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Political Will and Family Planning: The Implications of India's Emergency Experience

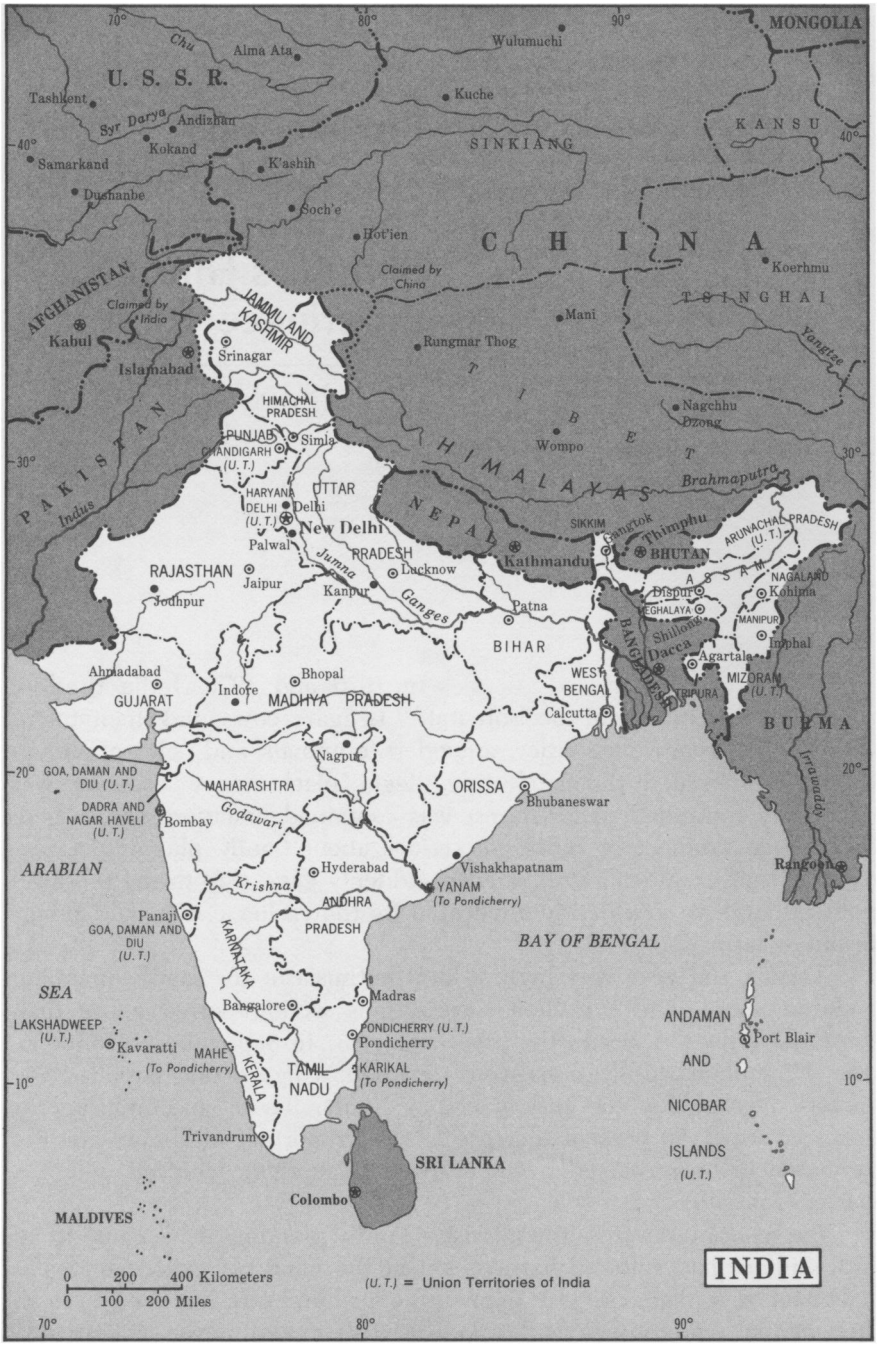
DAVIDSON R. GWATKIN

In 1975 and 1976, India tired of serving as the epitome of the "soft state." Beggars, cows, and shantytowns disappeared from India's cities; smugglers, criminals, and political wrong-thinkers were jailed; the clandestine, illegal "black money" economy was effectively controlled; labor unrest was contained; inflation was curbed; and the government of India got serious about family planning. Long-criticized governmental ambivalence suddenly gave way to the top-level political support so ardently advocated by the earlier critics, and things began to happen.

During the year that highest-level enthusiasm for family planning endured, more than 8 million sterilizations were reported, more than three times the number in the preceding year. In September 1976 alone, over 1.7 million sterilizations were recorded, a figure that equalled the annual average for the ten preceding years. These accomplishments meant a nearly 50 percent increase in the proportion of Indian couples estimated to be protected by modern contraception, achieved within a matter of months.

But also, by the time the intensive family planning drive came to an end, millions had suffered harrassment at the hands of government officials bent on implementing it; many, perhaps hundreds, had died from it; the political leaders who had willed it were out of power and in disrepute; and the program itself was in total disarray.

The application of political will to family planning produced all that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BIHAR
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Bhubaneswar
DADRA AND NAGAR HAVELI (U. T.)
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Bombay
ARABIAN
Hyderabad
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Rangoon
Krishna
YANAM (To Pondicherry)
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critics of the government's earlier efforts had expected of it, plus a great deal that had not been anticipated. In the end, the unanticipated costs came to outweigh the benefits that had been expected, and the program collapsed.

The application of top-level political will to family planning, India's experience indicates, is no panacea for the ills from which family planning programs suffer. Political will is a capricious beast, as capable of creating chaos when inadequately constrained as of promoting good when wisely and skillfully used.

The Emergency

Setting

The family planning turmoil from which this lesson emerges occupied the latter half of the 19-month period of emergency rule that lasted from late June 1975 until mid-January 1977. The beginning was Mrs. Gandhi's 25 June 1975 declaration of a national emergency, her response to a number of acute political and economic problems facing her and India. The rains had been well below average during the three years prior to 1975, and food production was down. The surge in petroleum prices had more than doubled India's import bill within two years; the resulting slump in the Western economies had sharply curtailed their demand for Indian products; and the combined forces had disrupted the country's already fragile balance-of-payments situation. The rate of inflation was the highest in India's post-Independence history. Labor and political indiscipline were spreading rapidly. Western observers were describing India as a leader of the doomed "Fourth World" of particularly disadvantaged nations, and talk of "triage" and "lifeboat ethics" was in the air.

Things were brought to a head by an early June 1975 court decision that Mrs. Gandhi had four years earlier violated several technical provisions of India's election laws, a ruling that jeopardized her continuation as Prime Minister. She countered by proclaiming a national emergency, which, under the terms of the Indian constitution, suspended a wide range of civil liberties. Thousands, including leading opposition figures, were arrested; the press was censored; and strikes were declared illegal. Parliament was convened to bless these measures, and the government's overall emphasis shifted away from its traditional careful respect of individual rights to a new determined advocacy of productive efficiency.

The period immediately following this new determination was marked by impressive economic gains. Fortunately for Mrs. Gandhi, the rains were good in 1975 and 1976. Agricultural production rose, and prices declined. The tough labor policies were intensified, and industrial

output increased at twice the rate of the preceding year. The availability and utilization of external financial assistance rose markedly, and the country's foreign exchange problems swiftly eased.

At the same time, the political openness that had led India to be considered "the world's largest democracy" was steadily reduced. A stream of legislation and constitutional modifications made permanent the supposedly temporary restrictions imposed at the emergency's outset. Parliamentary elections were delayed once, and then a second time by a fall 1976 decision that seemed to indicate clearly Mrs. Gandhi's intent to remain in power indefinitely, an impression strengthened by the elevation of her younger son, Sanjay, to the position of heir apparent.

Then, on 18 January 1977, Mrs. Gandhi startled India and the world by abruptly relaxing the emergency and calling elections, apparently believing that the electorate's appreciation of the economic benefits accompanying the emergency would assure her easy reelection. If this is what she believed, she was wrong. The open elections of March 1977 dramatically swept her from power, installing in her place a government of her former opponents who had hastily joined together into a loose coalition known as the Janata (People's) Party. With the passing of her regime went the top-level determination that had given rise to the most aggressive family planning effort in India's—or in any country's—history.[1]

The Development of the Family Planning Program

The distinguishing characteristic of this aggressive family planning drive was less the novelty of the techniques used than the vigor with which already-existing techniques were applied. The principal approaches and features of the 1976 program had been developed through extensive experience over the previous decade. They were all there, awaiting the appearance of the top-level political will necessary for their active implementation.

