CHAPTER 3
Rationalizing Fecund Bodies: Family Planning Policy and the Modern Indian Nation-State
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At night ... he would whisper to her about the dawning of a new world, Belle, a free country. Belle, above religion because secular, above class because socialist, above caste because enlightened, above hatred because loving, above tribe because unifying, above language because many-tongued, above colour because multi-coloured, above poverty because victorious over it, above ignorance because literate, above stupidity because brilliant, freedom, Belle, the freedom express, soon we will stand upon that platform and cheer the coming of the train. —Salman Rushdie

Reevaluations of Indian Modernity: Liberalism under Challenge

This chapter explores the Indian state’s attempt to set up a specifically “modern” relationship to the reproductive bodies of its citizen-subjects. The discourse of demography and family planning is shaped by the broader forms of ethico-political legitimation that mark the particularity of the state. Partha Chatterjee singles out two features central to the self-definition of the Indian postcolonial state as it emerged from the anticolonial nationalism of the 1940s: first, the claim to representativeness that rested in the procedural forms of parliamentary government; and, second, the claim to representativeness that rested in “directing a program of economic development on behalf of the nation” (1994, 204). Family planning as state policy is shaped by both kinds of claims to legitimacy and is, in turn, integral to the state’s representation of itself as modern and progressive.

Yet the basic terms of Indian modernity are now under critical scrutiny and challenge. In his novel The Moor’s Last Sigh (1995) Salman Rushdie has his protagonist describe the early ideals of Indian modernity in a way that is designed at once to impress the contemporary reader with the lofty sweep of those ideals and simultaneously to strike the reader as verging on absurdity. Both qualities, the idealism that seeks to end the oppressions of caste and poverty as well as the absurdity of the ambitions, are made to spring from the same source—namely, the vertiginous attempt to soar “above” poverty but also above religion, class, tribe, and even language. These transcendent goals seem to find no moorings in the actual social fabric of India. Faith in modernity’s promise threatens to turn into an unreflective complacency (“above stupidity because brilliant”).

Such a view of Indian modernity and nationalism is not confined to diasporic South Asian intellectuals such as Rushdie, whose location may be presumed to be more directly shaped by Western postmodernist perspectives. Within India a similar process of intellectual reevaluation marks the traversal of a political distance between the ideals of the first generation of Indian postcolonial intellectuals and those of the present. Veena Das, a leading sociologist, articulates the nature of this distance for many intellectuals in the social sciences:

Unlike social scientists who came into the world of knowledge as part of the anti-colonial, nationalist enterprise, the new generation of social scientists in India have to live with a destruction of certainty as the only condition for the production of knowledge about Indian society. They cannot “represent” India as if India were absent and silent. They can only insert their voice within a plurality of voices within which agreement between prescriptive, normative, and even descriptive statements is not likely to be forthcoming. This, however, may be a more hopeful position than one in which a single authoritative truth, with claims to sovereignty, comes to reign over all intellectual discourses (1995, 54).

Outside academic circles, the challenge to Indian modernity is, if anything, more intense and of greater consequence. The place of liberal secularism as a guiding principle for the exercise of state power is politically contested at present by both religious nationalists and left-liberal intellectuals. State policy in an area such as personal law therefore forms the focus for a whole range of critical positions on modernity, ranging from religious nationalist demands that the state adopt a uniform civil code and cease “pandering to Muslim minorities,” to leftist critiques of the colonial legacies in state policies on religion, to feminist debates over the demand for a uniform civil code. Sections of the women’s movement, in particular, are undertaking extremely nuanced adjudications of modernity, as they seek to reconcile the demands to respect “difference” among women—religious differences in particular—with the need to secure gender equity by providing all women with uniform access to a
just set of personal laws (Hasan 1996; Sangari 1995; Working Group on Women’s Rights n.d.).

In the area of family planning as state policy, however, the dominant brand of intellectual discourse stands out. I will argue, as a particularly stark example of the condition Gyanendra Pandey describes for Indian historiography:

By attributing a “natural” quality to a particular unity, such as “India,” and adopting its “official” archive as the primary source of historical knowledge pertaining to it, the historian adopts the view of the established state (1991, 560).

In the area of family planning, the hegemony of “the view of the established state” entails the conflation of the state’s particular vision of reproduction and fertility with modernity itself. Such an adoption of the state’s viewpoint by planners, demographers, and policy makers is no coincidence. More than any other class of intellectuals, “planners are essentially concerned with serving the interests of the state, an entity which is ‘relatively’ or ‘potentially’ discrete from the interests of particular social classes—or from self-interested technocrats” (Robertson 1984, 94).

The hegemony of the planners’ discourse is by no means uncontested or absolute. I will be unable, in this chapter, to give left and feminist critiques of family planning policy the attention they deserve, but the first half of this chapter is heavily informed by the tenor of these critiques, while I have explored questions of modernity and the Indian women’s health movement in another essay (see Ram 1998a). Yet, although such traditions of critique exist, we have yet to see the impact of recent debates over key aspects of modernity in the area of state policies on reproduction. There is little critique, in particular, of the way the state in India has framed notions of what it is to have a modern reproductive consciousness. In this chapter I set out to show why such a critique is important, not only in order to expand the horizons of what are considered permissible forms of reproductive consciousness but also because there are close links between discourses on fertility and broader discourses on state and citizenship. The women’s health movement in India, for instance, driven as it is by an entirely legitimate focus on the contradiction between state family planning policies and women’s health choices, does not address the broader contours of the state’s discourse on reproductive rationality. Yet state-driven notions of reproductive rationality marginalize not only women but a whole range of identity formations as “minority identities.” I devote the second half of this chapter to an extension of the debate in this direction.

Liberalism and Family Planning Policy: The Erosion of “Choice” and “Democratic Participation”

State family planning policy can be viewed as a particularly potent arena in which two quite distinct, even opposed, imperatives of the Indian state have been at work: those of liberalism and developmentalism. The values of liberalism have framed the discourse of family planning in India in certain important ways. First, they refer back to some of the primary values of the Indian state itself. The Constitution of the newly independent Indian nation-state takes on board the liberal definition of the private sphere as a sphere in which freedom to pursue one’s interests and beliefs is guaranteed, a freedom checked only by the contending liberal principle of not infringing on the rights of other individuals. The Constitution tries to remain faithful to this founding vision, despite the conundrums created by its application in the Indian context. Liberal values are invoked at two levels within family planning policy. Participatory democracy has been viewed as the necessary mediating procedure for the implementation of family planning, while, at the level of the individual “acceptor” of the policy, liberal values of informed consent and choice are perceived as desirable. We can see this both in the latest and in the very first of the five-year plans. The report of the Working Group of the eighth (and latest) five-year plan substantially invokes both these sets of liberal democratic values. The review process stresses the values of informed choice, community involvement and participation, active involvement by the elected representatives of the people in parliament, state legislature as well as in local government, and the special need to make “the weaker sections, including women, aware of their rights to demand the services to improve their health as well as their welfare” (Eighth Five Year Plan 1990, 17).

Nearly all the policy statements refer to the desirability of choice for the users of family planning policy. The preferred image of the policy for some time has been that of a “cafeteria” in which Indians figure as consumers of technological choices arrayed before them in impartial fashion. The recommendations of the Working Group for the latest five-year plan project a consumer who is kept well informed about the choices, and even the consequences of choices, in the cafeteria of contraceptive technology. “It is necessary to strengthen counseling about all the various methods, their benefits as well as contradictions and possible side effects” (1990, 18). If we look back at the first five-year plan, the draft form was circulated in 1951 with the assurance that “planning in a democratic State is a social process in which in some parts... every citizen should have the opportunity to participate” (cited in Raina 1988,
9) The literature on family planning similarly commits itself to both aspects of liberalism. The key to shaping demographic behavior is considered to reside in access to knowledge, information, and services and the freedom to use them in any way (Basu 1992, 68).

I do not propose to view these commitments as purely formal or illusory. They have had their effects in a vigorous electorate and civil society and provide a set of genuine constraints that other imperatives such as developmentalism have to take into account, in a way that distinguishes the Indian state clearly from other states in Asia, where the adoption of liberal democratic values ranges from the tokenistic to outright rejection.

