CONTROLLING BIRTHS AND LIMITING POPULATION IN MAHARASHTRA: 1920-1980

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DECLARATION

This is to certify that the thesis entitled **"Controlling Births and Limiting Population in Maharashtra: 1920-1980"** is submitted for the award of Degree of Doctor of Philosophy of this University. This thesis has not been submitted for any other degree of this University or any other University and is my original work.

Parmar.
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Dedicated to my Mummy and Papa

for their Love and Support

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I am alone responsible for the errors and mistakes in this thesis, if there are any.

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LIST OF ABBREVIATIONS

ABCL: American Birth Control League

AES: American Eugenics Society

AIWC: All India Women's Conference

AVS: Association of Voluntary Sterilisation

BCIIC: Birth Control International Information Centre.

BMC: Bombay Municipal Corporation

CEO: Chief Executive Officer

DHO: District Health Officer

DRCs: Demographic Research Centres

DTRC: Demographic Training and Research Centre

ECAFE: Economic Commission for Asia and the Far East

EHM: Edith How Martyn

FF: Ford Foundation

FPAI: Family Planning Association of India

FPP: Family Planning Programme

GIPE: Gokhale Institute of Politics and Economics

GoI: Government of India

GoM: Government of Maharashtra

HBAA: Human Betterment Association of America

ICPP: International Conference on Planned Parenthood

IIPS: International Institute for Population Sciences

IMA: Indian Medical Association.

IPPF: International Planned Parenthood Federation

IUCD: Intra Uterine Contraceptive Device

JFW: Journal of Family Welfare

KEM: King Edward Memorial

LA: Legislative Assembly

MBBS: Bachelor of Medicine and Bachelor of Surgery

MLA: Maharashtra Legislative Assembly

MNML: Madras Neo-Malthusian League

MO: Medical Officer

MSPP: Margaret Sanger Papers Project

MSRB: Margaret Sanger Research Bureau

NAI: National Archives of India

NGO: Non Government Organisation

NIHFW: National Institute of Health and Family Welfare

NPC: National Planning Committee

NPP: National Population Policy

NYU: New York University

OPR: Office of Population Research

PC: Population Council

PHC: Primary Health Centre

PMA: Poona Medical Association

PPFA: Planned Parenthood Federation of America

RAC: Rockefeller Archive Center

RF: Rockefeller Foundation

RG: Record Group

SCI: Shah Commission Inquiry

SIDA: Swedish International Development Agency

SNDT: Shreemati Nathibai Damodar Thackersey

SSC: Sophia Smith Collection

UK: United Kingdom

UN: United Nations

UNFPA: United Nations Funds for Population Activities

UNTAA: United Nation Technical Assistance Administration

UNTAO: United Nations Technical Assistance Organisation

USA: United States of America

USAID: United States Agency for International Development

VT: Victoria Terminus

WHO: World Health Organisation

ZP: Zilla Parishad

Chapter 1: Introduction

Background:

India has historically been at the center-stage in the discourse of overpopulation since the early twentieth century. Arguing on the basis of census report of 1931 and the growing concern for reducing maternal and infant mortality rates, the Indian elites advocated for increased dissemination of birth control information (Ramusack 1989). Their advocacy for contraception was largely based on Malthusian fears of population growth exceeding far beyond the resources. This was interwoven with the eugenics movement that called for restricting the multiplication of the unfit (Ahluwalia 2008). After the World War-II, the problem of population explosion emerged as an important concern for India as well as the international agencies involved in the control of population. It was argued that if India has to progress, it has to curb its population growth (Harkavy 1995). Rapid increase in population was seen as a hindrance to the development of the nation. The solution to this problem was found in the family planning programme which was aimed at limiting the population explosion. India became the first country, to officially adopt family planning programme as a part of its planned development model (Raina 1969). The programme was implemented with full vigour and one of its important features was on sterilisation. This was intensified to a large extent during the Emergency period in 1975-77 (Tarlo 2003). The fear of population explosion beyond the limited available resources resulted in drawing of causal linkages between poverty and population growth. Thus, population control was considered inevitable. However, studies show that India's attempt to control its population has been one of the most coercive in nature and has disproportionately targeted the poor in general and women in particular (Chatterjee and Riley 2001; Rao 2004; Connelly 2008).

While family planning programme was a national priority given its direct linkage to development, several states were evolving different strategies and interventions to be at the leading position. Maharashtra was one such state which in this race evolved different mechanisms of population control. However, the efforts in this direction can be traced back to 1921, when the first birth control clinic was

established in Bombay by Prof.R.D Karve (Srinivasan 1995).[1] It was also in the same city that the first international Demographic Training and Research Centre (DTRC) was established in 1956, with the financial assistance of the Population Council (Connelly 2008). It was also the first state to draft the most controversial Maharashtra Restriction on the Size of Family Bill (popularly known as Compulsory Sterilization Bill) in 1976 that gave the state power to jail parents for not accepting sterilisation after three children (Pethe 1981). Thus, the state of Maharashtra presents a unique example and a site where, inter-linkages between the local, national and international agencies and their discourses unfolded. It is in this context; the present thesis aims to understand in a historical context the evolution of the population control policies in Maharashtra. To set the context for increased advocacy of birth control during the early twentieth century, it is important to understand the ideas of Malthus, neo-Malthusianism and Eugenics. The next section will discuss the evolution of the above three concepts.

Malthus, Neo-Malthusianism and Eugenics:

Before Malthus the question of population was discussed by eighteenth century moral philosophers of Europe like Montesquieu, Rousseau, and James Stuart. According to them population was a part of the complex whole, related to a number of socio-economic determinants. They largely considered population as a dependent variable that varies with changes in socio-economic factors (Rao 2004). However, in the late eighteenth century there was a fundamental change in the way in which population was perceived. Population was then considered to be an independent variable with socio-economic factors being the dependent variable. Malthus's writings came in the latter category.

Thomas Robert Malthus (1766-1834), a British Economist and the Father of Modern Demography is well-known for the publication of the 'Essay on the Principle of Population' written in 1798. This essay has continued to shape the debates on the question of population even today. According to Malthus, population increases geometrically (1,2,4,8,16 etc.) while food production increases arithmetically

[1] In 1995, under the Shiv Sena and Bhartiya Janata Party rule in Maharashtra, the name of the city was officially changed from Bombay to Mumbai (Hansen 2001). However, for the purpose of the present study, I have used the term Bombay, indicating the time period i.e., 1920-80.

(1,2,3,4,5). Population growth has to be controlled either by positive checks (hunger, famines, epidemics) or by preventive checks (abstinence and moral restraint) (Malthus 1958:11). If population keeps growing, it would lead to a mismatch between population and resources ultimately resulting in population explosion. Malthusian understanding results in naturalizing poverty as inevitable and a given condition. Poverty then is no longer seen as an outcome of unequal social structure (Ross 1998). Malthus maintained that social or political intervention to correct the inequality or to even reduce human suffering will be ineffective. This is because any changes will only result in further growth of population and thereby exert more pressure on productive resources. Malthus argued that poor have large families because they did not practice moral restraint, which is widely prevalent in middle classes who are self-disciplined. According to him, the poor exercise no control over their sexuality resulting in their uncontrolled reproductive profligacy. Malthusian ideas were so powerful that it led to the repeal of Poor Laws in Britain (ibid). The new Poor Laws reflected Malthusian understanding that poor contributes to the problem of overpopulation by encouraging reproduction among them. Thus, the new laws abolished relief measures for the poor.

It is interesting to note, that though Malthus was concerned about the growth in population, he did not advocate artificial means of birth control to limit the size of family. Rather, he was opposed to it and considered it to be morally unacceptable (Caldwell 1998). In the late nineteenth century, concerned with the rapid growth of population Malthusian ideas reincarnated itself as neo-Malthusianism. Thus, those who promote contraception to control the population are known as neo-Malthusians. According to Rao (2004: 92), there is no conceptual or methodological difference between Malthusianism and neo-Malthusianism. They differ only with respect to their 'victims' and 'methods'. The focus of Malthusians are the poor of their own countries, while neo-Malthusians are concerned with poor across the developing countries. While Malthus advocated self-restraint, neo-Malthusians are equipped with contraceptive technology. The neo-Malthusians insists on bringing fertility decline without any improvements in the standard of living of the population (Bandarage 1997). The ideology of neo-Malthusianism stems from the eugenics and birth control movement.

Eugenic ideas call for survival of the fittest, natural selection of human population, improving the racial stock and maintaining purity of race. These ideas were the main focus of Francis Galton who coined the term eugenic (Frank 2005). It also calls for the selective breeding of the brightest and the best. Betterment of race was to be sought by restricting the multiplication of unfit population (Soloway 1995). Eugenicists insist that the fit population should be urged to procreate and argue that the increased population of the poor results in deterioration of racial stock. Hence, eugenicists discouraged the unfit from reproducing, either by voluntary sterilization or by the use of coercion.

Ross (1998:7) argues that Malthusian ideas reaffirms the 'privileges of the few over the hopes of many.' It is easy to blame poor as it diverts attention from question of major structural factors such as unequal landownership, unemployment, rising food prices, status of women that are the real causes of poverty, inequality and environmental degradation. Rao (2004:117) argues that Malthusianism and neo-Malthusianism are widely accepted among public policy makers as they offer a very simplistic understanding of the complex inter-relationship of resources and population. This understanding in reality has proven to be a 'red-herring'. Mamdani (1972) has provided a powerful critique of the neo-Malthusian understanding of population question. He argues that people are poor not because they have large families; on the contrary they need large families because they are poor. It is important to understand that the motivation to determine the size of family is contingent upon the socio-economic conditions of people. Depending on the location in the structure of society, for some persons children are an absolute necessity and an asset while for others, having more than the specified number of children is a burden. Hartmann (1995:13) argues that 'Malthusian fear is based on parochialism, sexism, racism and elitism. They advocate survival of the fittest and in most extreme cases calls for cutting of famine relief to poor and over-populated countries. The myth of overpopulation is so destructive that it prevents constructive thinking and action on reproductive issues. It is a philosophy based on fear and not on understanding'. Thus, despite a powerful critique of the Malthusian and neo-Malthusian approach to the population question, these ideas are very popular and are widely accepted by majority of the elites and policy makers.

An important concept which is hardly discussed in most of the studies on population is the concept of 'Effective Population'. Most often population growth is only seen in nominal terms i.e., numbers are used to define the population of the country. The focus on nominal population growth is a simplistic way of highlighting the population-problem. However, it is important to view population in real terms i.e., in relation to the demand it exerts on the resources. Thus, it becomes important to understand the concept of effective population. Effective-Population refers to the level of population which is adjusted with respect to its demands on resources (Patnaik 2007). Focusing on the growth of population in relation to the resources, enables to understand the real pressure of population growth. For instance, in a context where two regions are highly populated in nominal terms, but if the income of one region is higher in comparision to the other, then the demand for resources increases from the region with higher income (ibid). Thus, if we understand population growth in real terms then the greatest pressures of population comes not from India and China which are considered to be most populous countries but from advanced countries like the United States of America (USA) and Europe. Patnaik (2007:13) argues that focussing on population in nominal terms is highly misleading and it performs an important 'ideological function of masking the exploitative aspects of international economic relations'. According to her, focussing on population in nominal terms assists in diverting the attention from who consumes and who causes real population pressure.

It is imperative to understand that the question of population is complex in nature. It is determined by number of inter-related factors like wages, employment, conditions of work, old age security, perception of children by parents and the status of women (Rao 2004). Malthusian and neo-Malthusian ideas are still prevalent and bring about persistent anxiety and fears about overpopulation among elites in many countries. It is still argued that problem of poverty, hunger, ill-health and environmental degradation in many developing countries is an outcome of uncontrolled population growth. The dominant understanding is that every development program is doomed to fail if population growth is not controlled. The only way to control this impending crisis is to coerce poor to control their numbers through the increased availablility of contraceptives (Bandarage 1997). Thus, the movement of birth control and later family planning espouses Malthusian, neo-

Malthusian and eugenics ideas to a large extent and its legacy is still continued in various programmes of population control (Frey 2011). The next section will briefly examine the how the discourse of birth control, eugenics and population control evolved in the early twentieth century at the global level.

Global Discourse of Birth Control, Eugenics and Population Control:

During the early nineteenth century women activists in the USA began to advocate birth control as a part of voluntary motherhood. It was believed that the subordination of women was caused due to involuntary child bearing and child raising. Hence, birth control was seen as a means to promote voluntary motherhood. One of the most important persons who made birth control popular world-wide was Margaret Sanger (1879-1966). The term birth-control was coined by Sanger and she was known as the crusader of birth control. Chesler (1992) argues that Sanger was the main force behind the American birth control movement for five long decades. The life and work of Margaret Sanger shows how birth control, eugenics and population control came together during the early twentieth century. This section will briefly discuss the emergence of these dominant ideas and how it became interwoven with each other.

While working as a public health nurse Sanger witnessed the suffering women underwent due to frequent child birth and she committed herself to advocate birth control as a solution to repeated pregnancies. Sanger began her birth control advocacy as a part of the Socialist movement of which, she was a member since 1912. However, she became disenchanted with the Socialists as well as the women suffragists as they were unwilling to support the cause of birth control (Mass 1977). Hence, she discontinued her association with them and independently worked in the promotion of contraception. The movement of birth control under Sanger's leadership aimed to legalise contraception. It was seen as a means to reduce the subordination of women. Contraception was increasingly linked to sexual liberation and emancipation of women from repeated child birth. This radical vision of the birth control movement was difficult to achieve in the early twentieth century. Sanger faced strong opposition from the Catholic Church and from the conservative medical profession who considered birth control as immoral (Gordon 1976). She was charged with obscenity because of her birth control advocacy. However, in order to avoid the trial, Sanger

fled to Europe (Zieigler 2007). It was over here that Sanger was able to meet Havelock Ellis (1859-1939), an influential member in the British eugenics and neo-Malthusian movement. Ellis was in the forefront of establishment of the Eugenics Education Society in England. According to him, the dysgenic population would not limit their fertility voluntarily. Hence, it was necessary to encourage the lowest stratum of all societies to use contraception or they must be sterilised. The 'eugenic and neo-Malhtusian thinking' of Ellis had a 'strong influence' on Sanger (Frank 2005: 31). Another important person in Britain with whom Sanger developed strong alliance in the later years was Dr C. P Blacker (1895-1975), who was associated with the Eugenics Education Soceity of Britain for thirty long years (Greer 1984).

After her return to the USA, Sanger began to focus her renewed efforts in the movement of birth control. In 1916, she established the first birth control clinic in the Brownsville area of Brooklyn, which was dominated mostly by the poor immigrants (Frank 2005). After the opening of the clinic, Sanger was arrested under the Comstock Law of 1873, which prohibited dissemination of information on birth control and sexual matters. This trail resulted in enormous publicity to the cause of birth control in America. After her release, in order to gain broader support for birth control movement, Sanger formed new alliances with eugenicists and the neo-Malthusians. In 1917, she started the publication of magazine titled *Birth Control Review*. The magazine included number of articles on eugenics and also contribution from the 'leaders of eugenics' (Gordon 1974:76). By 1919, the influence of eugenics on the movement of birth control was manifold. In 1921, she established the American Birth Control League (ABCL) with an objective to intensify the propaganda on birth control. ABCL was funded from the financial donations provided by the very rich of the American society. Further, many of the Board of Directors of the ABCL were eugenicists (ibid). Sanger also began to support the efforts of the State to limit population of unfit people suffering from heritable diseases through incentives for sterilisation. Her concern then shifted from women's freedom to reducing population growth amongst the lower class. Hodgson and Watkins (1997) argue that after the alliance with the eugenicists, Sanger started advising the poor to practice contraception to avoid ill-health and poverty.

It is important to note that early eugenicists were predominantly men from upper classes and professions (Ziegler 2007). They advocated restricting the multiplication of the unfit through sterilisation. According to them differential reproduction by the inferior stock had resulted in the degeneration of the American society (Frank 2005). They argued that the lower classes continued to have high birth rates. In order to prevent race suicide, they advocated positive and negative eugenics. In positive eugenics, they encourage the fit to have more children to increase the better stock of superior people. In negative eugenics, the reproduction of the unfit population was discouraged through compulsory sterilisation. The eugenicists argued for the necessity of immigration restriction and also developed racist fears of hatred amongst Americans (Gordon 1974).

In the late 1930s, eugenics became unpopular because of its association with the Nazi atrocities (Bandarage 1997). As eugenics lost its credibility, the leaders and advocates began to move to related field. Thus, many of them associated themselves with the movement of population control. By 1940s, there was an increasing emphasis on the problem of rapid population growth in the countries of the Third World. Demographers and international foundations in the USA were anxious with the threat of overpopulation in these countries. As the movement of population control became popular and received increased financial resources, eugenicists joined the program of population control (Gordon 1974). The population control movement was dominated by neo-Malthusians who advocated contraception to control the number of poor world-over.

Thus, with the formation of alliance of women advocates with the eugenicists and neo-Malthusians, the radical notion of birth control for women's liberation and freedom took a backstage. Hartmann (1995:94) argues that the neo-Malthusians, the eugenicists and the feminists were 'strange bedfellows' that provided birth control movement a unique character. The movement carried within it the seeds of liberating women, while at the same time it was also a means of coercive population control. Klausen and Bashford (2010:17) argues that 'eugenic feminists' inspired by neo-Malthusian ideas have played a leading role in the development of contraceptive technologies. This was then advocated for limiting the population of Third World countries. This alliance shifted the focus away from the rights of women and

emphasised the understanding that high fertility of women needs to be controlled. It was this alliance that led to the easy acceptance of ideas of population control.

During the late 1940s, demographers primarily based in America were concerned with the rapid rise in the population of Third World countries (Sharpless 1995). According to them, there was an urgent need to avert the increase in population growth taking place in these countries. They argued that all efforts of development by the newly independent countries like India were doomed to fail, if birth rates were not reduced on immediate basis through the provision of contraceptives. Fearing that stagnant economic conditions in the Third World were fertile grounds for the development of Communism, the demographers increasingly sought alliance with the international foundations based in the USA in order to directly intervene in developing countries (Greenhalgh 1996). The Rockefeller Foundation (RF) was historically interested in the question of population growth. In 1936 along-with the Milibank Memorial fund, the RF gave a grant to establish the Office of Population Research (OPR) at the Princeton University. OPR became one the prestigious centre that offered training in demography in the USA. It is important to note that in the 1940s, 'OPR was dominated by eugenicist's demographers such as Kingsley Davis, Frank Notestein, Dudley Kirk, Clyde Kiser and Frank Lorimer' (Gordon 1974:83). Throughout the decade of 1950s, there was emphasis on setting up graduate programmes in demography in the universities of the USA. The Ford Foundation (FF) played a leading role in this. From 1950-65, the FF supported the establishment of sixteen graduate programmes in demography in the USA. It is important to note that the central focus of these programmes was the study of population in developing countries (Frey 2011).

Further, John D Rockefeller-III given his interests in population control established the Population Council (PC) in 1952 with an objective to undertake scientific-research on population problem. Frederick Osborn (1889-1981), a leading eugenicist became the Vice-President of the PC in 1952. He was also the President of the Population Association of America (Critchlow 1999). The PC provided funds to set up demographic research centres in India (1956), Santiago (1957) and Cairo (1963). The foundations also funded the trips of population experts from the USA to the developing countries. It also provided fellowships and grants to the scholars from

developing countries to study population issues in the USA (Sharpless 1997). By 1960s, population growth in the under-developed countries was considered to be so high that it created the fears of an impending 'population-bomb.'[2] This led to 'havoc' and 'alarm' in the global population control movement and resulted in the involvement of the United States Agency for International Development (USAID) providing enormous funds for population control (Kasun 1999:216). Hence, the decades of 1960s and 1970s witnessed an urgency to defuse the population-bomb. It was a dominant understanding during this period that population growth in the Third World countries threatens world peace and stability (Sharpless 1995). Hence, there was an urgent need to limit thier population. It was generally believed that mass distribution of contraceptives would bring about a reduction in the population growth (Donaldson 1990). This led the World Bank and the United Nations Fund for Population Activities (UNFPA) to direct efforts by providing technical and financial assistance towards solving the crisis of population growth in the under-developed countries. Thus, the post-war movement of population control was dominated by the demographers based in the USA such as Frank Notestein, Kingsley Davis, eugenicists such as William Vogt, Hugh Moore, C.P Blacker; foundations like the Rockefeller and the Ford, private organisations like the Planned Parenthood Federation of America; the International Planned Parenthood Federation and institutions like the Population Council, USAID, World Bank and UNFPA (Critchlow 1999). It was this alliance of powerful individuals and institutions that led to the emergence of 'population control establishment' (Connelly 2008:154). This inter-connected network of individuals, private organisations, multilateral agencies and foundations strongly supported international aid for family planning as well as for controlling the rate of population growth in the Third World countries (Mass 1977). With this alliance, women's rights were completely ignored and the primary impetus was only on controlling population growth. The international movement of birth control, eugenics and population control had important parallels with the birth control and family planning movement in India. Hence, the next section briefly discusses the important landmarks in the trajectory of birth control, eugenics, family planning and population control movement in India.

[2] The American millionaire Hugh Moore published a pamphlet titled *The Population Bomb* in 1954 and it used the term 'Population Explosion' to describe the rapidly increasing number of people on earth (Lader 1971:1)

The Trajectory of Birth Control, Family Planning and Population Control in India:

Since the early twentieth century, elite Indian men were concerned with the rapid increase in population. As early as 1916, P.K Wattal in his book *The Population Problem in India: A Census Study*, emphasised on the need to control the population. The decennial census increased the anxieties of the elites about the growth in India's population. Historically, poverty was seen as the result of population growth in India (Dandekar 1996). Hence, birth control was advocated as a solution to the problem of poverty. Several institutions were set up to provide information on contraception in different parts of the country. For instance, the city of Bombay witnessed the establishment number of voluntary associations such as Bombay Birth Control League (1923), Bombay Eugenics Clinic (1931) and the Society for the Study and Promotion of Social Hygiene (1935) for increased propaganda of birth control (Ramusack 1989). Further, in South India, Madras witnessed the establishment of Madras Neo-Malthusian League in 1929 founded by elite Tamil Brahmins which advocated birth control for neo-Malthusian and eugenic reasons (Srinivasan 1995). The publication of 1931 census led to intensification of birth control advocacy. It was a dominant understanding that there was an increase in the population of the poor. The prevalence of eugenic ideas amongst elite Indians resulted in birth control movement having distinct eugenic orientation (Ahluwalia 2008). Thus, contraception was promoted mainly amongst the poor population. While the early twentieth century witnessed increased demands for provision of contraception, there was also strong opposition to the idea of birth control. For instance, Mahatma Gandhi, the leader of the India's freedom movement disapproved the use of any types of contraceptives and advocated self-control or abstinence as the only way to control population (Ramusack 1989). Hence, opinion on birth control was divided. On the one hand, there was increased support for contraception on neo-Malthusian and eugenic lines while on the other it was opposed because of the fear that it would promote immorality.

By the early 1930s, Indian women gradually began to debate on contraception as a part of the All India Women's Conference (AIWC).[3] Despite internal differences

[3] AIWC was established as an All-India Women's Organisation in 1927. It co-ordinated the activities of all women's groups and formulated policies on women's issues (Lateef 1981).

amongst them, the AIWC was successful in passing a resolution on birth control under the leadership of Lakshmibai Rajwade in 1932. It was argued that there was a need to increase the dissemination of information on birth control to improve the 'health of children and mothers' (Ramusack 1989:41). Further, the Indian advocates of birth control were in contact with the international advocates of birth control like Margaret Sanger, Edith How-Martyn and Marie Stopes. These women were invited to speak on the issue in various conferences and public meetings in India (Ahluwalia 2008). For instance, in 1935, the AIWC invited Margaret Sanger, the American pioneer of birth control movement to speak at its session at Trivandrum. This provided a fillip to the work of birth control amongst the women advocates. The Western advocates of birth control also assisted the Indian proponents with the supply of various contraceptive devices and pamphlets to be distributed through the birth control clinics established in major cities of India (Hodges 1999). Thus, the Indian advocates of birth control in India were able to maintain global networks in the promotion of contraception. It is important to note that during the early twentieth century, given the controversial nature of birth control, the colonial State did not accord importance to birth control. Thus, the advocacy of contraception was mostly in the domain of individuals who then set up number of voluntary associations promoting the cause of dissemination of information on different techniques of birth control (Mankekar 1974).

Malthusian ideas had profound influence in shaping the debates on population growth and resources in India. The repeated problems of 'famines' in India was seen as the outcome of its 'high' population growth rate (Harkavy and Roy 2007:301). It is important to note that as a Professor of Political Economy at the East India College of Haileybury, Thomas Malthus, was very successful in training generations of future British officials and scholars in seeing 'Indian society only in Malthusian terms' (Caldwell and Caldwell 1986:4). Official concerns about the rapid growth of population was also reflected in the recommendations of the Sub-Committee on Population set up as a part of the National Planning Committee (NPC) under the chairmanship of Jawaharlal Nehru. For instance, it resolved that 'measures for the improvement of the quality of population and limiting excessive population pressure were necessary', family planning and limitation of children are essential and the State should adopt a policy to encourage them (NPC 1947a:145). Another Sub-Committee

on ‘Woman’s Role in Planned Economy’, called upon the ‘state to follow a eugenic programme to make the race physically and mentally healthy. This would discourage marriages of unfit persons and provide for sterilisation of persons suffering from transmissible diseases’(NPC 1947b:226). The renowned Health Survey and Development Committee (popularly known as the Bhore Committee Report) 1946 which provided a blue print for India’s health services development, noted that the control of disease and famine would cause an increasingly serious population growth problem and recommended that the state must provide assistance in research for a ‘safe and effective contraceptive’ (Government of India 1946:487). It is important to note, that the ideas of birth control were easily accepted in Indias planned development because of the prevalence of eugenics amongst the elite Indians (Rao 2004). The Planning Commission established in March 1950 had also clearly recognised the urgent need for a population policy (Visaria and Chari 1998). The draft outline of the First Five Year Plan released in July 1951 accepted the recommendation of the Committee on Population Growth and Family Planning that population policy is...essential to planning and family planning is a step forward to ‘improvement in health especially mother and children (Planning Commission 1951 cited in Visaria and Chari: 57). Hence, in 1952, the Government of India (GoI) declared its national programme of family planning. Accordingly, India became the first country in the world to have an official programme of family planning and a budget of Rs 6.5 million was allocated to the family planning programme in the First Five Year Plan (Pai Panandiker and Umashankar 1994). A clinic based approach was adopted as it was assumed that people would demand family planning services by visiting the birth control clinics. However, the performance of the family planning programme was very slow because of the influence of Gandhian ideas of self-control and abstinence. It is interesting to note, that the first Health Minister of India, Rajkumari Amrit Kaur, a disciple of Gandhi, had opposed the introduction of chemical contraceptives in the official programme of family planning. Instead she emphasised the use of rhythm method known as safe period as the main method of family planning in India (Srinivasan 1995).

However, the GoI and the Planning Commission were convinced about the urgency of controlling the rapid population growth for ensuring national progress. Hence, Jawaharlal Nehru, the Prime Minister of India, sought the help of Doughlas

Ensminger, the Ford Foundation Representative in India to develop an effective family planning programme (Harkavy and Roy 2007).[4] The Ford Foundation has played an 'active and innovative role' in the development of family planning programme in India. In 1952, Doughlas Ensminger, informed Nehru that his organization regards 'India's rapid population growth a major problem and was willing to consider appropriate aid in this field' (Minkler 1977a:404). Hence, international foundations supported India's family planning programme by providing enormous funds and technical assistance. Rao (2004) argues that the international foundations based in the USA have played a powerful role in the development of India's family planning programme. It is important to note that overpopulation in India was seen as a threat to 'global stability' (Schoen 2005:216). Thus, there was enormous interests to control its population by providing all possible help and support. According to Williams (2013:16) there was significant interest amongst the international population control advocates in assisting India to control its population, because it was seen as a 'laboratory' to provide solution to the 'population problem' of not only India but to the Third-World population growth. Even for the GoI, population control through the implementation of a nationwide programme of 'family planning' assumed prime importance because it was considered 'central to India's planned development' (Raina 1969:110). Thus, throughout the 1960s and 1970s, the family planning programme was intensified on a massive scale to quickly reduce the birth-rate in order to control population. Hence, the GoI experimented with various strategies from clinic to extension education approach and also introduced different methods of family planning from Intra Uterine Contraceptive Device (IUCD) to vasectomy camps to sterilisations. During the implementation of the programme, the Ford Foundation and the Population Council provided the GoI with funds, expertise and contraceptives techniques to launch a reinforced programme of family planning with higher incentives and disincentives to increase the acceptance of family planning. However, the rapid increase in population as evident from the decadal census of 1971 resulted in 'extensive frustration in government circles' (Harkavy and Roy 2007:310). This led to the programme becoming more and more coercive forcing people to accept family planning. Coercion in the family planning programme reached its peak during the implementation of the Emergency when millions of sterilisations

[4] A Ford-Foundation Representative is head of the agency's office in a country (Minkler 1977a).

were forcefully performed (Tarlo 2003). It is interesting to note that throughout the Emergency period the World Bank, the United Nations Family Planning Association (UNFPA) and the Swedish International Development Agency (SIDA) continued to provide funds to the family planning programme of India (Connelly 2006a). Hence, family planning programme became a top priority for both government and the international agencies involved in the population control. Family planning was seen as a pre-requisite to economic growth and progress in the course of planned development. Many states experimented with multiple strategies in order to be at the leading position. The state of Maharashtra was one such state which in order to effectively implement the family planning programme introduced different mechanisms of population control. Hence, the chapter discusses different initiatives of birth control and family planning that were introduced in Maharashtra to limit population. However, before focusing on Maharashtra, it would be pertinent to discuss the concepts of birth control, family planning and population control as it evolved in the twentieth century.

Birth Control, Family Planning and Population Control:

The term birth control was coined by Margaret Sanger. It refers to the ability of women and men to prevent conception in order to plan the size of their families, by the use of artificial contraception in contrast to the natural method of abstinence (Ramusack 2006). Birth control in India was never seen as a mechanism that enabled women to exercise control over her reproduction (ibid). Hence, the concern for ensuring reproductive freedom of women was never the priority. The elite men and women who first advocated birth control emphasized on the need to reduce the size of Indian families on eugenic and Malthusian lines. Thus, after India attained independence, birth control and eugenics came together in a new term called family planning (Hodges 2006a).

Family planning is a broad term that includes different kinds of birth control services. It mainly refers to the prevention of unwanted pregnancy, spacing of births, reduction in total number of children desired by families and services for infertile couples (Gupta 2000). However, the family planning programmes can cater to the interests of different people. While some programmes aims at improving the health of women and enable them to excercise control over their reproduction, others may

focus on reducing the number of children born. Most often the family planning programme focuses disproportionately on 'reducing the birth rates as fast as possible' (Hartmann 1995:57). This results in family planning becoming highly top-down, which aims at the use of coercion in order to make it acceptable. However, 'family planning is married to population control and is largely divorced from the concern of women's health and well-being'(ibid:38).

Population control is an attempt to exercise control by national government, international agencies, or the church over the family's right to make decisions about number of children desired (Young 1985b cited in Gupta 2000:143) and thereby change the aggregate characteristics of population (Hodgson and Watkins 1997). Population control can be either 'pro or anti-natalist or even both within a single country, favoring particular caste, class, race, religious group etc' (Gupta 2000:144). Currently, given the negative connotations of 'coercion' associated with the term 'control' most government and funding agencies prefer to use the term population stabilization (Hodgson and Watkins 1997:470).[5] It is important to define how these three terms are fundamentally different, as often they are used interchangeably. Though there is difference in what each term means, they have coincided with a distinct period and highlighted varied concerns of that time (Hodges 2006a). In the present thesis, these terms would be extensively referred.

Birth Control, Family Planning and Population Control Initiatives in Maharashtra:

Maharashtra has historically been at the forefront of promoting policies concerning population control. The seeds of these initiatives can be traced back to 1921, when the first birth control clinic in India was established in the city of Bombay by Prof. R.D Karve (Ahluwalia 2008). Karve was joined by N.S Phadke, a Lecturer of Philosophy at Rajaram College, Kolhapur and Secretary of the Bombay Birth Control

[5] Though the use of the term population control is not approved of, it is interesting to note that the term best describes the family planning programme of India during the early 1950s and 1960s, as the main objective of the programme was population control (Connelly 2006a). Moreover, the final document of the First Five Year Plan of the Government of India, presented in the Parliament in 1952 specifically referred the family planning programme as a 'Programme for Family Limitation and Population Control' (Dyson 2004:28).

League established in 1923. Another important person who played a crucial role in the intensification of birth control debates in Bombay was Dr A.P Pillay, a medical doctor and a well known sexologist based in Sholapur and later settled in Bombay. Pillay was instrumental in setting up the Sholapur Eugenics and Education Society and the Sholapur Wives Clinic. Concerned with the rapid growth of India's population and highly influenced with neo-Malthusian and eugenics ideas, these men advocated contraception as a means to limit population and also to reduce the high maternal mortality during child-birth (Ramusack 1989). Local concerns regarding birth control in Maharashtra did not develop in isolation and were integrally embedded within a larger global discourse on birth control. At the other end of this dialogue were pioneering advocates of birth control in the West, like Margaret Sanger in the USA, Marie Stopes and Edith How-Martyn of Great Britain and eugenicists such as Dr C. P Blacker, who played a central role in giving voice to these concerns. The Western advocates supplied funds and propaganda material on contraception to the Indian advocates of birth control (Hodges 1999). They also supported the Indian men advocates in setting up various institutions such as the Bombay Birth Control League (1923); Bombay Eugenics Clinic (1934) and the Society for the Study and Promotion of Family Hygiene (1935). Thus, Bombay emerged as a prime city in the debates of birth control. Further, during the 1930s when debates on birth control intensified in the city, anti-caste leader Dr B.R Ambedkar also supported the need for contraception. Ambedkar primarily advocated contraception for improving the health and financial conditions of the untouchables and lower castes (Ahluwalia 2008). Thus, the variation in advocacy of birth control by upper caste advocates of birth control and Dr Ambedkar needs to be explored in the context of Maharashtra.

Indian women gradually got involved in the debates on birth control under the AIWC. Scholars have critically examined the contribution of women advocates of birth control in India during the colonial period. Elite Indian women advocated birth control as a means to improve the health of mother and children (Ramusack 1989; Ahluwalia 2008). However, few prominent women of the AIWC persistently championed the cause of birth control in the post-colonial period. They played an important role in bringing birth control and family planning in the forefront of India's planned development. Rani Lakshmibai Rajwade, Dhanvanthi Rama Rau and Avabai

Wadia were some of them. These women were primarily based in Bombay. Rajwade, as the member of the Sub-Committee on Health set up under the National Planning Committee in 1938 strongly argued for including birth control as a part of the maternal and child services (NPC 1947c). Dhanvanthi Rama Rau and Avabai Wadia were the founding members of the Family Planning Association of India (FPAI) in 1949 (Mankekar 1974). At present, the FPAI is the largest voluntary organisation working on family planning in India. Hence, the three women were influential in shaping family planning policies in post-colonial Maharashtra and India. The early 1950s was the period when overpopulation had became the dominant discourse in guiding the planned model of India's development. As India became the first country to have an official programme of family planning, it was increasingly seeking the financial and technical assistance from international experts and agencies (Harkavy 1995). It was in this context that Indian women advocates of family planning worked with international pioneers such as Margaret Sanger, Dr Abraham Stone (Director-Margaret Sanger Research Bureau, NewYork), Dr Clarence Gamble (Heir of Proctor and Gamble and Member of the International Committee of Planned Parenthood) and with the private organisations such as the International Planned Parenthood Federation. Thus, it becomes important to understand the contribution of women advocates in making birth control and family planning a national priority.

As the programme of family planning was institutionalised in the country, the need for trained experts and reliable information on population growth became extremely important (Bose 1970). Hence, the international foundations played an important role in setting up number of institutions of demographic research in Maharashtra. For instance, as early as 1951, the Rockefeller Foundation provided funds in setting up the demographic section at the Gokhale Institute of Politics and Economics, Poona. Further, the United Nations supported Demographic Training and Research Centre (UN-DTRC) was also established in Bombay in 1956, with the funds provided by the Population Council (Connelly 2008). The UN-DTRC was an international centre to cater to the needs of the Economic Commission for Asia and the Far East (ECAFE) region. These centres played an important role in mapping the attitudes of people towards contraception. The surveys they undertook showed that people were willing to practice family planning and this led to the intensification of family planning programme in India.

Maharashtra was one of the best performing states in family planning in the country. Since the early 1960s, Maharashtra had won several national awards for been a top performer of the family planning programme (Government of Maharashtra 1975). It was also in the forefront to experiment with different strategies of family planning from vasectomy camps to IUCD and compulsory sterilisations. Further, government officials in the state gave top priority to population control in order to bring about a swift reduction in the birth-rate (Bhende 1977). The state was well-known for passing the Restriction on the Size of Family Bill, 1976 that made sterilisation compulsory after three children. It became the first state in the country that proposed to take punitive action against parents who did not accept sterilization after three children (Pethe 1981). Maharasthra therefore presents a unique case where historically individuals and institutions and their ideas have played prominent role in evolving a strong discourse of overpopulation in the country. It is in this context, the present study makes an attempt to historically situate population control in Maharashtra .

Rationale for the Study:

Hodges (2006b) and Rao (2004) argue that large number of studies on family planning have tended to be ahistorical. While there are studies that examine the history of birth control in India, there has been hardly any work that traces the continuity between the birth control movements in colonial period with the population control initiatives in the post-colonial period. For instance, one of the earliest pioneering work on the birth control activities in colonial India is by Ramusack (1989) in which she examines gender as the key factor in the promotion of contraception from 1920-40. Ramusack (1989) also discuses the role of different individuals both men and women who argued in support of or opposed birth control; and studied the different ways in which in which the champions of birth control built alliance with the Indian advocates of contraception during this period. Another important study on the history of birth control is by Ahluwalia (2008). In mapping the trajectory of birth control in India from 1877-1947, Ahluwalia (2008) argues that the bourgeois nationalists, middle class feminists, Western birth control advocates and colonial authorities identified the lower-castes, working-class, women, Muslims and rural poor as the primary targets of contraceptives technology as they perceived them

to have uncontrolled fertility. Further, she notes that the advocates of birth control selectively deployed the variables of caste, class, gender, race, sexuality and nation in order to produce an elitist, non-democratic and oppressive politics of reproduction. Hodges (2008) examines the history of how birth control and contraception was debated in the Tamil South India (1920-40) within a context of late colonial bio-politics. While explicating various factors in the promotion of contraception in Madras, she studies two main groups of birth control advocates i.e., the Madras Neo-Malthusian League (MNML) primarily comprised of elite businessmen of the Brahmin community and the Radical Self Respect Movement of Periyar. She attempts to explore the variation in their reasons for propagating contraception. She notes that the MNML mainly promoted contraception for their own members while maintaining orthodox patriarchal order of marital relation. At the same time they were also alarmed by the perceived reproductive profligacy of poor. In total contrast, the radical Self Respect Movement, by engaging critically with caste, religion, patriarchy, property and power advocated contraception as one of the tools for radical personal emancipation and freedom of women. Anandhi (1998) also discusses Periyar's ideas on birth control and contraception. According to her, Periyar viewed contraception as a means enabling women to liberate their bodies and free themselves from domination of men and motherhood. Thus, though there are studies that focuses on birth control in India and Madras, there has been no study that focuses on understanding the trajectory of birth control, family planning and population control in Maharashtra. Further, it is also interesting to note that some of the leading Indian advocates of birth control in the twentieth century, such as R.D Karve, N.S Phadke, A.P Pillay, B.R Ambedkar, Lakshmibai Rajwade, Lady Cowasji Jehangir, Dhanvanthi Rama Rau, and Avabai Wadia all worked within Maharashtra (Ahluwalia 2008). It is in this context, the present study attempts to understand in a historical context, the role of key actors and agencies in the making of policies concerning population control. In exploring the history of population control, this study attempts to understand the history of institutions, individuals and ideas that shaped the discourse on birth control and family planning in the state of Maharashtra. The study examines the role of both men and women advocates of birth control and family planning. Amongst men, I focus on the contribution of Prof. R.D Karve, Prof. N.S Phadke and Dr A.P Pillay. The study also aims to understand how alliances were developed with the Western advocates such as Margaret Sanger, Marie Stopes and Edith How-Martyn. As mentioned

earlier, Dr Ambedkar also advocated contraception during the early twentieth century. Hence, the study attempts to understand the contribution of Dr Ambedkar to the discourse of birth control. The study also examines the contribution of women advocates of family planning such as Lakshmibai Rajwade, Dhanvanthi Rama Rau and Avabai Wadia. It understands how they worked in alliance with Margaret Sanger and other international advocates of population control in giving top priority to birth control and family planning in India. The study also attempts to understand the contribution of international foundations in the establishment of demographic research centres in Maharashtra. Finally, it discusses the role of state in shaping the discourse and practices surrounding population control.

The state of Maharashtra presents a unique example and a site where, inter-linkages between the local, national and international agencies and their discourses unfolded. The study aims to understand the role played by different tiers of policy making at the local, national and international levels to shape and influence the policy of population control in Maharashtra. It is in the above context, the present research study seeks to explore following research questions-What were the different reasons for the advocacy of birth control in Bombay? In what ways alliances were formed between local individuals and institutions with the international advocates of population control? How and why Government of Maharashtra (GoM) actively directed its efforts towards population control? The time period from 1920-1980 was selected as it was in the early 1920s that debates on birth control began in Bombay, with individuals setting up different institutions for dissemination of contraceptive information. The decade of 1930s, witnessed intensification of birth control activities with the involvement of women advocates. It was also during this period that the demands for availability of birth control services became a part of the Bombay Legislative Assembly. The late 1940s saw the establishment of the Family Planning Association of India in Bombay. With the declaration of the official programme of family planning in the early 1950s, significant importance was laid on controlling population, in India's planned model of development. Throughout the decade of 1950s and 1960s, there was enormous involvement of the international population control advocates in shaping the discourse of overpopulation in the state. By the early 1970s, the family planning programme gained momentum with the organisation of massive vasectomy camps and achieved its peak during the Emergency (1975-77)

when compulsory sterilization bill was introduced in the state. With this background, the study attempts to understand the following objectives.

Broad Objective

- To understand the development of ideas of birth control, family planning and population control in a historical context in the state of Maharashtra.

Specific Objectives

- To examine the trajectory of birth control discourse by studying the writings of advocates of contraception and family planning both men and women.
- To study the role of institutions, i.e., demographic research centres, international agencies and the State in shaping the discourse on population control in Maharashtra.
- To understand how caste, class and gender intersected in the making of population control policies in Maharashtra.

Methodology and Data Sources:

Given the historical nature of the present study, the thesis is primarily based on a variety of archival records collected from libraries across India, the USA and United Kingdom (UK). The study attempts to understand how the local, national and the international discourses unfolded in the shaping of the discourse of population control in Maharashtra. Hence, data was collected from multiple sources. Letters, private papers of individuals, memoirs, diaries, journals and journal articles, speeches, conference proceedings and official policy documents constitutes the main data sources. The correspondence of the Indian birth control advocates with their Western counterparts forms an important source of data. As the study undertakes a careful examination of unpublished archival records, the study is descriptive in nature. The study looks closely at the records in order to understand the varied concerns and priorities of different individuals and institutions involved in the shaping of the population control policy.

The study is based on the writings of men advocates of birth control such as Phadke, Karve, Pillay and Ambedkar. The three pioneers of birth control debates in Bombay i.e., Karve, Phadke and Pillay have written several books and articles on broad themes of birth control, sexuality, eugenics and welfare problems. Karve and Pillay had also started and edited several journals during the early twentieth century. For instance, Karve published a Marathi journal called *Samaj Swashtya* from 1927-53 (Wadia 1984). The multiple issues of *Samaj Swasthya* journal was accessed at the Mumbai Marathi Granth Libary, Dadar, Mumbai. Pillay was the Editor-in-Chief of *Journal of Marriage Hygiene* started in 1934, the co-editor of *International Journal of Sexology* (Ahluwalia 2013). He was also the main editor of *Journal of Family Welfare* started in 1954. Some copies of the *Journal of Marriage Hygiene* were accessed at the FPAI library, Mumbai. Information on birth control activities during the early 1930s was also collected prominent newspapers like *The Bombay Chronicle* and *The Times of India*.To understand the contribution of Dr Ambedkar to the discourse of birth control, the study relied on the Writings and Speeches of Dr B.R Ambedkar published by the Government of Maharashtra.

The birth control advocates in Bombay particularly Karve, Phadke and Pillay were also in correspondence with the Western advocates such as Margaret Sanger, Edith How-Martyn, Marie Stopes, Dr C.P Blacker and Dr Clarence Gamble. The correspondence between them was accessed at the Margaret Sanger Papers Project at New York University and at the Francis Countway Library of Medicine, Harvard, USA. These collections includes letters exchanged, field trip notes and diaries of Western birth control advocates who visited India and Bombay during the 1930s and thereafter. Records were also collected from the Wellcome Library and the British Library in UK in August 2015. The private papers and correspondence of Edith How-Martyn, C.P Blacker and Eileen Palmer with the Indian advocates of birth control were available at the Archives and Manuscripts Section of Wellcome Library and at the Oriental and India Office Collections of the British Library, London, UK.

The writings of the women advocates, namely Lakshmibai Rajwade, Dhanvanthi Rama Rau and Avabai Wadia, have been a significant source for the study. Rajwade's views on birth control and family planning can be examined from the notes and reports of the committees established by the Government. For instance,

she was a member of the Sub-Committee on National Health of the National Planning Committee appointed under the Chairmanship of Jawaharlal Nehru. In 1948, she was also appointed as a Chairwoman of Sub-Committee on Woman's Role in Planned Economy. Rau had written her memoir entitled *An Inheritance: The Memoirs of Dhanvanthi Rama Rau* that details her involvement the birth control initiatives in India. Avabai Wadia's memoir known as *The Light is Ours: Memoirs and Movements* discusses her contribution in the family planning movement in India and at the international level. Similarly the articles written by Rau and Wadia in various annual conferences of the FPAI and the International Planned Parenthood Federation (IPPF) form an important source. The Avabai Wadia Archives located at the Research Centre for Women Studies, Shreemati Nathibai Damodar Thackersey (SNDT) University, Mumbai was also consulted. Further, the records of the Public Health Department were also accessed at the Maharashtra State Archives in Mumbai. The study also examined the various issues of the *Planned Parenthood*, the quarterly magazine and the *Journal of Family Welfare* both published by the FPAI and available at the library of the International Institute for Population Sciences, Bombay.

The women advocates particularly Dhanvanthi Rama Rau and Avabai Wadia were also in the forefront of developing alliances with the Western advocates such as Sanger, How-Martyn, Clarence Gamble, the foundations and private organisations based in the USA. Their correspondence that included letters, memos and dairies were useful in understanding the contribution of the Western advocates in setting the agenda of family planning in Maharashtra. The records available at the Margaret Sanger Papers located at the Sophia Smith Collection, Smith College Northampton; the Margaret Sanger Papers Project, New York University; the Countway Library of Medicine and the Rockefeller Archive Centre provides rich history of the alliance between the Indian women and the Western advocates of birth control and family planning in the post-independence period.

In May-June 2013, the 'Grants-in-Aid' award provided by Rockefeller Archive Centre (RAC) helped me access the records of the Rockefeller Foundation (RF), the Ford Foundation (FF) and the Population Council (PC) at Tarrytown, New York for a period of three weeks. Here, I could access the records related to the Demographic Section at the GIPE, Poona; the UN supported Demographic Traning

and Research Centre (DTRC), Bombay and the program of Demography at the Department of Economics at University of Bombay. These centres were largely set up with the funds provided by the RF, the FF and the PC. At the RAC, the records of the individuals who were the PC fellows and had spent a year or so at various universities in the USA were also examined. Further, a number of experts visited these centres in the initial years. The correspondence in diaries, confidential memos, letters and reports highlight their contribution in the development of the three demographic research centres established in Maharashtra. Population Council Records at the RAC also included correspondence regarding the grants provided and the expenses incurred on various projects and studies undertaken by these centres.

In 2015, with the support of the Research Travel Grants from the Inlaks Shivdasani Foundation, Mumbai it was possible to visit the USA from April to June. This visit enabled to access the RAC records once again. Hence, files on foreign correspondence of the PC and the RF in shaping the official family planning programme in India and Maharashtra were collected. Further, the unpublished reports of the Ford Foundation and the records of the FF on microfilms regarding India's family planning provided insights on the programme of family planning during the Emergency. Records were also collected from the Centre for the History of Medicine, Francis A. Countway Library of Medicine, Harvard University, Boston. This included the correspondence of Dhanvanthi Rama Rau, Avabai Wadia and other key Indian officials involved in family planning programme with Dr Clarence Gamble and Dr Abraham Stone in their private papers. It is important note that Gamble and Stone advised and funded family planning organisations in India during the early 1950s.

At the RAC, it was also possible to examine the files on individuals from India who had received the Rockefeller Foundation Fellowship in Public Health in the early 1950s. Dr D.N Pai the Director of Family Planning, Bombay was one of them, selected to study Public Health at the Harvard University on the RF Fellowship programme. Further, the records of Association of Voluntary Sterilisation (AVS) made available by the Elmer L. Andersen Library; University of Minnesota provides details of the correspondence of Dr G.M Phadke with the officials of the AVS and enables to understand how sterilisation was seen as an important method of family planning in Maharashtra.

An important source of data to understand the way in which the population question was debated in Maharashtra constituted the Legislative Assembly Proceedings of the State from 1967-77. In 1967, Government of Maharashtra had declared its official population policy, while from 1975-77 the assembly witnessed intense debates on the Compulsory Sterilisation Bill, 1976 which was introduced and passed in both the houses of the state. Further, the records of the Shah Commission of Inquiry (SCI) at the National Archives of India, New Delhi provided insights into the family planning programme during the Emergency period in Maharashtra. The reports and data sources on family planning available at the Library of the International Institute for Population Sciences (IIPS) in Mumbai were extremely useful for the study. In Delhi, government reports, journals articles and conference proceedings were collected from the National Medical Library, the Teen Murti Library and the Central Secretariat Library. Further, the Documentation Centre at the National Institute of Health and Family Welfare (NIHFW), New Delhi enabled to access important reports of the Ministry of Health and Family Planning as well as the conferences proceedings on family planning and population control organised by the FPAI and the IPPF.

The archives were supplemented by interviews of key informants associated with Maharashtra's family planning during the early 1950s-80s. Semi-structure interviews of individuals associated with the FPAI, the demographic research centres and representatives from women's movement in Maharashtra were conducted. A total of ten interviews were conducted. Since interviews were held with selected individuals, informed consent was also taken from them. They were told that they are free to withdraw from participating in the study at any point. The study maintains anonymity of the interviewees and it presents no risk to research participants. A combination of purposive and snowball sampling was used to identify the key informants.

Chapterisation of the Study:

The first chapter 'Introduction' sets the background of the study. It discusses the ideas of Malthus, neo-Malthusianism and eugenics. The chapter explains how in the early twentieth century, the global movement of birth control became interwoven with the neo-Malthusian and the eugenics movement. It discusses the emergence of

the concerns of India's growing population and how it was influenced by neo-malthusian and eugenics anxieties. The chapter then looks into the evolution of birth control debates in Bombay and the key individuals who were in the forefront of this movement advocating contraception. It also discusses how the local concerns for the dissemination of contraception were deeply embedded in the global discourse of birth control. The chapter then proceeds to discuss the rationale, objectives and the methodology of the study.

The second chapter 'Laying the Foundations of Birth Control: Men Debating Contraception in Bombay 1920-1950', examines the role of men advocates of birth control in the city of Bombay. The chapter focuses on the contribution of Prof. R.D Karve, Prof. N.S Phakde and Dr A.P Pillay to the discourse of birth control. The chapter also discusses the global alliances developed by these men with the Western advocates such as Sanger and How-Martyn. The chapter then examines the birth control advocacy of Dr B.R Ambedkar and compares that with the upper caste birth control advocates. It argues that the birth control advocacy was highly influenced by neo-Malthusian and eugenics ideas that resulted in the propaganda of birth control with an exclusive focus on controlling the population of the poor.

The third chapter 'Maternalism, Neo-Malthusianism and Eugenics: Women Advocates of Birth Control and Family Planning in Maharashtra: 1930-1970', attempts to understand the contribution of women who were in the forefront of the birth control debates. Given the high rates of maternal and infant mortality, women advocates gradually began to promote contraception for improving the health of women and children. This chapter focuses on the writings of Lakshmibai Rajwade, Dhanvanthi Rama Rau and Avabai Wadia who played an important role in making family planning a national priority in the post-independence period. The chapter also discusses the networks these women developed with international population control advocates and understand the ways in which Bombay was integrated with the global movement of population control. The chapter argues that women advocates of family planning used the rhetoric's of improving health of mother and child only to further their neo-Malthusian agenda of population control.

The fourth chapter entitled 'Population Control and Demographic Research Centres in Maharashtra: 1950-70', attempts to explore the contribution of

demographic research centres to the discourse of overpopulation in the state. The chapter discusses the role of the foundations in the development of these centres. It focuses on three different types of demographic research centres in the state i.e., the demographic section at the Gokhale Institute of Politics and Economics (GIPE)-1951, the United Nations Demographic Training and Research Centre (UN-DTRC)-1956 and the Program of Demography at the Department of Economics, University of Bombay-1958. These centres were established with the massive funds provided by the RF, the FF and the PC with an objective to contribute scientific knowledge to solve the population problem. The chapter argues that the setting up of these centres consolidated the consensus on overpopulation in Maharashtra.

The fifth chapter 'Compulsion and Control: The Making of the Family Planning Programme in Maharashtra, 1957-80' critically analyses the official discourse of family planning in the state. Historically, family planning was a top priority for Government of Maharashtra as controlling population was seen a pre-requisite for achieving higher economic growth and development. Hence, it was a dominant understanding that the success of development programmes was based on the immediate control of population. During the Emergency period (1975-77) it was the first state to pass the Compulsory Sterilisation Bill enforcing sterilisation of couples after three children. Hence, by focussing on the legislative assembly debates, the chapter maps the official concerns and anxieties of overpopulation in the state. Further, the chapter also by studying the unexplored Shah Commission Inquiry records examines the family planning programme during the Emergency. The chapter also attempts to understand how the officials who promoted vasectomy in Maharashtra built international alliances with the private organisations and individuals working on population control. The chapter argues that the policy makers of the state were highly influenced by eugenics and neo-Malthusian anxieties of rapid population growth that resulted in an over-riding priority of the family planning programme on reducing the birth-rate as expeditiously as possible

The sixth chapter 'Conclusions and Continuities' situates the family planning programme within the larger political economy of the state. The chapter argues that family planning was increasingly seen as technocratic-fix to the problem of poverty and this led the state to advocate population control on urgent basis. The fear of

population explosion beyond the available limited resources resulted in drawing linkages between population growth and poverty. The state was anxious of the reproductive profligacy of the poor. Hence, in the zeal to reduce the birth-rate the government supported coercive population policies. The chapter also summarises the main findings of the study and discusses how the legacies of the past have continued to influence the contemporary policies of population control in the state.

Chapter 2: Laying the Foundations of Birth Control: Men Debating Contraception in Bombay: 1920-50

Introduction:

During the early twentieth century, the health of Indian women became a matter of serious concern both for the British officials and Indian elites because of the high maternal and infant mortality rates. Colonial authorities attributed this to the low status of women, early age of marriage for girls, cultural beliefs and traditional methods of childbirth with the assistance of *dais* (Hodges 2006b). As the colonial state accorded least priority to the questions of health in general and maternal health, in particular, a number of voluntary agencies initiated different measures in this regard (Ramanna 2012). It was generally believed that high mortality was the result of unhygienic practices of *dais* during childbirth (Guha 1998). This understanding led to increased medicalisation of childbirth under the Dufferin Fund of 1885. This fund aimed at providing medical care to native women by professionally trained medical women of the West (Lal 1994). Colonial rulers argued that the deplorable condition of Indian women was an outcome of backwardness prevalent in India, which needed to be corrected through missionaries. While, the elite Indians blamed the colonial state for largely neglecting interventions with regards to public health, control of epidemics and famine relief that led to the weakening of India. However, the Queen Victoria's proclamation after the Great Revolt of 1857, which guaranteed non-interference by the state in the socio-cultural arena, resulted in the separation of the public and private sphere. Thus, most of the questions related to women remained in the sphere of the private thereby curtailing the intervention of the state.

The concern for Indian women's poor health had also become a part of the nationalist movement in the late nineteenth century. Several social reforms were introduced by highly educated men, especially with respect to the practices of child marriage, enforced widowhood, *sati* etc. There was also intense debates and campaign on increasing the age of permissible sexual intercourse in marriage from ten to twelve years in the Age of Consent Act, 1891 and from twelve to fourteen years in the Sarda Act, 1929. The official data on maternal and infant mortality formed the basis of discontent on the situation of women's health. Thus, there was agitation on increasing the age of consent (Ramusack 1989). The reformers argued that early child marriage

and subsequent child-bearing by young girls was one of the major causes of high rates of maternal and infant mortality. This primarily resulted in 'human-wastages' as 'child mothers' produce weak and unhealthy babies ultimately leading to national, moral and physical decay of the country (Hodges 2006b:13). Thus, marriage reform became a topic of urgent debate in the latter half of the nineteenth century. As most of the nationalist reformers were upper castes elites, they upheld the values of Hindu tradition and cultural beliefs that attached importance to the ritual status of an Indian woman. This resulted in a focus of the reforms on addressing only the question of Hindu upper caste women, as they were considered to be ideal and pure women (Sarkar 2001). Thus, reformers were pre-occupied with questions revolving around home and family and valorised the notion of motherhood.

However, it is important to note that most of these reforms were linked to the maintenance of social order and ensuring the 'purity' of Hindu woman. The upper caste reformers failed to question structural factors and patriarchy that provided impetus to child marriages, *sati* or enforced widowhood. The 'purity' of woman was to be ensured by strict regulation of their sexuality through the practice of endogamous marriage. The system of caste in the Indian society worked by controlling the sexuality of women, as their bodies was considered gateways to the caste system (Ambedkar 1979). By imposing severe restrictions on their movement and relegating them to the domain of home, subordination and oppression of women was intensified (Uberoi 1996). Further, the honour and prestige of Indian men was linked to the patriarchal control of female sexuality which ensured the 'legitimacy of their progeny' (Lal 2006:109). Brahmanical patriarchy enforced and ensured that women need to be guarded and protected from getting polluted by men of the lower castes (Chakravarti 1993). Thus, most of the upper-caste social reformers largely ignored the root cause of women's subordination and exploitation.

The debates on birth control introduced in the early twentieth century in India were a reformulation of debates on the questions of nineteenth-century womanhood. Contraception was increasingly linked to the reforms related to child marriage and widow remarriage as it had direct linkages with the progress of the nation (Hodges 2004). Ramusack (1989) has clearly shown that the main reason for advocating reproductive control was to improve the health of mother and children in order to

promote the nationalist goals of healthy mothers. Improving the health of Indian women was necessary to ensure the vigour of their children, thereby to ensure physical strength of the future citizens of Indian nation (Lal 2006). In this context, birth control was seen as a mechanism which would enable women to space her pregnancies and consequently improve the health of both mother and children. Thus, the questions related to marriage and reproduction constituted an important agenda of social reform during this period. It was the concern for healthy and fit citizens of the future nation that resulted in reproductive health becoming a centre stage in the social reform agenda and later nationalist movement (Hodges 2006b). In other words, Indian women's health was equated solely with their reproductive health.

