MYTHICAL FAMILIES:
THE SMALL FAMILY NORM AND EVERYDAY GOVERNANCE OF POPULATION IN INDIA, 1954-1977

by

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Abstract

In the first two decades of decolonization in India, the slogan ‘Hum Do Hamare Do’ (we two, our two) and its associated symbol ‘red triangle’ became synonymous with the nuclear family. This project traces the creation and circulation of this campaign in the postcolonial era of 1954-77. People remembered the first decades of modernity through this mythical small and happy family.

India was one of the first Asian countries to embark on a national population control programme in 1951. It embarked on non-aligned economic development with a firm belief in Malthusianism — the belief that unchecked population growth will outstrip the growth of resources leading to scarcity of and overcrowding. I argue that the resulting attempts at population control conjured up a family that existed only in the bureaucrat’s policy document, and ‘trickled-down’ to the masses. The notional small family ultimately extended beyond the bureaucrat’s policy papers. Through propaganda campaigns, counselling centers, demographic studies and urban architecture, this bureaucratic ideal of the small family was transmitted through to the masses. The counselling centers and the advocacy campaigns of the period not only focused on the medical aspects of human fertility, but also linked the very question of fertility to the socio-economic development of the recently decolonized nation.

Common people responded to Malthusianism through attempts to reduce family size, but their choices were not commensurable with the state’s desires. While people were accepting the symbol and its meaning slowly, the state encouraged contraception and eventually sterilizations, through the offer of monetary incentives or by coercive means. The statist push towards contraceptives must be understood as a response to the transnational context of the population programme, set within the power bloc politics of the Cold War. As family planning emerged as the central feature of governmental efforts to modernize the country, people were confronted with contradictory meanings of modernity. This project will trace the history of population control as it unfolded between the state’s five year plans and the people’s own desire for smaller families, through a focus on the inverted red triangle and its popularity during this era.

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I believe this project decided it needed expression back in 2013, when I read Dr Ishita Pande's *Symptoms of Empire* in the Nehru Memorial Museum and Library. In a year's time I was happy to learn that the current project would finally find an academic home under her guidance. I thank Dr Pande for being a graduate supervisor who got me to write this thesis with diligence and patience, even as I tried to rush past the details on many occasions. I thank the Department of History at Queen's University for letting me in, and letting me thrive in the somewhat despondent Watson Hall. Dr Sandra den Otter helped me with various hurdles that were in the way of completion. Dr Rebecca Manley directed me towards works that formed a substantial part of the project. Dr Rachel Berger helped with conversations about South Asian academia. Dr Andrew Jainchill was always around to listen to any urgent financial and academic requests. Cathy Dickison and the department administrative staff have been kind and patient with my requests for help. Even when I was not sure if I would finish, I believe the department and my colleagues affirmed that I will, in fact, finish. I thank Heena, Virginia, Deanna for their conversations that helped me finish. I am particularly glad about the writing group that Eric set up which helped me finish my first draft. Life in Kingston would not have been smooth without Grant, Arianne, Gabriela, Sandip, Bingrue, Samuel, Taylor, Emma and Erin. I thank Dr Greenfield, Natalie Charlton, Amos and Phoebe for being very good landlords. I also thank Xuelin Bai for her excellent Chinese classes. The Scholars of Colour in Watson Hall helped me channel my rants about Queens to productive uses. I am thankful to the women in the Ban Righ Centre and the Barbara Paul Memorial Award for helping me with financial awards to offset living costs in completing this degree.

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Chapter 1 Introduction

In the year 2019, an irate judge in the Indian Supreme Court, Justice Arun Mishra, annulled yet another request to remove the cap of two cars that an individual could own in Delhi. Frustrated at how people kept buying cars beyond their needs, he observed:

> "Every earning member of a family has a car, but one man having five cars! There should be a family planning of cars. Hum do Hamare do."[1]

The Supreme Court judge was referring to a slogan, translated as "We two, Our two" that was created more than four decades ago as India's first concerted campaign to advocate for family planning. Ironically, the slogan that the judge quoted had not been the official campaign message for the Health and Family Welfare Ministry since 1973. In the judge's call to 'contracept' the use of cars and ration their use in the national capital, he established a synonymy between a rather old motto about procreation with the act of buying a commodity. The judge used the rationale that the postcolonial Indian state had used to justify population control in the country: that, resources were scarce, and if people did not reduce their families, India faced the grave danger of famines, overcrowding and mass migrations. Such a nightmare of numbers replayed the Malthusian nightmare of people overtaking the planet and making it unlivable.

However, Justice Arun Mishra was doing something more than merely reminiscing on an old state campaign to transform large families. He also played on the cultural currency of the unique campaign by citing it in such an unconventional manner. The highlight of this campaign was an inverted red equilateral triangle. The triangle represented the modern nuclear family of postcolonial India. The symbol had varied iterations with the small family drawn within it, to just a block of red paint to signify

[1] Press Trust of India, "Supreme Court Proposes 'Hum Do Hamare Do' Family Planning For Cars," last updated April 1, 2019, accessed August 1, 2019, https://www.news18.com/news/auto/supreme-court-proposes-hum-do-hamare-do-family-planning-for-cars-2084595.html.

the meaning. What remained consistent was the slogan that accompanied it: “Hum Do Hamare Do” which translated to “We Two, Our Two.” He wanted people to remember the decades of the 1960s and 70s when the inverted red triangle and its accompanying “Hum Do Hamare Do” symbolized the quintessential (and austere) modern family. It meant that a married couple was mindful of the impending Malthusian nightmare and would not add to the national population beyond two children. Said family unit was the outcome of the Indian state’s will to transform its economy and its future. This small family, forever happy within the red triangle, was mythical, and existed solely on paper — at least till 1969.

The slogan “Hum Do Hamare Do” holds cultural significance because of the historical roots of India’s family planning campaign. In an effort to create a brand of family planning as a message and a symbol, an official from the New York-based Ford Foundation and a middle-rung Indian bureaucrat found a unique slogan and an image to accompany it: the inverted red triangle. Through this project, I trace the history of this slogan, the triangle and the nuclear family that lived within the triangle. The actual life of the statist campaign lasted a few short years (1969 to 1973). However, its impact on postcolonial society has been immense. Its impact on popular culture is evident in the way it became a synecdoche for the nuclear family and the life that revolved around it. Through the slogan, films in the period of 1960s-70s centered the hopes of the young couple who moved to a city to build a family for their (two) children.[2]

As this thesis will show, ‘Family Planning’ was a call to limit birth rates that worked within a larger will to propel the national population towards modernity. Such a stress on modernization entailed a massive reprioritizing of what was essential for the country and its people. The nation built itself on the social spaces that the state would transform for its governance. Thus, modernity needed to manifest physically in a symbol that would encompass all its connotations. The inverted red triangle and its

[2] Consider *Gharana* (Household) (Gemini Studios: 1961), *Char Diwari* (Four Walls) (Sr Jagan Prasad Productions: 1961) and *Modern Girl* (B. D Narang: 1961).

accompanying slogan were these manifestations. Together, they not only propagated the idea of spacing births artificially but also spelt out this family's economic function. Additionally, the symbol sketched the will to be modern within a Malthusian frame. Futuristic modernity transformed the family as a unit that worked to annul the Malthusian nightmare of too many people with too little space and food.

"Hum Do Hamare Do" represented such a nuclear family conceived under the influence of Malthusianism. The happy family of four was a statist dream of 'curing' poverty by capping the number of children a conjugal unit could bear to a definite amount. The Indian state of the 1950s did not stop at creating this mythical family. Since it wished to achieve a distinct form of modernity through this fictitious family, it also built a vision of a postcolonial world which held this Malthusian family as its guiding principle. This project describes the precise networks through which the state produced psycho-social conditions and built environments for a modern nuclear family to prosper. The small but growing middle-class and middle-caste families in the cities were the first to emulate the family of four in the inverted red triangle. However, this vision went beyond the role that the state invented for it. Through an immersion in popular culture, the slogan and the image became irreplaceable parts of life in the early decades of postcolonial India. People not only associated them with the Malthusian logic of limiting birth rates but also with a modernity and urbanization that was not pegged to the fear of large numbers alone.

Family planning was a massive infrastructural project that the postcolonial state undertook. Framing the national programmes as a statist technology helps us question the minute ways statist ideologies were branded onto the body politic. I question how advocating for the nuclear family under "Hum Do Hamare Do" has transformed into a campaign of coercive sterilization, with imprints left on family planning policies of the Indian state until today. This project contributes to the existing historiography by implicating the vision of the small family within everyday forms of governance.[3] It also

[3] C. J. Fuller and Véronique Bénéï, eds., *The Everyday State and Society in Modern India* (Delhi: Social Science Press, 2009).

links the idealized family of four to the institutional memories of the Population Council, Ford and Rockefeller Foundations and other such transatlantic actors. In the process, I also ask whether it is possible to write a different history of population control policies wherein coercion may not have been necessary.

Through "Hum Do Hamare Do" I study the messy layers of power that existed in the middle-rung *sarkari daftars* (bureaucracies). The paper trails generated by this campaign — and by the entire project of population control — showcase the centrality of the officials of the various Health and Family Planning departments who orchestrated the massive national project. These mid-to-lower-level bureaucrats translated the logic, need and rationale for a planned family for the Indian populace. They invented methods of communication that steered the popular imagination of the family towards a specific direction: the small, cohesive unit that came to epitomize postcolonial modernity. Their success may be gauged from the fact that the family of four contained in the red triangle not only reflected the state's need to control birth rates, but also came to represent an aspirational standard of life for the middle classes. The idealized "small family" was one that could afford modern comforts, amenities and leisurely activities. The inverted red triangle simultaneously emerged as a site of disciplining and desire.

Framing the project around hitherto nameless bureaucrats also allows me to move beyond canonical figures and highlight an alternative history of population control. The existing historiography on the topic is bookended between elite actors like Prime Minister Jawaharlal Nehru, the first Health Minister Rajkumari Amrit Kaur, or by Prime Minister Indira Gandhi and by the 1970s, her son, Sanjay Gandhi.[4] Nehru symbolized the slow realization amongst political intelligentsia that there was a need for controlling birth rates for economic development. Sanjay Gandhi symbolized the opposite end of the

[4] A typical example of such a linear narrative is Sanjam Ahluwalia and Daksha Parmar, "From Gandhi to Gandhi: Contraceptive Technologies and Sexual Politics in Postcolonial India, 1947–1977" in *Reproductive States: Global Perspectives on the Invention and Implementation of Population Policy*, ed. Rickie Solinger and Mie Nakachi (Oxford University Press, 2016).

ideological spectrum, wherein individuals from specific communities could be forcibly sterilized because their reproductive capacities were alleged barriers to economic prosperity. While they were very crucial to the way the national population programme unfolded in the first three decades of postcolonial India, they did not operationalize the programme in the mundane spheres of people's everyday lives, as this dissertation shows. Sandwiched between these actors and the targets or even the "victims" of their policies were the low-rung bureaucrats who worked out the nuts and bolts of the programme and translated the policy for the intended populations.

This focus on the local and state-level administration of a national policy is reflected in the research strategies that undergird this project. Stepping away from the National Archives, and hence from the "nation" as the natural or default category of analysis, I attempt to create a dialogue between municipal and district level archival files, and the documents generated by transnational bodies. By letting files from Delhi State Archives 'talk' to those from the Rockefeller archives this dissertation shows how population control was a messier process than the term itself suggests. This conversation between different scales of government further clarifies the methods by which official policy attained a life outside the *sarkari daftar*. For the state, the need for a small family might have arisen from the typical Malthusian fears of birth rates overtaking death rates and these numbers 'eating up' natural resources and deterring economic growth. By tracing the the everyday functioning of the programme, this project argues that the nuclear family represented something more than such fears of 'over'- population. The state's message – Hum Do Hamaare Do - acquired newer, more innovative meanings, with the mediation of the low-level bureaucrats, who helped translate state policy into middle class aspirations.

1.1 Historiography

Similar to the visual motif at the center of my study — the inverted red equilateral triangle — the historiography I use in my study aligns neatly with three distinct vertex equally spaced from one another to form a triangle. At one end lies the cluster of work on the politics of reproduction in late colonial India; the second vertex coincides with scholarship on the way conjugality and family systems transformed within late- and postcolonial South Asia. Scholars who studied India's role during the Cold War occupy the third vertex. I set this triangle within a landscape of recent works on postcolonial governance in India. I peg my work within the parameters of key scholars in these three clusters, conscious of the depth and scale of literature that each vertex has created. I select these scholars for the way they wrote locally specific histories of ideas that circulated globally.

The global ideology that I trace is Malthusianism. It is a wonder that a text written in 1798 continues to influence nations today.[5] While it is beyond the scope of my project to describe Thomas Robert Malthus's motivations, his work's lasting influence shows how integral Malthus is to the making of postcolonial India's 'new' family. I trace how the Indian state imbibed Malthusianism—a belief that the arithmetic increase in food resources can never beat the exponential increase in population, leading to a catastrophic shortage of material resources—while governing families and their cities. I study the first three decades of post-1947 society wherein the hope of decolonization translated into a frenzy of hopes about economic development through structured and planned economic growth. The urban conjugal couple became the cornerstone of the policies that drove this plan. I trace this planned family through policy decisions about its size.

[5] Thomas R. Malthus, *An Essay on the Principle of Population, as it Affects the Future Improvement of Society. with Remarks on the Speculations of Mr. Godwin, M. Condorcet, and Other Writers* (London: printed for J. Johnson, 1798).

Historians have problematized Malthusianism and its correlate, eugenics, in late colonial India from multiple entry points.[6] The cultural meanings of birth control changed according to social landscapes, as did birth control's close cousin, modernity. While there is a large body of literature of the subject, I see works by Sanjam Ahluwalia and Sarah Hodges as most pertinent. Sanjam Ahluwalia traces the different motivations that popularized birth control in late nineteenth-century society.[7] The movement to protect the emerging Indian nation from degeneracy mobilized transnational birth control enthusiasts. Their discussions congealed into a form of middle-class feminism that "identified lower caste and working class Indian women as primary targets of contraceptive technologies—both chemical and mechanical."[8] Juxtaposing the colonial state archival trail with transnational repositories on American birth control advocates like Margaret Sanger, Marie Stopes, and Edith How-Martyn, Ahluwalia complicates the consensus on population control in colonial literate, socially-conscious middle-class homes. I found these discussions useful to pin down the precise period in which the (incipient) nation understood itself through its families. Ahluwalia's work contextualizes the transformations in the postcolonial Malthusian family.

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[6] Sarah Hodges, 'Governmentality, Population and Reproductive Family in Modern India', *Economic and Political Weekly*, Vol. 39, No. 11 (March 13, 2004), 1157-1163; Rahul Nair, 'The Discourse on Population in India, 1870-1960,' Unpublished PhD Dissertation, University of Pennsylvania, 2006; Rahul Nair, 'The Construction of a 'Population Problem' in Colonial India 1919-1947,' *The Journal of Imperial and Commonwealth History*, Vol. 39, No. 2 (2011), 227-247; Essays in Sarah Hodges, ed., *Reproductive Health in India: History, Politics, Controversies* (Hyderabad: Orient Longman, 2006), 22-50; Barbara Ramusack, 'Embattled Advocates: The Debate over Birth Control in India, 1920-1940,' *Journal of Women's History*, Vol. 1, No.2 (1989), 34-64; Supriya Guha, 'The Unwanted Pregnancy in Colonial Bengal', *Indian Economic & Social History Review*, Vol. 33, No. 4 (1996), 403-405; Luzia Savary, 'Vernacular Eugenics? *Santati-Śāstra* in Popular Hindi Advisory Literature (1900–1940)', *South Asia: Journal of South Asian Studies*, Vol. 37, No. 3 (2014), pp. 381-397; S. Anandhi, 'Reproductive Bodies and Regulated Sexuality: Birth Control Debates in Early Twentieth-Century Tamil Nadu', in Mary E. John & Janaki Nair (eds.), *A Question of Silence: Sexual Economics in Modern India* (London: Zed Books, 1998).

[7] Sanjam Ahluwalia, *Reproductive Restraints: Birth Control in India, 1877-1947* (Urbana: University of Illinois Press, 2008): 3.

[8] Ahluwalia, *Reproductive Restraints*, 4.

Another facet of population planning in late colonial India was the way local conditions inflected the global movement. Local discussions on birth control in Madras served different ends, with no overt stress on 'saving' lower-class women. Sarah Hodges looks at the regional archives of Tamil-speaking south India to produce a local history of contraception from 1920 to 1940.[9] Contraception was located within conversations on moral and social reform through the Madras Neo-Malthusian Leagues, the anti-caste and atheist Self-Respect movement, political leaders in the Legislative Councils and entrepreneurs who sold contraceptives with erotic literature. Contraception became a way of "forging new modes of self governance under late colonial conditions."[10] The Madras Neo-Malthusian League, which consisted of prominent members of the middle-class and colonial bureaucracy, allied itself with the global birth control movement. Its emphasis on "race betterment through intelligent breeding" was aimed at the Tamil Brahmin middle class as well as an international audience.[11] Thus, caste and class anxieties overlapped with eugenic concerns about quality of race. The existence of such a discussion is useful for my project because it involves the middle classes who believed in bettering their race through contraception while reclaiming their Tamil identities.

Scholars such as the ones mentioned above occupy the first vertex of my conceptual triangle. Sarah Hodges shows that the healthy family arose from a eugenically based understanding of the conjugal unit and the function of marriage in improving the stock or the race.[12] J. Devika analyzes the paternalistic eugenics undergirding the Kerala model of socioeconomic development that centered the Malayali

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[9] Sarah Hodges, *Contraception, Colonialism and Commerce: Birth Control in South India, 1920-1940* (Aldershot: Ashgate, 2008).

[10] Hodges, *Contraception, Colonialism and Commerce,* 18.

[11] Hodges, *Contraception, Colonialism, Commerce,* 55.

[12] Sarah Hodges, "Governmentality, Population and Reproductive Family in Modern India," *Economic and Political Weekly* 39, no. 11 (March 2004): 1157-1163.

middle-class family.[13] They diversify the purposes that contraceptives served in promoting nationalist politics and social reform. I extend the study of family planning into the first three decades of the nation because it is in this period that the discourses and practices of the postcolonial period are consolidated to build a new political identity. They influenced society and governance in ways that were crucial for the period that followed these decades. While I draw from their attention on how the movement used the emerging middle-class family as a governmental unit, I focus on the way the family unit translated Malthusian fears in its everyday and mundane life.

The other cluster of scholarship — that lies at the second vertex — is the one that historicizes the way conjugality was transformed in late colonial society. Mytheli Sreenivas traces how the married couple created new subjectivities as it changed its forms. The state, especially the judiciary, had to respond by creating new codes of citizenry, governance and documentation of familial bonds. Located in the legal archives of Tamil family disputes in Madras, the conjugal family ideal of a husband and wife became the vehicle for socio-economic and legislative transformations, as distinct from the patrilineal 'joint' family.[14] Rochona Majumdar shows how the conjugal unit of the husband and wife, especially within a nationalist middle-class context, became a governmental unit in the late colonial state.[15] As people searched for personhood within conjugal existences, so did their gendered roles in society. Priti Ramamurthy notes how a nationalist fervor within imperial boundaries espoused a new feminine subjectivity wherein "women negotiated what it meant to be modern women and Indian in the 1920s and

[13] J. Devika, *Individuals, Householders, Citizens: Malayalis and Family Planning, 1930-1970*, (New Delhi: Zubaan, 2008).

[14] Mytheli Sreenivas, *Wives, Widows, and Concubines: The Conjugal Family Ideal in Colonial India* (Bloomington, IN: Indiana University Press, 2008), 10.

[15] Rochona Majumdar, *Marriage and Modernity: Family Values in Colonial Bengal* (Durham: Duke University Press, 2009).

1930s."[16] Rachel Berger analyzes the late colonial middle class and its nationalisms through the way it reconfigured the housewife as the person who would define the modern nuclear household through her laborious efforts to alter its food and dietary choices.[17] These societal forms precede the emergence of the postcolonial nuclear family and its construction as the modern family.[18] The married couple becomes the unit around which society could define modernity.

At the third vertex of the histography, lies the work on India's growth within the global context of the Cold War. The Cold War actively steered many of the policies that were understood as establishing the development paradigm.[19] Scholarship on the Cold War in South Asia describe a politics of power blocs that divided the world into two ideological camps.[20] However, the divide is murky and ambiguous in the developing world.[21] The impact of decolonization could be felt across ideologies and legitimized

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[16] Priti Ramamurthy, "All-Consuming Nationalism: The Indian Modern Girl in the 1920s and 1930s," in *The Modern Girl Around the World: Consumption, Modernity and Globalization*, ed. Alys Eve Weinbaum, Modern Girl Around the World Research Group (Durham: Durham University Press, 2008).

[17] Rachel Berger, "Between Digestion and Desire: Genealogies of Food in Nationalist North India," *Modern Asian Studies* 47, no. 5 (September 2013): 1622-1643.

[18] For more on the transformations of this late colonial family, refer to Eleanor Newbigin, *The Hindu Family and the Emergence of Modern India: Law, Citizenship and Community* (New York: Cambridge University Press); Ritu Birla, *Stages of Capital: Law, Culture, and Market Governance in Late Colonial India* (Durham: Duke University Press, 2008); Charu Gupta, *Sexuality, Obscenity, Community: Women, Muslims, and the Hindu Public in Colonial India* (New Delhi: Permanent Black, 2001). Also see the canonical Tanika Sarkar, *Hindu Wife, Hindu Nation: Community, Religion, and Cultural Nationalism* (Bloomington: Indiana University Press, 2001).

[19] Frederick Cooper and Randall Packard (eds.), *International Development and the Social Sciences: Essays on the History and Politics of Knowledge* (Berkeley; LA; London: University of California Press, 1997); Matthew Connelly, 'Population Control is History: New Perspectives on the Campaign to Limit Population Growth,' *Comparative Studies in Society and History*, Vol. 45, No. 1 (Jan., 2003), 122-147.

[20] Srinath Raghavan, *The Most Dangerous Place: A History of the United States in South Asia* (Haryana: Penguin Random House, 2018); Paul McGarr, *The Cold War in South Asia: Britain, the United States and the Indian subcontinent, 1945-1965* (Cambridge: Cambridge University Press, 2013); Robert J. McMahon, *The Cold War on the Periphery: The United States, India and Pakistan* (New York: Columbia University Press, 1994).

[21] Carl Pletsch, 'The Three Worlds, or the Division of Social Scientific Labor, circa 1950-1975,' *Comparative Studies in Society and History*, Vol. 23 (1981); Manu Bhagavan, ed. *India and the Cold War* (Chapel Hill: University of North Carolina Press, 2019).

non-alignment as a viable option for new nations like India.[22] Family planning programmes played a crucial role in this context.[23]

Scholars of the era understand that the period entailed several networks of individuals who negotiated the opposing ideological camps through the language of science and experimentation.[24] Such a non-aligned stance provided the Indian intelligentsia with a reason to interact with research personnel across the political-ideological spectrum. I borrow Peter M. Hass's term, 'epistemic communities' to define the common sentiment of shared expertise that circulated within specific disciplines.[25] I use the term to locate the network of expert demographers, sociologists and doctors which spanned the globe during this period. In the 1960s and 70s, such communities often transgressed the Soviet and American blocs, especially in the case of scientific and social experiments.[26] Philanthropic organizations played a

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[22] Swapna Kona Nayudu, "The Soviet Peace Offensive and Nehru's India, 1953-56," in *India and the Cold War,* ed. Manu Bhagavan (Chapel Hill, University of North Carolina Press, 2019), 36-56. Michael E. Latham, *The Right Kind of Revolution: Modernization, Development, and US Foreign Policy from the Cold War to the Present* (Ithaca: Cornell University Press, 2010), pp. 93-122; Nasir Tyabji, "Negotiating Nonalignment: Dilemmas Attendant on Initiating Pharmaceutical Production in India," *Technology and Culture* 53 no. 1 (January 2012): 37-60.

[23] Peter J. Donaldson, *Nature Against Us: the United States and the World Population Crisis, 1965-1980* (Chapel Hill: University of North Carolina Press, 1990); Latham, *The Right Kind of Revolution,* pp. 93- 109; Donald T. Critchlow, *Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America* (New York; Oxford: Oxford University Press, 1999); John Sharpless, 'World Population Growth, Family Planning and American Foreign Policy,' *Journal of Policy History*, Vol. 7 (June, 1995), pp. 72-102; John Sharpless, 'Population science, private foundations, and development aid: The transformation of demographic knowledge in the United States, 1945–1965,' in Frederick Cooper and Randall Packard, (eds.), *International Development and the Social Sciences* (Berkeley: University of California Press, 1997), pp. 176-200; John Sharpless, 'World Population Growth, Family Planning and American Foreign Policy,' *Journal of Policy History*, Vol. 7 (June, 1995), pp. 72-102; Eric B. Ross, *The Malthus Factor: Poverty, Politics and Population in Capitalism Development* (London; New York: Zed Books, 1998); Eric B. Ross, The Malthus Factor: Poverty, Politics and Population in Capitalism Development (London; New York: Zed Books, 1998); Matthew Connelly, 'Population Control is History: New Perspectives on the Campaign to Limit Population Growth,' Comparative Studies in Society and History, Vol. 45, No. 1 (Jan., 2003), pp. 122-147.

[24] Dhruv Raina, "Engineering Science Education and the Indian Institutes of Technology: Reframing the Context of the 'Cold War and Science' (1950–1970)," *Contemporary Education Dialogue* 14, no. 1 (January 2017): 49-70.

[25] Peter M. Haas "Introduction: Epistemic Communities and International Policy Coordination." International Organization 46, no. 1 (1992): 1–35. doi:10.1017/S0020818300001442.

[26] Ross Bassett, "Aligning India in the Cold War Era: Indian Technical Elites, the Indian Institute of Technology at Kanpur, and Computing in India and the United States," *Technology and Culture* 50, no. 4 (October 2009): 783-810.

crucial role in deepening this circulation in their commitment to specific causes that crossed national boundaries.[27]

Some specific organizations who repeatedly appeared in my study were the Office of Demographic Research in Princeton University, the Population Council and the Ford Foundation. A network of experts relied on these institutions to guide population planning in the recently decolonized world. I use Akira Iriye's term 'cultural internationalism' to analyze the reasons for these organizations to become interlocuters of the Cold War.[28] Iriye observes that "nongovernmental organizations … sought to preserve some sense of international order despite the tensions of the Cold War, to generate cooperation rather than conflict between the two superpowers and their respective allies."[29] Philanthropists created multiple ways to interpret and often side step the ideological blockades in their will to transform developing societies. They helped demographers prioritize family planning over the politics of power blocs to 'save' poor countries from the ill-effects of population explosion. The other form that this transnational philanthropy took was aiding economic development. Scholars who study this form of philanthropy show how scientific expertise, technologies and sociological knowledge were to be carried out on the terms that the philanthropists set. David Engerman calls this form of agenda-setting exercise 'developmental politics.'[30] I contribute to this burgeoning literature by focusing on how population

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[27] Inderjeet Parmar, *Foundations of the American century: the Ford, Carnegie, and Rockefeller Foundations in the rise of American Power* (New York: Columbia University Press, 2012).

[28] Akira Iriye, *Global Community: The Role of International Organizations in the Making of the Contemporary World* (Berkeley: University of California Press, 2002).

[29] Iriye, *Global Community*, 66.

[30] David C. Engerman, *The Price of Aid: The Economic Cold War in India* (Cambridge, MA: Harvard University Press, 2018).

control was one such arena. It was a common cause for both the American and Soviet camps to manage the increasing birth rates of the developing world, on their own terms.

As this dissertation will show, there is a constant interplay of the local with the global in this project, as the global push for population control drove many national and local population plans. The developing world becomes a site for multiple experiments to reduce birth rates and family sizes.[31] The recently decolonized nations respond by understanding economic development in Malthusian terms. In India, the national capital is to be the seat of social experimentation. It is to reflect, in a microcosm, the principles of developmental modernity that were to comprise Prime Minister Jawaharlal Nehru's vision of India.[32] Social experiments in encouraging and surveying contraceptive use are synchronized with contemporary moods of the global population movement.

The commitment to achieving low birth rates finds validation in Malthusian beliefs about an imminent population explosion across the recently decolonized world. The first three decades witnesses increasing financial support for the national population control programme.[33] The years under Emergency (1975–77) when the Indian government suspends elections and other forms of democratic activities illustrate how such a global push to control numbers could combine with a will to authoritarian governance with devastating consequences. As Matthew Connelly has shown, the Emergency was not a sudden and unplanned event that took place in India.[34] Instead, it was an outcome of a global

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[31] Laura Briggs, *Reproducing Empire: Race, Sex, Science, and US Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002); Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill; London: The University of North California Press, 2005); Michelle Murphy, *The Economization of Life* (Duke University Press, 2017).

[32] David Arnold, 'Nehruvian Science and Postcolonial India', *Isis*, Vol. 104, No. 2 (2013), pp. 360-370.

[33] Rosanna Ledbetter, 'Thirty Years of Family Planning in India', Asian Survey, Vo. 24, No. 7 (July 1984), pp. 736-758; Mohan Rao, From Population Control to Reproductive Health: Malthusian Arithmetic (New Delhi: Sage, 2004); Matthew Connelly, 'Population Control in India: Prologue to the Emergency Period', Population and Development Review, Vol. 32, No. 4 (2006), pp. 629-667.

[34] Mathew Connelly, *Fatal Misconceptions* (Cambridge: Belnap Press, 2008).

conversation that supported the use of the most extreme ways to control populations in India and China. Historians other than Connelly, like Alison Bashford (2007, 2008) and Marika Vickziany (1982–83), have also outlined how coercive measures of forced sterilization and slum removals were the outcomes of global postures around the alleged threats of overpopulation in the developing world.[35] Population control becomes an economic imperative that subsequently transformed health policy. While this logic permeates the globe in different ways in the period I study, I am restricting the expanse of this study to the paper trail between South Asia and (primarily) the United States, and not arbitrarily choosing nations. For instance, the way Maoist China was responding to the need for population control would have made for a great comparative with the Indian case. However, the archival paper trail, especially in the 1960s did not show any race for coercive sterilizations with China, and thus, it remained beyond my ambit of study. When and where this race might have started, is a completely different story that needs to be told some other time and possibly by some one else.

I situate these three vertices of historiographies within the larger debates on the effects of Malthusianism on the postcolonial Indian population programme. My focus on Delhi allows me to address the global, national and local scales of population control history. Because the project delineates the forms of hard and soft advocacy that municipal and district-level bureaucrats used within the national population programme, it necessarily moved away from any one canonical framework. Stephen Legg and Sarah Hodges have engaged with Foucauldian governmentality and the will to transform populations

[35] Alison Bashford, 'Nation, Empire, Globe: The Spaces of Population Debate in the Interwar Years,' *Comparative Studies in Society and History*, Vol 49, No 1 (2007): 170-201. Also see Alison Bashford, 'Population, Geopolitics, and International Organisations in the Mid Twentieth Century,' *Journal of World History*, Vol 19, No 3 (2008): 327-347; Marika Vickziany, 'Coercion in a Soft State: The Family-Planning Program of India: Part I: The Myth of Voluntarism,' *Pacific Affairs*, Vol. 55, No. 3 (Autumn, 1982), 373-402. Also see Marika Vickziany, 'Coercion in a Soft State: The Family-Planning Program of India: Part 2: The Sources of Coercion,' *Pacific Affairs*, Vol. 55, No. 4 (Winter, 1982-1983), 557-592.

through modes of documentation.[36] While I benefitted from these interpretative use of governmentality, I found the framework limiting when analyzing the officials who were interpreting large national agenda within their ambit of power. Staying with the messy entanglements that dictated the local and transnational official speak meant for a more productive use of the primary sources — because the people who were complicating the family planning programme were precisely the populations which were the intended audience of the statist agenda. The disciplinary techniques of power produce identities that move beyond capillary power and its disabuse of the gendered body.[37] While I am aware of feminist critiques of Foucault on similar lines, I believe this dissertation does not allow space for such rehashed conversations.

In the context of the Emergency years, Delhi becomes the microcosm through which scholars have outlined the arbitrary violence of the period. Known for the exercise of then-Prime Minister Indira Gandhi's power in forcing individuals, especially Muslims, to undergo sterilization, the period saw the state transcend Malthusian principals to foreground eugenics. Emma Tarlo's anthropological work shows that Delhi had the highest instance of sterilization during the Emergency.[38] She focusses on the personal narratives of coercion, which underlay much of the moral imagination of the city thereafter. This violence is not only state-organized but was also supported by a well-oiled machinery which Gwatkin calls a "mobilized bureaucracy."[39]

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[36]A key text on 'scalar' methodology: Stephen Legg, *Prostitution and the Ends of Empire: Scale, Governmentalities, and Interwar India* (Durham: Duke University Press, 2014), Sarah Hodges, "Governmentality, Population and Reproductive Family in Modern India," *Economic and Political Weekly* 39, no. 11 (March, 2004): 1157–1163.

[37] Consider Penelope Deutscher, *Foucault's Futures: A Critique of Reproductive Reason* (New York: Columbia University Press, 2017); Claire Blencowe, *Biopolitical Experience : Foucault, Power and Positive Critique* (Basingstoke: Palgrave Macmillan, 2012).

[38] Emma Tarlo, *Unsettling Memories: Narratives of India's 'Emergency,'* (California: University of California Press, 2003). Also see Arvind Rajagopal, "What Eventually Emerged from the Emergency?: A Reply to Gyan Prakash," *Economic & Political Weekly* 54, no. 31 (August 2019): 61-63.

[39] Davidson R. Gwatkin, "Political Will and Family Planning: The Implications of India's Emergency Experience," *Population and Development Review* 5, no. 1 (March 1979): 29-59. doi:10.2307/1972317.

However, Emma Tarlo's account has an unintentional corollary of reading the years of forced sterilization as a sudden event rather than a process. State violence during this period resonate with pre-existing patterns of segregated living: the *nasbandi* (sterilization) camps run by the Health Department overlapped with simultaneous slum clearance schemes.[40] More recent scholarship on the subject has taken this premise forward and located the forced sterilization camps within the domain of 'normal' politics. Rebecca Williams observes that the period was incorrectly marked as a period of "excess" in terms of state violence.[41] Recent scholarship on sterilizations compliments Emma Tarlo's foundational work by focusing on how bureaucratic push for sterilization camps came with a belief that solving the population conundrum would enable faster economic development.[42]

This reading of the population control measures as economically motivated takes it away from the accepted reading of excesses committed on the state's part. Scholars no longer treat the years of 1975–77 as authoritarian exceptions. They place those years within a larger narrative of population control that normalizes sterilizations through monetary incentives. Recent literature in anthropology has moved in the direction of linking the coercive politics of these years with the city of everyday life.[43] Since the 1980s, critics have commented on how Malthusianism (in the form of forced sterilizations) has continually

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[40] Gyan Prakash, *Emergency Chronicles: Indira Gandhi and Democracy's Turning Point* (Princeton, NJ: Princeton University Press, 2019).

[41] Rebecca Williams, 'Storming the Citadels of Poverty: Family Planning under the Emergency in India, 1975-1977,' *Journal of Asian Studies* 73, no. 2 (May 2014): 1-22.

[42] Gemma Scott, "My Wife had to get Sterilised': Exploring Women's Experiences of Sterilisation under the Emergency in India, 1975-1977, *Contemporary South Asia* 25, vol. 1 (March 2017):70-84; Patrick Clibbens, "The Destiny of this City is to be the Spiritual Workshop of the Nation': Clearing Cities and Making Citizens During the Indian Emergency, 1975-1977," *Contemporary South Asia* 22, no. 1 (January 2014) :51-66.

[43] Cressida Jervis Read, 'A Place in the City: Narratives of 'Emplacement' in a Delhi resettlement Neighbourhood,' *Ethnography* 13, no.1 (March 2012): 87-101.

influenced India's population control programme.[44] The state has continued to blame population growth amongst lower economic classes and lower castes as the main source of socio-economic problems, especially into the period of the post-liberalized governance of the 1990s.[45] Such simplistic explanations of large-scale poverty garnered further currency with the neo-Malthusians, who understood exponential increases in population to be the cause of environmental degradation.[46] Public health activists have persistently spoken against bureaucrats who found population growth in the form of increasing birth rates to be conveniently — or not — causing shortages in space, food, and land.[47] The Ministry of Health and Family Welfare has been advocating stringent sterilization campaigns and dubiously researched contraceptives in the current iteration of the national health programme.[48] Consequently, critics of sterilizations have equated Malthusianism with targeted sterilizations.

While these works explain how the logic of population control works as a cure for poverty, they also miss out on the aspects of the concept that did not require sterilizations. The advocacy around family planning in the 1950s did not carry these connotations of forced sterilizations. I see the period as a unique moment because the advocacy linked the nuclear family to the nation. The state understood that such a family was yet to appear in its full societal form, and it saw the city as the most 'natural' site for such a unit to grow. Therefore, the advocacy around contraceptives worked to educate young couples in cities and counsel them on the larger need for birth control. Such a distinction between the soft advocacy of the

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[44] Mohan Rao, "An Imagined Reality: Malthusianism, Neo-Malthusianism and Population Myth," *Economic and Political Weekly* 29, no. 5 (January 1994): 40-52.

[45] Mohan Rao, "India's Population Problem," *Development* 48, no. 4 (December 2005): 21-27.

[46] I have in mind Paul Ehlrich, *The Population Bomb* (New York: Ballantine Books, 1968); Paul Ehlrich, "Population, Sustainability, and Earth's Carrying Capacity," *BioScience* 42, no. 10 (November 1992): 761-771.

[47] I refer to work published by 'Sama: The Resource Group for Women and Health'.

[48] Amar Jesani, S. Srinivasan, Sarojini N., Vaibhao Ambhore, Veena Johri, "Clinical Trial Related Injury: Note on Formula to Determine Compensation," *Economic and Political Weekly* 50, no. 14 (April 2015): 20-22. Also see various publications by Sama: Resource Group for Women and Health, New Delhi.

early decades and the hard attempts to drag people to vasectomies and tubectomies is important and worthy of investigation. The two types of messages were directed simultaneously at the people, and they chose to interpret Malthusianism in their own ways.

Additionally, I point to the uniqueness and specificity of particular postcolonial societies. Authors have engaged with the cultural ramifications of a decolonized nation's push for economic sovereignty. Recent works, such as the one by Rohit De, interpret peoples' everyday encounters with grand ideas of decolonization and independence.[49] Benjamin Siegel describes how people contested food policies in the new nation and thereby appropriated the state's version of food self-sufficiency.[50] Srirupa Roy critiques life within the 'new' nationalist community that created its identity out of forcing uniform cultures over diverse lands and people.[51] As these nationalist societies protected and recreated colonial subjectivities, they also differed in their interpretation of sovereignty. If 'dominance without hegemony' meant anything, it was a way for the nationalist middle class to define modernity with their form of everyday life.[52] Defining the mainstream popular culture around their living rooms, clothes and food meant a form of dominance that came from aspiring to the state-defined postcolonial life.

Class indexed how people interpreted the small family. The middle classes were attracted to the idea of creating citizens out of erstwhile subjects. In their worldview, a simple way to reduce the birth rate was to encourage targeted sterilizations of lower-class populations. They were worried about the quality of citizenry that would be produced in the populations that the state found 'backward'. The burgeoning

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[49] Rohit De, *A People's Constitution: The Everyday Life of Law in the Indian Republic* (Princeton, NJ: Princeton University Press, 2018).

[50]Benjamin R Seigel, *Hungry Nation*

[51] Srirupa Roy, *Beyond Belief: India and the Politics of Postcolonial Nationalism* (Durham: Duke University Press, 2007).

[52] I borrow the phrase from canonical Ranajit Guha, *Dominance without Hegemony: History and Power in Colonial India* (Cambridge, MA: Harvard University Press, 1997).

middle classes in the cities aligned themselves with the statist vision of citizens. Such a suspicion of the lower classes did not mean the working-class populations resisted the idea of the small family. They interpreted the idea to mean more space and time for the couple new in the city to create a standard of life that would sustain their (two or three) children and secure their futures. Working-class families did not resist Malthusianism as much as give it a life that was not aligned to statist visions. My current project is an outcome of parsing the meaning of this form of Malthusianism and its afterlife.