Initially effective but ultimately self-destructing drives like that of 1976 had much earlier become a notable feature of Indian family planning. The first such effort followed shortly after the refinement of a new technology, the intrauterine contraceptive device (IUD), then seen by Indian and foreign professionals as a development of almost infinite promise. Enthusiastically introduced in 1965, IUDs were accepted by over 800,000 Indian women in 1965–66 and by over 900,000 in 1966–67. Then came an unanticipated popular reaction against the IUD, which had been promoted vigorously without a full appreciation of its medical side effects. IUD acceptance fell steadily, leveling off in the early 1970s at 300,000–400,000 acceptors annually.[2]

The year 1971 saw the development of a new organizational approach, the "vasectomy camp," based on temporary mobile field hospitals whose appearance was preceded by intensive publicity and propaganda efforts. The approach, inaugurated through a highly successful pilot project in Kerala, was quickly made central government policy and vigorously spread throughout India. The number of male sterilizations rose from 1.3 million in 1970–71 to a new high of 3.1 million in 1972–73—then fell by over two-thirds to 900,000 the following year as medical problems and indications of popular unrest again led to a government retreat.

In the course of these efforts, the Indian government developed and gained experience with the principal technological and administrative features that were used again in 1976. Surgical sterilization as a contraceptive method, for example, had been in widespread use since the mid-1960s, and over 18 million sterilizations had been performed by the end of 1975. The assignment of targets to family planning fieldworkers was initiated in 1966, and the approach was steadily refined over the years.

The 1971–73 vasectomy camp drive provided experience with the mobile-service approach used again in 1976; legitimized the payment of financial incentives to sterilization acceptors; and for the first time involved officials of all government bodies alongside, and in many cases over, the health department personnel who had previously dominated the family planning movement. The initial, highly successful Kerala vasectomy camp, for example, was organized by the local district collector (the highest-ranking administrative civil servant), who took the lead in involving the health and other government departments, and this pattern was subsequently applied elsewhere. In Gujarat, which featured the most productive statewide effort, "all district development officers, collectors, district superintendents of police, taluka development officers and mamlatdars and elected members of panchayats worked hard and exerted their influence over their subordinates. 'Talaticum-secretaries' [revenue men at the village level] motivated large numbers of vasectomy acceptors by exercising their influence on rural couples. Other people in influential positions who did remarkable motivational work were teachers, public health workers, village level workers, and local leaders."[3]

The Kerala experience was noteworthy in its use of large incentive payments—a total of over Rs. 100 (about US$11), more than a month's salary for an unskilled worker, in cash and goods—to sterilization acceptors. The obvious success of this previously controversial approach led to its acceptance and continued application throughout India under central government sponsorship.

Experimentation with "negative incentives" to limit fertility was also begun. Most notably, the government of the state of Maharashtra decided in June 1967 that "any concession, loan, subsidy, relief, grant or any other benefit, as specified below, would, hereafter, not be available to those families which do not restrict their size to three living children, if

they have less than three children, or to their present size, if they have more than three children."[4] The benefits specified included free medical treatment for government officers and the general public; government quarters for civil servants and accommodations in housing projects for the public; and most government scholarships. The state of Uttar Pradesh similarly decided to provide educational benefits only to those children whose parents limited the size of their families.

Legislated compulsory sterilization was proposed and discussed, although not implemented. It was publicly advocated in 1967 by the then Minister of State for Family Planning,[5] and again proposed in 1972 by the government of India's Task Force on Family Planning.[6] The government of Haryana State expressed particular interest and approached the central government for concurrence in the enactment of such legislation. The government of India chose not to accept the still controversial compulsory sterilization legislation proposals (just as it eventually disallowed the similar 1976 legislation in the state of Maharashtra). But by 1975 the idea, once totally unthinkable, had been widely discussed, had attracted a significant number of adherents, and had become increasingly respectable.

The Emergence of Political Will

Although the measures existed, before 1975 the high-level political will necessary for their effective implementation did not. In 1952 India had been the first nation to adopt family planning as an official policy; but the funds made available until the mid-1960s were so modest as to preclude effective action.[7] Despite a noticeable heightening of overall governmental activity following the arrival of the intrauterine device, the highest-level commitment was far from uniform. As one leading observer reported, "The then Prime Minister, Lal Bahadur Shastri, was not a self-starter on the subject, and the Minister of Health, Dr. Sushila Nayar, within whose portfolio family planning fell, was a Gandhian physician who never quite overcame her preference for continence as the best mode of curbing fertility."

Mrs. Gandhi's arrival as Prime Minister brought no dramatic change. Most critics of the Indian family planning program's performance under Mrs. Gandhi's government, noted the same observer, ascribed its shortcomings largely to her failure to exhibit "a sufficiently constant, dynamic out-front kind of urgency in behalf of family planning. It was usually remarked that she had nothing like the same record on this subject, for example, as had President Ayub in Pakistan."[8]

The highest-level political commitment that had previously been

lacking entered after declaration of the emergency. The moving force was less a marked increase in Mrs. Gandhi's own concern for population than the rapid rise to power of her younger son and heir apparent, Sanjay, who was vitally interested in the issue. Family planning had been conspicuously absent from Mrs. Gandhi's comprehensive 20-point program for setting the Indian economy right, released soon after the emergency's imposition. It made its first postemergency appearance several months later, as one of the elements in Sanjay Gandhi's separate and unofficial four-point (later five-point) program developed in parallel with that of Mrs. Gandhi.[9] Family planning became a central theme in almost all of Sanjay's frequent public addresses. The family planning program must be given "the utmost attention and importance," he said, "because all our industrial, economic, and agricultural progress would be of no use if the population continued to rise at the present rate."[10] "There should be no more delay in checking the growth of population since the demographic deluge is already fast closing in on us, threatening to throw all our socio-economic efforts off balance," repeated the national platform of the Indian Youth Congress, the wing of the ruling Congress Party that Sanjay dominated.[11]

The emphasis given to family planning in Sanjay Gandhi's innumerable private conversations with national and regional leaders was equally strong and even more influential. Early in the emergency, Mrs. Gandhi adopted the habit of referring callers on a wide range of issues to Sanjay, first as a prelude to and then increasingly as a substitute for seeing Mrs. Gandhi herself.[12] This practice quickly gave rise to the impression that Sanjay spoke for Mrs. Gandhi; and, when this impression proved accurate, it gave way to the realization that Sanjay was an important figure in his own right. By all accounts, Sanjay was particularly forceful during these conversations in stressing the need for improved family planning performance, insisting on the establishment and achievement of higher sterilization targets and vigorously berating leaders from those parts of India where family planning performance had not been up to the mark.

Such behavior constituted a vastly greater emphasis on family planning than ever before demonstrated by a top-level political leader, and it came at a time when the concerns of India's top-level political leadership carried vastly more weight than ever before. Five or ten years earlier, similar utterances by a central leader of Sanjay Gandhi's prominence would have been dismissed out of hand by the powerful regional figures on whom the central government had come increasingly to depend.

The dominant trend in India during the 1960s had been the decentralization of India's political system, with power slipping steadily from the central government's hands toward the political leadership of the state governments. The state governments, primarily responsible for implementing the family planning program, had come increasingly to be

ruled by Congress Party leaders giving little but titular allegiance to New Delhi. After the 1967 elections, which had brought non-Congress coalitions to power in nearly one-half of India's states, including some of its largest, even such titular allegiance was replaced by overt noncooperation.

Even before the declaration of emergency, Mrs. Gandhi had begun to restore central authority. She had split the Congress Party in 1969, had mastered her opponents in the 1971 national parliamentary elections and the 1972 state elections, and had then taken control of the nationwide party machinery. "Most of the chief ministers who assumed power in the states after the Congress victories of 1972," as Myron Weiner noted, "were the personal choices of the prime minister. . . . The new chief ministers were completely dependent upon the prime minister for their positions. Several chief ministers who had dominated the state party machinery for decades were removed, replaced by younger leaders more personally loyal to the prime minister."[13] As a result, India's once loosely structured Congress Party became more centralized, more pliable, and more willing to transmit commands down the line through the steadily increasing number of state governments it controlled.

The civil service was similarly pressed. Demonstrated commitment to the government's antipoverty ideals—commitment and ideals as defined by the government's top leadership—became increasingly a prerequisite for advancement, so that considerations other than the traditional seniority became more important in determining personnel decisions.

The declaration of emergency greatly accelerated this trend. Numerous chief ministerial and other Congress Party heads rolled (not infrequently at Sanjay Gandhi's instigation), preventive detention was commonly practiced, and the governmental tax authorities began pressing their investigations with unaccustomed vigor. These drives affected principally criminals and the government's political opponents. But there were enough instances of effective punitive action against civil servants who tried to challenge the regime in general, and Sanjay Gandhi's wishes in particular, to induce extreme nervousness in large parts of the civil service accustomed to being considered virtuously above politics.[14]

For those exposed to the new mood of New Delhi, India seemed far different from the "soft state" Gunnar Myrdal had earlier accused it of being, a state in which "policies decided upon are often not enforced, if they are enacted at all, and . . . the authorities, even when framing policies, are reluctant to place obligations on people."[15] India's leadership sounded very firm indeed, especially on the question of family planning. Those in command were convinced that India's population growth had to be curbed, that dramatically improved family planning performance was a central need, and that results were to be produced by one and all —or else. Political will was being applied: the perceived costs to political leaders and civil servants of failing to promote family planning were being dramatically raised to such a level that they came to exceed sig-

nificantly the perceived costs of arousing public animosity through zealous promotion of family planning.

