*, by contrast are more of a platform to address gender issues. It was in response to young women's concerns about their bodies, raised in many meetings, that in 1995, SUTRA started publishing a series of booklets on various aspects of women's sexuality. These texts, written with a feminist perspective, are in

response to the questions women have raised in their association meetings. There are eight titles covering themes such as: the anatomy of women's bodies, the psychological development of the adolescent girl, menstruation and its management, sexuality and coitus, fertility, conception and infertility, contraception, AIDS and menopause. These texts now form a valuable resource not only for answering women's questions about their body and its cycle, but also relating the issues of body and its control to women's lives and their environment.³⁸

As a SUTRA activist recalled, this project was started to answer some of the questions that young women had about menstruation and body changes they experienced in the process of growing up. The cultural prejudices against normal biological functions and the stresses they caused for adolescent women were the causes of concern. As in most Indian cultural practices, in Himachali society the female body is perceived very differently from the male body. Menstruation, pregnancy and childbirth are not seen as simple physiological events but carry with them a host of gendered assumptions. It was observed that adolescent girls learn very early that menstruation means an end to their childhood and the beginning of "guarding" and "curbing" their sexuality. They understand that men and society see menstruation as "unclean" - a time to stay

Pakistan and Bangladesh (CERAS; Montreal, 1997).

³⁸ These booklets originally published in Hindi have been translated into several other regional languages and many NGOs and women's groups in different parts of India are using them among women and adolescent girls.

away from them, abstain from sex, not go into the kitchen or take part in religious ritual.

But they soon realized, by talking to women in the *Mandal* meetings, that women's sexuality, the process of pregnancy and childbirth, and menopause also remained under a thick cloud of mystery. The concepts of purity, and the virtues attached to chastity and virginity, all emphasize women's procreative capacities. Women's sexuality is controlled through the hegemonic dichotomy of "motherhood" opposed to an adulterous "whore" who puts her desires first. The project was then expanded to include not only questions of young women and adolescents but also issues of pregnancy, childbirth and menopause.

In the literature produced, important assumptions that defined femininity, womanhood, morality and shame are unsettled.³⁹ In the texts powers of motherhood are questioned and women who choose not to embrace motherhood are kindly described. In a very simple manner the booklets portray a desiring female sexual subject and transcend the traditional masculinist moralism that labels women's sexual desire as sinful. SUTRA believes that masculinist notions of morality have entered the traditionally open Himachali society through

³⁹ Ironically, the booklet on the psychological development of adolescent girl, which has become very popular with women's group and girl schools, invited the ire of the local wing of the right-wing Hindu party, the BJP. An activist of the BJP filed a legal suit against SUTRA on the charges that the group was producing and distributing obscene literature and beguiling young women. The matter is still in court.

a sanskritized and an essentially puritanical education system which it wants to contest.⁴⁰

The publication of these booklets has been a major step in opening up space for discussing bodies, sexualities and other forbidden matters as contraception with young women and adolescent girls. An important aspects of this work is that its aim is to place women's sexuality under her control: their decision to have or not to have babies is considered their own. The other remarkable part is the highly imaginative language of communication. It implies a total rethinking of gender relations where a woman has a subject position and is making choices and taking decisions on matters of her fertility.

SUTRA is now planning to make this material an integral part of its "development" and "empowerment" projects as it believes that through taking control of their bodies and reproduction, women can alter the conditions of their subordination.

Mahila Samakhya

Mahila Samakhya literally, 'women speaking as equals' emanated out of the National Policy on Education (1986) of the Government of India. The National Policy proposed drastic changes in the existing educational structure of India and despite its many weaknesses, the policy document outlined the need to use education as an effective channel for bringing about change in the status of women and equipping women with tools for learning. The policy also outlined

⁴⁰ Interview with Subhash Mendhapurkar, Jagjit Nagar, Solan, January

the role of NGOs in bringing about a change in India's extremely poor educational record for girls and women. The *Mahila Samakhya* project was outlined with the involvement of women activists, nongovernmental agencies and Department of Education officials. Women activists provided the strategy and the vision, effected through carefully structured management systems; the non-governmental organization provided training support and assistance to women's group facilitator; and the Department of Education made available other services. The project was approved for Dutch funding; began as an Indo-Dutch pilot program in 1987-88, and was approved by the Government of India in 1989. It is now a Dutch-funded project.

The project which was first launched in ten districts in three states, Gujerat, Karnatka and Uttar Pradesh, is now operative also in Bihar and Andhra Pradesh and several new districts in these states.⁴¹ The main components of the *Mahila Samakhya* program were the formation of *Mahila Sanghas* or women's collectives, training members, the creation of a network of field workers who were to be assisted by the resource person and the District Coordinator to guide and support the members. It was the *Mahila Sanghas* which prioritized the issues to be taken up and also the form, nature, content and timing of all the activities in their village. The program thus provides a degree of autonomy at the

1997.

⁴¹ During my field work I spent time at the Lucknow centre of *Mahila Samakhya*, discussing the program with local activists, observing and interviewing the visiting *Mahila Sangha* members, resource persons and

grassroots level which has been praised in some studies which looked at the program and its structure in greater detail.⁴² The program operates principally at the village and district levels.

Over the years, *Mahila Samakhya* has carved out a special place for itself in the NGO-sponsored empowerment projects. It sponsors: literacy campaigns for women, developmental activities, training women in professions which are not traditionally considered feminine, creating access to and control over drinking water, and fights against violence and for equal wages in the rural sector. In addition, through its various campaigns, *Mahila Samakhya* has also approached the issues of women's health, including initiatives to rediscovering herbal medicines and home remedies for many diseases and to promote fertility awareness and reproductive health issues.