**The Erosion of the Meaning of “Choice”**

The divergence from liberal principles in the Indian case must be analyzed more subtly than is the case in states with little commitment to such principles. In India there is, instead, a process whereby the principles are both continually reiterated and equally constantly eroded, or in which the meaning of key terms is radically redefined and narrowed. We may clearly see this dual process at work in the operationalization of a key term such as “choice.” I deliberately begin not with the spectacular example of the Emergency in 1976, when liberal democracy was suspended altogether and used to implement sterilization but, rather, with the more everyday, enduring, and persistent erosion of liberal values in family planning. The drama of the Emergency has obscured the fundamental continuities in state policy. As Soni puts it:

The measures used in the Emergency were not in themselves new: the intensive “crash” programmes; the emphasis on sterilization as an easily administered method; the use of targets; payment of incentives and disincentives; sanctions against those who failed to comply with the government’s wishes; and even, in some cases, forcible sterilization notwithstanding its illegality. What made 1976 different was the application of political muscle to the fertility control programme. (1984, 143)

The annual targets referred to by Soni are set by the Planning Commission in consultation with the Health Ministry and state governments and have been a feature of state policy since 1966. By their nature, they are aggregate goals for fertility reduction rather than goals set with an eye to the “consumer,” or “user,” of the contraceptive methods. Financial “incentives,” too, were “the basic feature of the national program after 1965” (Vicziany 1983, 384).

When we examine the actual goods made available in the cafeteria of state-controlled choice, a history of informed choice has virtually no meaning. State policy has typically pushed only one method at any given time, usually in short and intensive phases. The first choice to be eliminated in state policy was a Gandhian advocacy of non-technological methods (abstinence, rhythm, and withdrawal). Still somewhat influential immediately after Independence in the 1950s, this choice was quickly displaced by a general favoring of technological methods (Soni 1984, 149). For the most part we see a pattern not of several technological choices but of a single technology being pushed at any given time: either the intrauterine device (IUD) or sterilization or, more recently, a turn toward long-lasting hormonal implants.

The IUD was sponsored by the state in quite a strenuous fashion during the early phases of family planning policy in the early 1960s, yet it ceased to be promoted between 1974 and 1984 (see Soni 1984) and has only been fitfully promoted by the state since then. Sterilization has remained fairly constant as the state’s preferred modality of “family planning” and now accounts for 70 to 80 percent of the contraceptive protection (Nayarana and Kanter 1992, 106). Table 2 sets out the relative emphasis on sterilization as a means of achieving targets for the period 1970–89.

<table>
<thead>
<tr>
<th>Year</th>
<th>Sterilization</th>
<th>IUD</th>
<th>Other Methods</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970–71</td>
<td>8.1</td>
<td>1.4</td>
<td>2.1</td>
<td>11.5</td>
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<tr>
<td>1971–72</td>
<td>9.7</td>
<td>1.4</td>
<td>2.4</td>
<td>13.5</td>
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<tr>
<td>1972–73</td>
<td>12.2</td>
<td>1.2</td>
<td>2.4</td>
<td>15.8</td>
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<tr>
<td>1973–74</td>
<td>12.3</td>
<td>1.1</td>
<td>3.0</td>
<td>16.5</td>
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<tr>
<td>1974–75</td>
<td>12.6</td>
<td>1.0</td>
<td>2.4</td>
<td>16.1</td>
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<tr>
<td>1975–76</td>
<td>14.2</td>
<td>1.1</td>
<td>3.4</td>
<td>18.7</td>
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<tr>
<td>1976–77</td>
<td>20.7</td>
<td>1.1</td>
<td>3.4</td>
<td>25.3</td>
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<tr>
<td>1977–78</td>
<td>20.1</td>
<td>0.9</td>
<td>3.0</td>
<td>24.0</td>
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<tr>
<td>1978–79</td>
<td>19.9</td>
<td>1.0</td>
<td>3.1</td>
<td>23.9</td>
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<tr>
<td>1979–80</td>
<td>19.9</td>
<td>1.0</td>
<td>2.7</td>
<td>23.6</td>
</tr>
<tr>
<td>1980–81</td>
<td>20.1</td>
<td>1.1</td>
<td>3.3</td>
<td>24.4</td>
</tr>
<tr>
<td>1981–82</td>
<td>20.7</td>
<td>1.2</td>
<td>3.8</td>
<td>25.7</td>
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<tr>
<td>1982–83</td>
<td>22.0</td>
<td>1.4</td>
<td>4.9</td>
<td>28.4</td>
</tr>
<tr>
<td>1983–84</td>
<td>23.7</td>
<td>2.3</td>
<td>6.6</td>
<td>32.7</td>
</tr>
<tr>
<td>1984–85</td>
<td>24.9</td>
<td>3.0</td>
<td>7.7</td>
<td>35.6</td>
</tr>
<tr>
<td>1985–86</td>
<td>26.5</td>
<td>3.9</td>
<td>8.3</td>
<td>38.7</td>
</tr>
<tr>
<td>1986–87</td>
<td>27.9</td>
<td>4.8</td>
<td>8.0</td>
<td>40.7</td>
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<tr>
<td>1987–88</td>
<td>28.9</td>
<td>5.5</td>
<td>5.7</td>
<td>40.1</td>
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<td>1989 (Survey)</td>
<td>31.5</td>
<td>1.9</td>
<td>6.7</td>
<td>39.9</td>
</tr>
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Note: Contraceptives covered by the category 'other methods' include condoms, jelly, foam tablets, and pills.
The table, however, dealing as it does in aggregates, does not capture just who is being sterilized. In fact, there has been a dramatic shift in terms of the sex of the bodies that are targeted as the object of sterilization policies. Up to the period of Emergency in 1976, male sterilization was four to five times more common than female sterilization, since the technology for cheap, mass female sterilizations was not available until the advent of mini-laparotomies and laparoscopic sterilizations in the early 1980s. The pivotal event for the shift was the Emergency state declared by Indira Gandhi between 1975 and 1977. A concerted push by the state in meeting targets of male sterilization was resisted by means of the electoral system—the Emergency and Mrs. Gandhi’s Congress Party were electorally voted out. Male sterilizations have been regarded as electorally risky since then, and, once new forms of cheap female sterilization became technically possible, there has been an overwhelming shift toward women as the target of sterilization campaigns (Narayana and Kanteri 1992, 108; Soni 1984, 151; Soonawala 1992, 81).

Such shifts in policy are not only by the sex of the targeted bodies but by the regional location of those bodies. The Emergency sterilizations, for instance, had been undertaken with particular ferocity in the northern states, where the Congress Party enjoyed a more undisputed electoral primacy than it did in the southern states. In addition, it was in the north of India where Mrs. Gandhi’s son Sanjay Gandhi had carved out a particular sphere of influence in which he could pursue the sterilization targets he took as his personal agenda. Accordingly, it was in the north that the rejection of the Emergency was electorally registered in outstanding numbers (see later discussion). By contrast, the states of the south, while also experiencing the shift toward the targeting of women as the object of sterilization, never experienced the full impact of Emergency-style campaigns to sterilize men.

Equally revealing of the state’s relationship to the bodies of citizens is the nature of the contraceptive technology preferred in state policy. The methods favored by the state for its citizens are the ones that allow the least amount of choice in terms of reversibility. Contraceptive technologies offering people greater choices in terms of preventing pregnancies and allowing reversibility have either been de-emphasized or have been denied an adequate infrastructure for meeting standards of health and safety. For example, of the contraceptives described as “conventional contraceptives” in documents issued by the Ministry of Family Welfare, which include condoms, diaphragms, jellies, foam tablets, and pills, only condoms have been promoted, and with varying reports of success. The Indian state, unlike other states, such as Bangladesh, has never seriously promoted the pill or made it widely available. According to the Rural Women’s Social Education Centre (hereafter RUWSEC) in Tamil Nadu, the state and the medical establishment have been entirely negative in their attitudes toward the diaphragm (oral report, 17 August 1996). In recent interviews with doctors at public hospitals and in the Voluntary Health Service family planning clinics, moreover, I found that the diaphragm was simply regarded as superseded technology.