The Translation of Political Will into Programs and Policies

Such an application of political will produced an extraordinary outburst of frenetic activity, as various governmental bodies struggled desperately to translate the general directive to "do something" into viable plans and programs. Policy and program development proceeded at two levels. At the first were the highly visible formal measures produced by the public policy formulation process. An astonishing number of family planning proclamations appeared, and a bewildering array of incentive and disincentive measures was proposed, discussed, approved, and promulgated. At the second level was the quieter mobilization of the government's administrative machinery. The word was passed to all governmental agencies that everybody would be held responsible for assuring the family planning program's success.

The policies were imposing. But many Indian social development policies honored principally in the breach have also been imposing. What made 1976 so different from previous years was not so much the adoption of impressive policies as the mounting of forceful action; and the forceful action resulted less from the policies than from the mobilization of the bureaucracy that was accomplished primarily by informal political and administrative means outside the formal public policy process.

Through the Public Policy Process

The most careful and most widely reported policy formulation exercise was led by the Central Ministry of Health and Family Planning, which produced a formal statement of national population policy approved by the cabinet in April 1976. "Our real enemy is poverty," was the statement's opening recognition of the close relation between population and development; ". . . in the ultimate analysis it is only when the underlying causes of poverty and disease are eliminated that the nation will be able to move forward to its desired goals."[16] After endorsing the government's general minimum-needs program designed to combat poverty, the statement moved on to list some sixteen more specific population-related development and family planning measures: for example, increasing the minimum age of legal marriage; making the volume of central government financial assistance to state governments partly dependent on family planning performance; asking the state governments (responsible for education) to accord higher priority to female literacy; increasing sharply

the amount of monetary compensation paid individual sterilization acceptors; raising the volume of funds made available to voluntary agencies for family planning work; changing civil service regulations to ensure that central government employees adopt a small-family norm; and permitting interested state governments to enact and implement compulsory sterilization legislation.

State and local bodies were also unprecedentedly active, suggesting and adopting hundreds of relevant measures. The incentives included both the positive (e.g., Andhra Pradesh's decision that government employees undergoing sterilization would get a raise) and the negative (Himachal Pradesh's withdrawal of maternity leave for female employees after the first two births). The negative incentives ranged from the seemingly mild (West Bengal's refusal to cover government servants' leave travel costs for more than two children) to the distressingly cruel (Bihar's denial of public food rations to families with three children). Some were directed toward the general public (Orissa's granting of government loans only to sterilized persons or people with small families); others affected only government servants (Rajasthan's rule that no one having more than three children would be eligible for a government job unless sterilized). Many affected individuals directly; others were on a community basis (Madhya Pradesh's granting of irrigation water at subsidized rates to all persons from villages producing specified numbers of sterilization patients). Some ordered government servants *themselves* to be sterilized or lose certain benefits (Uttar Pradesh's order to teachers to be sterilized or forfeit a month's salary); others instructed government employees to have *others* sterilized or face penalties (Uttar Pradesh's decision to withold the pay of family planning and health department workers who failed to produce the specified number of acceptors).[17] Most drastic was the legislation enacted by the Maharashtra State government in August 1976, calling for the compulsory sterilization of couples with three or more children.[18]

The actual significance of such measures varied greatly. Some, particularly those state-level policies requiring civil servants to recruit other sterilization acceptors, were among the important means used to signal the seriousness of government intent and to mobilize governmental machinery for family planning. But many, including the most widely publicized, lay on the surface, the creations of those trying as much to impress or placate the political leaders so forcefully advocating family planning as to guide program action. Others, subjected to implementation according to the letter of formal governmental procedures rather than the spirit of the emergency that encouraged informal action, never made it through the bureaucratic maze. Thus, many of the measures announced were not actually implemented; and the most aggressive actions that took place were by and large not directly supported by the formally approved products of the public policy process.

The April 1976 national population policy statement formulated by the Central Health and Family Planning Ministry, for example, proved to be of only limited direct operational importance despite its formal approval by the cabinet. The eloquent general development orientation of its opening passages was completely ignored in practice; and with one significant exception—the increased incentive payments, which were made available immediately to sterilization acceptors—few of the specific measures were effectively implemented before the government's January 1977 decision to hold elections led it to drop the obviously unpopular family planning drive.

The national population policy's famous provision opening the door to compulsory sterilization broke down in its first test. The April national policy statement had said that states wishing to pass compulsory sterilization legislation would be allowed to do so. But when the Maharashtra State government sought central government concurrence in its August legislation, which conformed carefully with the April statement's guidelines, the central government's response was an extended silence that lasted until January's declaration of elections. The measure was then returned to Maharashtra unapproved.[19] The details of the revenue-sharing arrangement outlined in the April national policy statement were still being worked out as of the January election declaration, with the result that it was not implemented during the aggressive drive. The legislation necessary to raise the age of marriage was still on its way through parliament, so that it, too, went untested. The widely publicized proposed regulation requiring central government employees to limit the number of their offspring was still under review by potentially affected civil servants.[20]

Considerable slippage between what was said and what was done also occurred at lower levels, with the tenor and content of policy proclamations providing little guidance as to actual performance. Maharashtra's draconian compulsory sterilization proposal, for example, made that state government appear particularly harsh. But in practice, it showed greater than average restraint. There were, to be sure, instances of aggressive behavior of a sort not reported from the South. But by all accounts, there was nothing like the ferocity that occurred further north; and in quantitative terms, Maharashtra's performance fell significantly from earlier years. The most intense activity occurred in such states as Haryana and Himachal Pradesh, whose formal public policy utterances were mild in comparison to those of Maharashtra and other states.

Through Political and Administrative Channels

While the formal public policy process was busily absorbed with the development and proclamation of such sometimes meaningful, sometimes

empty measures, Sanjay Gandhi and his colleagues were at the center of the action, effectively pressing behind the scenes for ever faster action through less formal approaches—approaches that looked principally to the highly responsive political and administrative systems for their effective implementation. The beginning was the continual verbal harrassment of the regional political leaders over whom they had influence, supplemented by the use of the Congress Party machinery. Soon after the introduction of Sanjay Gandhi's four-point program, the Congress Party President firmly directed the party's members to promote it actively despite its lack of official standing. Shortly thereafter, in the words of the subsequent inquiry commission's report, a number of Congress Party Chief Ministers "and senior officials under them made speeches and gave instructions connecting family planning with Shri [Mr.] Sanjay Gandhi or his four-point programme."[21]

Upon their arrival in the state capitals, such directives gave rise to the rash of public policy statements described above and also to a wave of unilaterally raised sterilization targets. Over the years, the Central Ministry of Health and Family Planning had divided the national contraceptive acceptance targets it established among the states on the basis of a formula based on population size, social and economic situation, and previous family planning performance. The official 1976–77 sterilization targets allocated among the states in this manner totaled approximately 4.3 million acceptors. Then, one after another, the states began to declare they could do better. All but three of India's major states (the exceptions being Assam, Kerala, and Jammu and Kashmir) raised their targets. These self-proclaimed targets totaled over 8.6 million, twice the central ministry's original figure, with individual states and territories raising their targets by as much as three to six times (the leaders being Delhi, from 29,000 to 200,000, and Uttar Pradesh, from 400,000 to 1.5 million). In many cases, including Delhi, Haryana, and Uttar Pradesh, the revisions allegedly came at Sanjay Gandhi's personally delivered command. The Central Ministry of Health and Family Planning, the official controller of the target-setting mechanism according to the rules of the formal public policy process, was largely bypassed.[22]

Once set, the new state-level targets were acted upon. They were divided among the various government departments, each department being assigned a set number of acceptors to motivate and deliver. Tasks were subdivided among various divisions and transmitted down the line. Coordination and overall supervision were delegated by the office of the Chief Secretary (the state's top-ranking civil servant) to the District Collectors or Magistrates, who head the administrative machinery in areas with populations of one to three million. At their disposal were members of other administrative departments, who had received equally firm instructions from their own department heads in the state capitals

and who were also working to meet specified sterilization acceptor targets. Sterilizations were performed in mobile camps organized by the health authorities in response to notifications from the various government departments that given numbers of acceptors would be assembled at specified times and places.

