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STERILIZATIONS AND FAMILY PLANNING

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By the end of 1970-71, about 19% of the total number of couples in the reproductive age-group, estimated to be 104.3 millions, were covered by family planning programme. That is, these couples were either protected from further conception by sterilization, male or female, or using other methods to prevent conception. Of the 19.7 million couples thus covered, as many as 14.7 million (almost three-fourths) were protected by sterilization.

By the end of 1976-77 the proportion of the couples covered in the country had risen to 26.5%, the number of covered couples having risen to 31.05 millions. However, while the proportion of covered couples who were sterilized, had risen to 87%, the proportion of those protecting themselves from further conception by methods other than sterilization had come down from about 25% to less than 13%.

At the same time, it is important to note that of the 27.1 million sterilized by the end of 1976-77, 8.1 million (about 30%) were added on during the course of the year, 1976-77, when the total number of sterilizations, male and female, were thrice as large as during 1975-76.

As it happened, the year 1976-77 turned out to be the first and last year of a national population policy of which active pressure campaign for large scale sterilizations was to be the king-pin. This policy rested critically on the assumption that the public opinion in the country was "now ready to accept much more stingent measures for family planning than before". The policy stopped short of a Central legislation for compulsory sterilization only because "the administrative and medical infra structure in many parts of the country is still not adequate to cope with

the vast implications of nation-wide compulsory sterilization". But States which had adequate facilities were given the green signal, with only one restraining advice, viz., "to bring in the limitation after three children, and to make it uniformly applicable to all India citizens resident in that State without distinction of caste, creed or community". Subsequent events have not quite substantiated the above assumption underlying the population policy. The emphasis of the next Government has therefore moved away from compulsion and coercion to persuation. (All the quotes in this paragraphs are from the Statement on National Population Policy made by the then Minister of Health and Family Planning on April 16, 1976.

Even though the basic limit of the population policy pursued in 1976-77 has been discarded altogether, the experience of 1976-77 should not be dismissed altogether because it is still possible to draw some interesting inferences on the basis of that experience, inferences which should be of quite some help in formulating a new population policy. It is to the study of the experience of 1976-77 and its implication for the future population policy based on persuasion that the rest of this paper is devoted.

Although, as stated above, the 1976-77 population policy relied heavily on sterilization to achieve the goal of bringing down the birth rate from 35 to 25 per 1000, no distinction was drawn, on paper at least, between male and female sterilizations. The statement on National Population Policy contained no guide-lines, for instance, on whether male or female sterilizations were to be pursued much more vigorously. In fact, monetary compensation was fixed at the same level for both male and female sterilizations. So, on the face of it, both were to be pursued with equal vigour.

Actually, however, the spurt in sterilizations during 1976-77 was very largely accounted for by male sterilizations. Thus while female sterilizations in 1976-77 were higher by 61%, male sterilizations were higher by 429%, compared to the corresponding figures for 1975-76. That is how male sterilizations accounted for 75.1% of the total sterilizations undergone in 1976-77 as against 53% in 1975-76.

In the accompanying table, are given (i) figures of total sterilizations for 17 major states separately for 1975-76 and 1976-77 and (ii) figures of male and female sterilizations in 1976-77. It can be seen that in 9 out of 17 states the proportionate increase in total sterilizations over 1975-76 exceeded the all-India average of 204%. But of these 9 states with above average increase in total sterilizations, 8 states were those where the proportion of male to total sterilizations exceeded the all-India average of 75% reached in 1976-77. It should be added that the total number of states with above average proportion of male sterilizations was altogether nine. Thus the correlation between above average increase in total sterilizations and above average proportion of male sterilizations can be seen to be quite strong.

What sort of inference do we draw from the above? Coercion and compulsion are easier to apply on men rather than women to make them undergo sterilization.

The 1976-77 Report of the Central Ministry of Health and Family Welfare states that 'in camp after camp, thousands of people all over the country were brought to the operation table". Evidently this could be done much more easily for men than women.

I have received further confirmation for the above inference from the figures for Kerala which happens to be a state with the minimum rate of increase in total sterilization during 1976-77 and also a relatively low proportion of male to total sterilizations (54% as against the all-India proportion of 75%). But Kerala's level of sterilizations (i.e. as measured in terms of the cumulative total of sterilization since the inception of the programme in mid-60's per 1000 population) works out to be above the all-India average.

All the same, as can be seen from Table 2, even in Kerala the pace at which sterilizations have grown, particularly since 1970-71, cannot be described as steady. The total number of sterilizations fluctuated widely during the seven years, 1970-71 to 1976-77. Interestingly, however, while the female sterilizations increased from year to year at a rate of increase ranging from 13 to 42%, male sterilizations did not show a consistent pattern of either increase or decrease. Male sterilizations in Kerala registered a big spurt, by 165%, in 1971-72 and declined thereafter so sharply that in 1973-74 the number of male sterilizations performed was the lowest in 7 years, just 7% of the peak reached in 1971-72. The number of male sterilizations in 1975-76 was higher than that in 1971-72 by a little over 3%. On the other hand, the number of female sterilizations in 1976-77 was almost 3 times as high as that in 1971-72.

The important point that seems to me to stand out in the light of Kerala's recent experience with sterilizations, male and female, is that female sterilizations are much more likely to maintain a steady and sustaining pace than male sterilizations. On the other hand, male sterilizations appear to be rather volatile. When active pressure campaign is mounted to mobilise people for sterilizations, it is no doubt the male sterilizations which seem to respond readily and in a big way. But when

there is a let up in the campaign, male sterilizations decline sharply. This is not so with female sterilizations. The response to an active campaign for sterilization may not be immediately so dramatic but it is likely to be much more enduring.