Various *Mahila Samakhya* activists mentioned that time and again, in their village level meetings with *Sangha* members, the women identified a host of problems associated with their sexuality and fertility as major concerns that they

consultants. The information about other centres was collected in Lucknow unit meetings only.

⁴² During the course of my field work due to the paucity of time and resources and focus of my project, I did not take upon myself the task of personally evaluating the program structure and how much of the "non negotiable principles" with which the project began were upheld. My observations about the autonomy of the grass roots workers are based on my conversation with activist women, journalists, and other people who are not directly connected with the *Mahila Samakhya* project but who have been observing hearing, or reading about the project. Janice Jiggins in her extensive field research based study *Changing the Boundaries: Women-Centred Perspectives on Population and the Environment*

have never been able to talk about freely because of the sense of shame and humiliation associated with these matters. As activists recall in a *Samakhya* report, a meeting in Tehri Gharwal, Uttar Pradesh, in February 1989, the women participants requested a special night session to discuss problems of menstruation, contraception, abortion, childbirth and various infections from which they suffered. They had never had a chance to speak about these problems and they were ready to learn from and share their experiences with each other. Listening to women voicing their concerns, the resource women and others realized that night how important it was to expel the myths surrounding women's bodies and their functions. It was decided to take up the issue of women's reproductive health in order to empower women to take control over their bodies, provide them with a vocabulary for naming what troubled them and pool together information that women possessed on various reproductive aspects. At this meeting, women also showed total disregard for state-run family planning clinics and shared their experiences on how so many of them were duped into sterilization with a promise of land in their own names, which never happened.

The approach to generate health awareness was innovative.⁴³ Women at Varanasi and later Banda centres in Uttar Pradesh, discussed their reproductive experience and the various ways in which they have known herbs and other local

(Washington D.C: Island Press, 1994), also reviews the *Mahila* project very sympathetically.

⁴³ This part is based on Varanasi and Banda, Uttar Pradesh initiatives.

medicines work for various problems. These experience became part of *Sangha* knowledge and were shared with other *Sanghas* through a regularly-produced newsletter.

The Varanasi centre is putting together an information booklet on herbal and home remedies for common diseases. The purpose is to restore to women the power to control their fertility and to restore knowledge which they traditionally controlled but which has been lost due to excessive medicalization, mystification of the body and its reproductive functions through the population control programs which control the decisions about pregnancies etc. As part of their *Sangha* meetings, in various workshops and the material that is produced for *Sangha* members, for instance, posters, calendars, newsletters, the 'mysteries' of reproduction are demystified: the 1996 *Mahila Samakhya* calendar, provided information about various aspects of childbirth spread over the twelve leaves of the calendar and showed how fetal sex is determined by the male chromosomes so if a daughter is born it is not a woman's fault. Another page in a calendar provides statistics for sex ratios in India and asks why there are fewer women alive when the natural probability of male and female birth is equal. It then lays out the causes - discrimination against women and female children in matters of food and medicare, and sex-selective abortions. Another leaflet describes how repeated pregnancies impair woman's health and why they should take control of their own fertility. The other leaflets illustrate various forms of gender discriminatory practices inside the family.

All along *Mahila Samakhya* has confronted the situations of violent sexual crimes against women. The activists deal with situations ranging from rape, molestation, child rape, giving away of daughters to temples to provide sexual services, and the practice of the so-called lower caste and landless women having to oblige landlords with sexual service in order to ensure work for their husbands. *Mahila Samakhya* through its *Sanghas* has confronted these issues and at many places mobilized women to demand justice and strengthened their position by making them less vulnerable by generating awareness of their legal rights, and providing them skills and opportunities for employment.

Self-Help Training in Women's Health

Besides these groups and NGOs there are several other group and individual initiatives contributing to women's struggle for control over their reproduction. *Self-Help Training in Women's Health* is one such activity taken up by some women activists in Andhra Pradesh and now adopted by a large number of NGOs and women's groups all over India.⁴⁴ As the activists recalled, the idea for such a training was first raised in the regular meetings of women health workers who had been working in the field of rural community health for the last decade or so. When they began their work in the 1970s as community health workers, they looked at health as a class and caste-related issue. They

⁴⁴ The information on *Self-Help Training in Women's Health* in this section is largely based on the report of the training written by the two resource persons, Sabla and Kranti, on whose initiative this project was first carried out. Sabla and Kranti, *Na Shariram Nadhi: My Body is Mine* (Pune: Sabla and Kranti, 1995),

worked in poor communities, and their training of health workers questioned the modern medical system that benefited the urban rich but neglected the rural and urban poor. They focused on the injustices and irrelevance of the increasingly privatized health-care system but soon realized that even among the poor, women were the most oppressed and their health suffered most.