The directions were emphatic: not just the routine illegible mimeographed circulars that could be easily ignored and forgotten (as the officially adopted 1967 Maharashtra disincentives were, for example), but frequent meetings and continual—often daily—telegrams and telephone calls from the state capital to check on performance and to stress the central role of family planning program progress in determining the future careers of the responsible officers. "Inform everybody," the Uttar Pradesh Chief Secretary telegraphed his principal field subordinates, "that failure to achieve monthly targets will not only result in the stoppage of salaries but also suspension and severest penalties. Galvanise entire administrative machinery forthwith repeat forthwith and continue to report daily progress by crash wireless to me and secretary to Chief Minister."[23]

Such messages were taken as seriously as they were intended. The result was an "integrated approach" in which family planning became an integral if not dominant component of the program of *all* government departments rather than the primary responsibility of the health and medical authorities. The techniques used were, as noted, the familiar ones with which India had been experimenting over the preceding decade and which were thus available to administrators in need of quick results: the intensive "crash" program approach; surgical sterilization as an easily administered contraceptive method; the use of targets as an important means of controlling fieldworker performance; the assignment of principal field-level responsibility to the generalist administrative cadre; the payment of monetary incentives to sterilization acceptors; the use of sanctions against those who failed to comply with the government's wishes—plus, in some cases, resort to compulsory sterilization, notwithstanding the absence of any formal policy authorization for its use.

The Policies and Programs in the Field

Acceptance by the States

The ardor with which such approaches were adopted and applied varied widely, with the relationship between local leaderships and the New Delhi rulers becoming a major determinant of activity levels. The many

bound by allegiance, fear, cultural affinity, and proximity pushed ahead vigorously. Those with independent bases of power or protection were more selective.

Differences in social and economic conditions have traditionally been associated with the large differences in family planning activity levels among the Indian states, and some of these differences continued to be of significance during the intensive campaign. But also, the previously irrelevant factor of physical proximity to New Delhi emerged as importantly related to program performance, by itself capable of explaining up to two-thirds of the variation in performance among the states.[24] The New Delhi leadership's influence radiated outward, being extraordinarily strong in the "Hindi heartland," with which its political and cultural ties were closest, then progressively losing power as it proceeded further into the many different political, economic, social, and cultural milieus that constitute India.[25]

The wishes of India's top-level leadership were most keenly and directly felt in the Union Territory of Delhi, whose government was essentially taken over directly by Sanjay Gandhi during the emergency. "Soon after the emergency was promulgated," said the staff report prepared for the subsequent governmental investigation, "Sanjay Gandhi's word had become law in the city"; and the law was used to promote vigorously the causes of slum clearance and family planning. The family planning program was energetically pushed "under the overall supervision of Mrs. Ruksana Sultana, a personal friend informally attached to the city government as a family planning motivator drawing her strength from Mr. Sanjay Gandhi."[26] Delhi had the highest reported sterilization performance of any state or territory.

The other leading achievers were Haryana, Himachal Pradesh, Madhya Pradesh, and (in terms of improvement over past years) Uttar Pradesh.[27] Each of these areas was of the Northern India Hindi-speaking tradition to which the Gandhi family itself belonged, and each was led by groups and individuals closely associated with or unusually dependent on the Gandhis.

Haryana, adjacent to Delhi, was the personal political property of Gandhi confidant Bansie Lal. For ten years Haryana's unusually effective Chief Minister, he had left the state in the hands of a trustworthy lieutenant when he came to Delhi as Defense Minister to ensure the continued allegiance of the critical defense establishment to the Gandhi cause. Long a personal friend of Sanjay Gandhi, he had established himself as a family planning enthusiast well before the emergency and was widely considered largely responsible for Sanjay's interest in the topic. During the election campaign that followed the cancellation of the particularly aggressive Haryana family planning drive, Lal toured his state, admitting responsibility for the excesses and soliciting the voters' for-

giveness. The political patterns of Haryana were also influential in Himachal Pradesh, the other predominantly Hindu part of the former Punjab state whose small population and relative isolation in the Himalayan foothills reduced the political importance of humane behavior.

The governments of Uttar Pradesh, India's most populous state, bordering New Delhi on the east, and of Madhya Pradesh, Uttar Pradesh's southern neighbor, had both regularly experienced Mrs. Gandhi's direct rule even before the emergency. In each state, the Chief Minister and many members of his cabinet had been selected at Mrs. Gandhi's instance and were retained in office through her influence. The Madhya Pradesh Chief Minister was the brother of the Central Government Minister of Information and Broadcasting, a Sanjay Gandhi confidant given that post to ensure effective implementation of the Gandhi government's press censorship campaign. The Chief Minister was in his second term, having once been removed by Mrs. Gandhi before regaining favor. He had periodically attracted the attention of the preemergency press because of the inordinate amount of time—reportedly often half or more—he and other leading Madhya Pradesh politicians spent in New Delhi keeping their political fences in repair. The Uttar Pradesh Chief Minister, his supporters, and his opponents spent a great amount of time in New Delhi, too. As in many other parts of India, the Congress Party was badly split, with each faction turning to New Delhi to arbitrate its frequent disputes. Uttar Pradesh was the Gandhis' traditional political base, the site of Mrs. Gandhi's parliamentary constituency.

More distant areas less directly under the Gandhis' sway felt less impelled to produce. All three of the states achieving the least[28]—Kerala, Tamil Nadu, and Jammu and Kashmir—lie outside the Hindi belt; all three had non–Congress Party state governments; and in none of the three did the Gandhis wield substantial influence.

Kerala, at India's southern tip, was ruled by a coalition government led by a highly respected Communist Chief Minister. The Moscow-aligned wing of the Communist Party to which the Chief Minister belonged had earlier strongly supported Mrs. Gandhi but broke with her over the rise of the anti-Communist Sanjay. Family planning was a leading issue in the split, with the Communist Party organ *New Age* launching outspoken, well-documented assaults on the family planning campaign and on Sanjay's role in it, in open defiance of the press censorship orders then in force.

Tamil Nadu, lying to the east of Kerala, had also long been a problem for the Gandhis. For all but the first year of Mrs. Gandhi's 11-year tenure, the state government had been controlled by a regional party strongly opposed to Northern domination; the Congress Party machinery itself was split, with one wing being unfriendly toward Mrs. Gandhi and her Northern colleagues. The intensive family planning drive came as

Mrs. Gandhi was in the midst of setting things straight. She had just forced out the dissidents but had not yet installed her supporters. Family planning could perhaps have been forced upon the civil servants temporarily in control, but only at the cost of arousing widespread resentment highly detrimental to the early establishment of a loyal state government.

Least responsive of all was Jammu and Kashmir, located among the Himalayas at India's other extremity. Jammu and Kashmir's population is two-thirds Muslim, and its affiliation with India rather than Pakistan has been a source of tension in the region. Although the then Central Government Health and Family Planning Minister Karan Singh was himself from the state, political power rested with a group of Muslim Kashmiri nationalists headed by the charismatic Sheikh Abdullah, the famous "Lion of Kashmir," whose standing among his constituents derived largely from his frequently demonstrated willingness to stand firm against New Delhi. The state government chose to ignore the central government's population policies—being, for example, the only state government not to accept the high cash incentives for vasectomy acceptors made available by the Central Ministry of Health and Family Planning.[29]

Actions in the Villages and Towns

As all this suggests, the significance for the Indian villager of top-level support of family planning depended very much on where the villager lived. The lives of Kerala's paddy cultivators and Kashmir's carpet weavers were hardly affected. But closer to Delhi there was a notably increased likelihood that the villager's routine, day-to-day dealings with the newly mobilized governmental machinery would lead to a suggestion that he be sterilized. The urgency of the suggestion would vary from time to time and from place to place, depending on the intensity with which the local bureaucracy was being driven at the moment. As the screws were tightened, the suggestions came to resemble subtle, then not-so-subtle, threats reinforced by a variety of authorized or unauthorized incentive and disincentive measures. In the more aggressive parts of the Northern Hindi belt, for example:[30]

—Railroad travelers would find their tickets being checked more carefully and frequently by inspectors, as long-standing regulations against the time-honored village tradition of ticketless travel began to be more rigorously enforced. The many ticketless travelers were subject to heavy fines, but the ticket inspectors would often prove willing to overlook the traveler's indiscretion if he would agree to be sterilized. The traveler would thereby avoid a fine and also receive the handsome cash payment given to vasectomy acceptors. The ticket inspector would have one less person to motivate in order to meet his assigned quota.

—Families with school-age children would be visited by the local school teacher. The government, the school teacher would say, attaches great importance to family planning. Family planning is good for the mother's health and the family's overall well-being. With the new, high incentive payments, being sterilized is an easy way to earn some money. Besides, there are new government orders (which might or might not exist—the teacher would often not be certain) that children from large families may be admitted in schools only if a parent is sterilized. If the teacher could get five or six people to accept a sterilization, he would be certain of getting his salary on schedule the following month. Otherwise, he could look forward to an extended struggle with the government's financial authorities.

—The unemployed laborer hoping to earn 35 cents a day by breaking stones for use in paving roads would learn from the labor contractor that he can be hired only if he has a sterilization certificate. The contractor would normally not be very happy about the new regulation, since he would have enough trouble getting along with his workers without this additional complication. But orders are orders. The Public Works Department would have given him a sterilization quota to meet as a basis for continuing to do business with it. For the worker, the choice is straightforward: get sterilized and thereby earn a cash bonus equal to four to six weeks' pay and a right to continued employment; or refuse to get sterilized and go without work.