The discourse of overpopulation gained momentum in colonial India with the publication of decadal censuses (Ramusack 1989). One of the earliest pioneering studies that had a remarkable influence in shaping the debates on overpopulation was by P.K Wattal in 1916 titled as *The Population Problem of India: A Census Study*. Wattal by analysing the census records, argued that India was facing a problem of overpopulation, and its alarming population growth was responsible for its widespread poverty and ill-health. The public discussions on the rapid growth of population and the need for dissemination of birth control advocacy was first initiated by elite upper caste men. They were also very successful in the establishment of several institutions to provide information on contraception in the early 1920s. However, it was with the publication of the 1931 census that led to an intensification of birth control advocacy. Wattal also revised his book in 1933 incorporating the findings from 1931 census and emphasised on limiting population on an urgent basis (Wattal 1934). It was during this period that the question of population gained prominence. It was increasingly considered that India was facing a population problem. Elite and middle-class Indians were alarmed by the growth of population. Thus, there was an urgent need to find a solution to the problems of overpopulation. The answer was found in birth control, which would assist in limiting future population. Thus, the publication of the census of 1931 was an important landmark in providing impetus to the debates on birth control in colonial India. It is also important to note that the fear was not only about the size of the population, but also its composition (Arnold 2006). Concern was mainly raised about the increase in the population of certain religious groups and communities. It was a dominant

understanding amongst Indian middle classes that there has been an increase in poor quality of the population. Thus, most of the men advocates of birth control demanded increased dissemination of information on contraception. This resulted in an intensification of debates on birth control as one of the means to control the rising population.

Maharashtra is considered a pioneer in population control as the first birth control clinic was established in the city of Bombay by Prof. R.D Karve in 1921 (Srinivasan 1995).[1] However, a number of other men like A.P Pillay, N. S Phadke, P.K Wattal and Radhakamal Mukherjee also advocated birth control during this period. As it has been with many other social reforms in colonial India, the birth control debates were also first advocated by upper-caste highly educated men from urban areas. Before examining the contribution of men advocates of birth control in Bombay, it is necessary to briefly discuss the larger context in which these men debated about contraception.

The fear of overpopulation as indicated by the decadal censuses was one of the major reasons for the intensification of debates on birth control during the early twentieth century. Poverty was largely seen as the result of rapid growth of population. This provided an important justification for advocating birth control as it was seen as a mechanism to reduce India's population and thereby its poverty. Further, by 1930s eugenic ideas were highly prevalent among the elites in India. This resulted in birth control movement of the early twentieth century having a distinct eugenic orientation (Ahluwalia 2008). India witnessed the setting up of its first eugenic society in Lahore in 1921 under the leadership of Gopalji Ahluwalia. It is important to note that local concerns regarding birth control in Bombay did not develop in isolation and were integrally embedded within a larger global discourse on birth control and eugenics. At the other end of this dialogue were pioneering birth control advocates like Margaret Sanger of the USA, Edith How-Martyn of Great Britain and eugenicists such as Dr C P Blacker (ibid). Further, the pre-existence of

[1]It was in 1960 that Maharashtra was carved out as a separate state with the coming together of provinces of Central Berar (Vidharbha), Marathawada from Nizam ruled Hyderabad and the Bombay Presidency, which now largely constitute Western Maharashtra. For the time period 1920-40, I will make use of the term Bombay as it was over here that birth control was debated intensely amongst various groups and for the time period 1941-80, I will refer to Maharashtra, as by the mid 1940s efforts towards forming a unilingual Maharashtra state was initiated.

eugenic anxieties amongst the elites in India enabled the Western advocates to form alliance with the birth control advocates in Bombay. Thus, it was with the help and support of international pioneers that elite Indians undertook propaganda work of birth control and eugenics all over Western India. The early twentieth century witnessed several efforts directed towards eugenic institution building. In the absence of data on heredity which was the focus of eugenics in the West, eugenics in India were mainly concerned with strengthening the country by promoting improvements in maternal and infant health (Hodges 1999). In order to achieve the objective of a healthy nation, efforts were directed to space the number of births and also to reduce unwanted children by increasing access to contraceptives.

While the advocacy for contraception was over-lapping with different regions in India, Bombay emerged as a prime city as it saw the setting up of various institutions like the Eugenics Clinics in 1931 and the Society for the Study and Promotion of Family Hygiene, 1935. Further, Ahluwalia (2008) argues that most of the prominent advocates of birth control in India were either upper caste men of Maharashtra like Karve and Phadke or were based in Bombay for a long period like A.P Pillay. It is in this context that the chapter attempts to understand the role of men advocates of birth control in Bombay. The present chapter focuses on the contribution of Prof. R.D Karve, Prof. N.S Phadke and Dr A.P Pillay, who are considered to be pioneers of birth control in Bombay. By examining the writings of men advocates of birth control, the chapter maps the trajectory of the evolution of debates on contraception in Bombay. Further, the chapter also attempts to understand how the anxieties about overpopulation shaped the advocacy of birth control. I argue that eugenic and neo-Malthusian concerns largely shaped the advocacy of birth control of elite upper-caste men in Bombay. Secondly, the chapter also delves into the international alliance that the birth control advocates developed with the Western proponents of birth control. It highlights how this alliance resulted in the laying of the foundation of birth control on eugenics and neo-Malthusian lines. This chapter also looks into the contribution of Dr B.R Ambedkar and his advocacy of birth control. It compares and contrasts the variation in the advocacy of birth control by upper caste men to the contribution of Dr Ambedkar. The chapter is based on the data collected from writings of the birth control advocates in journal articles, monographs, letters, private papers, diaries and books written by them. This is substantiated with the

reporting of their activities in India in the newspapers particularly *the Times of India.* Apart from this, the chapter also draws from the archival records collected from the Margaret Sanger Papers Project, New York University; the papers of Edith How-Martyn and Eileen Palmer available at the British Library, London and the papers of Dr C.P Blacker and Eugenics Society of Britain available at the Wellcome Library, London. These records include correspondence between Margaret Sanger, Edith How-Martyn, Eileen Palmer and Dr C.P Blacker with N.S Phadke and Dr A.P Pillay. This chapter is divided into four sections. The first section as discussed earlier sets the background in which the debates on contraception evolved in the early twentieth century in India and Bombay. The second section discusses the role and contribution of Prof. R.D Karve, Prof. N.S Phadke and Dr A. P Pillay. It also focuses on the international alliance they formed with the Western advocates of birth control particularly, Margaret Sanger and Edith How-Martyn. The third section attempts to explore the contribution of Dr B.R Ambedkar in the discourse of birth control followed by a conclusion in the last section.

Eugenics and Neo-Malthusian Concerns of Birth Control Advocates in Bombay:

A general understanding prevailing in the early twentieth century was that of India facing a severe problem of overpopulation. The 1931 Census data further strengthened these anxieties. For elites, it was primarily the unrestricted procreation of the poor that compounded India's population problem (Ramusack 1989). For them, it was necessary to manage the reproductive practices of women and men of the marginalised groups. Ahluwalia (2008) argues that it is important to understand the subject positions of birth control advocates, as these shaped their writings on birth control. Most of the prominent advocates of birth control in Bombay were from upper caste and class. Throughout their writings, they focussed on the need to promote contraception amongst the poor in order to control their population. It is in this context that this section discusses the various activities undertaken by the three advocates of birth control in the Bombay namely Prof. R.D Karve, Prof. N.S Phadke and Dr A.P Pillay. As discussed earlier, the colonial state did not give any importance to birth control. Hence, this was mostly left in the domain of individuals who set up a number of voluntary associations promoting the cause of dissemination of information on contraception.

Prof. Raghunath Dhondo Karve (1882-1953):

One of the pioneers of birth control movement in India who is credited to have started in 1921 the first clinic for the supply of contraceptives in Bombay is Prof. R.D Karve. Born in a Chitpavan Brahmin family of Murud in Ratnagiri district, Raghunath was the eldest son of Bharat Ratna Maharshi Dhondo Keshav Karve who made a significant contribution in the field of women's education (Karve 1963). R.D Karve was a Professor of Mathematics at Wilson College, Bombay. In 1919, he went to Paris for higher studies in Mathematics on leave for one and half years. In 1921, Karve obtained a 'Diploma de Etude Superior' in Mathematics from the French Academy in Paris. It was over here that he read profoundly on modern methods of birth control (Dhumatkar 2012). After returning to Bombay, Karve along with his wife Malti established in 1921, the Rights Agency, a birth control clinic where they advised couples on different methods of birth control as well as sold contraceptives (Wadia 1984). This clinic was located at their house in the crowded middle-class locality in Girgaum (Mankekar 1974). Karve trained Malti, and she mainly counselled women on the use of contraceptives. Wives of the mill workers frequently visited this clinic. With the setting up of the clinic, Karve was the first person to initiate an organised propaganda towards birth control (How-Martyn 1938). In 1921, Prof. Karve wrote two books, *Birth Control* and Prevention *of Venereal Diseases*. Karve also started a Marathi journal called *Samaj Swasthya* (Social Hygiene) in July 1927. This was regularly published until his death in 1953. It published articles to provide scientific information on sex and birth control methods. The journal also published excerpts of translated works of international advocates of birth control such as Marie Stopes and Dr Norman Himes. It also included advertisements of Dutch caps and other birth control instruments supplied by Karve in his clinic (Phadke 1981). Karve mostly addressed his public lectures in Marathi and also published largely in Marathi. He also coined the term *Santati Niyamam* to be used in the Marathi language instead of the term birth control (ibid). Apart from these, he also wrote several Marathi books on sexology, sexual freedom, nudity, prostitution, venereal diseases and dietetics. Karve was, therefore, the first person to engage with these concepts and knowledge in the vernacular language at a time when writing and speaking on such themes were seen to be controversial.

When Karve began to write about birth control it was not generally accepted as a subject for open discussion. Writing, publishing or even discussing birth control was seen as objectionable and invited the threat of arrest. Talking about contraception in the early twentieth century was considered to be immoral as birth control was seen as a mechanism enabling women to become licentious and have sex freely without the fear of pregnancy (Manna 1998). Karve argued that women and not doctors had the right to decide when and how many children they would have and critiqued the government stand that birth control should be provided only for medical reasons (Dhond 1993). His views on birth control resulted in the loss of his job as a Professor in Wilson College. He also faced stiff opposition from the orthodox sections of the society. In 1931, he was imprisoned for selling materials on birth control. His house was raided, and books, journals and birth control equipments were confiscated. He was prosecuted by colonial authorities because his writings and publications were considered obscene. He was also made to pay a fine for advocating birth control (Mankekar 1974). In February 1934, he was arrested again and this time, the case was fought by Dr B.R Ambedkar. However, they lost the case, and Karve had to pay a fine (Phadke 1981).

Throughout his birth control advocacy, Karve suffered a great deal of hardships. He gave tuitions and even worked as a stenographer to make a living. For few years, he also worked as a Secretary of Rationalist Association of India and edited its mouthpiece *Reason* from 1937 to 1940. Despite his precarious financial situation, he continued to publish the Marathi journal *Samaj Swasthya*. Karve was largely involved in the promotion of birth control within Bombay. However, he was actively supported by his cousin Shakuntala Paranjape. She regularly contributed to *Samaj Swasthya*. She also started a birth control clinic for women at her residence in Poona (ibid). In this way, Karve's advocacy for birth control spread out of Bombay to some extent. It is important to note that Karve's books and journals were highly popular amongst the educated classes in Maharashtra. The annual subscribers of the journal he published in Marathi increased to 6000 individuals within few years of its publication (Karve 1930). Srivastava (2007) observed while doing his field work in 2001 amongst the sexologists in Mumbai, who were in their late seventies, that they clearly remembered the Marathi language literature on sex and birth control. They said that it was very popular amongst the middle and upper classes of Maharashtra in

the first half of the twentieth century. During Karve's lifetime, because of the controversial nature of birth control, his work largely remained neglected. However, after independence, realising the importance of his contributions to the question of birth control and population growth, the Government of Maharashtra (GoM) instituted an award of rotating shield in his name for best performance in family planning (Ogale 1976). Given the contemporary interests in his work on birth control and contraception, film director Amol Palekar directed a Marathi film *Dhyas Parva* on the life and mission of Karve in the year 2001 (Pandve 2007).

Karve was a strong advocate of neo-Malthusian ideas and promoted contraception as a primary means to control the rapid growth of population. He was strongly opposed to the practice of abstinence and self-control as advocated by Gandhi (Dhumatkar 2012). According to him, 'poverty is a sexual question and not one of politics or charity'. The remedy must therefore also be in the sexual sphere (Karve 1921:32). Further, Karve also held an extreme position on sexuality and reproduction. Within the larger movement of birth control in Bombay, Karve was largely marginalised and isolated because of his views, that both men and women should enjoy 'sexual freedom unfettered by the spectre of disease' (Hodges 1999: 169). Despite advocating for contraception, Karve had a very conservative perspective towards the questions of women's liberation. He argued that women should never fight for equal rights and equal status with men as biologically they are the weaker sex (Phadke 1981). According to Karve, nature had created the two sexes differently to perform their defined functions. Hence, women had to bear children as it was their primary role. He stressed that motherhood was central to women's life and for maintaining a family.

Prof. Narayan Sitaram Phadke (1894-1978):

N.S Phadke, Professor of Philosophy and a novelist in Marathi was another prominent advocate of birth control in Bombay during the early twentieth century. Phadke was the secretary of the Bombay Birth Control League set up as early as 1923. It published pamphlets, held public meetings and organised lectures in favour of birth control (Hodges 1999). Phadke had also written half a dozen novels and plays in Marathi. Due to his birth control advocacy, he had to leave his job in Bombay and was forced to seek employment in Nagpur and later in the princely state of Kolhapur.

In 1926, he was appointed as a Professor of Mental and Moral Philosophy at Rajaram College-Kolhapur, Maharashtra. Thus, Phadke was able to spread the birth control propaganda from Bombay to Nagpur and later to Kolhapur. He was amongst the 'first Indians to correspond with Margaret Sanger', the American pioneer of birth control movement and to 'publish in her journal *Birth Control Review'* (Ramusack 1989: 36). Moreover, the foreword to Phadke's book *Sex Problem in India: Being a Plea for Eugenic Movement in India and a Study of all Theoretical and Practical Questions Pertaining to Eugenics,* was written by Sanger. In this book, he focused on the need for Indians to become physically strong and thereby be the greatest asset to the country. He demanded spread of knowledge on birth control in order to ensure purity of the Indian 'race'. Throughout his book, he called upon the need to adopt eugenic principles in order to have a strong and healthy population. According to Phadke, a healthy and strong population was an 'indispensable instrument' to retain the '*swarajya'* after it had been won (Phadke 1927: 8). Srivastava (2007) has argued that Phadke combined the perspectives from pro-contraception activists (such as Marie Stopes and Margaret Sanger) sexual activists (such as Havelock Ellis), eugenic advocates and Hindu religious text such as *Manusmriti* and *Puranas* and provided a Malthusian diagnosis of the population problem.

Phadke's eugenic concerns can be clearly seen wherein he argues that 'in the first place we must learn to realise that it is erroneous to measure the strength of the nation by the mere quantity of its population….Mere quantity does not carry much eugenic value. It is the quality of people that counts....a vast population is not necessarily a fit population. Rather than the arithmetical greatness of people, it is their intelligence, health and strength that qualify them for honour' (Phadke 1927:11). He also argued that 'eugenics is not a western fad but a good harvest of eugenic literature can be collected from Manu, Yadnyavalkya and other *smiritis*' (ibid:18). By doing so, he claimed that the idea of eugenics was not a Western science, but that its roots could be traced back to ancient India.

Phadke also stressed for the abolition of child marriages in India. According to him, child marriages were not an essential part of the true Aryan culture. He called upon Indian eugenicists to put an end to the practice of child marriage as a first and most urgent step (ibid: 89). He was of the opinion that child marriages lead to

physical deterioration and weakness resulting in a situation where countries can be easily conquered by foreign invaders and kept in political subjugation. He argued in support of birth control as child marriages were prematurely burdening young girls with risks and responsibilities of motherhood. This situation was leading to the degeneration of the nation. Phadke argued that the qualities of a mother have much greater importance as it is in the womb of the woman that child is conceived and lives for a period of nine months and it is on her milk that it feeds and grows for a considerable time. According to him, this highlighted the 'supreme importance of the mother in a eugenic discussion' (Phadke 1927:50). It is important to note that the demand for late marriages or the promotion of birth control was not to improve the status of women but to have an improved race. Thus, Phadke's major concern was largely to ensure national strength with the birth of healthy progeny.

Dr Aliyappin Padmanabha Pillay (1889-1956):

One of the most important and pioneering advocates of birth control during this period was Dr A. P Pillay. He completed his higher studies from Madras Medical College and joined the Army Medical Service. After World War-I, he started his general practice in the city of Sholapur, to the southwest of Bombay. He was amongst the early advocates of birth control from the medical profession at a time when doctors were not willing to discuss this topic. Pillay left the army in order to establish himself as a specialist in family planning and sex hygiene. From 1925 onwards Pillay began to focus almost on sexological work and was also well-known as a reputed sexologist in India (Srivastava 2007). He was very successful in establishing a number of institutions and societies involved in the promotion and distribution of contraceptives all over the Bombay province. For instance, the Sholapur Eugenics and Education Society was formed in 1929. It was started by lawyers with Dr A.P Pillay as its Honorary Medical Director. One of the main objectives was to 'educate public to think eugenically' and 'opening mother clinics to prevent diminution of superior types and the multiplication of the inferior.'[2] Pillay also established the Sholapur Wives Clinics in 1929. The wives clinic provided contraceptive information to married women who were frequently ill or weak or got pregnant too often. The pamphlet of the clinic also made it clear that it advices contraception for persons

[2] Sholapur Eugenics Education Society SA/EUG/E.10: Box AMS/MF/147, Papers of Dr C.P Blacker, Wellcome Library, London, UK.

suffering from venereal diseases, sterility, sex problems, hereditary and eugenics (Hodges 1999). This clinic was frequently visited by mill workers (How-Martyn 1938). They were advised to use the cotton wool, pessary and jellies as contraceptives methods.

According to Hodges (1999), Pillay was one of the most enduring persons in the movement of birth control with whom the Western advocates preferred to form an alliance. Pillay had also requested Dr C.P Blacker, the President of Eugenics Society of Britain for providing posters, lanterns and cinema films on eugenics. He had expressed a desire to start a small museum of contraceptives in Sholapur and requested Dr Blacker to provide information on different types of contraceptives devices.[3] Pillay had also started the Bombay Eugenics Clinic on 1st June 1934. He claimed that this was the only institution in India run by a medical man and focussing its attention on the questions of marriage hygiene. The eugenics clinic of Bombay served as a training ground for the medical profession to various types of contraceptive techniques.[4] It also worked towards promoting birth regulation, especially amongst the poor masses. Pillay also started the Society for the Study and Promotion of Family Hygiene in 1935 in Bombay. He was also the Honorary Medical Director of Family Planning Association of India, established in 1949 in Bombay. Pillay was also successful in starting a number of journals both national and international on the issue of birth control and sexology. For instance, he was the Editor-in-Chief of *Journal of Marriage Hygiene* started in 1934 and the co-editor of *International Journal of Sexology* (Ahluwalia 2013). He was also the main editor of *Journal of Family Welfare* started in 1954 and which continues to be published to date from Mumbai. The *Journal of Family Welfare* was started with the purpose of providing in simple language scientific information on the personal, marital and social aspects of family planning (Mankekar 1974). He also wrote several monographs and books on birth control and sex. Some of his major publications include *Maternity and Child Welfare* (undated); *Welfare Problems in Rural India* (1931), *The Art of Love and Sane Sex Living* (1940), *Disorders of Sex and Reproduction in the Male* (1943), *Ideal Sex Life* (1945), *Sex Knowledge for Girls and Adolescents* (undated), *Sex*

[3] Letter from Pillay to C P Blacker 1st June 1934; Sholapur Eugenics Education Society, SA/EUG/E.10: Box AMS/MF/147, Papers of Dr C.P Blacker, Wellcome Library, London, UK.
[4] Ibid

Knowledge for Boys and Adolescents (undated) *Birth Control Simplified* (original date of publication unknown, revised edition 1960) (Srivastava 2007).

Pillay's advocacy of birth control during the 1930s was instrumental in shaping the birth control movement in the post-independence India. He vigorously argued in support of birth control services and formed a strong alliance with Western advocates like Margaret Sanger and Edith How-Martyn. This assumed importance because the medical profession was reluctant to get itself associated with birth control work. Despite opening several clinics in Bombay, the response from the medical fraternity was almost non-existent. In an attempt to widen his propaganda work on birth control, he undertook a number of all-India tours. In 1937, Dr A.P Pillay toured South India especially to educate medical practitioners in the methods of scientific contraception. He writes, 'my impressions of the tour are very uncomplimentary to the medical profession. No advice whatever is being given except in some mission hospitals. Male doctors are indifferent asserting that the Indian women will not practise birth control methods. …the lady doctors believe just the contrary but are timid to seek the required knowledge' (Pillay 1937a:50). Further, he applied eugenic and Malthusian outlook to the question of birth control. He argued that prostitution, over-congestion and housing problems could be solved by birth control (Pillay 1931:112). Pillay also advocated sterilization of the unfit and multiplication of more fit and useful citizens (Ramanna 2012). His growing involvement in welfare work led to his realisation that India needed a judicious combination of eugenics and euthenics.[5] The influence of eugenics ideas on Pillay's advocacy of birth control can also be seen from the fact that his cable address was 'Eugenics Bombay.'[6] This cable address continued when he was the Editor of the *Journal of Family Welfare* in 1954. It was changed to FAMPLAN only after his death in 1956 when Avabai Wadia became the editor of the journal. According to Ahluwalia (2008), the fear of charity based on Malthusian philosophy was reflected in Pillay's writings. He writes, 'philanthropy, as is being undertaken at present without any racial safeguards, helps mostly those naturally least able to help themselves, viz., the careless, the foolish, the feeble, the inefficient, and the insane, to survive and multiply and it is these persons

[5] Letter from Pillay to Mrs Hodson 8th August 1929, Sholapur Eugenics Education Society SA/EUG/E.10: Box AMS/MF/147, Wellcome Library, London, UK.
[6] Letter from Pillay to Ms Rose 2nd December 1935, World Tour of Birth Control 1935-36 Margaret Sanger and Edith How-Martyn: Part 1- India Ceylon; Margaret Sanger Papers Project, New York University, USA.

who should not be allowed to leave tainted descendants behind them'(Pillay 1931:109). Hence, he advocated birth control information for neo-Malthusian and eugenic reasons.

While there were several men who advocated contraception during this period, there was also strong opposition to the same. Gandhi was one of those who opposed contraception (Ramusack 1989). For him, abstinence and self-control were morally acceptable methods of birth control. He advocated abstinence as the only legitimate method because he believed that the 'use of contraceptives would promote uncontrollable indulgence in sexual urges between husband and wife degrading the sanctity of marriage' (Aryee 2008:229). It is interesting to note that Gandhi's ideas of self-control would have tremendous influence in the post-independence India in shaping the family planning programme during the first two five years plans.

It is important to note that the birth control advocates of India were operating in a context whereby the Western proponents of birth control also argued for the increased dissemination of information on contraception (Hodges 1999). Hence, the following section discusses the alliance of the men advocates with the Western proponents of birth control.

Alliance with Western Advocates of Birth Control, 1920-40s:

Margaret Sanger, the American pioneer of birth control and Edith How-Martyn,[7] the Honorary Director of Birth Control International Information Centre (BCIIC) London, were corresponding with Indian men advocates of birth control since the early 1920s. Apart from Sanger and How-Martyn, another important person was Marie Stopes from Britain. She was the President of the Society for Constructive Birth Control and Racial Progress, London. It is important to note that Sanger and How-Martyn undertook birth control tours to India to promote contraception, while Stopes never visited India (Ahluwalia 2008). However, she was in correspondence with several of the men advocates of birth control. This section will explore the alliance that men advocates of birth control developed with Western women advocating contraception particularly Margaret Sanger and Edith How-Martyn. It is

[7] She was a British Suffragist and a member of the British Malthusian League (Ahluwalia 2008).

important to note that pre-existing anxieties of overpopulation resulting in increased poverty and eugenics ideas amongst the elite Indians helped the Western advocates put forward their agendas very easily. Further, there was no legal prohibition in the advocacy of contraception in India (Ramusack 1989). Thus, it was easier for the Western advocates to undertake the work of birth control in India. The alliance with Western advocates also assumed importance because it helped the Indian workers in guiding their propaganda work of birth control (Hodges 1999). With their support, the men advocates established a number of societies and associations, held public meetings, ran clinics and published and distributed pamphlets on different methods of birth control. Based on the archives and other records, I argue that the Western advocates of birth control together with the elite Indian men advocates linked the project of birth control to eugenics and neo-Malthusian ideas while neglecting the concerns of Indian women's health. It was this alliance that enabled Indian and Western advocates of birth control to undertake numerous activities in the promotion of contraception in Bombay during the twentieth century.

As seen earlier, the public discussions on birth control intensified during the early 1920s because of the fear of overpopulation. This resulted in the establishment of several institutions and associations involved in the promotion of birth control. Prof. N.S Phadke was the first person to correspond with Margaret Sanger. Sanger also wrote a Preface of Phadke's book on Eugenics. Phadke claimed that his was the first book by an Indian from an Indian viewpoint on the subject of eugenics.[8] In 1925, Sanger also invited him to attend the International Conference on Birth Control in New York. However, Phadke was unable to attend because his services as a Professor at the Hislop College in Nagpur were terminated due of his advocacy of birth control. Sanger also assisted Phadke by providing funds to meet incidental expenses in running the Bombay Birth Control League. She also provided him with propaganda material on birth control and contraception. Phadke, in turn, assisted Sanger by providing a 'list of prominent persons' advocating birth control in India enabling her to develop international networks.[9]

[8] Letter from Phadke to Miss Boyd 2nd April 1926; Margaret Sanger Papers Project; C3-616-618: American Birth Control League Records, Houghton Library, Harvard University, Margaret Sanger Papers Project, New York University, USA. I am grateful to Dr Cathy Hajo for sending me these files online in July 2014.
[9] Ibid.

By the late 1920s, Bombay evolved as the leading centre of birth control debates involving professors, doctors and statisticians. It also witnessed the organisation of Baby Weeks Exhibitions with an objective to increase awareness on birth control. It is important to note that these exhibitions were particularly organised in Parel and Dadar areas which were dominated by poor mill workers (Hodges 1999). Institutions such as the Bombay Birth Control League, the Eugenic Society of Bombay, the Rights Agency, Eugenics Clinic of Bombay, Sholapur Eugenics and Education Society and the Sholapur Wives clinic were established to promote the cause of birth control. Most of these societies were established on the international model and were in correspondence with the associations abroad. For instance, the Eugenics Society of Bombay started by R.B Lotvala in 1929 was in correspondence with Dr C.P Blacker, the President of the Eugenics Society of London, requesting him to send propagandist literature on eugenics.[10] One of the important objectives of the Society was to encourage setting up of constructive birth regulation clinics for married persons, especially amongst the poorer masses in Bombay.[11] The work of the society was hampered to a large extent because of the lack of cooperation from the medical profession as well as severe financial problems.

Apart from setting up of different institutions for advocacy of birth control, several attempts were also made in the Bombay Municipal Corporation (BMC) to provide information on contraception in public hospitals and dispensaries. However, it is important to note that the eugenic fear of multiplication of unfit persons was a predominant concern in Bombay (Ramanna 2012). The debate of providing information on birth control was raised in the BMC as early as 1929. Often this was rejected on the grounds of promoting immorality. After the publication of the 1931 census findings, there was anxiety over the rapid growth of population. For instance, a motion was moved by Mr Rao Bahudur S K Bole, in December 1933 requesting the Medical Relief Committee to open birth control clinics on similar lines as that of Madras. According to him, people in Bombay were living in a state of misery due to large families. However, this was rejected on the grounds that young men and women

[10] Letter from P J Bhat (Honorary Secretary) to the President of Eugenics Society, London 5th September 1930; The Eugenics Society Bombay SA/EUG/E.9, Box: AMS/MF/147, Wellcome Library, London, UK.
[11] Ibid.

would misuse the services of these clinics.[12] Proposals were also put forward in the Corporation emphasising that lectures on birth control should be organised only for the working classes as they had large families. However, the Corporation rejected these proposals due to the fear of promoting immorality.[13]

As the Government was hardly interested in taking any action on birth control, there were multiple voluntary associations that keenly debated the necessity of providing birth control information. For instance, in November 1933, the Rotary Club of Bombay organised a debate on the advantages of birth control knowledge in India at the Taj Mahal Hotel where Dr A.P Pillay and Mr Digby Beste were the main speakers. At this debate, a physician Dr W. Nanan said that India was facing the problem of overpopulation as colonial Government interfered with the natural method of controlling the population through famines, plagues and other diseases. Colonel Spackman (Indian Medical Service- Gynaecology) expressed displeasure that the improvident class was not practicing birth control and had to be maintained by others.[14] Further, in December 1933, the Women's Medical Association of India organised a meeting of the Medical Women of Bombay to discuss the importance of birth control under the leadership of Dr Jerbanoo Mistri.[15] It was agreed that advice of birth control should be given only at the discretion of the medical doctor. Voluntary methods were suggested for persevering maternal health and permanent method for preventing the transmission of hereditary diseases.[16]

While there was remarkable support for making available information on contraception, there was also strong opposition on religious and moral grounds. As seen earlier, Gandhi and his ideas of self-control and abstinence were emerging as an

[12] 'No Birth Control Clinics: Bombay Corporation opposed to idea', *The Times of India*; Dec 2, 1933; ProQuest Historical Newspapers: pg. 22 accessed through JNU e-resources PROQUEST services on 21st September 2015.
[13] 'Lectures on birth control to working classes- Bombay Corporation Rejects Proposal', *The Times of India* Oct 31, 1933; ProQuest Historical Newspapers: pg. 14 accessed through JNU e-resources PROQUEST services on 21st September 2015.
[14] 'Pros and Cons of Birth Control: Bombay Rotarians Debate', The *Times of India;* Nov 8, 1933; ProQuest Historical Newspapers; pg. 12 accessed through JNU e-resources PROQUEST services on 21st September 2015.
[15] She was a Parsi physician associated with the Social Service League and a member of the Social Purity Committee in Bombay. At a time when hardly any medical women were involved in the promotion of birth control, the Western advocates considered her to be an important alliance in the expansion of their work (Ramusack 2006).
[16] 'Birth Control A Necessity: Medical Women Confer', *The Times of India;* Dec 5, 1933; ProQuest Historical Newspapers: pg. 15A accessed through JNU e-resources PROQUEST services on 21st September 2015.

important stumbling block to the incipient birth control movement in Bombay. It is in this context, that the Western advocates formed an alliance with the men advocates of birth control to promote the dissemination of contraception. Hence, the following section focuses on the birth control tours of How-Martyn and Sanger, which they undertook during the early 1930s to Bombay for propagating birth control.

Birth Control Tours by Edith How-Martyn and Margaret Sanger to Bombay in 1930s:

Edith How-Martyn first visited Bombay in 1934 to promote birth control as a part of her world tour. She was in touch with Dr A. P Pillay since the early 1930s. Before beginning her journey to India, a dinner was organised in London on 19th November 1934 in her honour presided by Mrs Rama Rau.[17] During her visit to Bombay, How-Martyn gave many lectures on birth control to medical doctors and social workers. Between 1934 and 1938, How-Martyn visited India (particularly Bombay) four times and played an important role in the propaganda of birth control.

How-Martyn and Sanger together undertook their 'Around the World Tour on Birth Control' in 1935-36 for a longer period. They were both actively involved in advancing the cause of contraception in the name of relieving women from the constant burden of repeated pregnancies. Their emphasis was on reducing the maternal and infant mortality on an urgent basis, as this was seen as a necessary precondition for the 'regeneration' of the nation (Hodges 1999:119). Hence, they strongly advocated contraception for spacing the pregnancy and ensuring healthy progeny.

It is important to note that, during the early twentieth century, Sanger operated within an intensive international network of birth control advocacy. She was in the forefront of organising the population conferences throughout the 1920s. These meetings sought to unify birth control work across the world, particularly through the World Population Conference held in London in 1927 (Reed 1978). As seen in the previous chapter, by the early 1930s, the birth control advocates in the West were highly influenced by neo-Malthusian ideas and also formed a strong alliance with

[17] Edith How-Martyn Tour in India; PP EPR/C 2/3 Wellcome Library, London, UK. I will discuss about the contribution of Lady Rama Rau to the birth control movement in India in the next chapter.

powerful eugenicists. These ideas played an influential role in shaping their interaction with the birth control advocates in India. Further, Sanger was able to recognise quite early that the movement of birth control would be a success if doctors provided their medical support (Soloway 1995). A majority of medical doctors in the USA were extremely conservative towards contraception and strongly opposed it. Given the unfavourable situation in the USA Sanger tried to look at the problems abroad, and India became one of her areas of concern (Draper 1965). Sanger always insisted on continuing her support to the work of birth control in India as she clearly understood the important role it played given its rapid growth of population.

During her tours to India, How-Martyn also made several attempts to involve medical doctors in the work of birth control. For instance, in December 1935 under the guidance of How-Martyn, who attended the conference as a delegate of the Family Hygiene Society,[18] the All India Medical Conference at Nagpur passed a resolution. It stated 'this conference recommends that instructions in conception control methods should form part of the curriculum of medical colleges and schools'(How-Martyn 1938:20). Further, in an interview with *The Times of India* in Bombay, she stressed on the 'urgent necessity to reduce the birth rate given the appalling poverty in India'. She appealed to, 'the mothers of the upper and the middle classes to help their poorer sisters and urged the women doctors to provide advice on birth control.'[19] Thus, the advocacy of How-Martyn was also particularly directed towards involving the medical profession and the upper-class women in the promotion of birth control for the poor.

In November 1935, Sanger began her six weeks journey to India as a part of the World Tour of Birth Control. She was invited by the AIWC to address their annual conference at Trivandrum in December 1935. She reached Bombay on 25th November 1935 and was greeted by Edith How-Martyn, Dr A.P Pillay and many other doctors, social workers along with a number of press reporters and photographers.[20] She had a very hectic schedule in Bombay. During her tour, she had

[18] I will discuss about Family Hygiene Society in detail in the following pages.

[19] High Infant Death Rate a Challenge to Indian Women: Mrs. How-Martyn's Plea for Action-*The Times of India*; March 16, 1935; ProQuest Historical Newspapers: pg. 22, accessed through JNU e-resources PROQUEST services on 21st September 2015.

[20]'News from Margaret Sanger Letter No. 2 for Mrs Sanger's Intimate Friends and Family', Calcutta 9th December 1935; Margaret Sanger Papers Project (Henceforth MSPP), New York University (NYU), USA.

also planned to meet Gandhi and Rabindranath Tagore. After that, she was supposed to visit Ceylon. Due to her advocacy work in the USA, Sanger had realised the importance of involving medical doctors. However, in Bombay, there was hardly any involvement from the medical profession. Thus, during her visit, Sanger made every effort to seek the support of the doctors. She took every opportunity to address the meetings of medical associations of doctors. About one-third of her meetings was with medical professionals. According to her, lack of knowledge about contraception amongst medical professionals was the greatest hindrance in the promotion of birth control. It was a dominant understanding among doctors that Indian women were not interested in contraception (Ramusack 1989). Further, doctors in Bombay also did not have much knowledge about practical aspects of contraceptives. Hence, Sanger brought with her specimens of contraceptives to be shown to the physicians in Bombay. She had also carried with her several 'gynaeplaques' which she received as gifts in the USA for exhibition and distribution to doctors in Bombay (Schoen 2005:222). Sanger also showed two films on the scientific and practical aspects of contraception techniques to 600 medical doctors and physicians at the King Edward Memorial (KEM) 'the most influential and important hospital of Bombay.'[21] All through her tour, Sanger urged physicians to profit from the mistakes made in the USA and to 'take hold' of the birth control movement and thereby direct it. [22]

Apart from medical doctors, Sanger also gave public lectures to the municipal corporation, the councillors and influential persons of Bombay. On 26th November 1935, Sanger gave a public lecture on the importance of birth control at the Cowasji Jehangir Hall with a large audience which was well attended by women. Sanger writes in one of her letters, that this was the largest hall in Bombay, which was packed to the doors and hundreds were turned away.[23] In this lecture, she stressed that the interventions by philanthropic institutions resulted in saving the lives of undesirable and unfit people who would otherwise have been eliminated naturally. According to her, 'these people were a danger to the civilisation as they were using energy and

[21] Letter from Sanger to Mrs Gerda, G 30th November 1935, World Tour of Birth Control 1935-36; Margaret Sanger and Edith How-Martyn, Part-1 India-Ceylon; MSPP- NYU, USA.
[22] Letter from Margaret Sanger to the Editor of the *Indian Social Reformer* Bombay 28th December, 1935; World Tour of Birth Control 1935-36; Margaret Sanger and Edith How-Martyn Part-1, India-Ceylon, MSPP-NYU.
[23] Letter from Sanger to Mrs Gerda G, 30th November, 1935; World Tour of Birth Control 1935-36; Margaret Sanger and Edith How-Martyn Part-1 India Ceylon, MSPP- NYU, USA.

resources of the world and thereby urged the women of India to take special interest in the work of birth control.'[24] Sanger emphasised that birth control and eugenic ideas were the cornerstones of the new structure of race. Dr Jerbanoo Mistri, in her address, after the lecture by Sanger, said that majority of the medical women in Bombay believed that self-control was the best and most reliable method. Dr Mistri declared that artificial birth control had become a need and stressed that the birth control advice would be given by qualified medical doctors only to married women on medical grounds.[25] Sanger also addressed several meetings of social workers as she expected them to organise into a permanent body promoting the work of birth control. Further, *Bombay Chronicle*, a nationalistic newspaper also organised an Essay Writing Competition on Birth Control called the Margaret Sanger Prize. Pillay had written to the editor of *Bombay Chronicle* to advertise that Mrs Sanger would herself choose the best essay and Rs 25/- was offered as a prize.[26] She also lobbied with British officials such as Lord Brabourne, the Governor of Bombay, who advised her that he and his wife were 'sympathetic' towards birth control but could not associate 'publicly' with the cause given its controversial nature (Ramusack 1989:48). Further, while speaking at a public meeting organised by the Bombay Municipal Corporation on 30th November 1935 on 'What the municipalities in the West have been doing to promote birth control', Sanger asked the Bombay municipality to take a 'lead' in the movement by opening birth control clinics.[27] Thus, as it becomes clear, Sanger's strategy was multi-pronged, and she had made vigorous attempts to influence a wide range of audience, from medical professionals to social workers to local administrative bodies and the local media during her birth control tour.

Sanger also gave a radio broadcast in Bombay and spoke on 'What Birth Control Can Do for India'. She argued that the message of birth control was brought to India at a crucial time in its history. She proposed that India's first consideration must be the primary one, of what kind of people she was going to have in the future.

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[24] Ibid.

[25] 'Birth Control Part Of Civilisation: Modern Problems Mrs. Sanger on Need for Propaganda', *The Times of India November* 27, 1935; ProQuest Historical Newspapers: pg. 12, accessed through JNU e-resources PROQUEST services on 21st September 2015.

[26] Letter from Dr A. P Pillay to Sayed Abdulla Brelvi (Editor of Bombay Chronicle) 2nd December 1935, MSPP- NYU, USA.

[27] 'Benefits of Birth Control: Mrs. Sanger's Plea to Bombay Municipality', *The Times of India*, November 30, 1935; ProQuest Historical Newspapers, pg. 22, accessed through JNU e-resources PROQUEST services on 21st September 2015.

She elaborated, 'You need as never before the finest men and women, possibly the strongest, spiritually, intellectually and physically. This means you must give consideration to what kind of children you are now bringing into the world to take up the responsibilities of your nation in the future.'[28] Thus, it becomes clear that eugenic concerns were at the forefront of her address and she linked the advocacy of birth control to the project of nation-building (Nadkarni 2014).

On 23rd December 1935, Sanger and How-Martyn also witnessed a heated discussion at the Bombay Municipal Corporation on the need for providing instructions on birth control in municipal hospitals. This proposal was put forward by Mr M.R Masani stating that the Medical Relief Committee of the Corporation must submit a plan for the provision of instructions for birth control. However, his speech was frequently disturbed because of loud laughter in the house on the mention of birth control. The proposal was strongly opposed by Prof. A Soares who was of the opinion that importance was given to birth control because it was engineered by manufacturers of contraceptives. He argued that five million contraceptives appliances were produced in America and as the Western market were already flooded; the manufacturers were casting their eye on the east. He also stressed that birth control has to be opposed because it was having degenerating effect in the community, as it was practised only by the intelligentsia.[29] The proposal was finally referred to the Medical Relief Committee only because of the single vote of the Mayor as an equal number was opposed to it. [30] The Medical Relief Committee of the Corporation had recommended that the advice of birth control must be restricted to only three categories of persons. Firstly, for women whose health condition would be endangered by another pregnancy, secondly to persons attending tuberculosis, venereal and infectious disease hospitals/clinics and finally for married persons who want to practice birth control. However, in February 1937 when the proposal was put to vote, it was rejected.[31]

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[28] Margaret Sanger, 'What Birth Control Can do for India' 30th November 1935 Typed Speech; MSPP-NYU, USA.

[29] Instruction in Birth Control Methods: Bombay Municipal Discussion- December 24, 1935; *The Times of India* ProQuest Historical Newspapers: pp 5, accessed through JNU e-resources PROQUEST services on 21st September 2015.

[30] Ibid.

[31] 'Bombay Municipality and Birth Control', World News, *Marriage Hygiene,* Vol. 4, No. 1 February, 1937, pp. 244-46.

During the visit of Sanger and How-Martyn to Bombay in November 1935, a Society for the Study and Promotion of Family Hygiene was established with Colonel S. S Sokhey as Chairman, Sir Vepa Ramesan as its first President, Sanger as Vice-President and Pillay as the Organising Secretary (Ramusack 1989:45). It is important to note that, Sanger in one of her letters to Prof. N.S Phadke had informed him about her plans of setting up an organisation involved in the work of birth control. She wrote:

> I am happy to advise you that I have accepted the invitation of the AIWC to be the guest speaker at its next annual meeting at Travancore in December. The interest and enthusiasm of this progressive group hold far-reaching possibilities for the advancement of the birth control cause the world over, and I am more than pleased to help further the work in India. I shall try to stay as long as my services are needed to establish a permanent organisation to carry on. I'd like very much to hold a preliminary conference to build up a Committee for a large Population and Birth Control Conference two years from now in the Orient or at such time as would be settled after my arrival. We will need sufficient time to enable us to get financial support for such a project.[32]

Hence, the establishment of the Society for Study and Promotion of Family Hygiene in Bombay was one of the important objectives that Sanger had envisioned. The society was popularly known as the Family Hygiene Society (FHS). The setting up of FHS was very helpful in initiating organised voluntary efforts of birth control throughout the country. The FHS was largely involved in educative and propaganda work of birth control. It was also involved in setting up birth control clinics across India. On 19th May 1936, the first clinic of the FHS was opened in the KEM hospital. It was known as the Women's Free Birth Control Clinic where advice on contraceptives was given only to married women. The other clinic was opened on 14th December 1936 at Parakh Hospital Sandhurst Road.[33] It is important to note that both these areas were largely dominated by mill workers. One of the central objectives of the FHS was to provide practical training to doctors and nurses in the techniques of contraception. This was undertaken with the objective of opening more birth control

[32] Letter from Sanger to Phadke 25th September 1935; Margaret Sanger Papers, C3:616-618, American Birth Control League Records, Houghton Library, Harvard University, Margaret Sanger Papers Project New York University, USA.

[33] Travel Book: Third Birth Control Tour to India left London 27th November 1936 returned March 1937; IOR: MSS EUR D1182/5; British Library, London, UK.

clinics. It also organised courses on marriage hygiene for men and women. Thus, it acted as an all India organisation for the promotion of birth control.[34]

It was under the auspices of the FHS that Edith How-Martyn undertook all her birth control tours to India**.** During her 1938 tour of birth control to Bombay, which lasted for six months, How-Martyn, visited forty towns and villages and addressed twenty-three meetings that included judges, collectors and civil surgeons. [35] She addressed various meetings for three groups of individual's, i.e., for doctors and nurses, another for women and one exclusively for men. [36] During her 1938 tour, she gave a total of sixty-six lectures of which twenty-one were for doctors and nurses, twenty-six for women and nineteen for men. The size of the audience varied from 12 to 600 persons. The lectures were mainly given in English but were translated into Gujarati, Marathi and Telugu. In all the lectures she emphasised on the need to undertake more propaganda work amongst the poor parents and to make them understand the importance of birth control. [37] During her visits to different places, How-Martyn encountered several cases which made her realise the important role that birth control could play in India. For instance, she came across women in a hospital who had come to give birth to her twenty-first child of whom only six had survived and women suffering from tuberculosis, who had died after giving birth to her ninth child.[38] The FHS also undertook propaganda in support of birth control in association with other voluntary organisations. For instance, in February 1937, the Bombay Women's Council under the active leadership of Cowasji Jehangir [39] passed a resolution for the establishment of free birth control clinics in poverty-stricken areas (Pillay 1937b).

Despite undertaking vigorous propaganda in support of birth control, there was also strong opposition to the promotion of contraception or for opening birth

[34] Ibid.
[35] Second Tour to India 1937/38 Eileen Palmers Travel Book Press Cuttings etc Eileen Palmer Collection; Birth Control World Wide Report; October 1937-September, 1938; 3rd File:IOR:MSS EUR D 1182/6, British Library, London, UK.
[36] The Bombay Mofussil Maternity, Child Welfare and Health Council Bombay 28th March 1938, Copy of the Brief Report of Tour undertaken by Mrs Edith How-Martyn (Msc) arrangements with Lady Cowasji Jehangir Chairman and Dr H.V Tilak Honorary Secretary of the Bombay Mofussil Maternity Child Welfare and a Health Council Bombay No 11, Wellcome Library, London, UK.
[37] Ibid.
[38] Ibid.
[39] Lady Cowasji Jehangir was the President of the Birth Control Clinics Committee of the Family Hygiene Society (How-Martyn 1938).

control clinics, particularly by doctors. For instance, in August 1936, the Bombay Obstetrics and Gynaecologists Society organised a meeting on birth control. This was a society of elite and influential gynaecologists of the city. Most of the members of the society unanimously agreed that birth control caused serious disorders in women including placenta praevia. A Roman Catholic gynaecologist of the society alleged that there was an increase in septic abortions among women after the opening of the birth control clinic in Parel by the FHS of Pillay.[40]

Even most of the government bodies were reluctant to provide information on contraception. On 4th February 1937, the BMC rejected the proposal referred by its Medical Relief Committee to open birth control clinics, arguing it led to immorality and was against religion. The resolution was lost by four votes. There was strong opposition from two Roman Catholics, a follower of Gandhi and a Jewish doctor.[41] According to Ramusack (1989: 53) 'the voluntary associations, the women's groups as well as How-Martyn watched the debate but did not have much leverage with the government bodies'. Thus, despite a dense discourse towards promotion of contraception in Bombay the dominant ideas of self-control and abstinence were very influential during the early twentieth century.

It is important to note that there was opposition also to the propaganda work carried by Margaret Sanger. For instance, a letter was published in *The Times of India* under the pseudo name of the Social Reformer. It was alleged in the letter that birth control brings sterility and led to the downfall of the Roman Empire. Prof. G.D Kulkarni of the Poona Birth Control League had written a reply to editor of *The Times of India* clarifying that accusations against Sanger were baseless and argued that 'every sane person realises that it is the quality and not the quantity that really counts.'[42] Thus, despite undertaking a rigorous propaganda of birth control, there was strong opposition to it.

As discussed earlier, it was in September 1935 before her trip to Bombay that Sanger had expressed in a letter to N.S Phadke that she would 'like very much to hold

[40] 'Notes and Comments' *Marriage Hygiene* Vol. 3, No. 1, August 1936, pp. 4-5.
[41] 'World News' Marriage *Hygiene* Vol. 4, No. 1 February 1937, pp. 246.
[42] To the Editor of *the Times of India*, Bombay, Reply from G.D Kulkarni, Honorary Secretary Birth Control League, Poona (based in Bombay S.V Joshi Esq275 Telang Road Matunga) to Social Reformer, 5th December 1935 Ceylon, MSPP, NYU, USA.

a preliminary conference to build up a Committee for a large Population and Birth Control Conference two years from now in the Orient or at such time as would be settled after my arrival.'[43] The newly established Family Hygiene Society organised a conference in April 1938. Sanger was unable to attend the conference. However, it was held under the guidance of How-Martyn who was in Bombay on her fourth birth control tour. There was a significant focus on Bombay because it was considered to be excessively overcrowded and the 'housing of the poorest people very miserable' (How-Martyn 1938:20). How-Martyn had helped Dr Pillay in the organisation of this conference. She was the only foreign representative at the conference. Her three previous tours to India had helped her prepare the ground for the conference.[44] Sanger had sent a message for the conference as 'Such deliberations mark civilisations. Only hope, for intelligent scientific solutions of basic world problems affecting human progress.'[45] The organisation of this conference assumed importance because the opposition to birth control work in Bombay was very strong. The BMC despite several attempts, failed to pass a resolution in support of birth control. During the same period, the President of the Indian National Congress, Mr Subhash Chandra Bose had mentioned in his speech that India was facing severe population problem (Hodges 1999). How-Martyn observed that it was an opportune time to organise the conference. She writes in her birth control tour report 'sending you *Bombay Chronicle* with verbatim report of Bose's speech but Hurrah Hurrah: He mentioned population problem, the more publicity we can get for his statement, the better.'[46] Pillay and How-Martyn had also tried to invite S.C Bose to the conference but were unsuccessful because of his prior engagements.[47]

[43] Letter from Sanger to Phadke 25th September, 1935; Margaret Sanger Papers, C3:616-618, American Birth Control League Records, Houghton Library, Harvard University, MSPP, NYU, USA.
[44] Second Tour to India 1937/38 Eileen Palmers Travel Book Press Cuttings etc Eileen Palmer Collection; Birth Control World Wide Report; October 1937-September, 1938; File: IOR: MSS EUR D 1182/6 India Office Records, MSS EUR D1182/5, British Library, London.
[45] 'Messages' Margaret Sanger, in Ghurye, S (1938) '*Indian Population Problems: Report and Proceedings of the 2nd All India Population and 1st Family Hygiene Conference held on 16th April 1938',* (ed.) Karnatak Publishing House, Bombay.
[46] Report from Edith How-Martyn, 20th February 1937, Copy of the brief Report of Tour undertaken by Mrs Edith How-Martyn (Msc) by arrangements with Lady Cowasji Jehangir (Chairman) and Dr H.V Tilak (Hon. Sec) of the Bombay Mofussil Maternity Child Welfare and a Health Council Bombay No 11; Wellcome Library, London, UK.
[47] Second Tour to India 1937/38 Eileen Palmers Travel Book Press Cuttings etc. Eileen Palmer Collection; Birth Control World Wide Report; October 1937-September, 1938; File: IOR: MSS.EUR/D 1182/6 British Library, London, UK.

Accordingly, the FHS organised its First Conference on Family Hygiene as well as the Second All India Population Conference on 16th April 1938 at Bombay.[48] This conference largely dealt with the problem of the Indian population in its economic, social, political and maternal aspects. This was the first time when Government of a Province associated itself with a conference on birth control.[49] In his opening address by the Prime Minister of Bombay, Honorary Mr B.G Kher emphasised that it was the rapid increase in population in recent years that 'provoked anxious thought in all responsible circles' thereby necessitating a discussion on the urgent importance of birth control (Kher 1938:5).

The presidential address of the conference was supposed to be given by Sir Vepa Ramesan, the Vice President of Madras Neo-Malthusian League. However, due his ill-health he was unable to attend, and Mr Jamnadas Mehta read his paper. According to Sir Jehangir Coyajee, a great deal of the problems facing the world was a result of overpopulation. He also stressed the fact that the wastage of infant and child life formed the 'darkest spot' on the national life of India (Jehangir 1938: 9). The conference was attended by renowned experts on population including Prof. Radhakamal Mukherjee and P.K Wattal. Prof. Mukherjee said that with the transfer of political power from British to Indians there was a silent, unsuspected and uninterrupted growth in population. The increase in population led to serious over-crowding in agriculture resulting in food shortages and fractioning of agricultural lands. According to him, this situation could lead to the spread of 'agrarian communism' and Governments might need to legislate for reduction of rents, reduction of indebtedness and rate of interest, etc.[50] Hence, he demanded that government must take steps to limit the population at the earliest.

In her speech, How-Martyn said that the conference was a landmark in the history of the world movement of birth control as it was the first conference organised in the continent of Asia. How-Martyn, while sharing her experiences of the four different birth control tours undertaken in India, stressed that 'little or no propaganda

[48] The First All India Population Conference was organised at Lucknow in 1936.
[49] Bombay Premier on India's problems of overpopulation heavy pressure, *The Times of India, April* 18, 1938 ProQuest Historical Newspapers: pg. 15 accessed through JNU e-resources PROQUEST services on 21st September 2015.
[50] Bombay Premier on India's problems of overpopulation heavy pressure, *The Times of India,* April 18, 1938 ProQuest Historical Newspapers, accessed through JNU e-resources PROQUEST services on 21st September, 2015.

work has been done among the poorest people who are the ones for whom clinics are provided.' She also said that 'the battle for birth control would not be won by well-intentioned people passing resolutions' (How-Martyn 1938:24). She urgently called for the need to train women doctors on contraception, provide a free supply of contraceptives in birth control clinics and for an intensive and personal propaganda amongst the masses. Despite setting up various clinics, the number of women who visited them was very low. Thus, she called for 'directing the efforts of birth control advocacy towards the poor in Bombay.'[51] How-Martyn also appealed to the Congress Government to have a sympathetic attitude towards birth control. She suggested that the present conference might be made the 'nucleus' of an All-India organisation which she considered necessary for the development of birth control. At this conference, she expressed hope that India would soon find her own Margaret Sanger, who will carry the torch of birth and enlighten the darkness that engulfs Indian women.[52]

It is important to note that though there were intense debates and discussions on birth control, there was no reliable contraceptive technology enabling women to control their fertility. Most doctors in Bombay experimented with different methods such as pessaries, Dutch cap, jellies, rag and oil, etc. Further, Sanger and How-Martyn, during their visit to Bombay, also found that in the name of contraceptives, markets were flooded with abortificents. Thus, Sanger introduced foam powder as a contraceptive to be given to the women visiting the birth control clinics. Sanger also helped Dr Pillay obtain the rights to manufacture Duofoam powder for India from the consulting chemist, Philio Stoughton of New York. She also suggested Pillay to start manufacturing the powder locally. Accordingly, Stella and Company in Bombay was involved in packing and marketing of the foam powder and ensured a steady supply of this 'cheap contraceptive', one packet of which costs one rupee and was sufficient for a year's use. [53]

[51] Second Tour to India 1937/38 Eileen Palmers Travel Book -Press Cuttings etc Eileen Palmer Collection; Birth Control World-Wide Report; October 1937-September, 1938-3rd File: IOR: MSS-EUR:D 1182/6; British Library, London, UK.
[52] PP/EPR/A2 EHM Published and Unpublished Birth Control Writings; Speech made at Public meeting of the 2nd All India Population and Family Hygiene Conference Bombay 17th April, 1938 Sir Cowasjee Jehangir in the Chair by Edith How-Martyn, Wellcome Library, London, UK.
[53] Letter from Pillay to Ms Rose, 2nd December 1935; World Tour of Birth Control 1935-36; Margaret Sanger and Edith How-Martyn-Part 1, India Ceylon, MSPP-NYU, USA

During her visit to Bombay in November 1936, How-Martyn informed Sanger about the side effects of the use of foam powder amongst some women who used it after visiting the birth control clinics. In her reply, Sanger advices How-Martyn that she should not give-up the use of foam powder based on the problems of a few women. Her reply makes it clear how Western advocates were experimenting medically untested contraceptives on Indian women in the name of providing birth control. She writes:

> ....Now to the report on Foam powder. While, we have not tried it out on dogs or animals, we are testing it out on a large scale on humans. We are sending it to over twenty (and have sent) groups or clinics where it is being tested out under clinical and scientific auspices. While it is too early to make definite statements, I believe that within few months, we can give a report on some aspects of the powder, its effectiveness or its harmlessness or both. My advice to you is to take it easy and not to claim too much for it until it has been in longer use, but not to discourage its use in any way. There are always people as well as bitches who are sensitive to chemicals, quinine, iodine, formaldehyde, also lactic acid. But one case does not prove anything yet. We are watching closely the women who are using it, asking them to return for examination every two or three months. We are asking all our clinics where it is being advised to do the same....was the test made by Baker? We are writing asking for the solution strength and how long retained etc. etc. Ask Dr Pillay to get a women doctor to examine the women who have used the powder for two or three months and record the vaginal conditions as to redness inflammation, discharge etc. etc. It is our opinion that if any of these conditions exist, generally the women would come back to our clinic complaining of it and asking for something else. It is unfortunate that Dr Dev got the report first. It belonged to Stoughton personally or to me as I left some cans last November there to be tested out.[54]

Despite its side effects on women, the use of foam powder continued. In 1939, Eileen Palmer, the Honorary Secretary of the Birth Control International Information Centre, London visited India and informed Sanger that reports of foam powder from Bombay were still pessimistic. However, even she expresses the need to continue the use of foam powder as there was no other alternative. She states:

> I hope it is going to be possible to go on recommending it because there is nothing else that I know of yet which meets the problems of the poor people of

[54] Letter from Margaret Sanger to Edith How-Martyn 6th November 1936, World Tour of Birth Control 1935-36; Margaret Sanger and Edith How-Martyn, Part-1, India Ceylon, MSPP-NYU, USA.

> India. For another reason, I do hope that your further reports on it will be more encouraging because it does seem in India to be connected with your name.[55]

Sanger in her reply to Eileen Palmer emphasised on the use of foam powder even though it was well known that the foam powder caused irritation amongst its users and despite the fact that they experimented it on women without laboratory tests. She writes:

> I am going to take up the question of the Indian foam powder with Dr Gamble,[56] who has done a good deal of research, and I believe has slightly changed the formula. We are doing a good deal of work on this and in the March issue of the *Journal of Contraception*, you will see another study that has just been made reported. There is, of course, a great interest in its use because of its cheapness and the ease with which it can be applied. Two other manufacturing firms are working on a similar formula, and I feel quite certain that eventually it will be in general use throughout the world. The few irritations reported are just about the same as those reported from other chemicals used in the jellies. The only thing we can do is to keep people encouraged and not let them give it up because of the few here and there who might have a little irritation through its use.[57]

Thus, as can be seen from above, the Western advocates in their propaganda of birth control in Bombay were involved in experimenting harmful contraceptives on poor women. While they argued for providing birth control as a solution from repeated pregnancies that endangered their lives, they showed little concern for the side effects of the contraceptives on women's health. It is important to note that India was also an important market for their newly developed contraceptives (Ahluwalia 2008). All throughout their propaganda work, their main objective was only to restrict the births of the poor. Eugenic ideas of multiplication of poor resulting in the degeneration of nation's health were their primary concern.

Marie Stopes was another important pioneer, corresponding with the Indian advocates of birth control. She was the President of the Society for Constructive Birth

[55] Letter from Eileen Palmer to Margaret Sanger 3rd March, 1939; World Tour of Birth Control, 1935-36 Margaret Sanger and Edith How-Martyn Part: 1, India Ceylon, MSPP-NYU, USA.

[56] Dr Clarence Gamble, the heir of Proctor and Gamble undertook birth control experimentation of contraceptives such as foam powder; foam tablets jellies etc in Puerto Rico, India and Japan. He also provided enormous funds to undertake such experiments in Bombay (Schoen 2005). I will discuss about Gamble in the next chapter.

[57] Letter from Margaret Sanger to Mrs Eileen Palmer 19th March 1939, World Tour of Birth Control, 1935-36 Margaret Sanger and Edith How-Martyn, Part-1, India Ceylon, MSPP-NYU, USA.

Control and Racial Progress, London. Initially, she had the support from the Britain's Eugenics Society and the Neo-Malthusian League. However, by 1930s her influence in Britain began to reduce and so she started to focus her attention on the colonies abroad. One of the most important birth control methods she advocated was cotton wool dipped in oil (Hodges 2008). Most of the gynaecologists in Bombay who prescribed this to their patients complained that this method was not effective in majority of the cases.[58] Several individuals from Bombay wrote letters to Marie Stopes requesting her to provide information about different techniques of birth control. It is important to note that there was competition amongst Sanger and Stopes for leadership positions in the birth control movement within India during the early 1930s (Ahluwalia 2008). However, Sanger became more popular as she was able to provide funds and other propaganda literature needed in the dissemination of contraception to various birth control advocates in Bombay and India.

