Contraception
As If Women Mattered

by Vimal Balasubrahmanyan

CONTRACEPTION

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A critique of family planning

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I. From the user's end

To most members of the literate society in India, the word "population" has come to mean largely this country's most pressing "problem", and the major reason for all the social and economic ills which afflict the majority of our people. The "solution" is seen as a population control programme which, by supplying contraception, will bring down the birth rate through the adoption of the small family norm. The Family Planning (FP) programme administered by the Union Ministry of Health is the instrument for realising this objective of population control.

Because the "problem" is more or less visualised in the neuter gender, it is not adequately acknowledged that the FP programme is overwhelmingly aimed at women. Because of its integration with the maternal and child health (MCH) component of health policy, the programme fails to reach out to those who might be interested in male contraception. This bias has been reaching frightening dimensions during the years after 1977 when the forced vasectomy campaign of the emergency resulted in an election debacle for Mrs. Indira Gandhi's government. Since women today are the primary targets of FP policy, it is time the programme was critiqued from the point of view of those at the receiving end.

At the international conference on "FP in the 80s" held in Indonesia in April 1981, perhaps for the first time, the focus was placed on "the user's perspective." The conference[1] stressed that "FP programmes need to tailor their services and the contraceptive methods they offer to the needs and preferences of the people who use them". A women's perspective of India's FP programme is a necessary starting point for proper monitoring of this programme by women's groups and health groups in this country. This booklet is an effort towards outlining such a perspective. What do women want from the FP programme and what are they actually getting? Proceeding from this question, one can begin to think of action strategies towards demanding that the government does indeed tailor FP services to meet the felt needs of the people in this country, and especially the women who, besides constituting one half of the population, bear the

BOX 1

Contraception: back to square one

Sundari Ravindran from India describes in the narrative below her experiences and the barriers she encountered in trying to obtain birth control methods:

"It's a Curse to be Born a Woman..."

I first sought contraception a few days before my wedding. Birth control was not a topic I could discuss freely with my mother, and my women friends had little experience in the matter. I turned to a doctor friend, a woman, and she injected me with Depo-Provera.

I was told that it was a very effective contraceptive. The only side-effect I was likely to experience was absence of periods, but that was nothing to worry about. It might be a few months after I went off the contraceptive before I conceived and I was not to worry.

A few weeks went by, when I accidentally came across an article about the possible side-effects of Depo-Provera, and I panicked. My first dose was to be effective for three months, and I decided I would not go back for subsequent shots.

At the end of three months, I went to another gynaecologist, seeking birth control advice. She wanted to know why I needed birth control when I had no children.

"You need some sound advice from your elders," she said "Childbirth is not something you can choose at will. You may choose now to put it off, but who knows if you will conceive at all when you really want to."

I was very upset. I did not want a child at least for the first two or three years and was not even sure I wanted one eventually. I sought help from a general practitioner, a man, who gave me a couple of packets of contraceptive pills and a prescription for future purchases. I started on the pill and continued to be on it for the next two years. I had no problems, no side-effects.

Then, I decided I wanted a child, and I stopped taking the pill. I little anticipated what was to follow. I suffered from nausea and dizziness, felt very weak and drained out and even had some spells of fainting. I became flustered at the least pretext, cried very often, and could hardly carry on my regular activities.

I consulted a doctor and was told that my problems had nothing to do with going off the pill; I was probably going through a bad period and was probably under stress. Worse still, I did not menstruate for the next two months and worried that I had become sterile.

Becoming pregnant became an obsession over the next few months, and, fortunately, I did get pregnant at the end of six months.

brunt of child-rearing as well as contraception.

In order to understand why the government has adopted such an aggressive population control policy, it is first necessary to examine the myth and reality of the poverty-population syndrome and to see how the FP programme has evolved over the years; why did it choose the directions it has taken? What is the role played by the world population control establishment in influencing this policy, and why at a global level are the rich countries so desperate to reduce the population growth of the developing nations? The first section in this booklet provides a brief overview of this background.

The second section examines the impact on women of the government's policies regarding the promotion of the Intra Uterine

After my baby was born, I was back at square one: help needed for birth control, please! I decided to try the Copper T this time, which was being inserted free-of-cost at the Government's Maternity Hospitals and Family Planning Clinics.

The first time I went, I was asked to come back on the fifth day of my period. I was sent off with a prescription for B-Complex tablets and a general health "tonic." I was treated like a dumb creature, with no explanations given for any of these instructions. When I attempted to raise questions, the doctor made impatient gestures, as if to say there was no time. And there was a long queue waiting to be attended to.

The next time I went, I was guided into the waiting room of the family planning clinic. A clerical assistant filled out my name and address, age etc. in a form and asked me to wait till I was called.

The waiting room was a cramped little place adjoining the room where IUDs were being fitted. The room was partly open, and one could get glimpses of what was going on inside. One by one the names were called out, and the women went in and out, each taking barely five minutes.

After a while, I was asked to empty my bladder and get ready for my turn. There was just one toilet for the entire maternity out-patient wing, and women were going in about five or six at a time. I was horrified and stood around for more than fifteen minutes. Finally, I gathered courage and walked in with four or five others and finished my business.

When I went back, I got a good chiding for taking such a long time. My name was eventually called out, and I went into the room. I was asked to lie down and put my legs up on the stirrups. The doctor was talking about something else with her nurse assistant all the while and suddenly remarked to her that I had not shaved my pubic hair before coming for the insertion.

I felt dizzy and nervous. And before I knew what, something was inserted into my vagina. I was then told, "It's over. Next!" The next person was already coming in. The many questions that I'd almost begun to ask were stifled in my throat. I walked out of the room feeling angry, defenseless, as if I had been stripped naked against my wishes and close to tears.