1.1 A Note on Terminology

1.1.1 State Works

Manu Goswami employs this term to analyze how the colonial Indian administrators constituted India as a uniform and whole entity that existed within a bound naturalized territory. This term originates from a need to define the colonial state's "rule over space and society through a spectacular display of its authoritative presence, from the staging of elaborate political rituals and events to the construction of a vast network of dazzling 'state works', the visible, material embodiments of its authority and 'civilizing' modernity."[53] The grandiose infrastructural projects (such as building trains and creating a uniform currency) that the imperial presence ensured in the subcontinent awed its subjects and legitimated particular statist visions of modernity.

Following Goswami's definition, I see family planning as a massive infrastructural project and a material embodiment of the postcolonial nation and its authority. The postcolonial state also used this technique to legitimize its existence. Even as the state was creating citizens out of erstwhile subjects of empire, the modalities of creation were not new. In this sense, family planning was effected through "a range of institutions, representations, artefacts and regulatory practices," all of which constitute state

[53] Manu Goswami, *Producing India: From Colonial Economy to National Space* (Chicago, IL: University of Chicago Press, 2004): 8, 46.

works. [54] Just as "colonial state space transformed the socio-economic geography of colonial India", the national family planning programme transformed the social spaces on which postcolonial society was constructed.[55] The grandeur of massive infrastructure, the scale of operations and the sheer size of bureaucracy enabled a different kind of empire: one that spoke through a Malthusian fear of numbers.

1.1.2 Five-Year Plan

The government of India presents its national developmental strategies in the form of a policy document that is known as the five year plan. Through the plan, the central government reprioritizes its funding allocation and draws up national developmental strategies every five years. The plan allocates resources and forecasts key projects and their outcomes for the economy. The Soviet model of centralized planning inspired Indian national leaders and they exercised a similar plan to transform the postcolonial economy. As Partha Chatterjee states, the planning process realized a "will for transformation" by incorporating developmental goals within a cohesive, national plan—while tallying the limits and gaps in material resources. [56] The five-year plans were indices according to which national priorities were allotted monetary attention. Such funding priorities reflected the socio-political transformations of the nation.

I find the five-year plans useful as they documented the transformations of the population programme across the first three decades of postcolonial existence. The central government allocated money according to the evolving meanings of population planning: from counseling young couples about contraceptives to pushing for sterilizations via financial rewards. In charting the route that the population programme took, the plans also lay out the changing intentions of the state. Thus, there existed a

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[54] Goswami, *Producing India,* 8.

[55] Goswami, *Producing India,* 9.

[56] Partha Chatterjee, "Development Planning and the Indian State," in *The State and Development Planning in India*, edited by Terence J. Byres, 51-72 (Delhi: Oxford University Press, 1994): 65.

symbiotic relationship between the visions of the family planning programme and the state's economic plans.

1.1.3 Urban-Rural Divide

The national population programme perceived population clusters through their social and geographical locations to create a simple index of reception. An individual's physical location defined the person's access to family planning advocacy: rural populations would be getting directions for sterilizations through money or coercion, while families in the cities were to seek counselors and social workers to understand contraception. Land use played a vital role in determining who was deemed modern.

I use this the term to show how bureaucrats and demographers — and thereby the state — constructed a simplistic heuristic device to determine who would be amenable to reducing family sizes: rural people were unreceptive to Malthusian principles, and those who lived in cities would accept contraception. Through this lens, they assumed that couples in urban localities were rational enough to understand the dangers of overpopulation. The built environment that surrounded individuals dictated their ability to understand the economic functions of the family. Thus, through the logic of population control, the state collated different patterns of land use under neat categories of 'urban' and 'rural'.

1.2 Methodology

Historians have studied the complicated trajectory of Malthusian influence and linked it to forced sterilizations in under-developed countries. Such historiography works well with archives of transnational nature like the files and correspondences of the International Planned Parenthood Federation, the Ford Foundation, the World Health Organization and the Library of Congress (among others). Without placing these transnational archives in dialogue with local city-wide archival correspondences, historians miss crucial details of local contexts of a single city in the global flow of ideas. By focusing on how global population policies influenced the local contexts, they miss the potential of the local 'talking back' to the

global and reconfiguring the national or transnational debates. This intervention of the local is needed to understand the complex ways in which forced sterilizations came about. This story cannot be read solely through the archives of the developed world.

One of the main aspects involved in reading paper trails was parsing the local and state archives for global events. I found the Delhi State archive to be a useful tool to understand how the national programme established a foothold in the national capital. I believe different state archives would offer new perspectives regarding the way family planning unfolded for each geographic location. The other use of state archives is to see how global philanthropies impacted municipal governance. The first chapter, in particular, has been a product of this conversation of state archives with global events. The primary artefact of this chapter, the family planning counselling centre, is a product of a local archive.

While I interrogated state archives for global processes, I read the global and transnational paper trail for local repercussions. Through these opposing modes of interpreting official correspondence, I see how the Ford Foundation and Population Council worked in tandem with domestic particularities. The state archives provide entry points to understand the minutiae of decisions that flowed from headquarters in New York. I am conscious of the meager presence of the Soviet influence on population planning trials. However, the little that was available was sufficient to show that the postcolonial government, especially in its second independent decade (1960s), had established regular correspondence and exchanges with the Soviet bloc on the matter. Such a reading would not have been possible without connecting state or city archives to transnational correspondences within networks of demographers and bureaucracies.

The other key aspect that the project relied on was the study of audiovisual content produced between the 1950s–70s. I interpreted film as history by implicating not only its content, but also its forms of circulation. Studying the semiotics of films has been a way to understand contemporaneous popular

and national cultures.[57] Using state-funded documentaries and short advocacy films to understand the postcolonial economic modernization entailed weaving these films into the dialogue between city and transnational archives.[58] I also drew on works by William Mazzarella and Douglas Haynes to use popular culture as historical artefacts. [59] This method allowed me to understand nuclear families through the films they watched, and studying the nation they wanted to build for themselves. These scholars helped me chart the connection between familial intimacies and statist aspirations through the audio-visual texts around them.

1.3 Primary Sources

1.3.1 Local or Delhi Paper Trail

The trouble with postcolonial archives in Delhi is that a significant number of institutions that published documents, reports and journals related to family planning have either stopped existing or have not archived their publications. The New York Academy of Medicine (NYAM), for example, had the reports, seminar proceedings and other publications of the Central Family Planning Institute in New Delhi.[60] Similarly, the Family Planning Association (FPA), which was established in Bombay in 1949, also had a journal titled the *Journal of Family Welfare*. The copies of the same, from 1954 till 2006, were accessible in the NYAM and through Columbia University, since neither had the complete series. The

[57] My framework is influenced by Ashish Rajadhyaksha, *Indian Cinema in the Time of Celluloid: From Bollywood to the Emergency* (Bloomington: Indiana University Press, 2009) and Ravi Vasudevan, *The Melodramatic Public: Film Form and Spectatorship in Indian Cinema* (New York: Palgrave Macmillan, 2011).

[58] I was particularly influenced by the approach in Peter Sutoris, *Visions of Development: Films Division of India and the Imagination of Progress, 1948-75* (New York : Oxford University Press, 2017).

[59] William Mazzarella, *Shoveling Smoke: Advertising and Globalization in Contemporary India* (Durham: Duke University Press, 2003); Douglas E Haynes, "Selling Masculinity: Advertisements for Sex Tonics and the Making of Modern Conjugality in Western India, 1900-1945," *South Asia: Journal of South Asian Studies* 35, no. 4 (December 2012): 787-831.

[60] Particularly the series of CFPI Monographs and Reports.

editions after 2007 are available online, but not for the period under study. Studying the volumes helped explain the relationship between the government and philanthropic bodies like the FPA. In the same vein, I accessed twenty years of the Department of Family Planning's newsletter, "Centre Calling", through the 'Center for Research Libraries' in Chicago, which helped investigate the official narrative of enthused advocacy during the 1950s–70s.

The files from this archive complimented the files I recovered from the Delhi State Archives on local and state-level family planning operations. In the Princeton University Archives I traced the demographer Dr. Sri Narayan Agarwala (1920–1976) who graduated from Princeton University with a doctorate in demography in 1957.[61] He joined the Institute of Economic Growth and his first publication published from the Institute, titled "Corrected Age Data of the 1931 Indian Census", was an outgrowth of his thesis. He went on to publish two social surveys titled "Fertility Control through Contraception; A Study of Family Planning Clinics of Metropolitan Delhi" (1962) and "A Demographic Study of Six Urbanising Villages" (1970). Both surveys were influential in describing the social topography of Delhi and its reception of family planning techniques. In terms of the history of data, such surveys show the role of demographers in postcolonial planning in India. Agarwala was one of the many interlocutors of the international (mostly American) demographers like Frank Notestein, Judith Banister and Ansley Coale, who were interested in how postcolonial India responded to what they termed a "population explosion".[62]

1.3.2 Transnational Cluster

[61] 'Box 1; Economics, 1957; Princeton University Graduate Alumni Index, 1839–1998' in the Seeley G. Mudd Library Rare Books Collections.

[62] Other important papers that exist in the Mudd Library archives fell under the Frank S. Notestein papers (MC184) and Ansley Coale papers (MC208), the Hugh Moore Fund Collection (MC153), and the Alfred J. Lotka papers (MC032).

In my search through the Ford Foundation/Rockefeller Archive Center I found files that document the institutionalized aspects of philanthropy in the Ford Foundation. These files traced the priorities and imperatives of funding, as they change across regions of the Global South. These collections also included files from the Population Council, which were about specific officials who were present in the country in the period of 1954–77. There were 156 files, which included Population Council records (Foreign Correspondence series) and the Ford Foundation's Catalogued Reports that deal with the philanthropic interventions into India's national family planning programme. These files were part of a larger funding strategy which focused on food assistance, community development and urban settlements, and aid for educational institutions. From these files, I learned that the Ford Foundation aided specific localized experiments as well as nationalized programmes. There was also a transnational exchange of knowledge and expertise about family planning, demography and mass communications in these fields, where experts were brought in as advisers or consultants to the Ministry of Health.

There were 118 files related to communications and advocacy under the family planning programme and research that went with it. These are of two types of files: one plays with the figure of the small family under an inverted red triangle and broadcasts this symbol in different forms of mass media like radio, television and print. In particular, I traced the involvement of Frank Wilder and Dharmendra Tyagi in creating these messages. These files laid out the popular imagination of the small family. The second type dealt with the actual dispersion of contraceptives and traced their acceptance within the public. These files were important because they traced where the notional and symbolic ideas of the small family met actual practice.

1.3.3 Film Archives

In order to search for the audiovisual advocacy materials, I sought the archives of the Films Division of India. The office in Mumbai contained short films that the government advocacy wings had produced

over the years. Additional poster and film materials were available from the Schlesinger Library of Harvard University. A search through YouTube led me to a private curator who collected films from the post-Emergency era. These trails provided short films, commercial films and documentaries that helped to explain the world of the modern nuclear family.

1.4 Outline of Chapters

The first chapter studies the first family planning centers that arose in Delhi from 1954. India was one of the first Asian countries to embark on a national population control programme in 1951. Within the period of the first Five Year Plan (1951–56), family planning centers were established for couples of a certain age group to be counselled on child rearing. By the Second Five Year Plan (1956–61), 500 such clinics were to spring up in the urban quarters and 2,000 in rural areas. These centers were to house a counsellor, preferably a 'lady doctor' or a social worker, who would show films and distribute pamphlets and posters to the couples who sought counselling. These centers were sites where the scientific management of populations instilled the small family norm. The counselling centers and the advocacy campaigns of the period not only focused on the medical aspects of human fertility, but also linked it with the socio-economic development of the recently decolonized world. These projects were usually rather small in scale, with two or three village clusters or townships involved. The chapter will trace the way these centers evolved to become sites where sterilizations were performed. The physical presence of a counsellor was slowly substituted for, or appended with, that of a medical doctor who performed the procedures to meet targets set by central and state governments.

The second chapter studies the field officers of the Directorate of Family Planning. It will study their role in the larger imperatives of population control. The chapter will also look at the gendered labor that went into the administration of the national programme, including recruitment strategies and priorities. Finally, it will interrogate the conceptions of urbanity that undergirded the audio-visual

campaign. The first part of the chapter looks at the nature of the field officers, their recruitment and retaining strategies, roles ascribed to them and their responses. Moving on, the chapter will investigate the foundational logic steering various advocacy forms—mobile vans, posters, and films—as propaganda material, the role of government wings like All India Radio and Films Division, and the different modes of circulation of propaganda films.

The third chapter focuses on the women who enabled global trials of contraceptives. Family planning, as a process and an artefact, mutated into a very coercive process under the conditions of the Cold War. This chapter is a study of the way contraceptive technologies directed at women evolved in the three decades after Independence in India, set within a global frame. The politics of the Cold War deployed the small family norm through the clinical trials that tested contraceptives on poor and working-class women globally. The Indian population control programme, too, gradually transformed into a programme for fertility control, a decision that consciously had the state direct its gaze towards the reproductive capacities of working-class, lower-caste and non-Hindu women.

The fourth chapter turns the attention from the officials on the ground to the experts who were part of drafting the national population policy. It will focus on the expert demographers, and their understanding of the 'urban' that guided their surveys and policy statements. Postcolonial India had several surveys and other modes of data collection and enumeration. These took place at specific sites, with respect to specific development goals. The demographers were studying the social topography of the land, and in particular, peoples' attitudes towards family planning in different quarters of the country. Of particular interest is the role of S. N. Agarwala. His work will help interrogate the way the notions of city dwelling informed surveys on peoples' attitudes to family planning. The chapter will delve into the expertise of political demographers, the impact of Princeton demography studies that included training with American demographers like Frank Notestein and Ansley Coale in the context of the Cold War.

The final chapter focuses on the evolution of the "Hum Do Hamare Do" campaign. It will study the foreign or transnational expert guiding the family planning activities in Delhi, like the Ford Foundation and their associated sociologists, advertisers and demographers, who were facing the dilemma of whether their projects tended to be akin to colonial improvement projects. The officials understood their roles as enabling young democracies and helping subject–citizens in these nations become full-fledged citizens. Studying the tone and assumptions of urbanism that informed the experts' knowledge clusters and practice, the chapter will explore the various efforts made towards creating an 'Indian' body of expertise. The chapter will trace how the inverted red triangle and the small family within it were symptomatic of the national policy on Family Planning. It will analyze the ways in which policy makers adopted "Hum Do Hamare Do" as a part of the extensive education programme, focusing on the campaign's creators, their stated intentions and their direct or indirect ideological convictions behind the campaign's creation, as well as the use of the city as a metaphor. The chapter will also delve into the ways in which the campaign represented a unique model of family planning advocacy and its appeal in terms of retention and circulation of the symbol in other Family Planning campaigns across the decolonized world.[63]

[63] The phrase family planning has not been capitalized except when it appears to be capitalized in the primary sources.

Chapter 2

Families That Befit The City: The Evolution Of Family Planning Counselling In Delhi, 1954-77[1]

Posters about 'Family Planning' adorned markets, bus stops, hospitals, and cinema halls in the 1950s. Newspaper articles and advertisements incessantly shouted out, "The Small Family is a Happy Family", and these media asked people to use contraceptives.[2] They implored young couples to visit Family Planning Centres regularly. The centers counseled newly married individuals about the importance of having fewer children and showed them ways to use contraceptives effectively. Through examining the counselling centers, this chapter argues that people's land use determined the state's use of soft counselling to negotiate Malthusian fears or (conversely) exposed its eugenic concerns about the quality of population.

Repercussions of the census-born Malthusian anxieties were evident in every aspect of governance. Overpopulation sidelined all other factors, including historical income inequality, as the main reason of underdevelopment. Newspapers screamed headlines of large infrastructural projects everywhere, as they also described the worrying increase in population.[3] Such reports linked increasing birth rates to malnourishment, overcrowded housing, illiteracy and all other forms of underdeveloped and backward forms of family life.

The counselling centers in the city outlined the Malthusian functions of the nuclear family. They showcased the early advocacy efforts under the Family Planning programme. They

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[1] I have used Indian denominations and currency through the chapter to denote any monetary item.

[2] Ilana Löwy, "Defusing the Population Bomb in the 1950s: Foam Tablets in India," *Studies in History and Philosophy of Biol & Biomed Sci* 43, no. 3 (September 2012): 583-593.

[3] "Family Planning Vital," *Times of India*, March 19, 1954.

helped build a consensus on the imminent population explosion which would denude national resources. The national trend of longer lives with high birth rates fueled the Malthusian nightmares of food shortage, overcrowding and resource depletion. In the last count of 1951, close to 43 million more people were added to the existing population.[4] Additionally, life expectancy had increased by eight years. Because of increases in real income and effective health measures, people were living longer than their previous generations.[5] The government vowed to bring this rate of growth down substantially by the next decadal census, which was to happen in 1961. One way to slow birth rates was to counsel young, newly married couples about the dangers of overpopulation and the imminent shortage of land and food.

Following the fear of scarcity, the national government (and its transnational donors) prioritized funding population control over other projects. By 1954, three years after its inception, the Indian family planning programme was one of the costliest in the world. It channeled 1.5 million rupees for a committee to research the problem.[6] The research committee under the programme identified young, newly-married couples as the key to a stable birth rate. Thus, the programme immediately sanctioned the establishment of 126 counselling centers across the country. The committee deemed it wise to create the first such centers in cities, as pilots. [7] Once

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[4] International Institute for Population Sciences, Mumbai, "Population and its Growth, India: 1901-2011," *ENVIS Centre for Population and Environment.* (February 15, 2016) Accessed December 5, 2017. http://www.iipsenvis.nic.in/Database/Population_4074.aspx.

[5] Pravin M. Visaria, "Mortality and Fertility in India, 1951-1961," *The Milbank Memorial Fund Quarterly* 47, no. 1 (January 1969): 91-116.

[6] K. Venkatasubramanium, "Population Control- Where has the Strategy Faltered?" *Planning Commission of India,* 2013. Accessed December 5, 2017. http://planningcommission.nic.in/reports/articles/venka/index.php?repts=m-popu.htm.

[7] Untitled Report to the Chief Commissioner of Delhi in File No. 7(116)/1954/MT&CE/CC titled 'Financial Assistance to State Governments for Implementation of Family Planning Programmes,' Delhi State Archives, New Delhi, p. 55.

successful, the medical staff were to build such centers in rural areas. The programme planners assumed couples in cities would be more amenable to using contraceptives and opting for a smaller family size.

There was a consensus, amongst health officials, that Delhi needed to be a stellar example of implementing the program. The central government established six counselling centers in the national capital region. Consistent with the national trend, birth rates in Delhi rose, while death rates fell at remarkable rates.[8] However, the city experienced the population policy in ways that were unique. The first section studies the central funding that the peri-urban developmental villages like Najafgarh and Shahdara received, and how that intervention affected overall family planning advocacy. The second section looks at the way the advocacy differed according to class within the urban region. The third section studies the nature of counselling offered to the small but distinct middle classes that arose in newer parts of the national capital. With these three strands of discussion, the chapter mounts a picture of how Malthusianism played out in the urban built environment of a national capital of a recently decolonized country.

2.1 The Use of Peri-Urban Spaces in Planning the Population

Population control and statecraft in the national capital region surrounding New Delhi shared a tense relationship. The reason for this tension was how the centre interfered with municipal governance, at times overstepping its authority. Family Planning, as an agenda and prerogative, was listed as a concern of the municipality. Since it was not listed as an *immediate* public health problem, the Municipal Corporation in Delhi decided to finance the centers in urban areas first, followed by rural regions. It did so at its own pace, within an allotted frame of time and effort it

[8] Untitled Report to the Chief Commissioner of Delhi in File No. 7(116)/1954/MT&CE/CC titled 'Financial Assistance to State Governments for Implementation of Family Planning Programmes,' Delhi State Archives, New Delhi, p. 55.

deemed fit. However, peri-urban spaces like Najafgarh and Shahdara started receiving funds directly from the central government.[9] This circumventing of the municipal and state administrations worried bureaucrats at both levels. The centre justified such overstepping using "exceptional circumstances."[10] Not until 30 May 1957 was the confusion of funding trails resolved: the centre was to spend 148,000 INR, while state governments were to expend 109,000 INR.[11] Funds were to flow from the centre, to the state, and finally to the municipal level.

This flow of money impacted the way the counselling centers functioned. Councils in the peri-urban built environment were aware of how they were sites of social experimentation. One of the main reasons for this exceptionality was transnational philanthropy. Historically, health centers in the villages around New Delhi, especially Najafgarh, received funds for research and training doctors and nurses through the Rockefeller Foundation.[12] Since the 1930s, there was a precedent of working with 'exceptional' funds allocated to the health centers in the form of

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[9] Post-1857, the territory of Delhi, was divided into three municipal zones: the Delhi Municipal Committee (DMC) being the oldest and the largest body covering most urban conglomerates in the city, the Lutyens-built New Delhi Municipal Committee (NDMC) and the Delhi Cantonment Board. The DMC was transformed into the Delhi Municipal Corporation (MCD) in 1958. The DMC also controlled the old parts of the urban city, that was Shahjahanabad or Old Delhi. Delhi's rural clusters, or 'urbanizing villages,' were spread around these three urban zones, in the form of Development Blocks. These were areas known as Shahdara, Najafgarh, Alipur, Khanjaola. These areas, and many other neighbouring villages, were lumped under the term 'National Capital Region' in 1985.

[10] Letter dated 3.05.1957 from Secretary of State to the Department of Local Self-Governance, in File No. 7(116)/1954/MT&CE/CC titled 'Financial Assistance to State Governments for Implementation of Family Planning Programme,' Delhi State Archives, New Delhi.

[11] Note attached to Letter No. D. O. No. F 112/57-HS dated 30th May 1957 from R.N. Sinha, Secretary to Directorate of Health Services to P.R.V. Bhiman, Secretary to Medical and Public Health of Delhi Administration, in File No. 6/82/1956/MT&CE/CC titled 'Financial Assistance to State Governments for the Implementation of Family Planning Programme during the Second Five Year Plan,' Delhi Sate Archives, New Delhi.

[12] "Delhi- Demonstration Health Unit-Najafgarh, 1930," 1935-1942, Folder 95, Box 12, Subseries 464.J (India0 Public Health Demonstrations), Series 464 (India), SG 1.1, Projects, FA 386b, Rockefeller Foundation records, Rockefeller Archive Center, New York.

(centrally channeled) medical endowments. In 1954, the Ford Foundation followed Rockefeller and established training centers in Najafgarh for doctors, nurses and social workers. Peri-urban localities in Delhi guided the national population control programme.

The financial support for Family Planning in peri-urban areas around metropolitan Delhi upset municipal bureaucracy. Not only Najafgarh: the central government also granted 17,200 INR to the president of another peri-urban Delhi-Shahdara region in the financial year 1957–58. This amount was for two Family Planning centers. A state secretary was clearly miffed when he wrote, "the proposal of the Shahdara Municipal Committee for such a grant was not routed through this Administration and the circumstances under which the grant has been sanctioned are not known to us."[13] This scenario makes two things abundantly clear: one, that the over-zealous attitude of the centre towards instilling the small family norm was not sitting well with the state government, and secondly, it seemed unclear as to who was to spearhead these centers in their everyday administration. This was a case of an overcommitted central bureaucracy stepping over its jurisdiction to produce results. Such a situation would not have been possible without the unique mixture of urbanizing village life that characterized peri-urban spaces like Najafgarh.

The built environment carried specific connotations for the counselling centers. Health administrators believed that village populations were averse to using contraceptives, as they were inclined to trust traditional methods. Such an attitude was part of a larger distrust towards modern medicine, or so the sociologists and demographers inferred from their surveys.[14] The peri-urban

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[13] Note attached to Letter No. D. O. No. F 112/57-HS dated 30th May 1957 from R.N. Sinha, Secretary to Directorate of Health Services to P.R.V. Bhiman, Secretary to Medical and Public Health of Delhi Administration, in File No. 6/82/1956/MT&CE/CC titled 'Financial Assistance to State Governments for the Implementation of Family Planning Programme during the Second Five Year Plan,' Delhi Sate Archives, New Delhi.

[14] S. N. Agarwala, *A Demographic Study of Six Urbanizing Villages* (Institute of Economic Growth, New Delhi: Institute of Economic Growth, 1970): 8.

areas, or the ‘urbanizing’ villages around the national capital, therefore, saw several experimental programs aimed at transporting village communities to hospitals for births, surgeries and spacing out children. Global philanthropists, especially the Rockefeller Foundation, had created these projects, so that pilot studies could be run in a controlled environment. Thus, since the 1930s, rural conglomerates, especially the urbanizing villages surrounding Delhi, were seen as sites of experimentation for everyday medicine and public health.

The social topography of municipal governance structured staffing for family planning counselling in and around Delhi. The Delhi Municipal Committee thought it essential to staff fifteen medical officers, lady health visitors and social workers for fifteen centers across Delhi, while peri-urban areas saw fewer doctors and more health visitors. The doctor’s role changed according to the local setting: in the urban districts of the city, the doctors counseled couples who (they assumed) were already interested in contraception, while their role in the rural districts was to convince men and women about the economic advantages of family planning. The health visitors helped them by getting families to seek their counsel. Municipal governance differed across urban and rural quarters, and thereby counselling centers differed in form too.


A health visitor at Kutumb Sudhar Kendra explains aspects of family planning to mothers.

Figure 1 Indian Express, February 11 1962, p. 13.

Counselling in the peri-urban villages, especially in the 1950s, informed the national population policy. Given the exceptional status of the urbanizing villages, the Ford Foundation-backed Family Planning Association of India showed keen interest in helping the government in those areas. Voluntary organizations were effective in advocating for faster governmental work. Thus, funds from the national programme were to be distributed to private entities on a 4:1 ratio basis. In other words, if seventy-five percent of the funds flowed towards governmental outfits like the Municipal Corporations, then twenty-five percent could be channeled into voluntary

agencies.[15] This overlap of function, authority and responsibility often meant an overlap of staff too. The roles and functions of state and voluntary organizations were so blurred that officials for posts in family planning departments were recruited from voluntary agencies like the Family Planning Association of India (FPA).

Even within the schema of demographic research, rural regions were marked as more 'backward' than the others. The overwhelming question was "to what extent does awareness, interest and knowledge of family planning spread through a village by simply making available information to some of the few literate village residents and depending upon them for further spread through informal communications channels[?]"[16] A common research method was to identify key figures like Panchayat (village council) leaders, who would canvass for two or three 'cases' in his constituency so that a vasectomy camp could be organized. The problem with such a method of choosing 'natural leaders' was that the lines between voluntary decisions about sterilization and incentivized encouragement began to blur. Adding financial incentive to the Panchayat leaders or teachers meant there was an added element of personal gain above the ideological convictions that guided advocacy. The connotations of rural as stagnant, backward, illiterate and ignorant of political projects like building a modern, postcolonial nation fueled this move towards forced sterilizations.

The contradictory roles of the doctor were spelled out in the reasons that the municipal administrators gave for shutting down two counselling centers: the centers were functioning

[15] Note No. D. 5991-P/53 (I) dated 27.02.1954, from S. Devanath, Under Secretary to the Government of India, to All State Governments in File No. 7(116)/1954/MT&CE/CC, Delhi State Archives, New Delhi.
[16] 'Proposal for a Communication Action Research Project: A Study in Family Planning Communication-Mass Mailing,' by The Family Planning Institute dated 19.02.1964, Ford Foundation Records, Unpublished Reports, FA739, Box 206, Folder 004577, Rockefeller Archive Center, New York, p. 1.

under a 'Nurse *Dai*'.[17] The traditional midwives or *dais* were seen as unreliable sources of information on contraception, even as many midwives were trained nurses too. The centre would have to be severely out of medical personnel for *dai*s to be the de facto staff. The rationale was that lack of 'lady doctors' meant the advocacy work might not be taking place effectively. [18] The state would rather close a counselling centre than leave the counselling in the hands of non-biomedical figures of authority. The situation is ironic, as the midwife would have been the best situated to address questions of contraception during and after childbirth. The medical administrators' distrust of the midwife reflected the change in population policy: it was less about individual family size and more about peoples' belief in sterilizations.

Demographers who researched contraceptive cultures in Delhi's villages illustrated the way advocacy had worked in the villages around Delhi. A team observed that the women in rural households were eager to talk about their contraceptive practices and "often had difficulty in stopping a conversation once the village females started discussing the subject".[19] The dichotomy between urban and rural settings was so solid that the demographer who led the team—Dr. S. N.

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[17] Letter No. F. 112/57-HS 6140 dated 6.02.1957, from R.N. Sinha, Secretary, DGHS to Col. B.L. Raina, DGHS in File No. 7(116)/1954/MT&CE/cc titled 'Financial Assistance to State Governments for Implementation of Family Planning Programmes,' Delhi State Archives, New Delhi.
The *dai* is a midwife who delivers babies in the 'traditional,' non-allopathic ways. Many *dais* were recruited in the 1950s, for hospitals to attract deliveries. The *dai* was to bring critical cases to the hospital. The Nurse *Dai* is a post that grew out of a symbiosis between traditional childbirth practitioners and hospital-trained midwives, who were understaffed. For a detailed discussion of how the occupation transformed in the twentieth century see: Somen Krishna, "Traditional Midwives in Social Reproduction: Changing Landscape in 20th Century Bengal," *Indian Journal of Gender Studies* 20, no. 2 (June 2013): 213-34.

[18] The post of the Lady Doctor alluded to the gynaecologist and the obstetrician. I do not know, yet, when these terms started getting used. But both occupations, were seen to be the women doctors work, and therefore fell under the umbrella term of the 'Lady Doctor.' It is interesting to see how certain centres were closed because of their shortage. This stress on the woman doctor changes when the programme starts prioritizing male vasectomies. Unfortunately, I haven't found any paper trail or person with experience of working through the 1950's to see how the change in policy affected personnel.

[19] S. N. Agarwala, *A Demographic Study of Six Urbanizing Villages* (Institute of Economic Growth, New Delhi: Institute of Economic Growth, 1970): 8.

Agarwala—refused to categorize the villages he encountered as strictly 'rural' because they showed attributes that were modern, and thereby urban in his scheme.[20] He maintained that Najafgarh and other peri-urban spaces were "urbanizing villages" because their residents were in constant contact with the city.[21] It can be gleaned from the observations that the binary of urban/rural solidified around certain distinct markers: commercial contact with a city, through jobs and purchases, through education and through health structures. These markers intersected with the city's material distribution of opportunities and economy. Urbanizing villages, as Agarwala understood them, stood at the interstices of this binary, as their people could not be cast in the archetypes of village households that contemporary sociologists had established and circulated. In this way demography defined the functions of the planned city as it outlined the characteristics of the *people* in the unplanned, urbanizing rural belt around Delhi.

Thus, the family planning counselling sites in peri-urban localities started out as citizen-building sites. In the rural settings, the medical staff believed that they served a pedagogic function by translating national policies to people who they assumed would resist contraception. They were places where social workers and nurses could talk to couples about the economic benefits of having three or fewer children. By the 1960s, they slowly transformed into sites for distributing contraceptive technologies. By the 1970s, people perceived the centers as solely serving to recruit individuals for sterilizations. The change in perception was symptomatic of larger changes in the national population control programme.

2.2 Counselling the Urban Poor

The medical attention in Delhi illustrated how Malthusian fears of scarcity, and eugenic concerns about degeneracy, impacted areas with significant urban poor, Muslim and lower-caste

[20] Chapter four will elaborate on this important figure.
[21] Agarwala, *A Demographic Study* (1970), 2-3.

populations. The medical instruction for the districts with significant poverty was either simplistic or coercive. Women and young mothers were the focus of advocacy, as evident in how the counselling centers were integrated with local health services, appended to the existing maternity and child welfare clinics. The staff was to propagate the use of the diaphragm and jelly methods, supplemented by the rhythm method due to its "simplicity and innocuousness".[22] The staff discussed matters like sex education, marriage counselling, marriage hygiene, the spacing of children and family budgeting, but with the aim of dispersing contraceptives. The stress on simplicity reflected the way the state saw this population cluster: the urban poor were not capable of understanding complicated mechanisms of birth control like condoms *yet.*[23]

For the urban poor, the counselling was aimed at immediate, surgical and non-surgical modes of contraception. The lady health visitor or public health nurse was to bring new mothers into the surgical ward or to the doctor who would convince them to use contraception. The conversations were driven towards applying at least one method, if not more. Monetary prizes incentivized medical personnel to set and meet target numbers of IUD insertions, condom distribution, and (by the 1960s) tubectomies and later vasectomies. It was in the turn of language that the biomedical aspects of family planning became even more significant. Slowly, the economic justification of posts other than the doctor or the nurse came under fire: the post of the social worker became irrelevant. The counseling centers did not require the presence of the social worker to ease couples conversing about contraceptives. The 'patients' spoke directly to the doctor in charge of the clinic, who pushed them towards IUDs, vasectomies or hysterectomies.

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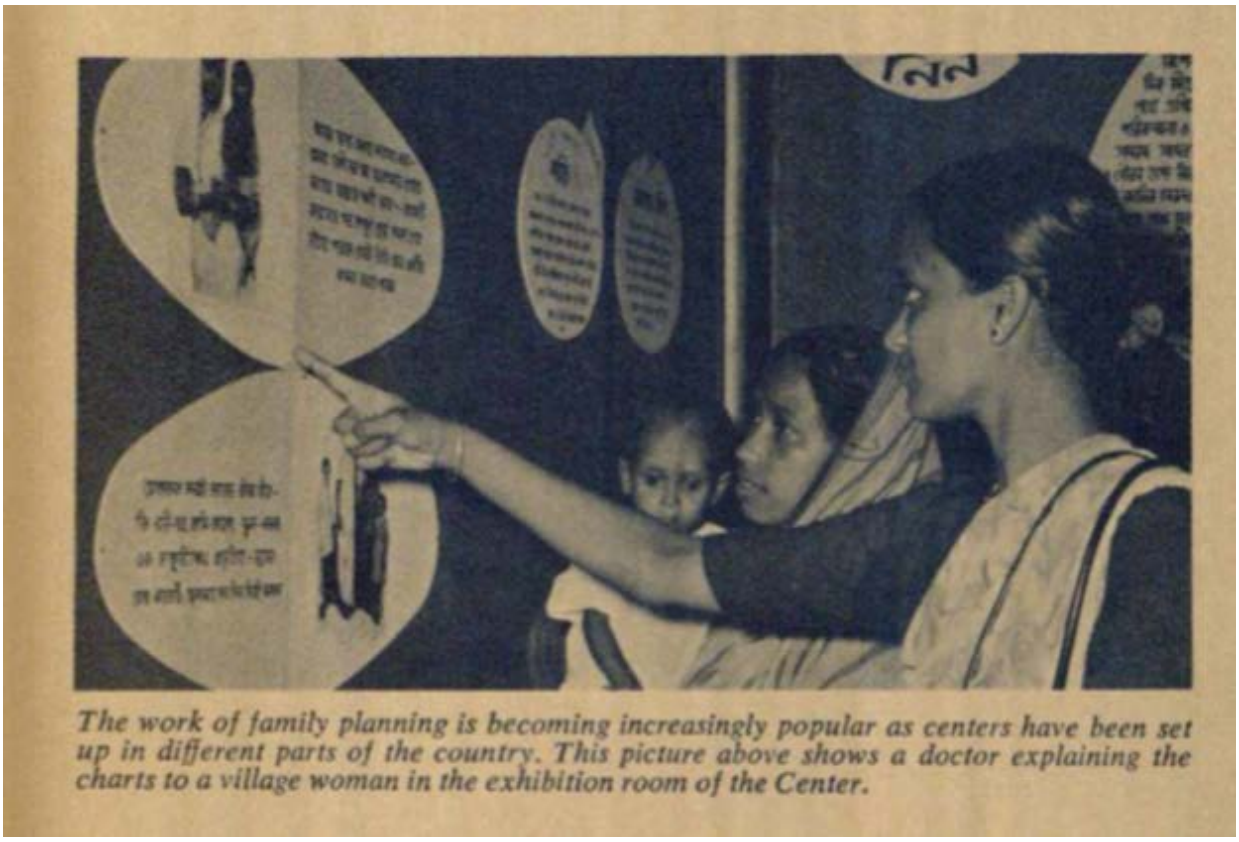
[22] Note No. D. 5991-P/53 (I) dated 27.02.1954, from S. Devanath, Under Secretary to the Government of India, to All State Governments in File No. 7(116)/1954/MT&CE/CC, Delhi State Archives, New Delhi.

[23] I stress on the last word because this trend rapidly changes as condom production and distribution picks up pace in the country. The domestic production and distribution of condoms will be discussed in detail in the second chapter.



The work of family planning is becoming increasingly popular as centers have been set up in different parts of the country. This picture above shows a doctor explaining the charts to a village woman in the exhibition room of the Center.

Figure 2 Embassy of India (Economic Wing), The Quiet Revolution: Family Planning in India (Washington, D.C: Government of India, 1969): 5

By the waning months of 1958—with just three more years to the next decadal census—there was a many-fold increase in worries about India showing a significant change in birth rates. The counselling centers offered vasectomy as a viable and immediate method. The centers were called 'clinics' by now, dropping all connotations of socio-economic advice to young couples. Doctors worried about the consequences of the stress on sterilizations *on them.* The Director General of Health Services (DGHS) cautioned a medical officer to obtain written consent from the married couple before operating on the man. In the consent declaration, the family was to

"agree to the operation and fully understand the position and the consequences".[24] Such legal language showed a distinct change in the purpose of the counselling centers. They were no longer instructional spaces that helped young couples understand their national duties, but rather they were recruiting people for sterilizations. The medical bureaucracy was aware of this change of purpose and staff were happy to serve their roles by garnering more numbers of surgeries. This change of tenor meant the very idea of family planning had shifted away from a consensually agreed-upon contract of helping the nation with an individual's family size. By insisting on sterilizations, the state worked towards a target birth rate that would solve problems of food scarcity and overcrowding *quickly.*

By 1962 we find evidence that the family planning centers around significant Muslim populations had officially become sites for recruiting couples for sterilizations.[25] A municipal body advertised financial rewards, not just for the acceptors but the voluntary organizations, private hospitals and clinics in which sterilizations were performed.[26] The advocacy pieces in newspapers along with editorials by sociologists and parliamentarians canvassed both sexes for potential interest in family planning, through hospitals and the centers.[27] The Shahi Imam of Jama Masjid held public talks on the benefits of vasectomy for large audiences of male members

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[24] Letter No. 23-4/58 F.P. dated 6.11.1958, from Sd/- B.L. Raina for DGHS to the Medical Superintendent, Irwin Hospital in File No. 7(116)/1954/MT&CE/CC titled 'Financial Assistance to State Governments for Implementation of Family Planning Programmes,' Delhi State Archives, New Delhi.

[25] The area around the Red Fort and the Purana Qila, with Chandni Chowk as its main commercial site, was the erstwhile Shahjahanabad. It had a history of being the last bastion of a pre-colonial empire. 1857 and the first insurgence against the East India Company were writ large on the monuments, homes and generations of families living within Shahjahanabad. Many of the Muslim families who continued to live around the two monuments had connections to the Mughal legacy, but were impoverished in the imperialist decades.

[26] Advertisement, *Indian Express*, January 8, 1962, p. 3.

[27] 'School for Family Planning,' *Indian Express*, January 2, 1962, p. 5.

of the community.[28] These efforts showcased the state's will to transform the economic future of the country, but with an eye on the *kind* of populations peopling this future.