—The consumer presenting his ration cards at a government "fair price shop" for subsidized food would learn that, because the card indicates he has six children, he cannot receive his weekly ration unless he goes for a sterilization. The consumer may well have only one or two children, having exaggerated his procreative accomplishments in order to get more cheap food. But he cannot easily admit the truth without exposing himself to prosecution. Even should he try to confess the truth, he could not be certain the ration shop operator would choose to believe him, for the operator would probably be under far greater pressure to produce sterilization acceptors than to conserve foodgrains.

—The various disreputable characters inhabiting the fringes of Indian society would find their former friends among the police notably less friendly, less easily persuaded to overlook deviations from the straight and narrow for old times' or a few rupees' sake. Leaving aside the changes brought by the general no-nonsense crackdown on crime that accompanied the emergency, the police would be under orders to pull in vasectomy acceptors. Their regular "clients," whose continued well-being was especially dependent on the maintenance of good working relations with the police, were natural targets for special attention.

On occasion, the pressure for sterilization was brutally direct, as in Uttawar, a Haryana Muslim village near Delhi, whose council had led

the area's strong resistance to the sterilization drive. "At 3 a.m. on November 6," wrote a highly respected Indian journalist whose report is closely in line with that of the subsequent government inquiry,

> the villagers of Uttawar were shaken from their sleep by loudspeakers ordering the menfolk—all above 15—to assemble at the bus-stop on the main Nuh-Hodol road. When they emerged, they found the whole village surrounded by the police. With the menfolk on the road, the police went into the village to see if anyone was hiding. . . . As the villagers tell it, the men on the road were sorted out into eligible cases . . . and about 400 were taken to various thanas [headquarters towns], most to Palwal. Many had cases registered against them—a large number for alleged possession of illicit arms but most on the suspicion of the threat of violence—and they were taken from there to clinics to be sterilized.[31]

The Program's Impact

How many Uttawars were there? How many people were harrassed how severely and for how long by policemen, railway inspectors, school teachers, labor contractors, ration shop operators, and the like? And with what effect? By how much did such intensive efforts increase contraceptive acceptance? And to what extent were these gains offset in subsequent years by a dramatic falloff in program performance?

The precise dimensions of what happened will probably always remain quite unclear, but the general outlines are at least vaguely visible.

On Individual Liberties

Uttawar appears to have been an extreme example, not typical of Haryana, let alone India as a whole. But neither was it the only place to suffer from very aggressive behavior. In November and December 1976, the Haryana police generally got quite rough with villages that had failed to produce enough acceptors. Strong police reactions against resistance to officials promoting the family planning drive have been reliably reported in two or three other Haryana villages; reputable travelers in the area have reported personal encounters with police parties seeking sterilization candidates; and, as noted, during the subsequent electoral campaign the state's former Chief Minister and political kingpin Bansie Lal made no effort to rebut charges of such conduct but chose instead to apologize for it.[32]

No comparably firm evidence points to the systematic use of police in this way elsewhere in India, although numerous other instances of highhanded behavior have been reliably reported in the neighboring

states of Rajasthan and Uttar Pradesh, and as far south as Maharashtra.[33] In all these cases, as in Haryana, the legal basis for action was not compulsory sterilization legislation, which did not exist. Rather, as and when legal authority was needed, charges were framed on the basis of more traditional legal regulations, most frequently for creating a public disturbance in resisting the family planning program recruitment effort.

In addition, the campaign resulted in an apparently significant number of deaths. Although the actual figure will never be known, the findings of the subsequent government investigation seem to point to a number somewhere in the hundreds. Most of these resulted from infection subsequent to a sterilization; the remainder occurred during anti–family planning demonstrations.

The Gandhi government had decided in September 1976 to provide compensation of Rs. 5,000 (US $575, equal to about five years' per capita income) to the families of persons determined by administrative inquiry to have died within ten days of a sterilization. The subsequent judicial inquiry commissioned by the Janata government reported that around 1,800 claims of death subsequent to sterilization had been submitted. About 900 of these cases had been investigated as of the report's date of issue; about 700 of these investigations had resulted in a compensation payment.[34]

The reports from the states contained in the same governmental inquiry included accounts of anti–family planning violence that left some 20–25 dead. Most of the deaths occurred in two incidents: one in New Delhi leaving six to ten people dead; another in the Western Uttar Pradesh town of Muzaffarnagar that apparently resulted in a similar number of fatalities. Another five or six incidents resulted in one to three deaths each.[35] Most of the severe rioting occurred in Muslim areas. The majority of those killed were civilians, although there were also deaths among police and development officials. In some cases, the dead were offensively aggressive government officials murdered by villagers; more frequently, they were civilian rioters or innocent bystanders killed by police firing on hostile crowds.

Beyond these two groups of people forcibly sterilized or killed in connection with the sterilization campaign were the much larger numbers who successfully avoided being sterilized, but who had to go to some effort and trouble to do so. Many people in Haryana, Rajasthan, and Uttar Pradesh, for example, are thought to have spent from a few nights to a few weeks sleeping in the fields during the late fall of 1976 in order to escape the particularly forceful family planning drive in their home areas. Many are reported to have limited their routine, local travel—particularly by government bus—in order to minimize the risk of being "captured" for sterilization. The number of people thus affected appears to have been sizable. For example, attendance at the November 1976 Pushkar Rajasthan camel fair, an annual religious and commercial event

that draws huge crowds, was only one-half to two-thirds what it had been in previous years. Merchants were unanimous in attributing the reduced attendance to popular fear of entrapment for sterilization.

To say that popular concern about possible entrapment was prevalent is not to say how well or poorly founded it was. The likelihood that a trip to the next village would lead to forcible sterilization may indeed have been very great; but it need not have actually been so in order to explain the degree of unrest displayed in Northern India. Rumor—sometimes well founded, sometimes groundless—has long been a powerful force in the Indian countryside. Conditions during the fall of 1976 were ideal for its spread: the government was showing itself increasingly abusive through the many actions of its local minions; the amount of news available through open, relatively objective sources was drastically reduced; continued fertility in general, and the continued ability to produce sperm in particular, were topics of especially intense concern to many. So reports of alleged atrocities sped rapidly about India, doubtless consisting of a mixture of fact and fiction in proportions defying precise measurement.

Whatever the truth of the matter, many people, probably millions, clearly *believed* their reproductive abilities would be seriously jeopardized unless they took evasive action. And this belief translated itself into temporarily changed lifestyles, often adopted at considerable inconvenience.

In sum, the Indian family planning program clearly involved coercion. The duration of such activities was relatively brief, probably lasting no more than a few weeks in any one location; they were concentrated primarily in a few parts of the country relatively close to New Delhi; they doubtless affected no more than a very small portion of India's total population. But at the same time, the available evidence suggests strongly that the frequency of indisputably coercive practices significantly exceeded the "isolated incident"; that many thousands of people at the very least experienced extremely unpleasant treatment at the hands of police and other government authorities; that millions more were subjected to strong indirect social pressures, feared they might experience direct coercion, and altered their normal activities in order to avoid it.

On Contraceptive Acceptance

The measures that led to these invasions of civil liberties also produced sterilizations. According to the latest government of India figures, about 8.25 million people were sterilized during 1976–77, around 6.5 million of them during the six months of July–December 1976. During these six months, sterilizations were being performed at a rate over four times

that of any earlier time. As of the beginning of 1976–77, about 14 million people had been sterilized. So the 1976–77 performance increased the number of sterilized people by more than half relative to what had been accomplished during the previous quarter-century, with most of this accomplishment coming within six months. Since there are roughly 100 million Indian couples in the reproductive ages, the number of couples protected by sterilization was increased during 1976–77 from 14 percent to 21 percent.[36]

This calculation, of course, incorporates the assumption that the reported figures are correct, an assumption that is no doubt unrealistic. Falsification would represent such an obviously easy (and lucrative, in view of the large acceptor incentives paid on the basis of sterilization reports) way out for government officials under pressure that at least some fabrication must have occurred. But there is little indication that the level of false reporting increased enough during 1976–77 to alter the overall impression of a dramatic rise in real program performance.[37] By and large, the numbers reported by the different states are in line with the unanimous reports of numerous field observers from the more active states that the pace of activity was frantic compared with that in previous years, that the clinics were crowded, that doctors who had previously spoken at great length about their accomplishments were so busy in the operating theaters that they had no time to talk. Also, the thorough postemergency investigations into the Gandhi government's excesses, which found much else in the family planning program's execution worthy of severe criticism and which would presumably have noted flagrant misreporting, had very little to say on the issue.[38]

Against the 1976–77 gains, whatever their true magnitude, must be weighed the losses in subsequent years resulting from popular reaction against the intense effort. The aggressiveness of the family planning program became an important issue in the March 1977 election and quite clearly played a role in Mrs. Gandhi's defeat. It was mentioned far more than any other issue in pre-election press reports from India's parliamentary constituencies; Mrs. Gandhi lost overwhelmingly in those states in which the family planning program was pushed most aggressively; and a clear inverse relationship exists between interstate family planning performance and the Congress Party's electoral fortunes.[39]