These activists began to meet regularly and also with other women's groups during the mid-1980s. Together, they read the Boston Women's Collective's *Our Bodies, Ourselves* and talked in detail about the forbidden sexual and reproductive aspects of women's lives. The idea of *Self-Help* began to emerge but did not take much shape due to pressures of other work, particularly coping with violence against women. In 1990, once again, women activists made a deliberate choice to work with women - especially *dalit* (lower caste) tribal and otherwise marginalized women- and looked at women's health through the eyes of these women to identify their real health needs. Women's health activists associated with other local NGOs, the Deccan Development Society (DDS) and Asmita and charted out the Self-Help training workshop.⁴⁵

⁴⁵ DDS organized rural women into *Mahila Sanghas* (local groups of village women) in comprehensive training for development and empowerment. Under DDS leadership, the rural women organized themselves around issues of livelihood linked to their health. Through these *Sanghas*, they not only pressed for proper functioning of government primary health services, but they reflected on other basic questions like - why did they fall sick? Why did they not have enough water even for drinking? Why have all the fields been converted to cash crops? and, Why were special health services centred in the cities? Asmita is a local women's resource centre in Hyderabad which does gender-sensitization training and legal-aid counseling, and prepares audio-visual materials and publications in

The purposes of the Self-Help training were:

- to assist women to re-cast their self-image and promote confidence, by validating their experience and knowledge and improving their health through self-help skills;
- to uncover and probe into gender, class and caste-based biases and trends in the medical system and in society;
- to see into and challenge beliefs, practices and institutions through which men control and exploit women's minds, emotions, labor, sexuality, fertility and property;
- to encourage individual and collective action and net-working for women's empowerment;
- to look at health as a basic right and to press for government and social accountability for the concerns of women.⁴⁶

There were seven components of the training, namely, Gender Sensitization, the Politics of Health and Population, Body Politics and Beyond, Fertility Awareness and Sexuality, Self-Help and Self-Exam, Gyn-Ecological Disorders and Healing, and Child-Bearing Support.

The *Gender Sensitization* part involved understanding 'gender' and its linkages to power relationships in the family and in class-and-caste permeated society. It was proclaimed at the very beginning, "whatever happens to us is not because of the biological fact of our birth in women's bodies, but because of a socially constructed set of rules thrust upon us".⁴⁷ *Gender Sensitization* also involved identifying gender-linked values and stereotypes in everyday life experience, examining forms of violence against women inside and outside the family and its use to keep women in control, understanding the system of

regional languages. The group documents women's writings and conducts occasional research studies.

⁴⁶ Sabla and Kranti, *Ibid.*, p. 3.

patriarchy and its institutions through which women are oppressed and exploited, and learning about the struggles of women to oppose oppression.

In *The Politics of Health and Population*, the workshop defined health from the perspective of women's rights and concluded that the major cause of ill-health in the country was the unequal distribution of resources and the exploitation of the labor of the poor. The illnesses of the poor were usually simple and preventable, but they still suffer and die because they lack basic things like food, clothing, shelter, health care and education. It also explored the governmental and non-governmental schemes on women's health and analyzed health within a socio-economic and political framework of class, caste and gender. *The Politics of Health and Population* unit also explored the meaning of "population explosion", the politics of population policies and how the family planning programs under-cut government health care. It also focused on various contraceptive methods made available and the campaigns around them.

In *Body Politics and Beyond*, the objectives were to explore perceptions of the body, to see the limitations of a reductionist view of the body and to look at it holistically. It also involved familiarizing women with "outer and inner body geography" and introducing the processes of ovulation and menstruation through body mapping, live visuals and cut-out puzzles.

The Fertility Awareness and Sexuality segment aimed to expose and overturn myths relating to fertility and sexuality and to look at the link between

⁴⁷ *Ibid.*, 27.

fertility and sexuality. It generated "fertility awareness" for gaining control over fertility and sexual lives and illustrated how man-woman power relations affected fertility and sexuality. Many women's groups in India are advocating fertility awareness as a safe birth-control method.⁴⁸ Technically, fertility awareness means a woman's ability to monitor her fertility from day to day by observing various changing body signs during the phases of her menstrual cycle. The changes are related to the process of ovulation and do not depend on calendar rhythm estimates. Basically, fertility awareness involves experiencing and understanding the biological patterns of change. From this one can interpret the phases of fertility and infertility during one's menstrual cycles. Learning fertility awareness is thus one way to take control over bodies as it does not consider fertility and sexuality only as biological. It takes into account the experience of fertility and sexuality as molded by society too. It leads to a change in perception about women, countering the myths which distort men's and women's behavior with each other.⁴⁹

The *Self-Help and Self-Exam* component of the training involved deepening understanding of Self-Help as women's empowerment and learning 'self-exam' skills and healing. A Self-Help approach is based on valuing the

⁴⁸ The pioneering work in fertility awareness was done by Mira Sadgopal in late seventies as part of Kishore Bharati collective, an NGO working among landless laborers in Hoshangabad, Madhya Pradesh. Kishore Bharati produced *Mucus Observation Booklet* in the early eighties, which is on file with Jagori, Delhi and some groups in Punjab.

⁴⁹ See, for example, *Saheli* activists perception on fertility awareness in The *Saheli* Collective, *op. cit.*, in note 33, p.17.

experience of oneself and one's group, or one's community. Through Self-Help, women are expected to gain and re-claim information which for years has been kept from them and in the hands of physicians. Self-Help is an alternative approach which focuses on health rather than disease and on natural re-balancing remedies rather than medical or surgical interventions.

The *Gyn-Ecological Disorders and Healing* component involved understanding the range and nature of disorders in women's bodies. It looked at doctors' practices of gynecology to see how they medicalize women's bodies and equipped women with new view of health as a dynamic state of balance, so that they looked at gyn-ecological disorders much differently. It was felt that the social and physical environment around women was drastically out of balance. Women do not get enough food, nor clean water and air, they are overworked, lack rest and shelter, have little control over fertility and sexuality and stand unrelenting emotional stresses from neglect, discrimination and violence. Bodies do cope with external imbalances but gradually many women's natural ability to heal gets eroded, throwing her open to infections, declining fertility and sexuality and other disorders. Gyn-ecological self-help approached disorders with this understanding.