The medical files first mentioned sterilization targets in the 'walled city' in a set of correspondence items in 1967. In it, a secretary in the Directorate of Family Planning jubilantly noted that an intensive drive to recruit people for sterilization had exceeded the target "of 200 sterilizations and 400 loop insertions was fixed." The secretary continued, "The achievements made are 312 sterilizations and 388 loop insertions."[29] The medical secretary undercut the Directorate's enthusiasm with his handwritten note on the margin: "I don't think this is any occasion to feel proud of. For every little work, no special appreciation seems necessary. We have to go a long way of in the field of family planning. The officers have only performed their duty."[30] This determination to sterilize people within the walled city of Shahjahanabad (Old Delhi) reached a troubling statistic by 1968: the Family Planning unit of the Delhi administration aimed "to facilitate 1000 sterilizations per thousand populations per year", which translated to getting every man in the community sterilized.[31] The tenor of such calls for sterilization was consistent with the social topography of the city: the middle- and upper-class municipalities (with majority upper- and middle-caste Hindu families) were spared targeted sterilizations. The 'older'

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[28] 'Vice Shahi Imam Inaugurates Rampur Drive,' *Centre Calling*, December 1967, Centre for Research Libraries, Chicago, pp. 6-7.

[29] Letter No. F. 26(22)/66-M&PH, dated 24.5.1967 from Shri D.S. Faujdar, to the Directorate of Family Planning Delhi in File No. 2(22)/1966, Medical and Public Health, Delhi State Archives, New Delhi.

[30] Letter No. F. 26(22)/66-M&PH, dated 24.5.1967 from Shri D.S. Faujdar, to the Directorate of Family Planning Delhi in File No. 2(22)/1966, Medical and Public Health, Delhi State Archives, New Delhi.

[31] Letter No. 1310.68 PLG dated 24/5/1968 citing minutes of the annual meeting of the *Shikhar Samiti* of the Family Planning Unit of the Medical and Public Health wing of Delhi Administration held on 9.12.1968 from File No. 2 (79)/1973/Services II/CC, Delhi State Archives, New Delhi.

parts of the City, with significant poor Muslim populations, were sites of strict sterilization targets.

Sterilization drives in the walled city had deeply eugenic connotations. This part of the city had a significant poor Muslim population. The area was also under governmental scrutiny in the face of the first Master Plan to develop 'New' Delhi.[32] The sterilization 'drives' were part of the larger project of containing Old Delhi and its political significance. The more immediate reasons for such a containment were that people were living in overcrowded spaces and leading diseased and malnourished lives. The families within the walls were beset with nutritional, economic and psychological barriers to the development that was intended for the city that was growing around them. The vision of the planned family was aligning with a particular imagination of the nation as a Hindu majoritarian public, by making the people of the walled city its 'targets'. Voluntarily choosing the idea of sterilization was tenuous as the discursive outlines of individuals' choice were drawn on ethically ambiguous terrain. The Malthusian fears of overpopulation coalesced with a majoritarian, nationalist form of modernization.

Apart from poor Muslim quarters in the city, the municipalities with lower-caste families were equally invested in advocating for contraceptive technologies. In a project that was run independently from and parallel to the counselling centers, the Ford Foundation proposed to build a community centre for a lower-caste settlement in Delhi, on Panchquin Road, as a memorial to Mahatma Gandhi.[33] That the project had direct concerns about overpopulation was evident in the

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[32] Delhi Development Authority, *Master Plan for Delhi* (September 1962) enacted under the Delhi Development Act of 1957.

[33] The official language of the correspondence was an 'untouchable' or *bhangi* colony. Donation of US $ 85,000 by Ford Foundation of USA for constructing a community centre in Bhangi Colony in Delhi as a memorial to Gandhi, Ministry of Health, Local Self Government Branch, 1952: File No. 21-56/1952-LSG, National Archives of India, New Delhi.

proposed staff for the community centre: a social worker to manage the family counselling clinic, and a woman doctor who would run a clinic devoted to women and children. Their salaries were to come from the grant and the municipal government. One of the pieces of additional equipment was a sound motion picture projector to show children's films and family planning messages. Such measures were 'soft' measures to induce contraceptive use in the area. However, these methods often complemented the 'hard' efforts to drive people into hospitals for sterilization surgeries. Clearly, Malthusian fears of overpopulation leading to scarcity were linked to eugenic concerns about lower-caste populations having more children than upper- and middle-caste families.

Simultaneously, the lower-caste conjugal couple saw a small family size as a way of garnering economic stability and social capital. There existed no singular teleology that linked the doctor advocating for family planning to forced sterilizations. The role of choice in this field has been ambiguous. The responses became especially intricate with financial 'incentives' for vasectomies and IUD insertions. Even though literature from the government would try to collate all responses within the voluntary/forced binary, the reception of the nuclear family within the body politic was far more complex.[34] People volunteered for contraceptives or sterilizations because of the financial rewards after the medical operations. The social spaces upon which the national population programme was propped were guiding its direction. A new family formation meant a shift in the way social spaces were configured. As J. Devika noted, a characteristic about "the new patriarchy that underpinned the modern patrifocal nuclear family" in that "the rhetoric of choice also blurs the changing forms of power that binds the state and society within which

[34] The Shah Commission of Inquiry which was set up to inquire into the excesses committed by the state in the years of the Emergency (1975-77) also collated instances of abuse under forced sterilizations or voluntary decision to get operated on.

these options unfold".[35] Using contraceptive technologies created new forms of scientifically planned families, which upheld modern forms of patriarchal, communal power exerted on the aspirations of the family. People's responses to fears of overpopulation were also dictated by their location in the index of urban modernity.

The bureaucrats defined modernity in such a selective way that only a few population clusters were ascribed as modern: the ones which lived in and around government-owned offices and houses. These families were precursors to the middle class in Delhi. The selective registers of modern families guided family planning counsel as well. But far from the houses of the bureaucrats and their families were clusters of urban poor who were migrating to the government buildings and homes, looking for opportunities for livelihoods in a postcolonial city. These clusters of people were ambiguously placed in the conceptual category of the urban. These clusters could not be written away as populations stuck in a rural way of life. The urban poor found legitimacy for their existence in the city through the labor they provided towards building the infrastructure of the city. Another way to attain immediate access to modernity was to limit family size. They understood the economic function of a small family and saw the nuclear model as a way to attain social capital.

Definitions of urban poverty, as distinct from rural clusters in urbanizing villages and inside the walled city, come out of experiences of the family planning staff. The medical officers, doctors, nurses, health visitors and social workers embodied the state for the people. Simultaneously, their attempts at counselling translated illegible groups into a population with coherent demographic characteristics. They defined the people for policy circles. The neat categorization of families made the national population legible for governance. The built

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[35] J. Devika, *Individuals, Householders, Citizens: Malayalis and Family Planning, 1930-1970* (Delhi: Zubaan, 2008): 4-5.

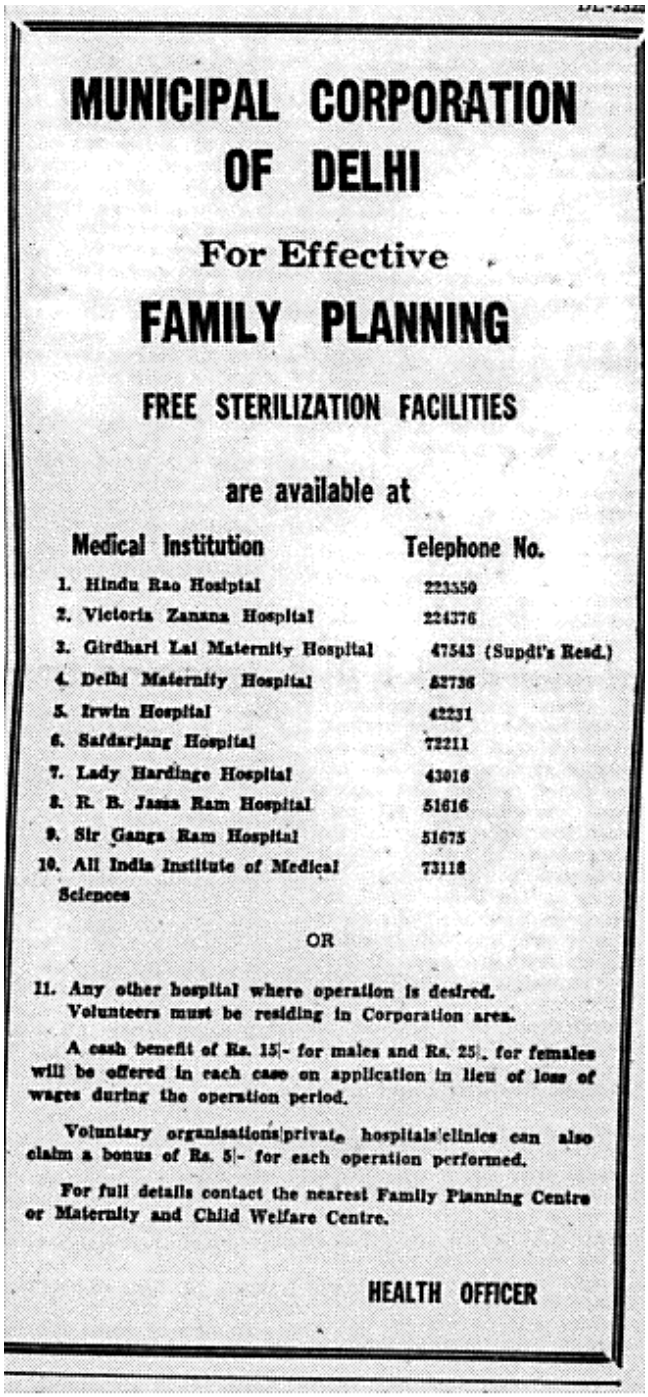
structures of counselling centers, along with the medical personnel in them, made the small family—as a norm and a practice—legible. The staff members at the counselling centers embodied the state for its people, while simultaneously making the people visible to the state.

Slowly, the surgical interventions tenuously begin to take up more space in the advocacy literature. The Mukherjee Committee Report of 1966 first mentioned financial incentives for family planning for the staff and the couples who underwent IUD insertions, tubectomies or vasectomies. In rural clusters, the financial incentive for a vasectomy or an IUD insertion was 100 INR for populations from poor clusters. 'Motivators' at the district and block levels who encouraged people to undergo contraceptive surgeries would also be given 600 INR. The pattern of financial incentives underscored the eugenic concerns of degeneracy by encouraging the staff to push men and women from poor districts towards sterilizations.

With financial incentives to reach a certain number of couples, clusters of urban poor are further categorized on religious or caste lines. The population of a city (and thereby the nation) was rendered visible through the lens of who acceded to contraception 'voluntarily' and who needed more 'encouragement' and later coercion. An advertisement for "free sterilization facilities" offered "a cash benefit of Rs. 15 for males and Rs. 25 for females … in each case on application in lieu of loss of wages during the operation period".[36] The financial incentive would not have been possible without the consensus in municipal and state governance on an imminent population explosion. The same advertisement also listed a number of hospitals and their phone numbers so that people could access the hospitals easily. All hospitals that were listed were located in proximity to the dense and populous north, or the older part of the city. The focused sterilizations within the walled city of Old Delhi reinforced the project of regulating the national

[36] Advertisement, *Indian Express*, January 13, 1962, p. 3.

population through a selective vision of the majoritarian nation. Population control—with its Malthusian economy—offered a new language for the postcolonial state to reimagine its citizens. Urbanity became the sliding scale to guide the eugenic foundations of the national family planning programme.



MUNICIPAL CORPORATION OF DELHI

For Effective

FAMILY PLANNING

FREE STERILIZATION FACILITIES

are available at

Medical Institution	Telephone No.
1. Hindu Rao Hospital	223350
2. Victoria Zanana Hospital	224376
3. Girdhari Lal Maternity Hospital	47543 (Supdt's Resd.)
4. Delhi Maternity Hospital	52736
5. Irwin Hospital	42231
6. Safdarjang Hospital	72211
7. Lady Hardinge Hospital	43016
8. R. B. Jassa Ram Hospital	51616
9. Sir Ganga Ram Hospital	51675
10. All India Institute of Medical Sciences	73118

OR

11. Any other hospital where operation is desired. Volunteers must be residing in Corporation area.

A cash benefit of Rs. 15|- for males and Rs. 25|. for females will be offered in each case on application in lieu of loss of wages during the operation period.

Voluntary organisations|private hospitals|clinics can also claim a bonus of Rs. 5|- for each operation performed.

For full details contact the nearest Family Planning Centre or Maternity and Child Welfare Centre.

HEALTH OFFICER

Figure 3 Indian Express, February 21, p. 10.

For the state bureaucrats, urban geography determined peoples' preference for a nuclear family. The choice of family size for population control transformed the social spaces of the

planned economy. The nation was translated into several population clusters, neatly legible through the conceptual binary of the urban–rural. Citizens were subjects of this language of citizenry, and they were limited by it. If a couple was not attuned to limiting its family size to one or two children, then it was seen as unscientific, unmodern and hurting the nation's economy. In its own way, the postcolonial nation was creating its own subject–citizens.

2.3 Counselling 'New' Delhi

The 1950s saw the rise of many industrial towns across rural districts in India that promised economic modernization through technologies and environments that the state built.[37] Such industrial towns showcased the state's will to transform futures through organized labor and healthy living wages. Delhi was following a long line of cities that promised its residents a future of material prosperity.[38] In many ways, Delhi was responding to a national mood of building new cities for an emerging middle class. This middle class, with skills and modest salaries, shared the statist vision of economic development. This class of salaried workers knew that modernization entailed getting rid of old behavioral patterns and kinship identities. A professional class of people, they emerged as potentially useful for the state to garner public opinion on issues that required a large degree of acceptance. Projects of modernization entailed new built environments which would forge new communities. As the fear of overpopulation had been embedded in the

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[37] Srirupa Roy, *Beyond Belief: India and the Politics of Postcolonial Nationalism* (Durham: Duke University Press, 2007): 140.

[38] For more on new cities in the 1950s and 1960s, see Rosemary Wakeman, *Practicing Utopia: An Intellectual History of the New Town Movement* (Chicago, IL: Chicago University Press); James Holsten, *The Modernist City, An Anthropological Critique of Brasilia* (Chicago, IL: Chicago University Press). For more on the attempts to transform Delhi from being an imperial capital to a postcolonial national capital, please see Soura D. Joardar, "Imperial Capital to Capital of the World's Largest Democracy," in *Planning Twentieth Century Capital Cities,* ed. David Gordon (London, New York: Routledge Publications): 182-197.

Indian model of economic modernization, it was also forging the emerging middle class and its (planned) families.

Nowhere was the state's intention to create a modern family more evident than in the counselling centers of New Delhi. While birth counselling differed between urban and peri-urban quarters, it differed across different municipalities within urban Delhi as well. A well-equipped and well-staffed centre was to cater to 50,000 'population subjects', with one doctor looking after five centers. Due to a paucity of doctors, this was a step away from the original plan of making a doctor responsible for a single centre. In the urban areas, the centers were distinct entities from hospitals. Staff at the urban counselling centers talked to couples, advising them on contraceptives and stressing birth spacing rather than vasectomies. For instance, a medical bureaucrat felt there was no need for propaganda as "if the family planning programme…is vigorously and intensively pursued that would by itself be a good enough propaganda for the general public."[39] Even though he preferred a doctor over a Public Health Nurse as the main staff member in the centre, he saw the doctor's role as "only handling exigencies".[40] The doctors had little to do but to talk to couples and discuss how two or three children would be better for their futures.

The centers became sites through which individual members of the population could be assessed, molded and shaped into an imagined citizenry. The counselling was geared towards finding new modes to depict the logic of fewer numbers as better for the nation, and more accessible to the people. In this sense, the centers were to create a shift in the way a burgeoning

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[39] Note dated 18.5.1954 from Sd/- B.K. Puri, S.M. and C.W. on behalf of P.C. Bhattacharya, Medical Officer of Health, NDMC in File No. 7(116)/1954/MT&CE/CC titled 'Financial Assistance to State Governments for Implementation of Family Planning Programmes,' Delhi State Archives, New Delhi.

[40] Note dated 18.5.1954 from Sd/- B.K. Puri, S.M. and C.W. on behalf of P.C. Bhattacharya, Medical Officer of Health, NDMC in File No. 7(116)/1954/MT&CE/CC titled 'Financial Assistance to State Governments for Implementation of Family Planning Programmes,' Delhi State Archives, New Delhi.

class of salaried people understood themselves vis-à-vis the nation. The productive capacities of the nation were being framed, regulated and naturalized through these centers. Urban couples in historically upper- and middle-class districts were taught the importance of spacing children through staff descriptions of its economic efficiency. They were asked to think about how few, healthy children were economically more productive than many mouths to feed. The counsellors stressed the social aspects of child rearing, like family income, good education and modernization. 'Converting' resistance in this scenario meant linking the couple to the welfare of the community and the nation at large. Once couples were aware of their economic function, they gradually discussed contraceptive techniques. The social workers, more than the doctor, was responsible for this discussion. Thus, the medical aspects of their decisions were not brought up until they were convinced of the central idea.

Stressing the simplicity of methods restricted the technologies available for advocacy. By June 1957, 'foam tablets' were distributed for free to people with incomes less than 100 INR.[41] Staff members at the centers and at the voluntary organizations like FPA were asked to distribute the "equipment" to the "deserving and needy mothers".[42] The free distribution of foam tablets and diaphragms showed that the population control programme was doing two things simultaneously: first, it produced a bio-social solution to the economic problems of underdevelopment; second, it set up a way to police populations considered degenerate. The priorities of the national population programme showcased the eugenic foundations of the Malthusian fear of food shortage.

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[41] A type of spermicide that is placed deep inside the vagina. The assumption at work is that the woman can use it and does not need her sexual partner to put on a condom.

[42] Copy of Resolution No II/12 passed at an ordinary meeting held on 16.5.1957 titled 'Opening of Two Family Planning Centres in the Jurisdiction of West Delhi Municipal Committee,' in File No. 7(116)/1954/MT&CE/CC titled 'Financial Assistance to State Governments for Implementation of Family Planning Programmes,' Delhi State Archives, New Delhi.

If population density worked against the families living within the old city, it worked in favor of people who resided in the new colonies of the larger and newer parts of Delhi. The families of lower- and middle-rung government employees were moving into lands that were yet to be properly inhabited. Their presence in the city gave the state an opportunity to define their family size through their built environment. As apartments were constructed in the newer parts of the city, the families living in them began to imitate each other in their sizes. The nuclear families not only understood their economic functions, but also accepted the transformations of modern life.

Gender became an important index of the modern city's rise out of poverty. Demographers were interested in the wives of government employees and how they perceived contraception. These women were documented via the status of their husbands' occupations and economic locations.[43] One study gleaned data from the information cards that patients filled out, because doctors at the clinics warned them that "married women in India are very reticent in giving information on matters they consider private…". [44] Another researcher, while collecting data on intra-uterine contraceptive devices (IUCDs) within women in urban Delhi, observed that the investigator, being a man, "weighed heavily in favor of deciding to interview husbands as agents of their families".[45] These demographers studied the women of new and growing middle-class nuclear families—particularly their contraceptive behaviors—through their husbands. Such an assumption was not only incorrect but also erased the fact that the recruitment patterns of state

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[43] S. N. Agarwala, *Fertility Control Through Contraception: A Study of Family Planning Clinics of Metropolitan Delhi* (New Delhi: Institute of Economic Growth, 1962): 8.

[44] S. N. Agarwala, *Fertility Control Through Contraception: A Study of Family Planning Clinics of Metropolitan Delhi* (New Delhi: Institute of Economic Growth, 1962): 8.

[45] Dinesh C. Dubey, *Adoption of a New Contraceptive in Urban India* (New Delhi: Central Family Planning Institute, 1969): 26.

and municipal staff reflected the gendered division of labor wherein a less salaried female workforce (lady doctors, lady health visitors and social workers) were the foot soldiers of advocacy, while male staff helped create and envision the overall policy.[46] Thus, women did exist as professional middle- and lower-rung staff in the Family Planning departments.

The male-centric family planning advocacy efforts worked with the twin strategies of outlining socio-economic functions of two or three children, and introducing various forms of contraception. Both approaches were available and accessible for the advocating community and its intended audiences. The difference was in the 'rationality' that the advocates bestowed on their assumed audiences. One form of counselling saw couples as individuals who knew the Malthusian arithmetic of children and its impact on national economy. In this form of advocacy, solutions like inserting IUDs or surgical interventions like male vasectomies, were culminations of thoughts that had already been discussed in the counselling room. The second form of counselling did not spend time explaining the link between individual decisions and the nation, but merely stressed condoms, foam tablets or surgeries.

Even though the stress on vasectomy was stricter in the districts with significant poverty, middle- and lower-middle-class families faced financial disincentives if they had more than three children. Government officials from older parts of the city were given time off for sterilizations and increments in salary. Promotions were dependent on the officer's family planning history.[47] Since members of the middle class were often government bureaucrats who were discouraged from having more than three children, through pay cuts and demotions, people sought counselling

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[46] Letter No. F 1-173/56, from the Delhi state to the Ministry of Health, in File No. 6/82/1956/MT&CE/CC titled 'Financial Assistance to State Governments for the Implementation of Family Planning Programme during the Second Five Year Plan,' Delhi State Archives, New Delhi.

[47] Ministry of Housing, Family Planning and Urban Development and Department of Family Planning, *Small Family Norm Committee Report* (Delhi: Government of India, 1968).

to understand the linkage between the national economy and their own families. However, program officers and sociologists were unable to document whether the increase in interest translated in people using contraceptives.

Such a turn towards vasectomies could not have taken place without the easy access that the Family Planning clinics had to hospital equipment and staff. Slowly, the pedagogic aspect of counselling centers which sought to explain the economic importance of family planning dissipated. This aim became secondary to encouraging sterilizations. This move also shifted the focus of family counselling from the wife to the husband and made it his prerogative to control the number of children. This fact does not erase the fact that the state—in its first decade of independent existence—relied on its women to understand and support a new class of families that would abide by Malthusian principles of family planning.

Planning families was synonymous with planning the nation. The National Family Planning Programme's immediate aim was to disseminate birth control technologies to married couples across class and caste lines. The long-term goal was to transform a family into "a unit of society".[48] Both long and short-term aims were intrinsic to the legitimacy of the postcolonial state and its nation-building project. Family Planning fulfilled varied political motives; it provided a way to attack economic underdevelopment with an immediate solution. Such an equation linked the nation's prosperity to an individual's vision of her or his family. A family of more than two children was thought of as characteristic of underdevelopment.

Not unlike nationalism, family planning operated at both material and symbolic levels. The immediate aim of contraception use was to achieve the notional family, but the more

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[48] Note No. D.5991-P/53 (I) dated 27th February 1954, from S. Devanath, Under Secretary to the Government of India, to All State Governments in File No. 7(116)/1954/MT&CE/CC, titled 'Financial Assistance to State Governments for Implementation of Family Planning Programme,' Delhi State Archives, New Delhi.

symbolic (long-term) use was to attune oneself to the idea of an economically productive nation. Developmental nationalism was pinned on individuals and their abilities to regulate themselves. The bureaucrat in the middle had twin responsibilities of attuning individuals into the ethic of economic development while translating the individual into a minute figure who would people the nation. The Planning Commission deemed the counselling centers as successful experiments. Although the archival papers do not discuss why these initial forays were successful, it is possible to glean at least one factor: there was an overall increase in awareness about limiting family size, especially in the middle-to-lower income earners in the cities.

Given the massive scale of funding, the sovereignty of the postcolonial Indian administration was dependent on the stability of the national family planning programme. In the first five-year plan period (1951–56), the national government inaugurated 164 counselling centers for instilling the small family norm. By 1954, the first centers were operational in urban areas of Delhi, Maharashtra, and West Bengal. The results were sufficiently impressive for the program, resulting in an increase in numbers in the second five-year plan period (1956–61). The second five-year plan proportioned 497,000 INR (of which a sum of 400,000 INR was to come from the central government) for building 500 more centers in urban and 2000 in rural areas.[49] This plan placed a little bit more trust in the federal character of the Indian administration: while the central government was wholly responsible for establishing the counselling centers, the state governments were to look after their daily management. Not surprisingly, the central government not only advertised the third five-year plan but also helped people understand that "average annual income per family, by the end of the Third Plan, will go up to Rs. 1925 as against Rs.

[49] Letter No. F.34-55/56-M.IV(HII)/MT&CE/CC dated the 13th September 1956, from the Deputy Secretary, Government of India to All Part A, Part B, and Part C State Governments, in File No. 6/82/1956/MT&CE, titled 'Financial Assistance to State Governments for the implementation of Family Planning during the Second Five Year Plan,' Delhi State Archives, New Delhi.

1650 in 1960–61".[50] This text ran under an image which depicted a hand (presumably that of the state) that held currency notes over an outline of a home. In front of the outline were the contours of a man, and a woman holding an infant, next to a toddler. The image implied that each family that limited itself to the ideal number of four could save 275 INR under the new plan. The advertisement furthered the state's claims about family planning being essential to the people for their material prosperity.

Figure 4 Indian Express, 17 January 1962, p. 1

As the middle class grew, so did departments of state governments committed to implementing the national population programme. These departments went beyond individual Family Planning units. The key enthusiasts were the Medical Transport and Charitable

[50] Advertisement, *Indian Express*, January 17, 1962, p. 1.

Endowment wing of the Delhi administration (MT&CE), the Finance Department, and the Medical and Public Health wing of the Delhi state. Their tasks would often overlap and could be ambiguously delegated. The staff of the mobile vans and advocacy events who circulated around the city were often left confused by orders or lines of funding. The Delhi Municipal Corporation, for instance, was at odds with the Delhi State vis-à-vis overlapping administrative spheres. A simple chain of command may have been in place, but there was a lot of back and forth, where middle- or low-rung bureaucrats interpreted instructions through their convictions and hesitations.

Perhaps the complex chain of command was crucial to the role and nature of counselling undergoing drastic changes from 1954 to 1971, entailing changes in the definitions of family planning. In 1954, the central research committee argued that the national programme "should not be conceived in the narrow sphere of birth control, or merely spacing of children". [51] The committee urged medical officers to take a holistic view of this notional family, so that it would perform the national role of enabling economic productivity. The nuclear family was to produce children, two or three at most, who would be well-nourished, well-educated, and with a high standard of living. Poverty and the rising population numbers were linked to each other, and one way of managing resources judiciously would be to control the reproductive family. [52] Counselling for the young recently-married couples was aimed at producing conditions for healthy children, and thereby, healthy citizens. Only the families which were conscientious enough to plan their reproductive impulses could see themselves as rational citizens, and the rest

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[51] Note No. D. 5991-P/53 (I) dated 27.02.1954, from S. Devanath, Under Secretary to the Government of India, to All State Governments in File No. 7(116)/1954/MT&CE/CC, titled 'Financial Assistance to State Governments for Implementation of Family Planning Programme,' Delhi State Archives, New Delhi.

[52] Sarah Hodges, "Governmentality, Population and Reproductive Family in Modern India," in *Economic and Political Weekly* 39, no. 11, (March, 2004): 1157-1163.

were incapable of understanding social realities, let alone participating in processes of urbanization.

By 1971, a glossary of terms that Ford Foundation officials used when negotiating with Indian officials defined 'family planning' as: "a conscious effort to control the size of a family by use of contraceptive methods by either spouse. It also includes efforts to remedy infertility."[53] From 1954 to 1971, there was a marked change in tone: gone are all the overtones of social transformation, of the family being a unit of society. In 1954, the programme was not only marking out territories and peoples for a recently decolonized nation to govern, it was also laying out a model by which people could learn to govern themselves. By 1971, family planning became a mere procedure for a family to follow, to showcase its conscious efforts at controlling its size. The issue was medicalized in that the doctor had the most significant role to play in the programme.

Simultaneously, population control, or limiting the number of families, became a biomedical tool to cure the disease that was poverty. From the mid-1960s, talks of setting targets to get people motivated for contraception creep into the government reports, correspondences and newspapers. By 1971 (the year of the next decadal census after 1961), discussions of coercion and voluntary vasectomies abound.[54] The gradual policy shift towards vasectomies came with a specific definition of a family, wherein the man had to be the main decision-maker. The process of translating the population into readable categories of 'acceptors' and 'resistors' of contraception was over. The population had been made legible. They were marked not just by their attitude to contraception, but also by the built environment that surrounded them. In many

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[53] 'Glossary of Terms in Family Planning,' Appendix II, Folder 003679, Volume 2, April 1971, Box 166, Series 3255-6261, Catalogued Reports, Ford Foundation Records, Rockefeller Archive Center, New York, p. 123.

[54] Letter to Editor, *Indian Express*, January 1, 1971, p. 5.

ways, the family planning programme rendered India as a country of two nations: the urban and the rural. Additionally, it gave a face to the concept of modernity: to be modern was to have a family with two children. This could be achieved through contraception, be it in the village or the city. This made the 'small family norm', wherein *every* couple was expected to use contraception and limit the number of their children, a deeply political project.

With such diverse meanings of family planning, contraceptives meant different things to different families. The logic of the small family norm had a life of its own, separate from its more virulent forms of vasectomies in mass contraceptive camps. The nuclear family was not *naturally* the modern family. This conceptual linkage was an outcome of specific historical processes, starting within the late colonial empire. Class, as a societal index, was something around which native families could be restructured, precisely because of its intangibility. One way to move away from feudal ways of living was to embrace the culture of birth control and spacing wide gaps between two or three children. As nationalists urged self-governance, they understood the family system in India as a way to imrove the standard of living and increase happiness. This discussion was an urban phenomenon, taking place in scholarly discussions in Bombay, Delhi, Calcutta or Madras. Histories of contraception in India locate the middle-class family in the interstices of eugenics and nationalism within the late colonial state.[55] The post-'47 governance employed the same conceptual currency of birth control and economics.

Urban geography determined *how* people arrived at the choice of a nuclear family. The notional small family unit, with a husband and a wife, a boy and a girl, could not have been advocated for without the built environment of the urban city. The context of postcoloniality adds

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[55] Sanjam Ahluwalia, *Reproductive Restraints: Birth Control in India, 1877- 1947* (Urbana and Chicago: University of Illinois Press, 2008); Sarah Hodges, *Contraception, Colonialism and Commerce* (Aldershot: Ashgate Publishing Limited, 2008); Mytheli Sreenivas, *Wives, Widows and Concubines: The Conjugal Family Ideal in Colonial India* (Bloomington and Indianapolis: Indiana University Press, 2008).

an immediacy to the project, as this family was to build the nation. The city as an idea played a very important role in this translation. Family planning counselling had differing functions in rural and urban clusters. Within urban quarters, the advocacy and its related publicity material rendered urban poverty invisible. The idea of urbanity was being constructed through these posters and their circulation. The city in these visual artefacts was an entity which was economically prosperous and socially empowered. Men in this notional city were well-employed, and women were good housewives. Children were healthy, well-educated and setting out to become good citizens. The posters represented the nuclear family as the 'natural' family size of this city, constructing the idea of the modern city even as it was being built. It is also at the level of municipal governance where we see how the logic of overpopulation coalesced with targeted violence. By the end of 1960s, the process of inculcating an ethic of spacing two children became a point so obvious that it did not need constant retelling. The families befitting the city were aware of their importance in the postcolonial economy and played by its rules.

By 1971, members of the middle class were irate, as they perceived the population programme as weak. An irate anonymous citizen of Madras wrote to a national newspaper:

> Some time back it was claimed by the Union Health Minister that "there are over 41,000 family planning centers in the rural areas and about 18,000 centers in the urban areas." About 2000 other institutions are also doing "family planning work" and that "an army of devoted field workers go from door to door even in the remotest villages." For the unsuspecting believers this claim betrays the contention that there is lack of necessary infrastructure and adequately trained staff. If anything, the inability to provide the requisite machinery even after twenty years shows the casual concern of authorities towards the alarming population growth. It is surprising to note that of all other conceivable bottlenecks, lack of resources has been identified as the limiting factor… this

diagnosis is as naïve and misleading as the remedy of tinkering with targets too frequently."[56]

The anonymous author of this letter was aware of the importance of not only population growth but also the scale of this project. The author's worry was that the state was unable to keep its promise of meeting target birth rates, because it lacked the *will* to do so, not because it lacked the infrastructure and staff. For this citizen, population control was an ethic on which the state had to follow through. Though it may be reductive to signpost this letter as symptomatic of general acceptance of the idea of targets, it does present a compelling case for how setting targets had become crucial to family planning. This is an instance of how public opinion of a literate class of people coalesces with statist projects of positive eugenics. Targets were unethically implemented to gain consent from urban poor and minority populations. This fact was embedded into the health machinery at least three years prior to the Emergency years of 1975–77. The claim to legitimate coercion could not have been made without the scale of infrastructural and monetary investment that made its way into the programme. In this way, the family planning centers built people's roles in the national economy. They reinforced the Malthusian anxiety of resource depletion as part of the developmental narratives of the nation. Simultaneously, they also showcased the eugenic considerations on which the programme stood.

Despite larger goals of social transformation, the population control programme (especially in the first decade after Independence) focused on the short-term goals of advocating family limitation and spacing of children. The assumption for both sets of goals was that the family unit was the cornerstone for social experiments in the postcolonial state.[57] The small family of a couple with two or three children was the unit that showcased India's modernization.

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[56] Letter to Editor, *Indian Express*, January 1, 1971, p. 5.
[57] I use the phrase 'social experiment' being aware of its connotations of the state being fully aware of the eugenic aspect of the project.

The family planning counselling centers were further entrenching this link between modernization and the family through direct contact. The centers were sites of exploring uneasy conversations around hitherto unknown technologies. Their administrative function was to negotiate this ‘newness’. Just as colonial state works dazzled its subjects and legitimized its rule through large-scale projects, postcolonial state works was producing new subjectivities through its grand national programmes.

2.4 Conclusion

This chapter begins in the year 1954 and ends in 1971. Almost twenty years pass between the three five-year plans, with two censuses and several changes in the meanings of population control. By the end of the third five-year plan, in 1966, the programme had a time-bound target of attaining a birth rate of 23 live births per thousand people by 1975–76. This objective was revised in 1969 because people resisted the pressure. Targets were lowered for 1970. The objective of this chapter, however, has been to show how this project was perceived among the primary actors who were managing it. The conviction of the central government often did not translate into enthusiastic acceptance of the programme at the state and municipal levels. Population control presented a scenario of money being channeled from the top, but with insufficient personnel at the bottom. This scenario will echo in the way heath governance has worked in the years to come, when transnational money is funneled towards a particular disease prevention programme or advocacy programme but does not meet its intended targets. The eventual frustration led to harder targets and enabled coercive behavior.

The counselling constructed the ‘rural’ as a stable, internally consistent unit. This unit was demographically sound and a variable that guided the social imagination of the census and studies on kinship identities and societal transformations. These studies, in turn, informed the policies pursued under national programmes. The Family Planning department, in particular, was

guiding this construct of the rural as a population that needed immediate, concrete, simple methods of limiting their numbers. Thoughts along these lines made the need for mass sterilization camps greater than running educational campaigns. The biomedical project of promoting nuclear families met resistance at the borders of the walled city in Delhi. The city administered targets of sterilization drives to be met as mobile vasectomy units were wheeled around the streets of Shahjahanabad. There was celebration as the targets were met. The celebratory tone of officials showcased a nationalist pride at being able to curtail the numbers of backward and unproductive families.

The small family norm, however, had attained life outside these circles. First articulated through the family planning counsellor when she described it to a young couple, it found its way into popular history and public memory to have a journey of its own. In tracing the journey of this idea, we see it leave the connotations of eugenics to become something that could not be translated as simply a statist vision. It became an object that acquired its own life. The reason for such a tangential journey is because of its attachment to free will, autonomy and the will to transform oneself through a choice. The young couples who migrated to Delhi as a way to transform their worldview and aspire for a certain cosmopolitanism for their children turned the nuclear family into a tool for social transformation. Therefore, a few nuclear families of the city, to a very small but significant extent, could turn the Malthusian vision on its head and acquire a legitimate role, even as some others were playing into its eugenic vision of a nationalized society.

Chapter 3

Advertising the Small Family: Family Planning as Technological Modernity In India

The decade of the 1960s was crucial for the growth of family planning technologies in India. By the end of the first two decades of postcolonial governance, India produced the first symbol of the international family planning movement: the inverted red triangle. Simultaneously, by 1966, India started manufacturing its domestic brand of condoms, *Nirodh.* Family planning advocacy—via different contraceptive technologies and mass communication techniques—entered cinema halls, post offices, radio shows, railway and bus stations, and finally, individual homes. This chapter follows and records how technologies of family planning influenced everyday life in India through three specific entry points: short films, audio-visual vans, and *Nirodh*. These objects constructed the moral universe of the mythical family that the population control programme envisioned for the nation. In investigating the form and content of advocacy, this chapter will throw light on the limits of this ethic and its creative possibilities. Such an exploration renders visible the ambitions and frustrations of the postcolonial state.

The technologies of governance that the state presented under Family Planning could be broadly divided into two modes of advocacy for contraception: 'soft' counselling directed at couples who were in the demographic category of young, sexually active and fertile but located within middle- and upper-middle-class social strata, and 'hard' tactics such as sterilization surgeries which targeted members of the lower economic classes. The two methods were contradictory and at odds with each other. They would often produce mixed messages about the

actual rationality behind accepting contraception. In other words, the nature of advocacy for small family sizes changed around 'target' audiences.

Population control necessitated that a citizen use state-mediated technologies. The state made specific contraceptive methods available: from surgical insertions, vasectomies, and tubectomies to Lippes' Loops and condoms. The 'softer' technologies of advocacy formed the ideational landscape in which people chose between condoms, IUDs and the natural rhythm method. The chapter investigates how 'soft' technologies like short films, posters, and pamphlets influenced people in ways that helped the statist agenda of encouraging them to contracept. However, these techniques were insufficient to build legitimacy among citizens for 'hard' technologies of tubectomies and vasectomies. This play of 'soft' and 'hard' happened on a conceptual terrain that employed technology as a solution to poverty.

The chapter studies three specific technologies that exemplify the link between family planning as a method, as an idea, and as nation-building. Each of the examples—the short films on small family advocacy, methods of their dissemination (like the mobile audio-visual van) and the condom—embodied the material and symbolic valence of family planning. These technologies constructed the postcolonial nation with their ideation, creation, and circulation. Each example performed a specific task of nation-building. The first example, short films, constructed the ideational family along the physical contour of the modern city. The second illustration, the mobile audio-visual vans, helped embed the message of small family size into everyday public spaces in cities and villages. The third example, *Nirodh*, India's first nationally produced condom helped make family planning appear as a matter of conjugal choice and simultaneously a matter of male responsibility. *Nirodh* not only stood for India's efforts towards self-sufficiency but also exhibited India as a thriving *global* example of consensus on the need for

population control in the form of national policy. All three objects illustrated the global reach of advocacy for the small family within a nationalist frame.

3.1 Technologies of Self: Short Films

This section explores the short films that were produced by the Ministry of Health and Family Planning and other wings of governments on family planning. The literature on advocacy measures has shown how these measures spoke to the developmental paradigm of a centralized, planned, democratic state.[1] In an article crucial to this chapter, Nilanjana Chatterjee and Nancy E. Riley described a poster in which a family with a small number of children was shown to be happier than a family with more than two children. The latter family had visible markers of being rural: a house with a thatched roof, hens, and agrarian fields in the backdrop. Through this poster, the authors gleaned that the state was sending two kinds of messages. Firstly, that "the small family is the means to material prosperity", and secondly, "that fertility control need not be associated with westernization and immodesty but is consistent with tradition".[2] The Ministry of Health and Family Welfare produced the poster in 1992 and disassociated small family size from modernity. However, such a message would have been implausible in the 1960s. A thick description of the short films produced in the 1960s shows that the contemporary state ideated the mythical small family to be inherently modern and living in cities. The change in ideas showcased the opposing meanings of population control.

A short film that was produced and distributed by the Director of Publicity, Government of Maharashtra, Bombay in 1964 is an illustration of the advocacy prerogative in the 1960s.[3]

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[1] Nilanjan Chatterjee and Nancy E. Riley, "Planning an Indian Modernity: The Gendered Politics of Fertility Control," *Signs* 26, vol. 3 (Spring 2001): 811-845.

[2] Nilanjana Chatterjee and Nancy E. Riley, "Planning an Indian Modernity," 815.

[3] *Adarsh Parivar* (Shantaram Naik Productions: 1964), Films Division, Mumbai.

