

The “New” Global Population Control Policies: Fuelling India’s Sterilization Atrocities

By Kalpana Wilson

Editors’ note: The tragic deaths of women in sterilization camps in Chhattisgarh, India in November 2014 are an unacceptable consequence of population control. They are not an isolated occurrence, but part of a systemic pattern of abuse in which certain international development agencies and local, state and national governments are complicit. In this *DifferenTakes*, author and scholar Kalpana Wilson reveals the interconnected politics and policies that create a climate in which poor women’s health, rights, and lives are sacrificed to the goal of population control.

— Anne Hendrixson and Betsy Hartmann

Indian feminist activists are calling the horrifying deaths of at least 13 women after they had undergone surgery at sterilization camps in November 2014 a massacre, evoking other atrocities in which poor and marginalized women

have been targeted.¹ Internationally known doctor and public health activist Binayak Sen has called the deaths “medical homicide.”² The direct cause of the deaths is yet to be fully established, but is believed to include infection and the use of spurious or contaminated drugs at the camps.^{3,4}

The events in Chhattisgarh, one of India’s poorest states, highlight both the Indian government’s blatant disregard for the lives of many of its people, and the ongoing violence of global population control policies. Far from giving poor women in the global South much-needed access to safe contraception which they can control, these policies dehumanize them as “excessively reproductive” and set “targets” which make atrocities like those of Chhattisgarh possible. And while contemporary population control policies are rooted in deeply imperialist, racist and patriarchal ideas they are now implemented in the name of women’s reproductive rights and “choices.”⁵



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The “New” Population Control

On World Population Day in 2012, the British Government and the Bill & Melinda Gates Foundation, which has been instrumental in influencing Britain to take the lead on population issues, hosted the London Family Planning Summit.⁶ Along with the US Agency for International Development (USAID), the UN Population Fund (UNFPA) and other international organizations, they announced a \$2.6 billion family planning strategy to get 120 million more girls and women in the poorest countries to use “voluntary family planning” by 2020.

The next day, a Human Rights Watch report warned that the commitments made by the Indian government at the Summit would lead to increased pressure on health workers to meet targets and further abuses.⁷ An October 10, 2014 letter from the National Rural Health Mission, under the aegis of the Indian Union Ministry of Health and Family Welfare, confirms this. It states that an increase in sterilizations is essential to meet the Family Planning 2020 commitment made by India at the Summit, especially for 11 “high focus” states, ruling out the importance of other possible methods of contraception. The letter ordered an increase in the payment given to all those involved in carrying out sterilization in these states.⁸

Despite its insistence that it opposes coercion, UK Department for International Development (DfID) aid helped to fund forcible sterilizations in the Indian states of Madhya Pradesh and Bihar.⁹ There, as at the Chhattisgarh sterilization camps, poor women, many of them of the Dalit castes, died after being lied to about the operation, threatened with loss of ration cards or access to government welfare schemes, bribed with small amounts of cash or food, or, as with November’s case, forcibly taken to camps.¹⁰ They were then operated on under appallingly unsafe conditions, to meet targets set by the government.

A History of Sterilization Abuse

Sterilization of women has long been the main method used in India’s population control policies. During India’s Emergency of 1975-77, when civil liberties were suspended, men were forcibly taken to similar camps

for vasectomies. This generated massive opposition, contributing to the historic electoral defeat of the Congress party in 1977. Since then, the government has focused almost exclusively on sterilizing women. Research conducted in 2005-06 suggested that around 37 percent of married women in India had undergone sterilization.¹¹ In Bilaspur district, where the sterilization camp deaths occurred in November, this figure was as high as 47.2 percent.¹² In fact, sterilization constitutes 75 percent of India’s total contraceptive use, the highest proportion anywhere in the world.

And while contemporary population control policies are rooted in deeply imperialist, racist and patriarchal ideas they are now implemented in the name of women’s reproductive rights and “choices.”

