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RAJIV GANDHI INSTITUTE FOR CONTEMPORARY STUDIES
JAWAHAR BHAWAN, DR. RAJENDRA PRASAD ROAD, NEW DELHI-110001

RGICS ISSUE BRIEF

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Sterilization Camps in India: Gaps and Measures

Prepared by:
Jagriti Gangopadhyay

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KEY MESSAGES

- Sterilization camps have led to high female mortality rates in India.
- There is a clear gender bias where sterilization is concerned with the percentage of women undergoing sterilization surgeries is much higher as compared to men.
- The Supreme Court on 16th September 2016 ordered to shut down all sterilization camps and highlighted the need for regulation in sterilization practices.
- Need for alternate approaches to birth control to regulate population growth yet ensure the wellbeing of the general public.

RGICS issue brief

Sterilization Camps in India: Gaps and Measures

PART I. BACKGROUND

Population control is considered to be one of the major challenges for developing countries. While different countries have adopted different measures to curb population growth, India continues to struggle in developing population control strategies. According to United Nations (2016) the current population of India is 1,330,440,013 and India has the fastest growing population after China (United Nations, 2016). As statistics indicate, the increasing rate of India's population is quite alarming and requires immediate action. Research suggests that the birth rate is higher among low income families because they believe that with more children, there will be more earning members (Dreze & Sen, 1995; Coale & Hoover, 2015). Scholars have for quite some time identified the family to be the central unit to achieve population control goals (Mukherjee, 1976; Dreze & Sen, 1995). In fact India was the first country to adopt family planning as one of its socioeconomic development policies in 1952 (Mitra, 2003). Post independence in the First to Third Five year plans (1951-1966) various methods including imported contraceptives such as condoms, jellies, and foam tablets were advocated for birth control. Additionally service clinics were set up in rural areas to educate individuals regarding family planning. Advertisements and other media platforms were used to spread awareness and the necessity for using contraceptives for the overall wellbeing of the family (Bongaarts, 1994; Mitra, 2003). It was only in the Fourth Five year plan (1969-1974) that the target was set and a birth rate reduction from 39% to 25% per thousand of population within the next decade was proposed (Dreze and Sen 1995). To meet this target various sterilization clinics were set up and various incentives and compensations were offered to undergo sterilization (Mitra, 2003). In Ernakulam district in Kerala, the chief district administrator was successful in conducting mass sterilization surgeries on villagers and in setting an example for other regions in the country (Agarwala and Sinha, 1983). Though the Ernakulam camps were models of effective organization but their processes were not replicated elsewhere. Doctors trying to perform as many surgeries as possible, large number of cases piling up in the camps and lack of equipment resulted in many complications and failures (Soni, 1983). Since then sterilization as a method has been a target oriented program (Malvenkar & Sharma, 1999) and the practice of forceful sterilization has been reported often in the media. In fact it is important to note that among all population control measures, sterilization camps have been most enforced by the government of India (Brown, 1984). Highlighting the issue of sterilization being imposed on individuals, this brief will reflect upon the functioning of the sterilization camps and also indicate recommendations for alternate population control policies which would ensure the safety and health of the general public.

PART II: INTRODUCTION

Studies have also demonstrated that even though sterilization is for both men and women, in India it is mostly the women who undergo the surgery (Dillingham, 1977; Malhotra et al, 2007; Singh et al, 2012). This has led to the death of several women in sterilization camps. The poor quality of care administered on the women in the camps which result in several complications post surgery are attributed to be the main reason for the high women mortality rates. Reports by several bodies such as the United Nations and population research organizations highlight that from 2009-2012, over 700 women had died in the country because of failed sterilization procedures (United Nations, 2013; Population Foundation of India, 2014). Though public health experts, demographers and women groups on several instances have criticized the functioning of the sterilization camps, nonetheless such camps continue to exist. Even though concerns of "quality of care" provided in the camps have been questioned by several studies (Visaria, et al, 1999; Malvenkar & Sharma, 1999), yet no particular action was taken against the doctors and staff of these camps. Apart from the conditions under which sterilizations takes place we find that the 'system' of meeting targets often leads to poor women being coerced into going for sterilization and some due to the compensation offered. Since undergoing sterilization is incentive based, hence many poverty stricken families accept this mode of contraception (Basu, 1985; Cleland & Robinson, 1992). In Chhattisgarh, when 13 women lost their lives in the year 2014, strict action was expected from the government of India (Sarojini et al, 2015). However this did not happen. It was only on 16th September 2016 that the Supreme Court ordered the government to close down all sterilization camps within three years¹. The order is a welcome move because the sterilization camps have been criticized by women activists and health experts for poor management, use of expired drugs and unclean