As a result, family planning became a political pariah for a freely elected government, especially for one interested principally in restoring the individual liberties lost during the emergency. The earlier governmental enthusiasm for family planning disappeared, and the program languished. About 900,000 sterilizations were performed in 1977–78, only somewhat over 10 percent of the number in 1976–77.[40]

That family planning will eventually make a comeback seems relatively clear. In the past decade, family planning has survived and rather

quickly recovered from the two seeming disasters described earlier, the second of which saw sterilization figures plunge below one million, as they did again in 1977–78. Coercive sterilization may currently be in disrepute in India, but concern about population growth is not. Recognition of the problem remains virtually universal among educated Indians of all persuasions, providing a stable base of continuing high-level support.[41]

Also, some early highly publicized words to the contrary, the Janata government is to all appearances genuinely concerned about population growth and has taken a series of quiet but crucial steps to keep the government's family planning machinery intact and ready for the day when popular resentment against 1976–77 recedes. "Prime Minister Morarji Desai has on a number of occasions underlined the vital importance of family planning as a means of individual and national development," said the April 1977 Janata government's population policy statement, which appeared a month after the elections and announced a number of decisions critical to the program's survival.[42] The Department of Family Planning, for example, was not abolished as previously thought likely, but continued intact under a new name; contrary to expectations, the central government decided to continue reimbursing the states for 100 percent of costs, without which the national program would have collapsed altogether; incentive payments for individual contraceptive acceptors were continued, earlier campaign rhetoric notwithstanding; the earlier Gandhi proposal to make a portion of central government subsidies to the states dependent in part on family planning performance was also accepted. More recently, Prime Minister Desai has gone on record with an unusually strong exhortation to the state Chief Ministers on the need for improved family planning performance.[43]

Such moves bode well for the eventual future. But in the meantime, the program continues to languish, haunted by the ghost of the 1976 aggressive experience. In light of its precarious political situation and the widespread suspicion with which governmental family planning initiatives continue to be held in the Northern countryside, the present Janata Government shows little inclination to move out actively—to do more than simply keep the program intact, issue the appropriate exhortations as evidence that its interest remains alive, and to wait for times to change. And as time passes, the lead built up during 1976's aggressive drive continues to erode.

The Broader Implications of India's Experience

Whatever the eventual demographic truth, the fact remains that the Indian experience with aggressive family planning went sour. The intensive drive collapsed and is now the object of virtually universal scorn.

India's experience indicates that the concept of political will applied to fertility reduction has far more extensive potential implications than earlier recognized by those who advocated it so strongly. In particular, what happened in India illustrates once again how extremism in the pursuit of good can so easily prove ultimately counterproductive.

Most succinctly described, the action by India's national leadership that made the 1976 family planning experience different from that of previous years was the application of political muscle to the fertility reduction effort—an effective exhibition by the country's top political figures of the "dynamic, out-front kind of urgency on behalf of family planning" whose absence the program's many earlier critics had so articulately deplored.[44] The exhibition began when the emergency brought to power a political leadership espousing views that so many observers of India had long held: that reduced fertility was central to India's progress, and that the government softness which had crippled earlier efforts to deal effectively with fertility constituted a national disgrace. In line with the importance attached to these beliefs, the leadership enforced its perceptions, values, and wishes through the newly centralized governmental structure with relentless effectiveness. Refusing to be slowed by the cumbersome, formal public policy process that had been allowed to defeat their predecessors, those in power turned to less formal, extralegal, less visible political and administrative channels to cut through the complexities and get on with the job. Lower-level leaders under pressure reached for the available policy prescriptions developed through experience during the previous decade and applied them vigorously, often frantically, with the results that have been described. By no means all government officials acted either coercively or effectively, but many did. Those who acted coercively did not do so nearly so much on the basis of explicit instructions from the highest authorities, which rarely existed, as in response to the intense pressure that was the principal manifestation of political will in action—intense pressure to produce extraordinarily large numbers of sterilization acceptors immediately, with no excuses accepted for failure to comply and with few questions asked about how compliance was achieved.

Thus engendered, the program's excesses resulted less from consciously coercive intent than from the metabolism of the Indian political system and government bureaucracy driven by a mindless top-level enthusiasm for family planning, unconstrained by a concern for the other values that might be violated by pushing ahead unreservedly with a program whose objectives were only partly consistent with the cultural norms of the affected population. In the heat of pursuing the intermediate objective of improved family planning performance, the pursuers lost sight of the difference between family planning performance as a goal and the larger end of human well-being to which fertility reduction had originally been meant to contribute.

When family planning program achievement and other aspects of population policy, development, or broader human welfare came into conflict, as they often did during the fall of 1976, family planning won, everything else lost. As noted earlier, for example, the general development orientation of the April 1976 national population policy statement was completely ignored. No serious effort was made to activate the government's minimum-needs program, to which the policy referred, or to implement such other fertility-related development programs proposed in the policy as improved female education, nutrition, and health, to name but a few. Only family planning among the five points of Sanjay Gandhi's program was actively promoted: little was done to foster adult literacy, dowry abolition, reforestation, or equality among castes. Other development work was sharply curtailed in order to accommodate the family planning program. As described above, school teachers were driven to attach greater importance to the recruitment of contraceptive acceptors than to the instruction of children; labor contractors were pressed harder to produce sterilization cases than to build roads; agricultural extension agents were goaded to increase family planning performance as a matter of higher priority than the distribution of fertilizer; and so on.

Family planning, in brief, became the dominant, virtually exclusive theme of the government's development efforts, and the intermediate objective of increased family planning acceptance was pursued as if it were all that mattered. While in force, this single-mindedness produced the increased sterilization experience expected of it. But it also removed all logical and ethical restraints to the use of force in the achievement of family planning goals, and the unrestrained use of force led to the distressing and ultimately counterproductive episodes described above. In the process, the single-minded pursuit of family planning contributed centrally to the widespread perception of a government more interested in constraining than in helping people, to the election results of March 1977, and to the family planning program's subsequent collapse.

The Indian experience points to the importance of ensuring that political will applied to fertility reduction be accompanied by a clear perception of the relation between family planning and the larger end of overall human well-being to which it is meant to contribute. To be credible, moral, and ultimately effective, a political leadership wishing to vigorously promote family planning measures must demonstrate clearly its devotion to overall improvement in the human condition through the equally avid promotion of other development measures obviously related to that end.

Notes

The Greek geographer Strabo, exasperated beyond endurance by the fanciful and contradictory reports of Alexander the Great's soldiers, warned that "we must hear accounts of India with indulgence, for not only is it very far away, but even those who have seen it saw only some parts of it, and most of what they tell us is hearsay" (Strabo, *Geographia*, 15, 2).

So it is with the Indian emergency family planning experience. While the aggressive drive was in progress, those in charge emphasized its positive accomplishments and firmly discouraged independent explorations of what was happening. The obviously distorted picture resulting from this approach gave rise to a wave of countervailing rumor, whose overall veracity was no more verifiable than that of the official government position against which it was a reaction. Immediately upon the program's abrupt termination, it became a central issue in an open, hard-fought election. The result was a proliferation of markedly diverse, politically inspired descriptions of the family planning program designed to sway public opinion—descriptions composed of unknown proportions of fact, interpretation, and embellishment. Then came the postemergency official investigations into the program's excesses, and the resulting testimonies presenting versions of events designed to demonstrate their authors' opposition to and lack of responsibility for what went wrong.

No account of what happened can satisfactorily accommodate the full range of such widely divergent viewpoints. Nor is there any way of selecting among them those that can be considered totally objective, independent of the observer's culturally and occupationally shaped perceptions of the nature of India, of the consequences of population growth, of the importance of individual liberties—the list seems endless.

The foregoing account was written by an American, an employee of an external assistance agency, a resident in India professionally associated with development and population research activities during the period covered by the account. It is based on official government of India reports, on accounts in the Indian and non-Indian press, on personal observation, and —by far the most important—on hundreds of formal and informal discussions with well-informed and not-so-well-informed Indian friends, colleagues, acquaintances, and adversaries carried out in the course of living and doing business in that country. These discussions were inevitably conducted under the tacit understanding that they were not for attribution, and specific references to them do not appear in the notes that follow.

1. For a lucid discussion of the emergency's political dimensions, on which this section draws heavily, see Myron Weiner, *India at the Polls: The Parliamentary Elections of 1977*, American Enterprise Institute Studies in Political and Social Processes (Washington, D.C.: American Enterprise Institute for Public Policy Research, 1978). The emergency's economic aspects are equally well covered in J. F. J. Toye, "Economic trends and policies in India during the emergency," *World Development* 5, no. 4 (April 1977): 303–316.