Under the banner of the Maharashtra State Films Division, Shantaram Naik Productions directed it. [4] The official network of certifications was noteworthy: scripted and led by a private entity, the funds were channeled at different stages from the state and the centre. It was three minutes long. The title slide showed the name of the film: *Adarsh Parivar* (the Ideal Family) in five languages: English, Malayalam, Tamil, Telugu, and Kannada. The absence of Hindi showed that the film was perhaps not aimed at families in north India, since different states were producing short films like these and directed them at their regional populations. The actors spoke in Hindi, but their voices were dubbed over in English. The dubbed-over version was perhaps for transnational funders to show that the content and format of the audiovisual material reached the intended demographic profiles. The multiple languages showcased the states' interests in counselling young couples in every way possible.

Urbanity and small family size coalesced as the film opened with a shot of a sizeable two-storeyed apartment building. Painted in yellow-ochre, the house had a gate painted in red; a tree and bushes framed the door and the front yard in a way that seemed inviting and yet not entirely so. The offscreen narrator stated that the house was Ramesh's bungalow, as a smartly dressed man, presumably Ramesh, drove a two-wheeler towards the gate. The narrator immediately commented that Ramesh belonged to "the more affluent section of the middle class and is a branch manager of a bank". He was dressed in Western attire with sunglasses, hair well-combed, and wearing a suit. He appeared to be coming back after a day's work. The next shot was of "Leela, or in other words, Mrs. Ramesh", who was watering the plants in the front yard, dressed in a saree. The viewer could see that her hair was in a neat bun as she looked up to smile

[4] The overlap of state funding and private creative initiative was symptomatic of the ideological conviction backing the population control programme, that the state was willing to fund a film on family planning, despite the national channel of finances.

at her husband, who entered through the gate and walked towards the house as she watered the plants. At the outset, the film established that the two individuals formed the ideal modern couple, and belonged to the city.

The film associated a planned family with economic stability and material comfort. The next sequence occurs within the house, and the film conspicuously frames the interiors as filled with aspirational objects that highlighted the family's modest earnings. As Ramesh entered and took his coat off, the camera shows us the details of the interior of this house: the lamp that matched the couch, wall hangings, and flowers. As Leela took Ramesh's coat away from him, their daughter entered the scene, presumably the living room. Sheela seemed to be entering the house at the end of a day at school. She was almost as tall as her mother, had braids, was dressed in a school uniform and carried a bag. As she sat to discuss the day with her father, the mother went off-frame. The narrator asked, "A picture of domestic felicity, is it not?" The next shot was of the family around a dinner table, with cups of tea. This time, a boy, younger than Sheela, joined them and sat facing him. Ramesh was dressed in a kurta-pyjama, the choice of garments presumably signifying domestic ease. The rest of the family, too, was seen in a different set of clothes to signify the time for leisure, reinforced by the narrator stating that "…at tea time [they are] a happy foursome." As the camera moved from each member to the other, the narrator asked the viewer to wonder about the secret to this domestic bliss. The house showcased the social mobility and economic prosperity that came with a small family size.

The film established the Family Planning Counselling Centre as the site where Ramesh and Leela understood the economic functions of a small family size. A flashback occurred to the time of Ramesh and Leela's first child, signified by the photograph of an infant hanging on the

wall.[5] Ramesh and Leela sat in an office-like environment. Ramesh sat with a toddler girl on his lap. He appeared to be discussing something as Leela looked on. He was talking to a lady, older than the two, and also wearing a saree with obvious signifiers of being married. We have been told that the couple had decided to space their children, "were educated and aware", and regularly visited the nearest family planning centre, "something they practiced even after their two children". The third woman in the scene was the family planning counsellor. Her office had the requisite poster of the small family. She did not show any signs of being a doctor, a nurse or even a midwife. The counsellor was the authoritative figure who translated national economic planning to individuated choices about family size.

Figure 5 A still from the film Adarsh Parivar

Financial acuity marked every aspect of the family's everyday life, as evident in the drawing room where the family spent its evening. As Sheela tutored her brother, the wall behind them was adorned with a clock and a poster of a child dressed as a soldier. A radio transistor

[5] A flashback is a cinematic device of storytelling, playing with filmic time in which a sequence of events from the past play out on screen as if the audience (and the protagonist) is reliving the events in the retelling of its memory.

along with a flower vase sat on the desk. At the dining table in the foreground, Ramesh and Leela discussed something while Ramesh wrote a cheque for Life Insurance.[6] The narrator informed us that, "as responsible parents, they also developed the savings habit". The next shot was of the family at leisure: Ramesh reading the newspaper in an armchair, Leela working on crochet, and Sheela listening to the radio while the boy played with toys in the foreground. The narration ended here by telling us that the family planned to save and was cheerful because of its size. It ended with a tantalizing line—that Leela and Ramesh's life could be true for millions of homes, if they underwent family planning. The living room not only had space for the four members to sit around leisurely, but it also had little trinkets to showcase the aesthetic tastes of the conjugal unit. Family planning could help two individuals not only achieve financial independence, but also open "the secret to a happy life", as represented by the small but significant objects strategically placed around the home. The final shot was of the mother looking rested and the daughter listening to the radio. The fictional nuclear family illustrated how happiness and financial contentment were inherently linked to family planning.

The fictional nuclear family showcased the national aspiration for economic development and prosperity. Leela and Ramesh's family was a site of cultural and economic transformations that showcased the ethos of developmental India. I study this short film and its filmic family at four levels: the semiotic reading of the content and its logic of the scientifically planned small family, the technology that was being showcased in the film, the way the film was produced, and finally, the way it was circulated. Consistent across all these realms was the pedagogic impulse of the state to teach a practice. It carved citizens out of erstwhile subjects of empire while

[6] Life Insurance Corporation (LIC) was the first insurance company set up in independent India, in 1956. It was a company that ensured tax rebates for individuals who insured themselves and their families. The company offered various packages that covered health, property or other valuable assets. One could also raise a loan against the insurance and pay it back at a cheap rate of monthly interest.

simultaneously showing them how to live the modern postcolonial life. The policy regime of economic developmentalism needed citizens to imbibe a form of technological modernity. The filmmakers expected that the couple watching the film would go to the nearest family planning centre to understand and access contraception. They assumed the viewers to be young urban couples, possibly the first in their families to be living in a city.

Interestingly, the science of contraception was merely inferred in the film and not mentioned directly at all. The film spelled out the cultural bedding around contraception through the counselor: the actor was a woman with no distinct signifiers of class or caste. The prominent advocacy posters affirmed her stature as the voice of science and logic to the couple, and to the viewers. The state spoke through the counselor and the built environment of the centre. The filmic space within which the family met the counselor was also noteworthy. That space had no connotations of being a hospital or even being near one. The only marker of the counselor being so was the presence of family planning posters in the room. These were ways in which the message of the family of four was embedded in more profound socio-cultural transformations.

As films produced in the later decade document, this scientific figure slowly started appearing as a doctor with the white coat and stethoscope. In other words, contraception as a practice was introduced as a cultural practice first and medicalized at a distinctly later moment: when the state started pushing for targeted vasectomies, tubectomies and IUD insertions. As doctors became forerunners of the statist agenda of population control, the use of technology changed from a tool of socio-economic transformation of the family to a way to achieve projected numbers of a controlled population.

The filmic modern family replicated the aspirations of the emergent middle class in the postcolonial nation. Significant attention, in the form of shots and filmic time, had been spent on the clothes that the characters wore, especially Leela’s sarees and her daughter’s frocks,

suggesting modest affluence. The filmic built environment also illustrated the power of judicious savings and two children: the way the family was spread out in the living room, content in respective occupational roles, enjoying their leisurely activities, while performing those roles. A definite emphasis on the plates with food (ascribed to a balanced diet) showed that each member had more than enough to eat. Each such frame suggested to the viewer that a family of two children was economically beneficial to the couple and the nation.

Another aspect of interest in the built environment of the filmic space was that it did not have markers of any specific city. Leela and Ramesh could be any Indian couple living in any urban locality. Removed from specifications, the family of Leela and Ramesh and their children, as a unit, was abstracted from the immediate realities of postcolonial cities. The group became a universal signifier of all that was modern and futuristic. In this way, the film could be addressing an audience which could be in specific cinemas in India, or in other parts of the developing world. This positioning could not have been possible without the global influences that informed the film. It was embedded within a culture of circulation that was global in scale and local in effect.

The statist agenda of modernization was integral to family planning advocacy. The nuclear family became the natural unit of urban life. This naturalization visually manifested the socio-economic transformations of a centrally planned state. The nuclear family became the visual currency through which modernization spoke. The urban way of living was consciously collated through practices of birth spacing, contraception, counselling and family budgeting. The voice of the narrator was the pedagogic link between the audience and the statist visions of a good, fulfilling life. People watching the film were perceived to be credulous, almost like the children in the film. The state directed the moral universe of the modern nuclear family while abetting the scare of scarcity of food, housing and employment via its size.

By the early 1960s, fertility control was seen as a byproduct of broader attitudinal and behavioral changes. *Adarsh Parivar* differentiated the 'soft' advocacy of family planning from the 'hard' advocacy of fertility control. Therefore, equating the national population policy to a fertility control programme is problematic.[7] Leela and Ramesh were happy, and this stress on their happiness was where the government linked contraception to economic development. Consequently, family planning was raised to the level of being an ethic. It was the solution to years of dehumanization that came with poverty. The myth of the modern family was born in a city in the 1960s and had traveled to the village by the 1990s. What remained consistent in this journey was the correlation between family size and class mobility.[8] Historians need to be cautious about how life in the everyday sense *met* contraceptive technology: the actual dispersion and use of contraceptives like condoms, tube jellies, and foam tablets came last in a long line of contact. To study the way people come in contact with technology is to explore the varied ways in which citizens negotiate technology.

The affective registers of a fulfilled, content domesticity cleverly used different types of 'new' technology, especially the radio and the two-wheeler. The decades immediately after Independence saw both machines as signifiers of upward social mobility, especially for the lower- and middle-rung bureaucrat. The radio was simultaneously a medium of entertainment, news, and instruction. The cultural relevance of the medium was not lost on the filmmakers. The two-wheeler too signified the burgeoning class of government employees: their pay scale determined the modes by which they entered modernity. The postcolonial nation relied on specific technologies to construct its modernity. Contraception and condoms were part of this

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[7] An example of this collapse is evident in the article Chatterjee and Riley, "Planning an Indian Modernity," 811-845.

[8] Nilanjana Chatterjee and Nancy E. Riley, "Planning an Indian Modernity," 835.

technological modernity (as were dams, nuclear reactors, engineering projects, and tertiary hospitals). The production, dispersion, circulation and use of these devices was essential to being modern. Also part of this project was the agency of the citizen, governing the degree and depth to which technology was allowed to enter a home. The family planning advocacy entered homes and reconfigured relations therein in ways that have not been repeated since the 1960s. The social imagination that guided the *Adarsh Parivar* was constructing its audience as it was educating it.

The short films, along with the message of the small family, had to be embedded within accepted social codes of morality, while also inventing new codes. Peter Sutoris observed that the government-funded short films "portrayed Nehruvian developmentalism's vision of a small family as a natural state of being associated with progress" (Sutoris 2017, 129). Therefore, the advocacy solely focused on the economic advantages of having fewer than three children. The economic function of a family established its utility for nation-building (within a fear of scarcity of resources) while circumventing radical departures from established ways of life.

Government personnel synchronized displays of pamphlets, posters, radio plays, puppet shows and dramas in places and times where public events drew people out of their homes. Bus and train stations, in particular, had several campaign posters so that the citizens were continually made aware of the visual elements of the campaign. Cinema hall owners played the advocacy films in the minutes before a commercial film would begin. Through the films, the state 'owned' a fraction of the time relegated for leisure, and it made use of the time to construct the myth of the modern nuclear family. The time for leisure thereby also became a time for quietly embedding 'new' forms of family life which would not be radically different from the current forms.

3.2 The Mobile Vans and Their Utility

The state's relentless efforts towards advocacy ensured that by 1966, the Department of Family Planning had an active Publicity, Education and Information Division with a special post of Publicity-cum-Education Officer.[9] Each such officer was enlisted with three social workers, three projectionists, and two drivers. Such a unit ran several mobile advocacy units. A budget of 60,000 INR ensured that the unit had a jeep or station wagon, as well as audio-visual equipment to travel across districts with no access to mass media. In a single year, the Delhi administration spent over a lakh (100,000) INR in publicity.[10] The instruments of advocacy had a distinct notion of futurity built into them. Apart from cinema halls, the 'A-V van' or a four-wheeler carrying audio-visual advocacy material had been integral to the advocacy measures under the national programme. These audio-visual mobile vans were upgraded versions of 'cinemawallahs' who would travel around villages with advocacy material.[11] The mobile vans circulated ideas of modernity and small family sizes to people who could not visit hospitals, cinema halls or other secular institutions on a daily basis, simply because these institutions did not exist in some regions. The vans symbolized the state's attempt to preempt resistance to family planning from the rural hinterland and instill the ethics that underpinned the postcolonial vision of technological modernity.

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[9] File No. 26/22/1966/Medical and Public Health/CC titled 'Appointment of Family Planning Officers etc. in the Directorate of Family Planning Delhi,' Delhi State Archive, New Delhi.

[10] Copy of letter No. 20-3/66-Estt.(FP) dated the 14th July, 1966, from the Government of India, Ministry of Health and Family Planning, Department of Family Planning addressed to the Chief Secretary Delhi Administration, Delhi in File No. 17/107/1966 Bundle No. 3, Services B titled, 'Filling up the posts in the De/Te of Family Planning Delhi,' Delhi State Archives, New Delhi.

[11] A principal character in Rohinton Mistry's *A Fine Balance* (1996) works as an audio-visual van driver who travels in the outskirts of Mumbai showcasing family planning material. Later, the Maharashtra government bureaucrates paid him to scout for men for vasectomies while traveling with his van.

The audio-visual vans circulated the vision of the planned family in villages. The vehicles were popular amongst village communities because of their simplicity. Both the state and voluntary institutions like the FPA developed mobile advocacy units to push reformist ideas on people, assuming that pictures, loud music and narration would appeal to people and educate them, and (eventually) allure them to the family planning counselor. Even as early as 1960, the Population Council (established in 1952 by John D. Rockefeller III) gifted some such units to the Ministry of Health. Such an instance of philanthropy follows a long line of investments that the Rockefellers made to the Indian government to ensure that the nation would technological capacities and modernize quickly.

JEEPS ARRIVE FOR OUR WORK

AMBASSADOR KENNETH B. KEATING of United States gifted a batch of 18 jeeps for Punjab, out of a total 1,540 for the Indian programme, to the Minister of State, Dr. S. Chandrasekhar at a ceremony held in Chandigarh on July 15.

Mr. Keating presented the keys of 18 jeeps which in turn were passed by Dr. Chandrasekhar to Punjab's Chief Minister, Shri Gurnam Singh.

Presenting the jeeps, Ambassador Keating appreciated the work done in India and said that the U.S. gift of vehicles was calculated to provide added mobility to programme personnel to provide education, information and services in the countryside.

Receiving the gift, Dr. Chandrasekhar said that increased mobility will help take the programme to the 100 million couples in our 5,60,000 villages and 3,000 towns and cities.

Dr. Chandrasekhar acclaimed the progress made by Punjab in many fields of national endeavour including family planning.

Chief Minister S. Gurnam Singh appreciated the valuable gift. Handing over charge of the vehicles to Dr. Moti Singh, Director of Medical and Health Services, Punjab, the Chief Minister expressed the hope that the family planning workers in the State will justify the gift.

The Chief Minister laid emphasis on screening of educational films in rural areas as an effective way to spread awareness and observed that provision of recreational facilities in the countryside will pay dividends for family planning programme.

Continued on page 4

Ambassador Keating presents the bunch of keys of 18 jeeps to Dr. S. Chandrasekhar

Our estimated Population as on July 1, 1969 : **536,068,146**

Addition since last month **1,137,594**

Figure 6 Centre Calling, July 1969, p. 1.

The vans illustrated the politics of knowledge transfer guiding the transnational actors. The machines were not produced in India, and only one Indian company, Mahindra and Mahindra, could assemble them. The devices would become redundant if the hub and wheel gave way, as repair was not possible and importing the parts was too expensive and tedious.[12] In fact, in private correspondence, a consultant for the Ford Foundation office in Delhi complained to its head, Douglas Ensminger, that he observed "a propensity, particularly on the part of the local staff to throw the equipment about as if it were bags of wheat",[13] and he expressed irritation that his Indian colleagues did not appreciate the value of the gift—intellectually and monetarily. The perceptual gap between the Ford officials and their Indian colleagues arose from the suspicions that the Foundation had about India being able to control its population.

Notwithstanding the suspicions of the Ford officials at Indian abilities to modernize, the audio-visual vans continued to work their magic. As technology circulated in specific populations, it also connoted special meanings to the geography it touched.[14] The mobile vans went about painting images of the small family within a modern city at a time when those cities looked nothing like their visual representations. They let people envision the city and imbue it with their own interpretations about its existence. Modernity found a visual totem in the nuclear family, enabled by the circulation of short films in the villages and small towns of the sub-

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[12] Letter from W Parker Mauldin to Lt. Col. B. L. Raina dated October 24, 1960, in Folder 796, Box 84, Record Group 2, Accession 2, Series 2: Foreign Correspondence File, Country: India, FA 432, Rockefeller Archive Center, New York.

[13] Letter from Robert P. Worrall to Douglas Ensminger, dated July 1, 1970, in 'Communications and the India Field Office, End of Tour Report,' File 004573, Appendix No. 3, Box 206, Series 3255-6261, Ford Foundation Catalogued Reports, Rockefeller Archive Center, New York.

[14] Peter Soppelsa, "Intersections: Technology, Mobility and Geography." *Technology and Culture*," 52, no. 4 (October 2011): 673-677.

continent. People were encouraged to contracept in order to immerse themselves in the hope that, one day, they too would belong to the city and be modern.

Postcolonial historians have documented the rise of instructional documentaries that shaped the national imagination of good citizenry, but they have not discussed the actual figures who circulated the films.[15] This individual was a gazetted officer whose official post was Driver-cum-Operator. The figure was a male officer who would have substantial experience handling heavy vehicles and driving long distances. One of his key responsibilities was carrying films on family planning advocacy and a projector and to start showing these films wherever possible. Of all levels of governance, this lower-rung officer was the most familiar with a village and its social stratifications. These officials would be given a 'service *parcha*' that would denote their status to the village.[16] The government recognized the importance of these individuals in the advocacy work and how they introduced technological modernity in villages.

While the short advocacy films reproduced the small family visually, the mobile vans structured the moral landscape of their circulation beyond the city. As Ashish Rajadhyaksha poignantly observed, post-Independence Indian cinema created a narrative that was "a relay action whose end result is the production of an enfranchised spectator, with storytelling becoming a means to *map* the spectatorial presence upon the structures by which modern states produce and

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[15] Consider Srirupa Roy, *Beyond Belief: India and the Politics of Postcolonial Nationalism* (Durham: Duke University Press, 2007); Neeraja Sundaram, "Performing the pathologized body as a spectacle of excess: Reading the Medical Documentaries of the Films Division, India," *Studies in South Asian Film & Media,* 8, no. 1 (October 2016): 3-25; Ritika Kaushik, "Sun in the belly": Film Practice at Films Division of India 1965–1975. *BioScope: South Asian Screen Studies,* 8, no.1 (June 2017): 103-23.

[16] Interview with Susheela Sharma, resident of Mahavir Colony in Delhi, January 2017. Her husband, K.D. Sharma was a gazetted officer who drove an audio-visual van.

authorize their self-image".[17] The mobile vans (hitherto unstudied) created the cinematic experience for a large section of the demography that the state considered backwards. Simultaneously, the vans and their advocacy introduced concepts vital to participatory democracy like health, hygiene, census, and a nationalized economy.[18] They also circulated and underscored the underlying fear of scarcity and entrenched the idea of contraception as a solution to poverty. While the films they showcased have been written in the voice of the national-level bureaucrats who channeled funds, invisible here are the middle- and lower-rung field officers who drove the vans and organized traveling film shows. If not for them, the mythical small family would not have escaped the cinema halls of the cities and small towns of India.

Futurity was built into the foundational logic of the mobile vans in the way they circulated short films and cinema slides that were widely available in the cinema halls of urban quarters. The mobile vans would carry the material that was projected in cinema halls in urban settings. The programme officers hoped that rural spaces could also be altered by the powerful allure of modernity, as shown in those films. In the case of urban populations, posters and pamphlets would be stationed outside the entrances so that the 'small family is the happy family' message would be reinforced while people entered and left the cinema halls. The public-ness of a space was crucial to the advocacy efforts, as individuals could seek the information and also remain anonymous. Such anonymity was hardly a concern for the Driver-cum-Operator in rural

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[17] Ashish Rajadhyaksha, *Indian Cinema in the Time of Celluloid: From Bollywood to the Emergency* (Bloomington and Indianapolis:Indiana University Press, 2009), 12.

[18] The interaction between the van drivers and target populations features in the film *Swapner Din* (Days of Dreams), the plot centered a state-run van driver who screened family planning advocacy films across unspecified hinterlands of north India. He met people in the route charted for him, and in the process, met diverse reactions to the advocacy. Some villages welcomed him and talked about how to use contraception, changes in urban areas, while others detested his van and saw it as disrupting their way of life. For people in these villages he encounters, the driver represents the state. (Swapner Din. Buddhadev Dasgupta. Toronto: Jhamu Sughand, 2004).

settings. Everyone was invited to the communal event of watching the pedagogic film together and asking questions about the message for each other.

In terms of attention span, the audience in the rural setting was more aware of the advocacy than the urban clientele. A researcher studying the impact of cinema slides in 1966 described the distracted audience that the films received in urban cinema halls:

> … even though a slide may be shown for eight seconds… most viewers will not spend time reading the slides. Most people are occupied with talking to their neighbors or just looking around. Only the most eye-catching visual symbols and the first few words are perceived… short-motion pictures, two or four minutes in length, carrying a single idea about family planning (would be better)… the cinema slide message must be short, eye-catching and repetitive to be effective.[19]

Such efforts made the iconography of the small family a significant part of the popular memory of 1960s and early 1970s in India. As the repetition of the message was essential, the state ensured that the message reached every aspect of a family's everyday life. If cinema halls populated the visual culture of the decade with images of nuclear families, the audio-visual vans brought that vision to the villages, and with it, it brought the hope of large-scale socio-cultural transformations of the rural landscape.

The work of publicity provided an impetus for technological innovations. Devices like motion picture projectors, slide projectors, tape recorders, specialized portable projectors, and screens were advertised as particularly apt for publicity work. Many of these devices were

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[19] "*Communication Action Research Project: A Study in Family Planning Communication in Meerut District,"* File 6279, Box 281, Series 6262-9286, 1966, Ford Foundation Catalogued Reports, Rockefeller Archive Center, New York.

imported, but soon, Indian models also appeared on the market. They were marketed with a particular call for family planning advocacy work.[20] Small family advocacy created many innovative uses of 'modern' technology coming from the philanthropic West. The advocacy had imprints on the development of journalism, radio broadcasts and cultural events like film shows, plays and poetry sessions. In sum, the years after 1967 were particularly crucial for the 'soft' advocacy methods to develop and leave their unique imprints on popular history.

Apart from cinema, other mass media also used the dramaturgy of the modern and nationalist small family to overcome Malthusian fears of economic distress and poverty. Radio played a crucial part in circulating the small family advocacy efforts effectively. The All India Radio (AIR) relayed excerpts from symposia in Delhi on population control to several local sub-stations across the country. It reported advocacy efforts from not just the Family Planning department, but also other government wings, namely the Audio-Visual Wing and the Song and Drama Wing. The state was aware of the symbolic importance of a radio broadcast that asked citizens to perform tasks for the sake of the nation.

Publicity Officers were asked to report their initiatives to the nearest station of AIR for the station to record their events. By February 1968, twenty-two Family Planning Units of AIR broadcast 520 programmes in local languages on different aspects of family planning. Stations with no separate family planning cell also broadcast 65 programmes in a single month. The Radio Family Planning Units relayed 39 discussions and 85 interviews with acceptors of vasectomy and other methods. Fifty question and answers programmes were designed to remove the doubts of the people. Forty-eight talks, 34 short stories, 39 plays, 24 family serials, 23 features and skits,

[20] Advertisement, *Indian Express*, January 5, 1969, p. 3.

and 28 songs and poems were broadcast. Thirty-five programmes were transmitted with the active involvement of opinion leaders, including demographers. Further, 38 programmes about the availability of family planning services in their areas were broadcast. The scale of operations is evident from the fact that all these figures were from a single month in 1968.[21] This concentrated effort at dispersing the idea of the small family size was mostly on behalf of the varied government wings, but also by private initiative. In sum, from 1967 onwards, the country saw a blitzkrieg of family planning advertising and advocacy.[22] Such an intense exercise was a concerted effort of several mass media wings of the state, all aimed at creating a moral universe that would make family planning a commonsensical task.

Advertising and advocacy were but a first step; the hope was that the people thus targeted would follow up by physically walking into the counselling centre. The nature of counselling, however, depended on the social location of the conjugal unit. Thus, people often received contradictory messages from the state: the audio-visual dramaturgy told them that they were simply asked to plan the births of their children according to their economic capacities. The counselor would ask women and men to enlist for a surgical sterilization if they earned a meagre salary and lived in the poor quarters of the city or in the rural hinterlands. While women would enlist for IUD insertions, men would learn to use condoms. By the end of the 1960s, the medical staff encouraged women to undergo tubectomies and urged men to undergo vasectomies. The

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[21] 'AIR Broadcast 585 Items in February,' *Centre Calling*, Department of Family Planning, Government of India, Center for Research Libraries, Chicago, p. 12.

[22] The content prepared for family planning advocacy filtered into the television content too. The machines that were used pre-empted the television, in the way it prepared the populace with the idea of mass media. It was, therefore, not surprising that in 1975, the first rural site to test televisions in India, the Kheda Project broadcast family planning messages as its content. In less than twenty years from here, the state television channel, *Doordarshan* would produce its first television series. It was called *"Buniyaad,"* (Foundation), and it was about transformations within a joint family system in postcolonial India.

modes of birth control slowly shifted to permanent or long-term medical measures. This ambiguity of 'soft' messaging and push towards 'hard' sterilizations hurt the family planning programme: what people believed to be a socio-economic plan slowly became a somewhat permanent medical intervention on their bodies.

Figure 7 Indian Express, January 25, p. 10

Part of the reason for this ambiguity between soft and hard messages was the lack of government personnel who would understand the moral universe of the audio-visual advocacy. Even as the central government allocated funds for recruiting staff for audio-visual advocacy, the resource pool of staff for state governments was limited or, in many cases, non-existent. As evident in the first chapter, central funding was often hurriedly allotted to a new state department that was unprepared to handle the

new specializations, and thereby would ‘borrow’ individuals from other departments. Candidates for the post of a projectionist, for example, were poached from government wings like the Press Information Bureau, Audio-Visual Publicity Department, All India Radio and Public Relations. However, the nature of the contract was ambiguous, since the department was unsure about offering permanent employment, which meant many refused to migrate from their parent departments. Such hesitation meant the recruited individuals would often continue to work in a mindset that replicated their previous roles and would not understand their immediate task of inculcating small family size as an ethic that was to support national economic development.

There was a disjuncture between the center’s vision of advocacy and the state’s recruitment patterns in terms of the social location of the person who filled the post. Recruitment patterns reflected the gendered assumptions that were attached to the post: the candidates for the post of the Publicity Officer were all men aged between 35–45 years. Many of the applicants were graduates in humanities (from West Pakistan). Several had completed research theses on social welfare and population control. Many others were currently employed as social workers in family planning centers. Many applicants worked in a similar position in private philanthropic bodies, especially the FPA. The distinction between state and non-state employees became blurred at the level of everyday operations. The non-state agencies became training grounds for individuals who would then be accepted in a government post.

Often, these individuals assessed advocacy for family planning to be propaganda for population control. This conceptual collapse was evident in the case of Yadu Vansh Bahadur, who was already a Propaganda and Education Officer in the Delhi office of FPA from 1961–64. The organization had sent him for ‘commercial training’ to West Germany in 1965. After stating these facts, he described how he had to organize “regular film shows and group talks, organizing

exhibitions and in-service training programme for personnel" in Delhi. He stressed that he organized publicity in rural as well as urban Delhi. He single-handedly coordinated with medical personnel to organize three vasectomy camps.[23] The Secretary to the FPA wrote a glorifying letter recommending Bahadur to the post. He stressed that Bahadur organized regular film shows and group talks "in the working class areas of Delhi and around Delhi".[24] He added that in 1962, Bahadur established a mobile Family Planning Clinic, "which was at the time the first of its kind in Delhi".[25] This example showed that cross-staffing between the state health and family planning departments and voluntary organizations like the FPA were common, but harmed the nuanced messaging of the developmental family.

The Field Publicity Officer—who was a principal actor in family planning advocacy of the later half of the 1960s—conflated the Malthusian logic of family planning with eugenic solutions for poverty. In December 1966, a National Family Planning Fortnight was held wherein several officers across the country were innovating new ways to inform people about the economic functions of the small family. An officer in Hazaribagh (a district in what is now Jharkhand, with rich coal deposits) organized an exhibition on family planning in a colliery. In Ratlam, a district in Madhya Pradesh with a significant *Adivasi* (tribal) population, baby shows

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[23] File No. 3/13/1966/Services C, Vol. I and II, titled 'Appointment to the Post of "Publicity cum Education Officer, Delhi Administration, Delhi (Under Family Planning Programme)," Delhi State Archives, New Delhi.

[24] Letter dated October 11, 1966, from Yadu Vansh Bahadur to the Chief Secretary, Delhi Administration in File No. 3/13/1966/Services C, Vol. I and II, titled 'Appointment to the Post of "Publicity cum Education Officer, Delhi Administration, Delhi (Under Family Planning Programme)," Delhi State Archives, New Delhi.

[25] Letter dated October 11, 1966, from Yadu Vansh Bahadur to the Chief Secretary, Delhi Administration in File No. 3/13/1966/Services C, Vol. I and II, titled 'Appointment to the Post of "Publicity cum Education Officer, Delhi Administration, Delhi (Under Family Planning Programme)," Delhi State Archives, New Delhi.

were organized in the Civil Hospital along with Adivasi dance performances. In Bharatpur, a district in Rajasthan, the staff of the General Hospital staged a one-act play titled *Dukhi aur Sukhi Pariwar* (Sad and Happy Family).[26] Puppet shows were also popular in these events.[27] All these events were directed at sterilizations for the poor working-class miners or the Indigenous populations, as the officers deemed them to be too backward and illiterate to understand voluntary contraception.

The ideas of middle- and upper-class populations being more rational than poor and desperately poor families imitates the eugenic worries about quality breeding and avoiding degeneracy of races. As mobile advocacy turned from audio-visual equipment and content to mobile hospitals with the express aim of sterilizations, the state imitated the eugenic practice of pursuing racial purity. To contrast the 'soft' calls to contracept with 'hard' tactics to get people sterilized, Mathew Connelly distinguishes between the terms 'family planning' and 'population control'.[28] As a call to modernize the family, 'family planning' stood as a behemoth of potential gains in material prosperity via sizable income savings. 'Population control' entails social engineering through the control of birth rates of poor and impoverished families. The conversion of the mobile van captured the state's contradictory postures—or rather the vacillation between 'family planning' presented as a rational choice for middle-class families and 'population control' targeting the lower classes, the Muslims in certain mohallas, and lower-caste families.

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[26] *Centre Calling*, Department of Family Planning, Government of India, January 1968, Centre for Research Libraries, Chicago, pp. 1-2.This was a monthly newsletter published by the department.

[27] Ford Foundation Catalogued Reports, Series 6262-9286, FA739C, Box 281, Report 006279, 'Communication Action Research Project: A study in family planning communication, Meerut District,' 1966, Rockefeller Archive Center, New York.

[28] Matthew Connelly, *Fatal Misconception* (Cambridge, Mass.; London: Belknap Press, 2008), 16.

The aim of the mobile hospital vans may have been similar to the audiovisual van—that is, to reach the private spaces of individual homes—but the consequence was different. It was one thing to blare songs or poems or show films from portable structures, but it was another to set up vasectomy units on street corners or the outskirts of towns. For people, the transformation of these vans to mobile sterilization vans damaged the credibility of these vehicles. During the Emergency years, people remembered the vans as ways in which the medical staff scouted for men to sterilize.[29] This gradual conversion of the audio-visual van also reflected a change in the stance of the programme: a shift from persuasion to suspicion. This suspicion revealed a lack of trust on the part of the government in people's ability to rationalize the need for contraception. In addition to this doubt, the anxiety of reaching targets of IUD insertions, vasectomies, and tubectomies meant the staff were impatient and did not want to wait for the behavioral change that the 'soft' advocacy hoped for.

3.3 Cultures of Contraception

Although fears of resource shortages guided the audio-visual advocacy efforts, the artefacts circulated in ways that were beyond the state's control. The messaging was aimed at attracting people to the family planning centers for an IUCD insertion, or more popularly, vasectomy. Even as contraceptive use increased, the decadal census of 1961 showed a significant rise in population numbers. The population control lobby became anxious about the national programme. The publication of the census data was followed by an upsurge in newspaper editorials describing the

[29] The mobile vans were the main objects of ridicule in the film *Nasbandi* (Vasectomy) wherein these vans attempt to kidnap the two main male comics to sterilize them. The song that the two comics sing equal vasectomies to emasculation, turning men into 'eunuchs' or transgender women. Eventually, the two comics are captured, but they fall in love with two nurses in the sterilization camps (*Nasbandi,* I.S. Johar, Bombay: I. S. Johar, 1978).

negative aspect of population growth and the terrible losses that the country would face.[30] Research in biomedicine and social sciences coalesced around and reaffirmed these anxieties. With this surge of worry, the definitional categories of family planning were reconfigured. The urgency of reducing numbers was consistently reinforced. This tension made for experimentation with more persuasive techniques in field sites while channeling more funds for developing contraceptives.

Condoms were consistently in short supply. Built out of latex, which was a byproduct of rubber, it had to be imported through British, Japanese and American companies. Ford Foundation officials encouraged the national government to put together a manufacturing team. By the beginning of 1963, a latex plant in Kerala requested a license for manufacturing condoms. Officials were also trying to convince tire plants like Goodyear to produce condoms. Even as condoms were being distributed for free for the poor in family planning centers and hospitals, the state encouraged a commercial distribution system at subsidized rates. In fact, the Government of India requested the Ford Foundation "to send a survey team to advise it on the feasibility of condom manufacture in the public sector".[31] The decision to ask the Foundation to help set up a state-funded enterprise was in line with India's dominant stance of remaining non-aligned to power blocs for technological knowledge transfer in contraceptives. Nasir Tyabi identified non-alignment, which was the Third World's response to the power blocs, as the reason India had a competent pharmaceutical production capacity by 1970.[32] Contrary to the rhetoric of suspicion

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[30] 'Delhi Population 26.58 Lakhs Now,' *Indian Express*, January 28, 1962, 7.

[31] Letter from Oscar Harkavy to Gurpreet Singh, dated February 5th, 1964, Ford Foundation Records, Log Files (Grants and Project Proposals), FA 734, 1963, Reel L192, Rockefeller Archive Center, New York.

[32] Nasir Tyabji, "Negotiating Nonalignment: Dilemmas Attendant on Initiating Pharmaceutical Production in India," *Technology and Culture* 53 no. 1 (January 2012): 38.

that the leaders of the power blocs encouraged, the actual transfer of technologies and machines often transgressed political ideologies, and it had the Foundation work with Soviet-style state enterprises in the decolonizing South.

Such a politics of technological power produced unique administrative scenarios. Indians interested in collaborating with the foreign manufacturers had to obtain government-issued licenses. Such licenses came in two forms: the international collaborators provided the machinery and the technological know-how, while the Indian counterpart provided the land, buildings and human labor. Alternatively, the foreign funder could merely offer funds for the capital goods.[33] The Ford Foundation, however, cautioned its consultants against meeting private Indian manufacturers, as this could potentially be seen as an affront by the Indian government. Internally, though, the Foundation believed that, "Probably the fullest development of both approaches would be best".[34] The Foundation officials dithered on encouraging private entrepreneurs (as they could not trust them) and yet wondered whether the state put its best efforts towards contraception. Such a stance perfectly illustrated how American philanthropic bodies negotiated power bloc politics (and displayed ideological distrust of state enterprises) at the level of everyday administrative choices on the ground, far from their headquarters in New York.

At this juncture, there were only three major manufacturers of condoms in the United States: Julius Schmid, which was bought by the London Rubber Company, Young Rubber

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[33] Letter from Gurpreet Singh to Oscar Harkavy, dated January 22nd, 1964, Ford Foundation Records, Log Files (Grants and Project Proposals), FA 734, Reel L192, Rockefeller Archive Center, New York.

[34] Letter from Moye W Freyman to Oscar Harkavy, dated January 13th, 1964, Ford Foundation Records, Log Files (Grants and Project Proposals), FA 734, Reel L192, Rockefeller Archive Center, New York. Incidentally, Gurpreet Singh was the son of the owner of the property in which the Ford Foundation Delhi office stood.

Company, owned by Holland Rantos Cooperation, and Killian Shrunk in Akron, Ohio. Several Indians had approached Carl Schmid, who was the President of the first enterprise, for joint ventures. Japanese manufacturers were also on the spectrum of potential partners, but their interests were swaying towards the 'virgin' markets of Korea. The London Rubber Company was selling one million condoms domestically and another million for export: this number included exports to underdeveloped countries and to Holland, Germany, Australia, Sweden, and Italy. The central plant used latex from Malaya. Colonel Raina of the DGHS prompted the company to start condom production in India. In 1964, the company began a manual factory in Madras. The manager of the plant was English, while the staff was Indian. It sourced latex from Malabar in northern Kerala, although the company "doesn't think much of the Malabar Latex for condoms".[35] Time and again, the transnational actors exhibited a deep-seated suspicion of India's technological abilities, and thereby, of its attempts to garner intellectual self-sufficiency, especially the quality of mechanical output.

The paper trail around the production of IUCDs told a similar story of distrust of Indian technical environment. The most popular form of the invention was the Lippes' Loop. Dr. Jack Lippes, its inventor, was keen on its production in India. The cost of setting up a plant was approaching $18,000, and the initial survey found that "the manufacture of injection molded polyethylene intra-uterine precision devices such as the Lippes' Loop should be in the hands of highly qualified, top-grade injection molders".[36] In other words, replicating the conditions of the Loops' production in India and other places outside the United States would be risky, as the

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[35] Memorandum dated 7/30/68 titled *"Meeting with LR Co. Personnel,"* Ford Foundation Records, Log Files (Grants and Project Proposals), FA 734, Reel L192, Rockefeller Archive Center, New York.

[36] Letter from Thomas M Dodd Inc. to the Ford Foundation, New York dated January 31, 1964, Ford Foundation Records, Log Files (Grants and Project Proposals), FA 734, Reel L192, Rockefeller Archive Center, New York.

technicians may not be adept at reproducing the mold accurately. This was significant, as it oriented the national population programme towards male contraceptives. Thus, the roles of industry and the mass reproducibility of a device were crucial factors in determining the social acceptance and circulation of precise modes of contraception.

Nevertheless, the imperative of a domestic brand of condoms saw the congealing of private enterprises in India around the issue of family planning. Commercial houses that were willing to distribute the brand were Union Carbide, Imperial Tobacco Co., Lipton, Hindustan Lever and Brooke Bond. There were corporations with a *longer-term* presence in India, employing a significant number of poor and working-class local staff. The domestic, almost nationalist branding of the state-sponsored condom became a way for private enterprises to showcase their political will to engage with the population problem and encourage the governmental programme.