Contraception or Continence-Sanger meets Gandhi:

Gandhi was one of the prominent Indian leaders during the early twentieth century. The increasing public discussions on birth control also made Gandhi express his views on birth control. Gandhi was of the opinion that 'sexual union must be undertaken only for progeny and not for pleasure' (Ramusack 1989:38). Gandhi was not a supporter of chemical and artificial contraceptives. His opposition to contraception had become a major hindrance in the advocacy of birth control. Hence, Sanger decided to meet him personally during her tour of birth control in 1935. She tried to convert Gandhi making him to be a supporter of birth control. Thus, in December, 1935 Sanger visited Wardha to meet Gandhi at his ashram. For him self-control and continence was the main method of birth control. His views were very influential as many of the doctors and gynaecologists in Bombay shared his ideas of self-control. After the meeting, Sanger claimed that Gandhi had made a concession in accepting safe period as one of the method of birth control. However, she was disappointed that he did not regard birth control as a solution to Indian women's problems (Ahluwalia 2008). She writes in one of her letters:

[58]'Bombay Gynaecologists Discuss Birth Control' *Marriage Hygiene* Vol.3, No. 1, August 1936, pp. 90-92.

> I think he has made two interesting concessions: first he does not necessarily imply lifelong celibacy for the male but rather the regulation of their sex-function so that they shall not waste or exhaust their vital force through sexual intercourse and in conjunction with this terms of regulation, he is willing to concede that the safe period after scientific study, may be the answer. I also feel that if I had more time to see Gandhi day after day for one week, that it would have been possible to uproot his prejudice and to carry him on behalf of this cause. He wished very much that I could stay longer or that I could return after Calcutta, as he says he is hoping to be thoroughly convinced. I do not flatter myself that he has been convinced but I do believe that he was rather entangled in his own arguments and had to make some concessions to his reasoning mind.[59]

However, it is important to note that Gandhi did not argue for limiting population through birth control from a Malthusian understanding. He writes:

> ....if it is contended that birth control is necessary for the nation because of overpopulation, I dispute the proposition. It has never been proved. In my opinion, by a proper land system, better agriculture and a supplementary industry, this country is capable of supporting twice as many people as there are in it today (Gandhi 1947:44).

Thus, Gandhi clearly rejected the idea that rapid population growth exerts a pressure on resources or that India was poor because it was overpopulated. He was of the opinion that by bringing improvements in agriculture and industry India was capable of sustaining twice the level of its population. However, this idea of Gandhi was largely ignored and what influenced India's family planning programme during the first two Five Year Plans was his emphasis on abstinence and safe period as the only method of birth control. The next section will discuss the role of Dr Ambedkar in the advocacy of birth control in Bombay.

The Contribution of Dr B.R Ambedkar in the Discourse of Birth Control:

Throughout the nineteenth and the early twentieth century the Brahmanical Hindu construction of Indian women's sexuality was valorised by upper caste men to a large extent. The patriarchal social system considered women as having uncontrolled sexuality which was to be protected from men of the lower castes. This was possible only by secluding women at home and excluding them from public life.

[59] Confidential letter from Sanger to Dr Maurice Newfield (England) 4th December 1935, MSPP-NYU, USA.

This resulted in confining women within the family, home and glorifying the traditional notions of motherhood (Kosambi 2000). In the context of Maharashtra as well, the project of emancipating women was solely a men's enterprise. However, a powerful critique of upper caste men's dominance was put forward by women reformers like Pandita Ramabai and Tarabai Shinde. Ramabai was strongly disillusioned by the inherent discrimination of women in Hinduism and as a protest converted to Christianity in 1883. Tarabai in her booklet *Stri-Purush Tulna*-1882 made a direct attack on the hypocrisy and deceit of men. By quoting texts from the *Ramayana* and Hindu religious books, she tells the story of male lust and deception. She held men responsible for forcing women into unsuitable marriages and seducing them (Bhagwat 1995). However, for a long time, their writings were largely neglected by the mainstream Hindu society. Kosambi (2000: 95) reiterates that the social reform initiatives related to widow remarriage and education expounded by upper caste men reformers in Maharashtra like Agarkar and Ranade were largely 'ameliorative rather than radical.' They retained the perception of woman as 'wife' and 'mother' while only improving the conditions for her functioning. They argued for the slight postponement of marriage, which was linked to their need to have the birth of a healthier progeny. Thus, the Brahmanical Hindu notion idealised women's bodies as only reproductive bodies and women's sexuality as reproductive sexuality (Anandhi 1998). With respect to contraception, women were accorded no agency, and they were not even considered qualified to speak and discuss the issue of birth control. Thus, women's reproductive bodies then required only men's control' (ibid). Such dominant views about women's sexuality were prevalent in the early twentieth century. However, these patriarchal notions of women's body and sexuality were questioned to a large extent in Tamil-Nadu and Maharashtra by the non-Brahman and the anti-caste movement represented by Periyar, Phule and Ambedkar.

E.V.Ramaswamy also known as Periyar (1879-1973), the founder of Self-Respect Movement had one of the most radical views on women and contraception. He regarded contraception as an important means to end the enslavement of woman by a man. Periyar rejected the dominant understanding that reproduction takes place within the domains of the family. He argued that with the development of private property and in order to have male inheritors, women were increasingly turned into the property of a man (Periyar cited in Anandhi 1998: 154). He was of the opinion

that woman had nothing to gain from their role as biological reproducers and that child-bearing restricted their freedom as it becomes their prime duty. Anandhi (1998:155) argues that Periyar spoke strongly in support of the use of contraceptives, primarily to enable women to exercise control over their bodies and not for population control or for having a healthy India. According to him, contraception enables women to free themselves from 'loveless marriages' and thereby allow them to expand their freedoms (Periyar 1931 as cited in Anandhi 1998:156). There was a radical difference in the advocacy of contraception by the Self-Respect Movement and that of the Neo-Malthusian League, which was dominated by upper caste men of Tamil-Nadu. While comparing the propagation of contraception by the members of the Madras Neo-Malthusian League (MNML) and the Self-Respect Movement of Periyar, Hodges (2008:85) notes that the Self-Respect Movement promoted contraception as a means to eradicate the ideology of motherhood and not as means to improve motherhood, while the MNML promoted contraception for their own members while maintaining orthodox patriarchal order of marital relation. Thus, it is clear that Periyar advocated contraception as a part of an agenda for radical personal emancipation and empowerment of woman. Periyar accorded agency to woman in the question of contraception as he discussed birth control both amongst women and men in various public meetings and conferences in contrast to the Neo-Malthusian League, which discussed and debated birth control only among men. Thus, the advocacy of contraception by Periyar was radically different from the prominent advocates of birth control who dominated the birth control movement in India during the early twentieth century.

Like Tamil Nadu, Maharashtra also has a long history of social reform movements and radical anti-caste assertions. It is in this context; an attempt is made to explore the various reasons for the advocacy of birth control within the anti-caste movements in Maharashtra, particularly understanding the contribution of Dr B.R Ambedkar in the advocacy of birth control. The upper caste social reformers of Maharashtra were only concerned about the reforms and education of women of their caste. They paid no attention to the questions of the education of women from lower caste and classes. It was only leaders of the non-Brahman and anti-caste movement like Phule and Ambedkar who from the beginning of their movement made education

of all girls and women an integral part in their vision of social emancipation of the lower castes and classes (Moon and Pawar 1998).

Mahatma Phule and Dr Ambedkar strongly advocated for the liberation of women. They considered the oppression of women as a result of Brahmanical dominance. Phule (1827-1890) viewed the subordination of women as a part of the larger ideology of caste. He sought to demolish the slavery imposed by men on women. He attacked the patrilineal family, the caste system and the Hindu culture as being responsible for the oppression of women (Deshpande 2002). Phule saw the exclusion and subjugation of women as an outcome of denial of education and thus along with his wife, Savitribai, embarked on the liberation of women through education. He successfully campaigned for widow remarriage, prevention of infanticide and also demanded a ban on the practice of child marriages. Enforced widowhood at an early age was responsible for a large number of young Brahmin girls becoming pregnant. Hence, Phule started maternity homes to help the widows of the higher castes to deliver safely and thereby prevent the practice of infanticide which was predominant during that period (Omvedt 1971). Dr B.R Ambedkar was highly influenced by the legacy of Mahatma Phule and sought to annihilate the unequal structures of society that led to the subordination of women and the downtrodden. Before discussing the contribution of Ambedkar to the advocacy of birth control it would be pertinent to understand his social position and the struggle for transformation of the society that he envisioned.

Dr Bhimrao Ramji Ambedkar (1891-1956), a radical thinker and visionary leader of modern India, was born in Mhow village located in the present state of Madhya Pradesh on 14th April 1891. His father Ramji Sakpal served the British Army in colonial India. Dr Ambedkar belonged to an untouchable community of Mahar caste in Maharashtra. Hence, early in his life, he faced caste based discrimination. Despite achieving high academic excellence, he continued to experience the bitter humiliation inherent in the caste system. At a time, when untouchables were denied education, Ambedkar strived hard to complete his graduation from Bombay and pursued his doctoral studies from Columbia University, New York. He further studied Economics at London School of Economics and Political Science and Law at the Gray's Inn in London in 1920s (Omvedt 2004). On his return to India, he laid the

foundations of the movement of the Depressed Classes against the caste system. He established number of institutions for securing the educational rights of the community. He made concerted efforts to bring together all the untouchable communities and launched a powerful struggle for the transformation of Indian society, which was based on the inequality of caste system prevalent in the Hindu culture. He led a relentless struggle to secure social, economic, political and legal rights for the untouchables, known as Schedule Castes and Dalits in the post independent India. In the late 1940s, he was also appointed as Chairman of the drafting committee of India's Constitution (Jaffrelot 2000). Throughout his work and movement against caste system, Dr Ambedkar gave prime importance to the liberation of women for the annihilation of unequal social order (Rege 2006). According to Ambedkar, castes are maintained through the sexual exploitation of women as 'it is only through the regulation of and control over women's sexuality that the closed character of the castes can be maintained' (Pardeshi 1998:9). Thus, there was a constant intersection between gender and caste in the Indian context, which Ambedkar tried to highlight in all his writings.

Ambedkar saw the question of the Dalit women's identity crucial to social reform and the revolutionary struggle (ibid). He emphasised that women should be educated and be active in public life. He encouraged women to take part in various conferences and public meetings and also motivated them to speak on such platforms. This public speaking enabled many of the Dalit women to become articulate and develop confidence (Moon and Pawar 1998). He also encouraged women to form their own organisations and organised several Women Conferences parallel to Schedule Caste Conferences. According to Ambedkar, parents should not ruin the lives of children by marrying them at an early age. He emphasised that a woman is an individual, and she must have her individual freedom to decide and choose her partner for marriages. Ambedkar always reinstated his belief in man-woman equality. While speaking at the Dalit Mahila Federation in 1942, he asserted, 'every girl must stand alongside her husband not as his slave but as his contemporary, as his friend' (ibid: 145). Dr Ambedkar also repeatedly stressed the importance of education for women. In a speech delivered to a gathering of women at the Mahad Satyagraha he emphasised, 'you must educate your daughters. Knowledge and education are not for men alone. They are important for women too….if a woman is educated, the whole

family is put in touch with knowledge and education reform in ideas and ideologies becomes possible' (Pardeshi 1998:33). Further, as the Law Minister of Independent India, Dr Ambedkar also introduced the Hindu Code Bill in the Parliament in 1947 to ensure that all women had equal rights in marriage, divorce, inheritance and property ownership. However, there was strong opposition to the proposals in the bill by the orthodox Hindus. Hence, in 1951, Ambedkar resigned, when Prime Minister Jawaharlal Nehru failed to support the final passage of the bill (Zelliot 2003a). According to Rege (2012: 201), Ambedkar's resignation was an important 'landmark' in the struggle towards women rights in India and against the Brahmanical patriarchy of the state. Ambedkar was the also first person to support the maternity benefit bill for working women and argued that the financial responsibility of maternity benefit should be shared by both the employer and the government (Bhave 2010). Thus, it becomes clear that Ambedkar introduced a number of legal measures to improve the situation of women in the Indian society. He was of the opinion that the emancipation of women is central to the annihilation of the caste system.

Dr Ambedkar's Advocacy on Birth Control:

At the several women conferences that Ambedkar organised during the early 1930s, he strongly advocated the importance of practicing birth control. He would talk to women about it and advised them not to have many children (Zelliot 2003b). According to Ambedkar, the responsibility of family planning must be equally borne by both men and women. He argued that small families would give freedom to women as less number of children would free the woman from the burden of repeated pregnancies and childbearing thereby enabling them to channelize their strength for other important tasks (Moon and Pawar 2008:160). Further, he also moved a proposal through Mr P. J Roham in the Bombay Legislative Assembly on birth control on 10th November 1938.[60] He argued that women should have the right to decide whether to have a child and the number of children she desires to have. He advocated the need for wider dissemination of birth control for women's health. He states, 'many women become invalid for life, and some even lose their lives by the birth of children in their

[60] The entire speech was drafted by Dr. B.R Ambedkar. However, he was not able to attend the Assembly on the scheduled date and hence it was read by Mr P.J Roham.

diseased condition or in too great numbers or in too rapid succession. Attempts at abortion, resorted to for the prevention of unwanted progeny, exact a heavy toll of female lives' (Ambedkar 1982:268). According to him 'whenever a woman is disinclined to bear a child for any reason whatsoever, she must be in a position to prevent conception and bringing forth a progeny which should be entirely dependent on the choice of women' (ibid:268).

Ambedkar's intervention by putting forward the proposal of birth control services in the Bombay Assembly should be seen in the context of the publication of 1931 census which showed rapid growth in population as well as the intensified activities in support of contraception during this period. As seen earlier, birth control was debated in 1936 in the Bombay Legislative Assembly before the introduction of the proposal by Ambedkar. However, most often it was a matter of laughter and ridicule. Thus, when the proposal was introduced in the assembly through Mr Roham for the provision of birth control services by the state, it was fiercely debated. Ambedkar emphasised the importance of 'survival rates' rather than increasing the 'birth rates' (ibid:267). He called upon the government and municipal hospitals to provide birth control services. He argued that 'the masses in our country though illiterate, are intelligent enough and know in what their own interest lies and hence there is no doubt that they will fully utilise the invention of birth control as soon as they are made aware of their existence'(ibid:270). Ahluwalia (2008:62) argues that Ambedkar was not interested in increasing the 'number of his constituency', unlike the upper-caste Hindu nationalists. Ambedkar stressed that 'Bombay is the gateway of India, and the movement of birth control should enter the country through this very gate' (Ambedkar 1982:276). It is important to note that while Ambedkar recognised the importance of birth control to enable women to improve their health, he also regarded 'poverty' as an effect of 'population growth' and was of the opinion that 'birth control can aid to uproot poverty' (ibid:268). Thus, to some extent, Ambedkar advocacy's of birth control was influenced by the neo-Malthusian ideas of population growth leading to poverty. The proposal, when put to a vote, was defeated in the assembly as only eleven members voted in favour and fifty-two were in opposition.

The advocacy of birth control by Ambedkar assumes importance because he was trying to build a new culture among the Dalits. He was specifically aiming for

improved conditions of living for the Dalits because he considered 'poverty' and 'large numbers of children' would be an obstacle to their 'progress' (Pawar and Moon 2008:160). Ambedkar's advocacy for contraception should also be seen in the context of his own experiences as a Dalit and the experience of poverty. As Omvedt (2004:18) notes the 'early death of his mother after giving birth to fourteen children and the death of four of his own five children' clearly reflected the hardships and the extreme economic deprivations that Ambedkar lived through.[61] Hence, drawing from his own experiences, he emphasised on the idea of planned family, to provide for a socially, economically and culturally well-nourished future. However, Ambedkar was unable to pay adequate attention to the advocacy of birth control given his focus on untouchability and annihilation of caste in Indian society (Mangudkar 1976).

It needs to be recognised that the advocacy of birth control by Ambedkar was different from that of the upper-caste advocates who were in the forefront of the birth control movement in Bombay. Highly inspired by eugenic ideas, the upper caste advocates viewed the increase in the population of the poor as a problem which had to be controlled through contraceptives for the progress and survival of the nation. They saw the poor as individuals who were unable to practice restraint in their reproductive behaviour and hence advocated strict measures of birth control for them. In total contrast, Ambedkar exhibited enormous confidence amongst the poor and did not think of them as a burden. He was of the opinion that the poor and the masses were capable of utilising the birth control services for their own interest once they are made aware of its availability (Ambedkar 1982). Secondly, the upper caste men focussed their attention only on the advocacy of birth control without linking it to the larger socio-economic structure of the society (Ahluwalia 2008). They never highlighted the patriarchal social relations resulting in the subordination and the unequal status of the women in the Indian society. Instead, Dr Ambedkar situated the question of birth control within the larger structural domain aimed at improving the socio-economic conditions of life. For Ambedkar, primary concerns were annihilating caste; enhancing freedom of women and promoting women's health. Further, the upper caste advocates saw women only as a means to achieve the goal of a healthy progeny for the nation. In total contrast, Ambedkar foregrounds the advocacy of birth control

[61] Of the fourteen children, seven died at a very young age and only seven survived. Ambedkar was the youngest amongst them (Khairmode 1952).

to enable women to have control over their reproduction and thereby control their own lives. Ambedkar was not able to sustain the advocacy of birth control for a long time. However, his struggle for the transformation of the Indian society instilled a sense of self-respect and dignity amongst the Dalits (Omvedt 1994). Thus, it becomes clear that advocacy of birth control by Ambedkar aimed at liberating women from repeated pregnancies was a part of the larger struggle towards unequal caste system, the family and patriarchy. He supported the need for providing contraception primarily for improving health and living conditions of women and Dalits and not for ensuring national well-being or race betterment.

Conclusion:

This chapter made an attempt to understand various reasons for the advocacy of contraception by men advocates of birth control. As seen from the above, the main concern for promoting birth control was primarily on eugenic and neo-Malthusian grounds. It was the anxiety of multiplication of the unfit and the poor that led to the intensification of birth control advocacy. In a context, whereby the state was least interested in addressing the questions of birth control, these men were able to successfully establish a number of associations and societies involved in the promotion of contraception. They started eugenic societies and birth control clinics with the purpose of increasing the dissemination of information on contraceptives to the poor. The fear of overpopulation leading to increase in poverty became a matter of top priority for the elite men advocates. It was also a dominant understanding amongst them that birth control was necessary for the progress of nation. They were of the opinion that increase in population amongst the poor resulted in the degeneration of nation. The nation, according to the elite advocates, was to comprise of 'healthy and fit citizens born of the healthy fit mothers' (Ahluwalia 2008:25).

During the early 1930s, the elite men formed an alliance with Western women advocates of birth control, i.e., Margaret Sanger and Edith-How Martyn, who visited Bombay as a part of their world tours. This led to the increase in the momentum of birth control activities. While the Western women advocates promoted contraception as a means to reduce high maternal and infant mortality, their concerns were also fuelled by eugenics and neo-Malthusian anxieties of the poor multiplying faster. They supported birth control for Indian women only as means of spacing their

childbirth and not to prevent the birth of children (Ramusack 1989). These women provided the elite men advocates with finances and propaganda material on birth control. Further, they also enabled them to seek legitimacy to their advocacy work by helping them to publish their work in international journals (Hodges 1999). Also, during their visits to Bombay, they worked only in alliance with the influential and elite sections of the birth control advocates. Their tours were directed to inspire elite women and doctors, influence the government officials and legislators on the agenda of birth control. It is interesting to note that Dr Ambedkar propagated contraception during the same period as that of the advocacy by elite men. However, the efforts of Ambedkar was largely unnoticed by the international pioneers of birth control, i.e., Margaret Sanger and Edith How-Martyn, who were constantly in touch with the mainstream advocates such as Phadke, Pillay, Gandhi and never made any attempt to meet Dr Ambedkar. Hence, they only formed an alliance with those persons who advocated contraception as a singular agenda and not as a part of the larger struggle for transformation and social justice (Ahluwalia 2008). It is important to note that the ideas of eugenics and neo-Malthusianism were appealing to most of the elite men advocates (ibid). It is interesting to note that birth control was not promoted as a means to liberate women from repeated pregnancies. Instead, dissemination of contraceptives in Bombay was prioritised in order to ensure healthy children for improving the Indian 'race' and to make it physically strong.

Thus, the birth control movement in Bombay during the early twentieth century was highly exclusive in nature and singular in agenda. Even though Dr Ambedkar made an attempt to argue in support of the birth control in the Bombay Assembly, his advocacy was only episodic in nature, and he also embraced the neo-Malthusian idea that population growth leads to poverty. While there was increased support for birth control, the Gandhian ideas of self-control and continence were more influential. Despite several attempts, the Bombay municipality did not pass any resolutions in support of birth control and the government was also reluctant to provide any official recognition by opening any clinics whereby contraceptives could be provided. Thus, from 1920-40 birth control activities largely remained confined to the domain of individual activism and voluntary associations. Further, from 1939 to 1945 there was discontinuation in the birth control advocacy because of World War II (Schoen 2005). This affected the supply of contraceptives as well funds for operating

the clinics started by the voluntary associations. After World War II, Sanger began her renewed efforts of advocacy for birth control at the international level with the setting up of the International Committee of Planned Parenthood (Reed 1978). By this time, birth control was strongly debated by the Indian women activists. Hence, the next chapter makes an attempt to understand the contribution of women in the advocacy of birth control.

Chapter 3: Maternalism, Neo-Malthusianism and Eugenics: Women Advocates of Birth Control and Family Planning: 1930-70

Introduction:

The 1931 census indicated a rapid increase in the growth of India's population which led to the intensification of birth control advocacy in the early twentieth century. It was during this period that the question of population gained prominence as it was generally believed that India was facing a population-problem. Elite and middle-class Indians were alarmed by this growth of population. The fear was not only about the 'size' of the population, but significant focus was also given on the 'composition' of the population (Arnold 2006:27). It was a dominant understanding amongst the Indian middle classes, that there has been an increase in the poor quality of population. Thus, there was an urgent need to find solutions to the problems of overpopulation. The answer was found in birth control, which would assist in limiting the future population growth.

As seen in the previous chapter, most of the men advocates of birth control demanded increased dissemination of information on birth control for eugenic and neo-Malthusian reasons. Indian women also joined the debates on birth control under the leadership of Rani Lakshmibai Rajwade and the All India Women Conference (AIWC). Despite internal differences among the women members, the AIWC passed some resolutions in support of birth control at its various conferences. The principal rationale for advocating contraception in the AIWC was to 'improve the health of children and mother' (Ramusack 1989:41). Further, the women advocates of birth control corresponded and were in contact with the international advocates of birth control like Margaret Sanger, Edith How-Martyn and Marie Stopes. These women were invited to speak on birth control in various conferences and public meetings in India. They also assisted the Indian advocates with the supply of various contraceptive devices and pamphlets to be distributed through the birth control clinics established in major cities of India. Thus, women advocates in India were also able to maintain global networks in their advocacy of birth control (Ahluwalia 2008). It is in this context that the present chapter attempts to understand the contribution of women advocates of birth control and family planning, particularly Rani Lakshmibai Rajwade, Dhanvanthi Rama Rau and Avabai Wadia, as the three were based in

Bombay. They played a leading role in the development of India's family planning programme after Independence. The chapter attempts to explore their priorities and concerns in raising questions about birth control and family planning. It examines how their elite position shaped their understanding of birth control and family planning. Lastly, the chapter explores the global alliances developed by these women with the international advocates of birth control. The chapter is divided into five sections. The first section discusses the background in which birth control debates evolved in the early twentieth century. The second section briefly discusses the global discourse of population control in the early 1950s to understand the context in which the women advocates built their global alliances. The third section will discuss the social position of the women advocates and how they debated birth control and family planning. The fourth section, based on the archives, attempts to explore and understand how women advocates formed global networks in their advocacy of family planning, followed by a conclusion in the last section. The next section briefly discusses the larger context in which the debates on birth control evolved in India.

Nationalism and Birth Control in Colonial India:

Given the controversial nature of birth control, Indian women gradually got involved in the advocacy of birth control through the AIWC. Indian feminists worked and debated the issue of birth control within the context of nationalist movement. This had a remarkable influence in the way in which the discourse on birth control developed in colonial India (Ahluwalia 2008). Elite middle-class women leaders who were at the forefront of the early feminist movement in colonial India became concerned with birth control by the early 1930s. However, there were internal differences on the question of propagation of birth control. It was at the sixth session of the AIWC in Madras in December 1931 that Rani Lakshmibai Rajwade proposed a resolution favouring the appointment of a committee of medical women to suggest measures for regulating the size of families (Ramusack 2006). This resolution was seconded by Mrs Malini Sukhtankar from Bombay, who argued in favour for contraception because of high infant mortality rate. However, the resolution was defeated. There was opposition from Muthulakshi Reddy, who advocated abstinence and self-control as espoused by Gandhi. Infact, Reddy, the first woman member of the legislature in India, was successful in passing a resolution which taught women

'mother-craft' (Ramusack 1989:42). Rajwade and her supporters in the AIWC continued their efforts towards the advocacy of birth control. Finally, at the Lucknow session of AIWC in 1932 they were successful in passing a resolution on birth control. It is important to note that women advocates carefully avoided the dissemination of birth control as a measure for prevention of births. Instead, they emphasised the rationale of improved health of mother and children (ibid). Thus, they called for the provision of contraceptives information through birth control clinics where the poor women could be given advice and guidance to avoid repeated pregnancies. Further, in 1935, AIWC invited Margaret Sanger, the American pioneer of birth control, to speak at its session at Trivandrum. This provided a fillip to the work of birth control amongst the women advocates. The discussions at the AIWC during the visit of Sanger helped in removing a number of apprehensions in the use of artificial contraception, thereby strengthening the work of birth control in India.[1]

Ahluwalia (2008), while critically exploring the role of women advocates of birth control in colonial India (1877-1947), argues that the issue of birth control during this period was increasingly linked to the need for women to be physically strong, to act as mothers of healthy children. Thus, special attention was then given to the physical well-being and health of mothers. This led to a reinforcement of the conservative role of women as mothers and wives. It is also important to note that AIWC was an elite organisation, which was trying to represent the needs of non-elite women, who were not its members (Ramusack 1989).Over the years, the importance of birth control on the agenda of AIWC took a backstage, as the national need of seeking independence became a priority. Further, with the onset of Second World War, the activities of birth control that had begun in various cities of India ceased to exist.

However, there were few individual AIWC members who persistently championed the cause of contraception and birth control. Rani Lakshmibai Rajwade,

[1] For a detailed discussion on birth control advocacy in colonial India see: Ramusack, B (1989) 'Embattled Advocates: The Debate over Birth Control in India, 1920-1940' *Journal of Women's History*, Vol. 1, No. 2, Fall, pp. 34-64; Ahluwalia, S (2008) *Reproductive Restraints: Birth Control in India: 1877-1947*, Permanent Black, USA; Hodges, S (2006) *Reproductive Health in India: History, Politics, Controversies*; Orient Longman, Hyderabad and Hodges, S (2008) *Contraception, Colonialism and Commerce: Birth Control in South India*, 1920-1940, Ashgate, England.

Dhanvanthi Rama Rau, and Avabai Wadia were some of them. Thus, this chapter will try to understand their contribution in making birth control and family planning a national priority. It is important to note that these women were not working in isolation while debating the need for contraception. They were participating in and influencing the international movement of limiting population growth while simultaneously working at both national and regional level. Thus, before discussing their contribution, it is important to understand the changes taking place in the global discourse of birth control and advocacy of contraception for women. This will help in situating their advocacy for birth control in a proper ideological context.

Development in the Global Discourse-Birth Control, Planned Parenthood and Population Control:

As discussed in Chapter 1, in the early twentieth century, an alliance was developed between the eugenicists and the birth control advocates. With this merger, there was an increased demand to start organisations under the leadership of men. This led to the emergence of a new concept of Planned Parenthood that increasingly replaced the old term of birth-control (Gordon 1976). Planned Parenthood emphasised on having stable middle-class style families with two or three children carefully planned.[2] Further, the advocacy of birth control was highly criticised by eugenicists for leading to a growth of dysgenic population, as they claimed that contraception was only practiced by women of the upper-class. Thus, the new term of Planned Parenthood was also acceptable to the birth control advocates as well, because it focused more on having 'planned' and 'quality' births rather than preventing births (Gordon 1974:82). With this transformation, the Birth Control Federation of America became the Planned Parenthood Federation of America in 1942.

In 1946, Margaret Sanger began her renewed efforts to internationalise the movement of Planned Parenthood. To strengthen the international alliances of different persons working on the population question, an International Conference was held in the Stockholm in 1946 by Elise Ottesen-Jensen (1886-1973), a pioneer of

[2] The term Planned Parenthood came into use in the early 1940s. It was an 'apolitical' term with no calls for program of social change. It attempts to 'strengthen' the family and stabilise it as an institution. It takes 'family' and not 'women' as the unit for application of reproductive control (Gordon 1976: 341).

sex education from Sweden. It was at the Stockholm Conference that an interim committee was formed to direct efforts towards the establishment of a permanent international organisation. In 1948, the British Family Planning Association organised another International Conference at Cheltenham, under the leadership of Margaret Sanger. The International Committee of Planned Parenthood (ICPP) was constituted at this conference, which included two representatives each from Family Planning Associations of America, Britain, Sweden and Holland. The Brush Foundation provided funds for the establishment of its office (Reed 1978). With these developments, Margaret Sanger was ready for a new campaign of birth control now known as Planned Parenthood. It is important to note that by this time, Sanger had evolved as a powerful birth control advocate and was very successful in lobbying and winning the support of influential people in the USA (Kasun 1999).

By 1940s, the fear of overpopulation in the Third World countries had emerged as an important concern for the American foundations. Efforts were directed towards controlling the rapid growth of the population of poor people in these countries. To reduce the population growth, there was an increased promotion of contraception. It is important to note that the Rockefeller and the Ford Foundations along with the Population Council played an important role in the institution-building processes both in the USA and India for undertaking research on population growth, contraceptive techniques and demographic studies (Sharpless 1993). Further, in UK, there was a resurgence of eugenics ideas in the mid-1950s, when Dr C.P Blacker, the Honorary Secretary of Eugenics Society of Britain suggested that the eugenic goals should be pursued through less-obvious means by vigorously following the goal of crypto-eugenics. As a result, it was decided that the Eugenic Society should increase its 'monetary support to the family planning associations and the International Planned Parenthood Federation (IPPF)' (Faith and Parkes 1968:155).[3] During this period, the Western birth control advocates, population experts, foundations and demographers were highly influenced by the neo-Malthusian and eugenics ideologies. Hence, they identified population growth as a 'problem' and directed 'action' towards solving this impending crisis. Accordingly, they became the main 'drivers' of population control discourse (Frey 2011:79). However, during this period, the motives of population control advocates was questioned to a large extent as controlling the

[3] The later part of this chapter will discuss about IPPF in detail.

population of the Third-World countries was seen as an imposition by the West, particularly the USA (Bandarage 1997:65). Hence, the international population control advocates used the rhetorics of maternal health for directly intervening in developing countries. For instance, William Vogt (1902-1968), Director of the Planned Parenthood Federation of America argued that population control programmes 'can be sold on the basis of the mother's health and the health of other children....There will be no trouble getting into foreign countries on that basis' (Connelly 2006a:636). Further, the decade of the 1950s witnessed remarkable developments in the organisational networks build by the advocates of population control. According to Connelly (2006b:220), 'key leaders of the population control establishment sat on multiple overlapping boards, which enabled them to steer ostensibly independent organisations in the same direction.' It is important to note that in the early 1950s, neo-Malthusianism was rapidly expanding 'where people of money and leisure took an interest and formed voluntary associations,' making it a strongly upper-class based activism (Connelly 2008:166). The neo-Malthusians emphasised on directly reducing women's fertility by making contraceptives available to them. The driving force for vigorous family planning programmes was the desire to limit uncontrolled fertility, particularly of the poor women. By the time India, became independent, globally the discourse of overpopulation and population control had taken centre-stage. As India had officially declared its family planning programme in the early 1950s, it was seeking the help of the international agencies in the development of the programme (Harkavy 1995). Thus, it was in this context, that the women advocates of family planning in Maharashtra interacted with the international advocates of population control. The next section will discuss the social position of three women advocates who were in the forefront of the movement of birth control and family planning in Maharashtra.

Women Debating Birth Control and Family Planning in Maharashtra:

It is important to discuss the social position of women advocates as this had a significant influence in shaping their advocacy towards contraception. By undertaking a detailed analysis of writings by Indian feminists of the early twentieth century, Ahluwalia (2008:86) has clearly shown how the dominant feminist discourse on birth control was the outcome of their 'subject-locations' as middle-class women. She

further argues that it is very important to understand the socio-economic, political and cultural background in which these women were located as it helps in understanding how their position in the social hierarchy influenced their outlook towards birth control. Based on the work of Ahluwalia (2008), the present chapter will attempt to critically study the writings of Lakshmibai Rajwade, Dhanvanthi Rama Rau and Avabai Wadia. These women were at the forefront in the advocacy of birth control in Bombay during the early years of 1930s and later evolved as leaders of family planning in the post-independence period. This chapter is based on the writings of three women in various books, articles, letters, conference speeches, committee reports, newspaper articles, private papers and their memoirs. I argue that while advocating birth control and family planning for improving maternal and child health, the main concern of these women was not the health and well-being of the women; instead their focus was on reducing the population on an urgent and immediate basis. In other words, it attempts to understand how women and their bodies were seen as means to further the agenda of population control.

Rani Lakshmibai Rajawade (1887-1984) was the eldest daughter of Sir Mororpont Joshi, a nationalist and a social reformer, who worked for women's emancipation and education (Ramanna 2012). After completing her matriculation from Calcutta University, she joined the Grant Medical College at Bombay. She pursued higher medical education from England. She was a gynaecologist by profession in Bombay, who also found time to pursue welfare activities.[4] She was the honorary organising secretary of the AIWC from 1930 to 1935, Chairman of its Standing Committee for two years and its President in 1939. Apart from this, she was also a member of several other local and national organisations like the Mahila Mandal of Gwalior (Basu and Ray 2003). She was married to General Ganpatrao Raghunath Raja Rajwade of the Gwalior princely state. She was appointed as the Chairwoman of the Subcommittee on Woman's Role in Planned Development and was also a member of the Subcommittee on National Health under the National Planning Committee appointed by the Indian National Congress in 1938 (Wadia 1950).

[4] Voluntary social welfare work was the most acceptable occupation outside home for middle and upper class women who had sufficient 'time' and 'money' (Caplan 1978:118).

Dhanvanthi Rama Rau (1893-1987) a Kashmiri Pandit was born in Hubli.[5] After pursuing her post graduation in English, she joined Queens Mary College, Madras as a teacher. Rama Rau was also one of the 'committee members' of the Eugenic Association formed at the Madras Presidency College (Caldwell and Caldwell 1986: 39). She was an active member of the Theosophical Society of Annie Besant for few years.[6] She married Sir Benegal Rama Rau, a Saraswat Brahmin, who completed his Indian Civil Services from Cambridge and went on to become the Indian Ambassador to the United States of America. He was also the Governor of the Reserve Bank of India in the late 1940s (Rau 1977). Lady Rama Rau was involved in the Age of Consent reform and campaigned for the Sarda Bill. In her early twenties, she entered public life and worked for the social welfare and women issues. She helped draft a memorandum for women's franchise and took an active part in campaigns for the education, emancipation, and progress of Indian women. She travelled widely and was the representative of the AIWC in London from 1929 to 1935. She was elected as the President of the AIWC in 1946. She was a 'pioneer in family planning work' and helped put it 'squarely on the map of India' (Basu and Ray 2003:219). Rau also worked for the famine relief in Bijapur in 1943 and Bengal in 1944. She was the founding member and President of Family Planning Association of India (FPAI), the largest voluntary organisation in India. She was also the Joint President of the International Planned Parenthood Federation (IPPF) established in Bombay in 1952. She became the President of IPPF in 1963 (Rau 1977). Rau was known as the 'self-declared mother of family planning movement in India' (Hodges 2006a:132). She received several national and international awards in recognition of her contribution in the field of social welfare and family planning. For example, she was awarded *Kaiser-I-Hind-Gold Medal* in 1938; *Padma Bhushan* in 1959 and Watumull Foundation distinguished service award in 1967 for her dynamic leadership in the family planning movement (Basu and Ray 2003). For Rau, population growth was a looming threat to the future development of India and she always thought that something drastic should be done to solve the population problem (Rau 1977).

[5] In her memoir, Rau mentions that she was distantly related to Jawaharlal Nehru (Rau 1977:145)

[6] Annie Besant (1847-1933) famous for the Bradlaugh-Besant trial of 1877-78 after publishing the work of Charles Knowlton on birth control was the first Secretary of the Malthusian League established in 1877 in Britain. She had published a 'neo-Malthusian' tract entitled, *The Law of Population* (Rao 2004:101). She argued in support of population control by insisting that famines were 'caused entirely by overpopulation' (Connelly 2008:19). Besant was the President of the Theosophical Society in Madras.

Avabai Bomanji Wadia (1913-2005) was born in a well-respected Parsi family in Colombo. Her father was a high-ranking official in a shipping company in Ceylon. She completed her school education in Colombo and pursued her higher studies from Cambridge. She became the first woman lawyer of Ceylon to pass the Bar Examinations from London (Wadia 2001). She was married to Bomanji Wadia, a Harvard graduate with a Doctorate from Columbia University, who later became a prominent industrialist of Bombay. After marriage, Wadia permanently settled in Bombay in 1941. Like Rama Rau, she was also a member of the Theosophical Society. Her continued work with the AIWC brought her into contact with the advocates of birth control and family planning. Wadia got interested in the work of family planning while working as an editor of *Roshni* the monthly magazine of AIWC. Mrs Elfriede Vembu, a social worker, based in Bombay, approached Wadia to write some articles on family planning in *Roshni.* However, Wadia soon realised that if they continued their advocacy of family planning through a magazine they would not be able to reach the underprivileged illiterate mothers (ibid). Thus, she decided to get actively involved in the FPAI. She was one of the founding members and the Honorary General Secretary of the FPAI established on 23rd July 1949. Wadia was elected as the President of the FPAI in 1964 and continued her association with the FPAI for three long decades and became an 'unofficial historian on family planning.'[7] Under her leadership, there was a massive expansion of the FPAI branches all over India. She was very successful in seeking the co-operation of the industries and trade unions in promoting the idea of small family norm amongst industrial workers in the organised sector in Bombay (Wadia 1978). She linked the question of population growth to the environment and argued that uncontrolled population growth will lead to ecological crisis (Wadia 2001). She was the president of IPPF for the years 1983-89. She received the *Padmashree* (1971) and *Padmabhushan* (1981) awards in recognition of her service in family planning (Neogi 2004). Wadia was also the editor of the *Journal of Family Welfare* from June 1956 to April 1999 (Apte 2013).

The above biographical accounts make it clear that all three women came from socially elite, upper class and caste families, were highly educated and married to influential persons. They were actively involved in various women's organisations

[7] Bell, P (2005) 'Avabai Wadia: An Obituary' *The Guardian* 11th August, 2005. http://www.theguardian.com/news/2005/aug/11/guardianobituaries.india accessed on 21st May, 2016.

and were in the forefront in the official committees appointed by the Government of India. It is in the light of this, the following section discusses their ideas on birth control and family planning in detail.

As discussed earlier, Rani Lakshmibai Rajwade was the first member of the AIWC who argued for the appointment of a committee of medical women to suggest measures for regulating the size of families as early as 1931. She continued her efforts in this direction and finally managed to pass a resolution on birth control at the AIWC session at Lucknow in 1932. She was appointed as a member of the Sub-Committee on National Health of the National Planning Committee appointed under the Chairmanship of Jawaharlal Nehru in 1938. As a sub-committee member she had drafted a 'Note on the Investigation into the Volume and Causes of Infant Mortality as well as Mortality among Women and Suggestions of Ways and Means of Reducing such Mortality', which was included as an Appendix-IV in the report. This note clearly indicates her views on the importance of birth control as a means to improve health of children and thereby to rejuvenate the Indian race. Accordingly, Rajwade appealed on an urgent basis to recognise the grave problem of high maternal and infant mortality and its deleterious consequences in the process of reconstruction of India. She argued:

> How can a dying race undertake or even whip up enthusiasm for economical and social reconstructions…. All our planning will be based on treacherous ends if we do not plan, first for strengthening the basis of vitality in the race; indeed, there is not much hope for the future of this nation if our planning does not start with the assumption that our race needs a fresh start biologically (NPC 1947c: 81).

Thus, she was successful in highlighting the importance of race betterment in the process of building a new and a healthy independent India. In this report, she also called for the 'provision of goods, instructions, demonstrations and consultations on birth control' to enable women to play their central role of 'mothers'. According to her, this was very important, given the fact that the 'high mortality among mothers and children in this country is in part due to frequent pregnancies involving a terrific strain on the nerves and a vitality already abnormally low' (ibid:85). Arguing in support of birth control she said:

> Children are born not as a creative evolutionary response to the vital urge, but as brittle standardised products of tired reproductive

> machinery automatically set in motion by the sexual act. The reproductive system has to be kept fresh and vitalised to respond creatively and must not, therefore, be subjected to that strain. That can only be done by controlling pregnancy by contraceptive methods. Much research is needed before contraceptives can be made cheap and safe enough to use (ibid 85).

Thus, as can be seen, Rajwade was successful in making a strong argument for the need of birth control to improve the health of children and mother in the interest of the nation.

Rajwade was also appointed as a Chairwoman of Sub-committee on 'Woman's Role in Planned Economy'. The report observed that in India especially where the 'population is increasing by leaps and bounds and where poverty increases in the same proportion, control of the population is necessary. From the eugenic point of view, the Indian stock is definitely deteriorating' (NPC 1947b:175). It is, therefore, more necessary….to see that children born in this country are healthy and will continue to be healthy. This can only be possible if the right kind of persons marry; secondly, through the proper spacing of children.... and thirdly by the limitation of the family. This can be achieved if men and women have sufficient knowledge of the methods of birth-control (ibid: 175). The Committee further, observed that 'self-control is indeed a high ideal…we recommend it to those who can adopt' (ibid:175). It recommended that 'birth control clinics controlled by the State and staffed with medical men and women should be established where instructions should be imparted to those persons who wish for it' (ibid:176). The Committee also resolved that 'the State should follow a eugenic programme to make the race physically and mentally healthy. This would discourage marriages of unfit persons, and provide for sterilisation of persons suffering from transmissible diseases of a serious nature, such as insanity or epilepsy' (ibid:226). Thus, as can be seen, Rajwade framed the need for wider dissemination of contraceptives by deploying both eugenic arguments as well as showing concern for the health of mother of children to ensure national welfare.

Rajwade was very effective in putting the role of motherhood central to women's existence. She was of the opinion that 'girls who are the mothers of tomorrow should be taught the elements of maternity' (Rajwade 1938:87). She further argues, 'child and maternal mortality are directly related to frequent childbirth. The mothers grow anaemic, emaciated and are easy victims to diseases while the

offspring's of such mothers are none better.' According to her 'the ideal before us should be happy homes with healthy children who are sure to develop into sensible and prosperous citizens' (ibid: 89). Thus, Rajwade saw birth control as means of regeneration of the nation, whereby improved maternal and infant health would lead to the progress of national economy (Chaterjee and Riley 2001).

Ahluwalia (2008:95) argues that upper-class Indian women like Rajwade called for the support of birth control and contraceptives within the 'patriarchal ideology of motherhood' thereby dismissing the radical notion of birth control. By doing so, they reinforced the traditional role of women as mothers and wives. It can be noted that from the debates within the AIWC in the early 1930s, birth control was now strongly recommended to be included as a part of national planning through various committees. Nevertheless, the focus was more on improving the physical well-being of mothers to ensure a healthy progeny. Thus, Rajwade played a central role in linking birth control to the health programmes within the nationalist frame. While Rajwade was successful in making birth control a national priority in the immediate period before Independence, Dhanvanthi Rama Rau and Avabai Wadia was successful in making family planning a part of the India's planned development in the post independence period. They also played a leading role in incorporating India's efforts in family planning with the global discourse on population control. The next section attempts to understand how this was achieved.

Women Advocates and Global Alliances:

This section based on the archives from the Sophia Smith Collections, Margaret Sanger Papers Project, the Rockefeller Archive Centre and the Francis Countway Library of Medicine in the USA, will make an attempt to understand the contribution of Dhanvanthi Rama Rau and Avabai Wadia in the discourse of family planning. A substantial part of the archives includes correspondence between Rau and Wadia with international advocates of population control based in UK and the USA. For example, this includes C.P Blacker, Vera Houghton, Margaret Sanger and Dr Clarence Gamble. The letters mainly pertain to the organisation of conferences in India of the International Committee of Planned Parenthood. The Third Conference on Planned Parenthood was held at Bombay in 1952, while the Sixth Conference was organised at New Delhi in 1959. While there is a predominance of archives related to

the conference organised in Bombay and its aftermath, there is limited correspondence about the 1959 conference. This is reflected in the chapter as well. By analysing the archives, I intend to explore the priorities in the advocacy of family planning of these two women and how they were successful in shaping the discourse on family planning at the state level in Maharashtra and also at the national level in the post-independence period. It makes an attempt to explore and understand their contribution in bringing family planning to the forefront of policy making. It will also show how with the involvement of these two women, Bombay and India was increasingly becoming important in the global discourse of population control. The chapter is based on the archives and the available published literature in terms of their memoirs, government reports, speeches at the conferences, newspaper clippings and journal articles, etc. I argue in the chapter that the women advocates of family planning used the rhetorics of improving the health of mother and child only to further their agenda of population control and thereby to reduce the birth rates at the earliest. The women advocates were obsessed with demographic targets which were to be achieved through women's bodies. Further, I see the organisation of the international conferences, largely as a gathering of individuals primarily inspired by the ideas of eugenics and neo-Malthusianism that led to the institutionalisation of the dominant neo-Malthusian understanding towards the advocacy of contraception in India. As Barret and Frank (1999:198) argue neo-Malthusian ideas consolidated after the World War-II when population control was directly linked with 'national interests' resulting in an increase in the density of international conferences that 'set forth a policy model for the states to adopt'. Moreover, by the time Dhanvanthi Rama Rau and Avabai Wadia began their work of family planning in the late 1940s, there was in existence a strong institutional network providing funds for international family planning work (Schoen 2005). As seen earlier, Sanger was a key player in the population control establishment and was very successful in lobbying with powerful and influential people in the USA for the promotion of birth control in India.

In the post-war period, major developments had taken place in Bombay with respect to family planning. Lady Rama Rau after returning from the USA found herself with free time for welfare activities. She was well connected with several

social welfare organisations, most of them working for women.[8] In Bombay, after settling in her new home, she looked around the city to see the changes that had taken place in her absence. She realised that there was a 'massive growth of colonies of squatters in vacant spots in the city, where men and women lived in deplorable conditions and their dwellings were made of thatch, tin old crates and even cardboard' (Rau 1977:240). According to Rau, 'these ramshackle enclaves became plague sports, poisoning the environments of open spaces of the city…. Children swarmed about the huts, naked, undernourished and uncared for while the parents were at work. More were being born every day into those squalid conditions to live like maggots in a pile of refuse' (ibid:240). During her visit to the houses of mill workers in the slums of Bombay, she saw pregnant women suffering from tuberculosis and also the birth of mentally handicapped children. Hence, she was anxious because of the excess fertility of the poor people in the slums of Bombay. Accordingly, Rau decided that it was the field of family planning, where her free-time should concentrate on the enormous needs of India's poor. It was through the 'glimpses of slum life' it became clear to her that, no matter how much the 'social workers tried to improve conditions, nothing could be accomplished while unlimited numbers of children continued to be born in crowded houses where expansion was not possible' (ibid: 243). She writes in her memoirs that family planning had been an important issue with her for years, and she immediately saw the necessity to break away from women's organisations to launch a new venture (ibid). Hence, Rau distanced herself from AIWC as she began her family planning work. She also saw the need for a separate organisation to bring together expert men and women from different disciplines to serve the cause of family planning. It was in family planning that she found a 'new purpose in life' and decided to work for family planning 'single-mindedly and intensively'(ibid:243). According to her, 'limiting our population was a fundamental and pivotal necessity, if we were to make the gigantic task of social and economic improvement successful' (ibid:243).

During this time, the Planning Commission had also been established, and the Government of India was engaged in formulating the First Five Year Plan for the country. However, Rau was of the opinion that India was preparing itself for a

[8]In Bombay, Rau was associated with organisations like the Women Graduates Union, the Maharashtra State Women's Council and the Bombay Branch of the AIWC. She worked at the School for the Blind, the School for Mentally Handicapped Children and the Society for the Rehabilitation of Crippled Children and other organisations mostly concerned with women and children (Rau 1977:208).

'population explosion' (ibid:245) because of the wide gap in the death rate and birth rate which in turn was a consequence of medical advances that contributed to the saving of lives. Thus, she embarked on strongly advocating in favour of family planning making it a priority programme by bringing the subject prominently before the Planning Commission, as a concrete programme with special financial backup. It was with this determination that Rau was motivated to establish the Family Planning Association of India (FPAI). She requested her husband for one room, in their large and fully equipped Reserve Bank of India House.[9] Accordingly, Rau established the FPAI in July 1949 by converting the Family Planning Society started by Dr A.P Pillay in the early 1940s. [10] She declared herself as the President, Dr A.P Pillay as the Chairman and Avabai Wadia as the Honorary Secretary. In the same year, FPAI opened its first clinic in the Western Railway Colony and named it *Kutumb Sudhar Kendra* (Family Welfare Centre). She writes:

> Having got our committee, our office, and clinic premises set; we had to initiate projects and find people to campaign among the underprivileged and to educate both men and women about the necessity of limiting their families. At the Family Welfare Centre, we began to educate them in simplest and least threatening terms about the need for controlling the size of their families (Rau 1977:247).

After setting the clinic, Rau approached the Planning Commission to direct their attention to the question of population control. Even though there were enormous anxieties amongst the elite policy makers towards rapid growth of population, no concrete steps had been undertaken to control the population. This is because the first Health Minister of India, Raj Kumari Amrit Kaur, a disciple of Gandhi and a Catholic was against the inclusion of any kinds of artificial contraceptives in the official programme of planned development (Harkavy and Roy 2007). Further, the Chief Minister of Bombay, Morarji Desai was also opposed to the idea of family planning and supported only self control as the main method of birth control (Rau 1977). As the official attitude towards family planning was divided, FPAI occupied a central role in the development of family planning in India (Wadia

[9] Initially, her husband was hesitant to allow the use of a government house for the purpose of family planning as there was no official policy of Government of India on this (Rau 1977).
[10] In 1940s, Pillay's Family Hygiene Society (FHS) which was the new name for the Society for the Study and Promotion of Family Hygiene started in 1935 incorporated the AIWC clinic known as the Bhagini Samaj. After this merger the Family Hygiene Society became the Family Planning Society (Hodges 2006a)

1984). According to Rau, population control was apparent to her, and the FPAI but not to the Government as 'strong forces in the state and central government were opposed to introduce family planning in health programmes' (Rau 1977:250). FPAI then sent a memorandum to the Planning Commission on the 'Growth of Population in Relation to the Growth of Economic Development' to draw their attention to the urgent need for population control (ibid: 253). Accordingly, the GoI invited Rama Rau to be one of the representatives on the Advisory Panel of Health constituted by the Planning Commission to make recommendations for the First Five-Year Plan.[11] The health panel formed a Subcommittee on Population Growth and Family Planning on 11th April 1951, of which Rau was one of the members, along with R.A Gopalaswami[12] and Dr Sushila Nayar.[13] This committee was chaired by the Health Minister, Raj Kumari Amrit Kaur. There were sharp differences of opinion in this committee regarding the importance of family planning. Rau strongly argued for the inclusion of family planning in the Five-Year Plans on a 'priority basis,' while Sushila Nayar argued that the 'State can never control population' (Notestein 1951 as cited in Samuel 1966: 53). Within three days on 14th April 1951, the subcommittee submitted its report recommending that the 'State should take suitable steps for initiating a programme of family limitation to reduce the birth-rate until the population was stabilised at a level consistent with the requirement of the national economy' (Raina 1988:7). Finally, when the draft First Five-Year Plan was declared in 1951, the Health Minister agreed to include family planning in the Five-Year Plans but on a condition that no chemical contraceptives should be used and emphasis had to be laid only on rhythm method. Thus, in the early 1950s, India's family planning programme faced a 'contradiction of reconciling neo-Malthusian and eugenic principles with Gandhian abstinence' that led to the adoption of a 'globally unique birth control experiment' (Ahluwalia and Parmar 2016:130). Moreover as Raina (1988:7) highlights, Rau was very disappointed with the inclusion of rhythm method as the only method of family planning and hence, in a supplementary note to the main recommendations of the subcommittee, Rau suggested that every health centre in the country should be provided with birth control appliances and literature under the

[11] Avabai Wadia was invited to be a part of the Advisory Panel on Social Welfare (Raina 1988:5).
[12] R.A Gopalaswami was the Registrar General and Census Commissioner of 1951, Census of India. He was also the Secretary of the Bengal Famine Inquiry (Caldwell 1998).
[13] As the personal secretary and physician of Gandhi, she was highly influenced by his ideas of abstinence and self-control. In the early 1960s, she became the Health Minister of India (Tare 2001).

guidance of the Medical Officer. This should be made available free of cost particularly to the poor classes. It is important to note that, Rau's efforts on the Advisory Panel of the Planning Commission led to family planning being accepted as one of the priorities in the health chapter of the First Five Year Plan (Ramji 1977).

Thus, as seen from the above, there was a widespread existence of eugenic and neo-Malthusian anxieties among the elite women in India that led to the easy acceptance of ideas of birth control. It is important to note that, 'women's right to contraception in India was not an outcome of protracted battles on the part of women as in the countries of West' (Rao 2004: 23). There was a widespread acceptance of neo-Malthusian concerns with overpopulation as a cause of Indian poverty amongst the Indian women advocates associated with the AIWC in the post-independence period. It is in this context that there is a need to understand the correspondence that Lady Rama Rau and Wadia exchanged with Sanger and other international population control advocates.

Third International Conference on Planned Parenthood at Bombay, 1952:

The setting up of the FPAI in July 1949 at Bombay was an important landmark in the development of family planning movement in India as well in the West. Visaria and Chari (1998:55) argue that the 'interest of the Indian elites in family limitation finally culminated in the establishment of the FPAI'. The Government of India had not yet declared any official policy on family planning. It was through the FPAI, a voluntary organisation that interventions and advocacy of birth control were carried on. Thus, in 1951, there was a discussion between Margaret Sanger, Ellen Watumull (Director, Watumull Foundation) [14] and Vera Houghton (Secretary-International Committee of Planned Parenthood, London) about the need to organise the Third International Conference on Planned Parenthood in India by the FPAI. Ellen Watumull after her visit to India was very much interested in helping India on the question of population control. She approached Margaret Sanger and asked if she would be willing to organise an international conference on birth control in Bombay. Watumull and Sanger shared a similar belief that India was the 'flashpoint of population explosion' (Greer 1984:340). Watumull also writes to Vera

[14] She was the wife of a Hindu millionaire businessmen based in Hawaii who set up the Watumull Foundation to carry out their philanthropic work (Greer 1984).

Houghton, stating 'It would seem advisable to us to let the initiative come from the Family Planning Association in India, which are striving hard to gain headway against the opposition of Health Minister Raj Kumari Amrit Kaur'. She further writes, 'If the FPAI takes the initiative in organising the Conference and invite delegates and speakers from other countries, I believe it will do more to strengthen their cause there than if the Conference were to be organized from the outside.'[15] It becomes clear from the memoirs of Rau and Wadia, that Margaret Sanger had sought an invitation from the FPAI to organise the International Conference of Planned Parenthood in India (Rau 1977; Wadia 2001). This was necessary to avoid the blame of imposition of ideas from the Western countries on India.

On 8th July 1951 in a public speech, Prime Minister Jawaharlal Nehru declared that 'the State must encourage birth control to check the rapid increase in population which has risen by the fantastic figure of 42 million in the past 10 years. From being the fad of some individuals in India, this has become one of the important issues before the country.'[16] This statement by Nehru provided a fillip to the interests of the Western advocates about population control in India. There was much enthusiasm amongst the proponents of birth control. Watumull writes to Sanger on the 8th August 1951, 'There is no doubt that you were as delighted as we were with the announcement by Nehru of the five-year economic plan proposed for India that includes birth control and the prevention of famine.'[17] Further, Rama Rau kept the Western advocates fully informed about the developments taking place with respect to family planning in India. In a letter to Watumull, Rau writes:

> The publication of the draft report of the Government of India Planning Committee included a section devoted to family planning. The report recommended that State should be involved in the activities of training and research in family planning. It also recommended that 25 lacs of rupees be allocated for family planning during the next five years i.e five lacs per year.... You can imagine how pleased we were

[15] Letter from Watumull to Vera Houghton, 17th May 1951 [MSM S34:543] available at http://editorsnotes.org/projects/sanger/notes/320/ accessed on 28th July 2014.
[16] Selections from Freedom (1951) 'Nehru publicly supports birth control for India', 'Mankind is One' Selected articles from the Anarchist Journal *Freedom*, Vol. 1, Freedom Press, London p. 98.
[17] Letter from Watumull to Margaret Sanger, 8th August 1951 [MSM S35:79], available at http://editorsnotes.org/projects/sanger/notes/320/ accessed on 28th July 2014.

> when the report came out; especially as any such plan sponsored by the government is bound to have great propaganda value.[18]

The declaration by Nehru and also the provision of funds in the First Five Year Plan motivated, the FPAI to organise a National Conference on Family Planning to check the interest that existed in this field. Accordingly in 1951, the FPAI organised the First All India Conference on Family Planning in Bombay from 30th November to 2nd December. The conference provided an opportunity to bring together various persons interested in the work of birth control and family planning in India. In his presidential address at the conference, Dr S. Chandrasekhar said, 'Our level of living is so low that any further addition to the number of poor families may well be disastrous and birth control was the only solution to the population problem' (Chandrasekhar 1952:89). [19] The organisation of this conference had significant implications at both national and international level and was timely for two main reasons. First, the conference coincided with the discussion on the Draft First Five Year Plan of the country which was in progress. Second, this conference was widely reported in the news carried by the foreign press (Raina 1988). Thus, Rau writes to Sanger immediately after the conference, informing her that the:

> All India Conference on Family Planning was a great success. One hundred and ten delegates registered, and the opening session drew an audience of about 700. On the second day, there were approximately 400 people both at morning and afternoon session. We had the most encouraging messages from the Prime Minister, the Finance Minister, the Governor of Bombay, and several others. This conference was attended by Dr Abraham Stone (Director Margaret Sanger Research Bureau) and Prof. William Ogburn, (Sociologist at the Chicago University).[20]

The success of the conference fully convinced the international advocates that there was significant interest in India regarding the question of population control. Thus, the time was ripe for organising the international conference in India. The report of the national conference was published from the donation of US$200

[18] Letter from Rau to Watumull, 10th August 1951, Box: 37, Folder: 1, Margaret Sanger Papers, Sophia Smith Collection (SSC), Smith College, Northampton, Massachusetts. (Henceforth, I will only write the names of the persons between whom the letters were exchanged and the box and folder number. Unless otherwise specified, the source remains the same i.e.SSC). I am grateful to Kathleen Nutter, Archivist and Nichole Calero, Administrative Assistant at the SSC for sending me the archives online in March, 2014.

[19] He was the Director of Indian Institute for Population Studies, Baroda University and became the Health Minister of India in 1967.