¹ <http://www.reuters.com/article/us-india-women-sterilisation-idUSKCN11M1YT>

RGICS issue brief

Sterilization Camps in India: Gaps and Measures

4

equipments (Mathew et al, 2009). As per the recently released data by National Family Health Survey round 4 (NFHS) Phase 1, 34% of women opted for female sterilization. e Table 1 provides a comparison of female and male sterilization surgeries from the NFHS round 4 Phase 1 data. The table highlights the states which are leading in female sterilization surgeries.

Table 1: Comparison of Male and Female Sterilization Surgeries within States of India (Source: NFHS Data Round 4, Phase 1)

Serial Number	Name of the State	Percentage of male sterilization surgeries	Percentage of female sterilization surgeries
1	Andhra Pradesh	0.6%	68.3%
2	Tamil Nadu	0%	49.4%
3	Karnataka	0.1%	48.6%
4	Telangana	1.6%	53.6%
5	Maharashtra	0.4%	50.7%
6	Madhya Pradesh	0.5%	42.2%
7	Haryana	0.6%	38.1%
8	West Bengal	0.1%	29.3%
9	Uttrakhand	0.7%	27.4%
10	Bihar	0%	20.7%

As can be seen from Table 1 a stark contrast exists between men and women undergoing sterilization surgeries in different states of India. Reasons such as lack of choice for women, men's refusal to use other methods of contraception because it impacts their manhood and sexual life and women being considered to be the main child bearers could be attributed to the high percentage of women being sterilized. Additionally studies have highlighted that men do not undergo vasectomy because they believe that since they are the main bread earners of the family, undergoing an operation will require them to take leave which will affect their income (Dutta et al, 2004; Saoji et al, 2013;) Since more women undergo surgery hence women mortality rates are higher in sterilization camps. With the Supreme Court passing the order of closing down the sterilization camps, it is important to examine why this judgment was necessary.

PART III: KEY ISSUES

Although sterilization as a process of has been criticized considerably, nonetheless it remains the most popular method of contraception. With the order of the sterilization camps to be shut down, one of the most used measures of population control will become restricted. Hence it is important to understand some of the major concerns with the sterilization camps and surgeries.

a)Limited Infrastructural Facilities

Most of the complications in the sterilization camps have emerged due to deficiency of proper infrastructural facilities. Studies have highlighted that the buildings where the surgeries are carried on are dusty, old and dilapidated. The windows in the operation theatres have no shutters and grills (Visaria et al, 1999; Padmadas et al, 2004). Electricity is a major problem and only the operation theatres have electric connection from jeep batteries. Other sources of light such as candles, torches and lanterns are used in the waiting rooms. Studies have also reported that the same tablecloth is used for multiple operations. After every operation the tablecloth is washed in hot water to remove the blood stains, however it is changed only after all the operations for the day are completed (Malvenkar & Sharma, 1999; Chacko, 2001; Padmadas et al, 2004). Basic facilities such as respiratory bags, anesthesia trolleys and oxygen masks are not available in the operation theatres. The doctors do not even wash their hands after every operation and the wash basins usually do not have water. Additionally studies have also observed that needles and syringes are changed after every three to four patients (Visaria et

RGICS issue brief

Sterilization Camps in India: Gaps and Measures

5

al, 1999; Malvenkar & Sharma, 1999; Chacko, 2001). Details from these studies highlight that hygiene and cleanliness is hardly maintained in the sterilization camps. Give the dearth of infrastructural facilities; patients are bound to face complications after the surgeries.