By 1968, efforts for the domestic production of condoms were in full sway. The first public enterprise to do so was Hindustan Latex, which started production in January 1969. The company received funding from several international donors, mostly with Ford Foundation officials as liaisons. The condoms were christened *Nirodh*, a clever appropriation of the Sanskrit term *Nirodhyay* for protection.[37] Such tactics showed a distinct change in the state's intentions: it was not interested in pushing condoms in the country as a technology, which would be a break from the past. By employing a Sanskrit origin word as the brand, the state wanted to invoke a

[37] Kathleen McCarthy, "From Government to Grass-roots Reform: the Ford Foundation's Population Programmes in South Asia, 1959-1981," *Voluntas: International Journal of Voluntary and Nonprofit Organizations* 6, no. 3 (October 1995): 299.

scriptural legitimacy to introduce the condom.[38] As a pure invention, this recall value to Sanskrit goes unremarked on in public discussions about *Nirodh.* This could be the first attempt at branding a product in ways that have not been seen, self-consciously constructing a product as nationalist (practiced in a historical past), even as its production depended on a convergence of global resources.

The *Nirodh* experiment was a point of success for international philanthropists as well as domestic population control policies. The push for condoms also brought to the fore the Ford Foundation's role as enablers to the overall Indian developmental journey. Consultants were guiding each step of its production. An illustration of this point is when a Ford representative was upset that condoms purchased from Korea were being packaged under the *Nirodh* label. He observed that "Koreans had tested the condom by blowing them up and holding them to the face to feel any air." He feared, "if these condoms are not being tested in India for pinholes or for the capacity of withstanding ageing, any significant number of breakage or failures of the condoms could reflect badly on other products into the Indian programme under the Nirodh label".[39] While being supportive about domestic condom production, the Ford representatives constantly worried about the quality of condoms. They feared the quality would degenerate due to ineptitude or negligence on the part of their Indian colleagues. The way they perceived the Indian officials reflected the frustrations that the Foundation had with the colonial bureaucratic administration that India had adopted.

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[38] In sharp contrast, the privately funded *KamaSutra*, released in 1991 evoked a past that was licentious and utterly wondrous because of its sexual culture. As William Mazzarella noted about the brand, "… a quasi history was evoked, which would allow the brand to appear as a contemporary rediscovery of a timeless truth…" (William Mazzarella, *Shovelling Smoke: Advertising and Globalization in Contemporary India* (Durham: Duke University Press, 2003), 62. Such an analysis is pertinent in the case of *Nirodh* too, even if it evoked a different aspect of ancient India's sexual culture.

[39] Letter from RL Besky to Douglas Ensminger, dated July 24, 1968, Ford Foundation Records, Log Files (Grants and Project Proposals), FA 734, Reel L192, Rockefeller Archive Center, New York.

The domestic production of condoms influenced advocacy messages, too. The format of most these events was designed to attract a large number of people with performances and film shows, followed by public meetings or counselling. These camps would also offer contraceptive services. Those who underwent vasectomies were rewarded and publicly felicitated. The state showed that sterilization was one of the many options available to people while encouraging a popular culture that accepted contraception. An example is a *Mushaira* held on January 27, 1968, as part of a two-day symposium in Delhi. Fifty Hindi and Urdu poets gathered to recite poems and couplets on family planning and contraception. Most of the couplets link material prosperity to having two children. The poet Mehdi Nazmi wrote:

> Bachche hon do teen ghar ki roshni ka chiragh; Pur-sakoon mahol men aaram paata hai dimaagh; Zehn ko milta hai talim-o-taraqqi ka suragh; Chhota kunba ki khushi hai aadmi ke haath men.
>
> (Two or three children are enough to illuminate the house and provide a tranquil atmosphere for peace for study and development. Small family makes the life happy, and its blessings are within everyone's reach.)[40]

The poet gave a vision of the quality of life that the couple would lead if they limited their offspring to two or three. He made the link between happiness and material prosperity evident and crucial.

Another prominent poet, Harivansh Rai Bachchan, used the platform to shame couples who were not following the small family norm:

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[40] *Centre Calling*, Department of Family Planning, Government of India, February 1968, Centre for Research Libraries, Chicago, 6.

> Mahadevi aur Pant, Chhat par se pukar ker kehte hain; Ke desh ki abaadi barh gai hai; To gunehagar hum nahin hain; Par kucch unko; Gunehagar samajhte hain (kyon Anuman we bhi kar sakte hain); Jo unke liye Paraishchit karne wale bhi kam nahin hain.
>
> (Mahadevi and Pant shout from housetops that they are not responsible for the country's population growth, but some people do consider them guilty (and this they themselves guess) for there are numerous others who have done penance for them.[41]

This couplet placed the responsibility of the nation's underdevelopment solely on the actions of a couple. The more children they have, the greater the disservice they do to the nation. He signs off with an expectation that for every one such family, there would be many others to undo the harm, that is, there would be many others who would accept contraception and limit themselves to two to three children. Another poet, Snenhlata Sneh, also recited something similar. But her couplets did not shame the listeners, as much as give them hope:

> Khana kapre seemit bacche; Inse aage bhi dunya hai; Vagyanik yug ki hulchal men; Kal se aage bhi dunya hai; Isi liye keh rahi sarjna; Khirki se bhi door niharo; Jiwan men santosh nahin hai; Aaj desh ko aur sanwaro.[42]
>
> (Have as many children as you can afford to clothe and feed; There is a world beyond all this too; There is the excitement of a Scientific age; There is a world beyond your immediate reality; That is why I ask you to look at the horizon through your window; Life is a struggle; Work to better your country.)

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[41] *Centre Calling*, Department of Family Planning, Government of India, February 1968, Centre for Research Libraries, Chicago, 10.

[42] *Centre Calling*, February 1968, 10. Translation by the author.

This couplet pushed families to think of the future of a scientific age. This time was a marker of high modernity wherein their struggles would be over. The mode to reach this utopia of the scientific age was contraception. The poem aligns with the central theme of the chapter that the 'soft' method of family planning advocacy held the imaginative potential of the national programme. It became the tool through which the small family size became the marker of a modern family. In many ways, *Nirodh* came into the public conscience when audio-visual messages had already created an awareness about family planning in popular culture. The imaginative leap of translating Malthusian fears of an imminent population explosion into practice would not be possible without the work of poets, filmmakers, artists and journalists and radio broadcasters.

An advertisement for *Nirodh* in a newspaper in 1969 that was drawn in a comic strip format illustrated the cultural connotations of contraception. The first panel showed two men talking in the foreground. Both were dressed in office wear. They seemed to be sitting beside the front door of a house, where a lady in a saree was shown carrying a tray with two teacups, looking towards the men. Two children were shown playing in the front yard: an elder daughter pushing a young toddler. On the top of the panel were the words, "A family you have planned is a family you can provide for." The message was in bold letters and underlined, and next to the line was an inverted red triangle. One of the men asked the other, "Tell me, brother, how can you live so well while I can hardly make ends meet?" In the next panel, below the first and smaller, the second man replied, "I have fewer mouths to feed, only two children." To affirm what was said, the person held his fingers to indicate the number two. Also present in the scene with no dialogue was the woman who was presumably the wife of the man with two children, silently holding a tray with cups of tea. Clearly, the conversation was directed at men as the decision-makers of the modern, nuclear family.

The third panel equated the inability of a man to use a condom to a lack of self-restraint and ungentlemanly behavior. The first man, holding his tea, responded, “Two? My wife has a baby every year! What can I do?” The protagonist was shown holding the first’s shoulder, as if in a confidential but comforting way, while he replied, “Do what I do—use NIRODH.” In the last panel at the bottom, the characters disappeared, and three statements were written. The first statement read, “The power to prevent birth is in your hands. Use it.” The second statement in the middle, in a block of black paint, had in capitals “USE NIRODH FOR FAMILY PLANNING.” Next to the statement is a symbol of a hand in black, with a background. In the middle of the hand are outlines of four tiny figures: two children with a man and a woman in the middle. Under this image was the cost of the condom: “15 paise for 3. 5 paise for 1.” [43] The advertisement informed the reader, below the prices, that “Price [is] kept low through Government Subsidy.” However, the final statement at the bottom read, in capitals, that condoms were “Available at Present in some districts only.”[44] Such a warning illustrated the state’s will to transform citizens, as well as how the actual technological setup could not cope with the will.

[43] One *paise* is an equivalent of a cent.

[44] Advertisement, *Indian Express*, January 15, 1969, p. 5.

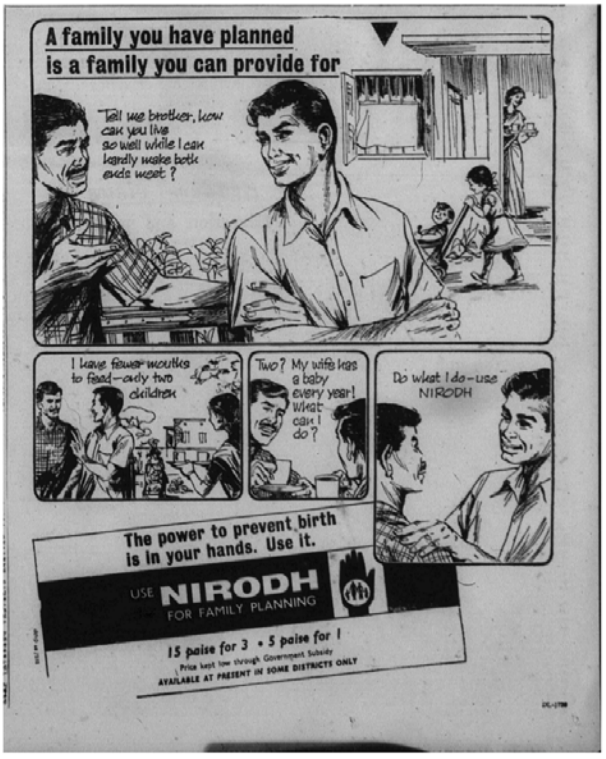

Figure 8 Indian Express, January 15, 1969, p. 5

Through the advertisement, we understand the significance of the condom in the social acceptance of contraception. The condom was passing the prerogative of family planning to the man: it was the husband's duty to use the condom so he could build a house and keep his wife and children happy. Such a treatment of the male sexual prerogative in conjugal relations would be consistent with the dominant popular culture around the nuclear family since the later half of the 1930s.[45] Note that in the advertisement, no class markers distinguished the two men, which

[45] Douglas E. Haynes, "Selling Masculinity: Advertisements for Sex Tonics and the Making of Modern Conjugality in Western India, 1900–1945," *South Asia: Journal of South Asian Studies* 35, no. 4 (April 2012): 818.

meant they were earning the same incomes, and yet one was asking the other about how he could make ends meet, prosper, and live happily. With this query, the state passed the onus of self-sufficiency to the man and his choices in life. The advertisement established the option of having children as an economic function. It did so while also showcasing the man as the income generator of a single-income household. This image became the stereotypical mold within which the nuclear family in the city emerged. This family rested on the man's ability to understand that the condom was an enabler of individual freedom and sexual choice, but he was conscious of using this freedom to change the economic future of his family.

Nirodh, like the short films and other forms of advocacy, fell within the 'soft' mode of family planning counselling and advocacy. It relied on the male, but it also relied on the male's ability to rationalize that the condom was the route to economic stability and financial security for his wife and two children. The branding and dissemination process showed that the prerogative of population control might have been the meta-narrative, but other imperatives guided the process—mainly access to production techniques and research on latex. There was a conscious positioning of *Nirodh* as a brand that would appeal to the demographic profile of the population deemed rational enough to understand birth control. *Nirodh* stood as the product of a series of behavioral changes the populace had to undergo, the first of which was paying attention to cinema slides before commercial films started and regularly visiting the family planning centers.

As advocacy became centered on males, it also reaffirmed a particular form of the nuclear family, one that rested on the man as the breadwinner. He was not just making decisions about the economic viability of the family, but also guiding its socio-political role in society. In this way, the family became a unit for governing the nation, wherein citizens learned to self-govern. Through the illustrations in the chapter, we have seen how different modes of

contraceptive technologies were enabling specific kinds of socio-economic transformations. If the IUDs like the Lippes' Loop could have been mass-produced with ease in Indian factories, it would have changed the course of the national programme. The fact that there was a very high demand for condoms showed that people were receptive to family planning. But with the lack of a sufficient supply of condoms, the anxiety of the next decadal census, and the overall alarm around population figures, advocacy transformed towards the 'hard' technology of vasectomy.

The social ramifications of pushing targets in vasectomies, tubectomies or IUD insertions were distinctly different from the effects of other forms of contraception. The assumptions guiding the surgical method involved the intended target not being capable of learning to self-govern. He was impulsive and irrational. The targeted population for vasectomies was the poor, i.e. the lower-economic-status working class. These families received ambiguous messages from the state: on the one hand, they were expected to rationalize the need for fewer children as an economic function of the family, but on the other hand, the state did not trust them to use condoms. Or the state was in a hurry to meet targets, and it did not have time for these families to catch up with the project of making behavioral changes. This suspicion of the rural and urban poor was reinforced at every level of medical governance, from the bureaucrats who were negotiating Ford Foundation funds to the district-level doctor or social worker.

As discussed in the first chapter, by 1971, counselling too was driven towards encouraging vasectomies and was centered on males.[46] The collateral damage was a drastic decline in the sex ratio. A film produced in the year addressed son-preference in small families. The mood was despondent, with attempts to rebuke the public into correcting its ways.[47] The

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[46] This is not to say that tubectomies and IUD insertions were not advocated. State health bureaucrats provided financial incentives for these surgeries too. But the amount was lesser than the amount for motivating men for vasectomies. This policy will be discussed in the next chapter.

[47] *Hum Do Hamare Do* (V.S. Enterprises, 1972), Films Division, Mumbai.

short film was released in 1972 by V.S. Enterprises and was titled *Hum Do Hamare Do* (We two, our two). The director thanked an official from Western Railway in Bombay, Mrs. Pratibha Patil, the deputy minister of the Ministry of Health and Family Planning in Maharashtra (and eventually, the first woman President of India from 2007 to 2012), Avabai Wadia, who chaired the Family Planning Association of India, and Murphy India Ltd. The background score was written by Jaidev, a composer from commercial Hindi films. The film was written, produced and directed by Vimala. The film showed that the state misunderstood how the rush to slow birth rates could encourage sex-selective abortions.

Similar to *Adarsh Parivar,* the short film was centered on a young urban couple. Instead of an introductory shot establishing the house, it opened directly within a house. The viewers see a man, in a kurta, in a living room. He ruffled through some papers in his open briefcase as he shouted for his wife, Maya, enquiring about dinner. Maya was near the gas stove in the kitchen as she replied that it was ready and asked him to call Nisha 'in'. Nisha, the daughter, was playing with other children from the neighborhood near their house. The husband closed his briefcase and walked outside. He saw a child crying and hurt as other children were fighting in the park. The husband asked the child why they were quarreling and why was he wearing a torn shirt. The boy answered that he did not own another shirt. The husband told all the children to return home. He found Nisha, who was a toddler, hidden by some bushes, crying. He pulled her out and took her home. The film implied the lower-middle-class location of the family by placing emphasis on the children and their clothes. Such a framing gained the audience's trust and afforded authenticity to the film and its message.

The film followed subtly placed aspirational items within its frames and storyline. The items of food and clothing and the living situation showcased social mobility within a working-class environment. As Maya served dinner, the viewers saw shots of the plate, which had rice,

dal, and vegetables, which proved that the family had moderate affluence and was able to nourish itself. The camera zoomed out to show the family eating together in a moderately-sized living room. The husband informed Maya that "their neighbor's children hardly had any clothes to wear". Maya responded that she was aware and added that "he earns the same as you do, but he has got so many children." She continued, "He cannot do any better on his salary." The husband looked up and concurred, adding that he would go for a vasectomy after another child. Maya then insinuated that she was pregnant. They smiled at each other. The dialogue underscored the preference of vasectomies over IUD insertions. Additionally, the sequence of dialogues showed that the state and its people had consensually accepted the Malthusian logic of overpopulation leading to scarcity of clothes and food and thereby being a cause for malnutrition.

In the following sequence, the film indicates that the direct consequence of economization dictating family life was a sharp decline in the number of daughters. The sequence opened outside the delivery room. The husband was pacing outside the room, smoking and looking anxious. A nurse came out to inform him that Maya gave birth to a daughter. The husband sat down on the bench outside the delivery room, looking despondent, unhappy with the nurse's announcement. The film, at this point, cleverly situated the hospital as a backdrop for the husband's initial disappointment. It cautiously informed the viewer that the nurse was happy for the girl child, but the father was not. The nurse stood for the state, and she informed the viewer that the state did not compare sons and daughters and that the problem was the individuated bias of a father. By the end of the 1960s, son-preference as a cultural practice mutated to sex-selective births. Such a linkage would not have been possible without the fears of increasing birth rates linking family size to national productivity, evident in the emotional arc of the husband and his disappointment with another girl child. With that stance, through the short film, the state removed itself from the familial space and left social reform to be the prerogative of citizens. The state also

made it amply clear that the father was morally wrong in wishing for a son. Government-sponsored short films, in this way, could admonish the citizen when the citizen misunderstood the meaning of a nuclear family to mean procreating two sons.

The collateral meaning of the father's disappointment was that sex preference became a problem of cultural belief, but one with no economic repercussions for the people who practiced it. As the film moved back to the couple's domestic setting, where the daughter played near her parents, it addressed the man's disappointment. She threw a paper plane towards her mother and informed her that it was her rocket. She told her father that when she grows up, she was going to the moon, "straight from India". She asked her father whether he had gone to the moon. He responded, rather angrily, that he had not, and until now, only Americans have gone to the moon. Nisha started crying at this, and Maya consoled her as she took her to bed. The toddler and the infant lay next to each other as the parents looked on. The husband placed his arm on his wife's shoulder in a suggestive manner. Maya turned and reminded him that he was to get vasectomized after the second baby and warned him that he should get it done soon, or there would be a third one. At this, the husband looked disappointed and turned away. He wished he had a son. The father desired a son to keep his family on the path to economic prosperity—a journey that started with a small family size.

Instead of penalizing the individual family, the state addressed the negative economic repercussions of preferring a son. As Maya asked her husband why he felt disappointed about having two daughters, she also cornered the audience and its motives. As the camera zoomed into her face, she talked directly to her audience, while she said, "and nowadays, is there any job a woman cannot do?" The next shot cut away from the interiority of the immediate home and its family to shots of women in the public sphere: women weavers, farmers at work. A male voice

narrated that women had been important in the social and cultural parts of society, and yet, “there are conservative and age-old beliefs in this society which go against this dynamism”, emphasizing how the “birth of the son is celebrated, and the daughter’s is not”, and how this needs to become obsolete if “we look at life from a different vantage point”. A montage of shots of women in different occupations across class ran parallel to the commentary: a woman on a tractor, a female doctor, engineer, and pilot and Indira Gandhi as the example of a leader. The next shot was of women studying in a library. The narrator reminded the audience that all this was possible if parents provided girls with the opportunity to find their individuality: “So, why wait for a son who may not come? Be content with a daughter who is already here and plan your family.” At the end of this narration were shots of poor children, dressed in rags, with mothers who were thin and malnourished. The montage underscored how a daughter was equally economically productive as a son, while framing her productive capacity within an underdeveloped economy.

The state hoped that people feared scarcity and accepted the Malthusian nightmare of overpopulation enough to transcend patrilineal fears of inheritance and male privilege. It hoped that underdevelopment would scare people into accepting women as capable of working in the public sphere. Such a stance was evident in the shots of men and women laboring together: working on pots over a clay wheel, a library full of men and women sitting together, studying; women lawyers working with male colleagues, and in different factories; women painting; a woman practicing on the piano. The narration informed the audience that India was changing with changing times, and that women were equal partners with men in the management of the family, with shots of women in the hospital, aiding surgery, crouched over a microscope, women as receptionists, as the narrator stated that “the women of today are not like the women of yesterday”. In an attempt to cover every sphere of productivity and economic roles, more shots

reinforced women's working capacities, depicting women in an assembly line factory, as typists and then surrounded by books in a library. The narrator reminded the audience that the destiny of the nation rested on the shoulders of its women: "It is wrong to consider a daughter a burden. Now the birth of a daughter is like that of a son: a blessing, not a curse. She goes to school and then to college. Also, then she works in a factory, an office, a mill. She is not a burden anymore. She now shoulders the burden of family responsibility." Another shot of Indira Gandhi followed. Most women in this montage dressed in sarees, but some—like the women in the library or working as secretaries—were also in Western attire. The film established the ubiquity of women's presence in the public sphere and their potential contributions to the national economy.

Ending son-preference entailed a radical change in public opinion of the productive capacities of women and how their families perceived them. As the film returned to the domestic setting where Maya was informing her husband of all these developments, she told him, "In twenty years, women will be more emancipated." She then questioned how he was sure that the third child would be a boy. The husband accepted that she was right and said he would get the vasectomy, saying "If I am able to give these two what they want I wish for nothing more." He then wondered, what if something was to happen to them? The wife shushed him, saying, if anything were to happen, the vasectomy could be reversed, and one could have more children. She said this, again, looking at the camera. In the scene that followed, the husband walked into a family planning centre. It appeared to be a stately building, with a garden. There was a poster of the small family (an outline of an adult male and female, with two children by their side, a girl and a boy) at the entrance. The next shot was of him lying on a surgical table waiting, as he smiled, waiting for his vasectomy. The film ended with the couple holding their daughters in a garden, and walking out of the family planning centre. The narrator continued to shout the

campaign line “We two, we have two” multiple times, as the camera zoomed into posters with the line “Hum Do Hamare Do” in Hindi and the inverted red triangle.

The diegetic elements of *Hum Do Hamare Do* were distinctly different from those of *Adarsh Parivar*. The couple here did not portray the model citizens who the audience wished to emulate. The wife and husband disagreed about the number of children they should have. For the husband, the choice of two children was acceptable if at least one of the children was a boy. Maya, the wife and the young mother, performed the pedagogic function of the film. Through her, the state lectured the audience on the positive economic functions of a daughter in a modernizing and developing economy. She was speaking to her husband, and through him, to the audience at large, extolling them to take up contraception, especially the men. Even in the means of contraception, the film firmly pushed the audience towards vasectomies. The man who aspired for a modern life and domesticity was also regressive in his wish for a son. The wife rebuked him as he said he was not satisfied with two daughters. The advocacy message expressed deep anxiety about accommodating son-preference with the urgency of bringing down birth rates, while appealing to modern sensibilities about male–female equality.

The film echoed the state’s anxiety to intervene into the micro-politics of the family, while the family stood in for the nation. The filmic space of the living room was where the wife extolled the capabilities of an educated girl child. The living room replicated the public sphere of a nation, since the domestic elements of a house imitated the outline of the nation. The wife was in a saree while the husband was in a kurta-pajama while they talked. The authoritative voice of the narrator was consistently informing the audience about the varied functions that women performed in society, spreading across class. There was conscious stress on how the nation was currently being headed by a woman, with two shots of Indira Gandhi in the montage. The visual

montage stressed women's presence in the public life of the nation, as rational and productive citizens. The narration supplemented the stress on productivity and encouraged the economic rationale of ending son-preference.

Another effort of this film was to reconstitute the moral universe of the families watching the film: to make them question the reasons why they did not accept contraception and continued to have children until they had sons. The short film taught audiences that behavioral change entailed a transformation of mind as well as body. Such a message was a product of demographic and sociological studies conducted to study the uptake of contraceptives in the country. At this point, the family planning counselor disappeared and was replaced by the hospital and surgery, replicating the move away from advocacy in terms of socio-economic transformation towards targeted male sterilization. The film reinforced the idea that the actual decision-making power regarding the number of children the couple should bear lay with the husband or the father.

Technology was depicted in a way that validated the aspirations of the girl child against the backdrop of the Cold War. The daughter cried because no Indian had reached the moon and she wanted to be the first Indian to do so. The toddler's aspiration to transform the ongoing space war was juxtaposed with the way the father saw her as a disappointment. The film showcased a modernity that was predicated on technological advancement. In the process, it framed nationalism as a project that implicated the ambitious space wars. India wanted to make a mark of its own by sending its own citizens to space, and the citizens, including a child, were aware of the political valence of this project. The child in the film *Hum Do Hamare Do* was the epitome of this transformation. By the 1960s, the child was echoing the nation's aspiration to be a significant player in the politics of the power blocs. The ambition to be the first Indian to reach the moon

was an ambition to aspire to be counted among equals and be accepted as part of the developed world. The space wars were markers of individual dreams coalescing with national ones.

Nutrition played a significant role in the narratives for both films. The shot of a plate full of food, with the nutritionally required balanced diet—vegetables, roti, rice, and lentils—depicted a marker of class and financial stability. The other stamps of development were the clothes. Both films showed that the family that practiced contraception had clothes for leisure. The women and children wore nice sarees and dresses. The second film juxtaposed this image with the tattered clothes of the neighboring family's children. Even though they were all boys, they were rowdy and dressed in torn attire, as the family could not afford proper clothes for all of them. This connects contraception to economic prosperity. The census-induced anxiety was transferred from state to individual. It was not the state's fault that it could not produce a sufficient amount to eat, but rather it was the individual family's fault that it kept reproducing. This ties back to the observations that Chatterjee and Riley gleaned from posters circulated in the 1990s.[48] The stress on economic self-sufficiency has remained a constant theme of family planning advocacy. In the 1960s, this sufficiency was shown in the backdrop of the city, while thirty years later, the stress was on teaching the happy and economically prosperous family in a village.

Couples' preference of sons over daughters has a complicated history. The short film *Hum Do Hamare Do* from 1971 showed that families tended to prefer sons because of financial stability. Daughters would cost the conjugal unit economic harm in the eventual marriage rituals of dowry. When family planning advocacy became progressively oriented towards motivating men to undergo vasectomies, especially working-class males, family structures responded by

[48] Chatterjee and Riley, "Planning an Indian Modernity," 811-845.

choosing the more economically productive gender for its child. Son-preference, seen this way, was not the outcome of traditionally rural, retrograde thinking, but rather it was a decision based on new prerogatives like economic prosperity and thereby national wealth. The state realized retroactively that the collateral result of targeted vasectomies was son-preference. It resorted to short film pedagogy to underscore the economic productivity of a girl child. It used large infrastructural projects with machines to make this point. What is noteworthy is that the rise of son-preference did not stop the state from pushing for family planning advocacy and vasectomies in particular. The film showcased the state's unwillingness to step down from urging vasectomies; instead, it opted to circumvent the problem of son-preference by pushing for attitudinal changes. Thus, the film tried to prove how women were as good as men because they could also perform labor in the same technological context. The nuclear family retained its economic valence while the need for a girl child was repeatedly reinforced.

There was substantial overlap between the short films, from the way they were produced and circulated, to how they aligned with the global consensus on population control. The diegetic family continued to be the universal invocation of a modern way of life. This conscious collapsing of the small family with the modern way of life was crucial to the developmentalism of this age. The family and the economic functions it performed were intrinsically connected to the national population programme. In this way, the short films constructed the nuclear family and its social imaginary.

Figure 9 A still from Hum Do Hamare Do

3.4 Conclusion

The decade of the 1960s records the highest number of conceptual changes in the triangulated relationship between technology, state and the procreative family. Within the decade, every year denoted significant changes in the national population control programme: its tone in 1969 was more coercive and incentivized than in 1959. These differences arose from technologies accessible to the state and also to the family. As we have seen in the previous chapter, the definition of family planning changed over time, as did the interventional priorities of the state. This chapter showcased the dangers of collapsing various meanings of technology into the umbrella term of ‘family planning’.

The chapter has shown several ways to deconstruct the links between population control and the social worlds in which it was deployed. The metaphor of war was not in circulation yet, but targets had crept in. Anxiety around decadal censuses and the way they informed social policy had a profound bearing on technical innovations. There was also a running theme of pedagogic impulses in the way the systems were constructed, with transnational philanthropic bodies on top of the pyramid of educators. From short films to the mobile vans that circulated them, to the IUCDs and condoms, a trajectory was developed to get the public to accept the idea of having a lesser number of children, and thereby to control birth rates. Simultaneously, various layers of governance congealed around this imperative. Families reconfigured the value structures within which they operated while reducing their numbers.

Technology guided the discussion on family size. It guided the choice of condoms over IUCDs, as condoms were more replicable than IUCDs. The direction of the program changed, nationally, towards male contraceptives. In this manner, technology outlined forms of family planning advocacy across the nation. It constructed the ‘good’ and ‘bad’ uses of this advocacy in the way son-preference played out. The project to inculcate contraceptives, as a practice, cut across the private sphere of the home. In many ways, it contributed to a contested understanding of privacy where the state legitimized its interference in private spaces by saying that it was the citizen’s national duty to act according to the state’s developmental project. The allure of pushing contraception was that it traversed these potentially tense conversations, with remarkable reciprocity from people.

For the state, a corollary of family planning advocacy was to contain the social transformation that was possible due to mass acceptance of condoms and IUD insertions. The nuclear family that emerged did so within a particular frame which bespoke a compulsorily

heteronormative and patriarchal base. The man of the house was not just the breadwinner of the house, but also the person who would translate the national goal of self-sufficiency into the goal for his family. This process of translation, however, circulated through the woman, the homemaker who would understand the project and insist that the husband accept contraception. The social possibilities of contraception, which were immense for individual freedom, were translated (and limited) to transforming the social psychology of the conjugal unit.

The idea of pre-testing was significant to family planning advocacy and the technologies that it encompassed. The role of a rural village as a model or an ideal type of irrationality preempted the concept of least-common-denominator in the broad spectrum of rationalities that existed within the nation. However, portraying the village as an ideal type of irrational behavior erased how people actually accepted contraceptives as part of their everyday life. Behavioral change, as envisioned by demographers, doctors and sociologists, did occur, but not at the rate and form they had predicted. People in the urban middle class recognized the social possibilities of condoms or IUD insertions, but they also preferred sons over daughters. The planned family successfully became part of the consciousness of being a young, modern nation, as a symbol of social mobility.

Until the gradual takeover of target-driven vasectomies as the primary mode of advocacy, the lower economic class also recognized contraception as a technology which had immense social possibilities. A nihilist, J. Devika disagreed when she stated,

> … the acceptance of Family Planning by the poor was certainly not a result of the spread of a radical consciousness sprung out of lightening of life's burdens… (or from) The ability to critically engage with institutions, old or new, among them. It was into the dominant culture of the educated middle-class, characterized by modern patriarchy,

> developmentalism, and the elitism of modern knowledge that the laboring poor were 'liberated.'[49]

While I agree that the notional family that was available for lower-economic-status citizens to aspire to was a patriarchal setup that reinforced the husband as the decision-maker, it also redefined conjugality. The state-sponsored condoms, foam tablets, jelly tubes, diaphragms, posters, advertisements, puppet shows, cinema slides, and short films, up until targeted surgical contraception, showed the conjugal relationship working as an autonomous unit.[50] This autonomy was playing out in the backdrop of a notional city. The 'soft' methods of advocacy made this vision possible. The emancipatory possibilities of the nuclear family dissipate with the turn to 'hard' advocacy.

Another observation that can be gleaned from this chapter is that 'hard' surgical contraception would not have been without the 'soft' advocacy. In the case of the audio-visual van becoming the mobile contraceptive van, we see how the technology available from the culture of 'soft' advocacy helped this transformation. Both methods lay on a broad spectrum of perceptions: on the softer end of this spectrum was the belief that people, even of the lower economic class, would be able to understand the economic viability of small family size. On the harder end of this spectrum was the belief that this was not possible, or would take too long to change India's development trajectory. Seen this way, the ethical landscape of incentivized and targeted sterilizations was incompatible with the moral universe of family planning.

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[49] J. Devika, *Individuals, Householders, Citizens: Malayalis and Family Planning, 1930-1970* (Delhi: Zubaan, 2008): 172.

[50] This statement resonates with Mytheli Sreenivas's observations in colonial Tamil Nadu, wherein the conjugal unit of the husband and wife became the mainstay of social conflicts and transformations. In this way, she pre-empted the discussion on the break-up of the joint family system. See Mytheli Sreenivas, *Wives, Widows and Concubines*, 3-4.

The conversations in this chapter show how benevolence and suspicion were two sides of the same proverbial coin. If this was true for the way bureaucrats perceived the targets of population control, it was also true for the way transnational consultants saw the Indian government. In the next chapter, we study this relation of suspicion that tied the Indian bureaucrats to their advisors from the developed world. This massive scale of operations would not be possible if the actors were thinking narrowly within the category of nation. From the person who drove the mobile publicity van to the Education Officers guiding them, every individual involved was aware of the population control programme's global connections. Methodological nationalism has kept us blind to the global construction of the small family, even as the postcolonial Indian state orchestrated its policies in tune with the global push for population control. Decolonized nations were construed to be the underdeveloped world through a matrix of science, technical innovations, and medicine. The role that demography played in this construction was vital and will be discussed in another chapter. This chapter has located the family planning advocacy work within statist technology that constructed the nation by drawing on resources beyond its border.

Chapter 4

Conceiving Contraceptives: Technological Modernity and the Female Body

Family Planning, as a process and an artefact, mutated into a very coercive process under the conditions of the Cold War. However, the mutation would not have been possible without a pre-existing lineage that kept its Malthusian base comfortably embedded within eugenic visions of society. Population control programmes the world over were designed in such a way that working-class families were shown 'soft' counselling methods but ultimately directed towards the 'hard' counselling of IUD insertions, vasectomies and tubectomies, all of which required a surgical intervention. The Indian population control programme, too, gradually transformed into a programme for fertility control, a decision which consciously had the state direct its gaze towards the reproductive capacities of working class, lower-caste and non-Hindu women.

This chapter is a study of the way contraceptive technologies directed at women evolved in the three decades after Independence in India, set within a global frame. The chapter will showcase how contraceptive technologies were tested on women in ways that were rendered invisible to the 'developed' world. Post-independence family planning relied on clinical trials of specific contraceptives on women while simultaneously reducing them to statistical data. The working-class women of recently decolonized nations became the site of experiments for developing contraceptives. They were the silent majority who faced the brunt of demographic talk about population control. Social scientists and pharmaceutical companies tested new technologies and ideas in response to the global experts' anxieties about an imminent population explosion.

The politics of the Cold War deployed the small family norm through the clinical trials that tested contraceptives on poor and working-class women globally.

The first section of the chapter discusses how the frenzy to search for perfect contraception empowered pharmaceutical companies to market devices that endangered the lives of women. The second section traces how the search for perfection led to global population control lobbies encouraging the shift from IUDs like Lippes' Loops to oral pills and injectables. The third section studies the push for abortions as viable modes of contraception. The final section studies the Cold War's role in encouraging sterilization of young mothers in the developing world through tubectomies (surgical closing of the fallopian tubes to prevent ovulation). The first two sections reveal how questions of subjectivities are removed when women's bodies are translated into reproductive laboratories within the biomedical frame, while the next two sections discuss how this translation worked within the domestic contours of a nation.

4.1 The Intrauterine Device as the Perfect Contraceptive

The evolution of contraceptive technologies is a global story. Limiting one's focus to a single geographic unit would entail missing crucial aspects of contraception's global terrain. The politics of North–South knowledge transfer along with a rhetoric of philanthropy made the transnational bodies who were guiding their trials extremely powerful entities. The Population Council was one such entity. The Council saw dispersing contraceptives to the less-developed world as a "humanitarian objective of highest importance."[1] The Council ensured steady

[1] Letter dated April 17, 1974 from Harold A. Nash to J.P Goslin in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

circulation of technological tools, experts and paper trails to ensure population control programs in recently decolonized, developing countries went smoothly.

The Council distributed and subsidized contraceptive devices to the health administrations of recently decolonized states. It negotiated with American pharmaceutical companies cheap rates for dispersing contraceptives—condoms and intrauterine devices (IUDs or IUCDs)—amongst the general population of the developing world. Because the Loop was presented as the philanthropic solution to poverty, Jack Lippes, who invented the device, signed off his intellectual property and distribution rights to the Population Council in 1974.[2] The Council also held the right "to practice of the patent in large-scale non-profit birth control programs in certain countries".[3] The clause ensured that the Council was the sole creator of the Loop. Such a license also ensured that the Loop was not accessible to national programmes which did not represent the Council's worldview. The ethical foundations of the license regime aligned with the ideological contours of American foreign policy during the Cold War.

The Population Council also coordinated contraception-related funding from different transnational philanthropists like the Ford Foundation, International Planned Parenthood Federation (IPPF) and some European aid bodies (most significantly, the Swedish aid

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[2] "Under the agreement with Jack Lippes, the Council has the entire right, without limitation, to the loop in those developing countries where the patent has been registered, including the Philippines. Hence it is entirely within the Council's discretion how the license may be used. The Language in Section 2.01 of the agreement, 'and to use and sell, or otherwise distribute…' is standard to Council license agreements with governments or other institutions to make or use the loop, and was in the Mexico agreement, the Korea agreement, and the Pakistan agreement." Letter dated 4/3/74, from W.F. Mauldin, to H. Hoogenboom titled 'Lippes license agreement with Philippines,' Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

[3] Letter dated 4/3/74, from W.F. Mauldin, to H. Hoogenboom titled 'Lippes license agreement with Philippines,' Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

organizations). The licensing regime that the Council created with Jack Lippes reflected the Ford Foundation's interest in ensuring that all the physical elements of the Loop be sourced from the United States. The international dispersion of the devices was dependent on the domestic availability of these resources, even as the estimated requirement of Lippes' Loop and its cousin, Copper T, for their global dispersion was 22,000 U.K. pounds.[4] Further, demand surged because the Council also distributed them to the United Nations Children's Fund.

The collateral outcome of the U.S.-sourced licensing regime was that any shortage in domestic supply of a material entailed a decline in production. In 1974, for instance, the Dupont Company, which provided a vital polyethylene for the loop and Copper T, experienced a shortage of the blending material that was vital for the production of these devices.[5] The shortage affected the pricing of these devices in developing countries. In such instances, the Council removed itself from the transaction and asked national bureaucrats and local non-profit organizations to purchase directly from the corporations, albeit at subsidized rates.[6] The Council also made provisions for private physicians in the developing world to correspond directly with pharmaceutical companies in the United States.[7] The terms of trade created an ambiguity for the actors who received these

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[4] Letter dated April 17, 1974 from Harold A. Nash to J.P Goslin in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York. The letter showed that most of the polyethylene that was part of the devices was sourced from factories of the Dupont Company.

[5] Letter dated April 8, 1974 from C.A. Pease to Hallmark Plastics, in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

[6] Letter dated February 22, 1974 from C.A Pease to H. Hoogenboom titled 'Lippes Loop- Price Quotation' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

[7] Letter dated 11/8/72 from H. Hoogenboom to John Ross in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

devices: from the government agencies, to non-profit organizations to individual physicians, each party could contact the U.S. source directly and demand the devices.

The devices were hardly perfect. Several field staff complained and reported damaged Loops. The quality of the device raised legal concerns for the Council and also weakened the program's efficacy factor in programs in Hong Kong and Singapore.[8] News of breakage, heavy bleeding and sterility did not bode well for the Population Council, especially since the efficacy of the IUDs was doubted by several other international donors. The United States Agency for International Development (USAID) did not support IUDs as priority technologies in the national programs it funded. USAID also had a "philosophical opposition" to IUDs, as it was "concerned about the possible political consequences of buying large quantities of an item on which a pharmaceutical company makes a 600% profit".[9] This was because the Council was selling each device for 5.5 cents, while USAID sold it for 0.37 cents.[10] The only factor that explained this difference was the Council's proximity to the pharmaceutical company that primarily manufactured the Lippes' Loop, Ortho Pharmaceuticals.[11] Perhaps because of this proximity, by 1973, several Council members started urging the Council "to get out of the IUD business

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[8] Letter dated 9/8/72 from H. Hoogenboom to R. Castadot titled 'Loop Problems,' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

[9] Letter dated 11/3/72 from H. Hoogenboom to C.A. Pease titled 'Transfer of IUD supply to the Philippines and Indonesia to AID,' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

[10] Memorandum dated 1/30/73 from Hugo Hoogenboom to 'The Files,' titled 'AID IUD Meeting,' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

[11] This is not to say that USAID was not partial to certain philanthropists and pharmaceutical corporations. Historically, it had used an organization named Pathfinder for dispersing many of its funds, while the Population Council favoured Hallmark Plastics and Ortho Pharmaceuticals.

because we were a research organization".[12] The correspondence between USAID and the Ford Foundation illustrated the unlikely frictions that were part of the power bloc politics, and further how they translated into actual technological equipment.