[20] Letter from Rau to Sanger 11th December 1951, Box: 37, Folder: 6.

received from Dr Clarence Gamble (Member, International Committee of Planned Parenthood) of Milton. This report was also sent to Sanger.[21] Replying to Rau's letter, Sanger congratulated her on the success of the Conference on family planning. 'An audience of 700 is very good… You must have had good publicity and, 'I know you are happy that something very important has begun because of your leadership in India.'[22]

After having fixed the dates and the speakers for the International Conference of Planned Parenthood in consultation with Margaret Sanger and Watumull Foundation, the next important question was to decide the location of the Conference. In a letter to Sanger, Rau writes:

> We think Bombay is better than any other town for the Conference, as both the authorities as well as the general public are more conscious of the subject than anywhere else. The Bombay Municipality has seven birth control clinics in different parts of the town and are opening four more. There are also several private organisations and medical practitioners who have opened their own clinics. The subject is openly discussed and written about frequently.[23]

Sanger also preferred that Conference should be held in Bombay. She writes, 'I also agree that Bombay is a better place than Madras. I was able to appear before the Bombay municipality, when I was in India and explain them the importance of birth control being carried out under their direction.'[24] However, apart from the already existing interest in birth control and the availability of clinics, there was another important reason for selecting Bombay which becomes clear from Sanger's letter:

> Of course, New Delhi is also a place that might be worth considering, but we do not want the National Health Authorities to be informed. We would like to have those officials or politicians in New Delhi to attend the conference whenever possible. Often, they will not leave the city to go to hear even the best speakers, but they will drop in, if it is at their convenience, if the conference is held nearby. That is why, so many conferences in this country are being held in Washington rather than New York which after all is only an hour away by plane.[25]

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[21] Letter from Rau to Sanger 11th December 1951, Box: 37, Folder: 6.
[22] Letter from Sanger to Rau 28th December 1951, Box: 37, Folder: 6.
[23] Letter from Rau to Sanger 11th December 1951, Box: 37, Folder: 6.
[24] Letter from Sanger to Rau 28th December 1951, Box: 37, Folder: 6.
[25] Letter from Sanger to Rau 28th December 1951, Box: 37, Folder: 6.

One of the reasons, why Sanger was not interested in organising the conference in Delhi, could be the strong opposition of the Health Minister Raj Kumari Amrit Kaur towards the use of any artificial contraceptives in the family planning programme. Sanger was worried that there might be opposition from the government officials. Secondly, Dr Abraham Stone, who was the Director of the Margaret Sanger Research Bureau at New York, was in India recommending the government on rhythm method (Srinivasan 1995). In fact, in 1951, Health Minister, Raj Kumari Amrit Kaur requested the World Health Organisation (WHO) mission to advice on promoting the rhythm method for India. Hence, WHO deputed Dr Stone for this purpose (Harkavy 1995). In this context, the entire conference on Planned Parenthood was seen as an important medium for the propaganda of population problem so as to convince the official authorities that the rhythm method was not the answer to such a massive growth of population. Thus, when Dr Stone stayed with Rau for a few days, she expressed her doubts to him about the rhythm method especially for India with her large illiterate population. Rau informs Sanger about what she discussed with Dr Stone. She writes, '….Number of persons felt that you would be undermining the work we had been doing, for there was an impression spreading that a well known expert like you was propagating the safe-period theory in preference to contraceptives.'[26]

Further, the concern for adoption of rhythm method and the need for organisation of this conference were clearly evident from the final report of the conference published from Bombay; Rau writes in the introduction of the final report that:

> FPAI anxious to throw up the whole…. important question of rhythm method, open to public discussion and to secure the advice of international specialists. That the rhythm method is not accepted as a 'sole panacea' for the solving of the question was proved by the fact that 487 delegates from every state of India and from 13 other countries were present at the conference and valuable contributions to the discussion were made (Rau 1952:iii).

It is quite interesting to note that, at a time when the Indian advocates of birth control were increasingly seeking State support to provide legitimacy to their work, the Western advocate's preferred minimum intervention from the government. This

[26] Letter from Rau to Sanger 11th December 1951, Box: 37, Folder: 6.

clearly shows how the international population control advocates were mainly interested in working directly with the Non-Governments Organisations (NGOs) rather than the State in the initial years. Connelly (2006b:202) has clearly shown that population control advocates were prepared to 'act without the knowledge or consent of the governments'. Further, they were also very successful in insulating the projects of limiting population 'without having to answer to anyone in particular' (ibid:202).

While on one hand Sanger was not interested in government participation or involvement, Sanger and Blacker were keen to have the names of the leaders from India to support the Conference.[27] She writes to Rau stating:

> Dr Blacker of London is very anxious that the invitation which will go out officially from London shall contain rather weighty names of the Indian personalities who are sponsoring the conference. He feels, as do I; that the greater the names the easier will be the inclination of those receiving invitations to take this conference seriously. If the names of Pandit Nehru and Mrs Pandit, his sister, could appear as patron or patroness of the Conference, we feel certain it would gain in importance in the English speaking world.[28]

However, Rau informs Sanger that it is, 'not possible to get an invitation from the Government of India, as this conference was not being sponsored by the Government.'[29]

Given the international nature of the conference the requirements of the funds was extremely high. While Rau was successful in garnering the support of the AIWC in supporting the international conference, it was very difficult to raise funds from India.[30] This concern was taken care of by the Western advocates. Thus, the Watumull Foundation provided $5,000 for this conference. Clarence Gamble and Margaret Sanger also collected huge funds in the USA for the Conference. Sanger wrote to various foundations in the USA to fund this conference. She informed Rau:

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[27] For the Third International Conference on Planned Parenthood, three Conference Directors were appointed. Margaret Sanger for the USA, Dr C.P Blacker for UK and Dhanvanthi Rama Rau for India.
[28] Letter from Sanger to Rau 15th May 1952, Box: 39, Folder: 3.
[29] Letter from Rau to Sanger 4th July 1952, Box: 41, Folder: 5.
[30] The office for planning the organization of the conference was located at the Green's Hotel, which was an annex of the Taj Mahal Hotel, Bombay. This space was provided 'free of cost' by J.R.D Tata, who was the owner of the Taj Hotel. Tata's interests in family planning led to the establishment of a voluntary organisation Family Planning Foundation of India at Delhi in 1970 with substantial funds provided by the Ford Foundation (Wadia 2001:141).

> We have made an application to one of the big foundations and we feel certain that good part of the money will be given, and we hope all that we asked for will come our way. We feel that this conference in India will have tremendous influence not only in the Orient, but in England and in the English speaking world.[31]

Further, Dr William Vogt, the National Director for the Planned Parenthood Federation of America also raised money by lecturing in the field.[32] The Eugenic Society of Britain had also 'handsomely contributed for the conference.'[33] In addition, the Brush Foundation[34] and the Rockefeller Brother's also contributed funds for the Conference.'[35] Further, Sanger repeatedly stressed through her letters that Rau should not worry about the finances. She writes, 'I wish to ensure you that by no means shall we allow you to have to hold the bag on the finances should there be a deficit.... relieve your mind of financial anxiety. I deeply appreciate the splendid work that you are doing and want to help in every way.'[36] It is evident from the archives that there was a remarkable interest in the USA about the conference being organised in India. Several people were willing to contribute funds for the same. Further, it also becomes clear from the list of sponsors published in the final report of the conference that, of the total 279 sponsors as many as 221were from the USA.[37]

While the concerns regarding the location and the funds for the conference were largely taken care of, an important question was with respect to the theme of the conference. Dr Abraham Stone, who had spent two months in India on the invitation of Government of India as a representative of World Health Organisation, to recommend on the feasibility of rhythm method, made an assessment of the family planning situation. During his stay in Bombay, he discussed the same with Rau for the

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[31] Letter from Sanger to Rau 21st March 1952 Box:38, Folder: 3.
[32] Letter from Sanger to Rau 21st March 1952, Box: 38, Folder: 3. Dr William Vogt was an ecologist and an ornithologist who had strong interest in population control. He was the author of *The Road to Survival*, which was considered to be an influential neo-Malthusian text during the early 1950s and 1960s (Robertson 2012).
[33] Letter from Vera Houghton to Sanger 21st February 1955 Box: 50, Folder: 3.
[34] Dorothy Brush (1894-1968) President of the Brush Foundation was on the Board of Directors of the American Eugenics Society. She was also an 'influential member' on the Board of IPPF from America (Gordon 1974:84).
[35] Letter from Sanger to Dr Larsen (Medical Advisor- Hawaii) 19th May 1952, Box: 39, Folder: 4.
[36] Letter from Sanger to Rau 11th August 1952, Box: 41, Folder: 1.
[37] *The Third International Conference on Planned Parenthood: Report of the Proceedings 24-29th November, 1952',* Family Planning Association of India, Bombay.

International Conference. Rama Rau in a letter informs Watumull about the discussions with Dr Stone. She writes:

> Dr Stone had the first hand information with respect to family planning. According to Dr Stone, there was a very wide awakening in regard to the need of family planning in India, both in official and non-official circles. Dr. Stone was of the opinion that there would be very little value in organising an international conference of the usual kind whose main function is when all is said, propaganda for family planning. Instead he was strongly in favour of calling an International Clinical Conference of experts on sexology in research departments for evolving cheap contraceptives, locally and for the scientific studies necessary for the subject as a whole.[38]

Rama Rau also thought on similar lines and she informs Watumull that:

> My own feeling is that the emphasis should be on scientific and practical side so that India can begin to implement the many ideas that so far remain in the realm of wishful thinking… We are certain that there is enough public opinion here on which to build up practical scheme that in the next five years with the aid of Government (Planning Commission recommendations) show definite results.[39]

However, Sanger was of the opinion that there was a need for the conference to focus on the propaganda of population problem as there had not been much development in the medical aspects of the contraceptive techniques. Reacting to the questions raised by Stone on the theme of the conference, Sanger writes to Rau:

> Your letter relative to Dr Stones impression and the result of his travels in India is somewhat upsetting to me. I agree with him and had belaboured that argument for the past ten years that the most important one single factor for the success of birth control movement is the discovery and application of a simple, cheap, non-injurious contraceptive and I have talked on this point over and over again, but not for one instant do I believe that until that has been found, that I should let up on or slow down on our educational conferences, lectures, films, etc. the more we prepare people, the masses of people to want to believe in and to desire to space their families the quicker will something be done in laboratories for simple contraceptives. As I understood, Dr Stone's suggesting is that the conference shall have scientists only. My personal view is that there is not sufficient information on contraceptives to hold a five-day conference about.

[38] Letter from Rau to Mrs G.J Watumull 24th January 1952, Box: 39, Folder: 1

[39] Letter from Rau to Mrs G.J Watumull 24th January 1952, Box: 39, Folder: 1. It is important to note that all the letters written and exchanged were marked as a copy to C.P Blacker, Ellen Watumull, Margaret Sanger, Vera Houghton, Clarence Gamble, William Vogt, unless otherwise specified as confidential.

> The population question could certainly go on for more than five days in discussions taking on soil erosions, water supplies, conservation of natural resources, food production, etc. but I find from the subject…that there is not much to my knowledge that can be discussed in the findings in the laboratories relative to the perfect chemical contraceptives.[40]

At a time, when safe and reliable contraceptives were not available, Sanger decided that the conference should focus on the propaganda campaign of population problem in India. This was undertaken with an intention of providing proof that people were demanding contraceptives to limit their families. According to Sanger, it was this concern which was to encourage immediate action in the development of new contraceptives. Thus, Sanger protested against Dr Stone's proposal to organise an international conference focusing only on the medical aspects of birth control.

The Third International Conference on Planned Parenthood organised from 24th to 29th November 1952 at Bombay was an important milestone in the development of the family planning programme in India (Wadia 1984). The conference was held at the Cowasji Jehangir Hall, Bombay before a 'large and distinguished gathering' and the 'public galleries were crowded to overflowing.'[41]This conference was inaugurated by Dr Sarvepalli Radhakrishnan, the Vice President of India and the inaugural address given by him was highly applauded.[42] He said, 'the poorer we are, the more ill-nourished we are. Sex is the only indoor sport open to us and large families are produced. It is the poor people that produce large families and not the rich ones.'[43] This message coming from a key official of India sent an important signal to the world and particularly to the foundations based in the USA that India was deeply concerned with its rising population. This also helped in clearing the misconception prevailing during the period that controlling population of the Third World countries was an imposition by the West (Bandarage 1997). Thus, population and the urgent need to control it was fiercely debated for five days. The conference was attended by distinguished

[40] Letter from Sanger to Rau 4th February 1952, Box: 37, Folder: 6.
[41] Inaugural Ceremony, *The Third International Conference on Planned Parenthood: Report of the Proceedings 24-29th November, 1952*, Bombay, FPAI, p.1.
[42] Dr S.Radhakrishan was Dhanvanthi Rama Rau's teacher at Madras University (Rau 1977). She was able to convince him to attend the conference when there was hardly any official representation from the Government of India given the opposition from the Health Minister to include artificial contraceptives in the family planning programme.
[43] Radhakrishnan, S (1952) Inaugural Address *The Third International Conference on Planned Parenthood: Report of the Proceedings 24-29th November, 1952*, Bombay, FPAI, p. 12.

gynaecologists, medical experts, and surgeons from the city and they all expressed willingness to support the work of FPAI (Wadia 1984). According to Rau (1954:32) the conference 'consolidated' the thinking of qualified 'medical' and 'scientific' advocates towards family planning policy.[44] It also strengthened the alliance between women activists working in the field of family planning in Bombay and the Western advocates, scientists, demographers, eugenicists and foundations who were eager to save the world from the catastrophe of population growth in countries like India. The common concern shared by all was regarding the quantity and quality of the population. The conference was very successful and it was the right venue to sell the message of exploding population growth. Thus, the organisation of the Third International Conference of Planned Parenthood 1952 was a historical event in Bombay for the promotion of family planning work. The Conference also provided further impetus to the activities of family planning and led to the increased recognition of the FPAI work in India. Rau writes to Sanger that:

> As an aftermath of the conference we have been having a great many requests for literature, posters, pamphlets, etc. to help new centres, both official and non-official, to be opened up. I have received letters from the Assam Government, health departments…. I have already tentatively told them that we may be starting a service which would enable a specialist to visit their areas and help, not only to start clinics on the right lines but also train personnel to make the clinics function properly. I feel that our work here in India is just beginning after the Conference.[45]

As discussed earlier, one of the main concerns of the International Committee of Planned Parenthood was to establish a permanent world-wide organisation promoting the cause of Planned Parenthood. Hence, one of the outcomes of the international conference organised in Bombay was the setting up of the International Planned Parenthood Federation (IPPF). Given the wide interests coming out of Bombay, Sanger was quick to see the potential in establishing the organisation in

[44] It is important to note that just before the conference a training programme on different contraceptives developed and used in foreign countries was held for Indian doctors. The expert doctors from abroad agreed to teach the Indian doctors attending the conference on the use of contraceptives. This was undertaken at the birth control clinic started by the FPAI at Railway Colony in Bombay. Given the low attendance of women visiting the clinic, it was decided by Rau that women should be 'paid' to visit the clinic 'daily' once in order to provide enough 'cases' for the training classes (Rau 1977:261).

[45] Letter from Rau to Sanger 14th January 1953, Box: 42, Folder: 6.

Bombay, as this could lead to increased membership from the countries of this region. In response to Sanger's letter, Rau writes:

> I quite agree with you that the time is ripe for you to help build a World Organisation on Planned Parenthood and if the first step is taken in India towards such an organisation, we will be very proud of the fact, if the idea is mooted here it will immediately draw in those Asian countries that will be represented at the Conference much more whole heartedly than you will be able to draw them in should the organisation be inaugurated in Sweden next year. When you arrive, we will work out a scheme to introduce the idea at the Conference.[46]

Thus, the International Planned Parenthood Federation was finally constituted at the end of the Conference on 29th November 1952 in Bombay with the Family Planning Associations of countries of West Germany, India, Japan, Hongkong and Singapore together with the USA, UK, Holland and Sweden as the founding members.[47] Rau and Sanger were elected its first Joint President. The headquarters of IPPF was located at the same office as that of the Eugenics Society of London provided by C.P Blacker (Reed 1978). It is important to note that the IPPF, as a private organisation was highly influential in the institutionalisation of eugenic ideas in the discourse of population control. Apart from sharing the same office with the Eugenics Society, most of the founding members of IPPF were also highly inspired by neo-Malthusian and eugenic ideas. For instance, Margaret Sanger as early as 1932 had called for the sterilisation of the whole dysgenic population (Gordon 1974). It is also important to note that in the late 1940s, 'three vice-presidents of the International Committee on Planned Parenthood were associated with the eugenics movement' (Mass 1977:33). Further, the eugenic nature of the IPPF also becomes clear in Sanger's letter to Rau on the draft constitution of the IPPF. She writes:

> Doubtless, you have had the constitutional draft that was set up by Dr Blacker and his committee in London. Copy was sent to me and also Dr Gamble. The aims as Dr Blacker's Committee has drafted them seem very meagre and general for a World Organisation. I would like to see a stronger set of aims placed before a committee, certainly something about the control of the birth rate, the importance of

[46] Letter from Rau to Sanger 27th September 1952, Box: 42, Folder: 2.

[47] Avabai shared a small 'inside story' in her Memoirs about the setting up of the IPPF. She writes, on the last day of the conference when IPPF was supposed to be established by passing of a resolution; Avabai suddenly remembered that the resolution was not yet drafted. Margaret Sanger was already on the stage presiding at the last session. In a hurry, Dr. Blacker wrote the resolution on a 'scrap paper' found in his pocket. Blacker finally read the resolution which was unanimously passed without the wording has been shown to anybody (Wadia 2001:148).

> balancing the birth rate and not dysgenic quality which today exists in all the English speaking world and if birth control knowledge continue to be acceptable and practiced by the educated and professional classes, while it is either denied as in the USA or rejected or unattainable to the masses, we will certainly soon wipe out our civilisations.[48]

As seen from the above, Sanger was anxious because of the growth in the dysgenic population. She was of the opinion that contraception was being practised only by the upper class of the people while the population of the poor people was increasing rapidly. Hence, she advocated birth control only for the poor to bring about a reduction in the birth rate. Frank (2005: 8) argues that the 'eugenic legacy' of Sanger has continued through the organisations she had established, particularly the IPPF and the Planned Parenthood Federation of America which have institutionalised the ideas of eugenics. According to Greer (1984:341), the real motivation for IPPF funding was 'population control' while publicly it talked about the 'rights of women and freedom from pregnancy'. Thus, it is evident that the IPPF was a eugenically oriented organisation and the name Planned Parenthood was just a means to achieve full acceptance and credibility.

With the setting up of IPPF, there was a need to show that work has been undertaken by the Federation. India was supposed to play an important role in this. It was the activities to be carried in India that constituted IPPFs major work. Even for raising funds for the IPPF, it was very important to show that there was significant interest and urgency in the question of population in India. This becomes clear from the letter which Sanger wrote to Rau explaining how Lady Rama Rau's role in India was important in helping the Federation in the USA. She writes:

> Mr and Mrs Arthur Sultzburger editors and owners of the powerful *The New York Times*, will leave for India on the 16th of January. Through her interest they gave the International Conference a first page story which carried all through the USA and gave delight to the hearts of many who are supporters. It is probably the first time that the *New York Times* carried the birth control word on its front pages. They will be guest at the Government House in Bombay and will of course have much entertainment, but anything that you can do personally and

[48] Letter from Sanger to Rau 15th May 1953, Box: 43, Folder: 6.

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> whisper into her ear the importance of birth control in India will go a long way in helping us here.[49]

Sanger also requested Rau to submit proposal to the foundations for undertaking large scale work based in India. She writes:

> I wonder if you would do something that, I think would be most helpful to me, in particular in raising money for the International. Would you, like an angel, get up a good sized, proper budget embodying the ideal constructive work for India? My suggestion is that a doctor or woman organiser be Director of every province of India, with a salary, with a secretary, with local headquarters and travel expenses. This would be the teaching and educational campaign which should atleast take a year. The second year could involve the distribution of material although, it is likely important and necessary that certain simple supplies should be distributed the first year, at nominal cost...I should think that such a budget could not be less than $50,000. An overall plan would receive respect from the foundations here. India is an enormous country to work for funds for one organiser that ….Dr Gore is too small a project to get big money. Not that we will get $50,000 but if the foundations see that there is a large horizon, embodying work and education, a larger percentage would come in toward that project. This is only a suggestion with which you may not agree at all but there is great interest now in India and in the reflex of motions following the Bombay Conference.[50]

She further writes in another letter emphasising that Rau should find projects that will enable IPPF to raise funds. She states:

> I suggest that $50,000 should be coming for India's work to pay doctors salaries, expenses and secretarial reports for at least two years. This would give the greatest encouragement to all the rest of the Orient if we could prove that India is accepting the idea of birth control, is putting it in practice and is eventually reaping reward and results by which, I mean families to have only the number of children that can be supported, that have health, have future possibilities of advancement and progress and leave intact the health of the parents. There is much to be done everywhere but I am particularly interested in helping India, if it can be done through the International. As many people as want to give directly, we must not refuse them the privilege.[51]

Throughout her correspondence, Sanger kept insisting Rau to plan the activities of family planning on a large scale. She writes, 'Our aim and goal should be to cover the country as we have covered it in this country, in forty eight states

[49] Letter from Sanger to Rau 5th January 1953, Box: 42, Folder: 3.
[50] Letter from Sanger to Rau 4th March 1953, Box: 43, Folder: 4.
[51] Letter from Sanger to Rau 13th March 1953, Box: 43, Folder: 4.

and England has done the same to Scotland and Wales. We need a large horizon to let the foundation know that we have vision of the welfare of the country as a whole.'[52] This clearly shows how standard model of family planning was applied to India, without taking into consideration the cultural context. It is often said that, India kept on changing the strategies of family planning as it was the first country to adopt the family planning programme and there was no precedent. However, we can clearly see how the family planning programme interventions at least in the voluntary sector were based on the model of Planned Parenthood similar to that of the USA.

William Vogt also writes to Rama Rau that he will be in a position to secure substantial funds for the development of Planned Parenthood program in South Eastern Asia and more specifically in India by involving the foundations in the USA. He informs Rau that:

> In general American Foundations are more ready to finance new ventures and to develop program than they are to give support to something that is already in operation. Most foundations do not like to involve themselves in operations that will become their permanent charges and I think that if you could set up a program calling for outside financing over a period of three to five years with a diminishing budget toward the end of the period and some expectation that the cost of operations would be assumed by people in the area itself at the conclusion of the developmental period, we should receive a more sympathetic hearing. If the project came to us as a definite request from an Indian or South Asiatic group, this would again strengthen our hand here. At least one of the foundations that I should hope would support this work tends to lean over backwards to avoid any semblance of propagandising birth control from the US. An application would obviate this road block. It would help a great deal in presenting a request if you could show that you have a strong and outstandingly competent advisory group that I should visualise as including if possible Dr C. Chandrasekaran, Dr S.Chandrasekhar, perhaps Dr Mani perhaps an outstanding American or two such as Dr Ensminger of the Ford Foundation, and a leading missionary, preferably medical etc. I may be setting my sights too high, but I should like to be in this position to request really substantial sums…in fact, I think you… to do two or three separate projects with individual budgets-one with at total budget of say $10,000 to $15,000 for three years, another for $50,000 for five years and a third for $100,000 for five to seven years. I shall have to sound the people out here but I shall certainly be willing to go after as big game as I think I can...My role

[52] Letter from Sanger to Rau 27th March 1953, Box: 43, Folder: 4.

> will be essentially that of a salesman...but I must depend on you for facts. It may be that if you can give me the material, I can lay the groundwork and we can bag our tiger after you arrive.[53]

Thus, it becomes clear that working in collaboration with Rau gave legitimacy to the work of the global population control lobby. This also helped to avoid the charge of imposition from the West, by repeatedly asserting that such demands were coming from the leaders of India. It also shows how the Western advocates insisted Rau to develop new projects on large scale to secure funds from the foundations. The above letters also helps in understanding why India was becoming central to the global discourse of population control. It further shows the enthusiasm that the Western advocates had in the work to be undertaken in newly independent India and how they were setting the blueprint of family planning interventions in India by developing the institutional structure. It was by working through the FPAI that Bombay evolved as the centre of organised voluntary efforts in the activities of birth control and family planning.

Hodgson and Watkins (1997) note that in the initial years, the IPPF was not well funded. This restricted IPPFs ability to expand its work. However, within few years of its establishment, IPPF developed alliances with the members of the Population Council and accordingly set 'to define and develop the general principles for promoting birth control overseas' (Piotrow 1973:14). IPPF also formed an alliance with Hugh Moore (1877-1972). It is important to note that Moore, a millionaire and the founder of Dixie Cup had published a pamphlet titled, *The Population Bomb.* According to him, the first step to curb population growth was to create a scare and a panic. The pamphlet played an important role in increasing the fear of the population growth. It was circulated in schools, colleges, business houses, corporate offices and also published in newspapers in the USA. The pamphlet had sold around two million copies (Greer 1984:322). Hugh Moore has been credited to have built the population lobby by involving the foundations and the private organisations such as IPPF to advocate birth control (ibid). He was of the opinion that world peace was in danger due to the excessive population growth of the poor people in Third World countries. Hence, he strongly advocated birth control as a solution for growth of slums, increased crimes, pollution, etc. It is important to note that Moore played a significant

[53] Letter from William Vogt to Rau 6th April 1953, Box: 43, Folder: 5.

role in raising huge funds for the IPPF. Dorothy Brush, the President of the Brush Foundation and who was associated with Margaret Sanger for a long time said that it was Hugh Moore who gave 'International Planned Parenthood the wings to get off the ground (Lader 1971:14). Further, General William Draper (1894-1974), a powerful advocate of population control also got associated with the IPPF. It was through his lobbying that USAID provided millions of dollars as grants to the IPPF.[54] This led to the extensive expansion of IPPF activities overseas. Hence, by the late 1960s, as Wadia (2001:257) notes the 'era of big money' began for the IPPF. A substantial proportion of the IPPF funds was contributed by the Rockefeller and the Ford Foundation as well the World Bank. It was through the IPPF that the American foundations implemented their birth control programmes in developing countries. One of the 'major recipients' of the IPPF funds has been the Family Planning Associations of different countries to undertake family planning work (Greer 1984:342). Hence, with the setting up of IPPF, Margaret Sanger was successful in bringing together all those concerned with eugenics and birth control in the advocacy of population control by promoting Planned Parenthood.

After successfully organising the Third International Conference on Planned Parenthood, there was an enormous increase in the activities of the FPAI. At its clinic known as the Family Welfare Bureau, the FPAI was instrumental in providing intensive training to medical doctors from all over the country (GoI nd). Thus, Rama Rau was trying to develop a model of family planning in the voluntary sector which she thought could be adopted by the Government. She writes:

> ...About help from the government for our organisation, we have suggested to the Planning Commission that governmental agencies open clinics on the lines of the family welfare centres, that we are running and that work of this kind be organised in ten centres in India but have asked for no direct help for our work. Like you, I feel that our voluntary work will continue no matter what schemes the government may sponsor so that we should be free from red-tapism and the notions of the varying officials in power. In fact, we hope to make our work a model for government endeavour and therefore desire to keep ourselves free.[55]

[54] Draper had 'great' interest in India's family planning and advocated larger grants to the FPAI. He insisted that the funds provided for population problems must be spent in that year itself to solve the population problem of India (Wadia 2001:258)

[55] Letter from Rau to Sanger 28th April 1953, Box: 43, No: 5.

The development of a clinical approach to family planning in India as envisioned in the First Five-Year Plan can be seen as an outcome of numerous clinics that the FPAI started in Bombay. Banerji (1976:666) argues that in the First Two Five-Year's Plans the 'operational strategy' of family planning programme was 'highly' influenced by the approach of IPPF.

The new initiatives in family planning activities of the FPAI, to a large extent were determined by the plans undertaken by Lady Rama Rau. She was in turn very much influenced by the guidance and suggestions of Sanger. Thus, Rau was planning to start a research bureau on similar lines of the Margaret Sanger Research Bureau.[56] She writes to Sanger informing her about the plans:

> My mind was working on the need for the setting up of a research bureau on the lines of Margaret Sanger Research Bureau, though naturally not as ambitious…Since we began work on the international conference… so many experts will be here, we could have the advantage of their instructions and teaching at the centre during the week of the conference…At this centre, new contraceptives may be tested in groups such as foam powder, rice jelly, rag and oil, etc.[57]

Sanger promised to provide adequate financial help in opening such a centre. Her friends at Tucson expressed 'great enthusiasm' on the opening of this experimental clinic. They were planning to help Rau in whatever ways they can. Thus, funds for developing this centre at Bombay were also collected by organising a musical event by Sanger's friends.[58]

It is important to note that Rau was not only influencing the development of family planning in India through her work in the voluntary sector, she was also appointed to various government committees and boards to recommend the Government of India's policy on family planning. For instance, in May 1953 she was appointed as a member of the Family Planning Research and Programme Committee set up by the Planning Commission, which was 'to make recommendations to the Government of India regarding research schemes, experimental and other

[56] The Margaret Sanger Research Bureau was the research wing of the American Birth Control League in the USA (Soloway 1995).
[57] Letter from Rau to Sanger 4th July 1952, Box: 41, Folder: 5.
[58] Letter from Sanger to Rau 3rd October 1952, Box: 42, Folder:1.

programmes relating to family planning to be adopted.'[59] Sanger was extremely happy with this development and writes to Rau:

> I am indeed pleased to learn the Planning Commission has appointed a Committee on Family Planning Research for India. You have gone ahead so rapidly and so extensively that it simply takes our breath away. It is all the most encouraging news for the World Birth Control Movement. The world gets better and better as we hear that the Planned Parenthood is moving ahead. It is one of the great and fundamental hopes for a future decent civilisation.[60]

Over the years, Rau was instrumental in shaping every discussion on the population problem in India as she became an important representative in the official committees of Government of India on family planning. For instance, in 1958 the Ministry of Health constituted a Committee to Review the Working of Family Planning Scheme under the Chairmanship of Rama Rau, to review the programme during the Second Five-Year Plan and to recommend proposals for the Third Five Year Plan (Gupta, Sinha and Bardhan 1992). In April 1963, she was also appointed as a pro-chairman of the Family Planning Programme Evaluation and Planning Committee to review the Third Five-Year Plan and recommend proposals for the Fourth Five-Year Plan (GoI 1966a). She was also one of the important members of the Central Family Planning Board constituted in 1956 which was an apex advisory body of the GoI on family planning (GoI 1959). Further, she was also one of the members of the State Family Planning Board of Maharashtra that was involved in the formulation of the family planning programme in Maharashtra. Thus, over the years, Rau evolved as an important leader in the family planning movement in India.

While Rau was central to the formulating of various plans and policies related to India's family planning programme, she often consulted Sanger in most of the policy matters. This becomes clear from one of Rau's letter, she writes:

> I am enclosing a full-scale plan, that I submitted some time ago to the Planning Commission on the lines that you have suggested in your letter dated 4th March 1953. The plan will cover strategic areas in the whole of India with possibilities of expansion from the beginning of the scheme through the services of specialists in each area. We are

[59] Letter from Rau to Sanger 23rd May 1953, Box: 43, Folder: 6.
[60] Letter from Sanger to Rau 29th May 1953, Box: 43, Folder: 6.

> visualising the work on an All-India basis and are pushing as hard as possible to get the government support.[61]

Thus, it becomes clear that Sanger played an important role in influencing India's policy on family planning. Further, Rama Rau fully informed Sanger about the new developments taking place in the family planning programme of Government of India. She writes:

> Here in India, we continue to make good progress, both in connection with our office as well as with the national organisation. At the last meeting of the Family Planning Programme and Research Committee of the GoI, we decided to scrap the two experimental projects on the rhythm method, which were started in 1952 after Dr Stone's recommendation…The conclusions drawn at the end of the two years of work in these centres were considered unsatisfactory, and it is decided that more monies should not be spent in the continuation of the project...The committee decided to establish 20 Family Planning Centres in Delhi under Raj Kumari's nose, where contraceptives, mechanical and chemical would be supplied. These clinics are to run on an official basis at the government expense.[62]

Thus, through Rau, Sanger was able to closely monitor the latest developments in the family planning programme of India.

In the Indian context, birth control was seen as a part of the programme that would enable couples to have healthy children by spacing the number of children born to women (Ramusack 1989). However, influenced by eugenic and neo-Malthusian thinking, Sanger was not in favour of any activity that emphasised working on the issues of women's or children health. Her only focus was on controlling the numbers. She became anxious when Rau undertook some work not directly related to the birth control. She writes:

> I note in your letter that you have completed the first training course for 22 doctors at your clinic. I note also that you are including in your clinic the well-baby and well-mother work of birth control instruction and take in sex-education, marriage-guidance and all the other more or less respected, respectable, partially superficial efforts, rather than hold tight to the fundamentals, which include birth control and family limitation.[63]

[61] Letter from Rau to Sanger 2nd April 1953, Box: 43, Folder: 5.
[62] Letter from Rau to Sanger 12th November 1954, Box:49, Folder: 1.
[63] Letter from Sanger to Rau 27th March 1953, Box: 43, Folder: 4.

In replying to Sanger's letter, Rau states:

> Please do not feel anxious about birth control work taking second place when we organise with it child welfare work. In India, knowing the mentality of our people and the place of a child in a home, we are convinced that more the subject is linked up with child welfare work, the more interest we will be able to arouse in Planned Parenthood. People have a great desire for children and as the high mortality rates amongst the mothers and infants can only be cured by spacing children, the approach to the whole subject from this angle produces a quick and direct response. This is not only my opinion but it is also the opinion of Dr Hannah Peters who during these last 18 months has been working amongst our people.[64]

From the above, it also becomes clear how programmes to improve child health was only rhetoric and often masked the objective of population control. Both Rau and Sanger adopted an 'instrumental' (Smyth 1996: 73) approach when they spoke of efforts at promoting the health of children or mother. Their main concern was only to limit the population. Thus, it was the fear of overpopulation rather than any concern for women's or child welfare that shaped family planning interventions (Gupta 2000) in Bombay and India.

In the post-independence period, the AIWC played a leading role in contributing to family planning work in India. Rau was very successful in getting the AIWC support for the family planning movement. She was of the opinion that it was necessary to co-ordinate the family planning activities of the AIWC with those of the FPAI, to enable the 'sharing of scientific information' by the branches. The FPAI was prepared to provide 'maximum assistance' in developing family planning activities (Basu and Ray 2003:120). Rau, in collaborating with the AIWC, took the opportunity of their annual conferences as a platform from where she continued propaganda work for family planning.[65]

Sanger was always keen to know about the annual conferences of the AIWC and the ways in which Rau was able to secure its assistance. She enquires, 'I trust that your silver jubilee session was a success and that the AIWC will support by resolution

[64] Letter from Rau to Sanger 28th April 1953, Box: 43, No: 5.
[65] Letter from Rau to Sanger 28th April 1953, Box:43, Folder: 5.

the Planning Commission's request for financial aid to push your work and that of the Family Planning Association.'[66] In response Rau writes:

> The silver jubilee session of the AIWC was a great success. We were able to pass a strong resolution on family planning in which we also voiced our protest against the utilisation of public funds on experiments with the rhythm method, which the Government of India, heath department has been sponsoring. There was unanimous agreement on the futility of efforts being made to popularise so difficult and uncertain a method. I shall tell you more about this when I see you.[67]

Further, the question of family planning was intensely debated at various annual conferences of the AIWC. At its 31st session in Trivandrum in 1961, while replying to the adoption of self-control and other methods suggested by Ross Cherian for limiting the population, Rau states, 'Every time Governments are taking away by legislation the surplus, every time we have to bear a little more additional tax for the sake of better distribution in our country. It is not possible to bring about equitable distribution beyond a certain point' (Rau 1962:81). Thus, it becomes evident that Rau was highly influenced by Malthusian ideas as it provided easy answers to the larger structural factors of inequality in India. It is important to note that Malthusian and neo-Malthusian ideas were widely accepted and 'appealing' to the Indian elites as they offered a very simplistic understanding of the complex inter-relationship of 'resources and population' (Rao 2004:117).

Concerns were also expressed at the AIWC that learning of family planning by young girls would encourage them to lead an immoral life. Rau mentions that 'it is far better that every girl should be given sex knowledge by her mother and also advise her on moral side so that they may remain pure and firm' (Rau 1962:80). This clearly shows that Rau had a very conservative attitude about sexuality and viewed that procreation should occur within marriage only. She called upon mothers to make their daughters learn the values of been chaste. Thus, it becomes clear that role of ideal wife and her domestic role as a mother were to be instilled in girls from the earliest years. Caplan (1978) aruges that historically women's organisation in India have

[66] Letter from Sanger to Rau 15th May 1953, Box:43, Folder: 6
[67] Letter from Rau to Sanger 23rd May 1953, Box: 43, Folder: 6.

continued to propagate such values and reiterated the ideology that for women family is very important.

Apart from having conservative ideas of sexuality, Rama Rau never questioned the women's role as mothers. Instead, she glorified the entire notion of motherhood as a necessary biological event of women lives. She writes:

> To me, a child is very precious possession and to me pregnancy is the proudest period in our women life. I am little, perhaps sentimental and conservative on this…to me the idea of abortion is abhorrent. I am of the opinion that, we the women, who are in touch with the homes, who are in touch with mothers and who are in touch with children through our centres must convince our sisters of the need for family planning and drastic remedies should be sought in the near future for this problem, a problem that is so explosive that is sometimes compared to atom bomb (Rau 1962: 80).

Further, at the 36th Annual Conference of the AIWC held in Bombay in 1967, the AIWC passed a resolution that the two 'top most priorities' in the countries are agricultural production and population control (Basu and Ray 2003:123). Thus, the AIWC played a leading role in making women conscious of the need for family planning and Rau had a significant role in this development.

The Population Control Establishment that included an alliance of the demographers as well as birth control advocates and rich foundations in the West supported by corporate capital played an important role in furthering the interests of each other. Piotrow (1973:19) argues that the birth control activists inspired with neo-Malthusian ideas always needed the help of 'professionals' like demographers to put forward the need for birth control more strongly. The demographers who possessed the technical skills were influential in making scientific projections of the future population growth and called for an immediate reduction of birth rates. This was extremely necessary to convince those people who still considered that population growth was not rapid and had little interest in birth control. The importance of this alliance also becomes clear from a letter of Sanger where she was happy to see that India's leading demographer Dr Sripati Chandrasekhar was one of the delegates suggested by Rau to attend the IPPFs international conference in Stockholm in 1953.

> I agree with your suggestion that Dr S Chandrasekhar of the Baroda University should attend the Conference. He could very well speak on

> World Population trends or any other subject regarding the resources in relation to population growth and in as much as Stockholm is the home of the Board of Directors of the Nobel Prize Committee, it would be to our advantage, one and all, to lay stress, more and more, on the importance of the control of population in order to achieve world peace. Believe it or not, but some members of the Nobel Committee asked the naïve question: What does Birth Control have to do with world peace? This is the attitude of officials as well as politicians in those countries where the active work on birth control is stressed on sex education and marriage guidance rather than on population trends and food resources. The same will apply to the delegates from Holland. They see eye to eye with the Communists, who claim that there is no need for birth control-all that is needed is equal distribution, to swat the rich and let everybody breed to their fullest capacity. We will meet this question; I am sure in Stockholm and it would be fine to have someone there to meet it with facts as well as factual data.[68]

Thus, Sanger was keen that Dr Sripati Chandrashekhar should be present at the Stockholm Conference to put forth a clear picture of the increasing numbers and its implication on resources and more importantly to convince the people about the impending crisis.

After the Stockholm Conference of the IPPF in 1953, Rau was supposed to undertake a lecture tour in America from October-November 1953. This was a tour primarily undertaken to influence the foundations in the USA about the urgency of addressing population question in India. She writes to Sanger informing that, 'I hope to enlist the interest of private organisations before the official lectures begin. I will then be in a position to explain in greater detail the situation in India and the interest we are finding amongst the people in question of Planned Parenthood.' [69]

Sanger was extremely conscious in the way in which Rama Rau communicated with her. She writes to Rau on the use of the term propaganda that she often made in her correspondence. She suggests Rau that it would be better to use the term 'educational' instead of propaganda. She writes:

> In the use of phrases regarding agendas which may be presented to Boards of Foundations in this country the same may apply to India.... is to delete the term propaganda for the word educational. Propaganda seems to be considered a high-pressure movement regardless of facts or scientific facts; also the three categories that are tax-exempt in any

[68] Letter from Sanger to Rau 15th May 1953, Box:43, Folder: 6.
[69] Letter from Rau to Sanger 2nd April 1953, Box: 43, Folder: 5.

> organisation are religious, scientific and educational. This is just a word to the wise in your addresses in this country.[70]

Over the years, FPAI evolved as one the largest voluntary organisation working in the field of family planning and it enjoyed a pre-eminent position with respect to funds and techniques (Wadia 1984). It is important to note that IPPF provided funds to the FPAI (Moraes 1974). Thus, it was successful in mounting an impressive propaganda campaign of population control in India by organising a number of vasectomy camps in the textile mills and setting up birth control clinics in the slums of Bombay. It also facilitated the growing involvement of the international population control advocates particularly; those associated with the IPPF who visited the FPAI clinics (Wadia 1967). It was also in the forefront in organising series of trainings and meetings of doctors in Bombay with the experts and scientists visiting from abroad. Most importantly, the existence of FPAI provided an opportunity to import new and latest techniques of contraceptives by undertaking field trials in the FPAI clinics.

It is important to note that in the early 1950s the Western experts concentrated their efforts in testing simple contraceptives which could be an effective means of limiting the population growth. The focus was on developing cheap, acceptable and easy to use contraceptives that could be recommended on a large scale without the help of even medical profession (Schoen 2005). The objective was to facilitate mass distribution and use of contraceptives. Simple contraceptives included foaming powder, jellies, foam tablets etc. It was generally a chemical preparation in terms of powder or tablets that was to be inserted in the vagina before sexual intercourse which prevents fertilisation and ultimately conception. Simple contraceptives were supposed to play an important role in the 'defusing of the population bomb' in the early 1950s (Lowy 2012:583). There was an intense competition among several manufacturers in the promotion of simple contraceptives. Thus, when Rama Rau visited the USA, to influence the foundations about the urgency of population problem in India, she was given various types of foaming tablets by different manufacturers free of cost for mass distribution. The setting up of the FPAI enabled the opening of a potentially huge market for the manufacturers, as their products could be tested on the women

[70] Letter from Sanger to Rau 15th May 1953, Box: 43, Folder: 6.

over a long period of time visiting the FPAI clinics. On her return from the USA, Rau started different experimentation of these contraceptives. She writes to Watumull informing her:

> You will be glad to hear that since my return to India, we have decided to embark on three village experiments with foam tablets which have been presented to us from companies free of cost. We have a supply of VOLPAR foam tablets from the British Drug House, Japanese Sampoons through the agency of Dr Gamble from Japan, Duofoam from the Durex Co in New York. One experiment has already started from 1st March in a village near Kalyan under the guidance of Mr Morrison….Secondly; we are opening a branch service in the Kalyan refugee camps. Dr Katherine Kuder is providing Perception Jelly and we are paying for the health visitor who will advise the women of the camp. Just before, I left America I was given $1,000/- by the Fomos Co for a similar experiment with FOMO Foam tablets with free supplies and $1000/- from Dr Gamble to try out the British Drug House product.[71]

However, it is important to note that simple contraceptives are not necessarily effective and safe. As these contraceptives were under 'user-control' women were to be properly advised about its use (Lowy 2012:585). Further, given the nature of Indian climatic conditions, often there were problems particularly with the foam tablets. There were also many cases of failure, whereby women had become pregnant. It becomes evident from the archives about one case of a woman who instead of inserting the foam tablets in the vagina had swallowed them in the desire to have an abortion. Rau informs Sanger about this case. Sanger in replying to a confidential letter clearly explained how the manufacturer fails to undertake any scientific trials and how dangerous contraceptives were supplied to Rau. She writes:

> May I please make a very important suggestion relative to the foam tablets. I know much about them. I think they have not been successfully used in Japan as was formerly advertised and I will tell you darling Dhan why....I pass this on to you in confidence because there has been a great deal of publicity regarding these various contraceptives that have not gone through the test, such as we test everything out in the Margaret Sanger Bureau in New York. I do not trust the Japanese regarding these experiments because their problems is so great that they are willing to push anything into the hands of the

[71] Letter from Rau to Watumull 2nd March 1954, Box: 45, Folder: 4.

> troubled women to give her even 50 percent satisfaction. As to your perception jelly, God knows, I hope that you have not swallowed that contraceptive according to the premature advertising that the Ortho Company has carried on. While perception has been proven by our clinic a very good contraceptive jelly, it does by no means adhere to the cervix in all cases. If it is to be used, it must be used with a diaphragm or some covering of the cervix. Please let your clinician to test this out on 20-25 women before this is widely advertised as a jelly to be used without the mechanical covering of a diaphragm. I am so glad that you have related these experiments to me by letter. They could not have been oked by the Government of India without proper testing....Please remember dear Dhan, that no matter how big or successful a contraceptive firm is, they have only laboratory tests. Seldom do they test out their products on women and it is the Margaret Sanger Bureau that does this, especially for the American Medical Association and we hope that you in Bombay will do the same thing. Get up a very splendid group of honest, sincere gynaecologists who will serve up as testing experts for every contraceptive that comes to India and do not, I beg of you, let these things go out to the people until these experts have given their okeh.[72]

Thus, as can be seen from the above letter, FPAI by undertaking field trials of various contraceptives in its birth control clinics was actually experimenting dangerous contraceptives on women's bodies. As Bandarage (1997) notes contraception can also have harmful effects if it is promoted without any concerns of health and safety considerations.

During the early 1950s, Dr Clarence Gamble, the heir of Proctor and Gamble emerged as one of the important private philanthropists involved in the promotion of birth control (Reed 1978). He was a strong advocate of simple contraceptives to counter the problem of population growth in developing countries. Gamble was involved in the distribution of cheap contraceptives such as foam powder, tablets and jellies to missionary doctors in India. He insisted that poor women needs 'simple and easy' method of birth control (Schoen 2005:224). Further, he also provided enormous funds to several individuals to carry out the field trials of simple contraceptives in order to test the effectiveness of these products. Rau was also aware of Gamble's birth control experimentation that he undertook directly and was very critical of Gamble, when he advocated 'salt' as a contraceptive method in India. She was of the opinion that Gamble used Indians as 'guinea pigs' for promoting a birth control method which was not tested for its

[72] Confidential Letter from Sanger to Rau 25th June 1954, Box: 46, Folder: 4.

safety (Williams and Williams 1978:242). When Gamble came to know about the case of the women who wrongly swallowed the foam tablets he writes to Rau stating:

> You are quite right that the woman who swallowed the foam tablets, ten at a time, followed by ten the next day, did so with the intention of producing an abortion. She disregarded the instructions which had given for vaginal use; one at a time, probably on the theory that if one would protect, a larger number would abort and perhaps acts more powerfully if taken by mouth….I secured the complete formula from the manufacturers and submitted it to a teacher in the Department of Pharmacology at the Harvard Medical School. I asked him, among other things, if the tablets would be dangerous, if a child in the family should find the tube and swallow ten of the tablets. He assured me that aside from a possible upset of the stomach there would be no danger. It was, therefore, of great interest to me to hear that such a test had unintentionally been carried.[73]

From the above letter, it becomes clear that the main concern of Gamble was only on testing the efficacy of the contraceptive. He easily dismissed the entire issue, without considering the adverse health risks posed to the women, by replying that a 'test...been carried'. It gives insight into how Gamble considered, 'India as a laboratory for simple contraceptives' (Williams 2013:124). It is important to note that one of the active ingredients in the foam tablets had 'carcinogenic effect'. This clearly highlights how foam tablets were dangerous to the health of women (Lowy 2012:588).

As Sanger was retiring from the IPPF in 1959, she was drafting a list of persons to be chosen as President of IPPF. She included the name of Lady Rama Rau. However, Rau requested her that she would not be able to join IPPF, as for her the national family planning work was more important. She writes to Sanger:

> I would like you to delete my name from the list, as I would find it extremely difficult to break away from the national work. It is going to be extremely uphill work in India for the next four or five years and I would like to continue to give my time and energy to programmes that are being initiated both in urban and rural areas here. I will explain in greater detail to you when I see you.[74]

[73] Letter from Gamble to Rau 23rd September 1954, Box: 47, Folder: 4.
[74] Letter from Rau to Sanger 9th September 1958, Box: 59, Folder: 2.

Sanger while replying to Rau expresses immense happiness on the work which Lady Rama Rau has achieved in bringing the family planning programme to the forefront in India's development. Accordingly, she writes:

> You have made much progress in India, which is so large that I indeed would feel the same as you do, that your time and energy ought to be devoted whole heartedly in initiating and developing programs in the urban and rural areas throughout your country, as this will be more important than any other work which you might do. So I can understand with your feeling about the difficulty of the next year or five years ahead in India it would be impossible for you to break away from your national work.[75]

Rau finally became the President of IPPF in 1963, once family planning programme was fully institutionalized in India's official policy and gained tremendous momentum. As can be seen from the above, Rau was in the forefront in the inclusion of the family planning in the Five Year Plans of India by working directly with the Planning Commission. Despite the hostility of the Health Minister Amrit Kaur, Rau successfully directed her efforts towards provision of contraceptives in India's family planning programme. According to Doughlas Ensminger, 'the project of family limitation was set up by the Planning Commission only to go around the Rajkumari.'[76] Thus, the contribution of Rau assumes central importance in this entire process. It becomes clear that Rau undertook family planning activities in India as a part of the wider set of transnational movement of population control. According to Wadia (1959:3) throughout, her advocacy Rau made a strong plea for imparting greater 'urgency' and 'vigour' in the implementation of the family planning programme of India to bring about rapid reduction in birth rate. Thus, working in alliance with the international population control advocates, Rau was very successful in laying a strong institutional framework for future intervention in population control in India.

[75] Letter from Sanger to Rau 17th September 1958, Box: 59, Folder: 2.
[76] Memo of conversation with Doughlas Ensminger (Ford Foundation, Frank Notestein and Dudley Kirk, 14th, June 1955) From Dudley Kirk to Frederick Osborn. Population Council Records, Accession 1 FA210 Record Group1, Series 1, General Files, Folder: Ford Foundation Leona Baumgartner India Trip, 1955-56, Box: 9, Folder: 101, Rockefeller Archive Centre Records, Tarrytown, New York, USA.

The Sixth International Conference on Planned Parenthood at New Delhi, 1959:

Within a span of seven years, India was once again a host for the Sixth International Conference on Planned Parenthood in Delhi from 14th to 21st February 1959. The theme of the conference was 'Family Planning: Motivations and Methods'. By the time of the organisation of this conference tremendous developments had taken place in the international movement of population control and also in India's family planning programme. At the international level a strong and powerful lobby of population control advocates had organised itself financially and ideologically (Critchlow 1999). Remarkable developments had also taken place in the field of contraceptives as well. In 1955, the Tokyo Conference of IPPF had announced the development of the Pill (Connelly 2008). In addition, Prof. Frank Notestein and Dr Leona Baumgartner submitted a mission report to Rajkumari Amrit Kaur in 1955 that recommended the need for establishing a central family planning board to direct efforts beyond 'natural' family planning (Ensminger 1971 cited in Harkavy and Roy 2007: 306). Further, Rama Rau also informs Dr Clarence Gamble that there was full support of the GoI to the family planning programme. She writes, '....Raj Kumari Amrit Kaur, the Health Minister has been won-over completely, we feel we can make better headway.'[77] Moreover, there was also a growing realisation amongst the policy makers that the dependence on the rhythm-method in the First Five Year Plan had led to increase in the population which needed to be controlled on an urgent basis (Srinivasan 1995). It is in this context, that the sixth international conference on Planned Parenthood was to be held in India once again. Thus, Avabai Wadia writes to Margaret Sanger stating, 'I hope that this conference will attract a galaxy of scientific and social experts as now we find that population control is becoming one of the most talked of subjects of the day, at least in India.'[78] The focus of the Conference was on medical aspects of contraception… 'the major emphasis should be on the search for more efficient contraceptive methods.'[79] Further, on 'the suggestion of William Vogt a whole day session on laboratory and clinical testing of new

[77] Letter from Rau to Gamble, 15th February 1957; Countries Files- India; Correspondence with Lady Rama Rau and Mrs A.B Wadia of the FPAI and two issues of Planned Parenthood, Clarence Gamble Papers, Box: 81, Folder: 1315, Francis Countway Library of Medicine, Harvard University, Boston.
[78] Letter from Wadia to Sanger 2nd July 1958, Box: 58, Folder: 5.
[79] Letter from David Mace to Vera Houghton 1st December 1958, Box: 59, Folder: 5.

contraceptives…was to be undertaken.'[80] Given the situation in India with regards the immediate need to curb the population, the GoI was very much interested in supporting the international conference. Thus, the Indian Government decided to provide full support to the Conference. Rama Rau was very happy to inform Sanger about the active involvement of the Government in organising the International Conference. She writes:

> We were very happy indeed to get the consent of our Prime Minister to inaugurate the conference. Mrs Lakshmi Menon, Member of Parliament, a very able and respected leader to the All India Womens Organisation here and Deputy Minister (External Affairs) in the Central Government, was elected at the Chairman of the Reception Committee in Delhi….the President of India Dr Rajendra Prasad will be pleased to hold a reception at Rashtrapati Bhavan (The President House) for the conference. The Health Minister, Mr D.P Karmarkar has promised to have a private dinner on behalf of the Central Ministry of Health for the leaders of the delegations and members of the Central Executive Council.[81]

Sanger writes to Rau congratulating her for these developments, 'I certainly congratulate you on arranging and influencing the Prime Minister, Mr Nehru to agree to inaugurate the sixth international conference on February, 14th….that will give your conference international publicity and just the start that will be needed!'[82] It is important to note that the GoI also sponsored the entire Conference. Rau expressed immense happiness and writes to Sanger, 'We have now heard officially that an adequate grant has been sanctioned by the Central Government of India for the conference....we would be satisfied with $5,000 from the international funds…as in the last international conference in 1952. Since then of course government recognition has strengthened our hands considerably.'[83] Further, India had by this time also organised numerous field based studies on testing of contraceptives, like the Khanna Study, the Singur Study with the financial assistance of the Ford Foundation, the Rockefeller Foundation and the Population Council. The Conference was also seen as a means for enabling the foreign delegates to visit and see these projects. Thus, Vera Houghton writes to Wadia inquiring:

[80] Letter from Wadia to Houghton 18th August 1958, Box and Folder: Not Available (NA).
[81] Letter from Rau to Sanger 9th September 1958, Box: 59, Folder: 2.
[82] Letter from Sanger to Rau 2nd September 1958, Box: 59, Folder: 1.
[83] Letter from Rau to Sanger 26th September 1958, Box: 59, Folder: 3.

> ….if the Indian government could be asked to consider inviting nominees of other governments that have family planning (Ceylon, China, Japan, Pakistan, HongKong, Singapore, Egypt, Barbados, and Bermuda in the western Hemisphere) to India to study your governments programme and that they come at the time of the Delhi Conference….It might be that various states could be persuaded to accept responsibility for the guests (Bombay State, Madras, Kerala etc).[84]

This clearly shows how the international advocates considered India as a laboratory of field experiments from which other countries could emulate and develop their family planning programmes.

While the focus of the conference was on the effectiveness of contraceptives developed over the years, Rau and Wadia also informs the Secretary of IPPF about the situation in India with regards to sterilisation. Given the unsuccessful attempts at controlling the population growth on immediate basis and the absence of any safe, reliable and cheap contraceptives, there were discussions on resorting to sterilisation as long term and quick solution to population problem. Thus, Wadia writes to Houghton stating:

> ....sterilisation…is assuming quite a serious importance here. The Madras and Kerala State Governments seem to be very enamoured of sterilisation as a means of population control and recently there has been a lot of talk in the papers about it, not all of it well informed. So this topic of sterilisation also should figure on the programme, we feel.[85]

Wadia further writes:

> ….Some of us are getting a little perturbed at the rather glib manner in which people talk about sterilisation as a method of family planning. While we are not opposing sterilisation as such, we feel that certain safeguards should be observed. You would be surprised at the amount of public talk there is about this subject, here in India. For instance, Lady Rama Rau and I attended the meeting the other day of the Family Planning Board of the Bombay state, and several of its members put up various proposals for carrying out sterilisations. Taking all this into considerations, both of us felt that a Discussion Group on this specific topic would be of great value to us in India. Could we have one then on Sterilisation?[86]

[84] Extract from Letter of 15th July1958 from Houghton to Wadia, Box and Folder: NA.
[85] Letter from Wadia to Vera Houghton 3rd May 1958, Box :58, Folder: 6.
[86] Letter from Wadia to Houghton 21st July 1958, Box: 59, Folder: 2.

From the above, we can clearly see how the two women were successful in initiating the discussions at the international conference according to the prevalent trends in the family planning programme in India.

This conference was held at the Vigyan Bhawan, New Delhi. It was one of the largest conferences held so far by the IPPF, with around 750 participants from 28 different countries attending it. Sitting with India's Prime Minister Jawaharlal Nehru at the inauguration of conference, Sanger said that it was the 'happiest' day of her life (Wadia 2001: 233). Further, it is also interesting to note Sanger's speech at the Sixth International Conference in Delhi. She had a message for the Health Minister of India about the 'principles of family planning'. She said:

> ....with a Health Ministry alive and alert of the evils of venereal or other transmissible disease, no couple with a transmissible disease should be allowed to have children…certain disorders-tuberculosis, heart and kidney disease should be cured or at atleast arrested, before a women becomes pregnant....children that are born with some ailment some stigma from the past generation and it seem to me that it is only wise to say to parents of such children: 'Halt! Have no more! Even though you do not feel that is your own fault, there is something in the genes, something in the background that may distribute itself to future children.... These are all simple issues and responsibilities, but they are just as essential today as they were 20 to 30 years ago, when this movement first began and it is on these principles that we have built our family planning and Planned Parenthood movement (Sanger 1959:11).

This clearly makes evident Sanger's eugenic concerns towards the programme of family planning, which would have a significant influence in the way in which the plans were to be formulated for India's development.

It is important to note that the Sixth International Conference was held just before the drafting of the Third Five Year Plan of India. Rama Rau clearly makes it evident in her speech that the proceedings of this conference would give directions to the development of family planning in the future. Recollecting the contribution that the Third Conference of Planned Parenthood that was held at Bombay in 1952 made to family planning programme of India she said:

> The help and advice that we got from experts from abroad who had come to that conference, the training that was given to the doctors, health visitors, nurses and social workers and the correct approach to

> the whole subject of family planning were taught to us through the first international conference. Until then, we had looked upon family planning purely as a narrow individual family affair (Rau 1959a:1).

In the foreword to the final report of the sixth conference she states that, 'the sixth international conference has given new direction to thinking people to devise more effective programmes to meet the threat to her (India's) economic development and face the challenge with larger and more effective measures to ensure health, happiness and economic stability' (Rau 1959b: ix).

Thus, the conference proceedings were supposed to make an important contribution in the development of the Third Five Year Plan. Wadia mentions in her memoirs that it was this conference that led to the increased recognition of the FPAI. Both, Rau and Wadia were invited to attend various committees and meetings held in the preparations of the Third Plan. Avabai also submitted a memorandum to the government just before the drafting of the Third Five Year Plan. It was after this conference that, the motivational aspect of family planning was strengthened to a large extent in India's family planning programme and the Ford Foundation provided a grant of US$ 3, 30,000 for this purpose (Wadia 2001:240).

From the above analysis, we can clearly see the remarkable role that Rau and Wadia played in the entire discourse of family planning in the post-independence period. It becomes clear, that these two women were very successful in convincing the government officials of the consequences of the rapid population growth. Their efforts in organising the two international conferences on Planned Parenthood in alliance with the Western advocates clearly highlights how they were successful in getting the support of the State and thereby influencing the policy discourse on family planning. It is important to note that the Bombay conference in 1952 was largely an initiative of the FPAI, with little government involvement. While for the Delhi conference in 1959, the Government of India decided to provide full financial support and the entire official machinery was involved in planning and organisation of the conference.

By the time of the organisation of the sixth international conference, Avabai Wadia had emerged as an important leader in the family planning movement within the voluntary sector. She writes in her memoirs that, 'the IPPF conference at New

Delhi served to equip me to become something of a contributor to the IPPF, rather than a mere passive member' (Wadia 2001:241). Thus, she began to give more and more time to family planning and decided to, 'drop many other interests and activities with other associations.' She further states that, 'Lady Rama Rau urged me to do this for she too saw the immensity of the task that so few would stick to it' (ibid:241). Further, in 1968, when Wadia was nominated to stand for the President of the AIWC, Lady Rama Rau 'stoutly opposed it and said that Ava must concentrate on family planning work' (ibid: 241). Wadia writes that she was devoted to Rau and had known her since her teens. Thus, working with Rau, Wadia gave her full time and abilities to build an organised movement and a strong and independent non-governmental organisation i.e the Family Planning Association of India. It was through the FPAI, that they kept urging the government to undertake various types of activities given the vastness of the country. They saw a distinct role of the FPAI in increasing awareness and acceptance amongst people of the new concept of controlling births for their own benefit. One of the messages of the FPAI was 'children by choice not by chance' (Wadia 2001:242).