Doctors, private health centers and NGOs are paid monetary rewards, or “incentives,” for every woman sterilized. Dr. R. K. Gupta, the doctor who single-handedly conducted 83 surgeries in less than three hours at one of the Chhattisgarh camps, received an award from the state Health Ministry earlier this year for performing a record 50,000 surgeries during his career.¹³ Further, as Human Rights Watch reported in 2012, “in much of

the country, authorities aggressively pursue targets, especially for female sterilization, by threatening health workers with salary cuts or dismissals.”¹⁴

After the 1994 International Conference on Population and Development, the Indian government claimed to have abandoned targets. However, targets have been replaced with the euphemistically named “Expected Levels of Achievement” and continue to be energetically implemented at the state level. According to a recent fact-finding report, the Indian government’s Programme Implementation Plan (PIP) 2014-2015 shows a target for Chhattisgarh state of 150,000 tubectomies for the current financial year and an increase in targets to 175,000 and 190,000 tubectomies in subsequent years.¹⁵ On a national level, officially recorded deaths caused by sterilization between 2003 and 2012 translate into 12 deaths a month on average, and actual figures may be much higher.¹⁶

An Agenda for Hormonal and Long-Acting Contraception

The British government’s support for the mass sterilizations of poor and marginalized women which characterize India’s population policy is covert—but

many of the contraceptives which DfID, USAID and their corporate partners more openly promote also deny women control and put their lives in danger. Feminists in the global South and feminists of color in North America and Britain have campaigned for years against unethical testing of new drugs, and the dumping of unsafe injectable and implantable contraceptives, like Depo-Provera, Net-En, and Norplant. In Europe and North America, and in Israel, Black, indigenous and minority women, women in prison, and women with disabilities have been particularly targeted for these interventions.^{17,18}

At the 2012 London Summit on Family Planning, the Bill & Melinda Gates Foundation, along with partners USAID, DfID, UNFPA, pharmaceutical corporation Pfizer, and the US NGO PATH announced a new collaboration which aims to “reach” three million women in sub-Saharan Africa and South Asia in three years with 12 million doses of Depo-Provera.^{19,20} Another example is DfID’s current initiative with Merck to promote the long-lasting implant Implanon to “14.5 million of the poorest women” by 2015.²¹ Implanon was discontinued in the UK in 2010 because trained medical personnel were finding it too difficult to insert, and there were fears about its safety.²² As well as debilitating side effects, the implant was reported as “disappearing” inside women’s bodies.²³ Merck has introduced a new version, Nexplanon, which is detectable by X-ray, but has been allowed to continue to sell their existing stocks of Implanon. This is the drug which is being promoted in DfID and UNFPA programmes in the “poorest” countries, despite these countries’ huge deficit of trained health personnel. In fact, in Ethiopia, one of the target countries, mass insertions of Implanon are part of “task shifting” where hastily trained health extension workers are being made to take on the roles of doctors and nurses.²⁴

Meanwhile, the Gates Foundation, a key actor in the current resurgence of population control, has been repeatedly criticized for its close relationship with pharmaceutical giants, and its role in financing unethical and unsafe drug trials and vaccine programmes.^{25,26} These include a clinical trial of the HPV vaccines against cervical cancer in India in 2009, falsely claimed to be a “post-licensure observational study,” for which trial

organizers, PATH, selected 23,000 girls aged 9-15 from impoverished communities and bypassed requirements for parental consent. The trial was suspended following the deaths of seven Adivasi (indigenous) girls aged between 9 and 15.^{27,28} A government inquiry found that the process of obtaining consent amounted to “covert inducement and indirect coercion,” and expressed concerns over a “hidden agenda” to push the expensive vaccinations manufactured by Glaxo Smith Kline and Merck Sharp and Dohme into India’s Universal Immunization Programme.²⁹ An Indian Supreme Court investigation is ongoing.

Today’s population control is geared towards shifting attention from global capital’s responsibility for poverty, climate change and food crises.

India’s Population Policies and Neoliberalism

India’s current population interventions should be understood in the context of the Bharatiya Janata Party (BJP) government’s intensification of neoliberal economic policies. These are systematically dismantling social provision while facilitating the takeover of land and resources by transnational

corporations. The result of the latter is dispossession and displacement on a massive scale. Within this framework, poor people and their livelihoods are simply an obstacle to be swept aside in the name of “development.”

The mineral-rich BJP-ruled state of Chhattisgarh, where the sterilization camp deaths took place in November, epitomizes this. In the last decade and a half the region has drawn the attention of global capital and it is now “buzzing with mining companies, security forces to clear the way for them, and international NGOs... These companies are taking over fertile agricultural land and sacred sites and uprooting whole villages, displacing thousands of indigenous people... reducing them to refugees in their own country.”³⁰ State paramilitaries and armed vigilante groups, among them the notorious “Salwa Judum” set up with initial funding from steel companies Tata and Essar, have terrorized those who dissent. Women activists have been at the forefront of resistance and have been targeted for horrific sexual violence.³¹