The Child-Bearing Support segment involved knowing how reproductive processes and experiences were medicalized, encouraging healthy gender-sensitive local practices, and acquiring skills to support women through pregnancy, child-birth and afterwards. It also involved understanding

childlessness from a gyn-ecological viewpoint and promoted looking at adoption as child-bearing.

During all these various components of the Self-Help Training workshop, which was spread over several weeks and during which women stayed together, the method of story-telling was adopted to communicate with women. Extensive use was also made of cut-out puzzles, drawings, cloth scrolls and other materials derived from the cultural practices of the local women.

Conclusion: Structuring Women's Self-Representation

The struggles I described above relate not just to the specific reproductive issues addressed explicitly, but in discourses these struggles are generating, where there appears the emerging female subject of the Indian women's movement. Sangari and Vaid in their generative work on "recasting women" in colonial history, pointed out that womanhood is often part of an asserted or desired, not an actual, cultural continuity. Women and womanhood are inserted into, and affected by, social change, and change is made to appear as continuity.⁵⁰ Womanhood is thus a social construction, and the construction of women in terms of recognizable roles, images and models occurs in discourses in response to social imperatives. Elaborating the terms of such construction and the politics of representation, Rajeshwari Sunder Rajan suggests, that the terms of such construction are to be sought in the dominant modes of ideology

⁵⁰ Sangari and Vaid, *op. cit.*, in note 5, p. 17.

(patriarchy, colonialism, nationalism, capitalism).⁵¹ She suggests that this construction operates through the politics of control that representation both signifies and serves. The task of the feminist critique, she argues, then, is to engender a radical distrust of this representation and of the politics of control and other forms and processes by which such representation becomes naturalized and ultimately coercive in structuring woman's self-representation. The projects that I studied and followed showed a tremendous potential for (re)structuring women's self-representation by contesting the "naturalized" representation of womanhood and generating the liberatory space for resistance.

Reflecting on the different forms that groups employ as primary modes of resistance, the innovativeness of these modes is distinctly visible. In the case of social issues, feminist politics often entail organized feminist activism mobilizing women around particular issues. The reproductive freedom agenda, additionally, is about contests over meaning and gender justice. And although operating in a 'rights framework' has its problems (as discussed in a previous chapter), the public interest litigation and the court injunctions that the groups obtained against experimentation on women's body, against unethical trials without informed consent, against the use of technologies like amniocentesis for sex-selective abortions, enlarge a space for women's politics. They help to generate wide awareness about the issues that women raise their voice against and create a constitutional framework against violent practices against women, which pass on

⁵¹ Rajeswari Sunder Rajan, *Real and Imagined Women: gender, culture and*

as cultural practices or imperatives of medical system. They help to expand boundaries of what previously were seen as women's grievances.

The project of producing alternative texts also stakes claims for women's self-representation. In contesting dominant meanings and representation, women's groups have adopted writing as an important mode. It is interesting to note how women are cautious about the liberatory potentials of writing. Various projects of text production taken up by different groups point to the subversive nature of the act of writing and it seems that women are optimistic about the project of writing for gender justice. These writings are redefining women's biology and rewriting women's sociology. In these writings, the concept of purity, and the virtues attached to chastity and virginity, all emphasizing women's procreative capacities, are subverted. The so-called scientific accounts of reproductive biology, for example, often reflect, and also rely on, cultural stereotypes which are central to the definitions of males and females. The gendered accounts imply not only that female biological processes are less worthy than their male counterparts but also that women are less worthy than men. Women's literatures bring to light the gendered meanings hidden within the scientific language of biology. In the texts produced and used by these groups, the bodies and reproductive organs are not described as geared only to the end of making babies and glorifying the female cycle as a productive enterprise. There is a validity to experience of those who are not producing

babies voluntarily or involuntarily. It feels good to find the term "infertile woman" missing in most of the texts. The situation of failing to conceive involuntarily is described as a mere situation rather than characterizing woman's being as unproductive or infertile. There is a celebration of women's total being, their potential and power.

The representation of a woman's power as mother in her family in Indian culture is so great that it is assumed that she needs no other power. Woman's role is assumed to be bearing children when the nation needs a strong work force or to stop bearing children when the state perceives that its population is the cause of nation's misery. She has to bear or stop bearing children according to the dictates of the nation, state, god or husbands. Even with the introduction of fertility controlling technologies, and the science, with its claims of neutrality, intervening in the processes of reproduction and fertility management, the meanings continue to be construed in gendered fashion. There is an undisruptive continuity of gendered representation in the use of reproductive technologies. Contraception, once again, is a woman's responsibility, it is woman's responsibility to limit the population for nation's sustainability, it is her responsibility to provide male heir for the family and it is again her responsibility to regenerate the nation's numbers in ratios that are optimum for nation's development.