FPAI played an important role in bringing to the notice of the government as well as the policy makers and planners the latest thinking on the subject of family planning (Wadia 1984). This was largely possible because of their international connections. FPAI was by now receiving huge funds from the IPPF. Further, in 1963 Rama Rau was elected as the President of the IPPF. Accordingly, at the All India Conference of the FPAI held at Patna in 1964, Avabai Wadia became the President of the FPAI (Raina 1990). Hence, this section briefly discuses Wadia's approach to the question of family planning and population control.

While speaking at the Sixth All India Conference on Family Planning held at Chandigarh, in 1968, Avabai singularly pointed out the important role that India could play in reducing the population problems of the world. She stressed:

> The crux of the whole family planning movement lies in converting the people's feelings of approval into effective action… within the shortest period of time, in order to reach our goal of a birth rate of 23 per thousand within the next decade or so. This is tremendous task we face. For instance, when the birth rate drops say in Hongkong or Taiwan that is a very cheering and encouraging sign that family planning programmes can succeed. But, when the birth rate begins a

> downward swing in India, and reaches the level of 23 per thousand or so, it will be more than a sign-it will affect the destiny of one seventh of all humanity! We really need to emphasise that the birth rate quickly begins to follow the death rate in a downward...Today, the population explosion is the biggest crisis facing the country. If we can do this, we shall have won a large part of the battle for national survival and progress (Wadia 1968:9).

It becomes clear that neo-Malthusian concerns are invariably echoed in the address of Avabai Wadia, i.e., lower population growth rates are beneficial and faster decline in birth rates are welcomed.

All through her memoirs, Wadia discussed various initiatives undertaken by the FPAI in association with the IPPF with respect to the work of family planning in India. She was of the opinion that people never come forward willingly to adopt small family norm and if we expected this kind of voluntary action for practising family planning there would be rapid population growth, the effects of which would be more menacing than at present (Wadia 2001). Hence, she repeatedly emphasised on the urgent need to intensify the family planning programme both by the government and the FPAI in order to reduce the future population growth.

Further, in an interview in 2004, replying to the question regarding the FPAIs role in family planning since its inception, Wadia said:

> At first we promoted family planning for women's health; then considerations of reducing population growth influenced the intensity of the programme, currently the movement emphasises meeting the needs of women who want smaller families...In FPAI, we have all along emphasised the fundamental right of women to maintain control over their own bodies and in fact over the years, have broadened our programme to include not only health and maternal and child health but the empowerment of women….The right to practice family planning is one of the most effective ways to achieve empowerment (Neogi 2004:3).

However, it is important to note that a direct relationship between family planning and women's empowerment hardly exist. In addition, the focus on empowerment and informed choice of women merely reflects the uncritical acceptance of women as a free and independent individual, without referring to the unequal power relations within family and society.

Conclusion:

This chapter made an attempt to understand the contribution of the three women advocates in the discourse of birth control and family planning. While in Bombay, [87] these women were successful in directing their efforts at the national level thereby influencing India's policy of family planning to a large extent. The three women were largely arguing in favour of contraceptives as a part of the voluntary organisations. However, they were extremely successful in getting the support of the State and gain legitimacy for their advocacy of contraceptives. As discussed in this chapter, the women advocates were appointed in various government committees and boards that had direct implications in framing the debates on policies related to family planning. Rajwade played a central role in bringing to the public attention the urgent question of improving the maternal health of Indian women by provisioning of birth control made available by the State. Rama Rau and Avabai Wadia played a leading role in the post-independence period by arguing that it was the women who bear the burden of repeated pregnancies and thereby risk their lives. By deploying eugenic and neo-Malthusian concerns they argued strongly for the State to provide family planning services in order to enable women to space their child birth. Thus, they played an important role in bringing the question of birth control and family planning in the forefront of plans of national development. However, in doing so the women advocates primarily reinforced the dominant role of women as mothers and wives. Their concern in highlighting the importance of a healthy mother was to ensure a healthy population in the project of nation building. It is also important to note that when the women advocates argued for making available contraception, it was mainly demanded as a method for spacing the number of children rather than women's right to reproductive control (Ramusack 1989).

Overpopulation became a dominant discourse in India during the post-independence period. It was argued that the rapid growth of population would offset all development efforts. Poverty was largely seen as an outcome of high birth-rates. The imbalance between the declining death rates and an increasing birth-rate was leading to a situation of population explosion. Further, there was tremendous anxiety about the quality of population; there was a widespread belief that the poor were

[87] Lakshmibai Rajwade after her marriage shifted to Gwalior.

multiplying faster. Thus, it was the poor women those living in slums that were producing large number of children. It was in this context, that India became the first country to adopt an official family planning programme in 1952. Rau and Wadia played an extremely significant role in the inclusion of family planning programmes in the Five Year Plans. They were also very successful in institutionalising their dominant eugenic and neo-Malthusian concerns, by promoting institution building, particularly the FPAI which was set up in Bombay in 1949, and that became one of the largest and most powerful voluntary organisations in India (Mankekar 1974). These women while working in collaboration with the international agencies, foundations and Western proponents of Planned Parenthood were successful in highlighting the urgency of the population problem of India that necessitated increased state action in limiting the population.

In addition, concerns were also expressed about the deterioration of the health of mothers due to frequent child births and the resultant high maternal mortality. Thus, family planning was advocated as a solution to bring down the high fertility rates immediately. This was to be achieved by reducing birth rates which would also assist in controlling the rapid population growth. It was in this context that the women advocates, particularly Rau and Wadia formed alliance with the international population control advocates primarily based in the USA who were largely influenced by neo-Malthusian and eugenic ideas. The collaboration with the elite women enabled the population establishment to easily put forth their agenda of reducing the high fertility. It was because of this alliance that the women advocates totally became dependent on the 'monetary and institutional support' (Bandarage 1997:7) provided by the international agencies. By increasingly becoming a part of the population establishment, elite women activists like Lady Rama Rau and Avabai Wadia adopted an 'instrumental' (Smyth 1996:73) approach to question of improving health of mothers. Thus, women were then seen merely as reproducers. They argued for family planning as a means to improve health of mother, while their major objective was to reduce high birth rates. Thus, the programmes of family planning were developed and implemented only with the implicit aim of reducing fertility rates and population growth, rather than with the intention of promoting women's health.

It is important to remember as Rao (2004:23) argue that the emphasis on viewing women only as 'reproducers' fails to take into consideration the large number of productive activities undertaken by them. Such an understanding, isolate reproduction from the socio-economic context in which it occurs. This leads to a situation whereby women are blamed for their higher fertility as the root cause for poverty and ill-health which can then be corrected by the provision of contraceptives. Further, Qadeer (1998:2682) has clearly shown that in the reproductive age group of women (15-44) the highest proportion of deaths are caused by communicable diseases while maternal deaths due to pregnancy and child births constitute a small proportion. It is the poor nutritional status of women, infectious and communicable diseases compounded with high prevalence of anaemia which increases women's vulnerability during child birth. This health condition of women in India is the result of years of neglect and discrimination that will not improve by merely making available contraceptives.

In addition, the family planning programmes disproportionately targeted womens bodies for intensive fertility control campaigns in order to limit the exploding population. It is important to note that birth control methods for men like condom and vasectomy are safer and simpler which do not cause much risk and discomfort. Despite this, the focus of family planning programme was exclusively on women (Bandarage 1997). This was largely the outcome of the advocacy of family planning that saw high fertility of women leading to overpopulation and women as producers of large families (Desai 1998). In this way, 'the State and the family planning measures combined with patriarchal control in the family reinforced the subordinate position of women' (Sharma and Vanjani 1993:27) and thereby perpetuated existing gender inequalities.

However, it is important to note that even in targeting the women their main focus was on controlling the fertility of others, particularly the poor women who were supposed to have uncontrolled fertility. By doing so the women advocates presented themselves as having a 'superior self-identity', which gave them the 'authority to speak' (Anandhi 1998:157) for the women of lower classes and castes whose fertility needs to be controlled. It was the bodies of the poor women that were seen to be the bearers of excess sexuality and thereby in need of intervention (ibid).

It is important to note that the women advocates completely ignored the fact that large numbers of women hardly have any authority to take decisions relating to their fertility. They never explicitly acknowledged that the subordination of women was due to patriarchal family system. They also completely failed to pay any attention to the needs of the unmarried girls. They worked with their elitist assumptions of small family as happy family (Hartmann 1995) and increasingly adopted the rhetoric of improving women's health in order to legitimise and expand their movement of family planning.

As seen above, by early 1950s the programme of family planning was fully institutionalised in the planned development model of India. While the programme was launched officially, there was a constant need to emphasise that the demand for contraception was coming from people. This necessitated undertaking studies and surveys on understanding the attitudes of peoples towards family planning. Hence, a need was felt for establishing centres of demographic research which could scientifically estimate the demand for family planning services. Studies from the demographic centres provided legitimacy in ensuring that people were eagerly demanding contraceptives and the attitudes of persons towards contraception was also very forthcoming. Hence, the next chapter will attempt to explore the role of demographic research centres in the discourse of population control in Maharashtra.

Chapter 4: Population Control and the Demographic Research Centres in Maharashtra: 1950-1970

Introduction:

India has historically been at the centre-stage with respect to policies concerning population. During the colonial period, census reports invoked Malthusian fears that, India was facing a severe problem of overpopulation. This resulted in the advocacy of birth control for eugenic and neo-Malthusian reasons (Hodges 2008). The anxieties of overpopulation became a matter of central concern in post-independence India, both for the national government as well as the international agencies interested in the question of population (Williams 2010). Efforts were directed at limiting population by providing contraceptives in order to reduce the birth-rate. India then became the first country to adopt the family planning programme in 1952. With an official policy, India pioneered the movement of family planning in the world. This led to the increased financial and technical assistance made available by the Rockefeller Foundation, the Ford Foundation and the Population Council for India's family planning programme (Connelly 2008).

In the early 1950s, the question of poverty was causally linked to India's growing population in the works of first world demographers (Davis 1951). The inflow of funds through the international agencies for population control and for demography as a discipline substantially strengthened this understanding. During this period, a numbers of demographic research centres were also established in India with the infusion of massive funds from the Rockefeller Foundation, the Ford Foundation and the Population Council (Caldwell and Caldwell 1986). Further, the projections of the future growth rate of India's population undertaken by different individuals and agencies considered population growth as the most important cause for the low economic development of India (Agarwala 1960; Rao 1960). There was also a growing realisation among the demographers, policymakers, government officials and the elites that India's rapid population growth was leading to increased poverty. Thus, the findings from the population projections produced a consensus that India was facing an impending 'crisis' with the uncontrolled growth of population (Agarwala 1960:19). It is in this context that the present chapter aims to explore the role of the international agencies in the development of demographic research centres in India,

with a focus on the state of Maharashtra. It also examines how the discourse generated from these centres increasingly began to shape the population policy of India in general and Maharashtra in particular. Finally, it tries to understand how the setting up of the demographic research centres in India enabled the international agencies to form an alliance with the elites in the Indian society to limit the growing population. The chapter attempts to understand the role played by different tiers of policy making at the international, national and local levels in shaping population policy. In other words, the chapter explores how the discourse generated by international agencies, in association with the regional demographic centres interacts with the national discourse and finally, how it unfolds in the local context.

The chapter is divided into four sections. The first section sets the background for understanding the need for the establishment of the demographic research centres; the second section highlights how the shift in the demographic transition theory was critical in the development of the demographic research centres in non-industrialised countries. The third section examines in details the records related to the three demographic research centres established in Maharashtra, followed by a conclusion in the last section. The chapter focuses on three different types of demographic research centres established during the decade of the 1950s in Maharashtra. This include the demographic section at the Gokhale Institute of Politics and Economics (GIPE) in 1951 at Poona, the United Nations Demographic Training and Research Centre (UN-DTRC) in 1956 at Bombay and the Program of Demography at the Department of Economics, University of Bombay in 1958.[1] The three centres were established by funds provided by the Rockefeller Foundation, the Ford Foundation and the Population Council, with different visions and purposes. The chapter attempts to explore how these centres advocated and developed a particular kind of approach to the question of population in India. Though the focus of the chapter is the state of Maharashtra, I refer to the implications the centre had on the demographic research throughout India. This is because the UN-DTRC, which was set up in Bombay, was an international centre catering to the needs of countries in the Economic Commission for Asia and the Far East (ECAFE) region including India. The chapter is based on the archives collected from the Rockefeller Archive Centre (RAC), Tarrytown, New

[1] Of the three centres of demographic research referred in the chapter, two were established as separate centres while one was a course on demography in a University. However, for the purpose of this chapter, I refer to them as Centres.

York. This includes the records of the Rockefeller Foundation (RF), the Population Council (PC) and the Ford Foundation (FF) that provided enormous support in terms of funds and technical expertise for the establishment of the demographic centres in Maharashtra.[2] Hence, their records from the period 1950 to 1970, give critical insights and discussions on the need for setting up demographic research centres in Maharashtra.[3] The following section discusses the larger context in which the need for the establishment of the demographic research centres evolved.

Need for the Setting up of Demographic Research Centres:

In the late 1940s, the RF concerned with the Cold War anxieties, began to focus its efforts on population growth in the Third World under John D Rockefeller-III (Williams 2011). It was believed that population growth in these countries led to severe shortages in resources, political instability and economic stagnation. These conditions were seen as the fertile ground for the growth and development of Communism (Greenhalgh 1996:39). The increasing interest of John D Rockefeller-III on the issue of population was however constrained by its linkages to the controversial aspects of eugenics and birth control. Hence, the RF was hesitant to get involved directly in population control (Sharpless 1997). In order to have a better understanding of the growth of population issue, the RF sent a team to survey the public health and demography in the Far East. The team of four members included Marshall C Balfour, Frank W Notestein, Irene B Traueber and Roger F Evans. [4] They undertook a three month trip to six East and South East Asian countries, which confirmed their fears of population growth (Williams 2011). These led to great interest being generated on the matters of the population at the RF. However, at the same time, the RF was reluctant to act on this issue given its controversial nature. Thus, in November 1952, John D Rockefeller III, organised a 'Conference on Population Problems' at Williamsburg, Virginia, which brought together

[2] A paper titled, 'Population Control, Foundations and Development of Demographic Research Centres in Maharashtra (India): 1950-1970' was written as a part of the Grant-in-Aid awarded by the Rockefeller Archive Centre in 2013 and available at http://www.rockarch.org/publications/resrep/parmar.pdf

[3] There was a predominance of the archives related to the UNDTRC at the RAC and this is also reflected in the chapter.

[4] The team was headed by Marshall Balfour who was the Far East Regional Director of the Rockefeller Foundation's International Health Division; Roger Evans was the Assistant Director of the Social Sciences of Division at the RF, while Frank Notestein and Irene Traueber were renowned demographers at the Office of Population Research at Princeton University (Williams 2011).

distinguished scientists, demographers and birth control activists. They intensely debated the question of population growth in countries like India and were alarmed with the rapid increase in the population of poor people. This conference finally led to the establishment of the Population Council (PC) under the leadership of John D Rockefeller-III with Frederick Osborn as its Vice President (Connelly 2006a).[5] The PC assisted in undertaking demographic and biomedical research and was cautious to avoid its involvement in the controversial aspect of birth control.

The team on the mission to study demography in the Far East while assessing the demographic situation in Japan, China, Korea and Indonesia, had recommended the need for 'expanding and supporting demographic training and research' (Sharpless 1997:181). This point was further reiterated by Prof. Frank Notestein at the Williamsburg Conference held in November 1952. He urged that the Western societies should help the non-industrialised countries to understand their population problems and act on them. He further states that 'there is a considerable opportunity to influence opinion and policy, perhaps directly, to channel such influence through international agencies'. Accordingly, 'he advocated training local scholars and setting up research centres' (Connelly 2008:159). As a result, there was a need felt for undertaking scientific research to control increasing population growth. Thus, the PC was specifically entrusted to support scientific research in demography and reproductive biology. In 1954, the Ford Foundation provided a first grant of $6, 00,000 to the Council followed by a grant of $ 1 million in 1959 to undertake research in bio-medical, demography and family planning (Harkavy 1995: 14). Thus, there was a significant expansion in the activities of the PC. Accordingly, Frederick Osborn was able to bring together representatives from the International Planned Parenthood Federation (IPPF), the United Nations, the FF, the RF and major pharmaceuticals firms. Connelly (2008) argues that the PC while functioning as a prestigious institution for policy-oriented research on demography and reproductive physiology was also extremely successful in developing networks and partnerships with major players in the field of population control. By the end of the 1950s, the PC was increasingly supporting training of experts in demographic and medical aspects of

[5] In 1957, Frederick Osborn became the President of the Population Council. In the past, he was also the President of the American Eugenics Society and the Population Association of America (Critchlow 1999).

contraceptive research. It was in this way that the RF was able to enter the field of population control (Sharpless 1993).

The officials at the PC carefully avoided the controversial aspects of birth control, but they were strongly convinced that population growth posed a serious threat to the social and economic progress in non-industrialised countries. The PC offered fellowships for training graduate students from under-developed countries in demography at the universities in the USA and also provided assistance for undertaking demographic studies. Thus, it was able to establish international networks of population experts who shared similar assumptions about overpopulation and developed consensus regarding the inevitable need of population control (Sharpless 1997). In 1959, Prof. Frank Notestein became the President of the Population Council. He was also very committed to 'action' programmes and provided 'huge technical assistance to population programmes overseas' (Critchlow 1999:26). It is important to note that the foundations required the demographers to study and suggest some strategy which could play the dual role of identifying the negative consequences of population growth and also at the same time avoid direct intervention in the controversial nature of birth control (Sharpless 1997). Thus, the magic-bullet which can address these two issues simultaneously was seen in the support and development of the demographic research and training centres in developing countries. I will argue, later in the chapter, how these centres in India were able to address these twin concerns at the same time without getting into any controversy. The need for producing scientific knowledge through these centres led to the increased support for institution-building in demography in both developed and developing countries (Caldwell and Caldwell 1986). The Ford Foundation was largely involved in the development and funding of population studies centres in America, while the Population Council supported the demographic research centres in countries like India and Chile (Mass 1974). It is important to understand how the centres of population studies developed in the USA, as this had a momentous influence on the way in which the demographic research centres were established in India. Caldwell and Caldwell (1986) note that the field of population studies in the USA developed within the framework of eugenic interests and their main concern was on the question of differential fertility. One of the leading centres of population studies, the Office of Population Research (OPR) at the Princeton University was established with the funds

from the Rockefeller Foundation and Milibank Memorial Fund. OPR was known as the 'sanctuary for eugenicist demographers' and Kingsley Davis, Frank Notestein, Dudley Kirk and Frank Lorimer worked at the OPR. When in 1952, the PC was established these men moved to the Council (Gordon 1974:83). The rapid rise in the Third World population was an important area of concern in the context of the Cold-War politics for the demographers in the USA associated with these centres (Sharpless 1995). However, in the case of non-industrialised countries, the question of quantity was more important than that of quality. Thus, an increasing neo-Malthusian concern of overpopulation led to an infusion of the massive amount of funds in the field of population studies. For the foundations, the primary agenda of establishing the centres of population studies was to emphasise on action towards solving the problems of rapid population growth in the Third World.

Hartmann (1995:104) argues that it was extremely important for the international agencies to establish 'links' with the prominent Third World government officials, medical personnel and academics through the 'training program' in the USA. Thus, the PC provided fellowships to train foreign nationals from developing countries at the American universities. The fellowship programme of the PC since the early 1950s has been very successful in training individuals from India to spend a year or two at the OPR-Princeton University, where they were oriented to the demographic transition theory and to the crisis of population by influential demographers such as Frank Notestein. The PC fellows would then return home and head the demographic research centres established in India. This led to the process of what Sharpless (1997:183) calls the 'institutionalisation of demography' that determined how the 'population problems' were to be defined and solved. Before discussing the demographic research centres established in India, it is important, to briefly discuss how the principal theory of demographic transition was conceptually altered to guide the intervention of the foundations in the arena of population control through these centres.

Shift in the Demographic Transition Theory:

Historically, the theory of demographic transition has remained a model of demographic change in the teaching of population studies across the world. Prof. Frank Notestein and his colleague, Prof. Kingsley Davis, studied the fertility change

in Western countries and formulated the classic theory of demographic transition. The theory of demographic transition states that population growth in any country passes through different stages depending on the level of development (Furedi 1997). This theory postulated that the shift from an agrarian structure to an industrial economy and the accompanied modernisation process brought a decline in mortality and fertility in European countries. Thus, fertility decline was seen as a result of the effects of overall development, i.e., fertility was a dependent variable and development in terms of modernization, industrialisation and urbanisation was an independent variable (Hodgson 1983). During this period, the dominant perspective in demography considered population as a dependent variable and socio economic factors as independent variables (ibid). In short, fertility or reproductive behaviour was determined by social structural factors. Thus, by bringing about overall development through, industrialisation and modernisation, fertility limitation could be achieved.

However, the demographers argued that it was difficult to apply this model to the non-industrialised countries which were predominantly agrarian. Further, they were of the opinion that the rate at which population was increasing in these countries, it was impossible to wait for development to bring a rapid decline in fertility. Thus, in the late 1940s Frank Notestein and Kingsley Davis brought about a shift in the classic model of demographic transition theory (Szreter 1993). According to Notestein, high fertility itself was a major hindrance to the development of non-industrialised countries and only by reducing the fertility, economic development of these countries was possible. Davis argued that the demographic problems of the under-developed countries make them more 'vulnerable to Communism' (Davis 1956 cited in Schoen 2005: 199). The alteration in the transition theory was brought to achieve an immediate reduction in the fertility of underdeveloped countries. They claimed that it was possible to reduce the high fertility by inducing the population to practice contraception. Thus, in order to provide an immediate solution to the problem of population growth they justified direct intervention in bringing fertility reduction through birth control measures. As a result, fertility and reproductive behaviour of the population were isolated from the larger process of modernization and development. The view that fertility decline was a long term process determined by the changes in

the social structural factors was largely ignored (Hodgson 1983). Thus, fertility was now viewed as an independent variable influencing the process of modernisation.

According to Szreter (1993), the shift in the transition theory was brought by Notestein in the context of Cold War, because of the fear that Communism would spread to the under-developed countries. It was the fall of China to Communism in 1949 that made Notestein invert the theory of demographic transition on its head. India was viewed as the next location for the outbreak of communism as the country was 'precariously divided between Hindus and Muslims' (Balfour etal 1950 cited in Ross 1998:148). Thus, Notestein and Davis began advocating for programmes of fertility control without waiting for socio-economic development to usher it in. It is also important to note that during this period the discipline of demography was becoming more and more policy-oriented, leaving its social scientific approach in understanding the demographic phenomenon. Thus, for many demographers, the theory of demographic transition was increasingly being transformed into a policy prescription (Hodgson 1983).

In order to justify the direct approach to fertility limitation, influential demographers such as Kingsley Davis studied individual demands for contraceptives in villages of India. Based on the findings from the knowledge, attitude and practice (KAP) surveys, they argued that there was an increased desire among the peasants to control fertility (Davis 1951). Thus, they emphasised that the population in developing countries were willing to limit their fertility, and it was only the lack of supply of contraceptives that compounded the problem. It was in this context, that the Rockefeller Foundation in 1953 undertook a million-dollar demographic study by directly providing contraceptives to the villagers in the Ludhiana district of Punjab and to measure the impact of birth control on fertility reduction (Wyon and Gordon 1971). As a result, during this period, a growing concern in applying the demographic knowledge to fertility reduction was emphasised. Thus, the need for establishing demographic research centres in developing countries was highlighted in order to study the fertility patterns scientifically. The findings from the KAP surveys convinced the government officials about the existence of a ready market for contraceptives and also 'persuaded the national leaders that people are demanding family planning' (Warwick 1982:35). The KAP surveys also helped in legitimising

direct approach of fertility decline through the provision of family planning programmes initiated by the government. Further, demographers such as Notestein and Davis in order to convince the policy makers of the need to intervene on an immediate basis to deal with the crisis of population simultaneously presented a pessimistic and optimistic scenarios of the future by analysing the population projections and trends. They predicted that the increasing population in India was setting a stage for turmoil and catastrophes and population growth was leading to increased poverty (Hodgson 1983). At the same time, they also highlighted that the peasants in the villages were ready to limit the number of their children and only needed the supply for contraceptives. Hence, in order to break the vicious cycle of poverty and population growth, the American demographers were able to convince governments of the under-developed countries to implement birth control to limit fertility. Thus, during this period the discipline of demography which was mainly dominated by demographic advisers from the USA, came to serve the population control establishment goal of promoting the need for direct intervention through the family planning programme as the only solution to the population crisis. Following this approach, the field of demography focussed on the programmatic factors while completely ignoring people's preferences and the socio-economic context that shaped the reproductive behaviour (Demeny 1988).

Having convinced the policy makers of the need for direct intervention in fertility reduction, the next step was to see the implementation of this approach in practice. By then, India had also declared its official programme of family planning and was actively seeking advice from the foundations in the development of the family planning programme (Connelly 2008). This led to a strong demand for both population experts and also an increasing need for demographic research. This provided the American demographers and population experts an important opportunity to expand 'the market for their ideas' (Greenhalgh 1996:39). It is in this context that there was an increased need for setting up of the demographic research centres in India. The following section discusses the contribution of the population control establishment in the development of the demographic research centres in India.

The Role of Population Control Establishment and the Demographic Research Centres in India:

In the early 1950s, international agencies such as the RF, the FF and the PC played an important role in shaping the population policy across the world. Apart from these major foundations, organisations like the International Planned Parenthood Federation (IPPF) and multilateral agencies like the United States Agency for International Development (USAID) and the World Bank also constituted important players of the population control establishment (Hartmann 1995). They played a crucial role in developing and delivering family planning services to the countries of the Third World. Connelly (2008:118) argues that it was some powerful individuals and prestigious institutions that were at the forefront of the population control establishment who largely had 'eugenic' concerns, and it was this 'alliance' that strongly supported international aid for family planning.

The population control establishment played a significant role in the development of India's family planning programme. Rao (2004) argues that it is impossible to study India's programme of family planning without discussing the role of international actors particularly from the USA who primarily set the stage with varied agendas during the early 1950s. He further argues that Malthusianism and neo-Malthusianism have historically shaped the population policy in India. This approach is also very pervasive and most appealing amongst the elites in the Indian society. According to Rao (2004) it is the infusion of huge amount of funds over the past one century by the population control establishment that has led to the domination of neo-Malthusian understanding of the population issue. Caldwell (1998) also shows that the intelligentsia and the elite views in India are strongly influenced by Malthusian and neo-Malthusian ideas that considered increasing population of the poor as problematic.

It is important to note that the foundations and demographers based in the USA integrated neo-Malthusian goals in their advocacy for controlling the population of developing countries. Neo-Malthusian ideas were widely prevalent in the 1950s. The neo-Malthusians considered that it is possible to control the fertility of the poor by popularising the use of contraceptives (Frey 2011). The foundations could not directly intervene in the question of population control; it was very important for them

to convince the elites about the need to curb growing population. Given the predominance of Malthusian, neo-Malthusian and eugenics anxieties of population growth among the elite sections and the policy makers in India, the situation was extremely favourable for the American foundations to put forth their agenda. Thus, they were easily able to form an alliance with their Indian counterparts on the population issue. This linkage between the foundations based in the USA and the elites in the Indian society becomes extremely important with the setting up of the demographic research centres.

The PC had a definitive interest in the advancement of demographic training and research in India. The PC acted as an intermediary as almost every prominent person in demography was connected with the PC in one way or another (Harkavy 1995). The emphasis of the PC was on 'the production of knowledge and knowledgeable people' (Judith 1985:123). The Council with the grants provided by the Ford Foundation in 1954, embarked on the setting up of demographic research centres in India and Chile. Apart from establishing the centres it also awarded fellowships in demography for Indians to study in universities in the USA. In contrast, the FF supported the population studies centres as a part of the larger projects in institution-building both in the USA and abroad. For the FF, the need for demographic research and the preparation of Third World experts constituted the major element of funding operations in the field of population (Caldwell and Caldwell 1986). Connelly (2008:169) argues that it was on the suggestion of Waldemar Nielsen and Kingsley Davis that the FF continued its funding in demographic research. They suggested that there was a significant need for training more demographers from India, as the research they undertook would have 'the flavour of domestic investigation of domestic problems'. It was the demographers who to a large extent 'hyped' India's family planning programme in order to attract more funds from the foundations (ibid:170).

By 1954, the Indian Government clearly stated that it needed scientific institutions that could serve as centres of demographic study and training as it had recently launched its national family planning program. The PC clearly indicated that it might be interested in assisting in the establishment of such centres in India (Caldwell and Caldwell 1986). Thus, in the second half of 1955, the Government of

India on the suggestion of Ford Foundation Representative in India, Doughlas Ensminger, invited Leona Baumgartner (Public Health Commissioner, New York City) and Frank Notestein (President, OPR) to constitute a mission to India to report on the matter of population (Harkavy 1995). In December 1955 they submitted their report titled *Suggestion for a Practical Program of Family Planning and Child Care*. The report recommended that India needs several centres that are able to undertake advanced training and research in demography (Harkavy and Roy 2007). The RF and the PC played an important role in providing assistance to several research and demographic centres in India, such as the All Indian Institute of Hygiene and Public Health (Kolkata), Demographic Research Centre-Delhi University, Demographic Section at the Indian Statistical Institute, etc. However, this chapter will focus on the three main centres established in the state of Maharashtra. The decades from 1950 to 1970 selected for understanding the development of demographic research centres in the present chapter, can be described as the period (1950-60) for the 'creation of the centres' in India and the later decade (1960-70) as the 'golden decade', as remarkable expansion in demographic research took place with the setting up of several centres in the country.[6] While focussing on three different centres of demographic research, the chapter highlights some important episodes and processes in the development of these centres in Maharashtra and India. The following section, based on the archives, attempts to explore the contribution of the demographic research centres in Maharashtra.

Demographic Section in the Gokhale Institute of Politics and Economics (GIPE), Poona- 1951:

The demographic section at the GIPE began functioning from 1st October 1951.[7] It was established with the grants provided by the Rockefeller Foundation as early as May 1951. A total grant of $23,000 was sanctioned for a period of five years.[8] The grant was provided to undertake research on demographic issues in the region of Poona. It was during a luncheon in New York when Roger F Evans

[6] Based on Greenhalgh (1996), she divides the development of demography in America into three phases: 1930-60: the period of disciplinary creation, 1960-1970: the golden decades and 1980-1992: years of crisis.

[7] At present it is known as the Population Research Centre (Mulay 1999).

[8] Interviews Joseph H. Willits/Roger F Evans and D.R Gadgil, 9th May 1951-Luncheon, Rockefeller Foundation, Record Group (RG).1.2, Series 464S, Box: 88, Folder: 840, Rockefeller Archive Center (hence forth RAC records), Tarrytown, New York, USA.

(Assistant Director of the Social Sciences Division at the Rockefeller Foundation, New York) raised a query to Dr D.R Gadgil, Director of GIPE[9] about the best approach with which the Rockefeller Foundation should serve India. Gadgil said that 'the best way is to focus, regionally, as India is too big and diversified with too poor communication, to be served by big centralised projects from the top down.'[10] Gadgil further emphasised that 'if possible there should be better station agents suited to the Indian scene in various regions, for long enough five years or more, so they will come to know intimately the people and opportunities worth helping. Small amounts well placed will go farthest.'[11] Thus, Dr Gadgil was able to convince the officials of the RF about the importance of funding on a regional basis and how a small amount of money had tremendous implications. The RF was also very impressed by the work done in the GIPE since its establishment. Accordingly, Roger F Evans while discussing with Joseph H Willits (Director of the Social Sciences Division at the Rockefeller Foundation) about the reasons for recommending the grants to GIPE, makes its clear, how providing grants to GIPE, will ensure continuity of the RF policy and programme in India and he urged that 'it is important to have at least some token expression of interest in India, in order to keep the door open.'[12] Further, he highlights that GIPE regards 'population as India's number one problem and that it enjoys the confidence of government, but wisely bases its approach on broad practical studies in rural sociology, by first getting the facts, and then developing methods and approaches for social workers.'[13] In order to establish a firm footing of the demographic section, the RF at the request of Dr Gadgil, also provided fellowship to Mr N.V Sovani, the assistant to the Director to study in the USA; the question of Economic Development and Population under Prof. Simon Kuznet.[14] Thus, the RF had significant interests in the development of the demographic research section at the GIPE.

[9] D.R Gadgil was at the United Nations for a short period in May 1951, which facilitated the initiation of discussion and subsequent grant of the aid from the RF.
[10] Interviews Joseph H. Willits/Roger F Evans and D.R Gadgil, 9th May 1951-Luncheon, RF RG1.2, Series 464S, Box: 88, Folder: 840, RAC records.
[11] Ibid.
[12] Comments from Roger F Evans to Joseph H. Willits 27th April 1951, Rockefeller Foundation RG.1.2 Series, 464S, Box: 88, Folder: 840, RAC records.
[13] Ibid.
[14] Ibid.

From the grant provided by the RF, the demographic section undertook several studies and KAP surveys that aimed at collecting information regarding the fertility, morbidity, mortality and also the attitudes of the population towards family limitation (Dandekar and Dandekar 1953). For instance, in a period of five years (1951-55) the section on demography established at GIPE was able to complete ten studies on understanding the attitudes of people towards family planning and contraceptives (Dandekar 1962). For the purpose of the present chapter, I will undertake a detailed analysis of one study which the Population Council funded in 1957, at the behest of the RF. This study aimed at reducing births rates in Poona by undertaking vasectomy operations of men. It is also clear from the archives that the RF was involved in a special sterilisation study, with the main objective of performing vasectomy operations in the Poona region. I will briefly discuss the study as it highlights certain important issues regarding the influence of the RF and the PC in the development of this centre and the convergence of interests of the foundations, the state and the elites in Maharashtra.

The Special Sterilisation Study at GIPE:

It becomes evident in 1957, how the RF and the PC were explicitly involved in medical interventions for curbing population growth by providing funds to the GIPE for undertaking a study on vasectomy in the region of Poona. The idea for a sterilisation study was first conceived by Marshall C Balfour (Member of International Health Division-The RF based in Delhi). In a letter to Mr N.V Sovani, he enquired about the possibility of a field study of vasectomy as a fertility control measure and also sought suggestion on the place where such an initiative can be undertaken. He further writes that a preliminary condition would be that the study should be sponsored by the official medical or health authority of the district or the taluka. Balfour makes it very clear that an 'outside agency might provide funds quietly but should not appear as a promoter.'[15] This makes it clear how the RF was cautious about direct intervention in the study of vasectomy.

In his reply, Sovani pointed out that he likes the idea of a field study of vasectomy as fertility control measure in rural areas. However, his major concern was

[15] Letter from Dr.M.C.Balfour to Mr N.V Sovani, 30th April 1957- Population Council (PC) Accession (AC) 2 Foreign Correspondence, Box: 85, Folder: 808, India: GIPE 1957-63, 1965-66, RAC records.

the problems arising in finding a competent agency to carry the study. He suggested that the study be carried out in the region of Poona as GIPE would be able to undertake the same. Sovani insisted that the study should be done by a public but non-official body technically interested and competent to carry it with the general approval of the medical and health authorities. Sovani thereby suggested the Poona Branch of Indian Medical Association (IMA) as the right agency.[16] This was because the Poona Medical Association (PMA) could get clearance from the local medical and health authorities as well as the approval of Indian Council of Medical Research. According to Sovani it was easy to have the co-operation from PMA as he makes clear, 'that his father has considerable influence in the local branch of Poona as well in the regional unit (Maharashtra and Karnataka) of the association and that he was willing to exert it to get them to adopt such a scheme, study, statistical advice, collection of data, analysis and reporting in such measures as may be necessary.'[17] Thus, Sovani makes it clear how the demographic section was keenly interested in the study and how there were certain benefits that made it a feasible project for GIPE.

Accordingly, the officials at the demographic section approached the Poona Branch of Indian Medical Association and contacted senior office bearers to cooperate in such a study. From the discussions between Dr Gadgil, Dr Chandrachud and Dr Sovani, it was revealed that both the doctors (Dr Gadgil and Dr Chandrachud) were keenly interested in fertility control. According to them, it was very easy to persuade the Managing Committee of the Association to undertake such a scheme, 'provided money was forthcoming from the GIPE'. They were also confident of getting the scheme cleared with the local Health Authorities.[18] This clearly shows how research on fertility control was rapidly undertaken where money was easily flowing. The local elites from the GIPE and the Poona Medical Association also played a key role, in securing the support of the government officials in the study on vasectomy.

After receiving a positive reply from the medical authorities, Sovani was required to submit a formal proposal for grants to the RF. However, in the case of this

[16] Letter from Mr N.V Sovani to Dr Marshall Balfour, 6th May 1957, PC, AC-2, Foreign Correspondence, Box: 85, Folder: 808, India: GIPE 1957-63, 1965-66, RAC records.
[17] Ibid.
[18] Tentative Draft of Proposal for field study of fertility control by N.V Sovani, October 1957, PC AC2 Foreign Correspondence Box: 85, Folder: 808, India: GIPE 1957-63, 1965-66, RAC records.

project, Balfour informed Sovani to submit a proposal to the PC and not to the RF, as by now the PC was established with the main objective of undertaking scientific research.[19] Dudley Kirk (Director of Demographic Section at the PC) informed Balfour and also had discussed with Sovani, that it would be easier for him to recommend a grant for the project to Dr Frederick Osborn and the Board at the PC, under three conditions.[20] These were listed as, that the field work would be conducted by the Medical Association of Poona, the PC would make the grant to GIPE for a research project and GIPE would assume responsibility for the statistical and clerical operations and most importantly, the PC must not be listed as a sponsor of the project.'[21] Dudley Kirk made it clear that he did not want to see the Council listed in India as a 'direct sponsor of an experiment in male sterilisation being conducted by a medical group.'[22] Thus, the PC was cautious in not been labelled as directly involved in the study of medical sterilisation. It mainly sought the involvement of the local medical authorities with a hope to influence the government and elites into undertaking the study themselves and then provide them with the needed financial and technical assistance.

It was Balfour who suggested the title for the proposal as 'Rural Field Study of Medical Care and Fertility Control' or 'Morbidity and Fertility by GIPE in co-operation with IMA-Poona.'[23] While the GIPE, submitted a budget of Rs. 80,000 ($17,000) for three years, the officials at the PC were of the opinion that there was a possibility of increasing the figure to Rs. 90,000 ($19,000) or even Rs. 94, 000 ($20,000).[24] It is important to note that international donor agencies often measure their 'success by the volume of funds disbursed' (Warwick 1982: 204). Further, the proposal also made clear the condition of not revealing the source of the funding of

[19] The year 1952 was an important turning point in the international movement of population control. This is because, it was in 1952 when the Ford Foundation provided its first grant to the Population Reference Bureau, it was the year in which the Population Council and the International Planned Parenthood Federation (IPPF) were formed and the year in which India declared the first official 'anti-natalist' population policy (Harkavy 1995: 1).
[20] Letter from Dudley Kirk to Marshall Balfour on 27th August 1957, PC AC2 Foreign Correspondence Box: 85 Folder: 808 India: GIPE 1957-63, 1965-66, RAC records.
[21] Letter from Marshall Balfour to Mr Sovani 10th October 1957, PC AC2 Foreign Correspondence Box: 85, Folder: 808 India: GIPE 1957-63, 1965-66, RAC records.
[22] Notes from Dudley Kirk to Parker Mauldin 4th December 1957, PC AC2 Foreign Correspondence Box: 85, Folder: 808 India: GIPE 1957-63, 1965-66, RAC records.
[23] Letter from Marshall Balfour to Dr Gadgil 28th November 1957, PC AC2 Foreign Correspondence Box: 85, Folder: 808 India: GIPE 1957-63, 1965-66, RAC records.
[24] Ibid.

the project. The proposal states, 'the institute is seeking financial support for this scheme and will be responsible to the Institution supplying the necessary funds'. The arrangement would be between the Institute and the Poona branch of Indian Medical Association and 'will in no way be binding on the Institution giving financial support.'[25]

While it was easy to write in the proposal about not listing the PC as a sponsor of the project, concerns were raised by the officials at both the RF and the PC in New York of, 'how the Council can meet this situation as it will have to refer this in its Annual Report'. Thus, Balfour suggested that we need to 'take care' while giving a 'title to the study' and in this way the 'difficulty may be met.'[26] Thus, it was ultimately decided to give a broad title as 'the study by GIPE' in the annual reports of the PC. In this way, the PC was able to avoid any controversy both in India as well as in its own country.

Finally, after the meeting of the Board of Trustees of the PC in January, Dudley Kirk writes to inform Balfour, that 'the GIPE grant went through with full agreement especially when it was pointed out that the project was the result of long interest and study on your part.'[27] Both the PC and the RF had great hopes in this study, which becomes clear when Balfour writes to inform Dr Gadgil, about the sanction of grant where he states, 'all of us are keenly interested and hopeful by the prospect of this serious study.'[28]

While the study was in its initial stages, a progress note was submitted to the PC by the GIPE, which was drafted in such a manner that there was no mention of the actual intentions of either the GIPE or the PC. Thus, an excerpt from the note reads as follows:

> In 1957, the demographic research section at the GIPE undertook a study to gather data about fertility and morbidity of the sample population and to assess their attitudes towards family planning and the

[25] Tentative Draft of Proposal for field study of fertility control by Sovani October 1957, PC AC2 Foreign Correspondence Box: 85,Folder: 808 India: GIPE 1957-63, 1965-66, RAC records.
[26] Letter from Marshall Balfour to Dudley Kirk 28th November 1957, PC AC2, Foreign Correspondence, Box 85 Folder 808 India: GIPE 1957-63, 1965-66, RAC records.
[27] Letter from Dudley Kirk to Marshall Balfour 20th January 1958, PC AC2, Foreign Correspondence, Box 85 Folder 808 India: GIPE 1957-63, 1965-66, RAC records.
[28] Letter from Marshall Balfour to Dr Gadgil, 31st January 1958, PC AC2, Foreign Correspondence, Box: 85, Folder: 808 India: GIPE 1957-63, 1965-66, RAC records.

> preference shown by them regarding various contraceptives means, surgical and non-surgical.[29]

This note also highlighted that the two doctors, Dr Sovani and Dr Chandrachud associated with the Poona Medical Association, discussed the scheme with the Director of Public Health, Bombay state and the latter promised a Government grant to the family planning centre,[30] where the vasectomy operations were supposed to be undertaken. This became a source of anxiety for Balfour, who immediately writes to Sovani of the GIPE, seeking clarifications on the role of government in this study. He states:

> I observe that the Director of Public Health, Bombay state has promised a grant to the Family Planning Centre. While this may be an important gesture, I trust that it implies no more than helpful support to the Family Planning Centre as such and that no government review or control of the special study is involved. I believe that the special study should be strictly under the control of the Gokhale Institute. I have learned to be wary of government aid or influence in a field research project.[31]

In the meantime, Dr Gadgil paints a truly encouraging picture of the study in the field. He states that the small town of Manchar which was around thirty-eight miles north of Poona had been selected. GIPE had also secured accommodation in the place which would enable them to run a Cottage Hospital and a Dispensary, to which the Family Planning Centre would be attached. It was decided to carry on this work through a registered organisation called Rural Health Institute. Thus, the progress in the study was considered to be larger and quicker than expected by the GIPE officials.[32] With such developments in the study, the expectations of the officials at the RF increased. Thus, Balfour writes to Sovani stating, 'in this office we think and speak frequently about the medical care and fertility control project. We have high hopes that useful information will be forthcoming.'[33]

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[29] Letter from Gadgil to Marshall Balfour 14th February, 1958-Note by Sovani on the progress of the study, PC AC2, Foreign Correspondence, Box: 85, Folder: 808 India: GIPE 1957-63, 1965-66, RAC records.
[30] Ibid
[31] Letter from Marshall Balfour to Mr Sovani, 18th February 1958, PC AC 2, Foreign Correspondence Box: 85, Folder: 808 India: GIPE 1957-63 , 1965-66, RAC records.
[32] Letter from Gadgil to Kirk, 8th April 1958 PC, AC-2, Foreign Correspondence Box: 85, Folder: 808 India: GIPE 1957-63 , 1965-66, RAC records.
[33] Letter from Balfour to Sovani, 14th July 1958 PC AC2, Foreign Correspondence Box: 85, Folder: 808 India: GIPE 1957-63, 1965-66, RAC records.

Dr Gadgil decided that the sterilisation study must be headed by Dr Kumudini Dandekar, who had returned from the USA as a Population Council fellow and was trained under Prof. Frank Notestein at the OPR, Princeton. As the project became her responsibility, she changed the titled of the study to 'Investigation of Rural Medical Care and Fertility Control by any or All Methods'. Balfour was quite anxious with this and wrote to Dr Kumudini Dandekar stating, 'I am sure you are aware of our concern that the specific object of the study is to observe the practicability of sterilisations, especially of males. Thus, we trust that your records and eventual analysis will deal with this aspect.'[34] There was constant reiteration on the part of Balfour to Dr Kumudini Dandekar about the need to focus on sterilisation and not on the general medical problems. Balfour writes, 'In view of your reference to the hospital services in Manchar; I hope you are not swamped by the problems of general medical care. These are of course important, but I trust the main object of your study is not lost sight of.'[35] As can be seen the change in the title of the project produced discomfort amongst the officials at the PC, who wanted a singular focus only on sterilisation of males. Hence, Balfour repeatedly points to the urgent need to focus on the project of vasectomy rather than to divert attention to medical problems at the rural health project. The sterilisation study clearly reveals the intentions of the international agencies, in addressing India's population problem by direct intervention through vasectomy to reduce the birth rates. By revisiting the Khanna Study, Williams (2013) has clearly shown how the foundations were intervening directly in the name of doing studies, where the purpose of such studies was not to record the reality but rather to alter it i.e., to produce the desired outcome of reduced population growth.

In September 1959, Prof. Frank Notestein and Dr Marshall Balfour visited the demographic section at the GIPE and also Manchar, where the sterilisation study was being carried out. They were deeply satisfied by the developments of the study as it was successful in exerting an influence in India's policy making on the population problem.[36] For instance, Balfour notes in his diary records during his visit to the GIPE that, 'Gadgil is keenly aware of the problem of population pressure and the need and

[34] Letter from Balfour to Dr Kumudini Dandekar 18th September 1959- India: GIPE, Dandekar Kumudini, 1958-66, 1968-76, PC AC 2, Foreign Correspondence, Box: 85 Folder: 809, RAC records.
[35] Letter from Balfour to Dr Kumudini Dandekar 27th January 1959- India: GIPE, Dandekar Kumudini, 1958-66, 1968-76, PC AC 2, Foreign Correspondence, Box: 85, Folder: 809, RAC records.
[36] Marshall Balfour Diary Notes 24th September 1959 Poona, PC AC 2, Foreign Correspondence Box: 85, Folder: 808 India: GIPE 1957-63, 1965-66, RAC records.

desire of the Government to reduce births; in fact he seems to look upon sterilisation as the quickest and the most effective means. Dr Dandekar has prepared a note for him which he may present to the Planning Commission.'[37] However, the enthusiasm and the hopes of the officials at the PC and at the demographic research section of GIPE were short-lived, as the study was not able to find the required number of persons who would undergo vasectomy. Thus, Dr Dandekar informs Balfour that, 'there was only one case of vasectomy from Manchar proper during September 1959 to March 1960 i.e., a period of seven months. This was of course due to the complications in the conduct of vasectomies. As about 20 people from Manchar have promised that they will get operated upon soon. I am gathering hopes in my Manchar project.'[38] Thus, the 'special study' of sterilisation had failed miserably. However, even in its failure, the project was considered a success as it led the way for the future direction of the family planning programme in India. Dandekar (1962) makes it clear that the study raised an important question of whether family planning services in rural areas were to be provided as one aspect along with other medical services or to promote family planning as an urgent public health problem like a small-pox and anti-malaria campaign. The trajectory that the family planning programme of India followed over the years focussed on giving undue emphasis only on controlling births through a vertical programme without any integration with other health activities (Rao 2000).

By discussing in detail the correspondence between the officials at the RF, the PC and the demographic section at GIPE, it becomes evident how alliances and networks were developed amongst the medical doctors, administrators, local health associations, the demographers, and the foundations. The sterilisation project was one of the most ambitious projects of the GIPE supported by the PC to limit fertility. Almost all the officials both in the GIPE and the Poona Medical Association were strong advocates of vasectomy, claiming that if this study was demonstrated successfully, it would have a great influence. Even though the study was a failure, it had a remarkable influence because those associated with the study were involved in working with the Government of Maharashtra and providing advice on the family

[37] Ibid.
[38] Letter from Dr Kumudini Dandekar to Marshall Balfour 24th May 1960- India: GIPE, Dandekar Kumudini, 1958-66, 1968-76, PC AC 2, Foreign Correspondence, Box: 85, Folder: 809, RAC records.

planning programme of the state as well as Government of India. For instance, Dr Kumudini Dandekar assisted Government of Maharashtra on a Committee on Vasectomy Camps.[39] Further, in 1964 she became the member of the Sub-Group on Demographic and Social Studies of the Family Planning Programme Evaluation and Planning Committee set up by the Ministry of Health, Government of India.[40]

Funds provided to the Demographic Section and GIPE:

It was the easy and continuous availability of funds that made it possible for the demographic research section at the GIPE to undertake different studies and experiments in Poona and its neighbouring districts. A quick look at the finances reveals that all the three, the Rockefeller Foundation, the Ford Foundation and the Population Council have contributed enormous funds for the development of demographic research section and to the GIPE. As mentioned earlier, the RF provided a grant of $23,000 in 1951, for establishing a research section on demography and allied social and economic problems.[41] It was through these funds that a number of fertility and mortality surveys were undertaken. With the establishment of the PC in 1952, the funds for GIPE were then routed through the PC. In 1955, the PC provided $150,000 for ten years till December 1965 as a part of general budget support.[42] In 1958, the PC provided $19,000 for field studies of fertility control in Poona region.[43] Further, it is also clear from the archives that the Ford Foundation in 1957 had recommended a large grant of $5, 00,000 to the Gokhale Institute for the general support in the Social Sciences.[44]

[39] Letter from Dr Kumudini to Marshall Balfour 24th May 1960- India: GIPE, Dandekar Kumudini, 1958-66, 1968-76, PC AC 2, Foreign Correspondence, Box: 85, Folder: 809, RAC records.
[40] Government of India (1964a) 'Report of the Sub-Group on "Demographic and Social Studies" of the Family Planning Programme Evaluation and Planning Committee set by the Ministry of Health', Government of India, New Delhi.
[41] Interviews Joseph H. Willits/Roger F Evans and D.R Gadgil, 9th May 1951-Luncheon, RF RG1.2, Series 464S, Box: 88, Folder: 840, RAC records.
[42] Letter from Marshall Balfour to Dudley Kirk 14th December, 1957- PC AC2, Foreign Correspondence, Box: 85, Folder: 808 India: GIPE 1957-63 , 1965-66, RAC records.
[43] Letter from W. Parker Mauldin to Oscar Harkavy 30th June 1964, PCA2, Foreign Correspondence, Box: 84, Folder: 799, RAC records.
[44] Letter from Marshall Balfour to Dudley Kirk 14th December 1957, PC AC2, Foreign Correspondence, Box: 85, Folder: 808 India: GIPE 1957-63, 1965-66, RAC records.

The United Nations Demographic Training and Research Centre (UN-DTRC), Bombay- 1956:

In November-December, 1955 the United Nations (UN) Seminar on Population and the Far East took place at Bandung. In a paper presented by the Population Branch, it was envisaged that there was a need for a Proposed Regional Centre for Demographic Research and Training, to be set up with the co-operation of the UN. The sponsors of the centre would include the UN, the host institution and the government of the host country where the centre would be located. The time was ripe for India as it had recently declared its national family programme and needed such an institute (Symonds and Carder 1973). Further, the Government of India (GoI) in collaboration with the Sir Dorabji Tata Trust had made a provisional decision to establish such a centre. The PC was also ever ready to provide funds quickly as part of the international component. This led to the setting up of the UN-DTRC in 1956 at Bombay (Caldwell and Caldwell 1986). As per the agreement, the funds for the centre were provided equally by the UN and the PC. Thus, with the support of United Nations and a grant of $1,41,000 from the Population Council, DTRC was set up to train persons in demography from countries of Asia and the Far East (Connelly 2008). The United Nations supported DTRC at Chembur; Bombay was the first centre of demographic studies for the ECAFE (Economic Commission for Asia and the Far East) region (Williams 2010). The Indian Government, apart from providing the physical infrastructure, also made a substantial contribution in terms of the availability of the Indian staff. The centre now known as the International Institute for Population Sciences (IIPS) has been training Indian nationals for demographic work in the services of national and state governments.[45] It undertakes research of national interests especially in connection with the implementation of national population policy. The UN had signed an agreement with the Government of India to support the DTRC from 1956 until 1962.[46] It is important to note that the centre was established as a regional centre catering to the demographic needs of the ECAFE region. However, for the purpose of the present chapter I will focus on its contribution in

[45] From 1956 to July 1970, it was known as the Demographic Training and Research Centre and later the name was changed to International Institute for Population Sciences (Bhende, Kanitkar and Rao 1976).

[46] Letter from Mr Henry Bloch (United Nations-Technical Assistance Administration) and Julia Anderson(Bureau of Social Affairs) to Dudley Kirk and Dr C. Chandrasekaran, 6th April 1961, PC AC 1, Series 4 Organisation Files, Box: 111, Folder: 2058 UNDTRC 1958-62, RAC records.

India and Maharashtra. While attempting to understand the role of international agencies in the development of this centre, I argue that the various activities initiated at the DTRC were aimed at intensifying the consensus on overpopulation in India and Maharashtra.[47] Thus, the archival records will attempt to understand how it was possible to consolidate the consensus on the impending crisis of population growth in India.

Strategies of Consolidating Consensus on Crisis of Population Problem:

Experts at DTRC:

Making available the services of experts from the USA and other Western countries was an important element of the technical assistance provided by the Population Council. With the setting up of demographic research centres in India, there was a significant increase in the requirement of experts. While most of the experts were selected by the PC, they were routed to the DTRC through the United Nations. Experts were assigned to the DTRC Bombay for a period of six months to one year. They had the prime responsibility of developing new projects and also assisting in the teaching of demography.[48] During the initial years of its establishment, experts from the USA visited the DTRC. These included Dr Dorothy Thomas from the University of Pennsylvania (1956-57), Mr Parker Mauldin-The Population Council, United Nations Technical Assistance Organisation (UNTAO) Expert 1957-58, Henry Shryock-Bureau of Census-USA and UNTAO Expert 1957-58, Dr Margaret Bright-UNTAO 1957-59. Prof. Frank Notestein also visited the DTRC for about a month as a Visiting Professor, from 20th February to 19th March 1959. During this period, he delivered lectures on the problems of population theory and population policy dealing with the developed countries of Western Europe and North America, countries of Central Europe, Union of Soviet Socialists Republics (USSR) and a number of under-developed countries in Asia and the Far East.[49]

[47] The findings from the Census and subsequent studies based on census such as those of P.K Wattal (1916), resulted in the growing consensus that India was over-populated and increased population growth was a major cause of poverty.
[48] Progress Report for the UN personnel at the DTRC, Bombay March Through June 1959 by Margaret Bright, John Meerdink and R. M Sundrum, UNDTRC 1959-60, PC AC1, Series 4, Organisation Files, Box: 112, Folder: 2069IV3B4.5, RAC records.
[49] Ibid.

The experts at the DTRC were required to submit half-yearly reports on the major activities of the DTRC. They also updated the PC about the most outstanding individuals at the centre who would later be selected as the PC fellows. It was through the experts that the PC was able to monitor the activities of the DTRC. Every year around three experts were sent to the DTRC through the United Nation Technical Assistance Administration (UNTAA). There was much emphasis by the PC on sending some 'big names' to the DTRC in order to get some 'visibility' to the centre.[50] It was the PC that sponsored the travel of experts to the DTRC.

Population Council Fellowships:

Fellowships played an important role in the development of the centres of demographic research in India. It was increasingly recognised by the PC that there was a big need for developing the skills of people in India in the field of demography. In the early 1950s, the PC sponsored a number of Indians who in the later years became some of the prestigious demographers of the country. Fellowships constituted an important means for the training of Indian scholars at various American Universities. The selected fellows would study in one of the following places in the USA: the Office of Population Research at Princeton University, the Population Training Centre at the University of Chicago and the Department of Sociology, at the University of Michigan.[51]

Since the award of the first fellowship by the PC to an Indian in 1953, by 1961 around fifty-seven Indian students had pursued studies in population in foreign universities. Of these thirty-four carried out their studies in the field of demography and twenty-three in the field of physiology of human reproduction.[52] A number of persons, who were trained in these universities and particularly at the OPR, under Prof. Frank Notestein, came back to India and became the heads of the demographic research centres established with the funds and grants from PC and RF. For instance, Dr Pravin Visaria, who was a PC fellow, studied at the OPR and became the head of

[50] Conversation with Dr B. Pichat and Dr Dudley Kirk, 21st April 1958, PC AC1, Series 1, General Files, Box: 40, Folder: 579, RAC records.
[51] Progress Report for the UN personnel at the DTRC, Bombay March Through June 1959 by Margaret Bright, John Meerdink and R. M Sundrum, UNDTRC 1959-60, PC AC1, Series 4, Organisation Files, Box: 112, Folder: 2069IV3B4.5, RAC records.
[52] Letter from Parker Mauldin to Oscar Harkavy 30th June 1964, PC AC-2, Foreign Correspondence Box: 84, Folder: 799, RAC records.

the Program of Demography at the Department of Economics, Bombay University. Similarly, Dr Kumudini Dandekar who was the student of Prof. Notestein, at the OPR came back to head the sterilisation study conducted by of GIPE and later became the Director of the Demographic section at the GIPE.

As the demographers of India started publishing and writing reports, their mentors under whom they were trained took great pride and expressed great pleasure. On receiving the copy of a book *A Historical Study of Internal Migration in Indian Sub-Continent from 1901-1931* from Mr. K.C Zachariah of the DTRC, [53] Prof. Frank Notestein was extremely happy and stated that 'there was a great sense of satisfaction among the staff at the Council on seeing our former fellows producing in the field for which they were trained.'[54]

Thus, the foundations were helping in creating a generation of experts who then were to become the advisors to the government officials in India. It was through the fellowship programmes that the Indian scholars were trained to view the population as a problem and fertility as a variable which can be controlled by contraceptive technology (Rao 2004). It is also important to note that the fellowship programmes of the PC enabled India to have a group of population experts with a core body of knowledge, who shared a common set of assumptions about the working of the population dynamics and the interventions to be undertaken. Sharpless (1997) argues this led to consistency in methodology, analysis and language by which group of scholars either in USA or India worked towards highlighting the urgency of the demographic transition and the need to undertake direct intervention in fertility reduction.