Abortion was made legal in 1971 under the Medical Termination of Pregnancy Act as a contraceptive measure. Contraceptive failure is included as a valid reason for seeking abortion. It has been noted in the literature that, although the utilization of this service has picked up, it has not reduced the number of illegal abortions (Soni 1984, 152). One reason why women may not avail themselves of the legal medical abortion facilities is that abortion itself is not made available as an independent choice. It is available, rather, through medical personnel who link it up with state-sponsored pressures to undergo sterilization. Doctors whom I interviewed in a public hospital in peri-urban Chennai, in Tamil Nadu, revealed that abortion was not made available except with strings attached. At the very least, the insertion of an IUD is required, and after a second child the abortion is virtually conditional on undergoing sterilization (field notes, August 1996).

The preferences for particular contraceptive technologies expressed by state policy as well as by medical personnel are themselves revealing of an underlying distrust of liberal values. IUDs are adjudged a failure—not from the perspective of the women who use them but primarily from the point of view of population limitation. From the point of view of women, there is clear evidence that the health system is regarded as inadequate in providing women with the follow-up care required after insertion of IUDs (Srikantan, Balasubramanian, and Nkara 1984, 160). The evidence of women’s lack of satisfaction with contraceptive side effects is striking. In contrast to other countries, where around half of IUD acceptors may complain of discomfort in the first month of use, 70 percent of Indian women did so (Narayana and Kanteri 1992, 110). A microstudy of contraceptive use in a Delhi slum reports that women were reluctant to continue because of bleeding, pain, discharge, as well as fear of the operation, while there was a general unhappiness with follow-up services (IPP VIII, n.d.). Other case studies report that women have been fitted with IUDs without their knowledge following hospital delivery of their first child. The women discovered the insertion only after developing problems with bleeding a few months later, and they had the IUDs removed (Ravindran 1993). Doctors now claim to be satisfied that the new IUD being promoted by the government—the copper-I—overcomes the design deficiencies of the earlier “Loop” (fieldwork interviews between author and a doctor in a public hospital at Chengalpattu Public Hospital, August 1996). It is clear, however, that the prob-
The female consumer in the cafeteria of state discourse is someone who cannot be trusted. After all, the choosing subject may initially figure as an "acceptor" of the IUD but then discontinue using it. Or she may fail to adduce the internal "motivation" necessary for a daily dose of oral contraceptives such as the pill or to insert a diaphragm at the right time.

Class and gender inequities find renewed expression through this distrust. Narayana and Kantner comment on the "conviction among many professionals and lay persons [in India] that the requirements of the pill regimen were beyond the powers of mind and discipline of 'illiterate Indian housewives'" (1992, 111).

The construction of women as incapable of planning and rationality becomes all the more consequential when applied to poor women. Such constructions turn into real obstacles placed in the way of attempts by nongovernment organizations, for example, to widen the range of choices available to poor women. RUWSEC, a nongovernment organization working with urban and rural poor women in Chennai (Tamil Nadu) and rural areas near Chennai, held a day-long workshop in mid-1996 to publicize the results of its work. They described in vivid detail the opposition from the medical establishment and the government to their attempts to introduce the use of diaphragms to urban poor women in three areas of Chennai. The authorities gave the following reasons for their opposition: poor women did not have the facilities to clean and store the diaphragm hygienically; they were culturally too inhibited to successfully insert the diaphragm; and last, it was beyond their capacity to insert the contraceptive successfully at the right time. The nongovernment organization went ahead and educated the women in the method while awaiting an arrival of supplies (diaphragms are difficult, if not impossible, to obtain within India). Ninety-eight women used the diaphragm and six months after use reported no pregnancies. They were delighted with the lack of side effects and, although five had also used other methods, were glad that there was no need to resort to a doctor for use or removal. Negotiating obstacles such as the lack of privacy was hardly, they pointed out to the researchers, a new skill for them to learn.

Where such dedicated efforts by nongovernment groups are not available, the result of official attitudes and policies is a drastic foreshortening of choices for the poor, reinforcing the contours of class as well as gender inequality. While urban, middle-class feminists are critical of the lack of mandatory information regarding the side effects of the pill (Raghuaram and Rahman 1996) and of the lack of education on sex or sexual health in government schools, these preoccupations themselves seem a luxury when compared to those of the rural

It has been found by researchers that contraceptive pills containing progestin and more commonly used other reversible methods necessitated continuous motivations involvement [sic] by the user. In a country like Bangladesh this fact is more true than in the developed world. It is therefore necessary to introduce methods in Bangladesh which can continue to be effective for long periods without continuous motivation by Family Planning workers. Norplant is perhaps the most effective method which is likely to prove successful here. (Cited in Indian Health Activists n.d., 1)

The third five-year plan in Bangladesh justified the use of Norplant in the following terms:

[This] long lasting method has the potential advantage of not requiring day to day use and therefore may be particularly suitable for our semi-literate population. (Cited in Indian Health Activists n.d., 1)
poor, who seldom encounter alternatives to sterilization or, at best, to the IUD. The data for India as a whole, reported by Narayana and Kantner (1993, 107), indicates that the rural poor do not know of any alternatives to sterilization and abortion. Such statistics are not to be explained away by reference to the ignorance of the poor. Poor women, too, have shown themselves to be interested in limiting their number of children. The point may be best illustrated with reference to the state of Tamil Nadu. The data for Tamil Nadu corroborates the all-India data cited by Narayana and Kantner—the rural poor, for the most part, know only of the different forms of sterilization. A study by Sundari Ravindran (1993) compares two groups of poor women in Tamil Nadu, one located in a peri-urban fishing community, and the other among agricultural Dalits (the "Scheduled Castes," in terms of government discourse). All respondents (numbering 1,307) knew of the different forms of sterilization and of little else. All had heard of tubectomies and laparoscopic sterilizations known to them simply as the "operation." Less than 5 percent had heard of the IUD, and only one had heard of the pill. Eighty-five percent were aware of legal abortion facilities, and all knew an illegal abortionist.

Yet Tamil Nadu is also the state that currently brings a gleam to the eye of demographers and planners, since the state has witnessed a slump in fertility rates over the last decade, moving from 3.5 in 1979 to 2.2 in 1991 (IV Antony 1992). This result seems to have been achieved—in contrast with the state of Kerala, which has long stood as a model of holistic development predicated on a mass communist mobilization (Jeffrey 1992)—without any significant improvement in the key indicators of "development," such as alleviation of poverty, and without a decline in infant mortality rates. The result has already triggered a renewed regionalist complacency among state ministers. The prospect their response offers (particularly in the context of structural adjustment programs and a greater reliance on a privatized market economy than in the past) of fueling an even more single-minded concentration on population control—has alarmed feminist activists and scholars. Several have undertaken a closer investigation into the links between fertility decline and female status in Tamil Nadu (Ravindran nd.; Swaminathan 1996). Ravindran's wide-ranging study of all districts in Tamil Nadu uses focused group interview techniques rather than a purely statistical method. The results are too complex to be summarized, but I will pull out the details relevant to my point about choices for the poor. The study found that rural women are demanding more access to modes of birth control. In contradiction to state government declarations, however, the fall in fertility is not due to the superior status of women in Tamil Nadu. Although an improvement in female status—such as a rise in rates of female education—can be glimpsed in certain areas, there has also been a marked deterioration in female status in the rising rate of dowry and an associated rise in violence against women (cf. Robinson, this volume, on women's "status" and fertility). Such a deterioration in female status can also, it would seem, be linked with a greater desire on the part of women to limit the number of children. The author of this particular study (Ravindran nd., 36) concludes that it is women themselves who are at the forefront of a conscious move toward fertility decline.

