verpopulation has been India’s major concern for almost five decades. In June 2017, the United Nations reported that India’s population will rise to 1.5 billion by 2050. In order to limit its population growth rate, India has been using sterilization as a method of population control since 1951. According to the United Nations, India alone was responsible for 37 percent of the world’s female sterilization in 2011. Although sterilization has produced the desired outcome—fertility rates dropped from 3.4 in the 1990s to 2.2 in 2016—it has also seen its share of controversies. In the 1970s, mass sterilization got mired in the major political dilemma facing India, “the Emergency”—a twenty-one-month-long period widely considered the darkest in post-1947 Indian history. This essay is an account of how the issue of mass sterilization became politicized during India’s Emergency.

Family planning in India, from its inception in 1951 to its peak in 1977, should be seen in the wider context of the campaign to control world population. Among all the Asian and Sub-Saharan African countries, India’s family planning program received the biggest chunk of international aid. The World Bank gave the Indian government a loan of US $66 million dollars between 1972 and 1980 for sterilization. In fact, Indira Gandhi was pressured by Western democracies to implement a crash sterilization program to control India’s population. The Western countries’ lobby backed the sterilization program after the Emergency was imposed, even when her own advisers were unwilling to support it. The international push was so extreme that in 1965, President Lyndon B. Johnson refused to provide food aid to India—at the time threatened by famine—until it agreed to incentivize sterilization. Thus, steps taken by the Indian government, such as promoting IUDs and sterilizations, can be seen as a response to the pressure from organizations like the World Bank, International Planned Parenthood Federation, United Nation Fund for Population Activities, and USAID. Instead of helping people with family planning, such programs forced the contraceptive methods on the reluctant populace for cash incentives.

It is crucial to note that mass sterilization was not introduced during the Emergency, but was used as a method of contraception for a long time even before this event. Similarly, various initiatives that would be part of the policy, such as vasectomy camps, positive and negative incentives, and compulsory sterilization, were also practiced and perfected in different states before the Emergency. What made mass sterilization during the Emergency unique was the aggressiveness with which it was enforced. None of the previous family planning programs were even close to the numbers, reach, and magnitude achieved by Emergency-era mass sterilization programs. Thus, the political rationale for the compulsory sterilization policy was much stronger than its demographic objectives.

**Historical Overview**

In 1951, India’s population was approximately 361 million with a growth rate of 1.26 percent per year for the decade of 1941–1951. India’s lead urban demographer, R. A. Gopalswami, estimated in his report that India’s population would grow by 500,000 people every year. In response to Gopalswami’s report, the Indian government launched the national family planning program, making India the first country in the world to undertake such a venture. The program was completely sponsored by the central government, and a few of the strategies included were:

- A focus on rural areas and engagement in a door-to-door campaign
- Encouraging families to have only two children per family and spacing the birth of these children over two years
- Creating awareness of family planning via television, newspaper, and radio
- Providing families with monetary incentives to adopt these measures

The report by Gopalswami suggested mass sterilization to be the best possible method for population control because it required only a minor surgery, needed no hospitalization or follow-up, and used local anaesthesia. However, it was not easy to garner support for sterilization, mainly because there were numerous misconceptions associated with it. For instance, people believed that vasectomy caused death on the operating table and men lose weight, become easily exhausted, and lose their sexual drive. In a country where being a man was defined by his virility or his ability to impregnate his wife, sterilization was more than a hard sell.

Most Indian politicians believed that population growth was closely associated with economic development and that India could not achieve one without achieving the other. As a result, family planning was incorporated into India’s first two five-year plans. The goals of the first two plans were limited, and only a small fraction of the total health department budget was assigned to family planning. Major changes took place only after 1965, when a separate department was established exclusively for family planning and even the budget allocated to it was increased substantially. Table 1 highlights the goals achieved by each five-year plan, and the budgetary allocation and expenditure for family planning in that period.