Meanwhile, Chhattisgarh remains one of India’s poorest states and health care provision is abysmal.³² The women targeted for sterilization are from the poorest

groups, the majority from households categorized as “Below Poverty Line” and many are from Dalit and Adivasi communities. In some cases, they have been offered “rewards” not even of cash but of small quantities of eggs and lentils.³³

Yet currently, population control policies in India and globally are being represented in the language of reproductive rights and choices. Today’s population control is geared towards shifting attention from global capital’s responsibility for poverty, climate change and food crises. But it is also part of a broader strategy of global capital in which women’s labor is extended and intensified, with responsibility for household survival increasingly feminized, and more and more women incorporated into global value chains dominated by transnational corporations. This strategy, not concerns about women’s rights and choices, underpins the policies like those of USAID, DfID and the Gates Foundation which deny women in the global South real control over their bodies.³⁴

Increasingly, women globally are demanding “reproductive justice,” which involves exposing this neoliberal strategy and confronting structures of power

and inequality, as the only way of preventing more deaths like those in Chhattisgarh. Among the many urgent demands being put forward by feminist, left and other progressive organizations in India in response to the Chhattisgarh atrocities are:

- A moratorium on the Indian Government’s policy of sterilization as a form of family planning, and the use of sterilization targets;
- Immediate discontinuing of incentives and disincentives and “camps” typically equated with control of women’s fertility —particularly that of poor and marginalized women;
- A review of the whole “family planning/population control” framework; and
- Expansion of women’s access, through informed choice, to a range of safe methods of contraception, with non-invasive methods being made fully accessible.

These demands are a key part of a wider struggle against India’s neoliberal population policies and to make reproductive justice for women in India a reality.

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Notes

1. Kavita Krishnan, “Chhattisgarh’s Sterilization Horror: Kavita Krishnan On ‘Women As Wombs,’” *Youth Ki Awaaz*, November 17, 2014, <http://www.youthkiawaaz.com/2014/11/women-die-in-sterilisation-drive-in-chhattisgarh/>
2. Binayak Sen, “India’s sterilization deaths are “medical homicide,” says the country’s most famous doctor,” *Quartz India*, November 14, 2014, <http://qz.com/296592/binayak-sen-calls-indias-sterilization-deaths-medical-murder/>
3. Sama Resource Group for Women and Health, Jan Swasthya Abhiyan, and National Alliance for Maternal Health and Human Rights, “Camp of Wrongs – The Mourning Afterwards: a fact-finding report on sterilisation deaths in Bilaspur,” November 27, 2014, <http://popdev.hampshire.edu/sites/default/files/uploads/Camp%20of%20Wrongs.pdf>
4. PTI, “Poor drug quality may have caused sterilisation deaths: Minister in LS,” *Times of India*, December 19, 2014, <http://timesofindia.indiatimes.com/city/delhi/Poor-drug-quality-may-have-caused-sterilisation-deaths-Minister-in-LS/articleshow/45569134.cms>
5. Kalpna Wilson, *Race, Racism and Development: Interrogating History Discourse and Practice*, (London: Zed Books, 2012).
6. J.P., “Opening the Gates,” *The Economist*, July 12, 2012, <http://www.economist.com/blogs/feastandfamine/2012/07/contraception-and-development>
7. Human Rights Watch, “India: Target-Driven Sterilization Harming Women,” July 12, 2012, <http://www.hrw.org/news/2012/07/12/india-target-driven-sterilization-harming-women>
8. Jyotsna Singh, “Official document exposes government’s intent to incentivise sterilisation,” *Down to Earth*, November 17, 2014, <http://www.downtoearth.org.in/content/official-document-exposes-government-s-intent-incentivise-sterilisation>