From the point of view of the change in population policy announced by the new Government the inference drawn above about the difference in the response of male and female sterilizations to active campaigns is significant. The more the new Government relies on persuasion, rather than pressure and coercion, the greater will, I believe, have to be the role of female sterilizations in population planning.

To the extent, my inference with respect to the larger likely role of female sterilizations in the changed circumstances is valid, there will be need to re-orient the population policy appropriately. In this connection, it is relevant to note the following observation made in the 1976-77 Report of the Central Ministry of Health and Family Welfare.

> "Various surveys conducted in different parts of the country have established that women are most receptive towards the idea of planning their families during the immediately after their pregnancies".

But how does one ensure that women are approached at the time when they are likely to be most receptive to the idea of planning their families?

In a survey conducted by me in a very small peri-urban low-income community in Kerala comprising almost entirely of backward and scheduled caste households, 19 out of 38 women in the reproductive age-group had undergone sterilization. Of the total 18 cases of female sterilization, 11 had

been undergone it immediately after delivery and 7 immediately after MTP i.e. induced abortion. But it is important to note here that all the delivery as well as MTP cases had been taken to a hospital and all the women concerned readily explained that their decision to undergo sterilization was considerably influenced by the suggestion to that effect by the doctors and their staff attending on them. It is equally important to note here that of the 102 deliveries to married women in the reproductive age.group as many as 77 took place in a hospital. (The comprehensive results of my above mentioned survey are to be published separately).

It appears to me that the more population policy relies on female sterilizations the more important it will become to ensure that a larger and larger proportion of deliveries take place in a hospital. So the extension of hospital facilities and their proper dispersion will play an extremely significant role in the furtherance of sterilization targets.

As for the relationship between induced abortion and female sterilization let me refer again to an observation in the 1976-77 Report of the Central Ministry of Health & Family Welfare.

> "Though the MTP Act is mainly a health measure, it also supplements family welfare programme because a large percentage of women undergoing medical termination of pregnancy readily accept family planning measures to avoid future conceptions".

Once again, therefore, the success in achieving female sterilization targets will depend on the expansion and proper dispersion in hospital facilities for induced abortions.

To conclude, the change introduced in the country's population policy, from pressure away to persuasion, is bound to result in the accent of sterilization programme shifting from male to female sterilizations. To the extent this is likely to be so, there will be need to expand, and properly dispense, hospital facilities for not only deliveries but also induced abortions.

TABLE 1: STATEWISE STERILIZATIONS, 1975-76 & 1976-77

No.	States	Total Sterilizations 1975-76 (in thousands)	Total Sterilizations 1976-77 (in thousands)	1976-77 / 1975-76 Sterilizations %	Male Sterilizations 1976-77 (in thousands)	Female Sterilizations Total Sterilizations 1976-77 %	Female Sterilizations 1976-77 (in thousands)
1.	Andhra Pradesh	165	742	450	562	76	180
2.	Assam	148	226	153	205	91	21
3.	Bihar	167	573*	412	471*	82	101
4.	Gujarat	153	317	207	206	65	111
5.	Haryana	58	221	381	184	83	35
6.	Himachal Pradesh	17	101	594	80	79	21
7.	Jammu & Kashmir	10	16	160	7.£	58	5£
8.	Karnataka	121	432	357	232	54	199
9.	Kerala	157	207	132	128	62	79
10.	Madhya Pradesh	112	1001	893	905	90	97
11.	Maharashtra	612	862	141	519	60	344
12.	Orissa	125	320	256	157	49	163
13.	Punjab	53	139	262	67	48	72
14.	Rajasthan	86	364	423	324	89	41
15.	Tamil Nadu	271	570	210	380	67	187
16.	Uttar Pradesh	129	838	650	691	82	146
17.	West Bengal	206	880	427	730	83	150
18.	India	2670	8107	304	6082	75	2018

Source. 1976-77 Report, Ministry of Health and Family Welfare, New Delhi, 1977.

Notes: * These figures are upto January 1977 only. Therefore, the ratio of 1976-77 to 1975-76 sterilization has been worked out on the assumption that for the remaining two months of the year the rate of sterilizations was the same as for the first 10 months.

£ Distribution between male and female sterilizations was available for only a smaller number. So the ratio has been worked out on the basis of the number for which such distribution was forthcoming.

TABLE 2: STERILIZATIONS IN KERALA STATE, 1970-71 to 1976-77

Years	Total steri-zations	Annual rate of increase	Male sterili-zations	Annual rate of increase	Female steri-lization	Annual rate of increase	Ratio of male to total steri-lizations
	No.	%	No	%	No	%	
1970-71	68017		46621		21396		69
1971-72	151111	+122	123747	+ 165	27364	+ 28	82
1972-73	90309	- 40	59465	- 52	30924	+ 13	66
1973-74	45029	- 50	9028	- 85	36001	+ 16	20
1974-75	62151	+ 38	18466	+105	43685	+ 21	30
1975-76	156622	+152	94270	+411	62352	+ 42	60
1976-77	206600	+ 32	127936	+ 36	78664	+ 26	62

Source: Statistics for Planning, State Planning Board, Trivandrum, 1977

5074