**The Emergency and Sanjay Gandhi**

In 1975, India was facing several economic problems—rainfall was below average, food production had fallen, an international oil crisis had increased the price of imported oil, revenue from exports plummeted, and the rate of inflation was at an all-time high. On the other hand, Prime Minister Indira Gandhi herself was in political turmoil. She had violated many technical provisions of the Indian election law and the courts had ruled against her, threatening her position. Thus, a national Emergency was her answer to all these problems, which she declared on June 25th, 1975. This period also saw the rise of Sanjay Gandhi, Indira Gandhi’s younger son. In fact, it was Sanjay Gandhi who played a critical role in politicizing the mass sterilization campaign. Corruption, coercion, and false figures were parts of his approach. Mr. Gandhi was a complete outsider when it came to Indian politics. Even during the Emergency, he held no official position in the government and had little knowledge of how the government functioned. His only qualification was that he was the son of the Prime Minister. He came up with a five-point program that included family planning, tree planting, a ban on dowry, each-one-teach-one (an adult education program), and ending social caste. Sanjay’s political agenda, illustrated by these five points, was to strengthen his hold over the Congress party. In order to do so, the younger Gandhi needed a large problem
### Table 1: Goals Achieved by Each Five-year Plan 1951–1979

<table>
<thead>
<tr>
<th>Five-Year Programs</th>
<th>Goals in Terms of Family Planning</th>
<th>Allocation (in millions of INR)*</th>
<th>Expenditure (in millions of INR)*</th>
<th>Sterilizations**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Five-Year Program (1951–1956)</strong></td>
<td>Designed studies to determine reproductive patterns, provided information about birth control through existing hospitals, and constructed 147 new clinics</td>
<td>6.5</td>
<td>1.4</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Second Five-Year Program (1956–1961)</strong></td>
<td>Constructed more than 4,000 clinics and propagated the “extension approach” i.e., benefits of having small families</td>
<td>49.7</td>
<td>21.5</td>
<td>152,677</td>
</tr>
<tr>
<td><strong>Third Five-Year Program (1961–1966)</strong></td>
<td>Failed to increase the national income, performed 1.5 million sterilizations, inserted 800,000 IUDs and increased family planning centers to 11,474</td>
<td>269.8</td>
<td>248.6</td>
<td>1,373,166</td>
</tr>
<tr>
<td><strong>The Plan Holiday (1966–1969)</strong></td>
<td>Incentivized sterilization, IUD insertions reached four million, distributed 300 million condoms, over 26,000 family planning clinics, 9,000 hospitals and health care centers providing information about birth control</td>
<td>829.3</td>
<td>704.5</td>
<td>4,391,996</td>
</tr>
<tr>
<td><strong>Fourth Five-Year Program (1969–1974)</strong></td>
<td>Clinics increased to 45,000, 862 mobile units, overall pace of family planning program reduced due to international oil crisis and Bangladesh War</td>
<td>2,857.6</td>
<td>2,844.4</td>
<td>9,003,626</td>
</tr>
<tr>
<td><strong>Fifth Five-Year Program (1974–1979)</strong></td>
<td>Voluntary sterilization changed to forced sterilization, more than 8 million sterilized.</td>
<td>NA</td>
<td>NA</td>
<td>18,500,000</td>
</tr>
</tbody>
</table>

*INR is India’s rupee currency. For perspective, US $1 dollar equaled about 4 INR from 1950 to 1966, then the rupee began to devalue against the dollar over time (about 7.47 INR by 1970, 8.41 INR by 1975, and 10.18 in 1980 per US $1 dollar).

**Total number of male and female sterilizations.


that was plaguing the country that he thought could be easily cured. He strongly believed that curbing population was essential for the economic development of India. According to Sanjay Gandhi, family planning should, henceforth, be a way of life in India. Moreover, Mr. Gandhi argued that family planning was permitted by all religions, so no one could be spared from sterilization for religious reasons.

Compulsory sterilization was, thus, part of a larger poverty reduction program, which in turn would fuel rather than retard economic development. More importantly, if Mr. Gandhi were successful in reducing population growth even by a small fraction, he would receive national and international recognition. With such an agenda in mind, he hoped to get rapid results. For instance, he wanted to control the population within a year, beautify the city in weeks, and virtually end poverty overnight. The Ministry of Health, on the other hand, knew that dispelling sterilization myths was difficult and time-consuming. They estimated that with two years of proper education and instruction, Indians could be convinced to undergo sterilization. But no one at the ministry, including Health Minister Karan Singh, was courageous enough to tell Mr. Gandhi that expecting support for sterilization as quickly as he envisioned (six months or a year) was impossible. It took the central government two months to put the program in action, i.e., build infrastructure and gather doctors to perform the surgery. The program had a test run as well, but turned out to be successful only in the states where the chief ministers were ready to blindly obey Mr. Gandhi’s orders. The chain of command during the Emergency was prime minister’s office/Sanjay Gandhi to chief ministers to district commissioners to the local police force.

Sanjay Gandhi played a critical role in politicizing the mass sterilization campaign. Corruption, coercion, and false figures were parts of his approach.
Mr. Gandhi believed that if he were able to convince Muslims to embrace sterilization, then the rest of the country would have followed him easily.