Apart from the contraceptives, the Council brought with it modes of studying people to gauge their willingness to use the new technology. The Ford Foundation and Council local offices gauged the efficacy of the devices by the number of women accepting them. The idea was to test if the local population was ready to accept the devices being inserted in their bodies. The Foundation officials acted in earnest due to the Malthusian fears of overpopulation and reported back any general complaints with the devices. Most of these pilot studies were based on rural districts. This chain of knowledge transfer could be disrupted at any level. An illustration of disruption at the local setting was the feedback survey on IUD usage in Philippines, which was disrupted because the staff at the local Institute of Rural Reconstruction undertook a strike. Not surprisingly, the IUD grant for the Philippines was suspended.[13] The Council did not cite the staff's behavior as a cause for stopping funds. Instead, Council members did so because, "in the Philippines, we have tentatively concluded that the current rate of use of IUDs is not sufficiently great to warrant manufacturing".[14] The vocabulary of social sciences provided these studies a veneer of objectivity, while fulfilling the political objective of mapping resistance to American soft power.

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[12] Memorandum dated 1/30/73 from Hugo Hoogenboom to 'The Files,' titled 'AID IUD Meeting,' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

[13] Letter dated 9/29/72 from H. Hoogenboom to C. A. Pease titled 'The Philippines- Issues' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

[14] Letter from Hugo Hoogenboom to Dr. James Shafer titled 'IUDs for the Philippines and Indonesia,' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

Given the United States' presence in the Philippines, the Cold War should have eased the IUDs' dispersion in the state. However, the political relationship that the United States shared with individual nations did not determine the Council's involvement in domestic plans for family planning directly. While distancing itself from the Philippines, a Council member suggested that "the Council distinguish between the Philippines (where we have—as you know—told them that we could no longer provide IUDs) and Indonesia. Our involvement in Indonesia is substantial."[15] The Indonesian government aligned itself to the Council's method of working and presented no barriers to a resident advisor and the Council setting up the Loop machinery with American staff. The Council members located themselves in the outer circles of American military presence in the developing world, and they prioritized contraceptive dispersion over ideological borders.

Since Lippes' Loop, with its fraught distribution, created high demands from developing countries, the donor organizations were keen to perfect its design and efficacy. Domestic pharmaceutical companies competed with each other to sell their versions of IUDs. Relations between pharmaceutical companies and the Council could also be hurt in the rush to find the perfect IUD. Pathfinder and Population Council fell out after a debacle over a brand of IUDs that the former wanted the Council to endorse. In 1970, Skyron Foundation Inc. (aligned closely with Pathfinder) wanted the Council to include its 'M-device' among the contraceptives offered for national family planning programs, believing it to be a perfect IUD. The Research Director of Pathfinder Fund, Roger Bernard, realized that Skyron was launching "the steel M-device before a neat clinical assessment of it has been made".[16] He added this note of caution:

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[15] Memorandum dated 10/2/1972 from C.A. Pease to W.P. Mauldin titled 'IUDs for Indonesia,' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

[16] The M Device was short for Majzlin-IUD named after the individual who 'invented' this version. The inserter for the device was also shaped like the letter M. Letter dated January 23, 1970 from Roger P. Bernard to Gerard M. Simons, titled 'Your January 20 letter to George J. Langmyhr, M.D., a copy of which

> … you have a virtually unexpellable device, but it is associated with considerable risk of embedding… in case of perforation, death by strangulation and/or bleeding is a possibility. Although the latter is very remote, one case alone brought to light could possibly knock out not only your device and possibly your Foundation, but the reputation of an organization whose aim is to bring the best means of family planning in the fastest way to everybody who needs it.[17]

Bernard followed this caution with advice that the company inform the partner Ministries of Health and voluntary organizations across the globe that the device was at the clinical evaluation stage (which was, at the time, being carried out in Hong Kong).[18] Pathfinder was also carrying out its own assessment of the devices in "Europe, Near East, Asia, Africa and Latin America".[19] Skyron, however, wanted the Council to ratify the device's utility as the perfect contraceptive device even before the evaluations were completed.

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was sent to me,' in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 231, Folder 2153, FA432, Rockefeller Archive Center, New York, p.1.

[17] Letter dated January 23, 1970 from Roger P. Bernard to Gerard M. Simons, titled 'Your January 20 letter to George J. Langmyhr, M.D., a copy of which was sent to me,' in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 231, Folder 2153, FA432, Rockefeller Archive Center, New York, pp. 1-2.

[18] No paper evidence of the trail has been found. However, the "Geographic Series- NR 5- The Hong Kong Multi-Clinical IUD Trial" is mentioned in a letter dated April 22, 1970 from Gerard M. Simons of Skyron Foundation, Inc. to Bernard Berelson of the Population Council. Simons used the trials to show *"new and positive evidence on the superiority of the M-Family IUDs."* Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 231, Folder 2153, FA432, Rockefeller Archive Center, New York.

[19] Letter dated January 23, 1970 from Roger P. Bernard to Gerard M. Simons, titled 'Your January 20 letter to George J. Langmyhr, M.D., a copy of which was sent to me,' in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 231, Folder 2153, FA432, Rockefeller Archive Center, New York, p.1.

The risks associated with the device had already been signaled in a letter that arrived from India in 1968. In it, the Director General of Health Services, Col. B. L. Taneja, inquired about the samples of the M-shaped IUD that the Pathfinder Fund had sent for clinical trials in the country. The doctor who represented the organization claimed that the new device's expulsion rate was nil. Taneja sought advice from the medical community in the country, who "stated that the edges of the loop are rather sharp and might cause injury, perforation, bleeding…".[20] He wanted to know if the Council, or any other international body, had commissioned any clinical trials of the same in other countries, and if so, if he could access the results. The Population Council wrote back saying it had the same apprehensions about the device as Taneja's advisors.[21] Pathfinder Fund was upset when the Health Minister, Sripati Chandrasekhar, denied permission for clinical trials, citing the risk of bleeding and perforation and saying that the Population Council had not responded positively.[22] Such a situation was unique and unexpected, as most test sites did not 'talk back' to the pharmaceutical companies that impacted the device efficacy.

This interaction showcased India as a prime site of experimental technologies, and illustrated that the Indian bureaucrats had acquired relative autonomy in selecting the organizations they entertained. They had a patrilineal hierarchy of donors, with the Ford Foundation and Population Council at the top because of the years of negotiations. This example also showcased the relevance of clinical trials in developing countries for any of the contraceptive

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[20] Letter dated July 2, 1968 from B.L. Taneja to Dr. Sheldon J. Segal in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 231, Folder 2153, FA432, Rockefeller Archive Center, New York.

[21] Letter dated July 26, 1968 from Sheldon J. Segal to Colonel B. L. Taneja in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 231, Folder 2153, FA432, Rockefeller Archive Center, New York.

[22] Letter dated August 13, 1968 from S. Chandrasekhar to Dr. Kessel in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 231, Folder 2153, FA432, Rockefeller Archive Center, New York.

technologies, and affirmed that the sites were fully aware of their importance in the experimentation process. Taneja's letter also showed that the Indian bureaucracy was aware that the clinical trials were replicated in several contexts and used that standard as a way to verify the authenticity of this particular request. Taneja understood the importance of experimental sites for pharmaceutical companies but also knew when to deny permission for trials. Such a suspicion of American pharmaceuticals spelled out the importance of the Population Council and the Ford Foundation in determining the financial regimes of the global family planning programs.

India's response to Skyron Foundation could be read almost as a nationalist response. It provoked the corporation, but it also ensured that no American pharmaceutical company could assume India's acquiescence to trials. It further showed that India was aware of the politics of underdevelopment and the symbolic victories of successful contraceptives. However, it was also judicious in its trust towards corporate America. Such an understanding was possible because of the long and complex partnership the Indian health administration shared with the Rockefeller family, the Ford Foundation and the Population Council. When these organizations sent personnel to study and work with India, Indian officials studied America through them, too.

As domestic demand for IUDs and condoms increased, the developing nations slowly started requesting patents to finance and produce IUDs domestically. India started a production unit in 1965. Mexico requested a license to replicate production in 1973. The Council in such cases would identify the appropriate domestic agency to share its patented rights. It would ensure that the pharmaceutical company in the United States granted a limited royalty-free license. Such subsidies usually expired in three years.[23] This hierarchy of intellectual rights on the inter-uterine

[23] Letter dated January 26, 1973 from Dick Lemkin to C.A. Pease titled 'Background Data for Mexico/IUD Manufacture Possibility,' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York, p. 1.

devices reflected the power play within which North–South knowledge transfer that was taking place. Never does the funder let the funded forget the graciousness that made this knowledge transfer possible, with the transfer operating on subsidized rates, if not for free.

The Council dictated the terms of distribution of the locally-produced IUDs. It required that "the loops manufactured in Mexico be restricted for use in the non-profit or public sector and that they be used solely in the country of manufacture".[24] This clause was inserted after the pharmaceutical company insisted it be present to ensure that cheaper versions of the device were not produced in the private pharmaceutical markets of the developing world, and to prevent distribution across boundaries. This clause further reinforced the intellectual limits to the knowledge transfer that was part of the IUD transmission: the idea was to instill an acceptance of these contraceptives but with no scope for local innovations, with transfer taking place in a strictly closed economy of circulation.

A study of the actual constituents of the product and their availability in the developing countries shows the irony of the terms of trade. The pharmaceutical corporation knew that production costs of the Loops in the developing markets of Taiwan and Korea were lower than the costs in the United States.[25] The Lippes' Loop was made from a blend of plastic material and barium sulfate. These two materials were blended by an injection molding machine. This machine was common to the plastics industry and readily available in developing countries. The machine took the pelletized blend, heated it in metered amounts into a concentrate and injected it into a

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[24] Letter dated January 26, 1973 from Dick Lemkin to C.A. Pease titled 'Background Data for Mexico/IUD Manufacture Possibility,' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York, p. 1.

[25] Letter dated January 26, 1973 from Dick Lemkin to C.A. Pease titled 'Background Data for Mexico/IUD Manufacture Possibility,' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York, p. 3.

mold. The mold was made entirely of steel and consisted of two halves. The injection machine clamped the two halves together and forced the blended plastic material into the molded cavities. The fixtures that were needed to tie the whole machine together, and the pipe stands, were made from wood. Finally, the process required an electric grinder or plastics granulator that would trim and smooth the molded IUDs.[26] None of these technologies were unique to the United States.

Sourcing Lippes' Loops primarily in the United States had unintended political consequences. Even as North Vietnam was one of the countries barred from interacting with the United States, the Population Council was willing to accommodate organizational requests for IUDs to be distributed there. The legal implications were immense. The Swedish aid agency SIDA offered to be the middle man and to provide the communist government contraceptives sourced from the Council. All the contraceptives, except the Lippes' Loops, were easily sent. Because of the American embargo, SIDA could not buy Loops manufactured in the United States and send them to North Vietnam. The alternative was "to buy them from one of the factories outside the United States, such as the one in Pakistan, provided that the Population Council would be gracious enough to grant SIDA an exemption from the stipulation that loops manufactured in these plants may not be sold outside the countries…"[27] Clearly, in situations like these, the Council was keen to separate themselves from the American power bloc, but also not to transgress ideological borders.

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[26] Letter dated January 26, 1973 from Dick Lemkin to C.A. Pease titled 'Background Data for Mexico/IUD Manufacture Possibility,' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York, p. 2.

[27] Letter from Eva M. Bernhardt to Dr. Clifford A. Pease, titled 'Supply of Loops to North Vietnam,' in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 2: Foreign Correspondence File; Country: Vietnam, Population Council, Box 195, Folder 18, FA432, Rockefeller Archive Center, New York.

The decision to limit the sourcing of Lippes' Loops primarily to the United States and specific other nations (aligned to the American power bloc) had the Population Council facing hard political questions, too. In 1967, Swedish sociologist Jan Myrdal wrote a scathing opinion piece in a Swedish newspaper about Pakistan's decision to start a family planning programme. He begins the article by describing the factory where the Lippes' Loops were manufactured.

> Then these 48 sq. yds. should be able to cover the need for loops of all Asia. Turkey has applied to Pakistan to buy loops. To cover the requirements for Turkey it would be enough if one of the manually operated machines now unused was put in production. But Pakistan was forced to answer no.[28]

He questioned why a single American company—Ortho Pharmaceuticals—owned the world rights of the Lippes' Loops. He attacked Ford Foundation for using the Population Council to license merely a few countries rights to manufacture Loops for their domestic needs. He questioned the ethical basis of this licensing regime, contrasting it with the Swedish Planned Parenthood Centre which had not considered patenting such technologies.

The editorial caused several concerned letters to be exchanged between the Swedish population control organizations and the Population Council. Frank Notestein, the President of the Council, responded to Myrdal via a private correspondence, denying most of what Myrdal had stated. He distinguished the Council from the Ford Foundation, saying the Foundation had no role to play in the licensing agreement. He insisted that Ortho had provided royalty-free licenses to governments in the underdeveloped countries (but did not mention the time period of these licenses). The Council had, in fact, provided Loops for free to India and other countries. Finally,

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[28] Jan Myrdal, 'The Production of Plastic Spirals is Kept Back- To Make it Possible for US- Company to Make Money,' Aftonbladet, March 7 1967, translation of same in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 2: Foreign Correspondence File; Country: Sweden, Population Council, Box 161, Folder 1542, FA432, Rockefeller Archive Center, New York, p. 1.

he added that Loops were being manufactured in South Korea, Hong Kong, Taiwan, India, Pakistan, Turkey and Egypt.[29] He emphasized that Ortho had allowed the Population Council to gift Loops to several countries to the count of six million units.[30] He remained quiet about the fact that the patenting rights were held by a single corporation.

Myrdal, in his response to the letter, firstly criticized Notestein's lack of transparency in not responding on a public platform, indicating that such private disagreements might be how the American media had been coopted by corporations. Then, he elaborated on the critical statements he made in the article:

> My main thesis you substantiate… The patenting has made regional co-operation impossible… Regional cooperation would make the programs of the Asian countries less expensive. They could then dispense with the US aid in population questions that—as anyone who has lived among the peoples of Asia knows—is deeply mistrusted by the people. A mistrust that the governments fear might have political repercussions.[31]

Myrdal was offended at the obtuse manner with which the Council handled contraceptive dispersion in Asia, via third parties like SIDA. The ideological borders of power bloc politics hindered the growth of locally produced contraceptives which would have proved more self-sufficient for the continent in the future.

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[29] Letter dated June 1, 1967 from Frank Notestein to Mr. and Mrs. Jan Myrdal, in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 2: Foreign Correspondence File; Country: Sweden, Population Council, Box 161, Folder 1542, FA432, Rockefeller Archive Center, New York, p. 2.

[30] Letter dated June 1, 1967 from Frank Notestein to Mr. and Mrs. Jan Myrdal, in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 2: Foreign Correspondence File; Country: Sweden, Population Council, Box 161, Folder 1542, FA432, Rockefeller Archive Center, New York, p. 3.

[31] Letter dated June 15, 1967 from Jan Myrdal to Frank Notestein, in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 2: Foreign Correspondence File; Country: Sweden, Population Council, Box 161, Folder 1542, FA432, Rockefeller Archive Center, New York, p. 2.

Missing from this discussion are the women who were actually using the devices. The only way to gauge their acceptance were the demographic surveys. But the surveys were designed keeping in mind the influence and acceptance of the transnational body that aided the study, and not the women who used these devices. Most of the resistance to the devices was framed around individual cases of damaged Loops. The fact that the field staff complained that the Loops were causing vaginal and cervical infections could be gleaned from the effort that went into producing "Prepackaged, Presterilized IUD Insertion Kits".[32] Reports suggested that women expelled the loop due to size incompatibilities in Mali.[33] Women were written into this equation merely as sites for experimenting with the Lippes' Loop, or any other device that aimed for perfect contraception.

The IUD follow-up studies framed resistance to the inter-uterine device as a result of mismatch between information and actual usage. A study in South Korea observed that, of the 5,771 women who had undergone insertions, 2,167 women had had the device removed due to pregnancy, or expulsion. Another 805 'cases' were "lost to follow up".[34] A study in East Pakistan had two women responding to the question of whether the IUD was still in place with the response, "How should I know. Ask the doctor."[35] By 1967, there was an official cognizance of

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[32] Letter dated November 21, 1972 from Nicholas Wright to John Ross titled 'Prepackaged, Presterilized IUD Insertion Kits,' in Population Council Records, Record Group 2, Accession 2, Series 4: Subject File, Population Council, Box 624, Folder 2, FA432, Rockefeller Archive Center, New York.

[33] Letter dated October 12, 1973 from J.Gill to Joel Montague titled 'Supply of Lippes' loops to the Mali family planning program,' in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 354, Folder 3393, FA432, Rockefeller Archive Center, New York.

[34] Han Su Shin and Syng Wook Kim, 'Extended Clinical Trial with IUD in Korea,' Fourth Progress Report, dated June 30, 1967, in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 316, Folder 3001, FA432, Rockefeller Archive Center, New York.

[35] Untitled Report dated August 30, 1966 by East Pakistan Research and Evaluation Centre, in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 2: Foreign

the fact that the IUD dropout rates were getting significantly higher across the globe. An observer noticed this in the spring 1967 survey in Taiwan when compared to earlier data. More troublesome for him was the fact that terminations were increasing with the length of time an IUD was worn.[36] Researchers cited three probable reasons for women expelling the devices: the IUDs were being oversold and the initial acceptors were disenchanted, abortions were more accessible, and finally, "there has been a backlash effect because of 'hundreds of thousands' of dissatisfied former IUD wearers who disseminate adverse information about the IUD".[37] Interestingly, none of the reports cited culturalist explanations for women resisting contraceptives.

The fact that women were not even asked about the device was evident in the way the President of Hallmark Plastics, the company that first produced the molding machine part of manufacturing Lippes' Loops, framed the problem: "… the first major hurdle was that of establishing effective mental communication between the doctor and the engineer… the doctor had the general shape and desired characteristics of the device in his mind. The manufacturer's function was to crystallize the doctor's ideas into tangible, three-dimensional reality."[38] The loop

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Correspondence File; Country: Pakistan, Population Council, Box 131, Folder 1256, FA432, Rockefeller Archive Center, New York.

[36] Letter from W.P. Mauldin to the Demographic Staff dated 12/19/67 titled 'Decrease in IUD retention rates over time,' in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 316, Folder 3001, FA432, Rockefeller Archive Center, New York.

[37] Letter from W.P. Mauldin to the Demographic Staff dated 12/19/67 titled 'Decrease in IUD retention rates over time,' in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 316, Folder 3001, FA432, Rockefeller Archive Center, New York.

[38] Paul H. Bronnenkant, 'Problems of IUD Manufacture,' (495-499) in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 316, Folder 3001, FA432, Rockefeller Archive Center, New York. Unfortunately, the article did not cite the name of the journal it appeared in, or whether it was in internal Population Council publication.

was drawn and designed on an abstracted, notional vagina with no effort expended to work with the bodies and voices of those who would use it. This absence of women was not surprising but merely symptomatic of the larger politics of women as sites of experimenting with biomedical practices that were suturing global anxieties of population explosion to the female body.

The anxiety to curb population by controlling the fertile organs of the female body was an outcome of a process of abstraction. The way the Lippes' Loop was designed, and even the ill-fated M-shaped intrauterine device, reflected this obsession to remedy the population problem by biomedical interventions. The inventors gauged the efficacy of the devices by their expulsion rates, which translated to whether the bodies of the women who were getting the devices inserted were accepting them. It had nothing to do with the individual woman or how the device transformed her psychological landscape. The affective architecture of womanhood was separated from the anatomy of the female body, particularly the reproductive organs and their capacity. This was integral to seeing women as data points and sites of experimentation, thereby rendering their views on the devices meaningless or statistically insignificant. The length of the Lippes' Loop was determined by the cervical expanse of the body. Women's cervical sizes were arbitrarily divided into letters of the alphabet (A, B, C, D), replicating the way breast sizes were collated for bras. A mismatch of Loop length and the cervical rings could result in the body rejecting the loop. An unnecessarily long Loop could perforate the walls of the uterus. These mismatches were the major reasons for doubt about the efficacy of the device. The limitations of the IUD reflected the foundational guess work that constituted the device, and, in fact, every other device that was to enable women-centered contraception.

The role of local doctors and bureaucrats can hardly be understated in discussing the research on IUDs in the developing world. A Family Planning Officer in Fiji, for example, complained about Loop breakage in large numbers and observed to the Medical Secretary of IPPF

in London that the quality of plastic that was part of the broken loops was brittle. He questioned the amount of barium salts that manufacturers were adding to the plastic mix.[39] The doubt was passed back to the New York office of the Population Council. He was proven to be correct. He had gleaned the fact from conversations with doctors and nurses in Fiji who were informally discussing the efficacy of the device. None of the doctors had reported the matter in the official feedback reports. The chain of information about the efficacy of a device was dependent on both formal and informal communication channels between the medical staff and family planning administrators, as well as the individuals who represented transnational bodies in the local contexts.

Just as IUDs were circulating across the globe, reports of them breaking, causing bleeding or just remaining in the uterus while the woman was pregnant were coming in from various parts of the developing world. Rumors of their inefficacy were so popular that the Department of Family Planning in India featured an article about the Loop's advantages. The article cited the World Health Organization (WHO) and stated that "the loop does not increase the incidence of cancer". [40] The report emphasized that the WHO had reached this conclusion after "detailed and careful study of reports from all over the word. Studies of the cells of the uterus reveal that the loop does not cause any changes in its lining or any transformation of the cells of the cervix."[41] Such suspicions and high expulsion rates meant that another 'new' technology, the

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[39] Letter from B.K. Rimmer to Dr. D.M. Potts dated January 9, 1969 in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 231, Folder 2152, FA432, Rockefeller Archive Center, New York.

[40] 'Loop Does Not Cause Cancer,' Centre Calling, Vol. 3, No. 3, March 1968, Center for Research Libraries, Chicago, p. 6.

[41] 'Loop Does Not Cause Cancer,' Centre Calling, Vol. 3, No. 3, March 1968, Center for Research Libraries, Chicago, p. 6.

oral contraceptive pill, was gaining popularity, even as its testing and verification process remained highly obfuscated. The following section will discuss the increasing popularity of the pill over IUDs, based on ambiguous biomedical research.

4.2 The Rising Popularity of the Oral Pill over IUDs

The women resisted the way they were studied more than the devices themselves. Through (not misguided) rumors about the devices causing bleeding, cancer or sterility, women resisted not knowing the consequences of being turned into sites of experiments. Chikako Takeshita's work explains the contradiction embodied in surgical contraception: "… the IUD embodies the paradox of the simultaneous possibility of giving women control over their bodies and taking it away from them."[42] Takeshita approached the research on IUD as embedded in a regime of global biopower. Each phase of development in the device was seen as a success only after trials on animals, and eventually, human populations. Samples of the trials came from women in the poor sections of the developing *and* developed societies, many of whom were racialized minorities and/or immigrants. Takeshita's approach uniquely undercut methodological nationalism by locating IUDs in a web of transnational biopolitics. She ties Foucauldian biopolitics to neo-Malthusianism to show how the researchers of contraceptive technology were embedded in eugenics as a lived practice amongst the technologies' developers. Her approach helps deconstruct the actors with financial, affective and scientific interests in developing contraceptives, namely, pharmaceutical corporations, physicians and maternal health experts.

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[42] Chikako Takeshita, *The Global Politics of the IUD: How Science Constructs Contraceptive Users and Women's Bodies* (Cambridge, MA: MIT Press, 2012): 5.

The American market significantly influenced the evolution in contraceptive devices. As the domestic pharmaceutical market demanded 'safe' devices, tests and trials in the developing world increased. Such an 'outsourcing' of trials was consistent with the way medicine had developed in the United States. The Black population—even as a slave population—had been subject to experimental drugs and procedures that were eventually used on 'general' populations.[43] The idea of clinical trials of drugs and surgical procedures was founded in systemic racism. The Cold War-era fascination with contraceptives used the same logic, and pharmaceutical companies found test subjects within the Black populations in the U.S. and the women of the developing world.

As the IUD grew in notoriety for its technical flaws and distribution issues, pharmaceutical companies started developing the oral pill. The search for the perfect contraceptive legitimized testing and clinical trials of the pills in various developing countries. Women had varied responses to the trials. Researchers organized the responses to the pills according to a simplistic binary of resistance/acceptance. The Council reports collated the resistance according to an ambiguous notion of differences in "race":

> In both Taiwan and Turkey, the most commonly reported side effects were nausea and headache/dizziness. In Taiwan breakthrough bleeding came a close third, but in Turkey its incidence was negligible. Since Ovulen was used in both studies it appears that the explanation must lie in different reporting methods or perhaps in real differences in the side effects experienced by different races.[44]

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[43] Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Doubleday, 2006).

[44] 'Preliminary Report to Staff of Population Council on Incidence of Side Effects: Field Studies of Oral Contraceptives in Developing Countries,' Gavin W. Jones, November 29, 1967, in Population Council

Commentaries like the one cited illustrated how the nation as a category prefigured in the questions that the researchers posed to the 'sample' population. The Council researchers conflated national identities with race, giving way to stereotypes about women and their mental capabilities. Women in different regions represented their surrounding existences and topographies. A more problematic result of the casual corollary that the commentary established between a nation and race was the simplistic construction of racial identities. According to Council members, women from certain countries were hypersexual and incapable of accepting contraceptives because of their racial identities. Such a simplistic link exemplified the Orientalist logic undergirding Cold War power bloc politics.

Statistical commentary that outlined a woman's racial identity around national boundaries conflated the non-North Atlantic world with older Western philosophical stances about the Orient. The civilizations of the East, many of which were part of the recently decolonized world, were forever attempting to keep up with the North Atlantic world of technological and social progress. In the mythical race to accept modernity in the form of contraception, the women in Istanbul were faster than the women in Taiwan. The individual women who participated in the trials represented the entire population of women in the respective nations. Their resistance to the oral pill was coded as a fault on the part of the individual participants and not of the contraceptive, per se. For the citizens of these nations, the search for modern sovereignty was incomplete without the complementary cognizance of the neo-Malthusian economy.

Such statistical data reinforced the women in the developing world as pivotal actors in determining the global circulation of contraceptive technologies. Their involvement, however, was restricted to being sites of experiments and indexing potential 'side effects' to the

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records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 231, Folder 2152, FA432, Rockefeller Archive Center, New York, p. 1.

contraceptive. The variations in women's responses to the pill could merely produce a racialized explanation. This trial illustrated the foundational assumptions of eugenics and race in documenting resistance to the pills. Doubt about the technology was refracted onto the women who were trying the pills. An individual woman's inability to respond 'positively' to the technology was attributed to her race. The staff conducting the research and collating data had the power to dictate her place in knowledge creation and dispersion about contraception.

Trials for the oral pill produced their own anthropology of chemicals with potential contraceptive effects. Sources for extracting chemicals to make a pill could come from unexpected parts of the developing world. In Indonesia, for example, sociologist Norman E. Himes described contraceptive infusions made from leaves and fruits of *Argerarger* or *Callicarpa*, *Sobe* or *Eugenia*.[45] Council members were deeply interested in this idea, especially when a certain Dr. Barnett from Kentucky started working with the bark from a tree in West New Guinea in the Technological Institute in Bandung.[46] He was working with a botanist named Dr. Kostermans to identify the tree and obtain more bark and seeds to mass-cultivate them. The reason why the study caught the attention of the Population Council was that the Indigenous communities in Indonesia were seen using these methods and that convinced the Council of their efficacy. Such conversations throw light on the blurry distinction between anthropology and biomedicine in guiding the search for the perfect contraceptive pill.

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[45] Norman E. Himes, *Medical History of Contraception* (Baltimore: The Williams & Wilkins Company, 1936): 21, http://catalog.hathitrust.org/api/volumes/oclc/2831089.html.

[46] Letter from Adaline P. Sattherthwaite to E. Ross Jenney, dated 2/23/66 in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 2: Foreign Correspondence File; Country: Indonesia, Population Council, Box 89, Folder 851, FA432, Rockefeller Archive Center, New York.

The intermixing of laboratory sciences and anthropological findings was not limited to the decolonizing world. Even as early as 1959, studies in the USA addressed the use of *Lithospernum ruderale* extracts. The Indigenous peoples of the Americas were known to use the extracts to promote sterility. The doctor who was spearheading the experimental usage of the drug on animals, Dr. R.L. Noble, explained that the drug helped diminish the response of ovaries to gonadotropins. Whether his team consisted of any members of the native communities was unaddressed. His team, however, was unsuccessful in purifying the product, owing to its unstable physical properties.[47] The Council funded several such experiments with unconventional sources to mass-produce pills at a rate that was cheaper and less complicated than IUDs.

As the pill flooded the American domestic markets, so too was there a rise in people questioning its dangers. By 1969, a New York-based law firm employee called the main office of the Population Council to inform the office that he was representing "a client who had a law suit against one of the drug companies which produced oral contraceptives, who had some kind of a serious traumatic side effect episode as a result of having taken the pill".[48] The lawyer also claimed that over forty lawyers around the U.S., with about 200 cases, were preparing to file similar suits. He was looking for witnesses who could testify. He indicated that he had substantial financial resources and clout for the prosecution. The lawsuit, directed against pharmaceutical oral contraceptive producers, was to make three claims about inadequate testing, under-emphasizing side effects in the warning note, and downgrading test results. The Population Council, predictably, wanted to have nothing to do with this lawsuit.

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[47] M. Kamat and Sarah Israel, "Some Aspects of the Sixth I.P.P.F Conference," *Journal of Family Welfare* 5, No. 3, (1959): 42.

[48] Memorandum dated 3/17/69, Untitled, author's name as 'HLL' in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 231, Folder 2152, FA432, Rockefeller Archive Center, New York.

As a response to the rising number of pharmaceutical products directed at women (and rumors surrounding them), the United States Food and Drug Administration set up an Advisory Committee on Obstetrics and Gynecology and published a memorandum on Oral Contraceptives in 1968. The statement emphasized the need for testing pills for links between contraceptives and cervical carcinoma.[49] The fact that this statement from the FDA was circulated across the globe meant that it had international ramifications. The need for evaluation was built into the very idea of developing contraceptive technologies. This need also legitimized testing on human subjects (women) as against animals.

The question of 'side effects' has haunted contraceptives for women until today. The risks carry similar overtones of cervical cancer or rupturing the uterine walls. There were no easy answers to these accusations, as a badly designed device could potentially cause these damages. The risks and acceptance levels were centered on the female anatomy. The added Cold War-related problem was how the delays and fault lines in delivering pills and IUDs to the developing countries affected their efficacy. The Council representatives were worried about the issue, but they were also aware that the situation was inevitable, as the contraceptives could only travel through countries that were aligned to the American bloc.[50] However, the Cold War also legitimized the Council's role as a distributor, because contracepting the Third World was necessary to avoid the Malthusian nightmare of numbers.

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[49] Memorandum from Sheldon J. Segal and Richmond K. Anderson to Population Council Field Staff dated November 7, 1968 titled 'Oral Contraceptives,' in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 231, Folder 2151, FA432, Rockefeller Archive Center, New York. Original report titled 'Second Report on the Oral Contraceptives,' dated August 1, 1969.

[50] Letter dated March 25, 1974 from Lincoln Chen to Clifford A. Pease, in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 338, Folder 3241, FA432, Rockefeller Archive Center, New York, p.1.

The insistence on biomedical cures to overpopulation naturalized the heteronormative gaze on the feminine body. The Cold War necessitated a licensing regime of contraceptives that legitimized contraceptive trials on nationalist lines. The process also entailed an anatomical stress on a woman's reproductive capacities, but not necessarily her affective structure. Women were to be physically present for the trials but not to voice anything about an insertion which did not 'read' as data to the physician. Her responses of anger, or of resisting the new technology, were seen as backward, regressive behavior. Modernity and advocates of the modern family thereby played a crucial role in wielding this technology as a source of power over women's reproductive decisions: women chose to use contraceptives, but the physician would decide whether they could be trusted to use the condom regularly or should take more 'permanent' solutions like IUDs. The doctors decided the limits to women's rationalities.

The fight for autonomy over one's body was continuous. Therefore, Council officials observed, "where both pills and IUDs are free, pill acceptance tends to be high".[51] The question then arose of which specific technology to subsidize, and in this scenario, IUDs won. No rationale was offered for the decision, except the example of the Tarsus survey in Turkey which found that "women wanted IUDs despite the pill's popularity." [52] Council reports offered culturalist explanations for variance in the acceptance trends: IUDs were popular in areas where the wives got the surgeries done without the consent of the husbands, and thereby the technology became a way for the Oriental woman to recover agency over reproductive capacities. For the Council

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[51] Memorandum dated July 18, 1973 from Henry Elkins to Cliff Pease in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 228, Folder 2121, FA432, Rockefeller Archive Center, New York.

[52] Memorandum dated July 18, 1973 from Henry Elkins to Cliff Pease in Population Council records, Record Group 2, Accession 2, Record Group 2: Accession 2; Series 3: Administration File, Population Council, Box 228, Folder 2121, FA432, Rockefeller Archive Center, New York.

researchers, the type of contraceptive popular in the region showcased the degree of liberalism that a heteronormative home in the region fostered.

Other factors that contributed to the success or failure of IUD acceptance included whether women physicians were performing the surgeries or not. Hong Kong was a site where no amount of financial incentive could get women to accept IUDs. The Council-funded researchers believed women there did not need to hide the pill from their husbands or that they would use condoms. Condoms here stood for autonomy in sexual relationships where the woman could have a say with spacing and wanting children. IUDs stood for feminine awareness of the economic functions of a small family, and the pill stood for a cultural awareness and consensual acceptance of contraception to plan births, while condom use also spoke of the man's rational and modernist behavior and attitude.

The oral pill had similar cultural connotations of women's autonomy within the household and over a woman's body in the middle-class American household. Because contraceptive use was culturally specific—the largest population cluster to use the pill was middle-class white women—the situation created a need for the FDA to supervise the messaging around the pill.[53] The American need to state the side effects of the pill (or other devices) encouraged more trials in the developing world. The average North Atlantic home was unaware of the trials being conducted on women in the decolonizing world. Such an ignorance was amalgamated with the popular discourse of the impending food shortage and overcrowding in an overpopulated world. The Cold War made it possible for pharmaceutical corporations to differentiate domestic American contraceptive use from the way power bloc politics affected working-class women in the developing nations.

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[53] Elizabeth Siegel Watkins, *On the Pill: A Social History of Oral Contraceptives, 1950-70* (Baltimore: John Hopkins University Press, 1998): 4.

The neat separation of domestic and international pharmaceutical markets enabled drug companies to market different forms of contraceptive technology. The particular national culture determined the use and dispersion of the specific device. The injectable contraceptive Depo Provera, for instance, was introduced in markets as yet another perfect contraceptive in the U.S. markets in 1969. The product was seen as the easy contraceptive, as the hormonal elements would be injected directly into the blood stream, which would ensure that women did not need to remember to take the pill every day. The side effects of the high concentration of injected hormones were limited to mood changes and upset menstrual cycles (although this side effect can be quite devastating in terms of quality of life). However, further research showed that the side effects for a chronically malnourished and overburdened population would be far more drastic in terms of sterility and loss in bone density.

The developing world was quick to understand that the device would not be as feasible in the long run as it appeared. Quite like the M-device, Depo Provera was conceptualized through its ease of use. The product was not designed with the health status of women in historically poor and underdeveloped societies in mind, with these populations living with chronic mal- or under-nutrition. Scholars have shown the drastic effects that the injectables had on women in the developing world. Women experienced side effects such as painful, excessive bleeding and sterility.[54] Scholars and public health practitioners across the globe, including in India, protested the presence of injectable contraceptives in their national population programmes. The Indian programme dropped the idea due to pressure from non-governmental organizations and public

[54] Consider Laura Briggs American Council of Learned Societies, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002); Elena R Gutiérrez, *Fertile Matters: The Politics of Mexican-Origin Women's Reproduction* (Austin, TX: University of Texas Press); Susanne M. Klausen, *Race, Maternity, and the politics of Birth Control in South Africa, 1910- 39* (London: Palgrave Macmillan, 2004).

health practitioners.[55] They thought beyond their national boundaries and understood that the developing world could not continue to test new devices, procedures and drugs in an unmitigated fashion on women and working-class bodies. Ironically, some of the prominent resistors to the injectables were doctors who were trained in social medicine and community health ethics—an unintended product of influences of medical training across the power blocs.

4.3 Power Bloc Politics And Abortions

The Cold War-induced frenzy to find the perfect contraceptive to control numbers reflected a national consensus on the need for immediate reduction of birth rates in poor households. By 1968, Indian doctors, policy makers and genteel middle-class citizens called for women's access to safe abortions.[56] Calls for abortion and sterilization were supplemented by a greater emphasis on teachers discussing family planning and sex education in schools. Teachers were also seen as mass educators who would promote the idea in villages.[57] State and municipal governments sanctioned special casual leaves for sterilization operations.[58] All these efforts did translate into a statistical decline in birth rate in some parts of the country: in Delhi, for instance, a research project in an urbanizing village in the city showed that the birth rate there had fallen from 52.0 to

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[55] Mohan Rao and Betsy Hartmann, "India's population programme: Obstacles and opportunities," *Economic & Political Weekly* 50, no. 44 (October 2015): 33.

[56] 'Bangalore Citizens for Abortion,' Centre Calling, Vol. 3, No. 1, January 1968, Center for Research Libraries, Chicago, p. 11.

[57] 'Teachers Discuss Family Planning,' Centre Calling, Vol. 3, No. 4, January 1968, Center for Research Libraries, Chicago, p. 11.

[58] 'Leave for Kerala Teachers,' Centre Calling, Vol. 3, No. 2, February 1968, Center for Research Libraries, Chicago, p. 4.

48.0 in three years.[59] The middle class had a way of translating the anxiety of overpopulation to mean legitimizing measures like "No Birth Years" and compulsory sterilization for 'certain' sections of the population.[60] Such an anxiety translated into incentivized and targeted sterilizations.

As Malthusian thinkers saw abject poverty as an outcome of family size, the calls for abortion became stronger over the 1950s. It was a way to circumvent the woman's choice of contraceptive device, and it offered a more permanent solution to maintain the small family norm. Abortion also offered another way to maintain a doctor's stranglehold on women's reproductive capacities, as they debated which procedures were "medically necessary" (especially in the light of legal disputes).[61] India's debate on access to safe abortions started before the United States', and the reasons were strictly Malthusian: it was economically productive for a recently decolonized nation if its poor women did not bear children who could not afford a productive life. Such a framework was embedded across the class and caste spectrum of Indian society.

Demography was utterly fascinated with the female reproductive cycle, too. Many studies that evaluated the acceptance of family planning in families held contraception as its base index: whether an individual was aware of contraceptives or not formed the basis of their modernity. Additionally, demographers and behavioral sociologists studied whether participants were aware

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[59] 'Birth Rate on the Decline,' Centre Calling, Vol. 3, No. 2, February 1968, Center for Research Libraries, Chicago, p. 2.

[60] 'No Birth, No Marriage Year,' Centre Calling, Vol. 3, No. 1, January 1968, Centre for Research Libraries, Chicago, p. 11.

[61] Kristin Luker, *Abortion and the Politics of Motherhood* (Berkeley: University of California Press, 1984): 43.

of the various choices in the form of condoms, foam tablets, IUDs and vasectomy. Knowledge–Attitude–Practices (KAP) studies encompassed the change in a person's behavior due to her or his awareness about certain technologies. Many of these studies focused on women and their attitudinal changes towards IUDs, tubectomies and abortions. By the end of the 1960s, sterilizations were seen as the most dominant marker of attitudinal changes in a population cluster.