Yet for all their desire for contraception—which sometimes meant women undertook measures without consent from their in-laws or husbands—female sterilization was the only method that was known to all and the most commonly used. The sources of this information were mainly government health functionaries, family planning outreach workers, government posters, newspapers, and the radio. It was the government nurse or primary school teacher (usually a woman) who had taken batches of women to the local primary health center or government hospital for sterilizations and IUD insertion. None of these recruiters had either informed the women or made available any other form of contraception. In the same study (Ravindran nd.), all the men knew of the condom and where to obtain it, but there was little evidence of its use. Induced abortions were used as a means of spacing births, because the side effects of the IUD were feared.

Class differences show up not only between urban and rural locations but within the rural population. In the study mentioned earlier, those women whose ability to provide a meal for the family at the end of the day depends on their being fit for doing agricultural labor were more affected than others by the nonavailability of choices. My own fieldwork among agricultural laboring women testifies to their fear at the prospect of sterilization. They believed it would make them less able to work and to breastfeed and nurture their babies.

The Redefinition of "Motivation"

The transformations in the meanings of the term "motivation" are one telling gauge of the general tenor of family planning discourse. The term no longer refers, as in popular understanding, to a psychological state of mind internal to the subject. In family planning discourse, "motivation" is located externally. "Motivators" are typically health workers (family welfare health assistants, village health guides, auxiliary nurse midwives) employed at state-run family welfare centers and primary health centers in urban and rural areas. It is impossible to be sure, however, that even these motivators are equipped with the requisite degree of motivation. They themselves require external motivation by the application of targets, transfer disincentives, and additional monetary pay-
ments set by the state. The chain of externally directed motivators quite undermines the liberal notion of a choosing subject. This is reflected in common usage. Village women report perceiving family planning personnel as people who are there to recruit a "case" (Ravindran 1993, 251; see also Narayana and Kantner 1992, 90ff; Rao 1994a).

There is evidently a profound tension within family planning policy. On the one hand, there is a desire to enshrine the values of choice and agency. On the other hand, the actual implementation of the policy too often testifies to a want of choice and, indeed, to a distrust of precisely those technologies that rely on the active participation of users. Usually, only one technology is promoted. And this single technology is consistently the same: time and time again, the method promoted by the state proves to be the nonreversible method of sterilization. Poor and rural citizens are not trusted to exercise choice in a manner consistent with the goals of the state. The result is that, as far as the poor are concerned, the family planning program has virtually become identified with sterilization. Methods that require continuous decision making, such as the pill, are viewed as suitable for middle-class educated elites. Those devices, on the other hand, that are inserted and removed by medical personnel, such as the copper-IUD, are favored for the poor and for less-educated women.

The Undermining of Democratic Electoral Participation in Family Planning Policy

A similar process of erosion characterizes the adoption of democratic electoral participation in the implementation and design of policy. The apatheticism of this erosion was the period of the Emergency, between June 1975 and January 1977. It was then that the suspension of civil liberties and electoral processes was most directly and dramatically experienced in the realm of family planning. The figures for sterilization—predominantly of men—rose dramatically. The Shah Commission, which was appointed in retrospect, after the resounding electoral defeat of Mrs. Gandhi by the Janata Party, brought out its report in 1978. According to the report, the number of sterilizations rose from 1.3 million in 1974-75 to 2.6 million in 1975-76. It then rose again, dramatically, to 8.1 million in 1976-77. The populous belt of Uttar Pradesh is one of the northern states where the policy was implemented with zeal. In the year before the Emergency, 1974-75, the state had failed to achieve its state-set "target" of 175,000. In dramatic contrast, in the first year of the Emergency alone, the number of sterilizations rose to 857,000 (Shah Commission of Inquiry 1978).

The change in the relative powers of the central government and the state governments was of particular importance to population policy and its implementation. Under the Indian Constitution, health and family planning are the domain of the states; the states are responsible for administering and implementing the programs. The Center, however, keeps control over finances and undertakes planning, research, evaluation, and training for the program, as well as makes key decisions relating to the introduction of new contraceptive technology. Through five-year plans the Center determines overall program policy regarding the establishment of clinics, the introduction of new schemes and patterns of staffing, pricing, and expenditure (Soni 1984, 144). The states simply administer and implement the program. Until the Emergency, this division of powers was not often enforced. There were no official sanctions against a state that did not pursue the implementation of Central policy with zeal (Soni 1984).

In 1976 the Constitution was amended to equip the Center with greater powers. States were given permission to pass legislation, in conformity with central government requirements, introducing compulsory sterilization. Civil service regulations were amended to ensure that central government employees adopted the small family norm.

Political pressures on all government departments, and at every level of administration to recruit or face disciplinary action, non-payment of salary and even suspension, turned family planning into a crusade of political tyranny. For the rest of the population too, the pressures were stringent if arbitrary: a variety of licenses and permits, school admissions, rural credit, fertilizer supplies, food rations and many other economic processes superseded legal changes during what was in effect a phase of compulsory sterilization, since the severity of the economic alternative to sterilization in many instances left the individual with no real choice (Soni 1984, 147).

The high drama of the events of the period has served to obscure questions that should have been raised about the formation and implementation of family planning policy in "normal" periods of electoral democracy in India. The dramatic electoral rejection of sterilization campaigns and of the Emergency that permitted them to occur did occasion a good deal of debate in the aftermath. Yet the parameters within which the debates were conducted do not fundamentally challenge the "view of the established state." A classic example occurs in a population policy workshop conducted in 1978, whose proceedings were published in 1984 (Gandotra and Das 1984). Compulsion by the state, of the direct and punitive kind associated with the Emergency, is placed under question. "Free choice," however, is not understood as the freedom for citizen-subjects to choose goals out of line with state policy. Instead, the state retains a
monopoly over agency, except that it now utilizes "development" instead of coercion to achieve its goals of population control. The only "option" that remains to be exercised by citizen-subjects is whether they will participate in the "Voluntary Acceptance of Family Planning." The editors of the volume, Gandotra and Das, express a common view when they make even such limited forms of agency, as indicated by a term such as "voluntary acceptance," conditional on the achievement of material and cultural modernization.

The most important question today is whether in a country where more than 70 per cent of the people are illiterate, where more than 80 per cent of the people live in villages with very inadequate facilities for sanitation, hygiene, medical care or pure water supply, where superstition, old beliefs as well as fanatic and dogmatic leaders and interested politicians rule unhindered, can we hope to fully achieve "Voluntary Acceptance of Family Planning"? (Gandotra and Das 1984, ix)

None of the commentators on population policy openly discredit liberal democratic values per se. Instead, the state is presented as progressive both in its liberal democratic values and in its early commitment to family planning. Both are important credentials as markers of progress in this discourse:

India, not yet the world's largest country, is on its way to becoming so . . . . Size is undeniably important but of greater significance is what India represents in the world "community" of nations and what it might be in the future. However troubled and divided—and despite occasional lapses into nondemocratic ways—India stands out among less developed nations of substantial size as one that is attempting to modernize itself, socially and economically, without sacrificing its commitment to democratic processes.

A nation, it might be said, with steadier and nobler aspirations for itself and its people than most post colonial societies. (Narayana and Kantner 1992, 1)

The historical fact that the Indian state was one of the first nation-states to adopt family planning as official state policy in 1951 is another important feature of this state-identified nationalist discourse on family planning. According to the vice president of the Family Planning Association of India, it is a clear indication that the Indian state "was certainly ahead of its time" (Soonawala 1992, 77).