Despite the efforts to create awareness and support for sterilization, the camps were receiving a lukewarm response. Sanjay Gandhi then took it on himself and began making public speeches targeting youth. He also criticized leaders in his own party, mostly the older generation who were not supporting his cause. He announced that sterilization would be at the core of India’s National Population Policy. Soon, other states such as Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Orissa, Haryana, Punjab, and Himachal Pradesh also began implementing the sterilization policy. Since all these states were located in the northern part of India, that region came to be known as the “vasectomy belt.” Each of these states began to compete with each other in achieving the highest number of sterilizations to impress Mr. Gandhi.

Before the Emergency, compulsory sterilization was considered in different states, but no concrete decision was ever made. At the time, only states had the authority to make a decision in the area of family planning. Once the Emergency was imposed, Prime Minister Indira Gandhi, on her son’s insistence, amended the Constitution. The Constitution Act of 1976 gave the central government the right to execute family planning programs. Soon after, the central government mobilized the state political leadership and took decisive actions, such as setting up camps and sterilization targets.

Mr. Gandhi allocated quotas to the chief ministers of every state that they were supposed to meet by any means possible. The chief ministers, too, in an attempt to impress the younger Gandhi, strived hard to meet those targets. Mr. Gandhi often visited villages and towns in Uttar Pradesh and Bihar to encourage and approve the tremendous work being done in terms of meeting sterilization goals. Commissioners were awarded gold medals for their hard work. As a result, nothing mattered when it came to meeting the targets. Uttar Pradesh and Bihar were at the top when it came to exceeding the targeted number of sterilizations, resulting in more commissioners from these states receiving medals.

Force was not only physical in form but also indirect. The government issued circulars stating that promotion and payments to employees were in abeyance until they were sterilized or completed their assigned quota of people they convinced to undergo sterilization. People had to produce a certificate of sterilization to get their salaries or even renew their driving/rickshaw/scooter/sales tax license. Students whose parents had not undergone a sterilization were detained. Free medical treatment in hospitals was also suspended until a sterilization certificate was shown. Those who suffered the most were people associated with lower classes. These unfortunate people were picked up from railway stations or bus stops by policemen, regardless of their age or marital status. Poor, illiterate people, jail inmates, pavement dwellers, bachelors, young married men, and hospital patients were all victims.

Sanjay Gandhi’s efforts made vasectomy camps nationally popular, and they were consequently organized in cities with higher population densities. A team of doctors from the Family Planning Association and gynaecologists were working to ensure that these camps were successful. In Uttar Pradesh, the most populous state in India, vasectomy camps performed 331 operations per day initially, which then rose to 1,578 per day and later to 5,664 operations per day. In the process, there were several cases of forced sterilization being conducted unchecked. When Mr. Gandhi was told about these excesses, he firmly stated that all the statistics of forced sterilization were fabricated. Sanjay Gandhi also asserted that people were complaining about not receiving a follow-up after the surgery and not about sterilization itself. Furthermore, Mr. Gandhi argued that some excesses were inevitable considering the size of this program.

The most vehement resistance to the sterilization program came from the poorest groups in rural areas and from Muslims. The Muslims were
a minority living in areas surrounded by the majority Hindu population. They were especially against sterilization because they viewed it as the majority's strategy to gradually end their community. Mr. Gandhi, however, believed that if he were able to convince Muslims to embrace sterilization, then the rest of the country would have followed him easily. In order to spread his message, Mr. Gandhi sent his trusted lieutenants to talk with segregated groups of women and to mosques to extol the advantages of tubectomies and vasectomies. These discussions appealed to Muslim women because they realized the benefits of having smaller families, but men were reluctant to be sterilized.

As the sterilization drive intensified in 1975 in Uttar Pradesh, 240 cases of violent resistance were reported. Journalist and human rights activist Kuldidp Nayar describes several cases of such resistance in his 1977 book The Judgement: Inside Story of Emergency in India. The district commissioner collected people from the Narkadih village of Sultanapur district to get sterilized. In opposition, people attacked the police, who, in an attempt to save themselves, opened fire. Thirteen people were killed, and many sustained bullet injuries. Similar cases of police rounding up villagers to force them into sterilization were noted in several villages. In order to avoid compulsory sterilization, villagers hid in their fields for several days and nights. Instead of feeling a sense of protection, during the Emergency, people associated the sterilization with terror. In Muzzafarnagar, for instance, people resisted by pelting bullets at the government job unless they were sterilized.