9. Gethin Chamberlain, "UK aid helps to fund forced sterilisation of India's poor," *The Observer*, April 14, 2012, <http://www.theguardian.com/world/2012/apr/15/uk-aid-forced-sterilisation-india>
10. Jason Burke, "India mass sterilisation: women were 'forced' into camps, say relatives" *The Guardian*, November 12, 2014, <http://www.theguardian.com/world/2014/nov/12/india-sterilisation-deaths-women-forced-camps-relatives>
11. Abhishek Singh, Reuben Ogollah, Faujdar Ram and Saseendran Pallikadavath, "Sterilization Regret Among Married Women in India: Implications for the Indian National Family Planning Program," *International Perspectives on Sexual and Reproductive Health*, vol. 38, no. 4, (December 2012), <http://www.guttmacher.org/pubs/journals/3818712.html>
12. Sama Resource Group for Women and Health, et al, "Camp of Wrongs," November 27, 2014, 9.
13. Anuja Jaiswal, "Chhattisgarh's 'killer' doctor held, was awarded for record 50,000 surgeries," *Times of India*, November 13, 2014, <http://timesofindia.indiatimes.com/india/Chhattisgarhs-killer-doctor-held-was-awarded-for-record-50000-surgeries/articleshow/45128891.cms>
14. Human Rights Watch, "India: Target-Driven Sterilization Harming Women," July 12, 2012.
15. Sama Resource Group for Women and Health, et al, "Camp of Wrongs," November 27, 2014, 12.
16. Sourjya Bhoumick, "Death due to sterilisation nothing new in India," *Hindustan Times* November 11, 2014, <http://www.hindustantimes.com/india-news/death-due-to-sterilisation-nothing-new-in-india/article1-1284960.aspx>
17. Lisa Hallgarten, "Forced contraception of Jewish Ethiopian women is tip of global iceberg," *The Guardian*, January 30, 2013, <http://www.theguardian.com/commentisfree/2013/jan/30/forced-contraception-jewish-ethiopian-women>
18. Aline Gubrium and Amy Ferrer, "Flagging an Invisible Difference in a Cost-Benefit Analysis of Depo-Provera," *DifferenTakes*, no. 50, Spring 2008, <http://popdev.hampshire.edu/projects/dt/50>
19. Anne Hendrixson, "Beyond bonus or bomb: upholding the sexual and reproductive health of young people," *Reproductive Health Matters* vol. 22, no. 43 (2014):130
20. Katie Thomas, "Pfizer and Aid Groups Team Up on Depo-Provera Contraceptive for Developing World," *New York Times*, November 13, 2014, http://www.nytimes.com/2014/11/14/business/pfizer-and-aid-groups-team-up-on-depo-provera-for-developing-world.html?_r=0
21. Stephen O'Brien, "In a world of 7 billion people," Speech on World Population Day to the All Party Parliamentary Group on Population, Development and Reproductive Health and International Planned Parenthood Federation, July 12, 2011, <https://www.gov.uk/government/speeches/stephen-obrien-in-a-world-of-seven-billion-people>
22. BBC News, "Implanon: 600 pregnancies despite contraceptive implant," January 5, 2011 <http://www.bbc.co.uk/news/health-12117299>
23. Ray Filar, "Contraception is no stroll in the park and men should share the stress," *The Guardian*, September 7, 2012, <http://www.theguardian.com/commentisfree/2012/sep/07/men-responsibility-contraception-implants-disappear>
24. UNFPA, "Scaling up access to family planning in Southern Ethiopia," January 11, 2010, <http://www.unfpa.org/news/scaling-access-family-planning-southern-ethiopia>
25. K.P. Narayana Kumar, "Controversial vaccine studies: Why is Bill & Melinda Gates Foundation under fire from critics in India?" *The Economic Times*, August 31, 2014, http://articles.economictimes.indiatimes.com/2014-08-31/news/53413161_1_hpv-vaccine-cervarix-human-papilloma-virus
26. Neetu Vashisht and Jacob Puliyl, "Polio programme: let us declare victory and move on," *Indian Journal of Medical Ethics*, vol. 9, no. 2 (April-June 2012).
27. Kumar, "Controversial vaccine studies" *The Economic Times*, August 31, 2014.
28. N.B. Sarojini and Anjali Shenol, "At What Price?: Gardasil Research Targets Girls from Vulnerable Communities," *DifferenTakes*, no. 65, Summer 2010, <http://popdev.hampshire.edu/projects/dt/65>
29. Aditi Tandon, "'Serious lapses' in HPV Vaccine Trial," *The Tribune*, May 10, 2011, <http://www.tribuneindia.com/2011/20110510/main7.htm>
30. Amrit Wilson, "Soni Sori's 'Crime' in the Land of the Robber Barons," *Al-Akhbar English*, April 29, 2012, <http://english.al-akhbar.com/node/6757>
31. Ibid.
32. Sen, "India's sterilization deaths are 'medical homicide,'" *Quartz India*, November 14, 2014.
33. Ashutosh Bhardwaj, "Many women of protected tribe sterilised, they got no cash, 'only 5 eggs, half kg dal,'" *The Indian Express*, November 16, 2014, <http://indianexpress.com/article/india/india-others/many-women-of-protected-tribe-sterilised-they-got-no-cash-only-5-eggs-half-kg-dal/>
34. Sylvia Chant, "Rethinking the 'feminization of poverty' in relation to aggregate gender indices," *Journal of Human Development*, vol.7, no.2 (2006).