A discussion that took place between an Indian and an American demographer in 1964 was a signpost for how abortion became increasingly acceptable as a population control measure. Indian demographer Dr. S. N. Agarwala described a direct correlation between the two and thereby called for better access to abortions. [62] He was against sterilizations being the sole mode of family planning advocacy. One of his American mentors, Dr. Ansley Coale, asked him to qualify his conclusion by saying that he had reservations about certain assumptions Agarwala made about abortion and birth rates. Coale argued that the human reproductive cycles would keep women from being pregnant for certain parts of her life. Coale also noted that the cost of avoiding pregnancies was minimal, compared to the cost of carrying a child and then aborting it.[63] The conversation illustrated the American unease with abortion substituting contraception as a form of family planning.

Such a stance was completely opposed to the Soviet bloc's approach to population control, which encouraged easy access to abortions. A news report in a government newsletter titled "Vacuum Aspirator: New Method for Terminating Pregnancy" described how the Soviet

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[62] S. N. Agarwala, "The Arithmetic of Sterilization," *Eugenics Quarterly* 13, no. 3 (1966): 209-213.

[63] Letter by Ansley Coale, to S.N. Agarwala, dated 14 October 1964, Frank W. Notestein (MC#184), Box 1, Folder 6, 'Agarwala, S.N., 1955-1964,' Public Policy Papers, Rare Books Collection, Seeley G. Mudd Library, Princeton University, New Jersey.

Ambassador Mr. Pegov presented an apparatus to Dr. Chandrasekhar (the Health Minister) which was a means of terminating early pregnancy. Mr. Pegov presented this device on behalf of the Soviet health ministry on 4 November 1967. The device was popular "in Russia and other East European countries where abortion is legally permitted in cases where there are no specific medical indications".[64] The report ended with a rushed explanation of how it worked in the body to bring about a quick abortion. This report was perhaps the first mention of Soviet support for the national population control programme in published government literature. The report also confirmed suspicions of Population Council members that the Soviet approach to family planning was one in which "abortion plays a very large part of their system".[65] The Soviet presence in the family planning campaign caused much discomfort to the Council members, as they worried that domestic American audiences, particularly the Christian families, would accuse the Council of endorsing abortion.

As oxymoronic as it sounds, the Soviet Union's policy of easy access to abortion was an outcome of pro-natalism. The defining feature of its population policy was to address the psycho-social barriers to early child development, including the mother's inability to address the child's nutritional and educational concerns.[66] However, this access to abortion was not complemented by a financial imperative to have fewer children. The stress on a healthy childhood environment meant that motherhood was an outcome of several societal processes at work. Seen this way, poor

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[64] 'Vacuum Aspirator New Method for Terminating Pregnancy,' Centre Calling, Vol. 3, No. 12, December 1967, Center for Research Libraries, p. 11.

[65] Internal Memorandum dated 1 March 1971, Frank Notestein Papers (MC#184) (1930-1977), Series 1: Correspondence, Box 2, Folder 2, 'Berelson, Bernard 1969-1974,' Seeley G. Mudd Library, Princeton, p. 2.

[66] Mie Nakachi, "Liberation without Contraception: The Rise of the Abortion Empire and Pronatalism in Socialist and Postsocialist Russia," in *Reproductive States: Global Perspectives on the Invention and Implementation of Population Policy*, ed. Rickie Solinger and Mie Nakachi (New York: Oxford University Press, 2016): 297; also see Alena Heitlinger, *Reproduction, Medicine and the Socialist State* (London: Macmillan Press, 1987): 22-23.

and working-class women were not the sole arbiters of deciding how their children would grow and what opportunities they could access. The state was directly responsible for the child's transition into a productive adult. Such pro-natalist underpinnings were not as easily transferrable to Indian bureaucrats as vacuum aspirators.

By 1971, India requested equipment for abortions in terms of the Population Council's support for the post-partum programme. The request disappointed Princeton demographer Frank W. Notestein who wrote to the then-President of the Council, Bernard Berelson:

> My problem does not arise because such aid would be fostering abortion. I believe in abortion as an enlargement of personal freedom. I think that a couple, and perhaps just a woman, should have the right to control the nonviable products of their own bodies. Nevertheless, abortion should never be encouraged except as the best of the available alternatives. The need for it represents both a personal and social failure. Moreover, its widespread proliferation would, I suspect, detract from the value put on the protection and nurturing of individual life. [67]

Notestein's words reflected the American cultural associations around abortion as a mode of population control. In the two-page-long correspondence, he suspected Soviet influence on Indian bureaucrats which led to them including abortion in the national programme. He believed the Soviets had a vested interest in promoting abortion over contraception because "the state has rather more control over the availability of abortion than other forms of birth prevention".[68] He

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[67] Internal Memorandum titled 'FWN's Reaction to India's Request for Equipment for Abortions in Connection with our Support of its Postpartum Program,' dated 26 August 1971, Frank W. Notestein Papers (1930-1977), (MC 1984), Series 1: Correspondence, Box 2, Folder 3, 'Berelson, Bernard, 1969-1974,' Public Policy Papers, Seeley G Mudd Rare Books Library, Princeton University, New Jersey, pp. 1-2.

[68] Internal Memorandum titled 'FWN's Reaction to India's Request for Equipment for Abortions in Connection with our Support of its Postpartum Program,' dated 26 August 1971, Frank W. Notestein

cited the case of Japan wherein "the medical profession has such a vested interest in the abortion business that it has rather systemically blocked the proliferation of modern contraception services and supplies".[69] He strongly suggested that the Population Council desist from assisting national programmes that supported abortion as an option for population control. His words showed the ideological convictions that guided the power bloc politics and how that impacted the very notion of family planning.

Popular opinion about abortions in the U.S. dictated the choice of advocacy in the American power bloc. While Notestein was aware of India's political non-alignment, he observed that abortion was a matter of contention in India as well. [70] He wondered why the health personnel were keen to advertise abortion as a popular option. Access to abortion in India complemented the targeted sterilizations of poor and working-class women. The women for whom the access was intended were the working-class, lower-caste and religious minorities. Here again, the urban–rural binary was shaping the way certain women were seen as targets and resistant to change. Either that, or women were interested in abortions but were facing resistance from their families. Seen this way, legalizing abortion was freeing the women who needed it most. Therefore, American demographers did not comprehend the next move in the national family planning programme.

Papers (1930-1977), (MC 1984), Series 1: Correspondence, Box 2, Folder 3, 'Berelson, Bernard, 1969-1974,' Public Policy Papers, Seeley G Mudd Rare Books Library, Princeton University, New Jersey, p. 1.

[69] Internal Memorandum titled 'FWN's Reaction to India's Request for Equipment for Abortions in Connection with our Support of its Postpartum Program,' dated 26 August 1971, Frank W. Notestein Papers (1930-1977), (MC 1984), Series 1: Correspondence, Box 2, Folder 3, 'Berelson, Bernard, 1969-1974,' Public Policy Papers, Seeley G Mudd Rare Books Library, Princeton University, New Jersey, p. 1.

[70] Internal Memorandum titled 'FWN's Reaction to India's Request for Equipment for Abortions in Connection with our Support of its Postpartum Program,' dated 26 August 1971, Frank W. Notestein Papers (1930-1977), (MC 1984), Series 1: Correspondence, Box 2, Folder 3, 'Berelson, Bernard, 1969-1974,' Public Policy Papers, Seeley G Mudd Rare Books Library, Princeton University, New Jersey, p. 2.

India decided to liberalize access to abortions in the early 1970s. Consensus about abortions had been building within scholarly and political circles since the late 1960s.

> It was not very long ago that the word abortion would conjure up an image of dark and dingy by lanes where, behind closed doors, a heartless brute of a quack or an unscrupulous doctor extorted blackmail from a frightened woman to help relieve her of a pregnancy she could not bear. Knowing that abortion was illegal and no responsible doctor would give her relief under conditions which she knew could cause serious injury to her health.[71]

The Health Minister, D. P. Chattopadhyaya, wrote these lines in 1971, the year the Medical Termination of Pregnancy Act came to pass in India. It legalized abortion three years before the act was legal in the United States. One of the significant reasons for the legislation was to ensure women could abort children safely. The article the Minister wrote cited a number as large as four million who resorted to unsafe abortions every year. He does not cite any source for this number.

The Health Minister was aware that India was showing the way forward to the population control movement, particularly in the United States, on how to override cultural and religious resistance to govern women's reproductive bodies. The Minister insisted that the moral ethos of the legislation was in tune with Hindu cultures, showcasing the primary intended audience for the Act. His editorials—aimed at the middle and upper classes—observed that most women who sought abortions were married, and he spoke of how the need of the hour was to rescue these women. In many minute details, the reader of these editorials gleaned that the women were working-class and poor, and therefore were accessing the quacks out of desperation. He reassured the educated class that India would not follow the example of Japan where liberalizing meant a

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[71] D. P. Chattopadhyaya, "Liberalization of Abortion in Tune with Social Needs," *Centre Calling*, Vol. 4, No. 8, August 1971, Centre for Research Libraries, Chicago, p. 4.

rush for abortions. India continued to encourage women to contracept but also ensured that lower-caste and -class women did not resort to quacks because of their husbands' supposed lack of rationality.

The women of lower- and working-class households were assumed to be the ones who sought unsafe abortions because their husbands were resisting sterilizations. An article from 1972 described how quacks "forced the needy women to get induced abortion… while the new law saves them from undergoing needless hazards to their lives, it also saves them the family and the poor husband from being fleeced by the unscrupulous practitioner, removing at the same time from their minds the taint of sin and the fear of crime."[72] This resistance to contraception was seen as irrational and backward, and it did not follow the societal norms of modernization. Recovering agency for the women in such households was important to get the families to adhere to the process. The state's assumption regarding upper- and middle-class women was that they were sufficiently modern to understand and use contraception and not be driven to unsavory alleys, ridden with quacks.

The call to help poverty-ridden women access safe abortions was a vision so strong that the bill for legalizing abortions was passed unquestioned in the Lok Sabha. The Shantilal Shah Committee, set up in 1965, reported over four million such abortions that had occurred in the preceding year.[73] The report warned against any correlation between the number and the family planning programme. However, the scale of unsafe surgeries made it possible to reinterpret the colonial-era ban on medically-induced abortions and enact the Medical Termination of Pregnancy

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[72] "Abortion Bill Comes to Force in April," *Centre Calling*, Vol. 7, No. 3, April 1972, Centre for Research Libraries, Chicago, p. 11.

[73] It was also the source of the statistic of four million women seeking illegal abortion in a year, as stated in "Abortion Bill Comes to Force in April," *Centre Calling*, Vol. 7, No. 3 (1972): 11.

Act in 1971. Arathi Presenna Madhavan, however, has observed that "there is an undercurrent of demographic reasoning in this legislation… The government pretended to balance the demographic implications of the law with the safety of women to prevent maternal mortality due to unsafe abortions and portrayed it as secondary measure of birth control."[74] So, in a way, Notestein's analysis was valid. India liberalized access to abortion in response to power bloc politics. The legality of abortions validated caste and communal hierarchies that were guiding the concern to liberate the 'hyperfertile' working-class women.

The simplistic assertion of uplifting women in poor families by legalizing their access to abortions had the collateral development of enabling son-preference through sex-selective abortions. The government legalized abortions for the women who were of certain demographic profiles, but it did not associate itself with how sons were preferred in modern homes (across class, caste, religion). Using abortion as a method of population control had the direct impact of drastic changes in the sex ratio of the population, which already tilted towards more men per thousand women. The overall sex ratio in 1981 was 934 women per thousand males, and it dropped to 927 in 1991. The sex ratio had been consistently lowering since 1951, but the most drastic decline occurred a decade after abortion was legalized.[75] It would not be wrong to say that the eugenic foundations of the national population control programme had a direct correlation with the number of missing girls in the population.

For a family in the developing world, opting to abort a girl child was a moral decision. The Cold War-infused competition to solve the problem of overpopulation resolved the moral

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[74] Arathi Presenna Madhavan, "Miscarriage to Medical Termination: The Experiences of Legislating Abortion in India," *Samyukta: A Journal of Women's Studies* 14, no. 2 (2014): 192-93.

[75] Pavan Nair, "Sex Ratio: The Hidden Horrors," *IndiaTogether.com,* April 1, 2004, www.indiatogether.org/csratio-health (accessed 5 July 2018).

dilemma around abortions. Couples could bypass the question of personhood of the unborn child, since the child would not be growing up in an underdeveloped economy. India, China, Vietnam and several other developing societies popularized selective reproduction as people enacted and upheld a moral community by aborting an unfit fetus.[76] The conceptual linkage between a family's size and its economic status enabled the logic of efficacy and productivity to determine a child's future. By the end of the 1960s, at the height of Cold War-backed birth control practices, the nuclear family mutated from a site of socio-cultural transformations to one that enabled eugenic beliefs about productivity, personhood and life.

4.4 The Unruly Mothers Of The Developing World

Linking poverty to overpopulation resulted in an unprecedented attack on the young, working-class mothers of the developing world. As Laura Briggs has observed, "the relentlessly fertile Puerto Rican mother provided an interpretive key for (post)colonial poverty, communism, and the role of the United States in the Third World."[77] These mothers were demographically characterized as poor, but fecund, and therefore deemed too irrational to understand the demands of a Malthusian nationalism. Underscoring this logic of high fecundity was a worry about the quality of life that poverty could afford to a child, and about his or her future delinquency. Not surprisingly, there followed a change in tone of advocacy, which was directed more at post-partum programmes.[78] Sterilizing these young and irrational mothers was deemed the most logical solution to prevent degenerate races from proliferating in the world.

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[76] Tine M. Gammeltoft, *Haunting Images: A Cultural Account of Selective Reproduction in Vietnam* (Berkeley: University of California Press, 2014): 10.

[77] Laura Briggs, *Reproducing Empire: Race, Sex, Science, and U.S Imperialism in Puerto Rico* (Berkeley: University of California Press, Berkeley, 2002): 110.

[78] Population Council records, Accession 1, Record Group 1: Accession 1; Series 2: Grant Files, Population Council, Box 67, Folder 1195, FA210, p. 1

In India, the post-partum sterilizations created the conditions for women to be seen within the simplistic binary of urban–rural landscapes, wherein the women of larger rural households were to be saved by contraception or safe abortions. The women in the camps were not the modern, rational women who would walk into the Family Planning Counselling Centre in an urban locale. These women, mostly working-class, lower-caste or non-Hindu, were given the following choice when walking into camps: either they tie a string around their ovarian tubes or risk perforating the ovarian wall with a device in the cervix. The choice was limited to two modes of contraception, both surgical in nature. The women had figures of authority, like a bureaucrat, doctor or nurse, counselling them into accepting either of the surgeries.

Figure 10 Indian Express, January 17, 1969, p. 5

By 1968, large-scale, temporary sites, set apart from rural clusters, started appearing where thousands of women could gather and go through the surgical procedures (for free and with monetary compensation provided). The first mention of a large-scale tubectomy camp in Indian was in Gannavaram, Andhra Pradesh.[79] The scale of operations grew larger with each passing month. It was not just the state health machineries: voluntary organizations were also organizing their own Loop camps.[80] States promised more financial help to the Christian Medical Association and Catholic hospitals for holding family planning campaigns and new beds for tubectomies.[81] Indian Railways held their own vasectomy and Loop insertions camps and had targets to follow through.[82] Exhibitions on family planning followed by distribution of condoms and foam tablets were some of the ways in which voluntary institutions, even religious bodies, could enlist themselves to the national cause.[83] The photographs that documented the camps were illustrations of the silence with which the women faced the scenario.[84] This silence should not be read as validation, nor should it be read as forceful submission. The silence indicated a third possibility that lay in between the two: that the women, deeply suspicious of the medical personnel, also saw the value of sterilization in the face of poverty.

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[79] 2000 Tubectomies Gannavaram Camp Sets World Record,' Centre Calling, Vol. 3, No. 4, January 1968, Center for Research Libraries, Chicago, p. 9.

[80] 'Red Cross Loop Camp,' Centre Calling, Vol. 3, No. 1, January 1968, Center for Research Libraries, Chicago, p. 8.

[81] 'Christian Hospitals join the Movement,' Centre Calling, Vol. 3, No. 3, March 1968, Center for Research Libraries, Chicago, p. 3.

[82] 'Railways Report 16,000 Sterilizations,' Centre Calling, Vol. 3, No. 2, February 1968, Center for Research Libraries, Chicago, p. 4.

[83] 'Medical Mission Organises Exhibition,' Centre Calling, Vol. 3. No. 2, March 1968, Center for Research Libraries, p. 7.

[84] 2000 Tubectomies Gannavaram Camp Sets World Record,' Centre Calling, Vol. 3, No. 4, January 1968, Center for Research Libraries, Chicago, p. 9.

Figure 11 Centre Calling, January 1968, p. 9.

Another facet of the counselling was that the financial and material incentive for family planning advocacy dictated the nature of contraception that was advocated. Nursing staff and operation theatre attendants attached to mobile sterilization and IUCD units were entitled to special allowances of 50 INR and 20 INR per month, respectively.[85] When the District Family Planning Officer decided to reward field workers for an intensive drive in August 1967 in Varanasi, the Family Planning Health Assistant who motivated 108 men to get a vasectomy received a bicycle as a reward. The second prize, a wristwatch, went to a Village Level Worker, who motivated 84 persons. The midwife who won the first prize for motivating 34 women to accept Loop insertions received a shawl. The midwife who received the second prize, for motivating 30 women, also received a shawl.[86] These prizes were not as valuable as a wristwatch

[85] 'Mobile Duty Allowance,' Centre Calling, Vol. 3, No. 1, January 1968, Center for Research Libraries, p. 10.

[86] 'Awards for Varanasi Workers,' Centre Calling, Vol 3, No. 1, January 1968, Center for Research Libraries, p. 8.

or a bicycle. By establishing a hierarchy in symbolic appreciation, the personnel knew what type of fertility control fetched more government approval.

The target audience for field workers in the mobile camps can be gauged from the political leaders and the demographic compositions of the personnel who led the camps. Apart from prominent Muslim clerics, lower-caste political leaders (both men and women) would visit the camps to encourage participation from their assumed constituency, while a Muslim woman gynecologist would be sent to 'motivate' Muslim women. [87] The photograph included with the report on one such camp in Uttar Pradesh has the doctor smiling at the camera, in the foreground, talking to women in burqas listening to her. The only people in the photograph with their faces exposed are the doctor and a toddler at the centre of the photograph, with the inverted red triangle looming in the background. The idea behind getting a Muslim woman doctor to talk about contraception to a significant cluster of Muslim mothers was the state's way of showcasing change within the accepted dichotomies of religion.

The frenzy of foreign aid and meeting target numbers of post-partum procedures entailed massive financial costs for the state. As the number of these fortnight drives was increasing exponentially, the monetary incentive for a tubectomy rose from 40 INR to 60 INR at a mobile camp or a Primary Health Centre.[88] The only evidence that the state preferred male sterilizations was that the monetary incentive for a vasectomy was significantly more than for a Loop insertion or a tubectomy surgery. States encouraged their health machineries to encourage family planning through whatever means possible. Lady health visitors, public health nurses and nurse midwives

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[87] 'Bijnor Drive Records 350 Sterilizations,' Centre Calling, Vol. 3, No. 2, February 1968, Center for Research Libraries, Chicago, p. 3.

[88] 'More Money for Tubectomy Camps,' Centre Calling, Vol. 3, No. 2, February 1968, Center for Research Libraries, Chicago, p. 14.

were to train more than 75,000 *dais* as advocates for the use of contraception by 1969–70.[89] At the beginning of 1968, the state asked personnel attached to tuberculosis clinics and sanatoria to undertake family planning advocacy. A Tuberculosis Demonstration and Training Centre had inserted 718 Loops and 52 vasectomy operations by January 1968.[90] The mobilization of specific disease control staff for family planning work had an added effect. Not surprisingly, many state health departments were henceforth known as Health and Family Planning Departments.[91] Identifying targets for a programme and encouraging medical staff to achieve these targets through incentives was becoming entrenched into other national programmes of the health machinery.

A popular demographic count that was printed frequently was a survey of the number of births eliminated by the massive push for contraception. The Central Family Planning Institute showed that one sterilization operation prevented 1.5 births and one Loop prevented 0.5 births. Regular use of *Nirodh* over a one-year period prevented 0.125 million births. The survey concluded by stating that seven million births were prevented in the country by February 1968, and it predicted that at the current rate of acceptance, nearly 12.5 million births would be prevented by 1976–77. Interestingly, the proportion of these prevented births was due to an exponential acceptance of Loop insertions. A total of 2,242,227 women had accepted the Loop insertions since July 1965, and 512,211 insertions had taken place in 1967–68.[92] Such figures

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[89] A *dai* is a traditional midwife in rural settings. Report in, '75,000 Dais to be trained,' Centre Calling, Vol. 3, No. 3, March 1968, Center for Research Libraries, Chicago, p. 7.

[90] '718 TB patients Accept the Loop,' Centre Calling, Vol. 3, No. 2, February 1968, Center for Research Libraries, Chicago, p. 16.

[91] 'Orissa Renames Department,' Centre Calling, Vol. 3, No. 3, March 1968, Center for Research Libraries, Chicago, p. 7.

[92] 'Milestones,' Centre Calling, Vol. 3. No. 3, March 1968, Center for Research Libraries, Chicago, p. 12.

were printed in bold, block letters in the state and central departments' newsletters, in a manner that would showcase the 'achievements' to the funding organizations and aid givers.

The Indian state confused pro-natalist concerns regarding healthy childhood with the goal of policing motherhood in its frenzy to sterilize young, working-class mothers. Such an obfuscation occurred even if there was no statistical legitimacy to the worry, as evidenced by various demographic studies on men who accepted vasectomies. The Indian Chamber of Commerce in Calcutta studied 3,000 such males in 1967 and found that the difference between literate (1,854) and illiterate (1,146) acceptors was not strikingly significant. Of these men, 2,852 were industrial workers, and 51 were agriculturists and traders, which meant many were working- and lower-class men. Most of the acceptors were aged between 25 to 45 years. A large number of acceptors had an income less than 200 INR but more than 51 INR. Of the persons vasectomized, 1,059 had three living children, 1,800 had 4 to 8 children, and 141 had from 9 to 16 living children. The age of the wives of 714 of the acceptors was below 25 years, of 1,946 between 25 to 35 years and of the remaining 340 between 36 to 45 years.[93] These figures show that the soft counselling techniques of audio-visual messaging, door-to-door campaigns and radio broadcasting had accomplished a general consensus for the need to control family size. Ironically, the state's insistence on sterilizing working-class mothers was linked to its need to police bodies deemed degenerate but hyperfertile. Such a eugenic slant was neither legitimized through demographic studies nor supported by either of the power blocs.

The urban–rural binary eclipsed a large section of women as poor, irrational and helpless. The tubectomies offered the permanent solution that would suit their familial lives. Historiography has established that the Emergency period saw the delinking of "family planning"

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[93] 'Literates Prefer Vasectomy,' Centre Calling, Vol. 3, No. 3, March 1968, Center for Research Libraries, Chicago, p. 3.

from population control. Feminist scholar Ritu Menon has stated that destroying the linkage was one of the most significant contributions of the feminist movement in India.[94] However, the feminist and left interventions could not transgress the fundamental link between poverty and overpopulation. Seen this way, working-class, lower-caste and Muslim women became—and continue to be seen as—the signifiers of fertile, unruly bodies that produce degenerate and unproductive citizens. The contours of the national family planning programme hardened more around IUDs, pills or tubectomies than around women's nutrition and safe birth practices. Feminists could not challenge the nationalism that has been built into the foundational logic of Malthusian economic development, which identified poor women as targets of reform.

There is an urgent need to read the forced sterilizations of the Emergency years within a global ferment. Similar events were breaking out in different quarters of the developing world such as Puerto Rico, Vietnam and South Africa.[95] Gyan Prakash has alerted us to the need to see how the political authoritarian streaks in the Indian state resonated with global popular upsurges towards populist and authoritarian governances: he cites guerilla movements in South America, anti-Vietnam counter culture in the United States, the May 1968 student movement in France, Soviet troop movement to Czechoslovakia in 1968, and the Cultural Revolution in China.[96] Postcolonial states in the developing world were resisting popular uprisings that were partly in response to—and due to—the power bloc politics of the Cold War.

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[94] Ritu Menon, "Introduction: Making a Difference." In *Memoirs from the Women's Movement in India,* ed. Ritu Menon (New Delhi: Women Unlimited, 2011), xv.

[95] See Laura Briggs American Council of Learned Societies, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002); Elena R Gutiérrez, *Fertile Matters: The Politics of Mexican-Origin Women's Reproduction* (Austin, TX: University of Texas Press); Susanne M. Klausen, *Race, Maternity, and the politics of Birth Control in South Africa, 1910- 39* (London: Palgrave Macmillan, 2004).

[96] Gyan Prakash, *Emergency Chronicles,* 2018: 7, 364-5.

The case for researching the global roots of the government overreach for 1975–77 (bookended as the Emergency) arose from the concerted attempt to resolve poverty and historical underdevelopment through controlling individuated family size. The Emergency years illustrate such a governmental overreach in postcolonial South Asia. Rebecca Williams observes that the popular memory of forced vasectomies in the period distracted the historiographical attention from the state's causal link between poverty eradication and population control.[97] Gemma Scott questions the over-representation of vasectomies at the cost of erasing female sterilizations by alerting us to the fact that "families used their wives to negotiate the Emergency's pressure to get sterilized".[98] It is not surprising, therefore, that 'newer' forms of technology are still being tried on working-class women of the developing world, from surrogacy to vaccines for cervical cancer.[99] The political attention that male sterilizations drew during and after the Emergency years reflected the patrilineal anxieties of the state.

The irony of the year 1975 being International Women's Year should not be lost on readers. At the peak of Emergency-induced authoritarianism, Indira Gandhi lamented that "if it were not for the false pride of men (and of parents-in-law) our younger women in villages as well in towns would be more enthusiastic about family planning".[100] The year saw advocacy trained towards women's overall welfare and ability to transform their lives. The conceptual binary of urban–rural influenced this advocacy, mostly because it characterized almost every aspect of the

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[97] Rebecca Jane Williams, "Storming the Citadels of Poverty: Family Planning Under the Emergency in India, 1975-1977," *Journal of Asian Studies* 73, no. 2 (May 2014): 471-492.

[98] Gemma Scott, "My wife had to be sterilized': Exploring Women's Experiences of Sterilization under the Emergency in India, 1975-77," *Contemporary South Asia* 25, no. 1 (January 2017): 76.

[99] Kalindi Vora, "Re-imagining Reproduction: Unsettling Metaphors in the History of Imperial Science and Commercial Surrogacy in India," *Somatechnics* 5 no. 1 (March 2015): 88-103.

[100] "Family Planning Essential for India's Development," *Centre Calling*, vol. 10, No. 1, January 1975, Centre for Research Libraries, Chicago, p. 3.

national population control programme. In the previous chapter I stated that there was a difference between a national population control programme and a fertility control programme. I reiterate the difference now, because by the end of the Emergency years, the programme had transformed into one aimed at controlling individual reproductive capacities. The aspects of soft counselling had all but disappeared, even as soft advocacy about nuclear families continued to live outside of governmental propaganda and in the popular imaginations of the small family norm. The hope of a mythical family in a mythical city continued to guide women in ways that may or may not have involved contraceptives. The transformation definitely did not within the governmental paradigm, but instead in homes and through quiet conversations in feminine spaces.

By the 1980s, targeted sterilizations were the standard modes of contraceptive access for women in rural environments. When journalist Elizabeth Bumiller visited a village in parched western Gujarat in 1989, she witnessed the extent to which the targeted sterilizations of poor, lower-caste women had been normalized. She found "four peasant women—Januben, Taraben, Nortiben and Manjuben, ranging in age from thirty to twenty-two, all mothers of two or three—squatting barefoot and huddled together with their backs against a wall in a small holding room, as frightened and wide-eyed as cornered small animals," in "what India's population control establishment bureaucratically, and somewhat inappropriately, referred to as a 'laparoscopy camp.'"[101] She described the dirty, unsanitary conditions in which government nurses and a doctor performed sterilizations on the women. Each of them had come to the camp under pressure from local government health workers, "whose pay would be docked if they did not meet strict

[101] Elizabeth Bumiller, *May You Be the Mother of a Hundred Sons: A Journey Among the Women of India* (New York: Fawcett Columbine, 1990): 257.

annual quotas of sterilization cases".[102]The women sat in silence as the procedures happened on their bodies, deeply aware of their status in the camp.

Bumiller's account could have been straight out of the events during the Emergency years. And yet, the fact that it was from 1989 should not surprise anyone at this point in the chapter. A continuum established in the decade of the 1960s of seeing women and their reproductive capacities as targets of sterilization, just as men were targeted for vasectomies. The biomedical gaze on women was necessary for transforming their bodies as receptacles of technology that was to limit their family size, and thereby, empower them. The two-faced nature of family planning advocacy conflated eugenics with nationalist identity. Underdevelopment and historically chronic conditions of poverty and malnutrition were the backdrops on which women were made sites for experimenting with contraceptive technologies, from the Lippes' Loop to abortion.

4.5 Conclusion

Critical feminist studies in science have produced works that have studied the oral pills and their associated politics. A significant amount of attention in these books has been placed on American national politics.[103] Nonetheless, feminist writers have focused on women's control over their health and their bodies vis-à-vis biomedicine.[104] Taking inspiration from these excellent critiques

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[102] Elizabeth Bumiller, *May You Be the Mother*, 258.

[103] I have in mind Barbara Seaman, *The Doctor's Case Against the Pill* (Alameda, Ca, Emeryville, CA, Hunter House: Publishers Group West, 1995), Nelly Oushoorn, *Beyond the Natural Body: An Archaeology of Sex Hormones* (London: Routledge, 1994), Adele Clark, *Modernity, American Life Sciences, and "the Problems of Sex"* (Berkeley: University of California Press, 1998).

[104] Please see Maya J. Goldenberg, "On Evidence and Evidence-Based Medicine: Lessons from the Philosophy of Science," *Social Science & Medicine* 62, no. 11 (2006): 2621-2632; Marina Cortez, Paula Gaudenzi, and Ivia Maksud, "Gender: Pathways and Dialogues between Feminist and Biomedical Studies

of the medicalized control of bodies, I undertake something similar for the postcolonial scenario. I show how clinical trials in India sat within the framework of Malthusianism and Cold War politics and led to simplistic constructions of women as sites of experimenting with 'new' technology. Most women were unaware of the giant wheels of corporate money and transnational philanthropy that made it certain that contraceptive devices would appear before them. Most women went to the Primary Health Centre where a nurse or a midwife persuaded them to let a doctor insert a device into their bodies. Many women understood these devices would somehow prevent them from conceiving more children. Others simply obeyed the doctor's or the nurse's orders.

The Cold War-influenced power bloc mentality blurred the lines between each 'new' form of contraception: while the pill was being tested on women in some district hospital of India, women in a city hospital in Istanbul were receiving IUDs. These technologies circulated concurrently, and often amongst similar markets, indicating how pharmaceuticals 'read' the women in the developing world as silent participants to the advance of contraceptive technologies. Also important in this narration was the absence of law, or even legal vocabulary in the way trials of devices were being conducted. The language of biomedicine, of evaluative demographic studies, and of population control policy made it impossible for the women involved in the studies to be little more than sites of experiments. Coincidentally or not, the women who were sites also were poor, working-class women.

In India, this demographic cluster also came from religious minorities and lower-caste households. The biomedical intervention of population control rendered the overtones of caste,

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from the 1950s to 1970s," *Physis: Revista De Saúde Coletiva* 29 no. 1 (April 2019), http://dx.doi.org/10.1590/s0103-73312019290103; Rayna Rapp, "Gender, Body, Biomedicine: How some Feminist Concerns Dragged Reproduction to the Center of Social Theory," *Medical Anthropology Quarterly* 15 no. 4 (December 2001): 466-477.

color and religion invisible. In the case of contraception, the national population policy translated the global Malthusian trends into domestic settings with specific attention to place. Place-making was an essential part of mass sterilization camps. Medical personnel chose specific areas in a city or a village to set up temporary 'camps' to access populations within which targeted male and female sterilizations could be achieved.[105] It is also important to understand how the easy slippage between 'rural' and 'backward' dehumanized the women and men in these targeted populations. For the women, the doctors and nurses were the only faces to a 'new' technology. It was in this intermixing of power, sanction and science that abortion was introduced as a way of population control.

Eugenic slants in the global population control advocacy project entailed the perception of certain populations as less human than others; their reproductive capacities would lower the overall quality of human intelligence. This worldview enabled coercion of the women who were of this marginalized, seemingly less intelligent demographic profile. The loosening of regulations around abortion in India may have had an emancipatory effect on women in India, but it was also timed to complement strict surveillance of abortion in the United States (1971, three years before Roe v. Wade). Literature has yet to place all these domestic developments in a global circulation of women as sites of experiments

[105] I am consciously using the terms male and female, as against men and women, because I want to foreground the emphasis that medical personnel placed on reproductive organs to achieve target sterilizations.

Chapter 5

Modernity by Numbers: Demographic Articulations of the Small Family

The decade of the 1960s documented the rise of the demographer as an expert who provided biomedical solutions to complex and entrenched poverty. The demographer was a voice of scientific as well as political authority. Several decades of belief in scientific planning and biomedicine helped propel her or him into this role. We have already discussed how incentivized contraceptive dispersion, arising from targets, changed the nature of advocacy from 'soft' counselling to 'hard' surgeries. It is therefore important to study the experts who unwittingly supported this transition. This chapter will discuss the nature of family planning policy and governance that demographers in postcolonial India legitimized. The demographers translated Malthusianism into a coherent framework for policy in a way that addressed the power bloc influences of the Cold War.

The chapter traces how the role of the demographer evolved from an expert who dictated the terms of political vocabulary around population control to an active political figure. After using the work of the renowned demographer S. N. Agarwala to highlight the importance of demography in the discourse of first family planning in the period of 1950s–60s in the first section, I discuss how demographic studies created a global circulation of researchers funded by the American and Soviet power blocs.[1] The final section continues to explore power bloc politics;

[1] Trained as a Lecturer in Economics at Lucknow, Uttar Pradesh, Agarwala decided to pursue a doctorate in demography under renowned American demographer and President of the Population Council, Frank Notestein in Princeton University.

focus is placed on how political demographers came to a consensus on targeted sterilizations with particular attention paid to demographer-turned-Health Minister Dr. Sripati Chandrasekhar.

Demographic surveys were integral to governance in postcolonial India, as they framed development as a teleological process with evolutionary stages. Contoured on Darwinian ideas of natural selection, the nation was to be built on psycho-social changes in the body politic. Demographic studies helped outline these changes and label them as modernization. This chapter showcases how demographers negotiated contrasting definitions of modernity arising from opposing ideological camps of the Cold War.

As a discipline, demography helped pin down the state's ambiguous definition of modernity. As Susan Greenhalgh observes in tracing the evolution of American demography, the first generation of demographers were committed to the classical transition theory which "placed all countries on a grand evolutionary scheme of pre-transitional ('traditional'), to transitional to post-transitional ('modern')."[2] In the Cold War climate, the theory transformed into a way to gauge modernity through reduced fertility. Therefore, the term 'modernization' was continuously redefined in the first three decades after 1947, according to the shifting definitions of a developed society. In the 1950s, the term was defined as a way for citizens to become enablers of social change, which would result in economic growth, too. By the 1960s, it appeared that the incentive of social change was slow in the uptake, especially in the face of an imminent population explosion. The threat of population numbers upsetting the limited resources of the country enabled a harsher perception of its people. Policy congealed along the conceptualization of urban communities as modern and rural aggregates as blocks to the path of economic modernization.

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[2] Susan Greenhalgh, "The Social Construction of Population Science: An Intellectual, Institutional, and Political History of Twentieth-Century Demography." *Comparative Studies in Society and History* 38, no. 1 (1996): 37. http://www.jstor.org/stable/179337.

The decade of the 1970s witnessed a drastic shift of perception, manifested in the Indian state's massive push for sterilization. In terms of family planning, the conceptual binary intensified advocacy which prescribed hard interventions like vasectomies and IUD insertions.[3] The stress on sterilization was a move away from rational governance that gradually changed the social psyche of the people. However, it would be incorrect to draw a simple teleology between these two modes of advocacy. Even as the numbers of mass vasectomy camps was increasing, the "Four Faces and the Red Triangle" was counselling people through instructional mass media (aimed at behavioral and attitudinal changes). Photographs, posters, short films and messages on public property were ways in which behavioral scientists changed psycho-social behavior. However, the two messages were often at odds with each other. This contradiction was rooted in the state's distinctly different perceptions of the population.

5.1 The Discipline and its History

In order to understand the statistical work that demographers produced, it is important to situate the demographers themselves in their historical contexts. Factual knowledge about the historical actor's life is important to understand the actor's scope and breadth of influence on the discipline. There were many reasons for the rise of such a scientist–politician figure in Indian politics, and this section will delve into all these factors. Chandrasekhar as Health Minister ultimately legitimized the shift from soft advocacy to targeted sterilizations as the main mode of family planning advocacy. However, without the rise of experts like Dr. Agarwala in the early 1960s, it

[3] As seen in the previous chapters, I have classified these methods as hard measures because of the way the field workers pushed people to adopt these methods through financial incentives, and eventually coercion. Both modes conceived its audience to be irrational and incapable of organically understanding the importance of small family size in nation building. Not surprisingly, populations were deemed rational depending on caste, class and religion.

would have been impossible for a statistician to become India's health minister by the end of the decade.

S. N. Agarwala had graduated from Princeton University with a doctorate in demography in 1957. His thin file in the Princeton archives stated that he was born in Agra, Uttar Pradesh in 1920. He was married and lectured on Economics in the University of Allahabad before his doctoral studies. He was also a Population Council fellow in the last two years of his degree. Despite the glowing recommendation letters from his Indian mentors, Agarwala fell short of expectations in his doctoral thesis. His fellowship at the Population Council was almost not renewed from 1955–56 to 1956–57, as Agarwala had "a lack of rigor and a tendency to be superficial".[4] He worked for a few months at the U.S. Bureau of Census before finally moving back to India.[5] A notice of his death appeared in the Princeton archives from 1982 when American demographer George Immerwahr wrote by mail to the Princeton Alumni Council that Agarwala had died in December 1976. His last address and next of kin were unknown. The Princeton cell did not have an address for him after 1975.[6] At the time of his death, he was the Director of the International Institute for Population Studies, in Bombay. Despite the fact that he authored significant monographs, Shri Narayan Agarwala left behind a meager archival trail.

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[4] Confidential Report on Fellowship Applicant from dated 19 March 1956, in Frank W. Notestein Papers (1938-1977) (mC#184), Series 1: Correspondence, Box 1, Folder 6, 'S.N. Agarwala, 1955-1964,' pp 1, Seely G. Mudd Library and Rare Books Collection, Princeton University, New Jersey.

[5] Confidential Report on Fellowship Applicant from dated 19 March 1956, in Frank W. Notestein Papers (1938-1977) (mC#184), Series 1: Correspondence, Box 1, Folder 6, 'S.N. Agarwala, 1955-1964,' pp 1, Seely G. Mudd Library and Rare Books Collection, Princeton University, New Jersey.

[6] Historical actors like Agarwala throw light on another facet of postcolonial paper trial: who gets to have a private collection and who doesn't. This person was prolific in his publications, and yet, none of his private correspondences appear in the usual haunts like Nehru Memorial Museum and Library or the National Archives. Even the Indian Statistical Institute barely mentions him in one or two papers. The only way to access his private correspondence were the letters he wrote to his graduate supervisor, in Princeton.

Dr. S.N. Agarwala was part of the elite networks created by transnational American philanthropy during the Cold War. As a demographer, he translated the ideational contradictions of power blocs to a practical population policy. He profited from the knowledge transfer circles that the Ford Foundation and Population Council created to combat anti-American sentiments in the developing world. As Inderjeet Parmar notes, the prominent philanthropic organizations "ensured a regional and continental multiplier effect: cadres of academics imbued with knowledge and training aimed at orienting them toward a pro-American/Western approach to 'modernization' and 'development' as opposed to nationalist or procommunist strategies."[7] Agarwala not only exemplified this multiplier effect, but he also embodied philanthropic efforts to build strategic disciplines in the developing world. His studies created a typology of family types and organized them along a developmental spectrum: at the highest end was the couple with two children living in a city, while at the opposite, most irrational end of the spectrum was the large household in a village, living within an agrarian economy. These local demographic studies were often touched by Cold War politics. Power bloc politics determined the growth of social sciences in the developing world because it often looked towards the North American and Soviet camps for research funds. Their patronage, in turn, created differences amongst them in methods as well as ideological frameworks.