Research at DTRC-Links with Family Planning Programmes:

The need for establishing the PC was primarily seen in terms of assisting countries in population research. By clearly stating its purpose in producing scientific knowledge through research in demography, the PC was also able to maintain distance from any potential controversy (Sharpless 1997). The purpose of the PC and its emphasis on setting up the demographic research centres in developing countries

[53] Mr. Zachariah studied at the University of Pennsylvania under Prof. Dorothy Thomas.
[54] Letter from Frank Notestein to Dr K.C Zachariah 1st December 1964 , PC AC1, Series 4, Organization Files Box: 111, Folder: 2059, DTRC: 1962-1965, RAC records.

can be best summarised in the words of its Director, Prof. Frederick Osborn as stated in the Annual Report of the PC, 1957 a copy of which DTRC received. He writes:

> There is an essential need for a 'non-controversial' and 'scientific approach to population problem'. If intelligent pressures for change are to come from within the countries concerned it is necessary to train men and women in scientific procedures and to return them to jobs in their own countries so that they establish themselves in the position of influence. They can initiate and take part in programme of research and publication and in the training of a larger group of successors.[55]

Agreeing to what Frederick Osborn observed in the Report, Dr K.C.K.E. Raja first Director of DTRC writes to Prof. Osborn stating that:

> DTRC was attempting to fulfil these purposes as far as Asia and Far East was concerned. The substantial contribution of the PC towards the development and maintenance of the DTRC at Bombay and Santiago, promotes over the years a growing volume of study of the population problem of individual countries, and through conferences and seminars may lead to fuller utilisation of the fruits of such studies for the formulation and execution of population policies appropriate to the scientific needs of each country.[56]

Within a period of three years of its establishment, the officials at the PC began emphasising to the new Director, Prof. C Chandrasekaran, of the need to specifically focus actions on the question of the family planning. They stressed that DTRC must undertake research in the field of family planning. In a letter to the Director, Parker Mauldin (Associate Director of the Demographic Division of the Population Council) writes:

> There has been very small amount of time devoted to experiments in family planning. There has been virtually no attention devoted to the major practical problems of the control of fertility, namely problems of communication and motivation. It would be desirable to be concerned with this area as well as with the teaching of demographic skills. I think that it would be unfortunate if we were to rely upon other groups to become interested in and contribute to the solution of some of the problems with which we are concerned.[57]

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[55] Letter from Dr Raja to Dr Fredrick Osborn 4th February 1959, PC AC, Series 1, General Files, Box: 40 Folder: 580, UNDTRC-Bombay Dr Raja IV3B4.2, RAC records.
[56] Ibid.
[57] Personal Letter from Dr W.P Mauldin to Dr C.Chandrasekaran, 28th October 1959, PC AC1, Series 2, Grant Files, Box: 45, Folder: 633, UNDTRC Expenses, 1959-64, RAC records.

This shift in the approach of the PC on the urgency to deal with the questions of family planning can also be seen from the fact that there was a change in the Health Minister, at the Centre. In a memo to the PC officials, Dorothy Thomas, the expert at the DTRC, informed the PC that the new Health Minister Mr D.P Karmarkar was 'for' family planning. [58] The main research studies to be undertaken by the DTRC from 1959 was on fertility and family planning, studies on internal migration and urbanisation, assessment of the quality of census data, studies of demographic problems of economic development.[59]

Given the need for providing increased training to a number of persons in the field of demography and family planning, DTRC in 1959 also decided to train officials from different departments of the state government. It becomes clear that:

> The governing body of the DTRC decided that in the first year, fellows would also be selected from State Statistical Departments and Universities and would be sent on deputation by such agencies. They will be expected to go back to their jobs and make use of the additional knowledge which they would have gained at the Centre in the course of the routine work. [60]

Further, in 1959 Dr C Chandrasekaran while working out comprehensive plans for research at the DTRC, wrote to Colonel B.L Raina (Director of India's Family Planning Programme) informing him how officials at the DTRC were 'motivated by the feeling that one of the important aims of the centre should be to provide the administration with information which would assist them in their effort to spread rapidly family planning practice all over the country.'[61]

Over the years, DTRC became a meeting point for experts and leading demographers from the USA and India to discuss questions about population control and family planning. The proposals for projects to be undertaken at the DTRC were being drafted in consultation with the officials from the UN, the PC and the FF. For instance, the proposal for the five year project on 'Family Planning Communications,

[58] Memo of Conversation with Dorothy Thomas, from Dudley Kirk to Fredrick Osborn, 15th October 1957, PC AC, Series 1, Box: 41, Folder: 587 UNDTRC Dorothy Thomas 1957-58 , IV3B4.2, RAC records.
[59] A Note on the DTRC for Asia and the Far East, Bombay, PC AC1 Series 2 Grant Files Box: 45, Folder: 633, UNDTRC Expenses, 1959-64, RAC records.
[60] Letter from Dr C Chandrasekaran to Dr Mauldin, 6th January 1960, PC AC 1, Series2, Grant Files, Box: 45, Folder: 633, UNDTRC Expenses, 1959-64, RAC records.
[61] Letter from Dr Chandrasekaran to Col. Raina 4th September 1959, PC AC 1, Series 4, Organisation Files, Box:111 Folder: 2065-UNDTRC Chandrasekaran C IV3B4.5, RAC records.

Action and Research Program' was drawn up in consultation with Dr Lionberger of the FF and Prof. Notestein of the PC along with the DTRC Director and the United Nations expert- Dr Donald Bogue (Prof. of Sociology, University of Chicago). [62] Thus, DTRC was able to quickly assemble a body of foreign and Indian personnel who could mutually assist in carrying out the program of the proposal.'[63] Donald Bogue, a demographer who was the UN expert at the DTRC, describes DTRC as having unique resources and potentialities which make it a favourable site for major experimental and pilot research.... i.e., professional staff experienced in scientific research, group of trained research assistants and advanced students. Apart from close collaborative ties with the UN, the PC and the FF, DTRC was also able to establish close alliance with other organisations in the region working in family planning such as the FPAI, the Family Planning Research Training Centre, Bombay; the Ministry of Health of Maharashtra and Gujarat and the Cancer Research Centre, Bombay. DTRC also had an already established working relationship with the family planning in India, whereby the research information was 'fed' into official sources. The program outlined in the five-year project of family planning communication, merely calls for an increased volume of services in this area.[64]

Apart from this, a large number of projects undertaken by the DTRC were sample surveys to estimate the demographic trends such as future population growth rates. They also included studies to understand the attitudes towards contraceptives practices. Census studies constituted another category of research projects. These studies reflected the PCs belief that better census statistics and widespread use of census data would promote a more scientific assessment of population trends. What is interesting is that despite enormous interest in family planning as espoused by the officials of the DTRC, so little attention was paid to public health and the need for a public health infrastructure that could implement family planning.

[62] Letter from Dr Chandrasekaran to Dr Mauldin, 23rd July 1960, PC AC 1, Series 2, Grant Files, Box: 45, Folder: 633, UNDTRC Expenses, 1959-64, RAC records.
[63] A five year project proposal on family planning communications, action and research program- DTRC, 20th July 1960, PC AC1, Series 2, Grant Files, Box: 45, Folder: 633, UNDTRC Expenses, 1959-64, RAC records.
[64] Letter from Donald Bogue to Chandrasekaran, Dr F.W. N, Dr Herbert Lionberger Ford Foundation, Dr Havlere Gills, ECAFE and Dr Bourgeoise Pichat- UN 24th June 1960, UNDTRC 1959-60 PC AC1, Series 4, Organisation Files, Box: 112, Folder: 2069IV3B4.5 RAC records.

Copies of the research papers published by the DTRC were distributed to academic and policymaking community, scholars and foundation Directors in the USA. The PCs Demographic Division Director, Mr Dudley Kirk, would ask for the copies of studies undertaken by the DTRC as the PC was very much interested and impressed by the studies undertaken and the reports published.[65] Also, the papers written by the faculty or the students at the DTRC were often sent to the PC officials for comments and suggestions. After necessary comments, the PC officials would try to get these articles published in the famous journals of family planning.[66] These journals were often funded by the foundations. Thus, there was a continuous interaction between the experts located at the DTRC and the officials at the various funding agencies, with the government officials and policy makers in India. In this ways, the PC was very successful in producing a strong conviction among the policy makers in India, about the need to work in the field of family planning. The DTRC was increasingly seen as a place that was in a position to recommend to the government necessary policy actions to be undertaken to deal with the question of population control through family planning.

Influence of the Coale and Hoover Study on DTRC:

The Coale and Hoover study demonstrated that rapid reductions in fertility in developing countries like India could contribute to higher rates of savings, investments and capital formation. They argued that national expenditures which would otherwise be spent on consumption purposes in case of the large population could be diverted to investment when fertility declines earlier and more rapidly (Coale and Hoover 1958). During the early 1950s, many of the American demographers worked closely with economists and undertook studies that showed the link between population growth with economic development. This was particularly about how increasing population was exerting a burden on saving and investments in the economy. The Coale and Hoover study had a profound influence in the shaping of demographic research at the DTRC. This study demonstrated that there could be improvements in per capita income if there was a fall in birth rates, which ensured high rates of return on public investments. This influential work was distributed as a

[65] Letter from Dudley Kirk to Dr C Chandrasekaran 15th June 1960, PC AC 1, Series 4, Organisation Files, Box: 111, Folder: 2065-UNDTRC Chandrasekaran C IV3B4.5, RAC records.
[66] Ibid.

complimentary copy by the PC to all the important government offices especially to the agricultural institutions all over India.[67]

The Coale and Hoover study was highly appealing to the policy makers in India and also to the Director of the DTRC, Dr C Chandrasekaran. Donald Bogue, the expert at DTRC, writes to the officials at the PC about the huge influence the work of Coale and Hoover had in India. Bogue informs the PC that:

> Some very powerful planners who will be helping allocate research funds for the Third Five Year Plan would like to see more of this type of thinking and analysis going on in Asia. The Director of DTRC, Chandra thinks empirical research needed to extend this line of work will get started only if research demographers and research economists get together, and he thinks the centre is probably the best place in India. He wants a good economist as a Technical Assistance Administration (TAA) expert as soon as possible. To express Chandra's ideas in his own words, he wants to get the seeds sown and by a good man so that the plant can take root and grow.[68]

Hodgson (1983: 26) notes that the findings of the Coale and Hoover study were responsible for the adoption of 'anti-natalist' birth control policies and programmes in many non-industrialised countries. This study also played an influential role amongst the policy makers in India. The study had been very appealing to the international funding agencies, and there is a constant reference to this study by the World Bank and other aid-giving agencies (Krishnaji 1998).[69]

Teaching of Demography at DTRC:

The teaching of demography was the prime responsibility of the experts from abroad. The Indian staffs were supposed to take papers related to statistics and economics but not demography. In the Advisory Committee Report of 1957, it was recommended that the lectures in basic subjects like Economics and Sociology should not lay much stress on theory but emphasise those aspects of the subjects which are of

[67] Letter from M.C.Balfour to Dr. L.R Allen(RF, New Delhi) 11th October 1958- PC Series 1 Grant Files Box :27, Folder: 405, RAC records.
[68] Letter from Donald Bogue to John Durand, Frank Notestein, Dudley Kirk and W. Mauldin 4th November, 1959 , PC AC1, Series 4, Organisation Files, Box: 11, Folder: 2061-Donald Bogue, 1958-65, RAC records.
[69] After the publication of the book in late 1958 Frank Notestein the Director of Office of Population Research met Jawaharlal Nehru and presented a copy of the book to the Prime Minister (Visaria and Chari 1998:109).

direct interest and application to demography.[70] The DTRC in Bombay was established completely on the American model of population studies centres. This becomes evident when Prof. Donald Bogue suggested the following to Prof. David Sills, who was to be the next expert at DTRC. Bogue writes, 'the first obligation is to make sure that those students get just as much as top quality training as if they had come to Chicago, Columbia or Harvard. I and Badry (another UN expert at DTRC) thought that we gave it more efforts than we would have at home.'[71] Further, in the beginning, when the Centre was established 'Notestein had also proposed that the Office at Princeton should enter in a sponsoring arrangement.'[72] Though this idea did not get materialised, we can see the over-whelming influence of the officials at the OPR-Princeton University, in setting the pace of development at the Centre.

Seminars:

Seminars constituted important ways for presenting the findings of the research studies undertaken by DTRC to the government officials, policy makers and the representatives of the foundations. It was also seen as a mechanism through which the DTRC would gain some visibility as some well-known professionals might attend the Seminar. Often the idea for organising the Seminar at the DTRC would come from the officials of the PC. For instance, in a memo of conversation from Dr Bourgeios Pichat and Dr Dudley Kirk, it was observed that 'DTRC-Bombay should be asked to hold a Seminar on Techniques of Census Enumeration-Analysis and Use of Census Data. Holding of such a seminar will strengthen the Centre and give it visibility and would provide an opportunity to get big names.'[73]

Accordingly, DTRC organised a regional seminar on Evaluation and Utilisation of Population Census Results in Asia and the Far East from 20th June to 8th July 1960 with the sponsorship of the UN and the Government of India.[74] This seminar focussed on the use of information from population censuses to aid economic

[70] Letter from C.Chandrasekaran to Dr Frank Lorimer (President of IUSSP) 9th July 1958, PC AC1, Series 1, General Files, Box: 40, Folder: 579, RAC records.
[71] Letter from Donald Bogue to Dudley Kirk and W Parker, 13th August 1960, PC AC1, Series 4, Organisation Files, Box: 111, Folder:2061-Donald Bogue, 1958-65, RAC records.
[72] Personal Letter from Frank Notestein to Dr David Sills at DTRC 21st November 1960, PCAC1, Series 4, Organisation Files, Box: 112, Folder: 2071, RAC records.
[73] Conversation with Dr.B. Pichat and Dr Dudley Kirk, 21st April 1958, PC AC1, Series 1, General Files, Box: 40, Folder: 579, RAC records.
[74] Letter from John Durand to Frank Notestein, 12th February 1960, PC AC1, Series 4, Organisation Files, Box: 111, Folder: 2064, UNDTRC Bombay Seminar, RAC records.

and social planning and policy making. Experts like Frank Notestein attended the seminar, and their visit was funded by the Population Council. A theme that appeared several times in the discussion was the usefulness of population census data for demographic analysis and the formulation of population policy. The seminar was organised under the guidance and suggestions of the officials at the Council. For example, Dr Chandrasekaran writes to Dudley Kirk requesting him to suggest ways in which the seminar could be thematically arranged as Kirk had organised a similar conference at the Santiago Demographic Research Centre, Chile.[75]

Notestein's speech at the seminar was very appealing, and it emphasised on the need to have a group of trained individuals who could advice and suggest policy makers. He urged that it is the 'obligation of the scientist to make the issues of policy clear at least to the educated and articulate public whose support is essential for their effective implementation. It is important to have highly competent scientists who are sufficiently free from bureaucratic and administrative control to be able to seek answers to their own questions and those asked by the administrators.'[76]

DTRC as a National rather than Regional Centre:

As the agreement between Government of India with the UN was coming to an end in 1962, there was growing and continuous pressure on the Director of DTRC, Dr Chandrasekaran to establish a hundred per cent Indian nature of the centre. DTRC was supposed to completely become a centre for India, to the extent that the non-Indian members of the staff had nothing to do with the running of the centre.[77] Thus, DTRC was seen as more of a national centre rather than as a regional centre. Notestein was very disappointed with this turn of events at the DTRC. He raised concerns about the poor quality of research output and the failure of DTRC to stand out as an 'outstanding place as a research organisation'. One of the major limitations of the centre, according to Notestein, was the inadequacy of the staff to fulfil its

[75] Letter from Dr Chandrasekaran to Dr Dudley Kirk 3rd February 1960, PC AC 1, Series 4, Organisation Files, Box: 111 Folder 2064-UNDTRC Bombay Seminar, RAC records.
[76] Studies relevant to the formulation and implementation of social and economic policies-Draft presented by Frank Notestein at the Seminar on Evaluation and Utilization of Population Census Results in Asia and Far East from 20th June to 8th July 1960, PC AC1, Series 4, Organisation Files, Box: 111, Folder: 2064-UNDTRC Bombay Seminar, RAC records.
[77] Personal and Confidential letter from Dr El Badry to Dr Frank Notestein and Mr John Durand, 23rd June
1961, PC AC 1, Series 4 Organisation Files, Box: 111, Folder: 2058, RAC records.

mission. In a strict letter to Dr Chandrasekaran, in 1963, Notestein writes that unless Prof. V.K.R.V Rao gives his full support to the 'international' character of the work, the Council will be reluctant to help the UN with respect to the Centre. He further writes that, if the government does not support the international aspect of the centre, the PC would look to the beginning of other foci for training, to serve the needs of some of the smaller countries.[78]

The Chairman of the Governing Board, Dr V.K.R.V Rao was of the opinion that DTRC should become a 'national centre'. However, the Director of DTRC, Dr Chandrasekaran, was in support of strengthening the centre as an international institute. At the PC office in New York discussions were being held about establishing a new centre like the DTRC in another country in the ECAFE region. Thus, Parker Mauldin suggested in a memo that the PC should work to influence the conversion of DTRC to a national centre with little or no UN support after the termination of the agreement which was up for renewal in 1964. Mauldin recommends that the PC should encourage the UN to establish another DTRC in South East Bangkok as part of ECAFE, as the demographic needs of these regions particularly the middle and smaller size countries, had not been met to a large extent. The PC also gave an 'ultimatum' to India Government and set 'conditions' for continuing assistance from the UN to the DTRC. It demanded that the international aspects of DTRC should be strengthened, better treatment must be given to fellows from abroad, regional research should be promoted and the Director Dr Chandrasekaran should be allowed to travel abroad.[79] Thus, it becomes clear that the PC exercised various pressure tactics to achieve its desired intentions. For instance, when it was realised that the international aspects of the DTRC was not supported by some officials, it gave an 'ultimatum' to the Government of India to strengthen this aspect or the funding to DTRC would be withheld.

In the year 1964, there were plans of making the centre a registered society with full autonomy. Dr Douglas Ensminger of the Ford Foundation suggested that it was a good idea to convert the centre. He felt that the centre in due course may

[78] Letter from Frank Notestein to Dr Chandrasekaran 21st August 1963, PC AC1, Series 4, Organisation Files Box: 111, Folder: 2066, UNDTRC CC 1961-1965, IV3B4.5, RAC records.
[79]Letter from John Durand to John Grauman, 22nd December 1963- Memo from Dudley Kirk to W. Mauldin, Notestein and Balfour, PC AC1, Series 4, Organisation Files, Box: 111, Folder: 2059 DTRC 1962-1965, RAC records.

become a part of the present Delhi University.[80] Prof. Frank Notestein warned Dr Chandrasekaran that 'where India is concerned the Council would be most reluctant to make any moves that did not have the general approval of the Ford Foundation group.'[81] This clearly shows how the PCs decisions regarding the DTRC were guided by the directions of the Ford Foundation which had historically played an 'active' and an 'innovative' role in shaping the development of India's family planning programme for three decades (Minkler 1977a:404).

Indian Staff at the DTRC:

It is quite interesting to study the profile of the major Indian staff at the DTRC. The linkages of the DTRC staff to the USA and the enormous influence of the funding agencies in the training and recruitment of DTRC staff are clearly visible. For instance, the first Director of the DTRC, Dr K.C.K.E Raja was not a demographer by profession. Thus, in order to develop his demographic skills and also to ensure effective development of the DTRC in its initial years of establishment, the PC provided a grant to Dr Raja to contact centres for training and research in demography at several Universities in Europe, the USA and Japan. This trip of Dr Raja was also aimed at developing active collaboration with the experts for the development the DTRC. Dr Raja visited the universities of Princeton, Philadelphia and Washington, where he spoke on the need for the development of the Centre, the population problem of India and the family planning programme by Government of India.[82] The entire plan of the itinerary for the visit to the USA was fixed by the PC officials. The schedule of Raja's trip was decided by Dr Notestein and Dudley Kirk in consultation with Dr M.C Balfour.[83] Notestein wrote to Dr Raja that 'by all means' he should meet Prof. Kingsley Davis.[84] Apart from visiting various universities in the USA, Dr Raja

[80] Letter from Dr C.Chandrasekaran to Dr Frank Notestein, 3rd April 1964, PC AC1, Series 4, Organisation Files Box: 111, Folder: 2059, DTRC: 1962-1965, RAC records.
[81] Letter from Frank Notestein to C. Chandrasekaran, 21st April 1964, PC AC1, Series 4, Organisation Files, Box: 111, Folder: 2059, DTRC: 1962-1965, RAC records.
[82] Note on discussion held on 16th November, 1956 with Dr K.C.K.E Raja (DTRC), PC AC1, Series 1 General Files Box: 15, Folder: 234, Grants Authorized UNDTRC-1956-57, RAC records.
[83] Letter from Frank Notestein to Dr Raja 28th July 1956, PC AC 1, Series 1, General Files Box: 15, Folder: 234, Grants Authorized UNDTRC-1956-57, RAC records.
[84] Letter from Frank Notestein to Dr Raja, June 28 1956, PC AC1, Series 1, General Files Box: 15, Folder: 234, Grants Authorized UNDTRC-1956-57, RAC records.

was also supposed to meet leading American demographers and experts in the field of eugenics and human genetics.[85]

Dr C.Chandrasekaran, who followed Dr Raja as the Director of the centre, had a doctorate in Statistics from the University of London. He also studied at the School of Hygiene and Public Health, Johns Hopkins University, as a Rockefeller Foundation Fellow. While he was on that fellowship Notestein recruited him for the Population Branch of the United Nations.[86] From 1959-65, he was the Director of DTRC. Asha Bhende underwent training at California on a Ford Foundation Fellowship in Family Planning Communication Research. She had a Master degree in Public Health. She was recruited as a health educator for the Family Planning and Communications Research Project at the DTRC. Dr P.N.Singh had a Ph.D. degree specialising in Industrial and Social Psychology from Ohio State University and worked as a coordinator for the project on Family Planning and Communication Research.[87] Zachariah and Ramachandran were the PC fellows who studied under the guidance of Prof. Dorothy Thomas at the University of Pennsylvania.[88]

Apart from this, whenever there was a requirement of new staff at the DTRC, suggestions would often come from the PC officials. For instance, Dr Dudley Kirk suggested to Dr Raja a list of names for the two posts of Statistician and a Demographer. These were the persons who have previously studied at the American universities under the guidance of Dr Notestein with a Population Council Fellowship.[89]

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[85] Ibid.

[86] Progress Report for the UN personnel at the DTRC, Bombay March Through June 1959 by Margaret Bright, John Meerdink and R. M Sundrum, UNDTRC 1959-60, PC AC1, Series 4, Organisation Files, Box: 112, Folder: 2069IV3B4.5, RAC records.

[87] Letter from Chandra to Mauldin 6th December 1962, PC AC 1, Series 4 Organisation Files Box: 111, Folder: 2066-UNDTRC 1961-1965, IV3B4.5, RAC records.

[88] Letter from Frank Notestein to Mr John D Rockefeller 8th January 1960, PC AC 1, Series 4 Organisation Files, Box: 111, Folder: 2067 UNDTRC Chandrasekaran, C: 1960-1963, RAC records.

[89] Letter from Dudley Kirk to Dr Raja dated 1st October 1956, PC AC1, Series 1, General Files, Box: 15, Folder: 234, Grants Authorized UNDTRC-1956-57, RAC records.

Involvement of Ford Foundation at DTRC:

The United Nations was planning a major expansion of research activities to be undertaken at the DTRC. Accordingly, it decided to approach the Ford Foundation as the amount of funds required for this was huge. Thus, in its proposed five-year expansion programme of assistance to underdeveloped countries in the study of the population problem, the UN made a request to the Ford Foundation for financial support for the DTRC.[90]

In 1962, the Government of India had renewed the agreement with the UN for cooperation and support for the regional training at the DTRC till June 1964. The agreement was for a short term, given the controversy surrounding the nature of the DTRC as regional or a national centre. However, the increasing need for demographic training and research facilities in the country was recognised by the government, and the DTRC was called upon to play an important role in support of India's national population programme. 'The UN feels necessary that it is in the interest of India's national programme and in view of the needs of demographic training of research of other countries in Asia continuous support to the centre would be extremely useful.'[91] In this context, United Nations planned to make a formal application to the Ford Foundation. However, Dudley Kirk at the Council wanted to discourage the application of the UN directly to the Ford. According to him, it was decided between Ford and the Council, that PC would be responsible for any kind of interim financing. Kirk was of the opinion that 'Ford would be cool to this proposal of the UN. It would seem to be a better tactics to hold off and approach Ford on longer range support of a more institution building character i.e., the package including DTRC, the Cairo Centre, the prospective West Africa Centre, French Speaking Centres and the Central American centre.'[92]

It becomes clear from the above that the DTRC over the years, evolved as a foremost training and research centre of demography where the core of India's

[90] Letter from Philipe de Seynes to Frank Notestein, 16th May 1961, PC AC 1, Series2 Grant Files, Box: 45 Folder: 633, UNDTRC Expenses, 1959-64, RAC records.
[91] Draft from Philippe de Seynes (UN) to Dr Henry Heald, President, Ford Foundation , 10th January 1963, PC AC 1, Series 4, Organisation Files, Box: 111, Folder: 2059, DTRC: 1962-1965, RAC records.
[92] Office Memorandum-PC from Dudley Kirk to W. Mauldin and Frank Notestein, 16th January 1963, PC AC 1, Series 4, Organization Files, Box: 111, Folder: 2059, DTRC: 1962-1965, RAC records.

demographic experts were trained. The setting up of the DTRC led to the beginning of the 'modern' demographic training and research in India (Visaria 1989:15). Thus, it created a strong institutional infrastructure, laying the foundation for 'continuous training of demographers and long-term research in Demography (Bose 1970:17). The intensification of the family planning programme throughout the decades of the 1960s and 1970s increased the need for trained demographers and experts. Further, the various studies undertaken by the demographers provided evidence that the successful implementation of the family planning programme was crucial in bringing about a 'decline in birth rate' and thereby 'solve the problem of rapid population growth' (Reddy 1980:239). Thus, DTRC played a central role in putting family planning and population control on the agenda of India's planned development.

Further, it also becomes clear that the Rockefeller Foundation, the Population Council and the Ford Foundation played an important role in the development of the centre and provided enormous financial and technical assistance. The fellowships by the PC to the Indian students to study population studies in the USA, the teaching of demography by American demographers at the centre and the expertise of the United Nations specialists at the centre had enormous influence in the way in which demographic research was undertaken at the centre. For instance, when Dr K.C.K.E Raja, the first Director of DTRC retired,[93] he clearly mentioned that it was 'Dr Frederick Osborn, Dudley Kirk, W. Parker Mauldin and Prof. Notestein who have truly shaped the centre and given it the impetus that a new institution requires.'[94] Thus, it becomes clear that individuals highly inspired by eugenics and neo-Malthusian ideas were instrumental in the growth and expansion of the centre.

Course on Demography at the Department of Economics of Bombay University, 1958:

Bombay University was one of the partner institutes of the DTRC. It was an arrangement between DTRC and the Department of Economics, Bombay University that it had to provide trainees to the DTRC with some background in economic theory

[93] After retiring from DTRC, Dr Raja became the Member of the Health Survey and Planning Committee established by the Government of India in 1959.
[94] Personal Letter from K.C.K.E Raja to Dudley Kirk 10th July 1959, PC AC 1, Series-1, General Files, Box: 40; Folder:580, UNDTRC-KCKE Raja 1957-59, RAC records.

and economic problems relevant to the study of demography.[95] In 1958, Parker Mauldin, Associate Director of the Demographic Division of the PC, during his visit to the DTRC, enquired if the Bombay University was interested in initiating a programme of study and research in the economic aspects of demography.[96] After necessary formalities initiated by the Department of Economics, the Population Council awarded a grant of $5000 per annum for a period of five years from 1959-64 ($25,000 for five years) to the Department to employ personnel and to purchase the needed equipment in order to carry out training and research related to the economic aspects of demography.[97] Thus, the Council was very much interested in promoting the scientific study of the population at the Department of Economics.

The enormous enthusiasm shown by the experts of the PC in developing the course in demography, at the Department was met with disappointment when even after the provision of the funds in the first year the Department was unable to recruit a Reader.[98] However, the teaching staff from DTRC took some lectures in demography,[99] apart from one faculty from within the Department. Also, well-known American demographers like Prof. Philip Hauser travelling to India gave lectures at the department. Finally, it was Dr Pravin Visaria who was a Population Council fellow at Princeton, joined the department as a Reader in Demography.[100]

Even after two years of its establishment the optional course on demography failed to attract students. Finally, in order to at least get some good students in demography, it was decided to provide a scholarship of Rs 50/- to the students who opted for this paper, but the number of students who chose this paper remained very low.[101] Thus, even the monetary scholarships did not seem to have been effective in

[95] Progress Report for the UN personnel at the DTRC, Bombay March Through June 1959 by Margaret Bright, John Meerdink and R. M Sundrum, PC AC1, Series 4, Organisation Files, Box: 112 Folder: 2069IV3B4.5, RAC records.
[96] Department of Economics, Bombay University: A Report on the Utilization of the Population Council Grant during the period July 1960-June 1969, PC AC 1, Series 2, Grant Files, Box: 45, Folder: 639, RAC records.
[97] Letter from Frederick Osborn to Foreign Aid Section, Department of Economic Affairs, Ministry of Finance, New Delhi, 24th March 1959, PC AC 1, Series 2, General Files, Box: 45, Folder: 637 IV3B43a, RAC records.
[98] Letter from Parker Mauldin to Dr M.L Dantwala, 20th September 1960, PC AC , Series 2, Grant Files, Box: 45, Folder: 636, RAC records.
[99] Personal letter from Dr Pravin Visaria to Dr Mauldin, 25th January 1967, PC AC 1, Series 2, Grant Files, Box: 45, Folder: 638, RAC records.
[100] Ibid.
[101] Letter from Dr Lakdawala to W.Parker Mauldin, 11th May 1965, PC AC1, Series 2, Grant Files, Box: 45, Folder:636, RAC records.

increasing the number of students. Despite its inability to attract and retain students, the experts at the PC, eventually paved the way to introduce the teaching and training of demographic research from optional paper to becoming a part of the regular curriculum at the Department of Economics. Mauldin in a letter to the Registrar of Bombay University writes, 'having in mind the importance of planning of population in India; I am sure you will agree, it will be desirable for Universities to provide adequate training and undertake high-quality research in this important field.'[102] The main research focus of the demographic course was on studies related to Maharashtra, for example, Demographic Survey of selected villages in Ratnagiri district of Maharashtra and Kutch district of Gujarat, An Intensive Analysis of the 1961 Census Data on the Workforce of Maharashtra, etc. Given the limited number of students and the absence of major research activities in the initial years of its establishment, the allocated grants remained largely unutilised. Thus, to ensure that some funds were being 'shown as utilised' it was decided by the Council to charge against the grants the expenses of Microfilming of Indian censuses. Dr Mauldin suggested to Dr Visaria that 'in the long run you will be in a stronger position to get additional funds either from within or from outside India if you have made effective use of the funds available to you.'[103] The grant to the Bombay University was extended till 1968, as it largely remained unutilised. After a few years, the PC started emphasising to the Registrar the need to make the course 'self-sustaining'. Mauldin writes, 'Government of India has accorded high priority to population problems and has allocated substantial funds to its Family Planning Programme. We believe that it would be consistent and in the best interest of this program and of the university to obtain financing from Indian sources for this important program.'[104] In order to obtain funding from the government, it was imperative that the University Grants Commission (UGC) or the State Government provided funding for the continuation of the course. Prof. Pravin Visaria, head of the program of Demography at the Bombay University, expressed his concern that the 'existence of the DTRC in Chembur,

[102] Letter from Mauldin to Registrar of Bombay University, 7th November 1966, PC AC 1, Series 2, Grant Files, Box: 45, Folder: 636, RAC records.
[103] Letter from Dr Mauldin to Dr Visaria 8th June 1964, PC AC1, Series 2, Grant Files, Box: 45, Folder: 636, RAC records.
[104] Letter from Dr W Parker Mauldin to Registrar of Bombay University, 12th January 1967, PC AC 1, Series-2, Grant Files, Box: 45, Folder: 638, RAC records.

lessens the chances of getting the long run grants for Bombay University.' [105] Subsequently, the UGC agreed to provide funds for the demography course, and this led to the partial institutionalisation of demography in the Bombay University as well.

Conclusion:

The centres of demographic research in India were seen to play an instrumental role in contributing to the development of scientific knowledge to solve the population problems. It is important to note that the institution-building of demographic research centres in Maharashtra was strengthened to a large extent by the provision of grants from the RF, the PC and the FF. For instance, the influence of the PC and the FF in the development of the demographic research centres in Maharashtra can be seen from the funding that they made available for the three centres. For the demographic section at the GIPE, the PC provided in 1955, $150,000 for ten years till December 1965 as part of general budget support.[106] In 1958, the PC contributed $19,000 for field studies of fertility control in Poona region.[107] As seen earlier, in 1957, the Ford Foundation had recommended a grant of $5, 00,000 to the Gokhale Institute for the general support in the Social Sciences.[108] The PC also provided funds to the United Nations-supported DTRCs from 1957-63 and gave a total grant of $237,500 for general support, fellowships, travel and equipment.[109] In the case of Bombay University, the PC provided a total grant of $25,000 for five years from 1959-1964.

With the setting up of these centres of demographic research, it became possible to focus on the study and analysis of the trends and growth in population which strengthened the argument of population problem to a large extent in India. The conferences organised by the centre, the teaching of demography, and the training in survey research led to the development and understanding of the particular notion of population problem, one that demanded immediate actions on the part of the

[105] Personal letter from Dr Pravin Visaria to Dr Mauldin, 25th January 1967, PC AC 1 Series 2, Grant Files, Box: 45, Folder: 638, RAC records.
[106] Letter from Marshall Balfour to Dudley Kirk, 14th December 1957, PC AC2, Foreign Correspondence, Box: 85, Folder: 808, India: GIPE 1957-63, 1965-66, RAC records.
[107] Letter from W. Parker Mauldin to Oscar Harkavy, 30th June 1964, PC AC2 Foreign Correspondence, Box: 84, Folder: 799, RAC records.
[108] Letter from Marshall Balfour to Dudley Kirk, 14th December 1957, PC AC2, Foreign Correspondence Box: 85, Folder: 808, India: GIPE 1957-63, 1965-66, RAC records.
[109] Letter from W. Parker Mauldin to Oscar Harkavy, 30th June 1964, PC AC2 Foreign Correspondence, Box: 84, Folder: 799, RAC records.

government. Apart from this, the fellowship programme enabled to keep on expanding the network of connections between different individuals and institutions having similar perspectives and interests on the question of India's population control both in India and the USA. Sharpless (1997:176) makes it clear that it is these linkages that provided a network for the reworking of demographic knowledge, making it more 'user-friendly' to policy makers. He further argues that complex set of inter-linkages were also developed between government economic planners, foreign policy experts, corporate leaders, professional demographers and the directors of major philanthropic foundations. This led to the creation of a climate in which increasing support to population control in terms of financial resources was made possible.

The studies conducted by the demographic centres resulted in the generation of a particular kind of information which also led to the development of consensus among the policy makers. The catastrophic growth of population having negative implications on the process of economic development became more strongly advocated in the studies coming out from these centres. Thus, the need for providing immediate actions in family planning was being legitimised. It is important to note that most of the top officials at the centres of demographic research were actively advocating the need for strict enforcement of 'compulsion' in the implementation of the family planning programme to control the rapid growth of population in the state (Dandekar 1976b:772). Further, one of the important objectives of the research undertaken by these centres focussed on fertility and other aspects of demography that had immediate value to the family planning programme. Premananda (2014:357) argues that the demographic investigations conducted during the early years of the implementation of India's family planning programme generated a discourse that enabled to initiate various 'administrative possibilities' of population control. This resulted in adopting policies that sought the active intervention of the government in fertility reduction. Thus, the institutionalization of centres of demographic studies with the funds made available by the RF, the FF and the PC (Caldwell and Caldwell 1986) resulted in the increase of demographic surveys and also the studies on understanding the attitudes of people towards family planning. Demographers argued that the increase in the number of such studies and the wide publicity which these studies received helped to keep the population problem in the public eye (Hauser and

Duncan 1959). In contrast, Halfon (2007) argues that these demographic surveys were primarily undertaken to substantiate the discourse of population control approach to population policy whereby the focus was on controlling women's reproduction and fertility. These demographic surveys produced a narrow focus on contraceptive delivery in the population policy and the findings from these surveys made it essential for the government to acknowledge that there was a demand for contraception, resulting in the provision and supply of these contraceptives through the family planning.

The centres of demographic research established in India increasingly became the magic bullet for the international donor agencies interested in the question of population control. This is because the studies undertaken in the name of scientific research by the centres in India, produced data that showed India's population was increasing very fast. This was further substantiated by the findings of the KAP surveys which concluded that there was an increased demand for contraceptives from people in the villages who were willing to control their fertility (Dandekar and Bhate 1971). Thus, the centres were fulfilling the objectives of the funding agencies who were mainly interested in the direct intervention of reducing fertility without getting into any controversy. Further, majority of the demographers in India increasingly saw 'family planning programme as an instrument to quicken the pace of demographic transition' (Banerji 1971:5).

It is important to see the establishment of these centres in furthering the agenda of the population control establishment. Greenhalgh (1996:41) argues that the setting up of the centres for demographic research in developing countries had resulted in 'laying the intellectual foundations of population control' that 'solidify the rationale for intervention' Thus, the foundations were able to institutionalise their dominant understanding of the population question through Malthusian, neo-Malthusian and eugenics lens in India. Further, the demographic research centres played an important role in creating panic by undertaking projections of a rapid increase in population. These centres also enabled the international advocates of population control to successfully 'promote their cause from behind the scenes' (Donaldson 1990:33). Banerji (1989:21) argues that there has been significant 'distortion' in the demographic knowledge because of the 'very powerful forces both

at the national and international levels that have tried to push through simplistically conceptualised Malthusian family planning programme in the Third World countries'.

One of the major factors that shaped the family planning programme of India in a significant way was the study of the Coale and Hoover (1958), an approach which dominated the teaching in the demographic research centres in India. Highly influenced by this study, the Third Five-Year Plan (1961-66) for the first time set a demographic goal of reducing the crude birth rate to 25 by 1972. Srinivasan (1995) argues that a strong stimulus for setting up of demographic goal for India in terms of the desired levels of crude birth rate came from the publication of Coale and Hoover. Thus, the family planning programme was viewed as a policy instrument for achieving country's demographic goal.

The emphasis on studying and analysing censuses, by undertaking projections of future population growth rates and quantifying the implications of high fertility on economic growth rate, by the officials and experts at the centres of demographic research generated a sense of crisis in the policy makers.[110] The creation of crisis in population growth by the newly established demographic research centre provided an agenda to undertake more vigorous implementation of measures to control fertility and thereby curb rising population. In the above context, it is important to note what Sen (1994) has clearly pointed out. He argues that a focus on the urgency for population control will inevitably lead to panic and to the adoption of potentially coercive measures of population control.

This chapter attempted to explore the role of demographic research centres established in Maharashtra in the discourse of population control. As it becomes clear, these centres made an important contribution towards the generation of evidence useful for policy making. It made available data through surveys stating that there is an increased demand for contraception from people. It also undertook future projections highlighting rapid growth in the population of Maharashtra. Based on the evidence made available by these centres, the government undertook important policy

[110] For instance, estimates about the future population growth in Maharashtra had revealed that population would increase to about 51 million by 1971 and to 64 million by 1981. It was also stated that even if there was a fifty percent decrease in fertility by 1981, the state cannot avoid the enormous increase in population (Ambannavar 1975: 279).

changes in the family planning programme with an objective to control its increasing population. Hence, the next chapter will attempt to explore various policy decisions taken by the government in the family planning programme.

Chapter 5: Compulsion and Control-The Making of the Family Planning Programme of Maharashtra: 1957-80

Introduction:

In the preceding chapters, an attempt was made to understand the role of individuals and institutions that played an important role in influencing the discourse of overpopulation in Maharashtra. The third chapter discussed the ways in which women advocates particularly Dhanvanthi Rama Rau and Avabai Wadia developed alliances with the international population control advocates and evolved as the leading figures in the family planning movement of India. The women advocates constantly emphasised on the urgent need to control population with the involvement of the government. They argued that only the government has the infrastructure and resources necessary to increase the 'outreach' of the family planning services in rural areas (Wadia 2001:243). In the fourth chapter, we see that with the establishment of the demographic research centres it became possible to highlight the rapid increase in population of the state. Further, through the surveys undertaken by these centres it was evident that people had favourable attitudes towards family planning and were willing to practice contraception to limit their family size (Dandekar and Bhate 1971). These centres necessitated immediate action on the part of the government to provide family planning services and thereby solve the population problem. Moreover, the Government of India had adopted an official programme of family planning since the early 1950s. Thus, the erstwhile Bombay state finally launched its family planning programme on 14th November, 1957 (Talwalkar 1997). This chapter thereby attempts to understand the role of the State in the implementation of the family planning programme in Maharashtra.

Historically, Maharashtra has been an outstanding performer with respect to family planning. The state accorded highest priority to the programme and had received several national awards for the 'best' performance in family planning (Dandekar 1976a:62). For instance, during a period of fifteen years from 1960 to 1974-75, Maharashtra received eleven national awards for best family planning performance, eight of which were for the first rank (Bhende 1977). The first official population policy was declared by the state in the year 1967. By this time, family planning had become central to the vision of India's development and population

growth was seen as an impediment to economic growth and progress (Raina 1969:110). This approach was also prevalent in the family planning programme of Maharashtra which embarked on reducing population growth for higher economic development of the state (GoM 1970). For instance, while speaking at the First State Level Family Planning Conference of Maharashtra held at Nagpur on 9th August 1962, the Minister of Health P.K Sawant stated that, 'in the struggle for survival we must plan and the benefits of planning must not be allowed to be cancelled out by the population gains' (Sawant 1962:270). Thus, family planning was supposed to play an important role in Maharashtra's vision of a highly developed state.

Several studies note that the family planning programme since the time it was launched in the state, has been very successful in achieving the sterilization targets and its performance was widely acclaimed in the country (Talwalkar 1997; Dandekar 1976a). Historically, the Government of Maharashtra (GoM) focussed on sterilisation of men as the chief method of family planning and also organised massive vasectomy camps throughout the state. It was also the only state to set unrealistically high targets for increasing acceptance of family planning methods. For instance, since the early 1960s, the month of November was known as the 'vasectomy month' in Maharashtra, during which all the districts of the state were required to achieve a sterilisation target of 600 vasectomies (Dandekar 1963:147). Further, the programme also introduced an imaginative scheme of incentives and disincentives to achieve the high targets (Satia and Maru 1986). In addition, the officials in the state were highly motivated and enthusiastic to zealously pursue the implementation of the programme to bring about a quick reduction in the fertility rates (Pethe 1981). Thus, Maharashtra was considered to be one of the successful states in family planning and evolved as a model of emulation for other states in India (GoM 1975).

It is interesting to note that, most of the studies on family planning in the state have only highlighted how Maharashtra was always in the forefront of implementation of family planning (Talwalkar 1997; Bhende 1977; Kulkarni 1973). There are limited studies that have critically examined the family planning programme of the state. It is in this context, that the present chapter attempts to undertake a critical analysis of the official discourse of family planning in Maharashtra in a historical context. It makes an attempt to understand why despite

being one of the much acclaimed and successful programmes of family planning, Maharashtra failed to control its population or was even unable to undergo demographic transition when expected. I argue that the policy makers of the state were highly influenced by eugenics and neo-Malthusian ideas that resulted in the family planning programme giving an over-riding priority only to the objective of reducing the birth-rate as expeditiously as possible. The chapter is divided in six sections. The first section briefly reviews the history of the population control policy in the state; the second section discusses the larger socio-economic and political context of the state in which the family planning programme was introduced. The third section explores how family planning was debated in the legislative assembly in order to understand the dominant ideological influences amongst the policy makers. It also discusses the Maharashtra Restriction on the Size of Family Bill 1976 which was first introduced in the state. The fourth section attempts to discuss the implementation of the family planning programme during the Emergency period. The fifth section discuses how the family planning officials in the state formed alliances with the international advocates of population control followed by a conclusion in the last section.

As mentioned earlier, the family planning programme was officially launched in the state on 14th November 1957. In the first decade (1957-67) there was a very modest performance in terms of programme achievement, as the main focus was on disseminating knowledge on family planning techniques. Hence, during the initial years, the approach of the government towards family planning was 'cautious' and 'hesitant' (Kulkarni 1973:174). It was in June, 1967 that the GoM undertook certain 'radical and progressive' decisions by declaring its Population Policy (Talwalkar 1997:2). The main policy changes introduced by the state emphasised on total involvement of the Zilla Parishads (ZPs), increased incentives to family planning acceptors, workers and promoters as well as introduction of disincentives such as withdrawal of concessions, grants for loans, free medical treatment and a renewed emphasis on sterilisation (GoM 1975). One of the policy changes introduced was the Helpers Scheme under which any person could become a promoter to motivate people to accept sterilisation. Further, in 1967 a cabinet decision was also taken to set a demographic-target of reducing the birth rate from 38/1000 to 25/1000 by 1976 (Pai 1978).

The Population Policy of 1967 declared by the GoM was triggered by developments at the state level, the changes in the national family planning programme as well as the international context shaping the family planning programme of India. For instance, in 1962 the Mudaliar Committee constituted by the Government of India (GoI) recommended the need to make family planning a mass movement. It also emphasised on increased participation of voluntary organisations in the family planning programme. The Minority Report of the Committee accorded urgency to the family planning programme in order to bring about a quick reduction in birth rate. It also suggested incentives and disincentives like discontinuation of maternity benefits, restricting free government services such as free education only for three children, if family planning was not accepted (GoI 1962).[1] The Third Five Year Plan of the GoI (1961-65) also gave very high priority to family planning programme. This was necessitated because of the remarkable increase in population as highlighted by the 1961 census (Srinivasan 1995). Thus, the family planning programme was re-organised from a clinic approach to an extension education approach. Further, the failures of the monsoon in two consecutive years of 1965-66/1966-67 and the resultant decline in food production increased the fear of 'massive starvation' in India (Harkavy and Roy 2007: 319). This food shortage in India was described by the statisticians as a 'genuine Malthusian crisis' (Piotrow 1973:112). Hence, there was an increased 'urgency' to control population growth (Harkavy 1995:143). It was during this period that the government of the USA officially got involved in population control in the Third World by providing funds through the United States Agency for International Development (USAID) (Donaldson 1990:40).[2] Moreover, in 1965 the United Nations (UN) Advisory Mission visited India and recommended the launch of a reinforced family planning programme. It was the UN Mission that emphasised on the introduction of Intra Uterine Contraceptive Device (IUCD) and recommended the delinking of Maternal and Child Health Programmes from Family Planning Programmes. It was feared by the Mission that the family planning programme may be used to expand the neglected programme of maternal and child health (Banerji 1971). Foreign donors, particularly the Population Council

[1] As early as 1962, the Mudaliar Committee had recommended that if there was no significant reduction in population growth in the next five years then approximate legislative measures would be introduced to ensure a definite fall in the birth rate (GoI 1962:406).

[2] By 1968, USAID emerged as a leading donor agency providing millions of dollars to India's family planning programme and mounting an aggressive campaign of family planning to solve the population problem (Harkavy 1995:143).

(PC) persuaded the government to accept IUCD because of its suitability for widespread use (Cassen 1978). In order to introduce IUCD as the method of birth control, the GoI established the Mukherjee Committee in 1965. One of the important recommendations of the committee was to have a fixed system of targets and introduction of incentives both for health workers as well as women acceptors of IUCD. Since 1966, the family planning programme gained momentum and became 'time-bound' and 'target-oriented' in nature (Mitra 1978:634). The recommendations made by the Mukherjee Committee had also received corroboration from the Evaluation Report of the World Bank (the Bell Mission Report), the United Nations Evaluation Report and the Report of the Family Planning Programme Evaluation Committee (GoI 1966b:5). Thus, there was a renewed emphasis on the family planning programme since the mid 1960s.

The rapid growth of population in Maharashtra as evident by the 1961 census had increased to 39.6 million. This became a major source of concern for the officials in the state. Further, it was estimated that the population would increase to around 50.2 million by 1971 (Dandekar 1976a). In addition, during the years 1965-66, food-grains production in the state dropped to its lowest record (GoM 1968a). Given the rain-fed agriculture practiced in most of the region and the failure of monsoon worsened the conditions of food scarcity. Thus, in 1967 the state government, considering the socio-economic conditions of people, the agricultural production, the states dependency and the problem of unemployment decided upon a progressive population policy in order to give a new look to the family planning programme (Pai 1978).

It was in this backdrop that the new population policy of the state was implemented. The radical policy formulations of 1967 provided an impetus to the family planning. The state implemented the programme with full rigour and enthusiasm. Based on the recommendation of the Mukherjee Committee, Maharashtra also introduced a system of fixing targets both for IUCD insertions as well as sterilisation. With the introduction of IUCD in 1965, the Health Minister of Maharashtra, Shantilal Shah expressed immense hope that the state would be a best performer in IUCD insertions. According to him, the advisors of the GoM stated that IUCD was 99.5 percent effective (Shah 1965:10). Historically, in order to accelerate

the pace of the family planning programme, the state had fixed much higher targets under family planning than allotted by the Central Government. The Director of Family Planning, Colonel B.L. Raina noted that Maharashtra was the 'only' state in the country to fix targets for family planning right upto the taluka (block) level (GoI 1964b:212). Further, since November, 1960, Maharashtra also began the scheme of providing compensation to people who accepted family planning. For instance, it provided Rs 20/- for vasectomy and Rs 25/- for undergoing tubectomy operations (Dandekar 1976a). The GoM had also instituted several awards for officials and non-officials of the zilla-parishads, social workers for outstanding work in the family planning programme. For instance, all district officials and leaders responsible for increased acceptance rates of contraception were sent on a foreign tour if they achieved over 150 percent of the target for their district. Similarly, lower level officials were sent on tours within India, to see other successful programmes (Satia and Maru 1986:138). The state also introduced the scheme of *Kutumb Niyojan Gram Gaurav Award* (Family Planning Village Pride Award) under which village panchayats were provided cash incentives to attain the sterilisation targets (Bhende 1977). This scheme generated immense enthusiasm amongst the village leaders to achieve higher targets in order to obtain cash rewards.

Maharashtra was also in the forefront of organising a number of massive vasectomy camps. For instance as early as 1961 it organised a three day vasectomy camp in Satara district where it achieved a target of 1400 vasectomy operations (Kapoor 1962). It was also very famous world-wide for the organisation of vasectomy camps at the railway stations. For instance, the Family Planning Unit of Bombay Municipal Corporation in 1967 started vasectomy camps outside Victoria Terminus. Dr D. N. Pai, who was the pioneer to undertake vasectomy camps at railway stations of Bombay, described it as one of the most successful of the early programmes. These camps catered to the railway passenger traffic of around 200,000 or more people daily (Cassen 1978). In order to achieve higher targets of vasectomy, Dr Pai introduced a unique strategy of 'family planning on wheels' whereby an old bus was converted into a mobile clinic in which sterilisation operations were conducted. This mobile unit was then taken to slums and industrial units for undertaking sterilisations (Pai nd). Dr Pai claimed that sterilisation of men could be done in 'three minutes' and without a 'drop of blood' (Mehta 2012:146). With such an intensive campaign of family

planning, throughout the state, Maharashtra was able to achieve a major 'breakthrough' in sterilisation. In one year (1967-68) the number of sterilisations performed were higher than 3.32 lakhs, which exceeded the operations done in last ten years (1957-67: 3.26 lakhs sterilisations) (GoM 1970).[3] In order to understand the dynamic performance of the state in the implementation of the family planning programme, it is necessary to contextualise the programme in the larger socio-economic context of the state. Hence, the next section will discuss the prevailing social structure in which the programme was introduced.

The Social Structure of Maharashtra:

Pre-colonial Maharashtrian society was characterized by unequal social relationship between different community groups as the social life was marked by hierarchy, difference and inequality based on the caste system (Kumar 1968). At the top were the Brahmans, who constituted four percent of the total population. They considered themselves to be descendants of Aryans and claimed to be the 'purest race'. Deshshastha, Chitpavan, Chandraseniya Kayastha Prabhus (CKPs) and Karhadas are included as Brahmans. They dominated educational institutions, teaching, bureaucracy and the social and political life in Maharashtra. For a population of four percent this was disproportionate representation and they completely monopolised these fields (Omvedt 1976). A large number of them were also money lenders. Brahmans along with Gujjar and Marwari money lenders and traders controlled the agrarian economy. Brahmans further consolidated their power under colonial rule. They were the first to take the advantage of educational facilities started by missionaries during this period (Lele 1990). This enabled them to take up various jobs in British administration and bureaucracy. Further, most of them migrated to urban areas and also were absentee landlords, leasing part or all of their land to tenants. Majority of the landless persons, work as agricultural labourers on their lands. In cities, Brahmans dominated intellectual and commercial life and work as diplomats, administrators etc.

The next group in the hierarchy are the Marathas, constituting around thirty percent of the population along with the Kunbis. Majority of Maratha are owners and

[3] The figures showing the break-up of sterilisation operations of men and women was not available.

cultivators of medium and large size categories of landholdings. Kunbis own small amount of land and are mostly marginal agricultural farmers and peasants. Dahiwale (1995) argues that many Marathas have been landlords even before Shivaji's era. The elites of the dominant Maratha caste belonging to the Patil lineages hold property rights to the largest and the most productive land in Maharashtra. Deshmukhs are also pre-eminent members of the rich peasant's class and own thousand acres of land**.** Marathas are considered to be very flexible and accommodative particularly in the inclusion of Kunbis as Kshatriyas.

Other-Backward Castes comprises of Malis, Dhangars, and Vanjaris, followed by the untouchables that includes, Mahar, Mangs, Chambars and others in the social hierarchy. The artisan castes and the dalits constituted the bulk of the landless and agricultural labourers in the villages (Lele 1982). They also performed their hereditary castes occupation as disposers of dead animals, messengers and village servants. Apart from this, Muslim and tribal populations are scattered across different districts of the state. The poverty level amongst these groups was highest and further intensified due to repeated droughts, precarious monsoon and exploitative tenancy system resulting in the increased indebtedness and extreme deprivation among the masses in Maharashtra (Omvedt 1976).

Colonial rule of more than one hundred years in Western India brought about major changes in the Maharashtrian society. It also resulted in the introduction of capitalist production in agriculture as cash cropping of cotton was introduced for the world market. This led to enormous changes in the land revenue system (Lele 1990). However, the basic structure of dominance in the village society remained intact as there was no change in the old pattern of controlling land. The Kulkarni (Brahman) acted as intermediary for the British to extract surplus tax from large number of peasantry (ibid). This led to exploitation of the peasantry and agricultural labourers in the hands of Brahman landlords, money lenders and traders.

Emergence of Maratha-Brahman Dominance in Colonial Maharashtra:

The late nineteenth century resulted in the emergence of radical Non-Brahman Movement under the leadership of Mahatma Phule (1827-1890) who provided a powerful critique of Brahman hegemony. He organized peasants, particularly the Kunbis, against money lenders and landlords (Omvedt 1976). Phule was the most radical reformer of this movement. He propounded the Non-Aryan Theory as a counter to the Aryan theory of the Brahmans which emphasised their racial superiority. The Non-Aryan Theory challenges this claim by arguing that Non-Aryans were the original inhabitants, who were invaded by the Aryans. Phule thus led a direct attack on caste and the Hindu tradition as the cause of exploitation and oppression of peasants, agricultural labourers, women and untouchables. Phule started a number of schools for the educational development of the non-Brahmans and women. It was during this period that the non-Brahman movement was at its full radicalism and sought the unity of masses (ibid).

It was primarily under the leadership of Shahu Maharaj (1874-1922) of Kolhapur that resulted in the assertion of the elite Maratha.[4] Shahu Maharaj rejected Non-Aryan theory and reinstated the Kshatriya status and demanded all *vedic* rituals for Marathas. During this period the non-Brahman movement was increasingly captured by rich and aristocrat Marathas who claim to be the descendants of Shivaji and demanded Kshatriya status (ibid). Kunbis also wanted to retain their Kshatriya status and called themselves Marathas. The Maratha elites easily accepted the Kunbis and included them in the high status of Kshatriyas as they were predominant in numbers in rural areas. This alliance led to the hegemony of Maratha-Kunbi castes in the region. Thus, the non-Brahman movement led by the dominant Marathas was primarily for fulfilment of their own interests. It increasingly left behind the legacy of Phule's radical movement which had attacked inequality, caste, raised the concerns of untouchables, question of women's education, emancipation of widows etc (ibid).

From 1930-47, the elite Marathas increasingly began to join Congress in order to capture positions of power (Lele 1990). This led to their joining the Nationalist

[4]However, this is not to undermine the revolutionary work undertaken by Shahu Maharaj for non-Brahmans and untouchables. He promoted their educational development by providing scholarships and constructing hostels on large scale. He also ensured fifty per cent reservation for non-Brahmans in administrative positions. He was very radical in his social life and advocated inter-dining and inter-caste marriages (Omvedt 1976).

Movement, which they had criticized in the past as being dominated by Brahmans and upper-castes. The Marathas began to declare Congress party as representative of the interests of masses. The elite Marathas, despite their aristocratic status, maintained crucial links with the lower class Marathas in rural areas (Palshikar and Deshpande 1999). Thus, they were able to consolidate their power to a large extent. The leaders of Congress absorbed Marathas as they wanted to increase their mass base, given the fact that nationalist movement was intensifying during this period. However, Marathas were not given any leadership positions and Congress was dominated by Gujaratis, Parsis and Marwaris.

Thus, by the mid 1940s, Marathas demanded the unification of all Marathi speaking regions into a unilingual Maharashtra state. This was primarily to retain their regional dominance. Baker (1979 as cited in Lele 1990:163) argues that there was enormous fear among the Maratha elites that the non-Marathi people will dominate provisional politics. It was this concern that brought together all the elite Marathas across different regions of Vidharbha, Marathawada and Western Maharashtra to demand a unified state of Maharashtra. Finally, on 1st May 1960 a separate Maharashtra state was created with the coming together of all Marathi speaking regions. By late 1940s, Marathas had completely dominated the Congress party, as most of the Brahmans left the party after the assassination of Gandhi by Godse in 1948. The upper castes increasingly joined right wing organisations like the Hindu Mahasabha and Rashtriya Seva Sangh (Patterson 1988)

Lele (1990) argues that the non-Brahman movement of Maharashtra was not a mass based movement. This is clearly evident from the fact that Dr Ambedkar did not join this movement. Instead, he led a separate and more radical movement of the Untouchables from early 1920s in Maharashtra. He completely rejected Hinduism and criticized their Brahmanic ideology. Commenting on the decline of non Brahman movement in the early 1930s, Ambedkar said, 'though they indulged in virulent criticism of Brahmans, could any one of them say that those differences had been doctrinal? How much Brahmanism had they in them? Instead of abandoning Brahmanism they had been holding on to the spirit of it as being the ideal they ought to reach' (Das 1963 as cited in Dahiwale 1995:339). It is also important to note, Ambedkar always differentiated between Brahmanism and Brahmans. According to

him, the major non-Brahman peasant castes of Maratha-Kunbis were the direct exploiters and main perpetrators of atrocities on Dalits in many villages (Zelliot 1996). Thus, in the post-independence period, discrimination and atrocities on Dalits were committed by the Marathas, which indicate the Brahmanism of non-Brahmans. Dahiwale (1995: 339) notes that Marathas are known for their violence and attacks on minority communities. They are largely 'anti-dalit' and 'anti-poor'. Thus, it can be seen that the Marathas after occupying key positions in the state power exercise their domination on those below them in the social hierarchy.

Continuing Dominance of Marathas in Contemporary Maharashtra:

On 1st May 1960, Maharashtra was carved out as a separate state. Since the early 1960s, Marathas have continued to maintain their hegemony in the state politics of Maharashtra. Lele (1982) in his seminal work argues that political development in Maharashtra is the outcome of collaboration and accommodation between those who control the means of production and those who legitimise that control and benefit from it. Despite differences and prejudice between Brahmans and Marathas, collaboration between both elites has continued. He argues that by capturing the leadership positions in various democratic institutions, Marathas have maintained their dominance in all arenas of public sphere and in various domains of interaction. Further, they also manipulate the political institutions in order to confirm it to their own interests. Thus, they are able to maintain their dominance over the underprivileged members in villages and the state. The stability of Maratha-Kunbi alliance rule has led to the dominance of Congress in the state. Hence, the politics in Maharashtra is often equated with Marathas rule as it is predominantly controlled by the elite Maratha (Vora 2009). Palshikar and Deshpande (1999) note that the elite Maratha leadership, for the purpose of maintaining political power, has accommodated the interests of conservative Brahmins and also other intermediate castes. Thus, the Marathas were able to establish horizontal and vertical alliances with other communities and could successfully retain regional political power. This has enabled the Maratha-Kunbi caste cluster to dominate the Legislative Assembly (LA) in Maharashtra. From 1967 to 2004, their strength in the LA has remained in the range of 125-140 out of a total of around 288 members. Thus, together they constitute around fifty percent in the LA (Vora 2009). Baviskar (1980:35) in his study of sugar

co-operatives in Maharashtra argues that the Marathas are in domination from the village level panchayats, to co-operatives and are also powerful at the state level, constituting a majority in the cabinet and at the assembly. For instance, the representation of Marathas in Zilla Parishads (ZPs) and in the Boards of Sugar Co-operatives was more than sixty per cent. Thus, as seen from the above, Marathas have dominated policy making in the state and almost all key positions in the state power are in their control.