I am educated, middle-class, and have access to some information on contraceptives from magazines and journals published in English. Yet, this was what I had to endure to obtain birth-control. I dread to imagine the lot of the many poor and illiterate women in this and other countries. It's no wonder that many women believe that "It's a curse to be born a woman..."

- **Women's World**, ISIS June 1985

Device (IUD), sterilisation, abortion, the pill and the injectable. The third section covers a further range of issues relating to the topic of women and FP: the neglect of male contraception, barrier methods and natural family planning (NFP); the use of human guinea pigs in contraceptive research; the selective abortion of female foetuses; how religion and state policy on FP attack women's rights; the neglect of safe childbirth and lack of help to overcome infertility under an aggressive anti-natalist policy; the use of media and now, population education to strengthen the myth that population is the root cause of all social and economic evils.

The final chapter sums up the dichotomy between women's demand for birth control as a human right and FP programme which ostensibly exists to meet this demand. What are the areas of conflict and convergence

BOX 2

Controlled by Patriarchy

One woman whose mother-in-law was against her son having himself sterilised, expressed her willingness to undergo the operation if her husband permitted. It appears that even on the question of family planning women do not, by and large, feel they have an independent decision to make and take their cues from men or elder women. One young woman had already borne four children and was pregnant with the fifth. Her husband was a gambler and did no work, she and her mother-in-law worked in the field and in the house. On being questioned, though her husband admitted that they did not have the means to support so many children he laughed and said, "How can we stop having children? This is God's gift." Any attempt to talk directly to the wife was forestalled by the mother-in-law who said, "What is the use of his getting operated? She can still bear children by other men." One 23 year old woman had evolved a very unique and effective method of birth-control. She was a devotee of Kali and claimed that if her husband touched her he would be struck down by the wrath of the goddess. A small boy from the neighbourhood narrated to the team how her husband had actually collapsed when he approached her. He was later reported to have said: "I felt as though I was struck hard by an invisible hand." The way this woman had, consciously or unconsciously, used religion and superstition, and manipulated it in her favour, is remarkable.

-Women in Focus *(Kumud Sharma et al) 1984*

and what is the women's movement's stand on family planning?

To keep this booklet down to an optimum and manageable length, I have avoided including the kind of details and information about contraceptive methods which are readily available to the target readership from other sources. The CED Health Cell itself has already produced two Counterfacts on the injectable and the pill which are additional sources, and most women's groups and health groups have access to copies of *Our Bodies, Ourselves,* published by the Boston Women's Health Collective, which has indeed become a sort of Bible for the global women-and-health movement. In this booklet priority has been given to discussing policy implications and issues, and I have included the kind of information which will contribute to making the total picture of the **politics** of FP clearer. It is hoped that the book will provide ideas for action by activist groups through a broad framework for monitoring the FP programme. Hopefully also, women's studies units will be stimulated into initiating research in those areas where information gaps exist. Wherever possible I have indicated the existence of such gaps and the need for further data collection.

I have also outlined WHO norms for safe provision of different FP services as well as various policy statements by the population control agencies. These will give monitoring groups a basis for demanding that the FP providers conform to the safe and humane criteria laid down by their own authorities. Lessons from other countries have been cited wherever relevant.

I have tried to give as many examples as possible for women's actual experiences with the FP programme and its personnel, many of which illustrate the sharp contrast between stated policies and what happens in reality. Some of the examples from Bombay were sent to me by an activist friend from information which was gathered during the field work of the Society for Promotion of Area Resource Centre (SPARC). It would be useful if the women-and-health movement were to set up a central clearing of information regarding the experiences of women from different socio economic sections and regions in their search for, and use of, contraception. Micro-level studies in social science research abound with examples of the total lack of rapport between health personnel providing FP services and the women they are expected to reach. But we

BOX 3

Double Burden

Once a couple attains the desired family size, it is mainly the woman who bears the on-going fear of further pregnancies, knowing that the responsibility for additional children - or abortions - rests upon her. The physical risks and hardships for women as they resort to village-level abortions for unwanted pregnancies are predictably high. That women usually feel obliged to seek abortions without their husband's knowledge reflects the oppressive degree to which their lives are controlled by men. This subordinate position of women also partially explains why the number of "official" abortions performed in medical institutions continues to be only a tiny proportion of the estimated total. The reasons for this are several: transportation expenses, lost wages and a general suspicion of the government FP activities are all important factors. But it is also true that for most village women it is unthinkable for them to ask "permission" from their husbands to seek abortions at these centres, or equally as unthinkable for them to make such a journey alone under some other pretext. As a result, safer, institutional abortions remain for the most part out of their reach. Thus, in the general effort to limit family size, women bear not only a greater burden than men, but in addition, an entirely unnecessary physical burden and this is so precisely because they have so little control over their lives, reproductive and otherwise.

*- Sheila Zurbrigg, **Rakku's Story**, 1984*

need a mthod by which information related to women and FP can be sifted out from these larger studies and put together in a body of information which in turn will form a wide data-base for action.

It should not be forgotten that patriarchy and oppressive living conditions greatly inhibit women's access to birth control. No FP programme imposed from above can help unless there is fundamental social change. Abuses have crept into the programme precisely because FP personnel seek to control women's reproduction while leaving every other aspect of their lives unchanged. Therefore, even as we demand that FP policy be made accountable to the people, we must remember that birth-control is but one aspect of the total women's movement whose goal is structural, social and economic change.

Reference:

1. *Studies in Family Planning*, Vol.12, No.6/7, June/July 1981.


If they can't
get bread,
let them
eat the
Pill