Yet, just as family planning and liberal democracy are markers of the progressiveness of the Indian state, so also the failure of the electorate to adopt family planning becomes a marker of the backwardness of the electorate and a sign that it is not worthy of participating in an electoral democracy either. Failure to adopt family planning is linked to particular forms of identity formation that are threatening not only to family planning but to the unity of the nation:

In India caste, religion and class are exploited as instruments of political mobilization. Electoral politics thus keeps the cauldron of cultural antagonism bubbling. (Narayana and Kantner 1992, 5)

Elsewhere Narayana and Kantner refer to the politics of caste and religion as "a sack full of writhing cobras ... threatening to break through a dangerously threadbare social fabric" (1992, ix)

Another set of commentators on population policy, Pai Panandiker and Umashankar, begin more cautiously. They suggest that India's "diversity" and "federal democratic political system" have "deeply conditioned" the success or failure of population policies. As their account develops, however, it becomes clear that diversity figures to them almost exclusively as a problem. The policy's chances of success are threatened precisely by this diversity. India's multiplicity of languages is an obstacle to official communication and to national consensus around the program (Pai Panandiker and Umashankar 1994, 93). Regional differences raise the specter of secessionist mobilizations and undermine national unity. Religious leadership, which they see as responsible for "propaganda" (97), undermines the influence of a secular leadership committed to "education." Even the emergence of lower-caste political leaders, themselves beneficiaries of the idealism of the nation-state in its early adoption of affirmative "reservation" policies, permits the influence of the wrong kinds of identities and frustrates the attempts of the nation-state to modernize and secure general welfare:

The backward castes, as a group, have observed the political power of numbers and are suspicious of proposals for controlling population growth. Brought up in a rural agricultural milieu where large families are respected, and where at least two sons are desired, members of these castes are highly suspicious of the perceptions of urban elites drawn from socially and economically advanced sectors of the population. One of the chief ministers of a state from a backward caste has nine children, and is reported to have said that he had this large family because he opposed the family planning program of the Congress Government (98)
Gender is not included in Narayana and Kantor's list of "writings cobra" (1992) Gender identities are not among the list of identities regarded by Pai Panandikar and Umashankar (1994) as problematic for population policy—presumably because they have not figured as a major determinant of electoral politics in India. Where gender has emerged as a basis for political mobilization, as with the urban women's movement, we find it incurring censure phrased in identical terms. When the president of the Family Planning Association of India addressed the International Planned Parenthood Federation’s Family Planning Congress in New Delhi in 1992, she found the urban women's movements guilty of sectional and unrepresentative politics.

The so-called pro-feminist groups, through their empty contraceptive policies, are in reality working against the welfare of their fellow women. In India, contraceptive policies were ready to be introduced into the national programme about five years ago, but a stay was ordered by the Supreme Court because certain women's groups claimed that contraceptives were being forced on women. And there are certain individuals, very vocal, very well funded, though a minority, who are able to affect the judgement of the majority by having a ban placed on certain hormonal contraceptive. There are certain constraints within a democracy; because of the freedoms that it gives, minorities are able to push their views forward, sometimes to the detriment of the majority. (Soonawala 1992, 85)

A characteristic move on the part of all these commentators is to make an explicit and perhaps unconscious distinction between liberal democracy as a concept (which is highly valued) and its actual functioning in the Indian polity. Liberal democracy is good, but the politics of caste, religion, language, class, and gender are bad and inappropriate for a proper democracy. Yet for all those who regard electoral politics in India as an obstacle to the implementation of a desirable family planning policy, the events of the Emergency should give pause. For it was precisely the curbing of electoral politics and the strengthening of the central government that the expense of all other sources of agency that led directly to the "excesses" (as all agree to call them) of the forced-sterilization campaigns.

The approval of electoral politics in principle—while decrying its actual functioning—is at times only a hairsbreadth removed from the outright disapproval of both practice and principle. Electoral politics is then seen as undesirable in itself, since it is divisive, competitive, and politicizes the issue of population.

Each identity-bound group, whether religious or ethnic, caste or linguistic, feels that its safety lies in numbers and percentages; the moment its demographic leverage decreases, its importance and influence in government suffer, and its vital interests are at stake. This anxiety over numbers is the central problem of the Indian family planning program (Pai Panandikar and Umashankar 1994, 105).

Such a perception is certainly taken very seriously in India. One of the measures retained from Indira Gandhi’s Emergency period (1975–77) is the freezing of representation in parliament at the population figures of 1971 up until the year 2000.

Gyanendra Pandey has argued that Indian nationalism has become more intolerant to diversity than at any time since Independence:

"Unity in Diversity" is no longer the rallying cry of Indian nationalism. On the contrary, all that belongs to any minority other than the ruling class, all that is challenging, singular, local—not to say, all difference—appears threatening, intrusive, even "foreign" to this nationalism. (1991, 559)

If, as he argues, historiography has been active in reinforcing such notions of a natural Indian unity and an Indian nationalist essence, then the discourse of planners and demographers is even more closely identified with the production of such a view of nation, nationhood, and citizenship. The attitudes of citizens toward their reproductive bodies has, in this discourse, become a crucial indication of whether they belong to the "progressive," modern culture that characterizes the worthy participant of liberal democracy or whether they belong to a premodern backward culture. For those who distrust liberal democracy itself, the electoral system elicits the worst possible combination of the modern and the premodern. The rational policy maker is confronted with collectivities of caste and religion behaving like electoral-minded individuals. They become disruptive, competitive, and self-interested "vote banks."

In the next section I examine one element of the process by which citizenship became invested in India with a particular kind of identity formation.

Developmentalism and Modernity in the Indian Postcolonial State

Following the path-breaking work of Partha Chatterjee on Indian nationalism (1986, 1994), I suggest that in order to understand the foundational discourses
of the postcolonial state, we need to depart from the premises emanating either from within Western political theory or from purely “indigenous” sources and to examine, instead, the way in which nationalism in India fashioned an inevitably contradictory combination of Western political philosophy with the imperatives of anticolonialism. At the very least, the shaping power of this anticolonialism imparted to the leaders of the nationalist movement a communitarian orientation, a vision of society as a “whole,” which radically tempered the individualist premises of liberalism.

This communitarian concern consolidated around what, following the work of Escobar, may be termed not simply “development, but a discourse of ‘developmentalism’” (1995, 5ff.) Escobar’s work, in part due to its empirical focus on the period after World War II, portrays developmentalism as a discourse emanating almost exclusively from Western or Western-dominated locations, such as the World Bank, the United Nations, and North American and British universities. His representations of developmentalism have been criticized for encouraging an unnecessarily homogenized and North American-centered construction (Grillo 1997). Consideration of India certainly provides an instructive contrast (but cf. also the case of China, Anagnost 1997). In India, crucial elements of the developmentalist discourse were elaborated much earlier than the time Escobar’s narrative begins, not by Western experts at all but by Third World nationalists in the course of anticolonial struggle. Satish Deshpande traces the centrality of “the economy” in the imagined “nation” of the Indian nationalist struggle to the “Swadeshi” movement of the last quarter of the nineteenth and early years of the twentieth century. In that era, Indian nationalism was confronted with “the glamour of the imported commodity and the mystique of western technology” (1993, 18), not simply as so many isolated goods but as “implying certain social and moral responsibilities” (1993, 20). The ruin of the Indian handlooms by the textile industry of Lancashire had come to stand for the failure of the British colonial state to recognize these responsibilities. Deshpande traces two varied nationalist responses to this predicament, both mediated by the commodity form: on the one hand, we have Gandhi’s emphasis on a nonmodern economy based on moral rather than commodity relations; and, on the other hand, we have Nehru’s model of socialist planning and development economics. Chatterjee, for his part, also locates developmentalism within the central thrust of anticolonial critique. By the 1940s, he argues, the main critique of colonial rule was an economic one: colonial rule was regarded as a historical fetter on the nation’s development, exploatively creating a backward economy. Self-government was therefore legitimate because it was the historically necessary form of national development (Chatterjee 1994, 203). Accordingly, the postcolonial nation sought its distinctive content in “a new mechanism of developmental administration... working for the universal goals of the nation” (205). The indistinguishability of much of the postcolonial state’s framework from that of the rejected and superseded colonial state made this developmental welfare bureaucracy all the more crucial as a location of newness and legitimacy.

Rationally “Planning” the Nation-Family

The discourses on population control and family planning have elaborated the centrality of a disembodied rationality and planning that is applied directly on a body that is conceived only as the passive carrier of a discrete biological fertility. How did rationality come to occupy this regulative role in governmentality, and what are its peculiarly colonial and postcolonial ramifications?