Positive and negative incentives were also implemented in Kerala and Maharashtra. In Kerala, people were paid almost a month's salary to get sterilized. In contrast, salaries or loan approvals of employees were withheld until they underwent sterilization. During the Emergency, such practices were seen in several parts of the country. For instance, people with more than three children in Rajasthan were prohibited from holding a government job unless they were sterilized. In the state of Uttar Pradesh, teachers' salaries were withheld until they had been sterilized.

Assigning targets was the Indian government's way of undertaking fertility control programs even before the Emergency. However, these targets were not strongly enforced. Once the Emergency was declared, public officials in each state were given targets, which they had to achieve, sometimes using different tactics. For example, health officials were not given their salary until they had met their quota of sterilization. Likewise, teachers and policemen were also given quotas, and their salaries were determined based on the number of people they had convinced to undergo sterilization. As a result of extreme enforcement policies, the number of sterilization increased from 1.3 million in 1975 to 2.6 million in 1976 and then to 8.1 million in 1977.

Conclusion
Before the Emergency, at least two major opposition parties were strongly opposed to any form of birth control. Prime Minister Gandhi was able to implement the policy of compulsory sterilization only after the Emergency was imposed, civil liberties curtailed, thousands of opposition leaders jailed, and the press censored. Sterilization was thus used as an exertion of power during the Emergency. It was completely detached from the agenda of family planning. Population control was also seen from a state security point of view. The Indian population was cognizant of the power of civil resistance.
Political opposition along with civil unrest were threatening Prime Minister Gandhi's government, and leadership's response was the Emergency proclamation followed by ironclad policies on population control.

In January 1977, Prime Minister Gandhi lifted the Emergency and announced elections. Although there are reports her party members and the Intelligence Bureau informed her that she would win the elections, voters chose the Janata Party (a coalition of her former opponents) and threw Indira Gandhi out of power. While not the only factor, the aggressiveness of the family planning program cost Indira Gandhi her seat in the following election. Certainly, the excesses of mass sterilization were widely discussed throughout the country in the months leading to the March 1977 election. Gandhi's Congress Party's national vote share dropped from 43.9 percent in 1971 to 34.5 percent in 1977.\(^\text{16}\) An analysis of the election results showed Mrs. Gandhi lost significant vote share in the northern states of Uttar Pradesh and Bihar, where sterilization was implemented forcefully. Conversely, in the southern states of Tamil Nadu and Kerala, where sterilization was not enforced, Congress's vote share rose markedly. The Emergency was a determining factor for Congress's loss, but only in some parts of the country.

Once the new government came to power, the sterilization numbers plunged. Only 10 percent of the 1976–1977 sterilization operations were performed in 1977–1978.\(^\text{17}\) The larger damage had been done to the country. Considering the fear mass sterilization created in the minds of the Indian people and the fact that it caused the Congress Party's failure in the subsequent election, no political party in India was willing to touch the issue of mass sterilization for a few decades at least. Nevertheless, the Janata Party government kept the family planning apparatus intact and continued the noncontroversial programs like distributing condoms and intrauterine devices. This slow approach helped reduce public resentment toward family planning.

The Janata Party coalition collapsed within three years. In January 1980, Indira Gandhi was voted back to power, as was Sanjay Gandhi. Political pundits were left stunned and wondered if Indians had forgotten the Emergency, but later concluded that Indians wanted a government that was stable and functioning. Indira Gandhi's government prior to the Emergence possessed all these characteristics. The Janata Party coalition government was fragmented in contrast to a cohesive Congress Party. More importantly, Indira Gandhi could claim a number of accomplishments.\(^\text{18}\) She served as prime minister until her assassination in October 1984 and became the second-longest-serving Indian prime minister after her father, Jawaharlal Nehru.

Sanjay Gandhi died in a plane accident on June 23, 1980, even before his political comeback could take off. The accident was attributed to his novice flying skills, reckless nature, insistence on flying at a dangerously low height, and refusal to wear proper gear. The excesses committed by Mr. Gandhi were so onerous for the Congress Party that even years after his death, they continued to disown him.\(^\text{19}\) Ultimately, he ended up being a footnote in Indian history—just as he had feared. ■

NOTES

9. Ibid.
10. Ibid.
17. Gwatkin, "Political Will and Family Planning."
18. Some of Indira Gandhi's achievements that convinced Indians to bring her back as the leader of their country include victory over Pakistan in the 1971 war, expansion of the armed forces, the atomic explosion, leadership of the nonalignment movement, anti-West sentiments, a robust stance toward India's neighbors, and call for national unity in face of external threats.