Since late 1960s, the dominance of Marathas in the politics of Maharashtra was to some extent been challenged by the rise of BJP-Shiv Sena alliance as the main oppositional political party. Shiv Sena (Shivaji's Army) was launched by Bal Thackeray in 1966 and it expounded the identity of 'Hindu' Maharashtra. Sena argued that the 'sons of soil' were largely unemployed as the job market in Bombay was dominated by 'outsiders' i.e., migrants from Gujarat and South India (Katzenstein 1973). Most of the upper caste and middle class residents of Bombay are members of the Sena. Lele (1995) argues that Shiv Sena espouses the theme of Marathi identity and justifies hatred against Muslims, South Indians, Communists and Dalits as a part of the historic struggle and also as an outcome of the proud and militant nationalist spirit of Maharashtrians. It is also important to note that it was the ruling Congress party that nurtured and supported the Shiv Sena for two decades from mid-sixties to mid-eighties in order to break the Communist hold over the trade union movement in Bombay (Dhawale 2000). Over the years, there has been tremendous growth in supporters of Sena which also includes white-collar persons who opposed the growth of slums and pavement dwellers, particularly in Bombay. Sena continues to have prejudice against the lower castes and considers them impure and unclean. They also have hatred towards the Muslims who are viewed as the 'wanton producers of too many children' (Lele 1995:1526). Further, Sena strongly opposed family planning as Thackeray feared that it would work at the cost of Hindus and would lead to the creation of another Pakistan (Morkhainder 1967:1906). Thus, as seen from above, the ruling political party as well as the oppositional forces in the state had extreme hatred towards the poor that mainly constitute the dalits, tribals, Muslims and women. They also espouse the creation of Hindu nation which has tremendous communal over-tones and generates an impression of the reproductive profligacy of the Muslims, which needs to be controlled.

This notion of 'poor as the problem'[5] is then reflected in the policy making of the state particularly those concerning family planning, as it is a dominant belief that increasing population eats away the fruits of development. Thus, the official family planning programme of Maharashtra had historically upheld Malthusian and neo-Malthusian fears of population explosion (Pethe 1981). The primary reason for discussing the politico-economy of social life in Maharashtra is to highlight how inequality and power is distributed in the society. It is important to note that land is disproportionately distributed in the society. Landless people have to work for rich peasants and landlords in return of meagre wages and under exploitative conditions. This is the main reason why most of the agricultural labourers live at the margin of survival. Most often they lack land to grow food and also do not have the cash to purchase the same. They go hungry despite the availability of plenty of food because they simply do not have the purchasing power to buy the food (Hartmann 1995). In such a context, having a large family is an absolute necessity, as this determines the size of workforce available. According to Mamdani (1972:127) 'in numbers the poor find security and the only opportunity for prosperity.' For teachers, panchayat leaders and the elite section of society whose material conditions are totally different, for them the importance of children is less and thus it is easier for them they to have a smaller family. With this background, the next section will briefly discuss how the policy makers in the Legislative Assembly of Maharashtra debated the population-problem in the state.

Controlling whose population? Analysis of Legislative Assembly Debates, 1967-77:

The concerns of rapid increase in population growth in the state were clearly visible in the Legislative Assembly (LA) debates during the period 1967-77. This section will briefly highlight the discussions on population in the LA of the state. In 1967 after the declaration of the population policy, the family planning programme underwent substantial changes and it gained further momentum. It was decided to increase the incentives for acceptors and promoters, to put greater emphasis on sterilization and withdrawal of concession from people with more than three children (GoM 1975). Thus, the discussions in the LA during this period also focussed on the

[5] Swami, P (2000) 'Maharashtra: The Poor as a Problem' *Frontline* Vol. 17, No. 20; 30th September to 13th October, http://www.frontline.in/static/html/fl1720/17200410.htm accessed on 12th April 2013.

major decisions taken and its implementation in order to control the rapidly increasing population of the state. For instance, Mrs Pratibha Patil (Deputy Health Minister-Congress) in responding to a query on compulsory sterilization in the Assembly states:

> The Government of Maharashtra has taken the decision to practice compulsory sterilization of persons with three children as on 26th June 1967. Reducing the birth-rate is the only means we have to control this rapid population growth. It is for this reason; Maharashtra has decided to go in for Compulsory Sterilization.[6]

Thus, it becomes clear that as early as 1967, the GoM had plans to introduce compulsory sterilisation in family planning. Further, in a discussion on how motivators and social workers misguided certain persons and also forcefully sterilized old men, widowers and couples who had no children Dr V.S Malkar (Legislative Assembly Member-Congress) argues, 'I would like to say that it is absolutely fine even if some old women are operated for family planning. It is better to err on the safe side.'[7] Thus, it can be seen that sterilization was to be performed even of persons who had no demographic impact only because of the anxiety of an alarming growth in the population of the state.

A clear bias towards the lower castes, working classes and Muslims could also be seen in the legislative assembly debates with regards to population control in Maharashtra. This became clear from the reply of Mr. N.R Mate (Legislative Assembly Member-Congress) on the need for implementing compulsory sterilization. He states:

> There is no need to inform about family planning to educated persons. It is only the illiterates both in rural areas and urban slums who have ten-ten, twelve-twelve and fifteen-fifteen children even today. Government should strictly and forcefully implement compulsion in family planning programme in the villages and urban slums. There is no need to think about hurting anyone's religious sentiments in advocating for family planning. For the progress and development of our country and in order to make it strong, compulsory sterilization is the need of the hour.[8]

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[6] Proceedings of Maharashtra Legislative Assembly (henceforth MLA),Vol. 22, No. 4, Monday, 13th November 1967, p. 190, Vidhan Bhawan Library, Nariman Point, Mumbai. I have translated some of the legislative debates into English from Marathi. Any mistakes in translations are mine only.
[7] Proceedings of MLA, Vol. 22, No. 6, Wednesday 15th November 1967, p. 226.
[8] Proceedings of MLA, Vol. 46, No 15, Wednesday 10th December 1975, p. 152.

Thus, as seen from the above, Malthusian and neo-Malthusian fears of population growth were clearly visible in the debates, the main purpose of which was to limit the number of poor in the state. The discussions in the assembly perpetuated the myth that poverty is created and reproduced by the poor themselves (Banerji 1980). It can also be seen that there has been a continued emphasis on the image of a strong and healthy India which was to be ensured through controlling the population of the poor.

The 1971 census had indicated an enormous increase in population of the state which increased the anxieties of the government officials to a large extent. By mid-1975, it was realised that the voluntary approach to family planning had not been effective in terms of controlling population. Hence, the need to adopt more stringent measures to control the rapidly increasing population was seen as inevitable. Thus, the state of Maharashtra began 'thinking the unthinkable' by making family planning compulsory (Minkler 1977b:237). Thus, in 1975, a proposal was introduced by Mr D.N Metkar (Legislative Assembly Member-Congress) for compulsory sterilization of all citizens in the state. This proposal argued that, 'voluntary approach to family planning through advice by doctors and social workers was not solving the problem of population growth. We need to have compulsion in family planning to ensure that progress and development will make some sense or else it is like filling water in a pot which already has a hole.'[9] Replying to this discussion, Mrs Pratibha Patil (Public Health Minister-Congress), assures the House that, 'the government would take appropriate steps to ensure that all citizens adopted family planning measures. She also makes clear that the government was 'thinking of forcible sterilization for people with inheritable diseases.' According to her, 'whatever religion one practices, should be kept at home and adopt family planning as the true religion.'[10]

It was Mr G.N Banatwala (Legislative Assembly Member and the Representative of the Muslim League) who strongly opposed compulsory sterilization and said that Mr Metkar is an 'Indian Malthus'. He argued that there is an over simplification of population policy in the Assembly. Banatwala also objected to the

[9]Proceedings of MLA, Vol. 46, No.15, Wednesday 10th December 1975, p. 148.
[10] Proceedings of MLA, Vol. 46, No.15, Wednesday 10th December 1975, p. 153 and http://www.indianexpress.com/news/forcible-sterilisation-of-those-with-hereditary-disease-pratibha-patil-s--emergency--idea/160345/0 accessed on 3rd November 2012.

measure on the grounds that it contravened Article 25 of the Constitution and that it was against the religious tenets of Muslims and Christians.[11] However, his was only the voice of dissent in an assembly whereby the majority was in support of compulsory sterilization.

Despite the opposition by Banatwala, on 30th March 1976, 'a Bill to Provide for Compulsory Sterilisation of Certain Persons' was first introduced in the Legislative Assembly of the state. Compulsory sterilisation was justified by the Government on the grounds that, 'an alarming increase in population if left unchecked would make it impossible to remove poverty and realise the fruits of economic development in the state' (Pethe 1981:8). Hence, it was during the implementation of Emergency (June 1975-March 1977) that Maharashtra became to the first state to draft and pass the Compulsory Sterilisation Bill, 1976. This bill made sterilisation after three children mandatory. It is interesting to note, that the proposal for compulsory sterilisation was presented in the state legislature even before the declaration of the National Population Policy in April 1976 that gave green signal to the states to go ahead with compulsory sterilisation (Gwatkins 1979). Banatwala also opposed the introduction of the Compulsory Sterilisation Bill on the grounds that the state government had not undertaken any 'scientific demographic studies' to justify compulsion (Pethe 1981:137). He also stressed that the real problem of the country was not overpopulation but the efficient exploitation of the resources and its equitable distribution.

Despite receiving massive support in the Assembly, the Bill generated significant controversy in the public and the press. Hence, it was referred to the Joint Committee constituted under the Chairmanship of K.M Patil (the then Minister for Rural Development and Public Health) for further action. The Joint Committee invited suggestions from the general public and organisations on the Bill till 5th May 1976. The Joint Committee in its ten sittings debated the Bill and on 9th July 1976 made only one change with respect to the title of the Bill. It amended the title from 'A Bill for Compulsory Sterilisation of Certain Persons' to 'A Bill to Provide for Restriction on the Size of Family of Certain Persons'. Thus, apart from deleting the word compulsory from the title there was no major change in the Bill and the

[11] Proceedings of MLA, Vol. 46, No. 15, Wednesday 10th December 1975, p.154.

amended version was not different from the original in spirit or substance (ibid:138). The Bill was passed in both the houses of the legislatures and it mandated compulsory sterilisation as a means of restricting the size of an individual's family. According to the Bill every man upto the age of 55 and woman upto 45 years should be sterilised within 180 days of the birth of their third living child. Further, the Bill also noted that given the general feeling prevailing in the Indian society to have atleast one male child, it allowed persons having all the 'three' children of same sex to have one more child. In addition, persons whose last child was five years old and who gave an undertaking that they would not have any child in the future were exempted from undergoing compulsory sterilisation. However, in case pregnancy occurred then it would be terminated under the Medical Termination of Pregnancy Act, 1971.The Bill also stated that in case of death or any permanent disability occurring in the course of sterilisation operation or while terminating the pregnancy the person may be entitled to a compensation of Rs 5,000/- in case of death and Rs 3,000/- in case of permanent disability. Moreover, those who did not accept sterilisation were liable for punishment of imprisonment from six months to two years. Further, the Bill absolved the government from any responsibility in case of any damage to the person from sterilisation.[12] The Bill in order to become an Act was sent to the President for his assent.

Thus, it can be seen that neo-Malthusian ideas were pervasive and dominated the legislative assembly debates in Maharashtra from 1967-77. According to Rao (2004) these ideas are very much appealing to the middle and upper classes the society and they call for adoption of vigorous fertility control programmes. It was a major concern amongst the elites that all the welfare policies remained ineffective because of the rapid growth of population in the state. Thus, most of the officials in the state were highly enthusiastic of compulsion in family planning to control the population (Pethe 1981). With this background the next section will attempt to understand how the programme of family planning was implemented in the state during the Emergency period when compulsion was widely prevalent under the family planning programme.

Family Planning in Maharashtra during Emergency 1975-77:

[12] Economic and Political Weekly (1976) 'Editorial: Maharashtra-Compulsory Sterilisation Bill', *Economic and Political Weekly*, Vol. 11, No. 15, April, pp. 550-551

This section by focussing on the archives of the Shah Commission of Inquiry (SCI) will attempt to explore and understand the trajectory of family planning programme during the Emergency period in the state of Maharashtra. Often the discussions on family planning during Emergency in Maharashtra are restricted only to the drafting and the passing of the compulsory sterilisation legislation in the state. Hence, this section based on the archives will attempt to understand the policy decisions taken by the state during the Emergency period.

On 25th June 1975, Prime Minister, Indira Gandhi proclaimed a state of Emergency in India. One of the objectives of Emergency was to maintain internal stability of the country. However, soon the justification shifted from national stability to promoting economic development. A twenty point programme was announced on 1st July 1975 to remove poverty and promote economic development. The slogan of *garibi hatao* (remove poverty) was an important focus during this period (Williams 2014). Historically, poverty in India has been understood as an outcome of rapid population growth. It was a dominant understanding in the post-independence period in India that controlling population was a pre-requisite for economic development. Hence, one of the major decisions was taken with respect to the intensification of the family planning programme. Though the family planning programme was intensified since the mid 1960s, it became more coercive under the Emergency. In many states there was involvement of police in motivating men to accept vasectomy, disincentives were strictly imposed for non-acceptance of sterilization and the government servants were given higher targets for sterilisation to be fulfilled at any cost (Vicziany 1983). Williams (2014:4) argues that the family planning programme was intended as a 'technocratic-fix' for the problem of poverty. It was intensified during the Emergency because it was seen as a justification for promoting economic development. It is important to note that the intensification of the family planning was undertaken after the announcement of five point programme of which family planning constituted one of the programmes by Sanjay Gandhi, son of the Prime Minister. Even though Sanjay Gandhi was not involved in any official position in the Government, he vigorously pursued family planning and explicitly justified the use of coercion for population control (Pai Panandiker and Umashankar 1994: 90). Hence, Emergency is also remembered in the popular imagination as a period when sterilisation of men was undertaken on a large scale. During the Emergency, the government officials

associated with the family planning programme were involved in achieving targets under immense pressure from higher authorities. This resulted in bureaucratic 'excesses' whereby over-zealous officials and staff of the government departments forced Indian men to get sterilised. Thus, the Emergency has been often equated as *Nasbandi ka Waqt* (time of sterilization) (Tarlo 2003).

An important policy change during the Emergency period that influenced family planning programme was the declaration of National Population Policy (NPP) in April 1976 by Karan Singh, the Minister of Health and Family Planning. The NPP envisaged a massive increase in the targets of family planning and justified increased monetary incentives and disincentives to the acceptors and promoters of family planning. One of the important changes that this policy brought about was the assigning of implementation of family planning programme to the respective state governments. This gave states the autonomy to experiment with different strategies in order to achieve the targets. It also allowed states to pass legislation for compulsory sterilisation (Minkler 1977b). [13] It was in this context that Maharashtra became the first state to pass the Maharashtra Restriction of the Size of Family Bill 1976 in its legislature.

On 20th January 1977 Indira Gandhi ended the Emergency by calling for an election. This was the time when press censorship was lifted and public debate was allowed. Thus, newspapers were full of stories and reports of forced sterilisations and deaths which were carried out in the name of family planning. Indira Gandhi lost the elections. One of the major reasons for her loss was compulsory sterilisation drives undertaken during the Emergency. The Janata Party came to power after the elections with an overwhelming majority. It quickly announced a new population policy and also changed the name of the programme from 'family planning' to 'family welfare' programme making it completely voluntary in nature (Pai Panandiker and Umashankar 1994: 91). Further, under this government a Commission of Inquiry was constituted to inquire about the excesses that were committed during the Emergency.

[13] During the implementation of family planning under Emergency, there was a complete shift in the position of Karan Singh. At the World Population Conference held at Bucharest in 1974, he made a famous statement that 'Development is the Best Contraceptive' and called for making family planning an integral part of the broader strategy to deal with the problems of poverty and underdevelopment. However, the National Population Policy 1976, clearly reflected the intention of the government to promote compulsory sterilisation to limit the population growth without waiting for development to bring fertility decline (Rao 2004).

The commission was headed by Justice J.C Shah and was popularly known as the Shah Commission Inquiry (SCI). In the course of its inquiry the Commission visited different states and collected enormous documents and files. This was published in a three volume report that highlighted the worst excesses that were committed under Emergency. It also included one chapter on the Implementation of Family Planning under Emergency. The unpublished records of collections related to the SCI were released for public access by the National Archives of India, New Delhi in December 2010 (Williams 2014). It is interesting to note that the SCI opens up an important aspect of India's as well as Maharashtra's family planning programme under the Emergency. The archives of the SCI provides a rich source of data to understand how various circulars and directives related to family planning were issued by the government from 1975-77. However, these archives have one major limitation. The SCI assumes that the 'excesses' in the family planning programme was only conducted during the Emergency period. While the family planning programme before the Emergency had no problem and the programme was target free and non-coercive. Thus, the Shah Commission Inquiry drew 'artificial distinctions between the family planning programme before and after the Emergency' (ibid:6). With this national context, the following section attempts to explore how the programme of family planning unfolded in Maharashtra during the Emergency.

As discussed earlier one of the major objectives for the intensification of the family planning programme during the Emergency was its linkage with achieving higher economic development. Hence, this concern was also reflected in the circulars issued by the Government of Maharashtra (GoM) that called for intensifying the programme. It was stated:

> Family Planning is an important national programme on which rests the success of all development programmes of government. Most of the advantages that should become available to the members of public from the development schemes of government are eroded to a large extent by the expanding population. Therefore, the impact of government effort to achieve public welfare does not reach the common man to the commensurate extent. Government have therefore decided that utmost importance should be given to the family planning programme.[14]

[14] Adoption of Family Planning Methods by Government Servants; Zilla Parishads Employees and Municipal Employees, 12th December 1975, Note on the Implementation of Family Planning

Hence, it became clear that the family planning programme was seen as an important means for ensuring the progress of the state.

Historically, Maharashtra was always in the forefront to set very high targets for sterilization than the national targets. During the Emergency period, these targets were increased to a large extent. Thus, in a circular issued by the District Health Officer (DHO) (Ratnagiri) to all the Medical Officers (MOs) at the Primary Health Centres (PHCs) dated 27th September 1976, it was emphasised:

> It has been instructed to gear up the family planning work in the coming months....strenuous efforts must be taken to wipe out the backlog.... Now the rainy season is over and farmers are also free from their agriculture work. The Medical Officer should instruct all the field staff to enlist maximum number of cases for sterilisation operations.[15]

Thus, strict orders were issued to the staff to achieve the targets set under the family planning programme. Further, directives were also issued to all the districts for involvement of all the staff to produce better results in the family planning programme of the state. In a circular issued by the Collector of Sholapur district to all the Sub Divisional Officers and Tehsildars on 24th November 1975 it was stated:

> You are aware, it is the earnest desire of our Chief Minister that not only top most priority is given to the family planning programme and a larger number of vasectomy and tubectomy operations cases brought to the family planning camps organised by the Zilla Parishads every member of the staff at all the level must get themselves involved in the family planning programme. I would request you to please see for the welfare of yourself and the members of the public participating in this programme that larger numbers of vasectomy cases are brought out by personal efforts of all the indoor and outdoor staff and the progress made for achievement of family planning by you would be reviewed by me.[16]

Thus, there was enormous emphasis on the full participation of the staff for achievements of targets set under the programme. Often the targets achieved were

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Programme in Maharashtra during the Emergency, File. No. 1117-V, SCI Questionnaire on Family Planning Directives, Government of Maharashtra, Shah Commission Inquiry (Henceforth SCI) Papers, National Archives of India (NAI), New Delhi.

[15] Letter from District Health Officer (DHO)Health Services, Zilla Parishad Ratnagiri to all MO/PHC/RFPWC, 27th September 1975; Shah Commission Inquiry Part- 304, VI. 11034/56(304), SI. SDVL, SCI Papers, NAI, New Delhi.

[16] K.S Sidhu (Collector of Sholapur District) to all Sub-divisional Officers and Tehsildars 24th November 1975; Shah Commission Inquiry Part. 304, VI. 11034/56(304), SI. SDVL, SCI Papers, NAI, New Delhi.

seen as basis for evaluating the performance of the personnel involved in family planning. Throughout the period of the Emergency, the state government kept on increasing the targets set for sterilisation as it wanted to be one of the best performing states in family planning. Thus, instructions were issued stating the need to achieve the family planning targets. In a directive on family planning issued to various districts, it was informed that:

> Decision was taken by the Cabinet that there was fifty per cent increase in the targets of sterilisation given to various institutes and this target will have to be fulfilled under any circumstances. Family planning programme is one of the important national programmes and it is absolutely necessary for every department to actively associate with it and make it a success. You also have to identify all the eligible couples who are having not more than three living children in your organisation and encourage them to get sterilised. [17]

It is important to note that the demographers of the state had calculated that sterilisation after third child would bring a significant reduction in the birth rate of the state (Dandekar 1966). Hence, efforts were directed to identify all the eligible couple's i.e., those having three children in the state and thereby force them to undergo sterilisation. According to Minkler (1977b) even before receiving the assent of President of India for the Compulsory Sterilisation Bill, the GoM had already compiled a list of all eligible couples to be sterilized.

In order to achieve the increased targets set for sterilization active participation of all the officials was necessary. Hence, instructions were also directed to all the officials to take personal interest in the work of family planning. In a letter by the Chief Executive Officer (CEO) Manmohan Singh of Amravati district to the Block Development Officers (BDOs) it was emphasised, that all the BDOs should take personal interest in the organisation of the vasectomy camps and to make it a success by increasing the targets. He also called attention of the BDOs to the fact that the present generation is suffering because the last generation did not do any work in family planning. He also stated:

> I can calculate that the future generation consisting of our own children will suffer much than if the present generation has not made full efforts

[17] V. Sundaram (Collector of Ahmednagar) to all Heads of Department in the District dated 13th January 1976. File No. 930, Directives Relating to Family Planning Received from Government of Maharashtra-III, SCI Papers, NAI, New Delhi.

> to control the population. I request you earnestly to reinvigorate the staff and masses in order to make them understand the necessity of the vital national programme.[18]

Thus, the orders clearly emphasised that personal involvement by all the staff was necessary for the success of family planning programme. Further, with an objective to boost the performance of family planning in the district of Sholapur, all the Tehsildars were ordered 'to identify big industries or project areas where there is large congregation of labourers so that propaganda for family planning would be effectively carried out.'[19] This clearly shows how main targets for sterilization drives were people particularly from the low income groups.

In order to appease the Central Government after the declaration of National Population Policy in April, 1976 which emphasised more on state led population control initiatives, the GoM went a step further and decided to achieve a target of ten lakhs sterilisations for the year 1976-77. Vigorous efforts were to be made to achieve this higher target and major emphasis was laid only on performing vasectomy operations.[20] Accordingly, instructions were issued that higher targets can be achieved only by performing maximum number of vasectomies. It was emphasised that:

> The target to be accomplished during this year is very high and it is not possible to achieve this target only by carrying out tubectomies. Tubectomy is risky as compared to vasectomy. Hence, emphasis ought to be given only on organising vasectomy camps. The tubectomy trend may be discouraged. However, only routine work may be continued at approved centres only and no big tubectomy camp will be arranged.[21]

Thus, it becomes clear that in order to sustain the momentum of the programme sterilisation of men was to be performed on a large scale while tubectomy operations were to be discouraged.

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[18] Letter from Chief Executive Officer- Manmohan Singh to All Block Development Officers (BDOs) Amravati, 14th January 1976; File 1118: VI. Zilla Parishad, Wardha. Circulars and Instructions issued from District Level in respect with Family Planning Programme from 25th June 1975 to 23rd March 1977, SCI Papers, NAI, New Delhi.

[19] Letter from S.N Khandekar (Collector Sholapur) to all Tehsildars dated 7th January 1976, SCI-Part:304-VI 11034/56(304), SI SDVL, Implementation of the Family Planning during the Emergency First Stage Only, SCI Papers, NAI, New Delhi.

[20] Letter from Dr. N.H Kulkarni to Dr R.K Sil, (DHO) Wardha 14th June 1976, File: 1118, VI-ZP,Wardha Circulars and Instructions issued from District Level in Respect with Family Planning Programme from 25th June 1975 to 23rd March 1977, SCI Papers, NAI, New Delhi.

[21] Health Department Zilla Parishad- Kolhapur, 10th September 1976 to all BDOs/MOs /PHCs by District Health Officer, Kolhapur; Note on the Implementation of Family Planning Programme in Maharashtra during the Emergency, File. No 1117-V, SCI Questionnaire on Family Planning Directives, Government of Maharashtra, SCI Papers, NAI, New Delhi.

In addition, the GoM also decided to provide group incentives to achieve the target of ten lakhs sterilisation. It was mentioned in the circulars that the ultimate objective was to cover completely all eligible couples with three or more living children in the year 1976-77. To enable the Zilla Parishads/Municipal Councils to achieve this objective a bold and an imaginative scheme of group incentives was devised by the state government. Accordingly, the government 'sanctioned cash prizes of Rs. Two lakhs each to all those Zilla Parishads and Municipal Council that will achieve the sterilisation targets set for the year 1976-77 and also cover all eligible couple with three or more living children by sterilising either of the spouses by 31/3/1977.'[22] Thus, in order to achieve the vasectomy targets higher incentives were given as awards to the Panchayats. It is important to note that often higher incentives results in competition amongst the Panchayats to meet the targets at any cost in order to win the cash rewards.

Along with the incentives, there were also strict disciplinary actions undertaken for those who were not pushing family planning to the required extent. For instance, in a confidential circular from the District Health Officer (DHO) of Ratnagiri to all the Medical Officers of Primary Health Centres it was clearly ordered that strict action would be taken against those who could not achieve the targets. It was stated that:

> I call upon your conscience to wake up and start in the field with some zeal and spirit in future. The Chief Executive Officer is closely watching the program of family planning. If no improvement is seen in your family planning work within next three months your name will be reported to the government for taking severe action for negligence in duties.[23]

It becomes clear that there was an enormous pressure exerted on the staff to achieve the sterilisation targets. Further, explicit threats of punishment were issued to workers for not achieving the enforcement of targets.

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[22] Resolution: Family Planning Programme: Special Group Incentive to Zilla Parishads /Municipal Corporation, 23rd September 1976; Note on the Implementation of Family Planning Programme in Maharashtra during the Emergency, File. No. 1117-V, SCI Questionnaire on Family Planning Directives, Government of Maharashtra, SCI Papers, NAI, New Delhi.

[23] Health Services: Confidential Circular- Ratnagiri 22nd July 1976, DHO/ZP Ratnagiri to all PHC MO Dispensary; SCI Part 304 VI 11034/56(304) SI SDVL Implementation of the Family Planning during the Emergency First Stage, SCI Papers, NAI, New Delhi.

In the run up to achieve the targets of ten lakhs sterilisations, there were also many complications that developed among the men who underwent vasectomy operations. Thus, it was emphasised through the circulars that 'where complications developed after the sterilisation, the medical officer should be immediately contacted and necessary treatment be provided in such cases.' However, it is interesting to note that this was not to ensure proper access to health care or follow up; instead this was to be done in order to 'avoid the charge of anti-propaganda against the family planning programme.'[24]

The programme of family planning and sterilisation was further intensified in Maharashtra because of the visit of Sanjay Gandhi to the state. Hence, directives were issued that called for putting strenuous efforts to show that Maharashtra was capable of achieving the targets it sets for itself. For instance, in a letter by N.H Kulkarni, Joint Director, Family Planning to all the DHOs it was mentioned that:

> I wish to inform you that Shri Sanjay Gandhi is visiting Maharashtra state on 28th October 1976 and the Chief Minister desires that before the visit of Shri Sanjay Gandhi, Maharashtra state must have completed five lakhs sterilisation. You will appreciate the seriousness with which the Chief Minister has issued instructions and therefore the task is stupendous, we shall have to leave no stone unturned to achieve this objective. This is a challenge to our department and I have confidence you will rise to occasion and fulfil the task. In order to achieve this target the Public Health Minister Shri K.M Bapu Patil personally ordered that with the present momentum we have been able to gather, we should further step up our sterilisation programme so as to achieve one thousand sterilisations per district per day.[25]

The entire question of sterilization was also linked to the pride that Maharashtra had always been one of the best states in the field of family planning. It was reiterated in several circulars before the visit of Sanjay Gandhi that the image of Maharashtra as the top performer must be retained. For instance, it was stated that:

> All these years Maharashtra state has been giving an outstanding performance in respect of sterilisation operations and we should not

[24] Health Department Circular Ratnagiri, ZP: 9th August 1976, SCI-Part 304, VI-11034/56(304), SI-SDVL Implementation of the Family Planning during the Emergency First Stage, SCI Papers, NAI, New Delhi

[25] Dr N.H Kulkarni, Joint Director, Family Planning to all DHOs (ZP) D.O No FP/1976/77 P+E-I of 1976 Pune 411001 30th September 1976; File No. F15020/9/77; COORD Maharashtra, Visit of Sanjay Gandhi to the State of Maharashtra during Emergency-Expenditure incurred by the state therein, SCI Papers, NAI, New Delhi.

> give any cause to draw inference that our performance is lower than outstanding. It is therefore impressed upon you to ensure that during the coming days, say upto 30th October, 1976 our performance of sterilisation should be at the optimum level. Such a performance would obviously give the very very important person (VVIP), a correct impression that Maharashtra state can give such a performance and has also got the infrastructure to do so. It is needless to say that while receiving your confidential record the performance given by you will be taken into account and good performance will certainly weigh in giving promotions.[26]

It is important to note that in most of the cases the payment of salary as well the promotion of job depended on the progress made towards attaining the sterilisation targets (Tarlo 2003). Further, it was necessary for Maharashtra to show that it was able to achieve higher sterilisation targets because the Compulsory Sterilisation Bill was under the consideration for President's assent in Delhi.

As Maharashtra had declared that it would perform ten lakhs sterilisations for the year 1976-77, it was under tremendous pressure to meet the targets. However, the performance of the family planning with respect to sterilisations was very poor. The state achieved only 87,064 sterilisations in the first four months.[27] Further, the Chief Minister had already announced that before the visit of Sanjay Gandhi in October, 1976, Maharashtra will perform five lakhs sterilisations. Thus, before the visit of Sanjay Gandhi to the state and in order to intensify the programme further, the Director of Health Services visited a number of sterilisation camps. During his tour, he observed the dismal conditions in which the vasectomy operations were conducted. In a circular issued to all the officials, he described the unhygienic and poor conditions he came across in the camps. He writes:

> Most often camps are organised without sufficient qualified technical man overseeing the entire organisation. No attempt is made to render the room selected dust free and sterile. In one large camp that I visited recently, I saw that both the doors were kept open and large number of visitors, relatives and officials were constantly streaming in and out in their day to day wear. I noticed that simple precautions of washing of hands were not practiced by the doctors and some of them actually had long dusty nails. Sterilisation arrangements are inadequate in a number

[26]Confidential letter from V.V Kayarkar to all the District Health Officers 30th September 1976, Note on the Implementation of Family Planning Programme in Maharashtra during the Emergency, File. No 1117-V,SCI Questionnaire on family planning directives, Government of Maharashtra, SCI Papers, NAI, New Delhi.
[27] Ibid.

> of camps as many stoves which do not work properly are being used to sterilise on the spot required articles. Sterilisation operations in some cases are started at odd times say for instance at 8pm at night.[28]

Thus, in the run up to achieve higher sterilisation targets the safety and hygiene measures were hardly followed at the vasectomy camps organised in the state.

Given the above conditions in the vasectomy camps there was a high possibility of developing complications after the sterilisations operations. Thus, during the intensive family planning campaign of September-October, 1976 there were reports about mishaps at the camps. In one of the circulars it was stated:

> During the massive sterilisation programme of September-October, 1976 some mishaps have been reported from certain districts. This has resulted in a deleterious effect on further progress of sterilisation campaign. It has therefore become extremely necessary to carry out investigation for verifying the lacuna and failures particularly in the aseptic procedures and surgical techniques....to correct such defects and prevent their repetitions, a committee has been constituted.[29]

While the Compulsory Sterilisation Bill was pending for President's Assent, the family planning programme in India under the Emergency had intensified to a large extent. The situation had become violent in the north Indian states where few persons resisting forceful sterilisations were killed in police firing (Pai Panandiker and Umashankar 1994). Hence, this had given rise to a serious law and order problem in the country. In such a context, the Home Ministry was of the opinion that the enforcement of the Compulsory Sterilisation Bill in Maharashtra would make matters worse and hence it called for the proper examination of law and order situation in Maharashtra. However, it was observed by the Joint Secretary of the Home Ministry that though there were not many violent incidents reported from the state, yet the implementation of the bill was bound to evoke opposition from the Muslim leaders. Thus, there were high chances of law and order disturbances that might result in a set-

[28] Copy of Circular No DHS/FPP Gen-Gr ID XIII/76 Bombay-G1, dated 30th September 1976 received from Directorate of Health Services, Bombay to all District Health Officers/ ZPs from DHS Bombay 29th September 1976; File 1118: VI -ZP Wardha, Circulars and Instructions issued from district level in respect with FPP from 25th June, 1975 to 23rd March 1977, SCI Papers, NAI, New Delhi.

[29] Confidential: Formation of Committee to Inquire into the Death of Cases after Sterilisation, CNFFP 1376/15-CC-PH 8 27th October, 1976; Note on the Implementation of Family Planning Programme in Maharashtra during the Emergency, File. No 1117-V,SCI Questionnaire on family planning directives, Government of Maharashtra, SCI Papers, NAI, New Delhi.

back to the family planning programme.[30] Further, a team of experts from the Department of Family Planning, the GoI after visiting Maharashtra to assess the condition of health infrastructure, observed that facilities in the government and semi-government institutions required for sterilisation were inadequate in most of the district's and recommended that all references to compulsory Medical Termination of Pregnancy (MTP) should be deleted from the Bill. The Home Secretary (Maharashtra State) was of the opinion that there was no need to defer the assent of the Bill because if any state could be relied upon to play a pioneering role, it was perhaps Maharashtra. Thus, the Bill after deleting references to MTP was submitted for presidential assent. This matter was included as the first item in the agenda of meeting of the cabinet on 8th December 1976. However, the item was withdrawn from the agenda.[31] Hence, the Bill never became an Act. Despite this the programme of family planning was intensified and lakhs of sterilisations were forcefully undertaken in the state.

Further, in December 1976, an implementation committee was constituted for 'boosting the tempo of the family planning programme on a war footing'. This committee was to suggest specific measures for achieving the objective of meeting sterilisation targets. One of the terms of reference of this committee was to 'suggest measures for selective compulsory sterilisation especially for certain groups of people.'[32] It is interesting to note the members who constituted this committee. It included Avabai Wadia, Dr D.N Pai and Dr Kumudini Dandekar. As seen in the previous chapters, these individuals were highly inspired by neo-Malthusian ideology and openly advocated compulsory sterilization of the poor.

Despite the formation of the implementation committee, there was hardly any change in meeting sterilisation targets to fulfil the target of ten lakhs sterilisations. Thus, severe pressure was exerted on all the government staff to achieve the set target. For instance, there were reports that primary school teachers entrusted with the work of family planning were not able to do any of their original job, particularly

[30] Note on the Maharashtra Family Restriction on Size Bill 1976 Questions of According Presidents Assent-Examination in the Ministry of Home Affairs and the Ministry of Health and Family Planning 19th October, 1977, SCI Papers, NAI, New Delhi.
[31] Ibid.
[32] Family Planning Programme Implementation Committee for Maharashtra State Appointment of Government of Maharashtra Urban Development and Public Health Department, Resolution No CMI1-75/1580 PH3 *Sachivalaya* Bombay, 10th December 1976; Note on the Implementation of Family Planning Programme in Maharashtra during the Emergency, File. No 1117-V,SCI Questionnaire on family planning directives, Government of Maharashtra, SCI Papers, NAI, New Delhi.

teaching.[33] The situation of target achievement became so extreme that it was then decided by the Public Health Minister, K.M Bapu Patil and the Chief Minister that 'police should be utilised for motivation in the family planning programme or as promoters.'[34]

Even after the visit of Sanjay Gandhi, the performance of Maharashtra was dismal. There were certain districts which lagged behind. Ahmednagar and Amravati had the worst performance. Thus, the Chief Minister decided that disciplinary actions needed to be taken against such lagging districts. In order to improve sterilisation performance it was decided that development of health infrastructure in the district, will be conditional on fulfilling sterilisation targets. Thus, concerned with poor performance of the district, the Minister of Public Health and the Minister-in-Charge of the District planned to undertake visits. It was emphasised in the circular that:

> The Honorary Minister of Public Health, Shri Bapu Patil along-with the District Minister Honorary, Smt Pratibha Patil will be visiting this district on 14th January 1977. Shri Bapu Patil is going to inaugurate health unit in Chandrapur and also going to visit Anjangoan. He has personally directed that he will only visit this district provided sterilisations camps of 500 each were arranged at these two places. He has expressed that he will not come to this district unless Honorary District Minister Pratibha Patil promises to fulfil this target.'[35]

Thus, as can be seen the development of health infrastructure in the district was depended on the performance in family planning particularly on achievements of sterilisations targets.

It was only after Indira Gandhi ended the Emergency in January, 1977 and called for elections, that most of the circulars related to family planning were revoked (Williams 2014). By this time there was significant unrest amongst people about compulsory sterilisation and family planning had become quite unpopular. Sensing

[33] To all BDOs PS 3/12/1976 from CEO/ZP Ratnagiri; SCI Part 304 VI 11034/56 (304) SI SDVL; Implementation of the Family Planning during the Emergency First Stage Only, SCI Papers, NAI, New Delhi.

[34] File No 1117 Confidential/ Immediate M.G Mugve-Special Inspector General of Police Bombay, 28th October 1976; Note on the Implementation of Family Planning Programme in Maharashtra during the Emergency, File. No 1117-V,SCI Questionnaire on family planning directives, Government of Maharashtra, SCI Papers, NAI, New Delhi.

[35] Letter from DHO/ZP/Amravati to all MOs PHCs 21st December 1976, Note on the Implementation of Family Planning Programme in Maharashtra during the Emergency, File. No 1117-V,SCI Questionnaire on family planning directives, Government of Maharashtra, SCI Papers, NAI, New Delhi.

the situation, Gandhi attempted to distance herself from measures sanctioned during the Emergency. For instance, it was mentioned in one of the circulars that:

> In their anxiety to promote family planning some State Governments and Union Territories and their administrative units appear to have adopted measures and pushed the disincentives almost to the point of compulsion. In some cases sterilisation was made a precondition for grant of license, permits, loans, admissions to teaching institutes etc. it has been repeatedly emphasised that there will no compulsion in the family planning movement. In case your State Government or any officer under you have issued orders linking the grant/renewal of firearms, driving licenses etc with sterilisations these may be reviewed and withdrawn.[36]

Apart from this there were other circulars that emphasised to avoid compulsion in family planning. It was stated that:

> Family planning drives are being organised in the district by various departments to fulfil the targets. It should be very strictly observed that there should be no direct or indirect compulsion to bring the cases for operation. You should be very vigilant to ensure that no coercion is used to bring the cases even at the highest anxiety or curiosity to complete the target. Targets should be completed by persuasion and motivation.[37]

Thus, it becomes evident from the different directives and circulars issued by the GoM during the Emergency that there was an intensification of forceful sterilisation drives under the family planning programme. Further, Maharashtra set an ambitious goal of performing ten lakhs sterilisation in one year. Officials and leaders in the state were very enthusiastic and optimistic about achieving this goal. There was urgency on producing immediate results in terms of sterilisation targets as the explicit goal of the programme was to bring a reduction in birth-rate of the state (Pethe 1981). Most of these directives were highly coercive and target oriented in nature and disproportionately focussed on sterilizing individuals from the lower sections of the

[36] Letter from Serla Grewal to D.Souza Chief Secretary GoM, 19th February, 1977; Note on the Implementation of Family Planning Programme in Maharashtra during the Emergency, File. No 1117-V,SCI Questionnaire on family planning directives, Government of Maharashtra, SCI Papers, NAI, New Delhi.

[37] Family Planning Programme: Strict Precaution to Avoid Compulsion/Coercion: File No: 1117, Confidential Urgent NOFPS STN 406 A/77 Dhule 3/3/77 To Dr/ MO/PHC/ RFPC; Note on the Implementation of Family Planning Programme in Maharashtra during the Emergency, File. No 1117-V,SCI Questionnaire on family planning directives, Government of Maharashtra, SCI Papers, NAI, New Delhi.

society. Further, according to an official estimate during the implementation of the compulsory sterilisation in Maharashtra under Emergency, 151 persons were killed, while as high as 6958 persons who had only two children were vasectomised and thirty seven cases of sterilised men were unmarried (Sezhiyan 2010:184). Thus, it becomes clear that Maharashtra adopted drastic measures to control its population.

While it is important to highlight the role of the government in advocating compulsion in family planning, it is also necessary to understand the way in which foundations and international private organisations promoted population control in Maharashtra. Connelly (2006a:662) argues that there is a need to 'investigate the international origins of the coercive population control'. Further, throughout the Emergency period the World Bank, the UNFPA, the IPPF and the Swedish International Development Agency (SIDA) continued to provide enormous funds to India's family planning programme (ibid). It was a dominant understanding amongst the donors that the voluntary approach to family planning produces limited results and hence there was a need to promote aggressive programmes of fertility control to bring rapid reduction in the population growth rates of under-developed countries (Donaldson 1990:53). It is important to note that despite all that was documented about the 'excesses' of the Emergency, despite the more than 1700 officially admitted deaths in India, so high was the neo-Malthusian tide internationally that the United Nation Funds for Population Activities gave Indira Gandhi, an award for her performance on the population front (Angus and Butler 2011). Hence, the next section will attempt to understand how the international foundations and voluntary associations formed alliances with the officials of the state in the promotion of population control in the state.

Family Planning and the Alliance of International Agencies with the Government Officials in Maharashtra:

This section will attempt to explore and understand how international agencies that included private associations and foundations were keen to form alliances with the officials of the GoM in the field of family planning. It is important to note that family planning was a top priority for the GoM in the decades of 1960s and 1970s (Dandekar 1976a). This is because controlling population was seen as a pre-requisite for development. Historically, Maharashtra had high aspirations to be a developed

state in the country. In their quest to promote development, the state was keen to experiment with different methods of family planning. The focus was on reducing poverty by limiting the growing population. This was to be achieved by reducing the birth rate at the earliest. There was a general consensus amongst policy makers that rapid growth of population led to a slow progress in development indicators (Pai 1978). Thus, control of population was one of the main objectives of the government. For the international foundations, the state of Maharashtra was important as it had historically been at the forefront in the debates on birth control and overpopulation. By late 1950s, Maharashtra also had a network of institutions as well as individuals who were actively involved in the promotion of family planning. Some of these institutions such as the Demographic Training and Research Centres, the Family Planning Training and Research Centre and the Indian Contraceptive Testing Unit were established with the funds provided by the Rockefeller Foundation, the Ford Foundation and the Population Council (Chandrasekaran and Kuder 1976). The state also had the distinction of having the largest voluntary organisation i.e., the Family Planning Association of India (FPAI) located in Bombay. Several members of the FPAI were also on the official boards and committees of the GoM. Apart from these, there were private philanthropists who worked directly with various individuals in implementing the project of family planning. For example, in Bombay as early as 1960s, the Pathfinder Fund established by Dr Clarence Gamble, supported pilot projects, distributed contraceptives, provided technical know-how and funds by working directly with local voluntary organizations in family planning work at the level of community i.e., in slums and rural areas (Parikh 1978). However, it was very important to form an alliance with the government as it gave legitimacy to the work of family planning to be carried out on a large scale. As discussed earlier, family planning programme was of prime importance to the GoM. The international agencies were keen to build networks with the government as they were looking for a reliable method of birth control which could be replicated all-over India. For them the state of Maharashtra had evolved as a laboratory of experiments for different methods of birth control. Hence, the family planning programme of Maharashtra was important because it could be a model to be emulated by other states of India. Williams (2013:241) argues that 'India became accessible to international population control advocates because the Government of India was itself interested in experimenting and intervening in its own national population'. For the GoI and the international agencies

controlling population was a mutual agenda. On similar lines, I argue that the foundations and the voluntary associations were keen to develop alliance with the GoM because population control was very important to the state as well as its officials. Further, by the late 1960s, it was increasingly realised that neither the IUCD nor the pill was effective to reduce the population growth. The complications, side effects and the health risks associated with their use made the population control advocates shift their focus towards promoting sterilization (Dowbiggin 2008). Thus, when Maharashtra experimented with organising large vasectomy camps, the international agencies were very much interested in forming an alliance with the Government. They were keen to understand if the state was able to bring about a decline in its birth rate. By focussing on the alliance of the international foundations and associations with the officials of the state, I attempt to understand how sterilisation of men or vasectomy became the most important method for limiting population in the state. I argue that it was because of the eugenic thinking of the officials associated with the family planning programme who considered poor as not capable of using any other method of contraception, that sterilization of men received such emphasis. I will specifically focus on the alliances developed by the foundations and associations based in the USA with the officials associated with Maharashtra. This includes Dr G.M Phadke and Dr D.N Pai. They were associated with the family planning programme of Maharashtra in different ways and played a significant role in shifting the official discourse of family planning programme on sterilisation of men as the only method of family planning. It is through understanding the contribution of the individual government officials that I attempt to explore how Maharashtra's family planning programme was important for the international agencies. This section is based on the archives from the Association of Voluntary Sterilization (AVS) at the University of Minnesota, Dr Clarence Gamble Papers at the Francis Countway Library of Medicine and the records of the Rockefeller Foundation, the Ford Foundation and the Population Council available at the Rockefeller Archive Centre, New York. Before discussing in detail the alliance between the official actors and the international institutions, it is important to briefly discuss the role of the AVS.

The Association for Voluntary Sterilization, USA:

The Association for Voluntary Sterilisation was founded in 1937 by Marian S. Norton and was known as the Sterilisation League of New Jersey. It was mainly involved in promoting eugenic sterilization of the physically disabled and persons with mental illness. Hence, the AVS has its beginning in the eugenics movement of the 1930s. In 1943, it was known as the Sterilization League for Human Betterment and later it was renamed as the Human Betterment Association of America (HBAA). All through the 1950s, it was involved in conducting studies on the socio-economic and psychological aspect of voluntary sterilisation (Dowbiggin 2008). Hence, its name was changed to the Human Betterment Association for Voluntary Sterilization in 1962, thereby emphasizing the important role of advocating voluntary sterilization. In 1964, it became the Association for Voluntary Sterilization. One of the major objectives of the AVS was dissemination of information on sterilization to individuals and groups, both nationally and internationally. Some of the early persons associated with AVS include Ruth. P. Smith, Hugh Moore, Margaret Sanger, Robert L Dickinson, Dhanvanthi Rama Rau, Sripati Chandrasekhar, B.L Raina and many others from different countries. Often, there was an overlap of individuals serving on the boards of AVS and other population control organisations like the IPPF and the Planned Parenthood Federation of America (ibid:6). In 1964, Hugh Moore became its President. He was associated with the group since 1949 and made generous financial contribution. Moore, a millionaire businessman was known to have made a fortune by inventing the Dixie Cup. He was one of the most outspoken advocates of population control. He was very successful in 'lobbying' and sought the support of wealthy businessmen and the government for population control. Moore constantly pressed for 'immediate' action and brought 'urgency' to the need for population control (Critchlow 1999:33). He coined the term the population bomb and published a pamphlet before the term was popularised by Paul Ehrlich in his book titled *The Population Bomb* in 1968 (Greer 1984). Moore infused tremendous funds and energy in the organisation and gave wide publicity to sterilization and the AVS, due to his alarmist fears of overpopulation. It was because of his leadership that in 1972 AVS received massive funds from the USAID. By then AVS had established itself as one of the most effective lobbying group for sterilization and promoted it vigorously for reducing the global fertility. Downbiggin (2008:123) argues that AVS had its roots firm in its eugenic pasts. According to him, the demand for controlling the population on eugenic lines was now framed in terms of 'sterilization' and the goal of the AVS

was same as that of the eugenicists i.e., sterilization of the unfit. Given this background, this section will attempt to understand how AVS formed association with Dr G.M Phadke, a leading vasectomy surgeon in Maharashtra.[38]

Dr Gangadhar Martand Phadke (1901-1964) was a pioneer in discovering the Renastomossi Vasectomy or reversible vasectomy in Maharashtra. He had pursued his higher medical studies in United Kingdom. After his return from UK, he joined the King Edward Memorial (KEM) Hospital in Bombay as an Assistant Surgeon. Dr Phadke was amongst the early advocates of sterilisation of men in Maharashtra.[39] He was involved in the work of family planning after his association with Dr A.P Pillay, who referred a number of his male patients for treatment of infertility to him (Patel 2008). In this way, Dr Phadke got interested in the movement of population control. He was actively involved in correspondence with the officials at the Human Betterment Association of America (HBAA) also known as AVS.

Phadke was a member of the State Family Planning Board of Maharashtra, the Central Family Planning Board of the Government of India, and the Scientific Committee of International Planned Parenthood Federation (IPPF).[40] Dr Phadke's contribution assumes importance because he was the 'only' pioneer in performing reversible vasectomy operations or reanastomosis in India.[41] There was a keen interest at the AVS in the sterilisation experiments being carried out in Bombay. It is not clear from the archives how AVS officials got in touch with Dr G.M Phadke. However, it is important to note that Dhanvanthi Rama Rau who was the President of FPAI, was in correspondence with the AVS since the early 1950s. There is a possibility that Lady Rama Rau might have introduced Dr Phadke to the AVS given his avid interests in sterilisation.

[38] As mentioned earlier, this section is based on the archives made available from the Association of Voluntary Sterilisation Records located at the Social Welfare History Archives, University of Minnesota Libraries, Minneapolis, USA in May 2015. It primarily contains minutes, clippings, reports and other records relating to individuals connected with AVS and their correspondence with their international counterparts.

[39] British Medical Journal (1964) 'Obituary: Dr G.M Phadke', *British Medical Journal*, Vol. 2, No. 5418, November, p. 1205.

[40] Ibid.

[41] Letter from Phadke to Ruth Smith, 15th June 1962 Box: 44, Folder: 7, Association of Voluntary Sterilization (Henceforth AVS Records), University of Minnesota, Minneapolis, USA.

One of the early correspondences between Phadke and Ruth P Smith (Executive Director of AVS) dates back to 1962 whereby Phadke informs Mrs Smith about the progress of vasectomy in India. He writes:

> We are doing quite a lot of vasectomies in this country and I for one feel that in a poor country like India, this is the only method which could bring about success in reducing the birth rate, if vigorous propaganda is carried out. The Government of Maharashtra was very enthusiastic in arranging big vasectomy camps in different parts of the districts but I am sorry to mention that the new Health Minister of the State is not so enthusiastic in this respect. However, we as independent observers are trying our best to put some pressure on him to make him see the light of the day. I can confidently say that the operation is quite safe and without any untoward effect on the health or the sexual functions. If more of these Reanastomosis operations are carried out with fair amount of success it will give a great impetus to vasectomy operations in our country.[42]

It is important to note that sterilisation was considered as the method of choice for a poor country like India because of its 'cheapness' and also because of its 'permanence'. It was an irreversible method and hence 'eliminated' the need to repeatedly 'motivate' persons to use contraception (Visaria and Chari 1998:60)

Phadke in all his correspondence to Smith constantly reiterated his conviction that vasectomy was the best method for India. In 1963 in one of his letters he writes:

> I am all convinced about vasectomy and have been advocating the same for the last so many years. It is through my work that sterilisation has been accepted as one of the important family limitation methods in my country. I am very glad to find there will be stalwarts like you who will back me up in this crusade.[43]

Phadke also kept Ruth Smith regularly informed about the progress India was making with respect to sterilization. He writes:

> I am now on the Central Family Planning Board of the Government of India. I was the only one in India, if you realise who has been shouting about sterilisation as the only method suitable to poor countries like India. Even though it is very late, I am glad to find out that our perseverance has already showed the signs of success. At the last Central Family Planning Board meeting in Delhi, a couple of months

[42] Letter from Phadke to Ruth Smith 15th June 1962; Box 44, Folder 7; AVS records, University of Minnesota, Minneapolis, USA.
[43] Letter from Phadke to Ruth Smith 8th January 1963; Box 44, Folder 7; AVS Records, University of Minnesota, Minneapolis, USA.

> ago where all the states in India were represented, I am glad to mention that sterilisation has definitely been accepted as a prime measure to be introduced in each of the states. The states of Maharashtra and Madras have been definitely on the top and are doing whatever they can to promote this. I am still sorry to say that prominent advocates of family planning in India especially ladies do not see eye to eye with me even when I have removed all their doubts and suspicions against sterilisation and also having already shown them how vasectomy would be a cheaper method when carried out on a massive scale in India.[44]

All through his life, Phadke took active interest in promoting vasectomy camps in Maharashtra and trained the medical fraternity in intensifying the family planning programme. He writes to Smith informing that, 'I have decided to enlist the services of medical profession in this connection. Although, I have got the backing of the local government, I believe a lot of spade work will have to be done by me. I will let you know how I progress.'[45] Dr Phadke died on 14th November, 1964 at the age of 64. However, he made a remarkable contribution in the field of vasectomy on which the family planning programme of Maharashtra depended to a large extent. The following section will attempt to understand how sterilisation of men became one of the main methods of family planning in Maharashtra after the invention of reversible vasectomy by Dr Phadke.

Taking Vasectomy to the People: Dr D.N Pai's Contributions to Family Planning:

One of the most dynamic and ambitious person who made the family planning programme of Maharashtra famous world-wide was Dr Dattatreya Nagappa Pai, the Director of Family Planning in Bombay. His most important contribution to family planning in the state was the unique experiment of organising vasectomy camps at crowded railway stations in Bombay (Cassen 1978). This section will briefly discuss the innovative experiment of Dr Pai and then make an attempt to trace why and how, he got involved in promoting sterilisation of men.

[44] Letter from Phadke to Ruth Smith 5th June 1963; Box 44, Folder 7; AVS Records, University of Minnesota, Minneapolis, USA.
[45] Letter from Phadke to Ruth Smith 16th July 1963; Box 44, Folder 7; AVS Records, University of Minnesota, Minneapolis, USA.

Dr Pai was actively involved in revival of the family planning performance of Greater Bombay. In 1965, family planning programme of the city was considered to be far behind in comparison to the rural districts of the state with only 1.5 vasectomies per day (Pai 1969). It was a matter of great concern for the government. This was because the city had better public health and medical care facilities. Despite this, it failed to achieve the targets set for family planning. Hence, Dr Pai was called upon by the Municipal Commissioner of Greater Bombay, Mr. J.C Patwardhan to revamp the programme and boost its performance. In December 1966, Dr Pai made a bold beginning by reaching out to the illiterates and poor with family planning messages. According to him, the extension educator had restricted the messages of the family planning only to the middle classes as this class was easy to tackle. Further, the exhibitions and fairs were also restricted to the elite. Even the radio talks and cinema slides could not reach the masses who continued to beget unwanted children (ibid). Hence, Dr Pai was striving for a break-through which would have taken the message directly to the poor. Accordingly, he decided to organise an exhibition on family planning at crowded railway stations whereby people can always spare a few moments. The first family planning exhibition was located at Churchgate station which provided information on 'why' and 'how' of family planning. It also gave greater emphasis on vasectomy operations to be undertaken in any of the clinics in the city. This exhibition kept shifting from station to station. However, no one visited the clinics for operations. Hence, it was decided by Dr Pai that it would be better if along with the exhibition, even vasectomy operations were also conducted at the railway stations. Hence, the first vasectomy service was started at the Victoria Terminus (VT) railway station in March 1967 (Pai nd). It was in June, 1967 that two satisfied vasectomy operated men got their friends for operation at the VT station. They were given an incentive of two rupees per case as voluntary promoter. By July 1967, a total of 1373 vasectomies were conducted. There were long queues for vasectomy and on one day operations went upto 1.00 a.m 'vasectomies doubled and we were tense with excitement', writes Dr Pai (ibid:27). Thus, the mass movement for sterilisation had gathered momentum in Bombay. After the success of the camp at the V.T station, vasectomy centres were started at Bombay Central Railway Station and Kurla Railway station. According to Dr Pai the vasectomy centers at railway stations helped to overcome fear of impotence and fear of injury. Thus, Dr Pai has been credited for ushering a family planning revolution in Greater Bombay (ibid:13). A study was

conducted by Dr S.N Agarwala (Director-DTRC Bombay) of this unique experiment in sterilisation and it was found that sixty one percent of the people who underwent vasectomy were from hutments and more than sixty percent males were illiterates (ibid:13). Apart from the vasectomy operations at railways stations, Dr Pai also emphasised on providing sterilization facilities near factories, markets, slums and villages. This was undertaken by converting old buses into mobile clinics in order to take the vasectomy services to the people in their own communities (Pai 1979:122).

Dr Pai was also one of the strong advocates of Compulsory Sterilization Bill, 1976. He was very anxious that Maharashtra's population was growing at the rate of two percent per annum. Due to his alarmist fears of population explosion in the state, he called for the strict implementation of compulsory sterilisation (Martin 1976). According to Dr Pai higher incentives and disincentives have played a major role in promotion of the family planning and produce better results. He argued that family planning under Emergency should be vigorously pursued. He said in an interview to the *New York Times* that, 'If some excesses appear, don't blame me.... You must consider it something like a war. There could be a certain amount of misfiring out of enthusiasm. There has been pressure to show results. Whether you like it or not, there will be a few dead people.'[46]

In a period of twenty one months since April 1967, one lakh sterilisations were done of which sixty five percent of the sterilisations were performed on slum dwellers who earned less than hundred rupees per month (Pai nd:83). According to Dr Pai, the sterilisation campaign was a high success because the pool of eligible men amongst the slum-dwellers was exhausted and the next targets were the factory workers in Bombay (ibid). Thus, the organisation of vasectomy camps at railways stations became very popular in the state. Hence, most of the foreign consultants made it a point to visit these camps, if they were in India. Accordingly, in one of the visit to Bombay, Oscar Harkavy, the Ford Foundation Consultant on Population Program made the following observations about Dr Pai's experiments. He writes:

> Dr D.N Pai is a Special Officer-in-Charge of Family Planning of the Municipal Corporation of Greater Bombay. Pai hangs out in a shabby office at one of the municipal hospitals in a storage shed at the back of

[46] Henry Kamm: Indian state is leader in forced sterilisation, *New York Times*, 13th August 1976 (as quoted in Hartmann 1995: 243).

> the lot, but he has a program that 'sparkles'. Pai is an ex-Professor of Social and Preventive Medicine educated somewhere along the line in the States. He is articulate, brash, energetic and innovative. He gave us an enthusiastic and impassioned description of his program for a couple of hours and then took us to see his handiwork (he is using two of the Peace Corps members trained at Chicago and assigned to India some months ago). In 10 years from 1957 to early 1967 vasectomies averaged about one in a day in Bombay, tubectomies around 3-4 days loops about 2 a day (monthly of course in the past couple of years) and condoms about 1000 a month. By the end of this fiscal year it is estimated that 55,000 vasectomies will have been done in 12 months (the monthly rate up from 179 in April 1967 to a high of 7180 in January, 1968), 4800 tubectomies, plus 3500 loop acceptors (this latter figure is probably shaky).[47]

Thus, it becomes clear that the consultants were highly impressed by the work undertaken by Dr Pai. He became one of the favourites of the international advocates of population control because of his aggressive behaviour to seek drastic actions for controlling population. It was also mentioned by a retired Professor of Demography in Maharashtra that Dr Pai was very popular amongst the foundations because of his speeches and enthusiasm to provide urgency to population control.[48]

The method of undertaking vasectomy operations at railway stations were seen to be so successful that the Ford Foundation Consultants were thinking of extending the 'Pai-Bombay-Approach' in another urban area like Poona.[49] Further, Mrs Robert S McNamara wife of President of the World Bank appreciated the Greater Bombay Experiment in Family Planning in the following words, 'my visit to Bombay has been most enlightening in learning about your new approach to family planning done at the Victoria Terminus. The means of communication which you are using gives heart to your dedicated efforts to solve a world problem' (Pai nd:68). Given this approach of Dr Pai towards family planning it is important to understand what motivated him to experiment such unique strategies in family planning and why was he so keen to take the programme to the people (ibid).