In his account of a particular form of rationality associated with the evolution of the modern state between the sixteenth and eighteenth centuries, Foucault (1991 [1978]) traces the partial displacement of an older model of the state. He finds that the definition of a good ruler in the older model of “sovereignty” is one who produces good subjects, while good subjects are in turn defined, in purely circular fashion, as those who submit to the will and authority of the sovereign. By contrast, the emergent model of the state, that of governmentality, is one that requires the government of people and things to increase the wealth of the population. For this to occur, political economy has to emerge as a separate sphere. Henceforth, to the extent that this model is able to impress itself successfully, governance must be justified through principles of rationality rather than with reference to natural or divine laws. The key point of interest to us is the centrality that Foucault assigns to the category of “population” in this new order of things. Population emerges as “a datum, as a field of intervention, and as an objective of governmental techniques” (1991 [1978], 102).

In the colonial context, the state similarly undertook such rationalizing classifications of “the population” in India, aggregating and typifying them into so many generic descriptions of castes, tribes, and religions. Crucial modifications need to be made to Foucault’s account, however, when viewed from the perspective of the colonies. While India was constituted as a population and as an object of knowledge for administrative purposes, it was not constituted as a population whose wealth was to increase as a result of such rationalizing processes. Indeed, the very swiftness with which nationalists were able to draw lessons from experiences such as the ruin of the Indian handloom industry stemmed from this difference. The two dimensions of “governmentality,” which coincided and provided a support for one another in the European experience, failed to coincide for the population of the colonies.
In the colonial context, therefore, governmentality took on fresh connotations. Caste and religion were not only forms of classification—they were also the features that were singled out by the colonial state as the essence of the Indian social structure and the source of its conflict-ridden divisiveness. The term communalism, still used to characterize religious conflict in India, has its origins in such colonial constructions (Pandey 1992). Such understandings also persist in the discourses of Indian political science, demography, and family planning, in which—as we saw earlier in this chapter—caste, region, and religion emerge as so many examples of the particular and the sectional in contrast to the rational purposes of the nation-state and its intellectuals. If, argues Chatterjee, Western theorists, such as Hegel, located the concrete expression of a more generalized rationality in the bureaucracy as “the universal class” and in the monarch “as the immediately existent will of the state,” then Indian nationalists sought to locate this rationality in the head of state, and in a development bureaucracy (1994, 205).

The Indian state and the bureaucracy, in particular, assumed that the rationality of the development bureaucracy was concentrated above all in the function of planning. The discourse of planning elaborates and puts into operation the notion of a rational and general will, which is the premise of development. This is a consciousness that fixes priorities between long- and short-term goals and makes possible a conscious choice between alternative paths.

"Planning" was a bureaucratic function, to be operated at a level above the particular interests of civil society, and institutionalized as such as a domain of policy-making outside the normal processes of representative politics and of execution through a developmental administration. But as a concrete bureaucratic function, it was in planning above all that the post-colonial state would claim its legitimacy as a single will and consciousness—the will of the nation—pursuing a task that was both universal and rational: the well-being of the people as a whole (Chatterjee 1994, 205).

My examination of the early adoption of family planning as state policy leads me to argue for an even greater elaboration of rationality as an attribute of the new nation-subject than even Chatterjee’s formulation would lead one to suspect. We find in the arguments that surround population control (from before the time of independence, and certainly by the time of the first five-year plan) a projection by nationalists of the faculty of rational planning. This is attributed not only to the Indian state but also to the potential citizens of new India. Even more radically, the nationalism requires, and indeed assumes, that citizens will practice this faculty not only in the public sphere of citizenship but in virtually every area of their lives, including the spheres of sexuality and reproduction.

The genesis of the argument for family planning is embedded within a broader argument for population control, which in turn is fed by several streams of argumentation. The economic critique of colonialism called forth the valorization of rational planning as the solution to colonial underdevelopment. At least one way in which the new nation was imagined was as an economic unit in which productivity is determined simultaneously by both an increase in production and by minimizing costs, that is, decreasing the population.

The early ramifications of the process by which the faculty of rationality was derived from economic planning but then projected onto the bodies of Indians are perfectly illustrated in a text published in the year before independence by Dwarkanath Ghosh. "Pressure of Population and Economic Efficiency in India" (Ghosh 1946) underscores simultaneously the central importance of population in shaping the new nation’s options and the dream quality of Ghosh’s faith in a new rational consciousness on the part of Indians that will allow population goals to be adopted as everyone’s personal choice. The preface states:

Great events have happened in this country. We have entered the penultimate stage of our political development, and acquired wide powers of shaping our future. In the construction of this future the size and growth of our population will play a large part.

The book is itself meant to be an exemplum of the new rationality: "I have, moreover, endeavoured to be as objective as possible, to state the facts, analyse them and draw the conclusions which the analysis suggests." Nowhere is rationality needed more urgently than on the "population question." The precarious purchase of this rationality on Indian subjects is acknowledged, however, even in the anticipatory moments before Independence:

As far as possible, emotions have been kept at bay; there is no economic question in which they intrude so easily and obscure reasoning as that of population... Let the people of this country be population-conscious, realize its supreme importance and understand the infinite ways in which it influences their life. They will then someday agree on its solution. To-day reasoning is opposed by emotion, and conclusions carefully arrived at are opposed by unexamined prejudices. The first step in the solution of our
population question is to get out of this stage of obscurantism, and if this small book makes any contribution to this result, my labours would be amply rewarded. (Ghosh 1946, preface)

What is significant here is that, despite these fears, Ghosh is addressing not the nationalist leadership but the potential subjects of planning. Ghosh imagines the newly emergent Indian citizen of post-independence India as an "intelligent layman" who can be persuaded by being exposed to facts and to an analysis that simply draws the logical conclusions. In other words, the citizen-subject of independent India, who is the object of state policies, is also—ideally, at any rate—as rational as the state itself and will take on himself or herself the tasks of planning and control over his or her own body. The rationality of the intelligent layman turns out to also be a primarily economic rationale. The "facts" through which the new nation is to be imagined by the emergent citizens are economic ones:

We, as a nation, are badly handicapped in the race of life by our mortality conditions. From the economic point of view, the manner of our growth involves an immense waste of national resources and productive capacity. First, we nurse, feed, clothe, house, and train every batch of newly born population only to lose 45% of them before they reach the age of 15 at which they can make any contribution to national income (Ghosh 1946, 22).

In this scenario, in which human life and death become translated into economic resources and costs, Ghosh considers whether industrialization, rationally planned to encourage coordination as well as minimizing dependency on foreign capital (93), will be sufficient to offset the increase in population attendant on welfare and health improvements (72). He finds it insufficient in the absence of population measures, and the book culminates in an argument for contraceptive technology to be widely distributed.

The triumph of such a developmentalist liberalism seemed complete by the time of the first five-year plan (1951-56). The plan came out unambiguously and confidently in favor of a state-sponsored family planning policy, involving provision of facilities for sterilization and giving advice on contraception.

Yet there were other competing visions of the new nation that had to be marginalized in order for this to happen. I cannot give Gandhi's framework the treatment it deserves in this chapter, yet it is important to mark the fact that Gandhi provides the resources for quite an alternative conceptualization of the emergence of Indian subjecthood in the new nation-state. Here the emergent subject is a moral subject, rather than the bourgeois citizen-subject of political theory. Where the bourgeois citizen-subject is eligible for certain rights and civic responsibilities on the basis of rationality, Gandhi exhorts Indians to claim their subjecthood through a quest for moral truths. In articles published in the journal Young India from 1913 onward, right through to Key to Health, the book written in jail in 1942, Gandhi seeks to unlock the potential for a great nation through a regimen of bodily self-discipline (Alter 1996). His stance on birth control derives from this quest Ahimsa (nonviolence), satya (truth), and the quest for self-restraint dictate a view of the body as a site to exercise moral rather than technological regulation Brahmacharya, or the vow of sexual abstinence, was principally a mode of self-regulation. Yet it also allowed the regulation of births in a way that not only avoided the reliance on modern industrial technology but also encouraged men in particular to relinquish their selfish subjugation of women in keeping with the moral virtue of aparigraha, or non-possession.