2. Except as otherwise indicated, the contraceptive acceptance figures used throughout this article are from Government of India, Ministry of Health and Family Welfare, Department of Family Welfare, *Family Welfare Programme in India Year Book, 1976–77* (New Delhi: Department of Family Welfare, 1978), pp. 76–77.

3. V. H. Thakor and V. M. Patel, "The Gujarat State massive vasectomy campaign," *Studies in Family Planning* 3, no. 8 (August 1972): 189.

4. "Cabinet decisions dated 6.6.1967 regarding implementation of family planning programme in Maharashtra." Mimeo.

5. *The New York Times,* 24 July 1967.

6. *The Hindustan Times,* 27 July 1976.

7. Financial support was provided first in 1951; but through 1963–64, expenditures totaled under 20–25 million rupees annually. In 1964–65, expenditures began to rise, reaching Rs. 250 million in 1967–68. By 1975–76, annual family planning expenditures were around Rs. 350 million. "India: U.N. Mission evaluation of the family planning program," *Studies in Family Planning* 1, no. 56 (August 1970): 5; Government of India, cited in note 2, p. 154.

8. This and the preceding quotation are from John P. Lewis, "Population control in India," *Population Bulletin* 26, no. 5 (November 1970): 15, 22. Lewis concluded that, because of family planning's potential political sensitivity, Mrs. Gandhi's reticence may well have been wiser than was then realized.

9. For texts of the 20- and five-point programs, see Weiner, cited in note 1, pp. 117–119.

10. *The Statesman,* 25 March 1976.

11. *Times of India,* 21 November 1976.

12. "It is no secret that she [Mrs. Gandhi] often asked Chief Ministers and Congress chiefs to discuss their problems with him [Sanjay Gandhi]" *The Indian Express,* 18 April 1977. The reports of the government-appointed Shah Commission of Inquiry, which examined the misdeeds of the emergency, have documented in detail the ways in which this process worked with respect to several of the innumerable governmental affairs in which Sanjay Gandhi was known to have been centrally involved—for example, the urban development programs of New Delhi and the government-controlled banks. Shah Commission of Inquiry, *Interim Report I* (New Delhi: Government of India Press, 11 March 1978), pp. 54–57; and Shah Commission of Inquiry, *Interim Report II* (New Delhi: Government of India Press, 26 April 1978), pp. 77–119.

13. Myron Weiner, "Political evolution—Party bureaucracy and institutions," in *India: A Rising Middle Power,* ed. John W. Mellor (Boulder, Colo.: Westview Press for the Asia Society, forthcoming), p. 31. Other parts of this section also draw heavily on Weiner's discussion of political and bureaucratic evolution in India.

14. The Shah Commission reported, for example, that approximately 26,000 government employees had been prematurely retired during the emergency. Others suffered more severely: four lower-level officials investigating the financial affairs of Sanjay Gandhi's automobile factory were jailed, as were ten others who challenged the legality of the textile exports by a firm employing Sanjay Gandhi's mother-in-law as a consultant. Particularly startling were Sanjay-ordered punitive raids by revenue officials on the family business of P. N. Haksar, earlier at the pinnacle of power as one of Mrs. Gandhi's closest and most influential advisers. In all, the Janata government reported, around 36,000 people were arrested under the special detention provisions in force during the emergency. Shah Commission of Inquiry, *Third and Final Report* (New Delhi: Government of India Press, 6 August 1978), p. 34; Shah Commission, *Interim Report I,* cited in note 12, pp. 59–67; Shah Commission, *Interim Report II,* cited in note 12, pp. 71–76; Proceedings of the Shah Commission as reported in the *Overseas Hindustan Times,* 22 December 1977.

15. Gunnar Myrdal, *Asian Drama: An Inquiry into the Poverty of Nations* (New York: Pantheon, 1968), p. 66.

16. The official document from which the quotation is taken is reproduced in full as "National population policy: Statement of the Government of India," *Population and Development Review* 2, no. 2 (June 1976): 309–312.

17. The examples are drawn from reports in the Indian press: *The Hindustan Times* of 25 May, 11 June, and 9 October 1976; *The Statesman* of 17 and 26 June 1976; and the *Times of India* of 21 and 30 July and 23 September 1976. A similar list appears in the account of state government activities in the Shah Commission of Inquiry, *Third and Final Report,* cited in note 14, pp. 170–204. Also, a detailed list of the measures adopted in four states (Bihar, Madhya Pradesh, Punjab, Uttar Pradesh) is contained in V. A. Pai Panandikar et al., *Family Planning under the Emergency: Policy Implications of Incentives and Disincentives* (New Delhi: Radiant Publishers, 1978), pp. 25–33.

18. Maharashtra (India), *Maharashtra Family (Restriction of Size) Bill,* 1976 (Bill No. 25 of 1976).

19. The central government's handling of the Maharashtra legislation is detailed in Shah Commission of Inquiry, *Third and Final Report,* cited in note 14, pp. 161–163. The commission concluded that the Health and Home Ministries had recommended central government approval of the legislation, but that approval was not granted because of Mrs. Gandhi's last-minute opposition.

20. For an alternate account of the national population policy statement's impact, see V. A. Pai Panandikar et al., cited in note 17. Pai Panandikar, Bishnoi, and Sharma take as their focus the specific incentive measures incorporated in the official governmental policy statements. They conclude that the higher financial incentives provided under the central government's April 1976 national population policy were of little significance because of the failure of any among the 200 contraceptive acceptors interviewed to include financial considerations among the factors influencing their acceptance decisions. Interviews with state government officials lead Pai Panandikar et al. to attach more importance to the linking of federal subsidies to family planning performance and to the freezing of the size of the states' parliamentary delegations at their present levels. Apparently state-level leaders took the inclusion of these measures in the April 1976 national policy statement as an indication that the measures probably soon would be in effect even though they were not yet actually in force. All in all Pai Panandikar et al. conclude that the incentive-disincentive package was a "non-policy," because significant components of it were never implemented, other components proved ineffective, and most of the remaining measures produced results counter to those intended.

21. Shah Commission of Inquiry, *Third and Final Report,* cited in note 14, p. 163. The commission's report goes on to document its point by quoting directives that cite Sanjay Gandhi's interest in family planning in support of their demands for accelerated action. Further examples are to be found in the individual state reports that constitute pp. 170–204 of the same report and in issues of the Central Ministry of Health and Family Planning newsletter *Centre Calling* appearing during the fall of 1976.

22. The establishment of state-level targets is discussed on pp. 154–158 of the Shah Commission of Inquiry, *Third and Final Report* (cited in note 14); the revised target figures are presented on p. 207. The Central Ministry of Health and Family Planning's submission to the commission maintained that the ministry had tried to restrain the states from setting higher targets, but the commission found no evidence in the ministry's files to indicate that it had in fact done so.

23. Shah Commission of Inquiry, *Third and Final Report,* cited in note 14, p. 165. The passages on pp. 164–168 and the reports from the states presented on pp. 170–204 contain numerous other examples of unusually strong directives, and also further documentation of the way the program was organized and administered at the state and district levels.

24. Interstate regressions between family planning performance (percentage of centrally assigned target achieved) and

different explanatory variables produce the following zero-order correlation coefficients:

	Explanatory Variable	
Year	Income	Literacy
1974–75	.58**	.59**
1975–76	.56*	.50*
1976–77	.67**	.10

	Explanatory Variable	
Year	% Previously Sterilized	Km. from Delhi
1974–75	N.A.	—.06
1975–76	.27	.05
1976–77	—.17	—.68**

*Significant at the .05 level
**Significant at the .01 level

Particularly notable is the rise of the state capital's distance from Delhi—used as a proxy for the state government's cultural, psychological, and political as well as physical proximity to the emergency regime—as an explanatory factor of family planning performance in 1976–77. The explanatory power of literacy, the social variable used, fell; that of per capita income, the economic variable, was strong in all years. (Multiple regressions using different combinations of these variables proved capable of explaining a somewhat higher proportion of the total variation. They also confirmed the rise in the importance of kilometers in 1976–77 and the continuing importance of income throughout the period, as revealed in the zero-order correlation coefficients.)

25. The existence of a "threshold" at the boundary of the "Hindi belt" is suggested statistically by the noteworthy increase in the correlation between kilometers and family planning performance —from the –0.68 noted in note 24 to –0.84 (the R of –0.84 corresponding to R^2 of .71, indicating that over two-thirds of the total variance is explained)—achieved by using a semi-log rather than a linear form and by omitting Jammu and Kashmir from the exercise. An examination of the scatter diagram on which the regressions are based shows a noteworthy diminution in the importance of distance from New Delhi outside the Northern Hindi-speaking states. The state of Jammu and Kashmir, with unusually low family planning performance despite its relative physical proximity to New Delhi in terms of kilometers, is separated from the principal Hindi-speaking areas by the foothills of the Himalaya Mountains and, as noted in the text, belongs to distinctly different religious, cultural, and political traditions.