The responses of the women's groups and NGOs which I visited or whose activities I followed, and women's activism for reproductive freedom reflected a deep sensitivity to the issues of representation of women and paid special heed

to the importance of modes of representation in culture. There is thus an excellent use of writing and production of feminist texts, photography and drawings, cartoons, documentary films. Very innovatively, this literature is generating a new and feminist vocabulary, naming the forbidden sexual organs, something that has vanished from our languages, naming the diseases and disorders which women suffer from but have no name for and hence remain uncommunicated, and renaming conditions which get associated with women.⁵² The new terms are significant in that they give a name to women's sexual, biological and reproductive experiences. These instances of 'feminist linguistic resistance'⁵³ make clear the extent to which language shapes or constructs our notions of reality rather than labeling that reality in any transparent way.

These texts are consciously and radically feminist works that register the voices of women, thus marking the contemporary moment of feminist politics of reproductive freedom in India. In texts on contraception and bodies, in documentary films against invasive technologies of fertility control and experimentation on women's bodies, and in cartoons and caricatures, women's activity aims at taking control of their bodies and reproductive power. Their

⁵² The Hindi translation of many sexually transmitted diseases, for instance, is *yon rog*, i.e. diseases originating from *yonī*, the vagina. SUTRA prefers to term these diseases *yon-shishn rog*, which implies that origin could be male or female sex organ.

⁵³ Susan Ehrlich's phrasing. See, Susan Ehrlich, 'Critical Linguistics and Feminist Methodology', in Sandra Burt and Lorraine Code (eds.), *Changing Methods: Feminists Transforming Practice* (Peterborough: Broadview Press, 1995), for an interesting reading on the subject of linguistics as feminist methodology.

struggles are subverting dominant discourse and removing themselves from socially constraining scripts and creating spaces within which they can develop autonomy for themselves. Sites of women's resistance are also multiple - from the patriarchal family, to national political discourse to multinational private enterprise. Each of these efforts is providing a challenging mode of comprehending Indian woman's subjectivity set against the stereotyped image of the "third world woman" as victim. When western feminist critiques of reproductive technologies focus on the 'Third World', they often describes the degeneration of birth control into population control at the hands of many states in 'Third World' and the international population control establishment.⁵⁴ But in this critique, there is seldom a recognition of the contestation of reproductive control by women in their own contexts. While the excesses of the population-control establishment are deplored and critiqued, the forms of contestation in the 'Third World' are neither explored nor theorized. The stories of women's struggles illuminate only how 'Third World' women are victims of the population control establishment but ignore that they are not the passive victims. Women in India are visible agents who are using every opportunity to influence their surroundings. Exploring Indian women's agency at the points of contestation,

⁵⁴ See, for example, Betsy Hartmann, *Reproductive Rights and Wrongs: The Global Politics of Population Control and Contraceptive Choice* (New York: South End, 1995); Janice G. Raymond, *Women As Wombs: Reproductive Technologies and the Battle Over Women's Freedom* (San Francisco: Harper, 1993).

allowed me to see how women's politics is the dynamic inventor of women's agency.

The struggle by women for public imagination - waged in the courts, newspapers, streets, and homes - represent some of the most profound challenges to the state, multinational businesses and the patriarchal families. Through their organized activity women are engaging with patriarchal laws and the oppressive politics of the state. Most importantly, they are envisioning a capacity for independent thought and action in the face of hegemonic discourses. They are producing their own texts and carving out an existence for themselves not as effects but as writers of their own destiny.

Each of these struggles also defines collective as well as a distinct space of resistance. SUTRA and *Mahila Samakhya* initiatives do not necessarily engage with the state. They do not plan actions against state-initiated invasive technologies of population control which are detrimental to women's health nor do they focus on big business which makes poor women the guinea pigs while inventing newer and newer invasive technologies of population control. They focus on empowering women by generating among women the knowledge of their bodies and reproductive aspects so that they are able to take decisions about birth and contraception themselves. In doing so they deconstruct the social myths, reinterpret "tradition", and largely enlarge a space for engaging the issues of patriarchal dominance and generate possibilities of individual and collective action.

FASDSP and *Saheli* engage with the state demanding and gaining recognition for women's rights and justice, demanding revisions in law and public policies affecting women, their health and status, mobilizing women against government policies and big business, and raising consciousness about the gendered and anti-people state practices. Patriarchal practices inside the family are also the targets of attack. They are typically part of the "democratizing movement"⁵⁵ and enlarge critical space in civil society. Self-Help training also generate an environment and consciousness to press for government and social accountability to the concerns of women while empowering women to affect their circumstances. The struggles waged by the groups are the sites for the constitution of 'alternative' subjectivities. In doing so they are providing a powerful critique of the hegemonic discourses and paving way for women's self-representation.

⁵⁵ Sangari and Vaid, , *op. cit.*, in note 5, pp. 19-20.

SUMMARY AND CONCLUSION

Introduction

In this dissertation I have built a history of reproductive control in India as it articulated with nation, and with state and international politics to produce consequences for women's reproductive freedom. This was an interested history, engaged, and not disengaged from the politics of reproduction which international agencies and the Indian state pursued. I began this project with a claim that the control of women's reproduction and freedom from control are deeply embedded in local histories. I concluded that an emancipatory politics of reproduction could be constructed within feminist politics in women's own location and their embeddedness within it. The question of women's reproductive control in India, mediated as it is by specific historical conjunctures, takes different forms. Different issues in the history of women's reproductive control range from motherhood at the centre of women's service to the nation during the nationalist moment to controlling reproduction for national development to bearing male children for carrying out the lineage of the patriarchal family. This articulation provided the distinct conjuncture of reproduction question in India. To substantiate this claim, I explored various sites - nationalism, the state, and the international agencies - where control of women's reproduction was constructed and demonstrated that if we do not understand the sexual politics of nationalism, the state and of international agencies, we do not understand women's reproduction in India.