b) Inadequate Preoperative Conditions

Cases of women not receiving adequate medical care before the operations have also been highlighted on several instances. Studies have indicated that after preoperative medications women are found sitting on the floor or lying on mattresses. There were no systematic sitting arrangements in these camps (Malvenkar & Sharma, 1999; Achyut et al, 2015). Before the surgery 35 women are cramped together in one room waiting for their turn. In fact the waiting time would range from 4-5 hours and since women are instructed not to eat or drink before coming to the camps, they are both hungry and thirsty. In most camps basic anti-inflammatory and analgesic drugs were also not available. In fact the anesthesia is given to all the patients at the same time (Das et al, 2004). None of the camps provide any operation theatre clothes to the clients and operations are carried out in the clothes worn by the patients (Visaria, 1999; Das et al, 2004; Das, 2004). As the studies indicate basic minimum facilities are also not provided to the patients. The focus of the doctors and the staff are on achieving the maximum number of sterilization surgeries and they continue to do so in spite of inadequate medical standards. In the process the needs of the patient are completely neglected and ignored.

c) Lack of post operative care

Several studies have demonstrated that the quality of care provided in the sterilization camps is inadequate and substandard. For instance a study from Gujarat highlighted that the toilets near these camps were not functioning and full of waste. The toilets did not have water and lacked maintenance. While it was necessary for the women to use the toilets after the surgery, it was impossible for them to access them (Malvenkar & Sharma, 1999). A study from Madhya Pradesh indicated that even though after the surgery women are expected to rest for 4-5 hours, due to the large number of women waiting and lack of space, women are sent home after 1 hour. Most of the women are unconscious on their way back home (Ramachander & Barge, 1999). Similarly a study from Uttar Pradesh reported that most women suffered from backaches, severe bleeding and weakness after the operation. However only 25-29% of these women receive any form of health assistance from the doctors and the staffs post the surgery (Khan, 1999). In Bihar, a study revealed that women were given only basic information on rest, bathing and keeping the stitched area dry and clean. In fact half of the women in Bihar were not even checked while they were being discharged (Achyut et al, 2015). Corroborating similar findings a study from Tamil Nadu demonstrated that post the sterilization surgery women complained of lower abdominal pain, menstrual problems and extreme weight loss. There was also no assistance or advice received from the health workers or the doctors after the surgery (Ravindran, 1999). Findings from all these studies indicate the fact that patients receive no attention after the surgeries are conducted. Since the targets of the medical staff and doctors are met with, they do not devote any more time to the patients. As a result women experience several health issues and receive no guidance either.

d) Violation of Privacy

During the operation woman's privacy is of no importance for the medical professionals; in particular women from sterilization camps of Bihar have revealed that the staff and the doctors pay no attention to privacy (Roy & Verma, 1999). Scholars have highlighted that the women are asked to lie down and spread their legs. Her petticoat is put on her face and two attendants hold her legs tightly. Apart from the doctor, many male ward boys and other male staff enter the operation theatre and violate the women's privacy (Ramachander & Barge, 1999; Das et al, 2004). The doors of the operation theatre are not closed and the family members of the patient can witness the entire surgery. In fact there is no auditory privacy either and the screams and moans of the patients could be heard from outside (Achyut et al, 2015). Building on these findings it could be suggested that the importance of women's privacy is of no concern for the medical staff and doctors. The right to privacy during any surgery is the basic right of every individual and clearly that right is being violated in the camps.

RGICS issue brief

Sterilization Camps in India: Gaps and Measures

6

As different scholars have indicated that even though sterilization is the most accepted form of population control measure practiced, nonetheless it is also one of major causes of health issues and increase of women mortality rates in India. In this context it is important to reflect on population control policies being followed by other highly populated countries.

PART IV: MEASURES BEYOND INDIA

Since population control is a concern for many countries, it is important to understand the different policies adopted by other countries to control population. In this section the countries with high population growth rate and their measures have been highlighted.