26. As reproduced in the *Overseas Hindustan Times,* 29 December 1977 and 5 January 1978.

27. Delhi (4.78), Haryana (4.25), Madhya Pradesh (3.74), and Himachal Pradesh (3.21) were the four states or territories to achieve more than three times their originally assigned targets in 1976–77. In these terms, the record of Uttar Pradesh (in seventh place at 2.09) was less impressive; but Uttar Pradesh performed 6.5 times as many sterilizations in 1976–77 as in the preceding year, placing it ahead of all the states and territories except Madhya Pradesh (8.9) in terms of improvement.

28. Jammu and Kashmir (0.51) and Kerala (0.93) were the only two major states that failed to achieve their originally assigned 1976–77 targets. Tamil Nadu (1.14) was third from the bottom. Jammu and Kashmir and Kerala were also, as noted above, two of the three states that failed to increase their originally assigned targets in response to pressure from New Delhi; Tamil Nadu raised its target only nominally, from 500,000 to 600,000. Performance relative to originally assigned targets, incidentally, is used as the primary measure of performance here and in the statistical exercises described in note 24, because of the central role of targets in the program planning and management process and because of the better statistical results achieved by use of this measure. Use of absolute intensity (sterilizations per 1,000 reproductive-age cou-

ples) as the primary measure would produce similar results: the top four performers in this case were Himachal Pradesh (277), Delhi (274), Madhya Pradesh (214), and Haryana (198); the two worst were Jammu and Kashmir (31) and Kerala (87).

29. The Jammu and Kashmir government authorized payment of higher incentives only on 18 January 1977, the day Mrs. Gandhi announced the forthcoming elections and reined in the aggressive family planning program.

30. Each illustrative example is based on three or more reports from field observers considered reliable.

31. *The Indian Express,* 8 March 1977. The Uttawar incident is also covered on pp. 28–33 of the Shah Commission of Inquiry, *Third and Final Report,* cited in note 14.

32. Most notably, Pipli village in Karnal District and Nagina village in Gurgaon District were subjected to police treatment harsh enough to give rise to a Haryana government investigation (*New Age,* 10 October 1976; *The Indian Express,* 7 March and 4 June 1977). "Forgive us for our past mistakes and we will be careful in the future," read one Bansie Lal pre-election family planning apologia (*Hindustan Times Weekly,* 20 February 1977). "The Government apologizes to the masses for compulsory sterilization," ran another; "in the future coercive methods will not be adopted" (*Sunday Standard,* 20 February 1977). Such utterances were incessant: "he [Bansie Lal] is now offering a public apology [for family planning excesses] in at least 35 villages a day in the course of his whistle-tour," reported a Haryana journalist a week before the election (*Times of India,* 11 March 1977).

33. As reported, for example, in Lee I. Schlesinger, "The emergency in an Indian village," *Asian Survey* 17, no. 7 (July 1977): 640–642.

34. The accuracy of these figures is extremely difficult to assess. Rs. 5,000 is a very large amount of money by Indian village standards, creating a strong incentive for overreporting in those villages in which the compensation's availability became known (with such villages constituting an uncertain portion of the total number in which sterilization deaths actually occurred). The Hindu custom of cremation and Muslim sensitivities about exhumation would render impossible the use of autopsies to confirm the cause of death of the 5,000 or so sterilization recipients who could be expected to die of natural causes during the program's most intensive months. The thoroughness of the governmental investigation seems to have varied greatly from state to state: Madhya Pradesh, for example, awarded compensation to all 132 people who claimed it, while Delhi rejected three-quarters of the 78 claims it received.

35. Shah Commission of Inquiry, *Interim Report I* (cited in note 12), pp. 131–132; *Third and Final Report* (cited in note 14), pp. 170–204. These casualty figures, too, are of uncertain accuracy. The Shah Commission's investigation of the New Delhi Turkamen Gate incident was persuasively thorough. Its findings indicate that the official police report of six fatalities may have missed two to four deaths, but that the actual number of casualties was nowhere near the 200 reported by Delhi rumor mill and the Indian press (Shah Commission of Inquiry, *Interim Report II,* cited in note 12, pp. 131–132; the figure of 200 casualties is from *The Statesman,* 19 April 1977). Elsewhere, the Shah Commission relied on the much less complete reports from the states. That of Uttar Pradesh in particular made no mention of deaths resulting from two or three reliably reported instances of police shootings, including one in Sultanpur District in which the official police report allegedly listed 11 deaths, with rumor placing the figure at up to 350 (*The Hindu,* 17 March 1977). In all, Uttar Pradesh reported 12 deaths in four incidents, including two incidents in Muzaffarnagar that had previously been thought to have resulted in up to 150 deaths (Shah Commission of Inquiry,

Third and Final Report, cited in note 14, p. 195; the report of 150 fatalities was from Muslim leaders, quoted in *The New York Times*, 29 October 1976). Whatever the precise figure, the number of actual deaths was evidently much smaller than was earlier rumored.

36. Aside from the monthly statistics drawn from unpublished Ministry of Health and Family Welfare documents, figures are from Government of India, cited in note 2, pp. 82, 91. The figure of 8.25 million sterilizations includes both vasectomies (6.20 million) and tubectomies (2.05 million). Acceptances of methods other than sterilization during the intensive drive remained at roughly predrive levels: IUD insertions at around 600,000 annually, condom distribution at about 250 million pieces annually. The 8.25 million sterilization figure is slightly higher than that presented in earlier sources, presumably because of the inclusion of the late returns.

37. Misreporting is a problem endemic to family planning programs, particularly those involving financial payments to reported contraceptive acceptors; and the reports of even the best-run Indian programs have traditionally contained at least some discrepancies. A follow-up study of sterilization acceptors at the well-known and unusually effective Ernakulam vasectomy camp program, for example, found that 8 percent had underreported their ages and that when this factor was taken into account, the number of births prevented was 17 percent lower than previously estimated. (P. S. Nair, "Mass vasectomy camp: Ernakulam [Kerala] July 1971, report of the evaluation study," *Bulletin of the Gandhigram Institute of Rural Health and Family Planning* 8, no. 2 [March 1974]: 46–47. The research design employed did not permit a comparable estimate of inaccuracies in the number of sterilizations reported.) This degree of inaccuracy is presumably modest relative to that prevailing in more typical pre-Emergency programs. Judgments about the inaccuracy of the aggressive program's statistical reports made in comparison with the pre-Emergency norm are thus likely to be considerably more gentle than those made with reference to the unrealistic standard of absolute perfection usually applied.

38. The Shah Commission of Inquiry was silent on the question of inflated reporting. It did examine the characteristics of sterilization acceptors. In all, the states reported the sterilization of 500 unmarried people, 105,000 people with two or fewer children, and 1,100 people over 55 years of age. If correct, these figures would suggest that practically all those sterilized in 1976–77 were potentially reproductive. The figures seem low, although their accuracy–or, more to the point, degree of inaccuracy—is obviously extremely difficult to judge. Suffice it simply to report that, for whatever reason, enlistment of overage, otherwise unreproductive, or nonexistent people was not viewed by the postemergency investigators as an issue worthy of significant attention relative to the much more pressing question of the methods used to round up acceptors.

39. The first of the findings reported is from a content analysis, with respect to election issues, of India's five leading English-language daily newspapers during the six weeks immediately preceding the election. Family planning was noted as an issue in 274 of the 400 articles. The Congress Party lost all parliamentary seats in the leading family planning states of Haryana, Himachal Pradesh, Uttar Pradesh, and Delhi, and all but one in Madhya Pradesh. In the previous 1971 parliamentary elections, Congress had won 80 percent of the 142 seats from these areas. An interstate correlation of sterilizations from September 1976 through January 1977 (the program's most intensive months) relative to originally assigned targets with the change in Congress Party vote between the 1971 and 1977 general elections produces a correlation coefficient (R) of .72, significant at the .001 level.

40. Unpublished preliminary Ministry of Health and Family Welfare figures. IUD insertions also fell significantly, from 600,000 to around 300,000, and the num-

ber of conventional contraceptive users declined from 3.6 to 3.2 million.

41. For example, none of the 1977 election manifestos (platforms) of India's major national political parties opposed family planning per se; all but one explicitly supported it. Both the Congress and Janata Party manifestos emphasized support for voluntary family planning. The Russian-oriented Communist Party of India's manifesto advocated a "comprehensive family welfare programme" including noncoercive family planning. The more Left-leaning Communist Party of India-Marxist vigorously denounced the repression of the 1976–77 program without taking any explicit stand on voluntary family planning efforts in what was essentially an economic program giving scant attention to any of the social services (Party manifestos as published in *Commerce,* 19 February 1977, pp. 187–214).

42. "Government of India population policy," as reproduced in *The Hindustan Times,* 29 April 1977.

43. Letter from Prime Minister Morarji Desai to all state Chief Ministers and Administrators of Union Territories, 14 July 1978.

44. The latter half of the sentence is a paraphrase of, and the passage in quotation marks a direct quote from, the consensus view of foreign observers in the late 1960s as reported by John P. Lewis, "Population control in India," cited in note 8.