The belief of some feminists in the 1970s that all women everywhere share an oppression based upon their potential role in reproduction and if they gained control of their own bodies through access to and control of reproductive technologies they would be able to transform the social relations of reproduction, failed to regard that the social relations of reproduction (which these feminists thought will be transformed fairly directly) are mediated by a specific historical conjuncture. I concluded that reproductive technologies, which many women in the West welcomed as a "defining moment in history", as liberating and empowering, meant more state and patriarchal control for women in the 'Third World' assisted by Western states and international agencies in a new politics of reproductive control. Thus whether reproductive choice through reproductive technologies is empowering or disempowering is decided in the realm of the politics of reproduction - in the discursive and institutional practices in which reproduction is represented and new threat and new roles are identified and contested.

I argued that nationalist thought constructed gender-neutral claims of the "nation's aspirations" and "nation's morality" and ostensibly contributed to a process of social restructuring in which the claim of superiority of the nation was built around the sacred and spiritual inner self of the nation. In these discourses women were the embodiment of this spirituality. This signification simultaneously initiated a process of re-claiming control over women's bodies and reproduction. Masculinized nationalist thought believed that a "healthy race" was necessary for the creation of the Indian nation, and that women were

responsible, as their service to the nation, for the production of this healthy race. The women in this nationalist representation were largely upper caste and upper class who represented a refined "national" culture. Poor women were to be restrained from reproducing and bringing more "slaves" into the world. The responsibility of motherhood was also mediated by the presence of accredited fathers in a socially-sanctioned relationship of marriage within one's "own community". Children born of "wrong" sexual unions at the time of partition of the country to abducted women, for example, remained unclaimed and deserted in the camps.

I demonstrated that the post-colonial state in India sought to bring women's reproduction, poor women's in particular, under state control for the "needs" of the nation and the state to regenerate the nation's population in numbers the state perceives as "sustainable". In the post-colonial state's history of more than four decades of family planning, state control over women's reproduction has deepened over the years. The 1990s choices are even less empowering for women as a range of provider-controlled, invasive methods of contraception are being forced on many women ironically in the name of enhancing women's reproductive choices.

I illustrated that international agencies by assisting and regulating state-sponsored programs of family planning contributed to building institutional structures mirroring their own gendered and racialized knowledge previously established about the local people (and the presumed irrationality of their knowledge systems). Their emphasis on population control de-sexualized

reproduction by construing it as a "technical problem" which could be fixed with the help of new technologies of reproductive control under their expert guidance. In looking at these various sites where women's reproduction was controlled and regulated I conclude that without an understanding of this politics of reproduction of the nation, state and international agencies, the "high" politics cannot be understood.

Gender and Reproductive Technologies

In this dissertation I looked at how different reproductive technologies are used in India and elaborated how the dominant discourses of over population viewed women's reproduction and how technologies and their development related with this discourse. I identified the politics of reproduction within which these technologies were used coercively, and the role of reproductive technologies in reproducing existing gender relations. I explored the complex and gendered relationship among patriarchal practices, the state and international agencies' discourse of overpopulation and reproductive technologies in the Indian location. This exploration led me to conclude that new reproductive technologies reproduced relations of patriarchal coercion as they articulated with local systems of patriarchal control and gender hierarchies and imposed new reproductive responsibilities on women (for example, for producing babies of the right sex).

While introducing the problematic of this dissertation, I had noted that some Western feminists welcomed reproductive technologies. They believed that reproductive technologies which established potential reproductive control for

women on a universal scale would usher in reproductive choice and liberate women. My thesis concluded that the power relations implicit in the development, application and use of reproductive technologies and not reproductive technologies regulated reproductive choice. As an instance of articulation of new reproductive technologies with the local context, I explored fetal sex-determination technologies within the gendered practices of the family. In demonstrating various implications of technologies for sex-ratios, gender relations and girl-child's status, for instance, I concluded that while some technologies can be potentially empowering for certain sections of women in specific situations, for the majority of poor women in India, living within existing patriarchal practices, ideologies of gender discrimination and pressures of population control, new reproductive technologies define new patriarchal control and exacerbate women's oppression. New reproductive technologies interact with pre-existing cultural constructions of subjectivities, gender difference and gender relations to define new meanings. I concluded that the differential impact of technologies as embodied in the Indian context is mediated by the construction of gender and the politics of population control which not only force the coercive methods of fertility control but also reinforce the patriarchal family's gender discriminatory practices.

Location, Particularity and Culture

This research was based on a way of understanding and a mode of (feminist) inquiry which is grounded in the relations between gender, class and sexuality at a particular historical location and moment. I proposed a

methodology which placed gender both in a framework of discursive analysis and in relation to specific historical, political, economic and cultural forces. I emphasized location but not to eschew universality in favor of pure relativity or for any fashionable celebration of 'difference'. My purpose was to read and interpret carefully the many tensions among the "particular-universal" categorical claims; to argue how local history articulates with 'universal' phenomena such as reproductive control and produce different meanings in different locations; and bring out the heterogeneity of reproductive politics and implications for feminist practice, both locally and globally. I argued for a methodology which was historical and took location seriously. Doing this research from an historical approach allowed me to understand the present situation of unequal gender relations and power differences. By casting an eye on how issues relating to reproduction were framed in various discourses and practices and contested in counter practices of feminism, made visible the construction of control of women's reproduction in history - in nationalist and statist discourses, in the politics of international agencies and in the patriarchal discourse. This method provides valuable insights for feminist political project of building a comprehensive struggle for reproductive freedom and a more democratic gender regime by laying bare the various layers of this control. It helped me bring out the connection between reconstituted patriarchies in the colonial period and the contemporary practices of women's reproductive control and gender oppression. It highlighted the significance of reinterpreting nationalist histories and development experiences in defining strategies for contemporary struggles. In

showing the processes whereby public discourse on reproduction changed in response to various moments in history this framework helped me to interrogate the claims of nationalism, the state and international agencies and made visible the space for feminist intervention for a more gender-just politics for reproductive freedom.