Gandhi's views on the matter were much publicized in India after a meeting with Margaret Sanger, who had been invited to address the All-India Women's Conference (AIWC) in 1935 at which resolutions approving birth control for health and welfare reasons were eventually accepted. Gandhi's larger vision, within which his views on birth control were embedded, was in the event subsumed by one that stressed developmentalism and liberal democratic values. Yet his legacy is being reviewed all over again as the limits of liberal-ism explode in postcolonial India—while emancipatory discourses such as contemporary feminism must be said to share at least a common orientation with Gandhi insofar as they place emancipatory subjecthood (here of women) at the center, rather than at the periphery, of policies such as birth control.

The First-Year Plan and the Family Plan

The five-year plan had to mediate between the terms provided by a liberal democratic constitution and the terms provided by developmentalism. Population control evidently owes more to the imperatives of the latter than of the former, both in the arguments leading up to its adoption and in the actual implementation of the policy in subsequent years. The first plan, however, attempted to bridge the gulf. It tried to derive family planning from population control. More accurately, it simply assumed a coincidence between the welfare of the nation and the welfare of the family. The rationale for the adoption of state-sponsored family planning is given in the plan as a happy coincidence of what is necessary and desirable for both nation and family.
(a) The reduction of the birthrate to the extent necessary to stabilize the population at a level consistent with the requirements of the national economy.
(b) Family limitations or spacing of children is necessary and desirable in order to secure better health for the mother and better care and upbringing of children. (First Five-Year Plan, cited in Raina 1988, 10)

Rationality is imputed not only to the state planners but also to the individuals who must take up the task of planning their families. The subcommittee of the Planning Commission (leading up to the first five-year plan) makes its recommendation in the following terms:

Family limitation is necessary and desirable in the interest of the family. It is necessary and desirable that the members of every family comprising the nation take all suitable and practicable steps for securing that the occurrence of a birth in the family is properly spaced in time and limited in number, so as to safeguard the health of the mother and child and enable an adequate share of the resources of the family being applied effectively to the care and upbringing of children. (Cited in Raina 1988, 6)

Just as the nation-state must embody universal rationality on behalf of the welfare of the nation, so the family members must come to take on the attributes of rationality in order to plan the welfare of the whole family.

Even more strikingly, both sets of rational planners are motivated by a concern for the welfare of the underprivileged members within their domain. The nation-state emerged from the anticolonial struggle with a strong brief for giving equality a substantive content: reservations and affirmative action policies for lower castes, for which provisions were made in the Constitution itself; agrarian land reform for the peasants; maternal health programs for women and children; and constitutional protection for the religious rights of minority religions. The family emerges in the discourse of family planning as endowed with exactly the same faculty and goals of exercising rational planning in protecting the welfare of its “weaker sections,” its minorities—namely, women and children. The family, no less than the nation, is an economic unit. The “family plan,” therefore, treats the family as an economic unity, with its resources to be assessed and allocated through the application of a single rational will. This rational will is exercised in terms of choices that conceptualize time in the same way that the five-year plan conceptualizes the time of the nation: in terms of “proper spacing” of output/births as well as limits placed on total costs. In the process, the welfare of all is secured but, more particularly, the welfare of the underprivileged members—minorities, mothers, and infants—is improved in accordance with the logic of developmentalism.

We see here a mixed relation between state and family. On the one hand, there is a relation of homology, in which the state takes care of “the weaker sections” through planning, just as women and children are taken care of through family planning. In this scenario, the rational planner in the family is implicitly masculine, and, indeed, those elements of family planning policy that minimize women’s agency elaborate precisely such a masculinism. Menon and Bhasin’s striking exploration (this volume) of the newly independent state’s attempt to recover and rehabilitate women perceived as “out of place” when they can no longer be located in their “proper” family structure is another example of this homology between state and patriarchal authority.

On the other hand, coexisting with this tendency and in tension with it is the break that the Indian state attempts to effect with this patriarchal model of sovereignty by imputing to the family (implicitly, at least, to all adult members of the family) the same rationality and locating it in the same empty, homogeneous time as that which the nation-state inhabits. Both the state and this imaginary family inhabit a time that is measurable in terms of planned intervals (“spacing”). Both the state and family exercise their rational agency over the reproductive bodies that fall within their respective units of political economy.

The uniqueness of this second tendency, even if it exists primarily at an imaginary level, comes into clearer relief if we compare it with modern Western political theory. In the West, natural law theorists such as Hobbes and Locke attempt to effect a break with the classical model of political authority, in which the family occupies the central place in economic as well as political relations. This model, handed down since Aristotle (Bobbio 1993, 13; but also cf. Foucault 1991 [1978], 59) and predicated on precapitalist relations of production, is the one that Hobbes and Locke, in their different ways, depart from. They posit, instead, a new realm of civil society that is characterized by free and autonomous individuals consenting to states of affairs and entering into contracts. The family is not part of this recharacterization of political life. Instead, the theorists drive a sharp wedge between this civil society and the family, which is now located in the state of nature. Henceforth, the political life of the state is legitimized by principles entirely different to the principles that legitimize the power of “a Father over his Children, a Master over his Servant, a Husband over his Wife, and a Lord over his Slave” (Locke, cited by Bobbio 1993, 17). As feminist theorists, such as Pateman (1989), have pointed out, such a carving out of spheres has effectively left women without recourse to democratic rights in the realm of the family and, equally, has made it anomalous to be both a woman and a citizen. Whatever the differences between “conservatives”
like Hobbes and “liberals” like Locke, both concur that principles of rationality and contract cannot possibly extend to the family.

In India, by contrast, the “Nehruvian” imagining of the nation attributes the same rational capacities to the family as it assumes for the state. Why did the leadership of the newly emergent state feel impelled to expand the exercise of rationality from the state to the family in such an extraordinary fashion? In my account, this tendency emerges as no mere fanciful wish. Rather, it is one of the few ways in which the contradictory imperatives of liberal democratic discourse and developmentalist discourse could be reconciled, if only, as I have stressed, in imaginary terms.

Remove this imaginary creature, the super-rational subject of family planning, and we are left with two scenarios, both of which are unpleasant to contemplate. In the first, we have a developmental agenda that is really concerned only with population control, rather than with either participatory democracy or the provision of safe contraceptive choices to individuals. The events of the Emergency, but also the general tenor of the implementation of policy, amply testify to the case with which such a scenario can emerge. On the second scenario, we have a more scrupulous adherence to liberal democratic values, but, in the process, the state becomes unable to implement its developmental interventions. As we have seen, intellectuals adopting the view of the established state profess precisely such an assessment of the fortunes of family planning. It is presented as a victim to the way in which groups have manipulated the democratic ideals of the Indian state.

The super-rational subject of family planning allows state policy formulation to proceed as if neither of these undesirable scenarios need apply to India. Individuals in the new India will come to choose freely for themselves goals that synchronize with the developmental goals of the nation, because both are impelled by the same rational subjectivity. In this sense, the rational subject is a kind of wish-fulfilling dream formation for the state, reconciling otherwise contradictory imperatives.

A comparison between India and China illuminates the broader postcolonial politics of this “dreaming.” In both cases, the state initially adopted rationally planned economic development as the socialist alternative, not only to its capitalist “other” (Anagnost 1997, 122; but see Sigley, this volume) but to specifically colonialist forms of capitalism. In both cases “reproduction becomes the locus for the imposition of a planning rationality that will demonstrate the superior of socialism” (Anagnost 1997, 122). In India, however, the adoption of the socialist model was diluted in the economy by the presence of private enterprise and in politics by the presence of liberal doctrines. In both countries the relation between state and population was shaped by the politics of mass mobilization before the Congress and the Communist Party of China came to power. Such a history led to a construction of “the people” as already equipped with the requisite attributes for full political sovereignty. In India, with its adoption of a more liberal-democratic formulation of politics, this took, as we have seen, the form of attributing a rationally choosing and planning subjectivity to its citizens, who will freely and independently take up the same projects as the state. On this basis, the socialist faith in planned development and the liberal principle of electoral participation were artificially conjured. In China, Mao’s faith in the people led him initially to eschew any version of population control, characterizing eugenics as a “tool of imperialism” (Anagnost 1995, 39), until the famines of 1959 to 1962 and the first national census results convinced him and other leaders otherwise. It took another twenty years for mandatory population control measures to be pursued. As surveys indicated a disproportionate number of women of childbearing age (Handwerker 1995, 360)—striking testimony to Foucault’s suggestion that statistics, population, and governmentality are intimately linked. By the 1970s, “overpopulation” came to be recognized as a threat to national development; and, in 1979, China instituted the world’s first compulsory one-child policy.