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[47] Peoples and Places visited in India: 5th to 21st March 1968 in Ford Foundation Records, Population Program Office Files of Oscar Harkavy, FA 623, Box: 17, Log Notes Conferences, Folder: India- Log Notes, 1963-69, RAC records, Tarrytown, New York, USA.

[48] Interview Retired Professor of Demography on 13th August 2013 at Pune.

[49] Visit to Satara District in Maharashtra with Mr Ogale the State Commissioner for Family Planning; The Ford Foundation, New Delhi, Inter-Office Memorandum: Date 13th February 1970- To files from Dr Hans E Krusa- Folder GoI (06400303) 12th June, 1965 to 4th February, 1974 Reel 3874; Ford Foundation Records Series Grants E-G FA 732, RAC records, Tarrytown, New York, USA.

Dr D.N Pai had completed his MBBS from University of Bombay in 1946-54. While working as a Lecturer of Anatomy at the Seth G.S Medical College, Bombay he received the Rockefeller Foundation Fellowship to study Preventive and Social Medicine at the Harvard School of Public Health from 1957-59. At the Harvard, he pursued the Special Course for Teachers of Preventive and Social Medicine conducted by Dr Carl. E. Taylor.[50] On 7th May 1958, Dr Taylor was informed that Dr Clarence Gamble was looking for someone to do a summer job in Puerto Rico for analysis of data collected by a nurse working with Dr Gamble. Accordingly, Dr Pai was chosen to work with Gamble for two months in Puerto Rico. Pai was supposed to review the results of a ten year study of birth control measures conducted by Dr Clarence Gamble in Puerto Rico and prepare a paper for publication based on this study along with Gamble.[51] Apart from the work with Gamble, Dr Carl Taylor and Christopher Tietze[52] also made arrangements for Dr Pai to conduct a study on population problems for a period of eight weeks in Puerto Rico.

Dr Gamble needed the assistance of Dr Pai for compilation and tabulation of data collected by a nurse on the outcome of the use of different methods of birth control. This data was collected by the nurse for five years. The nurse was transported by a jeep and she offered variety of contraceptive methods to the farmers in their cabin in the hills of Puerto Rico.[53] In the early 1950s, Clarence Gamble, a philanthropist and the heir to the Proctor and Gamble was involved in a number of experiments of birth control in India, Japan and Puerto Rico. In Puerto Rico he was involved in undertaking the experimentation of birth control since the early 1930s (Schoen 2005). His major objective was to discover a 'simple' contraceptive method which would be suitable for use by the 'poor' in these countries. He devoted his entire life to experimenting simple birth control techniques that could be used by the poor

[50] Dr Carl E Taylor was the Director of the Khanna Study in India until February 1956 (Population Council 1963: 5).

[51] Virgil C Scott, M.D Assistant Director, Rockefeller Foundation- Dairy 3rd March 1959; Rockefeller Foundation Records, Fellowships files RG 10.1 FA244, Series 464- subseries 464 E, Folder Dr. D.N Pai; Box- 275, Folder 4383, RAC records, Tarrytown, New York, USA.

[52] He was the Director of Research for the National Committee on Maternal Health from 1958-66 in New York.

[53] Letter from Dr Clarence Gamble to Dr LeeRoy, R Allen and Dr Carl Taylor, Harvard School of Public Health 20th March, 1958 in Correspondence with Dr. D.N Pai of India; Papers of Dr. Clarence Gamble-Puerto Rico; Box: 49, Folder: 802, Francis Countway Library of Medicine, Harvard, Boston, USA.

without the help of the physicians and clinics (Critchlow 1999:35). Gamble was interested in promoting simple contraceptives because he was 'eugenically' inspired to control the 'fertility' of the mentally deficient and the poor (Williams 2013:95). According to him, the poor were less capable and not intelligent enough to use other methods of contraceptives. During the 1950s, Gamble supported birth control experimentation in Puerto Rico and advocated the method of spermicidal jellies and creams. He did not promote diaphragms as he believed that they were difficult for use by women (Briggs 2002). Gamble was of the view that the poor women had limited skills and intelligence to use the diaphragm. His main objective was to reduce the birth rate of the entire community (Williams 2013:117). According to Gamble, the poor and the uneducated women lacked transportation to doctor's offices. They feared pelvic examinations and hence were not able to use the diaphragm. Thus, he argued that rather than employing physicians to fit the diaphragm, it is necessary to hire travelling birth control nurses who could distribute foam powders and jellies to women in their homes. This strategy as per Gamble would be cost saving and would cover more women thereby contributing to faster reduction in birth rate (Schoen 2005:205). Thus, we can clearly see that Dr Pai was also guided by similar principles as that of Gamble. Even, Dr Pai was of the opinion that the poor and illiterates were incapable of practising family planning and so it was necessary to provide the sterilization, in this case vasectomy services at their convenience. In India, the introduction of IUCD in 1965 as a family planning method for women had resulted in severe complications such as excessive bleeding and pain after women were fitted with IUCD without proper screening, guidance and follow-up (Rao 2004). Hence, the strategy of IUCD had failed in India leading to a shift to vasectomy. With the contribution of Dr Pai towards performing sterilisation, vasectomy was seen as the simple contraceptive which was effective in reducing the birth rates.

It is important to note that Dr Pai who strongly advocated sterilisation of men eventually sets up a family hospital that provided abortion services in Bombay. Indeed as early as 1974 at the Stockholm Conference, Dr D.N Pai had suggested that sex-selective abortion could be one of the 'answers' for India's population growth (Balasubramanyam 1986: 71). Dr Pai had established the Pearl Centre Family Hospital at Dadar station to provide fertility related care at no or low cost (Landman 1977). This hospital had become one of the important visiting sites for the

consultants of the American foundations visiting Bombay. For instance, a consultant's notes, Dr Pai, the Director of the Pearl Centre provided abortion services at a nominal rate of Rs 70 (about $8). This also covered any post abortion complications, contraception food and lodging. In a period of sixteen months around 12,000 abortions were performed in this hospital.[54] Dr Pai was also very keen to implement the model of family hospital which he started in Bombay in all the districts of the country. Hence, he had also approached the Ford Foundation for funds. One of the consultants who had met Dr Pai in Bombay writes:

> Dr Pai has worked out a plan to extend the concept of family hospitals throughout India i.e., one hospital in each of the 380 districts. The budget for starting one hospital is estimated to be about Rs 374,000 ($42,000). This includes about $34,000 as non-recurring and $8,000 as recurring expenditures per year. It is estimated that assuming about 10 operations per day the hospital can earn revenues in about six years which will be enough to start another hospital. At a rate of about 20 operations per day the revenues in two to three years would be sufficient for starting another hospital. Thus, if Dr Pai could obtain funds to start 10 to 15 hospitals, he expects to generate revenue to multiply similar hospitals and extend the services in various part of the country in due course. I feel this is a very good concept and should be extended to other districts. Dr Pai is having problems in obtaining funds required for extending his concept. He had approached the Ford Foundation in India and Mr David Gwatkin did support his case which was rejected in the New York office. With an increased interest in abortions at the Council, we should further explore the abortion services in India. A study design to assess the safety of abortion procedures and reasons for differential performance between government institutions and family hospitals can be worked out to enhance the interest of the Council.[55]

Further, the concept of family hospital was highly appealing to the Ford Foundation consultants. For instance, Oscar Harkavy on his visit to Bombay writes:

> The most impressive abortion service facility we saw was the 'Pearl' Clinic run by the redoubtable Dr Datta Pai on a floor of an office building in a rundown neighbourhood in Bombay. Dr Pai whose world famous commuter station vasectomy clinics are still going strong, hopes that the Pearl Clinic will be the first of a network of clinic

[54] The Population Council Office Memorandum 24th June, 1976; From Anirudh. K Jain to Dr Sheldon.J Segal: Notes on trip to India in Ford Foundation Records, Population Program Office Files of Tim Rice FA 678- Folder India Population Excerpts from Agenda Papers of the Fourth Meeting. Central Family Planning Council of India Dates October 6-7 Box 3; Folder: India Ford Foundation- Family Planning Programme, RAC records, Tarrytown, New York, USA.
[55] Ibid

> facilities established all over India in which teams of medics and para-medics offer a variety of medical procedures with emphasis on abortion and sterilisation. First rate, humane treatment at low fees would be the features. This is an expansion of the pre- term idea to India. It is expected that each clinic will generate enough profit to pay off loans and to allow establishment of additional clinics.[56]

Thus, we can see from the above that the foundations were eager to experiment with the different strategies adopted by Dr Pai in order to control the rapid growth of Maharashtra's population. They were also forthcoming to support Dr Pai in his private initiative whereby he was promoting abortion as one of the methods of family planning.

Conclusion:

It becomes evident from the chapter that, with the involvement of the government in the family planning; Maharashtra was able to mount a massive campaign of population control. Anxieties amongst the policy makers increased because of the rapid growth of population in the state. For instance, at the sixteenth meeting of the Central Family Planning Board held at Bombay on 25th August, 1964, the Chief Minister of Maharashtra V.P Naik stressed that it was necessary to treat family planning as a 'crash programme and to implement it on war footing by employing all possible methods to achieve the goal' (GoI 1964b:212). Hence, family planning programme was vigorously implemented to control the population. This concern also led to the implementation of target-based family planning programme of the state. In 1967 with the adoption of the new population policy, the state also introduced incentives and disincentives in the programme. It announced that within fourteen months all state employees who have three or more children would be denied government scholarships, grants, loans, maternity and housing benefits (Pethe 1981). Further, it was believed that all the welfare measures adopted by the state remained ineffective because of the massive growth of population. Hence, in 1968, Dr Rafiq Zakaria, Public Health Minister of Maharashtra emphasised that 'the enormous population growth is the greatest challenge to our economic progress and social

[56] Mr. Oskar Harkavy Trip: Report India and Bangladesh Dictated on 21st June, 1975; India; Ford Foundation Records, Population Program, Office files of Oscar Harkavy FA623 Box: 10, Folder: Trip Bellagio-India and Pakistan, RAC records, Tarrytown, New York, USA.

development, without any loss of time something tangible needs to be done' (GoM 1968b:2). This led to the intensification of the family planning programme with a focus on promoting vasectomy as the main method of family planning. In order to achieve higher sterilisation targets, the government began to provide incentives to persons undergoing vasectomy operations. There was widespread support amongst the officials to provide incentives because it was considered that the success of family planning in Maharashtra was the result of high incentives (Dandekar 1976a). Further, in order to save funds for incentive payments to the promoters, Maharashtra also 'abolished the post of extension-educators' (Connelly 2006a:658). It was argued by the Health Minister Dr Zakaria that the expenditure incurred on the extension educators was not commensurate with the results they achieved in family planning.[57] Thus, it becomes clear that the state was only interested in achieving the targets set under the programme. This focus on achieving targets had led to a situation whereby there was hardly any attention paid to the well-being of the people. For instance, despite shortages of medical personnel and surgical equipments, surgeons performed as many as seventy six vasectomies per day during the early 1960s, when every district had to achieve a target of 600 vasectomies in the month of November (Dandekar 1963:150). Further, in the mid-1960s, when IUCD was introduced in the family planning programme of the state, the 'urgency' on the part of the officials to meet the 'targets' of loop insertions was so high that they hardly paid any attention to the 'side-effects' that women suffered after its insertions (Dandekar and Nikam 1971:2394). Thus, the target oriented family planning programme has completely distorted the public health services in the state.

It is important to note that there was widespread support amongst the elites of the state who were highly influenced with neo-Malthusian ideas to the use of compulsion and disincentives in family planning. For instance, according to Dr Kumudini Dandekar, Maharashtra despite it being a 'progressive' state with respect to family planning, only twenty six percent of the couples practiced contraception by the end of 1975. Hence, Dandekar argues that only 'discipline' at all levels to inculcate a sense of responsibility towards family and the society could make family planning programme a success (Malgavkar and Pai Panandiker

[57] 'Big Retrenchment of Family Planning Staff' *The Times of India*; August 10, 1967; ProQuest Historical Newspapers; pg. 10 accessed from JNU e-resources PROQUEST services on 16th May 2016.

1982:41). Further, Dr B.N Purandare, an eminent gynaecologist and the pioneer in female sterilisation in the state while giving a keynote address at a conference in Bombay congratulated the Health Minister, Pratibha Patil for taking a 'very bold step in introducing disincentives in family planning'(Purandare 1976: 5). During the Emergency period, the implementation of the family planning programme in the state gained momentum with the passing of the Compulsory Sterilisation Bill that justified the use of compulsion for increasing family planning acceptance. Pethe (1981: 138) argues that the enactment of the Compulsory Sterilization Bill makes it clear how the ideas of Malthusianism and neo-Malthusianism can lead the policy makers into an extremely dangerous end. It resulted in a situation whereby the government increasingly resorted to the use of physical force to increase the achievement of sterilisation targets in the state. Thus, it becomes clear that in Maharashtra coercive measures to control population was adopted throughout the implementation of the family planning, which was to a large extent intensified during the Emergency.

The family planning programme in Maharashtra had strong political support and thereby fertility reduction was a top priority for the state (Ravichandran 2009). Most of the government officials in Maharashtra had wide interests in family planning and were committed to implementing forceful programme with dynamism and boldness in order to lower the rate of population growth. It was also claimed that because of the enthusiastic officials, Maharashtra was able to achieve double the sterilisation targets than was allotted by the GoI (Dandekar 1976a). For instance, in 1975-76, the GoI allotted a target of 3.183 lakhs while the state achieved nearly six lakhs sterilisations and for the year 1976-77; a target of 5.62 lakhs was given by the GoI and the state achieved 8.33 lakhs sterilisations (Sezhiyan 2010:184). Further, Maharashtra also declared the year '1977-78' as 'no-births year' (Visaria and Chari 1998: 69) in order to increase the commitment of the political and the bureaucratic machinery.[58] The objective of the campaign was to introduce a new sense of 'urgency' to the family planning programme and to motivate couples to put-off

[58] The Population Council Office Memorandum 24th June, 1976; From A. K Jain to Dr S.J Segal: Notes on trip to India in Ford Foundation Records, Population Program Office Files of Tim Rice FA 678-Folder India Population Excerpts from Agenda Papers of the Fourth Meeting. Central Family Planning Council of India Dates October 6-7 Box 3; Folder: India Ford Foundation- Family Planning Programme, RAC records, Tarrytown, New York, USA.

having babies during this period. [59] Thus, it can be seen that family planning was a high priority programme of the state.

Historically, international foundations and agencies have played an important role in influencing the development of family planning programme in Maharashtra. For instance, the Rockefeller Foundation and the Population Council had supported the establishment of several institutions associated with family planning and contraceptive research in Maharashtra. As early as 1951, the Rockefeller Foundation provided funds to start a Demographic Section at GIPE, Poona. In November 1956, the United Nations supported Demographic Training and Research Centre was established in Bombay with funds from the Population Council (Connelly 2008). In December, 1956 a Contraceptive Testing Unit was established by the GoI at the KEM Hospital, Parel with a significant financial and technical assistance from the Rockefeller Foundation (Wadia 1966). In March, 1957, the GoI established the Family Planning Training and Research Centre in Bombay. Further, the Family Planning Association of India (FPAI) started in Bombay with significant funding from the IPPF, had also played a critical role in determining the direction of the family planning programme in the state (Mankekar 1974). Thus, Bombay had a very strong network of institutions working on the aspects of training, innovations in contraceptive technology and demographic research: the three pillars of family planning programme (Chandrasekaran and Kuder 1976). These institutions were highly inspired by neo-Malthusian and eugenics ideas of population control. They worked in alliance with the government in the implementation of the family planning and had enormous influence in the development of the programme of the state.

Maharashtra was always considered to be an 'outstanding' state in the implementation of the family planning programme in the country (Raina 1969:109). Thus, the officials of the state claimed that there was a significant reduction in the birth rates of the state. For instance, during the time period from 1964 to 1966, birth rate in all states had increased except in Maharashtra, where it fell from 37.4 to 32.8.[60] In a context where the progress in reduction of birth rates of all the states was very

[59] 'No-Birth Year From April-May 1977' *The Times of India* 9th April 1976; ProQuest Historical Newspapers:
pg. 1, accessed through JNU e-resources PROQUEST services on 12th May 2016.
[60] 'Births Fall only in Maharashtra' *The Times of India* May 25, 1969; ProQuest Historical Newspapers: pg. 1 accessed through JNU e-resources PROQUEST services on 12th May 2016.

slow, Maharashtra was considered to be distinct. Hence, foundations and international agencies that were waiting for some success of the family planning programme to bring about a reduction in birth-rate increasingly became interested in the state of Maharashtra and its family planning programme. They formed alliances with officials such as Dr Pai and were successful in presenting an alarmist picture of the population growth in the state. This resulted in generating fear amongst the leaders about the rapid growth of population. The fear was then translated into 'panic' by constantly emphasising that 'time' was running out (Greer 1984:328). This justified the need for adopting compulsion in family planning. Thus, it becomes clear from the chapter that the government officials, policy makers, administrators and the international population control agencies built networks and worked towards developing an anti-natalist population policy that resulted in the adoption of coercive measures in limiting the population of the state. In the next chapter, an attempt is made to understand why neo-Malthusian ideas of population control have been so influential in the policy making of the state. It also discusses how the legacies of the past have continued to influence the contemporary policies of population control in the state and summarises the main findings of the study.

Chapter 6: Conclusion and Continuities

On 21st March 2016 a woman lost her life after undergoing family planning surgery in Akola district of Maharashtra. In a sterilisation camp organised in the district, twenty five women had undergone such surgeries, however four developed complications and one died.[1] This tragedy was hardly a matter of regional or national debate in the media. The major concern expressed in the regional news channel was, whether women will now volunteer to undergo family planning operations.[2] A few years ago, in 2011, at the launch of *Rajiv Gandhi Jeevandayi Yojana*, a medical insurance scheme for the below poverty line families to avail free medical services upto Rs 1.5 lakhs, the then Deputy Chief Minister of Maharashtra suggested the Chief Minister of the state to restrict the scheme to people who have only two children as a way to ensure population control.[3] Similar such schemes were being introduced that linked incentives and disincentives to the acceptance of family planning.[4] I begin this chapter by highlighting these different events that clearly show the influence of neo-Malthusian ideas shaping the anxieties of population growth in the state. In Maharashtra, concern has been expressed that the welfare schemes launched are bound to fail because of enormous growth in population. The concern of rapid population growth leading to poverty has existed since the early twentieth century. The previous chapters make it clear that there has been an enduring interest in population control. It was in this context, that the study provides a historical context to the initiatives of birth control, family planning and population control in

[1] http://abpmajha.abplive.in/videos/akola-women-death-in-family-planning-operation-204318#! Accessed on 22nd March 2016.

[2] In November, 2014, thirteen women died after undergoing family planning operations in a botched up sterilisation camp in Chhattisgarh (Singh 2015). One of the main reasons for organising these camps is to control population through the bodies of women. During the early decades of implementation of the family planning programme in India, the focus was on performing sterilisation operations of men. However, the political costs of forcing men to undergo sterilisation during the Emergency were very high as the Congress Party lost the elections (Rao 2004). Hence, after the Emergency, burden of family planning has been shifted on women, with hardly any participation from men. Despite, vasectomy been a simple operation, undue emphasis is put only on women to undergo the family planning operations.

[3] Byatnal, A (2011) 'Maharashtra launches health scheme for poor', *The Hindu,* 19th December, 2011; http://www.thehindu.com/news/national/maharashtra-launches-health-scheme-for-poor/article2726917.ece accessed on 22nd November 2015.

[4] For instance, on 15th August 2007, the Satara district of Maharashtra launched, a unique scheme of family planning known as the 'Second Honeymoon Package' that provided cash incentives to young couples for delaying the birth of first child. The main objective of the scheme was to control population of the district by motivating couples to space their childbirth (Nambiar 2010). Further, on 8th March 2000, Government of Maharashtra declared its population policy mandating 'two child norm' as a pre-condition for the implementation of welfare policies (Chayanika 2001).

Maharashtra. The study made an attempt to understand and explains this persistence towards population control discourse in Maharashtra. It also focuses on the reasons for the state to actively direct its efforts towards population control. By mapping the contribution of individuals, institutions and their ideologies, the study explored how overpopulation as an impediment to the process of development became a dominant discourse in the state. Based on varied sources of archival records and interviews with key informants associated with Maharashtra's family planning, the chapters in the present thesis map the ideas of Malthusian, neo-Malthusian and eugenics shaping the discourse of overpopulation and population control in Maharashtra from 1920-80.

Population growth was seen as the primary cause of poverty in the state (GoM 1975). Limiting population therefore became central to the process of development. Hence, the state of Maharashtra always gave top-priority to the programme of family planning in its development agenda. Controlling the rapidly increasing population in the state was one of the main concerns of the government since the early 1960s. It was argued that if Maharashtra had to progress, it has to curb its rising population growth. It was a predominant understanding amongst the officials in the state that increasing population nullified the fruits of development (Pai 1978). Further, rapid growth of population was considered to be the main factor leading to increased poverty. Family planning then was seen pre-requisite for higher economic growth and for solving the problem of poverty. Hence, the government implemented different initiatives in order to make family planning programme successful in the state. However, the concern of rapid growth in population was inspired by neo-Malthusian and eugenic anxieties of reproductive profligacy of the poor. It was in the zeal to reduce birth rate on an immediate basis that the government supported coercive population policies. It is to be noted, that there is a fundamental flaw in directly linking population growth and poverty, as it provides a simplistic understanding of overpopulation leading to increased poverty without recognising the structural factors that produces unequal social relationships. As Rao (2010:106) argue neo-Malthusianism offers simple explanation of complex socio-economic order. Further, this explanation has the approval of the 'state with all its powerful organs' through which it is constantly reiterated in multiple ways. Neo-Malthusian thinking blames the poor for their poverty and absolves the dominant groups of its responsibility or to focus attention on inequality in access to resources (Banerji 1980). In this concluding chapter, I attempt

to understand the persistence of these anxieties of overpopulation in Maharashtra. The chapter is divided into two sections. The first section discusses why population control was seen inevitable by the state and in the second, I summarise the main findings of the chapters of this study.

It is often argued that Maharashtra was able to vigorously pursue the family planning programme because of its dynamic leaders and high political commitment to the programme (Antony, Srinivasan and Saxena 1988). Hence, it is important to understand the socio-political context in which the family planning programme was implemented. As discussed in the previous chapter, Marathas have played an important role in the state politics. Further, it also became clear that most of the ministers and legislative assembly members in Maharashtra were highly influenced by neo-Malthusian ideas of population control. Historically, the Marathas have been a dominant caste groups in the state. During the early twentieth century, Marathas dominated the Congress Party and they continued their hold on the party. Hence, the politics in Maharashtra is often equated with Maratha caste rule (Dahiwale 1995). According to Lele (1982:54), Yashwantrao Chavan, the first Chief Minister of Maharashtra was very successful in consolidating the power of Marathas in the state because of his 'ability to provide Maratha elites control over the most valued public resources'. Further, Chavan also enabled the dominant Marathas to take command of the newly created 'opportunity structures' such as the local government, the co-operatives and the educational institutions (Rosenthal 1974:211) resulting in Maratha politics become more entrenched in the state. Thus, the rural institutional power structure was totally under the control of dominant Marathas (Deshpande 2004).

Apart from been numerically and politically powerful in majority of the villages of Maharashtra, Marathas have also been the largest land-owners in the state (Omvedt 1976). Hence, there has been concentration of wealth, power and resources amongst them. Further, by capturing all the official positions right from the village panchayats to the cabinet in the government, the Marathas have been able to secure the maximum benefits from government resources (Lele 1982).This has also enabled them to use the bureaucratic structures for maintaining their hegemonic control. As Marathas have control over land and the local level institutions, majority of the landless labourers and agricultural workers are economically depended on them for

their survival and satisfaction of their vital daily needs. Further, social relations in the state are hierarchical based on caste inequality. It is because of their economic dependency that the poor and the landless labourers share a relationship of obligation with the dominant castes. In such a context often there are threats of coercion on the lower castes and classes to show their loyalty towards the dominant castes (ibid). Hence, historically Marathas have perpetuated their dominance on those below them in the social hierarchy.

The hegemony of the dominant Marathas is strongly reinforced in the implementation of the family planning programme. As mentioned earlier, family planning was seen as a pre-condition for achieving higher socio-economic development. Hence, the state gave top priority to implement the programme. Throughout the 1960s, Maharashtra set unrealistically high sterilisation targets for the state than provided by the Central Government. It was also emphasised that officials should take personal interests by actively participating in the implementation of the programme. Further, the 1967 Population Policy of Maharashtra envisaged that the Panchayati Raj Institutions (PRI) must play a pro-active role in the implementation of the family planning programme. The policy also introduced a number of incentives schemes for the village panchayats, family planning officials, promoters such as Gram Sevaks and local leaders for achieving the targets set under the programme. For instance, a cash award of Rs 20,000 was announced for village Panchayats while the Districts Health Officials were given Ambassador Cars for outstanding performance in family planning in the state (Dandekar 1976a). It was also highlighted by a retired State Demographer that 'officers were very enthusiastic to achieve higher targets at any cost as they were sent on foreign trips to Thailand'. In order to produce better results in family planning programme, a strong nexus was developed between the revenue department, collectors and the family planning department.[5] Hence, the officials were highly motivated to achieve sterilisation targets often compelling people to undergo sterilisation forcefully. As mentioned earlier, 'the village panchayats are the lowest units of Marathas hegemonic rule' (Lele 1982:80). In order to meet the targets under the family planning programme, the Marathas make use of their traditional authority by forcing people to undergo sterilisation. It is important to

[5] Interview retired State Demographer of Maharashtra on 13th August 2013 at Pune.

note that the livelihood of most of the agricultural labourers in villages was depended on the Marathas. For the poor and the powerless it was difficult to oppose the programme. Further, Maharashtra was the only state in India where acceptance of family planning in rural areas was very high. It was claimed that the 'involvement of local leaders led to achievement of outstanding results' (Bhende 1977:366) as they were able to 'exert influence on people from their respective areas' (GoM 1975:4). Jain (1975:29) argues that the undisputed top performance of Maharashtra throughout the decade of 1960s and 1970s was mainly due to the 'strong rural basis' of the family planning programme. Further, the poor performance in urban areas was attributed to the 'lack of leadership' which was correctly exploited in rural areas (Pai nd:16). It is often argued that Maharashtra was able to perform better in family planning mainly because of its 'administrative and bureaucratic efficiency' (Antony, Srinivasan and Saxena 1988:22). Moreover, the entire state machinery was involved in the implementation of the programme. Thus, it becomes clear that the state saw family planning programme as one of the ways to exercise its hegemony to control the population of the poor.

One of the important features of the family planning programme in the state was the organisation of mass vasectomy camps particularly in rural areas. As early as 1961, the state had organised a vasectomy camp in the Satara District. Here, Maharashtra created a 'world-record' of performing a maximum number of 1400 vasectomy operations in a single camp which included operations on eighty-seven persons suffering from Leprosy (Kapoor 1962: 14). [6] Further, the state organised highest number of vasectomy camps during the early 1970s which coincided with the years, when it witnessed severe droughts. The absence of rains for two successive years led to drastic reduction in food grains. In 1972 Maharashtra had the 'dubious honour of being the worst affected' by drought (Ladejinsky 1973:383). It was during this period that vasectomy camps reached its 'highest performance' (Talwalkar 1997: 4). Inspired by the success of the Ernakulum vasectomy camps held in the early 1970s in the state of Kerala,[7] Maharashtra also organised massive vasectomy campaign from

[6] It is interesting to note that Satara district has been one of the 'strong-hold of elite Maratha power' (Deshpande 2004: 29) and was the constituency of the first Chief Minister of Maharashtra Shri Y.B Chavan.

[7] The first massive vasectomy camp was organised in the Ernakulum district of Kerala state in 1970 where, in a month long period, a total of 15,005 vasectomies were performed. The success of the camp

December, 1972 to March 1973 in most of the districts of the state. This campaign was considered to be a 'phenomenal success' leading to 3.78 lakh vasectomies thereby setting an 'all- time record' in the country (GoM 1973:3). Thus, Maharashtra was the only state in 1972-73 to reach a sterilisation target as high as 117% (Jain 1975:8). Further, the Report on the Evaluation of the Massive Vasectomy Camp by the Government observed, 'the environment in the state was also far from normal due to severe scarcity conditions. The achievement in this massive vasectomy campaign can therefore be termed 'unique' in the world population movement. The top management of the state programme had however, imaginatively turned these 'adverse' factors into means of success (GoM 1973:4). Thus, to achieve the targets under family planning programme the officials forced people to undergo sterilisation even in the times of extreme drought conditions.

The years of drought led to the implementation of massive relief work in terms of public works programmes providing employment to millions of men and women. However, the wages provided under these programmes was very low (Jadhav 2006). In comparison to the incentives provided under the family planning programme, this was much lower. Thus, those in-charge of the relief work as well as the officials associated with the family planning programme in the Ministry of Health of the state considered drought as 'God-Send' to increase the targets of vasectomy operations. For instance, a health officer observed that, 'We have tried before, but it is very difficult to convince these people- They think they will become impotent, or won't be able to have children again if they ever want to. But now of course this is a god-send. We will *katao* (cut) at least 10-20 thousands by the year-end' (Mody 1972:2482). Further, the Collector of Ahmednagar district was of the opinion that famine relief should be linked to birth control (ibid).[8] Studies have noted that the famine relief of Rs 100/- in the state was provided only when the persons agreed to undergo vasectomy operations (Dandekar 1976a:64). As mentioned earlier the incentives for undergoing operations as a part of the family planning programme was several times higher than the wages

encouraged the district collector Mr S.Krishnakumar to organise another camp in July 1971 in the same city in which around 62, 913 vasectomies were performed (Krishnakumar 1972: 177).

[8] The most extreme Malthusians even advocate to cut famine relief to over-populated countries in order to 'starve the poor' and thereby control their numbers (Hartmann 1995:13).

provided under the public relief works.[9] This led to a situation where demographers argued that a variety of incentives in the family planning programme enabled some sterilised persons to collect even Rs 150/- per year (ibid). Thus, the state policies during the drought years created such conditions that it became inevitable to accept sterilisation. However, what needs to be understood that drought resulted in extreme starvation, loss of employment opportunities and lack of purchasing power for landless and poor people. In such a context, people were forced to undergo vasectomy operations because of their desire to fulfil the basic needs for survival. It was a deeply flawed and elitist view of the demographers and the policy makers to interpret this as enthusiasm or voluntary participation of people to accept family planning or to make money. Vicziany (1982:378) argues that in a poor country as India, a large amount of money given as incentives for undergoing vasectomy and tubectomy operations loses its 'voluntary characteristics and becomes coercive'.

The family planning programme gained momentum during the Emergency period when Maharashtra was able to pass the most (un)famous Restriction on the Size of Family Bill, 1976 that made sterilisation compulsory after three children. This Bill was passed in the legislature of the state on the grounds that the voluntary nature of family planning has failed to control population and hence compulsion was necessary. As seen in the previous chapter, the Bill had the full support of majority of the ministers and members of the assembly in the state. Arguing in support of the Compulsory Sterilisation Bill, the Secretary for Public Health, Government of Maharashtra, Mr M.S Palnitkar declared in an interview that:

> We want the whole world to see what we are trying to do to save ourselves. We have a large poor, illiterate population who are eating into our economic resources faster than we can develop them....We have tried all the conventional methods and failed....We hope that very soon community pressure will bring people to be sterilised without us having to force them. But, if they refuse to bow to the needs of the rest of the society and to the law, then certainly we will jail and sterilise them...there will be local committees... in the villages and simple system of community informants. But, we hope that community pressure will be enough to persuade the recalcitrants (Martin 1976:18).

[9] For the years 1970-73 of the total funds spent by the Government of India on family planning (Rs. 3747.30 lakhs), the highest funds were disbursed to Maharashtra (843.75 lakhs) (as quoted in Vicziany 1982: 388 in footnote number 46).

Thus, the passing of the Bill under the Emergency, enable the state officials to exercise their authority to make people accept family planning and thereby coerce them to limit the size of their family. Schlesinger (1977:641) in his study of a village in Satara district during the Emergency, clearly recounts that by mid-October 1976, police along-with block level government officers 'rounded up eligible men and transported them in a jeep to the rural primary health centre and more or less coercively vasectomised them'. He further notes that many of the families already had one voluntarily sterilised spouse which was primarily a wife. Despite this, the police and the family planning officials forced men to undergo sterilisation to achieve the targets. Further, in a small town of Barsi in the Sholapur district of Marathawada region hundreds of farmers were picked up from the streets and forcibly sterilised by doctors. This was because in January 1976, the Municipal Council had organised a ten day vasectomy campaign to sterilise 1000 persons. In the first two days of the campaign hardly anyone came forward. Hence, in order to meet the targets, officials forced hundreds of farmers visiting the agricultural market in Barsi. The farmers were dragged from the street into municipal vans and forcibly sterilised. It is reported that some of them were unmarried, some only had one or two children, some already sterilised and some very old. Many suffered septic infections and one person who underwent the sterilisation operation died (Rahman 2015). Thus, it can be seen that government used forceful measures to sterilise men under the family planning programme during the Emergency.

It was because of the effective administration and high political commitment to family planning that Maharashtra was seen as a laboratory by Government of India to experiment different strategies in family planning. For instance in an interview Dr Karan Singh, Minister of Health and Family Planning stated that there was particular interest in the Compulsory Sterilisation Bill of Maharashtra as the state was seen as a 'test case' by the Government of India. He was of the opinion that Maharashtra has to be regarded as a sort of pilot project as its experience was important to suggest an 'all-India strategy' (Datta-Ray 1976:7). It was believed that Maharashtra had all the right conditions for the successful implementation of family planning programme in terms of a highly motivated and committed bureaucracy and leaders, higher financial commitment from the government, increased incentives and targets for different methods of birth control (Pethe 1981). It is interesting to note that the Chief Minister

of Maharashtra, during the Emergency, Shankarrao B Chavan was a handpicked by Indira Gandhi (Lele 1982). Chavan an elite Maratha was a great enthusiast of compulsion in family planning. It was under his term that the Compulsory Sterilisation Bill was passed in the state (Pethe 1981). Further, he often tried to curry favour with Sanjay Gandhi and was viewed as a 'Sanjay Sycophant' (Sirsikar 1995: 144). Hence, he strongly supported the adoption of vigorous measures to achieve higher sterilisations in the state. One of the important factor strongly promoting fertility control programmes was the stability of the Congress rule in the state till the end of Emergency. For instance, a retired Honorary Medical Advisor of the FPAI observed that 'Maharashtra was a very pro-ruling party state and thus family planning was a top priority'. According to him, 'the state always wanted to appease the central government and hence there was enormous pressure on the medical doctors and government officials to produce results.'[10] Even the foundation officials who visited Maharashtra were keen to introduce 'experimental programs' in the state with the possibility to evolve a strategy of family planning for national level implementation. For instance, Dr Hans E Krusa, a Ford Foundation Consultant during his visit to the state and in a meeting with the Family Planning Commissioner of Maharashtra, S.L Ogale writes:

> In the course of our travels with Mr Ogale, Dr Bhatia and I discussed with him the possibilities of 'using his state as a venue for some Experimental Area Programs. Mr Ogale was quite receptive to the idea'.... We further discussed the need for working through an established institution and people who he thought could be helpful in developing experimental programs. We indicated to him that the Ford Foundation was seriously interested in assisting interested parties in conducting experimental programs in areas where they would be well received and where the results might provide the pattern for larger scale application. Mr Ogale said that he would send us a note incorporating his thoughts with regards to the experimental area programs.[11]

[10] Interview retired Honorary Medical Advisor of the FPAI on 11th July 2014 at Mumbai.

[11] Visit to Satara District in Maharashtra with Mr Ogale the State Commissioner for Family Planning; The Ford Foundation New Delhi Inter-Office Memorandum, Date 13th February 1970; To files from Dr Hans E Krusa- Folder GoI (06400303) 12th June, 1965 to 4th February 1974; Reel 3874; Ford Foundation Records Series Grants E-G FA 732

Thus, it was this emphasis on the state to lead in family planning and be a role model for the country that the programme was implemented with full force and enthusiasm by the officials. In its drive to be a top performer the state continued the use of aggression and compulsion throughout the 1960s which was escalated to a large extent during the Emergency by use of coercive measures of population control (Pethe 1981).

One of the crucial reasons for advocating family planning programme was to promote higher economic development and to reduce poverty. It is important to ask the question how the state performed with respect to the implementation of development programmes. Studies show that most of the policies adopted by the state i.e. land reforms, co-operative societies, irrigation and agricultural development programmes such as the Green Revolution were largely initiated and implemented by the Maratha political leaders and policy makers for their own interests. These policies have further consolidated the already existing skewed power relations and widened inequalities between social groups. For example, Frankel (1971) has clearly shown how Green Revolution introduced in the early 1970s has led to the emergence of capitalist entrepreneurship in agriculture, while at the same time; it has resulted in increased levels of poverty among the masses. Thus, all the benefit of this programme has been cornered only by the upper-classes of the rich peasantry. Even in the context of Maharashtra, Green Revolution has resulted in agrarian prosperity during the late seventies particularly in some regions of the state. This has further led to the concentration of wealth and resources in the hands of the hegemonic Marathas (Lele 1982). One of the most popular anti-poverty schemes introduced by the state during the conditions of drought in the 1970s has also enabled the politically powerful elite to create assets in rural areas for their own benefits (Dev 1995; Jadhav 2006). Thus, it becomes clear that most of policies of development adopted by Maharashtra have benefitted the elite sections of the society and has reinforced power equations instead of breaking them down. These programmes and policies rather than reducing the inequality have actually widened it. This has led to a number crisis that the state is witnessing today particularly the 'simultaneous existence of unprecedented wealth for few and a life threatening poverty for many' (Lele 2010:89). Thus, rather than questioning the policies that resulted in increased deprivation and poverty amongst

the masses, poor are blame for creating poverty and the cause for all socio-economic problems in the state is seen only in terms of high population growth.

It is important to note that Marathas often trace their warrior roots to Shivaji and call themselves as *Raje* (King). Referring themselves as King is a symbol of Maratha pride and valour (Waghmore 2011; Sirsikar 1999). In the arena of policy making the dominance of certain sections of caste and class is the reality of modern power in Indian politics and bureaucracy. The dynamic performance of family planning in Maharashtra when viewed in this context, gives a closer picture of the role of power and dominance in policy and planning. Historically, Maharashtra considered itself to be one of the highly developed states in the country. Family planning was largely seen as a means through which economic development was to be achieved. As a dominant group in policy making, Marathas prided themselves on the feeling of being the most developed and a top performing state. The strong inclination towards population control policies and its aggressive implementation by the state bureaucracy can be seen in this desire to rank high in the performance scale. Thus, coercive measures of population control became the weapon of war against poverty which was strengthened with the international and national overpopulation discourse. Therefore, in the battleground of controlling population, the state fought the war against poverty by using the family planning programme as a weapon and by capturing the bodies of the poor, as their targets. Thus, one of the reasons for Maharashtra to pursue such a forceful policy of limiting its population can be seen in the nature of its political-economy. In the following section, I attempt to summarize the main findings of the study.

Summary of Findings:

The present study was undertaken with an objective to examine the contribution of individuals and institutions in the discourse of population control in Maharashtra. It becomes clear that the need to limit population was felt as early as 1920s. During the early twentieth century, it was a predominant understanding that India's growing population was contributing to its increased poverty. Hence, contraception became central to the concerns of most of the men advocates of birth control as a solution to the problem of poverty. It was during this time that Bombay was leading the debates on birth control as highly educated upper caste men based in

urban areas promoted contraception influenced by eugenic and neo-Malthusian ideas. Thus, Prof. R.D Karve, Prof. N.S Phadke and Dr A.P Pillay became pioneers in the domain of birth control. Further, the census findings increased their anxieties about rapid growth of population. Contraception was also advocated by these men on the belief that nation must comprise of healthy and strong citizens and birth control was supposed to play an important role. According to them, the role of women was central in the nation building process as they gave births to the future citizens of the country (Ahluwalia 2008). Hence, promoting birth control was necessary to ensure a healthy progeny. They were also concerned about the increase in the population of the poor. Thus, the elite men set up number of institutions to advocate the use of birth control methods amongst the poor in the city. They established several birth control clinics and eugenics societies to undertake their propaganda work. Further, they also developed alliance with the Western champions of birth control such as Edith How-Martyn and Margaret Sanger (Hodges 1999). Funds and advocacy materials provided by the Western advocates helped these men to legitimize their work in Bombay. It was their general belief that the problem of poverty and overpopulation would be solved by the provision of contraception. However, the advocacy work of these men was constrained because of the opposition to birth control from the national leader M.K Gandhi who did not favour the use of artificial contraceptives and insisted on self-control and abstinence.

Bombay in the late 1930s also witnessed the advocacy of birth control by Dr B.R Ambedkar. By presenting a resolution in the Bombay Legislative Assembly, he called upon the state to provide birth control in the interest of women and for the welfare of poor. According to Ambedkar, birth control would enable women to improve their health and also grant them some leisure from domestic drudgery. Birth control for him was important for the progress and welfare of the women and lower castes in the society (Moon and Pawar 1998). It is important to note that he made an attempt to discuss birth control as a part of his larger struggle towards annihilation of caste and ensuring equality and social justice. In total contrast to the upper caste advocates of birth control who did not question the unequal relationship between men and women, Ambedkar challenged patriarchy and called for equality between men and women. He argued that conjugal relationship between men and women must be based on equality (Rege 2012). During his speeches at the Dalit Women Conferences

as well as to the college students, he emphasised on the importance of 'smaller families that provided personal freedom to women' (Paik 2014:304). Unlike the elite advocates of birth control who exclusively focussed their attention only on the adoption of contraception by women in a narrow sense, Dr Ambedkar emphasised that both men and women should jointly share the responsibility of planning the families. He also stressed on the critical role of education of women enabling them to develop their self confidence, self reliance, dignity, honour and most importantly to build their political consciousness (ibid). It must be recognised that Dr Ambedkar's struggle was towards making of a society based on equality in social and economic life both for men and women. While discussing the unique contribution that Dr Ambedkar made towards the debate on the promotion of birth control, it is important to note that to some extent he embraced the neo-Malthusian ideas of population growth leading to poverty. Thus, there was no strong alternative discourse to the dominant and top-down neo-Malthusian approach to population control in Maharashtra.

One of the major reasons for the advocacy of birth control was to improve the health of women. It was argued that contraception would enable women to reduce the burden of repeated pregnancies that exert a serious toll on their health. Hodges (2010) notes that during the colonial and post-colonial period, the nationalist feminists who were in the forefront of birth control movement in India were successful in the institutionalization of eugenics in the propagation of birth control through the programme of family planning. The women advocates of birth control particularly Lakshmibai Rajwade, Dhanvanthi Rama Rau and Avabai Wadia in Bombay linked the importance of the reproductive health to the regeneration and revitalization of the nation. They argued that contraception would enable women to ensure the birth of healthy and strong children for the development of the country. Thus, by deploying neo-Malthusian and eugenics ideas they reinforced the notion of motherhood as an ideal for women. The women advocates who argued for reducing the burden of child births, operated within the liberal feminists discourse prevalent during the early twentieth century and in the post-independence period. This led to an understanding of a 'liberal model of individual women deciding whether and when to have children' (Palriwala 2002:264). However, such an approach fails to take into consideration the influence of patriarchal structures as well as the intersection of caste, class, gender

and community that play an important role in determining the reproductive behaviour of women. The women advocates of birth control assumed that every woman has the same conditions to make fertility decisions as their own. However, they failed in understanding why it becomes difficult for the poor women to ensure the survival of her children. The women advocates also restricted their advocacy of contraception only to married women and particularly for women from the poorer sections of the society. Secondly, the progressive aspects of the birth control enabling women to ensure reproductive control were largely ignored. Instead birth control was seen as a means to space the pregnancy and was compulsorily advocated for the poor women to control their fertility.

During the early 1950s, the women advocates formed strong alliances with the Western advocates of birth control such as Margaret Sanger and international agencies working in population control mainly inspired by eugenic and neo-Malthusian thinking. The focus on neo-Malthusian fears of overpopulation exceeding resources resulted in viewing women only as a means to an end. Hence, women were seen as primarily responsible for high fertility and the cause for poverty and under-development (Hartmann 1995). This became a dominant understanding even in Maharashtra. Dr Pai, Director of Family Planning in Bombay, once declared in an interview that in order to achieve development there was a need to put a 'lock on fertility'. He labelled Indian women as 'baby factories' so fertile that it never had any 'lockouts or strikes' (Martin 1976:18). Thus, providing contraceptives to women was necessary to reduce the burden fertility and thereby limit the growth of population. The drive to reduce birth rate resulted in seeing women only as 'targets' to be achieved without any considerations to their other health needs (George and Nandraj 1993:1680). For instance, the Commissioner of Family Planning, Maharashtra, S.L Ogale had gone on record whereby he stressed that 'women should be forced to undergo tubectomy operations when they come to hospital for child-birth as they are most vulnerable'(Pai nd:67). Hence, family planning was largely seen as a tool for population control, with a complete disregard for women's well-being and health. Further, the side effects and complications experienced by women and the poor quality of health services increased the disillusionment of many women with contraception and family planning programme. The focus on tubectomy as the only method of birth control for women led to a situation whereby spacing was not

emphasised in the programme (Kulkarni 2001). This resulted in the total withdrawal of young women who did not come forward to accept family planning in the state. It was mentioned by a retired state demographer that usually 'spacing was not promoted as it does not allow to measure the effectiveness of the programme in terms of targets while permanent methods of birth control like sterilisation enables to measure the performance of the workers.'[12] However, sterilization as a method of family planning is irreversible and not suitable for many young women. Despite this it is pushed as the only method, because a sterilized woman becomes a target achieved in the records of family planning statistics. Hence, the state has now designed schemes of delaying the birth of the first child by providing monetary incentives to young couples. However, it needs to be recognised that the focus on the family planning programme led to the neglect of comprehensive health services that constitutes one of the important factors in determining the health status of women. Several studies noted that health services including the ante-natal care in the state were in a very poor condition because of shortages of medicines, vacant posts of medical doctors and inaccessible health services. This resulted in the lower utilisation of maternal and child health services (Kulkarni and Parasuraman 1997). Moreover, hunger and malnutrition compounded with poor access to health services has been widespread in the state and most acute in tribal districts. It is because of these reasons that the progress of the state in infant and maternal mortality reduction has been very slow (George and Nandraj 1993).

A major role towards pushing the programme vigorously was played by the centres of demographic research in the state established with the funds from the Rockefeller Foundation, the Ford Foundation and the Population Council. By undertaking census estimates and future projections they highlighted that the decennial growth rate of population in Maharashtra was higher than the national average. Several studies undertaken by these centres also strengthened the belief that high growth of population impedes development and increases poverty (Dandekar 1976a). Thus, the problem of controlling population growth was presented to be so 'urgent and pressing that administrators, policy makers and leaders did not wish to wait' (GoM 1975:6). This led to a situation of urgency to reduce the birth rate as early

[12] Interview with retired State Demographer of Maharashtra on 13th August 2013 at Pune

as possible. Demographers based in Maharashtra also estimated that controlling the numbers of births after three children would bring about one-third reduction in birth rate (Dandekar 1966:68). Thus, these centres were successful in fuelling the alarmist fears of overpopulation. What needs to be understood that such estimation justified the need for implementation of compulsory sterilisation after three children in the state. Pethe (1989:7) argues that most of demographers in the country were largely from the upper castes and class of Indian society and were 'inspired by neo-Malthusian thinking'. Hence, they 'failed in correctly projecting the population problem thereby misleading the policy makers, administrators, planners and the citizens at large.' Furthermore, there was strong support for the compulsory sterilisation after three children in the state mainly because majority of policy makers were of the opinion that the law of compulsory sterilisation would not affect them. A Ford Foundation consultant who visited Maharashtra during the Emergency observed that some people got a 'set-back' when he confronted that there was a possibility of 'compulsion' after two children in the near future.[13] It is important to note that for poor to ensure that their child survives was extremely difficult in a context where health services and general living conditions were highly unequal. Despite such a situation, anxieties and fears developed by the demographic centres paid rich dividends as population growth was largely seen as a bomb waiting to be exploded any time.

In order to defuse the bomb of population growth in the state, gigantic efforts were undertaken in the implementation of family planning programme on a war footing and high priority was given to the programme. The focus on numbers resulted in reducing the family planning programme merely to achieve demographic goals of IUCD insertions and sterilisation operations of men and women. Historically, the thrust of family planning programme in Maharashtra has been on promoting vasectomy. This was undertaken only with an objective to reduce the birth rate on immediate basis (Bhende 1977). Further, sterilisation of men was considered to be feasible in areas with limited medical and hygienic facilities and did not necessitated setting up medical infrastructure which was very costly (Dandekar 1976a:63). During

[13] The Population Council Office Memorandum 24th June, 1976; From A. K Jain to Dr S.J Segal: Notes on trip to India in Ford Foundation Records, Population Program Office Files of Tim Rice FA 678- Folder India Population Excerpts from Agenda Papers of the Fourth Meeting. Central Family Planning Council of India Dates October 6-7 Box 3; Folder: India Ford Foundation- Family Planning Programme, Rockefeller Archive Center Records, Tarrytown, New York, USA.

the Emergency, the GoM also passed rules for not performing tubectomy operations of women in camps as the resultant complications would jeopardised the 'momentum' of the sterilisation programme which was necessary to bring decline in birth rate.[14] However, most of the men accepted sterilisation at a very late stage in their life after ensuring the survival of atleast two or three sons and a daughter. It is important to note that a large numbers of sterilisations were that of ineligible persons. Studies on vasectomy acceptors in several districts of the state have noted that the majority of men who underwent sterilisation were in the age group of 35-40 years and already had atleast four live children (GoM 1975:15). In such a situation despite performing lakhs of sterilisations, there was no marked reduction growth of population. The numbers of 'demographically dubious' (Banerji 1980:87) cases were extremely high in the state. Later, in the years after the Emergency there has been a total reversal in the acceptance of male sterilisation and it has declined substantially (Kulkarni 2001). The focus has since then shifted on sterilisation of women. However, the undue emphasis only on the family planning programme had resulted in the deterioration of the quality of public health services. George and Nandraj (1993:1675) notes that the top priority given to the family planning programme led to the total 'neglect of general medical care' in the state. The situation became so extreme that when people in rural areas demanded healthcare they were only given family planning services. An evaluation study of family planning programme in three districts of Maharashtra by the Planning Commission in 1970 revealed that more than sixty percent of women who had an IUCD inserted complained about bleeding, irregular periods, cramps and weakness, while eighty five percent of men who underwent vasectomy complained about sepsis and untreated wounds. The study also found that follow-up visits were the weakest link in the entire program of family planning (GoI 1971:71).[15] This clearly highlights the poor quality of health services, in which the target based programme of family planning was implemented without any concerns for the side-effects and complications that men and women experienced.

[14]'Note on the Implementation of Family Planning Programme in Maharashtra during the Emergency' File No: 1117, V SCI Questionnaire on Family Planning Directives, GoM, Shah Commission Inquiry Papers, National Archives of India, New Delhi.

[15] I am grateful to Prof. Mathew Connelly for sharing this reference with me.

During the late 1960s, sterilisation of men was promoted as the only method of family planning in the state. It was increasingly believed that the poor cannot be trusted to adopt any other method of family planning. According to Dr Pai, it was difficult to sustain the motivation of the poor women to insert an IUCD or to take the daily dosage of pill (Pai nd). Hence, sterilisation of men was emphasised to a large extent. However, the focus on sterilisation of men also led to serious violations of human rights. For instance, most of the persons were forced to undergo sterilisation on a promise that the land they cultivated would be regularised on their names (Gupte 2006). A number of sanitation workers underwent sterilisation in order to save their job in the municipality as the Barsi Municipal Corporation had declared that those who do not get sterilised would be removed from jobs. A doctor performing vasectomy operations at Barsi Municipal Hospital during the Emergency recalls that a revenue official in his zeal to achieve targets also brought a doctor's father for vasectomy operation (Mascarenhans 2015). Thus, the family planning programme in the state had merely become a programme of catching people to attain the targets at any cost. Jeffery and Jeffery (1997: 40) note that 'coercion and threat still underpins' the family planning programme of India and often the language of the programme attempts to disguise this.

Often a comparison is drawn between Tamil-Nadu and Maharashtra highlighting how the former presents a case of successful decline in fertility despite been not as developed as the later (Antony, Srinivasan and Saxena 1988). Studies have attributed this success to the contribution of Self-Respect Movement of the early twentieth century that popularised the small family norm and the propaganda of birth control for liberation of women as put forward by Periyar (Hodges 2008). Further, this heritage was continued by the political leaders in the state politics after independence who were mainly associated with the Self-Respect Movement (Antony, Srinivasan and Saxena 1988). In total contrast, the political leadership in post independent Maharashtra was dominated by the Marathas who were highly inspired by neo-Malthusian and eugenics ideas. It was because of the uncritical acceptance of overpopulation as the cause for low economic development and poverty that resulted in the adoption coercive measures to bring about a deliberate decline in fertility. Hence, Maharashtra despite been an economically richer and highly developed state failed to generate conditions that leads to voluntary adoption of small family size. The

top-down imposition of ideas of compulsory sterilisation after three children during the 1970s or the present two-child norm policy on people in a context where there is very little motivation amongst the population to accept it results in coercion. Thus, even with a so-called effective programme of family planning involving the entire bureaucracy and state machinery the programme failed. Often there were debates in the legislative assembly of how Maharashtra should emulate China's one child policy in order to control its population.[16] However, it is important to note that the one child policy has been revoked by the Chinese Government in October, 2015 because of the negative consequences in terms of adverse sex-ratios and an increased proportion of elderly in the population (Philips 2015). Maharashtra need not go as far as China to adopt its one child policy. There are successful examples of limiting population in India itself. Dreze and Sen (1995) have clearly shown that Kerala and China had the same demographic indicators at the time when China adopted one child policy. It is interesting to note that Kerala succeeded in achieving far better health indicators without recourse to coercion. The state of Kerala clearly negates the necessity of coercion in implementing family planning.

Over the years, as family planning became an important priority for the government the programme was implemented with full vigour and enthusiasm. Maharashtra was considered to be one of the outstanding states in the country (Raina 1969). However, before the adoption of family planning as an official programme by the government, it was promoted by some pioneering individuals who were at the forefront of the birth control movement in Bombay since the early twentieth century. These individuals established institutions primarily in the voluntary sector advocating contraception as a means to control population. The establishment of the Family Planning Association of India by Rama Rau and Avabai Wadia was an important landmark in the movement of family planning of the state (Mankekar 1974). Rama Rau was also instrumental in working directly with the American foundations and private organisations such as the International Planned Parenthood Federation in setting up a model of family planning for the government. She constantly reiterated the urgent need for state-led population control initiatives. Further, the establishment of the demographic research centres in Maharashtra with the enormous support of the

[16] Debate on Preserving One Child of Every Couple in Maharashtra as a National Treasure to Control Growing Population in '*Legislative Assembly Proceedings of Maharashtra'* Vol. 113, No. 3, 19th December, 1997, Friday, pp. 115-123.

foundations based in the USA played a crucial role in shaping the family planning programme in the state. These centres by undertaking future population projections and surveys of people's attitudes towards family planning repeatedly emphasised on the need for state intervention in population control (Dandekar and Bhate 1971). Moreover, people who headed this centres in the state were trained at the population studies centres in the American universities which were highly influenced by neo-Malthusian and eugenics ideas of population control. Thus, the core of expert staff at the demographic centres in Maharashtra, for instance, Dr Kumudini Dandekar of the GIPE, Poona and Dr C Chandrasekaran of DTRC, Bombay constantly stressed the need for reducing fertility on immediate basis to avert the impending crisis of rapid population growth. In addition, the foundations also provided fellowships to medical doctors in public health and reproductive biology. Dr D.N Pai, who became famous world-wide for the experiments of organising vasectomy camps at railways had received the Rockefeller Foundation Fellowship and studied at the Harvard School of Public Health in the late 1950s. Thus, when the Government of Maharashtra adopted an official policy of family planning, these individuals were appointed on the committees and boards of family planning set up by the government. For instance, Rau while being the President of the FPAI was also the member of the State Family Planning Board of Maharashtra. She participated in most of the state family planning meetings, deliberations and conferences organised by the Government and thereby accorded urgency to the implementation of the programme (Rau 1977). Further, Dr Kumudini Dandekar was appointed on the Demographic Advisory Committee of India (GoI 1964a) and was one the strong advocate of compulsory sterilisation (Dandekar 1976b). Dr Pai evolved as they key official in the policy making of the state in presenting an alarmist picture of overpopulation in the state and supported the need for compulsion in family planning (Martin 1976). Thus, highly influenced by neo-Malthusian and eugenics ideas these individuals were members of overlapping boards and committees established by the government. These individuals constantly highlighted the importance of family planning as an effective way to reduce the population growth. It is evident from the present study that the interactions and the inter-connections of key individuals, foundations, demographic centres, private organisations and the government was instrumental in pushing forward an agenda of population control that resulted in the adoption of coercive measures to limit the future population growth. Historically, it is because the dominance of

neo-Malthusian and eugenics ideas that Maharashtra's population policy has been anti-natalist.

It becomes clear from the study that a powerful coalition of individuals, institutions and ideologies with a dominance of neo-Matlhusian and eugenics thinking was successful in popularising the 'myth of overpopulation'[17] as the main cause of all socio-economic problems in the state. Further, the population control establishment played an important role by forming alliances with individuals as well as with the state government in highlighting the urgency of dealing with the problem of overpopulation. The fear of population explosion and urgent need for population control through the family planning programme led to the dominance of neo-Malthusian discourse in the policy and practise of the state. Thus, all efforts were channelized towards giving highest priority to family planning programme in order to bring about a quick reduction in fertility (Pethe 1981). The international population control advocates were primarily interested in identifying a top-down model of an effective family planning programme in the state so that it could be uniformly implemented by other bureaucracies in different states of India. However, it needs to be highlighted that changes in the demographic indicators of different states is the outcome of their unique regional histories. Moreover, in Bombay since the early twentieth century most of the birth control advocates directed their efforts of promoting contraception only towards the 'other' i.e., the poor. The reproductive practices of the poor were seen to be contributing to a national problem of under-development and poverty. Thus, birth control and family planning were viewed as important solutions to socio-economic problems. However, it needs to be recognised that a mere focus only on birth control ignores the fact that the reproductive behaviour of people, increased poverty and inequality is deeply embedded in the social structure of our society which has been completely ignored. The advocacy of birth control and family planning in the state was undertaken in isolation from its linkages to improvement in conditions of living for the majority of the population. Moreover, the planned model of development that Maharashtra adopted after independence, failed to bring about major improvements in the provision of health, education, nutrition or employment conditions that plays an influential role in the reduction of fertility. The

[17] I borrow the term from Mamdani's classic work: The Myth of Overpopulation: Family Caste and Class in an Indian Village, Monthly Review Press, London.

development process in the state has been highly uneven which did not benefit the poor. This resulted in the fruits of development been concentrated amongst few persons and regions rather than shared by the masses (Prabhu and Kamdar 2003). In the absence of any substantial changes in the conditions of living of the majority of people, while forcing them to accept family planning results in the adoption of coercive measures of population control.

Appendix-1: Interview Guide for Key Informants

1) Can you explain in detail your association with the family planning activities in Maharashtra?

2) How was your experience with the programme while working in any official capacity with the government?

3) How would you assess the implementation and consequence of the family planning programme in the period of Emergency from 1975-77 in Maharashtra?

4) During this period the Compulsory Sterilisation Bill was introduced in Maharashtra in 1976. Can you tell the context of this Bill?

5) What was the role of the Family Planning Association of India in Maharashtra?

6) What was the significant contribution, according to you, of advocates like Dhanvanthi Rama Rau and Avabai Wadia?

7) Can you discuss the contribution of Dr D.N Pai to the family planning programme of Maharashtra?

8) What are your views on incentives, disincentives and targets introduced in the family planning programme?

9) How to you see the role of the private foundations such as the Rockefeller Foundation, the Ford Foundation and institutions such as the Population Council, World Bank and USAID with respect to the population issues in the state?

10) Was the family planning programme the most important policy in the state? If yes, then why was it so important?

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