While I looked at the impact of reproductive technologies by exploring the working of gender at particular historical junctures and domains of social life to arrive at the different meanings and forms of contestation that various locations produce, I also problematized the "cultural context". I demonstrated that culture is an historically-situated construction. A transhistorical representation of 'culture', 'tradition', and 'religion' in India are colonial constructs which effectively evade the issue of human agency in the making of our own culture. I concluded that culture is not emptied of politics and history and is made and unmade in our daily practices and negotiations. Culture, in our case, gender ideologies or the cultural images and values associated with genders, is not external to its bearers. I interrogated the assumptions that present cultural values are mirror reflections of past practices. I concluded that they are human constructions reflecting traditional biases that have been reworked in response to specific changes in the political economy of the nation, the pressure from the state policies of population control and the availability of new reproductive technologies which respond to these situations and also reproduce the existing relations.

The Population - Development Conundrum

An underlying argument in this thesis was that the conflation of economic development and population numbers fundamentally altered how reproduction was viewed in India. I argued that this pairing of population and development removed reproduction from a women's issue and relocated it into the problematic of underdevelopment to be manipulated, disciplined and maneuvered by population control policies and programs. I concluded that once population and development are paired, they render invisible the axis on which they are poised, that of sex/gender. I showed the appropriation of women's reproductive rights in the name of population control at various sites and I concluded by drawing from women's activism that there is a need to 'sexualize' the debates and policy-making in the area of population control; that there is a need to bring women's experience in and to lay bare the politics of reproduction which has been hidden by so-called gender-neutral demographic goal for national development in various policies and programs of family planning and national population policies.

I explored the post-World War II development discourse extensively as it was framed by the Western states and international agencies and institutionalized in post-colonial social formations. This discourse, I argued, predicated successful development on control of population numbers which led to the regulation of women's reproduction to meet the objective of national development. I argued that the dominant paradigm of development (read modernization) is rooted in a belief in the superiority of the people of the West, of Western knowledge and technology, and of Western "civilization" as a whole.

The hegemonic epistemological space of the Western paradigm of development combined with its political dominance proves resistant to thinking about 'Third World' reality differently. Similarly, population control as a field of research and action is based on a representation of the non-Western subjectivity as backward, rural, passive, illiterate, irrational and multiplying. 'Third World' states are also deeply implicated in this politics. 'Third World' states seek to control women's reproduction for the "national goal" of "sustainable" population numbers, without altering the highly inequitable distribution of resources in the national economies. There is also such an overwhelming consensus among the Indian elite and the urban middle classes about the reproductive profligacy of the poor that the only public discussion on reproduction is how to control it. I concluded that this consensus contributes to the factors which have coalesced to produce a discourse which justifies reproductive violence in the name of controlling population for development.

I deconstructed the dominant paradigm of development by arguing that it was based on a system of representation of the "other" which overlooked the needs and claims of women in particular and poor people in general. At the same time by documenting the contestation of reproductive control, I engaged and contested the macro discourse of development, and the "population problem". By doing this I rendered visible the multiple axes of gender, class and representation on which this discourse is built. I demonstrated how in the experience of the state of Emergency in India in 1975 poor people were hounded and sterilized in one of the most coercive population control programs. The

oppressive Congress regime was overturned two years later but I demonstrate that the masculinist reaction to Emergency family planning program was to totally shift the program focus from men to women after 1975. In demonstrating how the very framing of population-development discourse in 'Third World' located women's reproduction in the realm of population question, I concluded that this not only impacted woman's reproductive consciousness negatively and had implication for 'Third World' women's reproductive autonomy, it also made development contingent on state successfully bringing reproduction under its control.

International Agencies and the Framing of Fertility Control

Commenting on the scholarly works on the role of international agencies' politics of intervention in 'Third World', I argued that this politics of intervention has not been studied from the perspective of people and the locations where interventions are made. International agencies are mostly studied from the perspective of core and often what is recorded is the ways in which ideas about intervention change over time in response to material conditions in which the institutions operate. Such analyses I argued, skip a crucial level. I concluded in my research that international agencies are not merely temporal practices but they are also spacial practices. They operate, interact, impact and influence people, articulating at different locations with different cultures. International agencies think and act simultaneously in different spaces and at different scales. I underlined the importance of exploring how meanings are engendered in different spaces at different scales. Consequently, the international agencies in

my analysis were not "fixed" in space and "disarticulated" from particular historical locations. Looking at various events largely through the texts that Ford Foundation officials produced, I demonstrated how India was *written* in their narratives, how they engendered meanings about historical and cultural situations as they described India and its ordinary people, its medical profession, its government and its culture. Local resistances and negotiations were absent in these narratives or appeared in passing in the footnotes as the "traditional practices" of the local people or the "conservative mind set" of its medical community or the "lack of political will" of India's leadership. My analysis demonstrated that in this representation new meanings on reproductive control are produced. Reproduction gets totally divested from women as capacity to reproduce is now a "problem" whose solution lies in the expert manipulation of reproduction in such a way that its control totally slips away from women.