In both India and China, a further dimension of the postcolonial predicament is this: despite the desire to imitate a certain self-sufficiency to the people, the project of state-driven modernity simultaneously comes up against the fact that the people are also characterized by lack or backwardness. In India, they are retaliated by the forces of religion and caste; in China, in the language of socialism, they are held back by “feudal” practices. Here a difference between India and China shows up in the degree to which the state undertakes to refashion the population to measure up to the project of modernity. In China, the one-child policy is enforced through rewards (job promotion, bonus money, better housing, educational facilities) and punishments (fines, job transfers, demotions) as well as a massive ideological campaign combined with unprecedented efforts at governmentality entailing “the management of every aspect of ordinary life, including registration of marriages, births, deaths, adoption, residence” and the use of state collectives and street committees (Handwerker 1995, 362). In India, on the other hand, we have seen that state authoritarianism has to contend with competing political principles. In India, therefore, the tensions in the postcolonial dream formation show up in the contradictory character of state policy, as it explicitly disavows the excesses of Emergency, only to have the repressed content reemerge in other forms.

The report of the Working Group of the latest five-year plan (Eighth Five-Year Plan 1996) is a classic instance of this contradictory policy. The report recommends that incentives be disallowed at the individual level either to accep-
tors or to family planning program workers or to government employees. The next recommendation simply shifts the jurisdiction of state control, from control over the individual to control over the "community." Recommendation 4.8(d) states that funds for community rural development—which includes fundamental resources such as water and sanitation in this list—should be allocated to "communities having achieved certain levels of family planning practice and maternal and child health" (1990, 17).

Recently, the Ministry of Health and Family Welfare released the *Manual on Target Free Approach in Family Welfare Programme* (1996), recommending a shift away from targets toward an approach driven by the demand for quality services. The document is currently being debated by health activists and women's groups, who welcome the shift but are renegotiating certain familiar patterns: the rationale for the change in policy is understood in terms of the technical incapacity of the previous approach to reduce birthrates, rather than in terms of its inability to meet the needs of the people. The new patterns of monitoring and evaluation are still to be implemented from the top, and, although auxiliary nurse midwives are asked to work closely with other field-level personnel, no role is allocated to local women themselves in evaluating or monitoring the program (Sen 1996). The example of China, where local women are drawn into becoming "birth workers" but only in order to better effect a local surveillance of state policy (Handwerker 1995), further alerts us to the fact that women's involvement or lack of involvement cannot be made into the sole criterion of real change in this respect but must be contextualized through a wider appraisal of the field of power.

**Conclusion**

Western feminist philosophical critiques of Reason, such as Lloyd's *Man of Reason* (1984), find that the exclusions wrought by the operation of Reason find their key Other in the construction of femininity as the inferior binary of Reason. In postcolonial societies such as India, reason and rationality—in the specific and somewhat narrow sense that these terms have acquired within modernity—are not associated with an independent and indigenous philosophical tradition but, rather, with the colonial and postcolonial state's function as the main interpreter and harbinger of modernity. I have argued that a certain view of rationality underlies and links the consciousness attributed by the state first to itself, as the planner of the nation, and then to its subjects, both as citizens and as carriers of a reproductive consciousness that is specifically modern. It is important to stress that this combination of reason and develop-

mental modernity excludes far more than just femininity. Those whose reproductive consciousness can be shown to be affected by the supposedly "premodern"—by religion, by caste, by patriarchy (in its specifically premodern form), by language and ethnicity, even by poverty itself—become marked as "irrational." It is important to bear in mind that the same coercive strategies applied since the Emergency in relation to poor women were pursued in the sterilization of poor men before the Emergency.

Anthropological accounts of fertility are increasingly highlighting the complexity of reproductive behavior and consciousness—not only is fertility inextricably "situated" by the power relations and dynamics of social location, but it is marked by "the ambiguity, spontaneity, and improvisation, the bungling, changing-of-mind, and full-scale about-faces that characterize most peoples' lives, reproductive and otherwise" (Greenhalgh 1995, 22). State-sponsored technologies, such as sterilization, are therefore particularly starkly at odds with human consciousness, even before we add the enormous uncertainties faced by the poor in terms of the survival of their existing children.

Despite this growing anthropological challenge to the assumptions of demographers and planners (see also Carter 1995; Robertson 1984; Robinson, this volume), this body of work remains separate from debates on citizenship and political theory. Yet the two domains of demography and citizenship are integrally linked in India by notions of rationality and modernization. Since rationality is supposed to be a marker of the citizen-subject who can identify with the state's vision of the needs of the nation as a whole, the bearer of a premodern reproductive consciousness becomes the Other of citizenship, marked as sectarian, sectional, irresponsible. Given the impossibility of finding Indians who measure up to the stringent identity of citizenship, it is small wonder that the discourse on minorities multiplies the number of minorities almost as rapidly as the "breeding" attributed to the minorities themselves.

In the context of current mobilization against Muslim "minorities" in the name of the democratic rights of the Hindu majority, the contribution of population and family planning discourses to the construction of minority status needs to be taken particularly seriously. The liberal state is accused by religious nationalists of "pandering" to a Muslim minority that, in not submitting to the reform of its personal law, has shown itself to be unwilling to be suitably modern. It is no coincidence that accusations of identical phrasing are directed toward the Indian state for not being coercive enough in relation to making family planning compulsory. The two accusations fuse easily, as in anti-Muslim propaganda: those who do not inhabit a suitably modern family (equipped with lifelong monogamy, nuclear family, educated husband and wife) and who
will not have their personal laws reformed by the state to produce such a family are the main perpetrators of overbreeding. Since they simultaneously violate the requirements of rationality, modernity, and citizenship, they do not deserve the freedoms and civil liberties bestowed by a liberal democratic state.

Yet the threat from religious nationalism should not lead us to overlook the dangers of embracing a version of secular modernity that is excessively narrow in its interpretation both of reason and of citizenship. I have not attempted in this chapter to venture into the question of how we might reconceptualize citizenship in the light of these criticisms. What my examination of family planning as state policy does indicate is that ideals of modern reproductive consciousness and of modern citizenship, interlinked as we have found them to be, exclude far too much of social life, with its complexities of class, gender, and caste—as well as the varied forms of embodied existence that attend such forms of diversity.

NOTES

1 I have been unable, given the scope of this chapter, to incorporate one of the key elements of left critiques of population policies: the pressures placed on the Indian state by international agencies such as the World Bank, United Nations' advisory missions, United States Agency for International Development, etc. Current debates on this set of issues focus on the impact of structural adjustment programs for health care. On family planning and the impact of the 1993 World Development report, see essays by Rao and others in Social Scientist 22 (9–12) (Rao 1994b).

2 A clear example of such a conundrum is the way in which the liberal components of protecting individual rights requires the Constitution to separate the practice of "Hinduism" (guaranteed under the right to pursue religious belief) from the maintenance of caste inequalities (an infringement of the rights of others). Thus, temples are open to all castes, unless a religious group can show that it needs to exclude others not as a result of their caste position but because of its pursuit of its own distinctive religious character, appealing to the right to manage its own affairs free of interference (Galant 1989, 176).

3 In an independent analysis of Tamil Nadu’s recent demographic “successes,” Padmini Swaminathan observes: “Our very limited interaction with NGOs active in this field in Tamil Nadu reveal that a large number of abortions take place outside the formal system since very often the state through its family planning outlets tries to impose its own morality on women seeking abortions” (1996, 13).

4 Seminar on “Users’ Perspective on Acceptability of Norplant and Diaphragm,” 17 August 1996, Mahabalipuram, Tamil Nadu, organized by RUWSEC.

5 The curriculum devised by the National Council for Education, Research and Training provides only for talks on the small family norm and population control, not sex education.

6 IV Antony (1992) has been attributing the fertility decline to the superior sta-


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