Table 2: Population Control Measures in the leading populous countries

Serial Number	Name of the Country	Population Control Measure
1	United States of America	Title X Family Program provides contraceptive services, supplies and information. In particular families in the low income group are given priority. In 2014 the Title X Family Program prevented two million unintended pregnancies
2	Indonesia	Banjar System: Involving the community to spread awareness on birth control. Village family planning groups are created by the government to mould individual fertility behavior and also involve religious leaders to cater to the high Muslim population of Indonesia. This program has seen a major shift in the attitude of the religious leaders who have shown active support for the program
3	Brazil	Pills and Sterilization: Free sterilization is provided in public health hospitals. Since maternity leave is not allowed in Brazil, a lot of woman avail sterilization to get a job.
4	Pakistan	No particular population policy. In 2010 the government had pledged to focus on family planning and awareness on contraception methods such as condoms and pills were created
5	Nigeria	USAID Funded Initiative: Identify groups such as adolescents, unmarried and married women and distribute contraceptives for free through the public and private health network
6	Bangladesh	Family Welfare Assistants: They go from door to door and advise mothers regarding use of contraception and provide free contraception after every two weeks. Currently Bangladesh has the lowest total fertility rate in South Asia
7	Russia	Till 1990s abortion was the most popular method of birth control. However recently more modern methods are being used due to campaigns on birth control being conducted by the government. Currently 40% of Russian couples use condoms, 20% use intrauterine device and 18% use the pill
8	Japan	Japan Family Planning Association: Trained family planning experts to disseminate information regarding various methods of contraception
9	Mexico	Local clinics and health workers have spread the need to use contraception particularly in villages. Half of Mexico's child-bearing women use some form of contraception
10	Philippines	35% of the women use modern contraceptive methods such as female condoms, pills, ovulation billing method and female sterilization. However majority of the women in poor households rely on traditional techniques such as rhythm, calendar method, periodic abstinence and withdrawal

To summarize the different policies used by other countries it could be suggested that through trained health workers and by involving religious leaders, the use of various contraception measures could be proliferated and population control

RGICS issue brief

Sterilization Camps in India: Gaps and Measures

7

could be exercised. In fact except Brazil sterilization is not practiced in other countries. Hence as discussed given the effects of sterilization, India should opt for other means for population control.

PART V CONCLUSION: ALTERNATE APPROACHES

Among the measures available as discussed sterilization seems to be the most commonly used method for birth control. However as pointed out the sterilization surgeries are also the major cause for female mortality and health issues among women. Hence it could be suggested that women are paying a high price in terms of their health to prevent reproduction and regulate population control. In this context it is important to identify alternate approaches which could be used to curb population growth in India.

- Drawing from the example of other countries it could be recommended that other mediums such as condoms and intrauterine devices should be used to maintain a balance between men and women usage of contraception methods.
- By training members from the village community, the government should create village self-help groups who would campaign and educate villagers on the other options available for birth control.
- In particular men in the rural areas should be motivated and urged through door to door campaigning to use contraception to reduce the burden on the women. Alternatively men should also be encouraged to undergo vasectomy to reduce the sterilization burden on women.
- In urban cities, areas should be identified with low income families and trained health workers should be sent to spread awareness on other contraception methods.

In fact even within India some of the southern states have reached replacement level rates. For instance in Kerala through the provision of free contraception, advice on benefits with smaller families and by offering extra retirement benefits to smaller families, the state has controlled its population growth. Similarly Karnataka focuses on family planning through its birth control clinics offers advice to married women on contraceptive appliances and encourages them to use them as well. Tamil Nadu also achieved replacement level rates by 1993 by targeting younger couples in the nascent stage of fertility. With the help of trained health workers, Tamil Nadu used sterilization to reduce population growth. Since the surgeries were conducted in primary health clinics with proper infrastructural facilities, the process of sterilization to reduce birth control was implemented successfully. Even Andhra Pradesh's total fertility rate is below the national average fertility rate. Several adolescent reproductive sexual health clinics have been set up in tribal and rural areas to encourage birth control through oral contraceptive pills, intrauterine contraceptive device and condoms. Examples from the southern states of India indicate that initiatives around family planning and population control are being successfully implemented. The main goal of population control programs should be that both men and women should make informed choices. With the Supreme Court's order to shut down all sterilization camps and to urge for a national health policy, it is important for the government to reevaluate population control goals. For instance following the Supreme Court's order the government could provide better sterilization services. By banning sterilization camps, the government should mandate all sterilization surgeries to be conducted in public hospitals with proper facilities. Drawing from the model followed by the southern states the government can set up primary health centers in tribal and rural areas and provide free advice on birth control measures. Given the fact that India is experiencing high population growth rate, it is important for the government to prioritize population control measures coupled with safety and wellbeing of the population.

PART VI. BACKGROUND INFORMATION/REFERENCE DOCUMENTS

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RGICS issue brief

Sterilization Camps in India: Gaps and Measures

8

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RGICS issue brief

Sterilization Camps in India: Gaps and Measures

9

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