USAID-led intervention added newer dimensions of international agencies' intervention by dispersing the population control activity from their location of state-run family planning system to private initiatives in the NGO sector. I concluded that this new arrangement of population assistance which as a precondition demands rolling back of the state is not particularly a better situation for women. Women are offered the same disempowering choices in avoiding conception but now packaged in the new rhetoric of greater choice, often appropriated from the feminist vocabulary. I also inferred that this dispersion of activity which lacks accountability, renders individual women more vulnerable. Exploring USAID mission also provided an opportunity to challenge the liberal

celebration of all civil society activity, often equated with the domain and activity of NGOs. I demonstrated that NGO activity *per se* is not empowering. Its nature is defined in its practice. The examples of women's NGOs that I described are actions that are contributing to democratization of gender relations and civil and political space by contestation and generation of alternative discourses and subjectivities while population control NGOs reproduced existing relations.

Freedom From Reproductive Control

In documenting feminist contestation and emerging discourses on freedom from reproductive control in India, I conclude that in claiming rights over reproduction and struggling for reproductive freedom, feminist politics in India is also defining women's 'reproductive rights' in India. Women's activism for reproductive rights is not organizing around the demand that they be allowed to have as many children as they want. Women are organizing to demand access to safe methods of reproductive control and informed consent, longer life spans of their children, better health-care for lowering existing high child mortality rates, old age security and a life free from poverty. The struggles by women for public imagination against invasive reproductive technologies and coercive controls over reproduction define how women perceive their reproductive rights. It is within these struggles that women gain reproductive consciousness and negotiate their 'rights'.

I demonstrated that women's struggles in India are subverting the dominant discourse and sites of women's resistance are also multiple - from the patriarchal family, to national political discourse to multinational private

enterprise. Each of these efforts is providing a challenging mode of comprehending Indian woman's subjectivity set against the stereotyped image of the 'Third World woman' as "passive" or "victim".

To sum up I argue that there is a need to sexualize the debate on population control; there is a need to reinterpret nationalism from a feminist perspective and interrogate 'national goals' and there is a need to understand and make visible the sexual politics of international agencies. I am highly optimistic about the political project of democratic women's movement in taking up these challenges, although I am aware and concerned about the rise of right-wing Hindu nationalism in India. Indian people are going through most dangerous of times. The Hindu right-wing government at the Centre, its misadventure with nuclear tests and a mass jingoist support to it, including that of an overwhelming majority of women, leave a much narrower space for democratic women to maneuver and re-interpret "national goals" (or "national security" for that matter. Dangers of being called "anti-national" and having "extra-territorial" loyalty were probably never as real). In 'celebrating' women's struggles against reproductive control I am not oblivious to these real challenges to democratic women's agenda and admit that the right-wing challenge is restructuring feminist debates on reproduction. The right-wing Hindu perception, for example, that the official program of family planning has not been able to discipline the reproductive behavior of the Muslim minority who they perceive is rapidly multiplying to outnumber the Hindus, will make the fight against coercive methods of population control difficult and divide women on the question of

reproductive rights of all women. But the last two decades of feminist activism in India still makes me very optimistic about its potential to carve out an emancipatory politics based on gender justice and genuine freedom from oppression.

New Openings

In this thesis I presented a narrative of women's reproductive control and struggles for freedom from control. Imbricated in this text are a number of subtexts, discussion of which illuminates the less obvious, but equally invidious, nature of changes in the recent times of global economic restructuring. New state-society relationships are emerging in the wake of globalization of economic processes in 'Third World'. In the new rhetoric of globalization, issues of poverty, marginality and inequality are subordinated to debates over economic "reforms". There are several questions that become important on the issue of reproductive control. How, for example, do macroeconomic changes under the structural adjustment program impinge on the determinants of the population issues. The Quinacrine sterilization, as mentioned in Chapters V and VIII, is an example. What is unique about the Quinacrine trials is that for the first time such trials on human populations are being undertaken in the country by private agencies and NGOs. Hitherto all institutions undertaking such research - and it is important to underline that they were public institutions and not individuals - were accountable to the Indian Parliament and followed guidelines laid down by the Indian Council of Medical Research which broadly followed international guidelines in this regard. The Quinacrine trials, on the other hand bypassed all such agencies of

monitoring and accounting. What has made this inordinate situation possible, I suggest, is the changes under the new regime of structural adjustment and withdrawal of state which forms the core of the program of liberalization and globalization. What does the undermining of the public institution of research, monitoring and regulation in public health mean for the poor people in general and women in particular needs to be explored systematically.

At a different level, specific changes in the Indian economy, for instance, the casualization of the labor force, its increasing feminization and indeed feminization of poverty, may tell differently on the demand for family planning. How do cut-backs in social sector spending affect the supply of health and family planning services? While the Indian state is withdrawing from the commitment of primary health care, the World Bank itself has changed its focus on population sector from a broad-based developmental approach to a "minimum essential clinical package"¹ What do these changes inform us of the need to monitor health systems rendered vulnerable by the incorporation of the Indian economy in the global market?

¹ World Bank, *World Development Report 1993: Investing in Health* (New York: Oxford University Press, 1993), v.

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