Demography first emerged as a by-product of using statistical methods for sociological enquiry. In 1959, Agarwala—while describing his course on demography to his former Indian graduate supervisor—wrote that the discipline rose after the Second World War, when countries displayed keen interest in censuses. In an almost nationalist vein, he stressed that India had "an unbroken record of population censuses dating back from 1872, and this course of valuable data

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[7] Inderjeet Parmar, *Foundations of the American Century: The Ford, Carnegie, and Rockefeller Foundations in the Rise of American Power* (New York: Columbia University Press, 2012): 7.

has not been fully tapped by research workers. One of the important reasons for this is that there are not very many qualified persons to do research in demography."[8] The continuous tradition of census in India had been a matter that the discipline benefitted from, and almost took for granted.

From Agarwala's application for acceptance to the program in Princeton, it appeared that his interest in studying population trends came late in his career as a lecturer in Economics. He had published academic and popular books (in Hindi and English) on Indian economic development after the Second World War. Many of these were co-written with established economists who headed the department in Allahabad. His colleague and co-author wrote of him, "While preparing for his examinations, he has written a number of books on economics—a task not easy for a student to accomplish."[9] From the list of articles he published during this period, one can glean an attempt on the author's part to frame the Indian problem of population on a global scale.[10] Agarwala understood that statistical accounts of nations described their natural resources and social topography. He understood his role to be one of documenting people and expanding the state's developmental economy, and thereby engineering social change. His fascination with 'population'-level studies supplemented what Susan Greenhalgh concluded about the Chinese population programs, in the way the state understood modernity to mean documenting the varied subjective living conditions of its people—as if they were mere resources

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[8] Letter from S.N. Agarwala to Frank Notestein, dated March 23, 1959 in Frank W. Notestein Papers, (MC#184), Series 1: Correspondence, Box 1, Folder 6, 'Agarwala, S.N., 1955-1964,' Seeley G. Mudd Rare Books Collection, Princeton University, New Jersey.

[9] Letter by J.K. Mehta dated May 13, 1946, in graduate file for S.N Agarwala in Graduate Alumni Records, Agarwala, Shri Narayan (1957), Call Number AC105, Seeley G. Mudd Rare Books Collection, Princeton University, New Jersey.

[10] He had published articles titled *'Control of Population-Quantitative and Qualitative,' 'Demographic Dilemma of India,' 'Malthusian Theory of Population,'* and *'Demographic Dilemma of Under-Developed Countries.'* Letter by J.K. Mehta dated January 10, 1955 in graduate file for S.N Agarwala in Graduate Alumni Records, Agarwala, Shri Narayan (1957), Call Number AC105, Seeley G. Mudd Rare Books Collection, Princeton University, New Jersey.

for national development.[11] Population control programs thereby attracted demographers because they best illustrated statist social power by collating lives into neat categories.

The need to collect correct figures and enumerate the population through established scientific norms was directly related to governance. The very first Statistical Conference held in Brussels in 1853 was organized to bring peace between nations.[12] Statisticians were critical to the post-WWI world to keep count of migrations, foreign debt and war damages. Settler colonialism was dependent on the statistician's ability to sketch and represent data in such a way that money and armies could be allocated to establish colonies or tenements in specific areas.[13] Governments found geography and people associated with it, through statistical enumeration, to be politically mobilizable.[14] In these ways, statistics, economics and demography have been fields which have been embedded in state works.

Not surprisingly, Agarwala recited population figures as indices of development for nations. In his introductory speech in a conference on population control in 1960, Agarwala talked about the need for correct assessment of population growth.[15] Such a basic estimate was the first step to being able to enumerate a national population, which had connotations of being developed enough to govern oneself. While commending "international demographers" for

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[11] Susan Greenhalgh, "Planned Births, Unplanned Persons: "Population" in the Making of Chinese Modernity," *American Ethnologist* 30, no. 2 (2003): 196-215. http://www.jstor.org/stable/3805372.

[12] Jean-Guy Prévost and Jean-Pierre Beaud, *Statistics, Public Debate and the State, 1800-1945: A Social, Political and Intellectual History* (London: Pickering and Chatto, 2012).

[13] See a primary material account like Robert M. Martin, *History, Statistics and Geography of Upper and Lower Canada* (London: Whittaker and Co., 1838).

[14] See H. S. Robert, *A History of Statistics in New Zealand* (Wellington, N.Z: New Zealand Lottery Grants Board, 1999) and B. R. Mitchell, *International Historical Statistics: the Americas, 1750-2000* (New York: Palgrave Macmillan, 2003).

[15] S. N. Agarwala, "Introduction," in *India's Population: Some Problems in Perspective Planning: Proceedings of a Seminar,* ed. S. N. Agarwala (New Delhi: Institute of Economic Growth, 1960), xiv.

building a consensus on the precise size of India's population in the period of 1951–56, he conceded to a certain amount of unreliability creeping into enumeration as population projections were essentially looking at past patterns and predicting likely trends in the future.[16] He compared the task to weather forecasting and forecasting election results. By using such similes, he was not only making his discipline comparable to meteorology or psephology but also borrowing from the legitimacies of these other disciplines. States thereby depended on a continuous tradition of census, and a *culture* of statistical projections, to govern themselves.

The notion of projections was crucial in Agarwala's sense of history: if projections were based on accurate readings of the past, the past also needed to be documented in a meticulous fashion. Not surprisingly, his doctoral work in Princeton University was "The Mean Age at First Marriage from Census Data", which he wrote under the supervision of professors Frank Notestein and Ansley Coale. The study contained the corrected age data of the unmarried, married and widowed men and women of all thirty-five Indian provinces from 1901 to 1961. He corrected the formula by which population figures were being rounded off. This exercise was necessary because the 'unscrambled' data of the colonial censuses, especially the one held in 1931, showed negative numbers for some age groups. The work that he began at Princeton was completed in the Institute of Economic Growth in New Delhi.[17] The census, therefore, held a special place of interest in his contribution to demography in drawing a positivist history of the nation.

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[16] "It was decided that the population had multiplied at an average rate of 1.9 to 2 percent and the most common figure quoted for 1956 population was 386 million and for 1961, 423 million." Agarwala, S.N., 1960, page xiv.

[17] S. N. Agarwala, *Corrected Age Data of the 1931 Indian Census*. Survey, Institute of Economic Growth, (New Delhi: Navchetan Press Ltd, 1964).

Additionally, his first major paper showcased his concern about rising fertility and population growth, evident in his attention on the low age of marriage in India.

The relationship between the 'raw' numbers and rounded-off figures is interesting for several reasons. It revealed Agarwala's belief in correct recording of numbers, and that it went beyond his immediate thesis work, and was tied to the historical pattern of these numbers. Secondly, there was a sense of vindication in the way he went about correcting data, which was considered canonical for his contemporaries. Colonial censuses were taken to be truth in the way they framed and operated enumeration. To be able to poke a significant hole in the method of data collection in the 'canons' was remarkable. The correction of the rounding-off equation in the colonial censuses, spoke to his notions of data collection or enumeration: all data had to be transparent, and the reader, irrespective of the year in which he or she studied the census, should be able to work out how it was arrived at. In this sense, data, especially data which came from the census, was to be temporally elastic. Thus, his sense of history was empirically positivist: all numbers add up to a single meta-narrative of human progress, which could easily be read back in time as teleological to an original source (however mythical that may be). Such a method could trace human evolution in a time-bound manner, in stages that were documented, to the point of high modernity. This notion of historical time was integral to developmental planning and the broad spectrum of existence that tied the Indian village to the metropolis.

However, Agarwala's research failed to impress the Princeton audience, as it did not spell out the importance of correcting the colonial census. While the thesis was lauded for the overall competence of challenging the culture of rounding off numbers, it was seen as something that was

spun out of Notestein's methodology.[18] The examiners applauded his use of theoretical discussions around method but were frustrated at the lack of engagement with social transformation. The supervisory committee saw the thesis as a way for Notestein to 'perform' social change by encouraging and finding funding for a student from the developing world to attain a doctorate in the United States.[19] His oratory skills underwhelmed his North Atlantic audience during the general examination after coursework. Perhaps, Agarwala knew that the purpose of the thesis was larger than impressing the graduate supervisors. Agarwala was not pushing for quick solutions through demographic studies. His research was more attuned to a dialogue with the colonial modes of documenting populations. Such a conversation is consistent with what Arjun Appadurai observed: "For the ex-colony, decolonization was a dialogue with the colonial post and not a simple dismantling of colonial habits and modes of life."[20] Agarwala understood the Faustian bargain at the heart of developmental modernization: that the postcolonial state had to constantly be aware of its colonial roots in order to undo them.

Agarwala's move to Princeton was aimed at gaining legitimacy for his position as a multidisciplinary expert. His referees stressed his brilliance and his capacity to publish books despite being a graduate student who also taught. He did not need the doctoral degree from Princeton to legitimize his position as a lecturer in Economics, but he needed it to legitimize his role of a demographer. His career-related decision reflected how demography and developmental

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[18] 'Committee Report on Doctoral Dissertation,' submitted by S.N. Agarwala, dated August 26, 1957, in Frank Notestein Papers (1930-77) (MC#184), Series 1: Correspondence, Box 1, Folder 6, 'Agarwala, S.N., 1955-1964' Seeley G. Mudd Rare Books Collection, Princeton University, New Jersey.

[19] This fact will become crucial when we study Notestein's overall philosophical positions on Indian demography later in the chapter.

[20] Arjun Appadurai, "Playing with Modernity: The Decolonization of Indian Cricket," in *Consuming Modernity: Public Culture in a South Asian World* (Minneapolis: University of Minnesota Press, 1995): 23.

economics enjoyed a symbiotic relationship that resulted in a rich conceptual overlap between the five-year plans and demographic studies.

The family planning programme, in particular, relied on evaluative studies on peoples' attitudes to contraception. The prominence that these studies enjoyed had the resultant effect of influencing what constituted important information and questions worth study in any such research. He went on to publish two social surveys titled "Fertility Control through Contraception: A Study of Family Planning Clinics of Metropolitan Delhi" (1962) and "A Demographic Study of Six Urbanizing Villages" (1970). Both surveys were influential in describing the social topography of Delhi and its reception of family planning techniques. Agarwala's work thus provides an ideal entry point to studying the urban–rural binary that was central in shaping family planning governance in postcolonial India.

5.2 Establishing the Urban-Rural Binary

The Demographic Research Centre that Agarwala helped establish in Delhi received numerous transnational gifts to work on population control. It housed six researchers when he joined it in 1959. The yearly budget for the Centre was 62,000 INR. Many of his colleagues had published analytical papers on census data too. The nature of research funds and gifts reflected the institute's alignment with the American power bloc. The Centre hosted several key consultants from institutions like the Population Council, the Rockefeller and Ford Foundations, and the Department of Family Planning. The Centre also hosted family planning advocates from public health institutes in Tokyo and the Finnish Census-in-Charge. Books were gifted from sources as varied as the Finnish Central Statistical Office to the Bureau of Census in Washington.[21]

[21] 'Resume of Research Activities,' dated March 31, 1960, Frank W. Notestein Papers (#MC184), Box 1, Folder 6, 'Agarwala, S.N., 1955-1964,' Public Policy Papers, Seeley G. Mudd Rare Book Collection Library, Princeton University, New Jersey, p. 1.

Agarwala also routinely asked Notestein to send copies of his research for the library at the Centre. The list of hosted scholars indicated the institution's proximate distance to the American philanthropic organizations. Such research organizations navigated the ideological camps of Cold War power politics by engineering social change through localized studies.

The late 1950s onwards—consistent with the Ford Foundation and Population Council's belief in social change through pilot studies—the research centre carried out several surveys to study people's attitudes to family planning. Small teams headed by individual demographers of about ten or twelve researchers would identify a population cluster and interact with it. The sites were specific villages or settlements so that the size was operationally manageable. These surveys informed national population and health policies through direct policy suggestions. The surveyors would often not be sponsored directly by the government, but by government-sanctioned institutions like the Institute of Economic Growth in New Delhi.

Agarwala based most of his research work and publications on these surveys. He was the only demographer to produce two surveys on urban and rural Delhi. The surveys and their influences on the health services of Delhi outline Agarwala's worry about overpopulation. In 1962, Agarwala conducted the first survey that would gauge the use of contraceptives in urban Delhi. The surveyors made it clear that the object of research was to document the economic status of the people, and not merely study the use of birth control. The foundational logic of the survey was that overpopulation was inversely proportional to material prosperity and contraception was to be the technique to counter this variable. This numeric equation played out in the backdrop of the word 'modern'.

During the early phases of the Cold War, the ideological bent of the demographer and his source of finance were crucial in constructing categories by which populations were determined as data. Agarwala's survey reports often thanked Dr. Christopher Tietze and Prof. Frank W.

Notestein, two figures who were crucial to the prestige that the survey enjoyed in the Western hemisphere. The surveys not only studied individuals who accepted family planning but also sought to enquire whether they knew of its relationship to national economic prosperity.[22] The focus of the studies were individuals against the backdrop of their familial and built environments. The individual families were thereby transformed into 'patients' who were to curb their pregnancies to transform their domestic economies. In this way, demography as a discipline was constituted around turning lives into data.

The objective of economic development placed the demographer in a curious relationship with the state. Agarwala thanked the Director General of Health Services and the Minister of Health while immediately stating that the views were his and not those of the government. He thanked them, however, for creating the conditions conducive to research.[23] The bureaucrats of the Health Services provided the surveyor with 'raw material', but the survey had to be perceived as distant from this source of authority so as to gain credibility and authenticity within the field. Such a distance from official state bureaucracy imitated the research institution's establishment as an autonomous party. Even as the survey was to help the state, its conclusions were to be independent or autonomous of the government.

Demographers studied the social topography of the land. Research design, therefore, became a contentious topic that had the researchers discussing which were the best methods to capture this complex reality of contraceptive usage. They were deeply aware of the repercussions of their research and the impact their conclusions would have on the health administration in Delhi. These demographic exercises were political in the way they set specific development

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[22] S. N. Agarwala, Population: Some Problems in Perspective Planning (New Delhi: Institute of Economic Growth, 1960), page iv.

[23] S. N. Agarwala, *Population* (1960), v.

goals. They defined modernization, economic progress and moral reform through numbers. They translated an interviewee's reflections on family size to mean attitudinal dispositions of a population cluster on India's economic policy, spending behavior and investment patterns. These experts were translating demographic transition theories into actionable policy items. They also mobilized public opinion for small family size.

The choice of research methodology reflected the power bloc politics of the Cold War. One of the popular modes of demographic surveys on the acceptance of contraception was random sampling: the idea was to identify a village or a rural district that had significant exposure to state family planning advocacy and verify whether the advocacy led to behavioral changes. Such a sample survey method also led to a 'pilot survey' wherein specific characteristics of a village cluster signaled the larger characteristics of the community. Statistician P.C. Mahalonobis created these techniques at his Indian Statistical Institute in Calcutta.[24] The sample surveys were crucial for constructing India's development plan. They also fostered a global popularity or notoriety in the way the pilot surveys differed from American demographic studies, and instead attracted statistical enquiries from the People's Republic and Soviet Union.[25] Just as the village was a prototype for larger behavioral changes in India, the Indian population control programme was prototypical for the developing world. Agarwala differed in his choice of sampling techniques from Mahalonobis, as he was a graduate from an American school. This prototypical posturing went a long way in flattening the anti-colonial discourse and experiences in the recently

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[24] For more on the Indian Statistical Institute, please see Benjamin Zachariah, *Developing India: An Intellectual and Social History, c. 1930-50* (New Delhi: Oxford University Press, 2012); David C. Engerman, *The Price of Aid: The Economic Cold War in India* (Cambridge, Massachusetts: Harvard University Press, 2018).

[25] Arunabh Ghosh, "Accepting Difference, Seeking Common Ground: Sino-Indian Statistical Exchanges 1951–1959." *BJHS Themes* 1 (2016): 61–82. doi:10.1017/bjt.2016.1.

decolonized world. However, it would be too simplistic to state that Agarwala's method neatly aligned with the American 'camp' as he also learned from non-American research clusters, like the Soviet Union.

India's agrarian base was up for debate within the power blocs. The Soviet bloc was upset at the way the country dithered on radical agrarian reforms.[26] Meanwhile, the American developmental aid that the country accepted was conditional upon slow and gradual economic reform, with no massive political and social upheaval. Such a conflict of interests was apparent to the researchers 'on the ground' too. Agarwala insisted that the whole report be taken as a case study of six villages rather than a study of a sample representing a particular region or state. A total of 944 households were studied with respect to two variables: caste and occupation. The survey method and even its report showed how the conceptual divide between the rural and urban social topography was sharp.

This conceptualization, especially after accruing legitimacy within the social sciences, was crucial in pushing the family planning programme towards incentivized and coercive sterilization camps. The foundational basis for this mode of hard advocacy was that the rural population clusters were too irrational to understand the pressures of nation-building. What this logic misunderstood was that the impetus to have more than one or two children was also coming from modern incentives and responding to the modernizing agrarian economy. In such ways, the Hindu Undivided Family never felt threatened by the small family norm. Even if the survey method constructed family planning as a tool to transform rural society, it did not upset any of the conditions that characterized life under colonial rule. In such ways, the Soviet camp correctly preempted a shift in the way postcolonial governance in India was reflecting colonial biases.

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[26] David C. Engerman, *Price of Aid,* 61.

Agarwala represented the middle path between the Soviet and American camps. He believed that a physical representation of modernity would help families transform themselves away from colonial hierarchies. The geographic manifestation of such a developmental modernity was the postcolonial city. For Agarwala, the city stood for all things modern. Places like Delhi and Bombay were not only sites where people found productive (non-agrarian) employment, but also a respite for the claustrophobia of rural stagnancies.

> As things are, the educated people are mostly attracted to the urban areas because they cannot find suitable employment in villages. It follows then that a large percentage of school and college educated persons will be drawn to urban areas in search of employment unless efforts are made to change the employment pattern in rural areas.[27]

In this excerpt from Agarwala's speech at an international conference, the city appeared as a site of aspiration for an underdeveloped economy, or rather the aspirations of an underdeveloped country. People of this nation were to manifest these aspirations in their own life cycles. Schools and colleges were markers not of mere education but also of lifestyle changes wherein the erstwhile subject of an empire was taught to be a citizen of a decolonized nation. The urban–rural binary legitimized the belief that the city was the only site within which the small family was going to exist. Researchers encouraged the rural households to imitate the mythical family of the urban cities and thereby stick to a norm that was not organic to the rural landscape.

The neat collapse of the urban as everything modern and emancipatory was a response to the two power blocs and their contradictory ideas of a nation attaining self-sufficiency and economic sovereignty. However, this is not to say that the emancipatory appeal of contraception and a small family size was not realized in the rural populations. It was part of the messaging that

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[27] Agarwala, *Population* (1960), xvi-xvii.

was built into the very imagination of a nationalist community. Lower- and working-class and -caste families were responding to the appeal by having small families, and yet the state insisted on dragging these family members to camps and sterilizing them, because their response was not statistically significant for quantifying modernization. This contradictory messaging and stance has been integral to family planning advocacy. It was a teleological end to the way the national family planning programme was being dictated by census data, surveys and demographic research that was mitigating the Cold War. The dehumanizing elements of the urban–rural binary had the most brutal manifestations in the years before and during the Emergency.

A break appeared in the narrative of the self-transformative ability of the rural populations with the census of 1971. The hope of an organic decrease in population size with simple advocacy measures disappeared, while simultaneously, figures like Agarwala took a back seat. Ironically, Agarwala did not support sterilization camps. By 1974, Sripati Chandrasekhar—as a demographer and the Health Minister—suggested a move to mass sterilization camps, even though he was reticent about the exclusive use of these camps without a resultant change in worldviews.[28] Somehow, demographic research defined modernity by a numeric equation between the state and the citizen. What remained was the 'raw' brass tacks of achieving target data figures through consensual or coercive or incentivized sterilizations. Agarwala was never in favor of using the camp approach, as it was called, and gave empirical and sociological evidence that it would not go far in reducing family sizes.[29] His voice did not seem to echo far enough. His early works were oft-cited references which younger demographers made use of in introductory

[28] Cathryn Anne Johnston, "Demography and the Population Problem in IndiaData, Research and Policy, 1938-1974" (PhD diss., King's College, London, 2015).

[29] S. N. Agarwala, "The Arithmetic of Sterilization," *Eugenics Quarterly* 13, no. 3 (September 1966): 209-213.

chapters before pushing for more 'rigorous' ways to achieve target birth rates amongst target groups of young couples of lower- or working-class populations:

> The cost of reducing one child birth through vasectomy operation can be compared with the cost of any other contraceptive by estimating the quantity of a given contraceptive required for reducing one pregnancy and multiplying it by the cost per unit of that contraceptive… undue emphasis on vasectomy is unwarranted.[30]

By the time he died, there were hardly any mentions of him in international conferences and their publications. Gradually, family planning became what it is now—primarily about *nasbandi* and other forms of surgical contraception—and lost all its relevance to and for a city, as a model.[31] Without that notional city, what remained were and are lives disrupted by data.

[30] S. N. Agarwala, The Arithmetic of Sterilization (1966): 210-211.

[31] *Nasbandi* is vasectomy in Hindi.

Figure 12 Indian Express, February 26, 1969, p. 6.

5.3 Transnational Circulation of Compulsory Sterilizations

Even as Agarwala sought out the authority that came with his association with a prestigious school of American demography, he remained uneasy about Frank Notestein's methods. In his insistence to study the sociology and the worldviews of the people who were to limit their output of children, he was moving away from Malthus. He was, by the very method of attempting to understand the social considerations that informed decisions about the family, giving agency to the studied, in ways that were not foreseen within the Malthusian consensus.[32] One can see the 1950s and '60s as a period when the expert in India was perhaps at odds with the Western counterparts as to how to actually solve the population problem. Europe as a parable was constantly thrown around as a stable population with sufficient capital (physical or otherwise) to look after the numbers, even within non- Malthusian economists, statisticians and demographers.[33] The Global South, inflicted with the disease of colonialism, had to create its own solutions. In this reconstruction, the home-grown, Western-educated "expert" with his links to the Global North was vital. And yet, Agarwala and his teams represented something different.

Demographic research was crucial in establishing the conceptual fold of economic development of the nation with the moral development of its people. In the process, certain life choices became markers of the traditional, regressive and thereby anti-national mode of living: resisting contraception became one such marker. It was axiomatic for demographers to find out *why* a certain population did not favor birth control, rather than asking about the modes by which the population encountered the practice and its advocacy. Objectives of planning were thereby

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[32] Please see Alison Bashford and Joyce E. Chaplin, *The New Worlds of Thomas Robert Malthus: Rereading the Principle* (Princeton, New Jersey, 2016).

[33] Erland Hosten, *Population: A Comparative View of European and India Experience* (New Delhi: Institute of Economic Growth, 1981).

constituted by the process of 'reading' the citizen and her life. The idea of teaching proper demographic methods was to teach one how to govern oneself better, and how to enumerate one's families better. In this way, demographic information was inherently about a nation fashioning itself to be part of the developed world.

In the wake of decolonization and the Non-Aligned Movement, the myth of an imminent population explosion which would mean the world population outstripping natural resources for survival helped limit the emancipatory appeal of the historical moment. The decolonized nations understood that the path to sovereignty did not just mean political independence but also the ability to undergo scientific modernization, along the lines of the Industrial Revolution in the First World, but two centuries later and faster. The first hurdle facing this development was large family sizes, especially in rural households. India played a unique role in this equation as a frontrunner for the social experiments that were circulating in the global population control movement.

One of these thoughts was the idea of compulsory sterilization. Even though the policy was never officially adopted in the national programme, several officers were inclined to start it in rural districts by 1969.[34] The flow of consensus from global advocates to local policy circles was evident even in popular culture: editorials describing an impending food crisis that would lead to mass starvation in American newspapers circulated in their Indian counterparts too. Many of these reports were simply syndicated from a press agency in the U.S., with no clarifications

[34] Letter No. 1310.68 PLG dated 24/5/1968 citing minutes if the annual meeting of the Shikhar Samiti of the Family Planning Unit of the Medical and Public Health wing of Delhi administration held on 9 December 1968 from File No. 2 (79)/1973/Services II/CC, Delhi State Archives, New Delhi.

about credibility.[35] Such editorials complimented the rising worry that the rural populations in India had been uninterested in contraception, resulting in a failure of advocacy.

The conceptual binary of rural–urban helped crystallize the eugenic foundations of population control around the narrative of underdevelopment. Demographers, be it American or Soviet-inspired, worked on an easy slippage of perceiving the rural households as irrational and held back in evolutionary time. Frank Notestein slipped from eugenics to demography in his speeches for the American Eugenics Society: as someone who had "lived through the depression of the thirties", he found the two-child rule "a serious handicap to both genetic and environmental improvement".[36] Notestein's rationale for garnering large American families was completely eugenic in character:

> … improved methods of contraception will be made increasingly available and acceptable to families at the lower levels of intelligence… then the number of births would be highest among the more intelligent and successful family stocks in each social class and would be lowest among the least successful and least intelligent family stocks.[37]

Notestein's vision of future generations was that each succeeding generation was more teachable than the other, and in time, genetic change would be in tune with "the changing social

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[35] "Compulsory Family Planning," *Indian Express: The Sunday Standard*, June 8 1969, p. 6. The author David Kaplan was a graduate student in University of California, but the absence of authority was not questioned. Even more problematic is that the editorial from a provincial newspaper, *Los Angeles Times*, was syndicated to a national newspaper and printed without any addendum from any Indian expert.

[36] Proposal for Board Meeting of the American Eugenics Society, written by Frank W. Notestein, attached to letter from Frederick Osborn to Frank W. Notestein, dated 12 May 1970, in Frank W. Notestein Papers (1930-1977), (MC#184), Series 1: Correspondence, Box 1, Folder 10, 'American Eugenics Society, 1970,' pp. 1-4, p. 1, Seeley G. Mudd Rare Books Collection, Princeton University, New Jersey.

[37] Proposal for Board Meeting of the American Eugenics Society, written by Frank W. Notestein, attached to letter from Frederick Osborn to Frank W. Notestein, dated 12 May 1970, in Frank W. Notestein Papers (1930-1977), (MC#184), Series 1: Correspondence, Box 1, Folder 10, 'American Eugenics Society, 1970,' pp 1-4, p. 1, Seeley G. Mudd Rare Books Collection, Princeton University, New Jersey, pp. 2-3.

environment".[38] Notestein hardly ever wrote about his notions of good family stock, intelligence or genetic improvement. This fact made his thoughts for the American Eugenic Society members particularly important. His exposition was indicative of the prerogatives that he would set for national population programmes when he headed the Population Council from 1957 to 1967: nations had to instill self-reliance by controlling the number but also the quality of their populations. In terms of Cold War politics, he was an influential figure who understood the liberal democratic framework within which numbers brought about modernity. Notestein's views of the American population were indicative of the way he wanted the quality of a population to transform, in a spectrum of hierarchies. Lowest in this scale of intelligence was the rural household of a populous developing country, while the highest on this scale was the urban household in an American metropolis.

Understanding Notestein's framework put his frustrations with his student Agarwala into perspective: while Agarwala was busy reconciling data from the decadal census to their logical representations, Notestein wanted demographers to perform social change through their studies. He wanted Agarwala to address the more urgent questions of how to stop certain sections of the population from breeding. All social change had to be on the lines of enabling productive populations, those of intelligent stock to emerge and reproduce. The additional impetus to perform social change through policies that were outcomes of such surveys came from the Soviet funding in the sub-continent that aided a different kind of transformational politics.

Notestein was also deeply suspicious of the demographers in India who were not trained in Western (read: American) institutions. He doubted the quality of research in P. C.

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[38] Proposal for Board Meeting of the American Eugenics Society, written by Frank W. Notestein, attached to letter from Frederick Osborn to Frank W. Notestein, dated 12 May 1970, in Frank W. Notestein Papers (1930-1977), (MC#184), Series 1: Correspondence, Box 1, Folder 10, 'American Eugenics Society, 1970,' pp 1-4, p. 1, Seeley G. Mudd Rare Books Collection, Princeton University, New Jersey, p. 3.

Mahalonobis's trademarked random sampling survey and remarked, "some of the work is extremely good, and I think it ranges from that level down to sheer bluff".[39] His overall impression of Prof. Mahalonobis was that "the man was very influential and could make or break young demographers' careers".[40] He felt that Indian statisticians paid respect to him, and wisely so, as he was crucial to the way demographic research and training would move forward in the country. Notestein added that "he was sufficiently large in his views so that he will use people that disagree with him as well as those who agree with him to accomplish this end".[41] His influence over Indian demography was one of the reasons he had advised Agarwala to not get into political strife with his colleagues in the Demographic Research Centers in Delhi and Bombay, when Agarwala had shared his initial frustrations with the kind of demographic surveys that were being undertaken when he joined the Centre in Delhi.[42] Power bloc politics had transformed a discipline into a contestational site of gossip and bullying. Additionally, such politics in the

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[39] Letter from Frank W Notestein to Dr. K. C. K. E. Raja dated 19 January 1956, Frank W. Notestein Papers, (1930-1977), (MC#184), Series 1: Correspondence, Box 13, Folder 3, 'Raja, Dr. K.C.K.E., 1940-1957,' pp 1-2, pp. 1, Seeley G. Mudd Rare Books Collection, Princeton University, New Jersey.

[40] P.C. Mahalonobis was a founder of Indian Statistical Institute (ISI) in Calcutta when it was established on 17th December 1931. He was also listed as one of the main sponsors, who supported the All India Institute of Hygiene and Public Health in Calcutta. In particular, his sponsorship was crucial to the analysis and tabulation of fertility data from the first National Social Survey, according to the Institute's Annual Report of 1951. He helped establish random sampling as a survey method. The Mahalonobis model invested sufficient text in explaining the pauperisation of peasantry and understood the role of the state in undoing this colonial legacy. It saw the public sector take up the responsibility of building the infrastructural needs of the market, especially as indigenous industries were unable to take up projects that required long gestation periods, before they flourished and became economically viable. A Google Doodle celebrated him in June 2018 and the 'Mahalonobis distance,' yet another one of his anthropometric inventions in survey methods in ISI.

[41] Letter from Frank W. Notestein to Dr. K. C. K. E. Raja dated 19 January 1956, Frank W. Notestein Papers, (1930-1977), (MC#184), Series 1: Correspondence, Box 13, Folder 3, 'Raja, Dr. K.C.K.E., 1940-1957,' pp 1-2, pp. 1, Seeley G. Mudd Rare Books Collection, Princeton University, New Jersey, p. 2.

[42] Letter by S. N. Agarwala to Frank Notestein dated 25 February 1958, in Frank Notestein Papers (1930-1977) (MC #184), Series 1, Correspondence, Box 1, Folder 6, 'Agarwala, S.N., 1955-1964), pp. 1-4.

discipline impacted the institutions that arose to support it, and they played out their own Cold War.

The Soviet bloc was invested in population control, but in a somewhat different fashion. In a meeting held sometime in 1969–70, between demographers across power blocs, the Soviet diplomat Mr. Podyachikh angered several American counterparts. His initial comments were about how "investments into control over birthrate do not create any material values, and this means that they cannot give any kind of profit to a country".[43] While ruling out stiff population control policies in the USSR in the above comment, he angered his transcontinental colleagues with the following comments:

> If neocolonial policy of the capitalist monopolies to exploit the developing countries by methods of nonequivalent exchange were eliminated then the developing countries could additionally invest billions of dollars into their social–economic development which would be very significant in the solution of the population problems.[44]

Ideological differences aside, this comment hurt the very vision of individual choice that led the population control lobbies across the world.[45] Eventually, Mr. Podyachikh had to apologize for the comment and the final report carried a less virulent attack on Western imperialism, as the workshop organizers redacted the words "neocolonialism" and "capitalist monopolies" in the

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[43] Undated 'Amendment to the Report submitted by Mr. Podyachikh of the USSR, Frank W. Notestein Papers (1930-1977), (MC184), Series 1: Correspondence, Box 14, Folder 8, 'Russia- Correspondence with Colleagues, 1969-1971, Seeley G. Mudd Rare Books Collection Library, Princeton University, New Jersey.

[44] Undated 'Amendment to the Report submitted by Mr. Podyachikh of the USSR, Frank W. Notestein Papers (1930-1977), (MC184), Series 1: Correspondence, Box 14, Folder 8, 'Russia- Correspondence with Colleagues, 1969-1971, Seeley G. Mudd Rare Books Collection Library, Princeton University, New Jersey.

[45] Having said that, the Soviet diplomat was also incorrect in showing Soviet lack of interest in population control in the developing world, as paper trail in the previous chapter suggested otherwise.

final report. The event, which was more of an encounter, showcased the categorical differences in the way both camps saw the economic sovereignty of the developing world.

The Cold War, thus, sharpened the divide between research methods employed by demographers trained within the two power blocs. The demographer in the decolonizing world played a very interesting role in this powerplay. In many ways, she or he mitigated the tensions between the two blocs. For the Soviet bloc, American aid was a way of retaining political allegiance of recently decolonized countries, in the garb of helping their family planning advocacy. For the American bloc, the Soviets exemplified a pro-natalist policy via "pressing the consumers down by forceful and forcible means, abandoning the ideal of egalitarianism and democracy, and using much of the population as canon-fodder in the fight for greater rates of capital accumulation and for getting the kind of producer goods skewed growth which the USSR 'enjoyed.'"[46] At the heart of the political contestation was the very meaning of development and sovereignty.

In this war of words, Indian demographers followed the principle of strategic non-alignment. Whenever criticisms of Indian governance came in the form of being too close to Soviet-style planning, the demographer rose to show the difference and offer criticisms of power bloc politics. Pravinchandra Visaria, who attained his doctorate in Princeton some years after Agarwala, wrote in his letter to the editors of *Wall Street Journal* when he was miffed with a series of articles describing the similarities of the Indian plans to the Soviet planning model.

> Indian plans differ sharply from the Soviet Five Year Plans in the emphasis they place on irrigation, community development programmes, and agricultural development in

[46] Notes, attached to letter from Simon Kuznets to Dr Edgar M. Hoover, dated 21 September 1956, in Ansley J. Coale Papers (1935-1988) (MC #208), Series 2: Correspondence, Box 6, Folder 12, 'Coale-Hoover Report, 1956,' pp. 5, Seeley G. Mudd Rare Books Collection and Library, Princeton University, New Jersey.

> general. The real bottleneck to increasing agricultural production seems to be, apart from the vagaries of nature, which have necessitated certain reliance on US agricultural surpluses… the failure of organization and administrative structures to execute the accepted policies…[47]

Visaria differentiated Indian planning through its emphasis on developing the rural economy. His argument was that statist infrastructural intervention would rid the country of its backwardness and the governance would then truly be non-aligned. The rural economy imitated the infant-like stage of Indian capitalism, and its growth and industrialization was a marker for the country's will to be a democratic nation and a powerful voice in the non-aligned political camp. Individuals like Visaria had learned from their predecessors like Agarwala and negotiated power blocs in tiny diplomatic détentes. They relied on Indian governance proving that economic aid did not merely mean falling in line with either of the camps. Indian demographers tried to leverage the space between the power blocs to interpret economic development in ways that suited Indian societal specificities.

Notwithstanding the non-aligned nature of their involvement, by the end of the 1960s, Indian demographers were reeling from the pressures of the Cold War political scenario. Their influence on domestic policies thereby became increasingly constricted and aligned towards targeted sterilizations. Under such a political climate, they were expected to show quick and tangible results from their studies. The rural–urban binary received legitimacy beyond the Department of Family Planning, especially as agrarian unrest increased in the country.[48] An

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[47] Letter to Editor, Wall Street Journal, from Pravin Visaria, dated December 14, 1959, Frank W. Notestein Papers, MC# 184, Series 1: Correspondence, Box 18, Folder 5, 'Visaria, Pravin, 1958-1964,' pp.1-2, Seeley G. Mudd Rare Books Collections and Library, Princeton University, New Jersey.

[48] For more on agrarian distress fostering violence towards the state, please read Sumanta Banerjee, *In the Wake of Naxalbari : A History of the Naxalite Movement in India* (Calcutta: Subarnarekha, 1980).

illustration of a Malthusian interpretation of agrarian distress was the Hoover–Coale report wherein family size stood for India's economic policy, spending behavior and investment patterns.[49] Through the report, the Princeton demographers linked agricultural progress with rural family planning. The state's response to violent attacks on and by landless farmers became an even more sharply targeted and incentivized tool of contraceptive advocacy.

The question of eugenics was never too far from population control. Through the 1950s, the state consciously worked with a Malthusian economy with the belief that the national population needed to understand its role in transforming the country. The 1960s saw a variation in this stance: the state started leaning more closely towards eugenics as it became evident that demographic trends were far from what it envisioned. By the 1970s, the state had shifted towards the extreme end of the ideological spectrum, wherein the urban and rural poor were the groups that needed to be wiped out. Such an understanding of poverty coalesced with eugenic concerns of quality of populations, wherein upper- and middle-caste and -class families were the harbingers of modernity and development. The power battles of the Cold War camps accelerated the Indian state's transition from soft Malthusian economics to a hard eugenic posture. The primary actors who interlaced the global moral landscape with domestic shifts of power were the demographers.

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[49] Ansley Coale Papers, MC#208, Box 6, Folder 12, Coale-Hoover Report 1956. The report is also worthy of a stand-alone study that connects alarmism about congestion to population explosion and thereby shortage of resources. Ragnar Murkse, a colleague of the demographers, responded positively to the report and added, *"I am critical of Indian thinking rather than of you…"* when discussing its contents in letter dated October 2, 1956 in Ansley Coale Papers, MC#208, Box 6, Folder 12, Coale-Hover Report, Seeley G. Mudd Library and Rare Books Collections, Princeton University New Jersey.

5.4 The Stunted Rise of the Political Demographer

As the 1970s dawned, so did the era of targeted sterilizations as the main population control mechanism. The transition was possible solely through the experts who guided state visions. Experts across governmental departments debated the use of external aid to accomplish particular infrastructural projects. As David Engerman noted, "both superpowers created apparatuses to disburse development aid to Third World nations, and in the process built up the institutions of an economic cold war."[50] Such a significant investment meant that the particular individual or group that brought the external funding represented that camp. Agarwala, for instance, helped establish the demography unit of the Institute of Economic Growth in Delhi as a response to the Indian Statistical Institute that Mahalonobis started in Calcutta.[51] Such posturing, however, was short-lived and ephemeral. Both camps of demographic studies were increasingly irrelevant as India found newer ways to legitimize targeted sterilizations.

Individual expert-figures had as much to gain from the economic cold war as the power blocs. David Engerman defined such personal aggrandizement projects as development politics.[52] Scientists, doctors, engineers and demographers grew in social status and mobility as Soviet and American aid givers sought them out. At times, the same prominent scientists like Homi Bhabha received financial attention from both camps. Such development politics led to the rise of the political demographer: first as an expert who quietly transgressed a formerly apolitical consultative role to the government, then becoming part of the political representation of governance.

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[50] David Engerman, *Price of Aid,* 7.

[51] Even though the Demography Research Unit in Delhi was set up three years earlier (1957) than the one in Calcutta (1959), the international demography community was aware that Mahalonobis had started a Statistical Laboratory that tried unconventional sampling techniques long before its official establishment.

[52] David Engerman, *Price of Aid,* 3.

Dr. Sripati Chandrasekhar represented the changing role of the demographer in the country. As a Health Minister, he steered the national population control policy towards targeted sterilizations even as his colleagues were uncertain about the stress on a singular approach.

> … the success of our programme depends upon individual persons in whom the desire to improve their lot exists and whose desire be implemented by the successful adoption of the small family norm.[53]

Dr. Chandrasekhar wrote these lines in 1968. This excerpt showcased several parallel developments: the national family planning programme identifying the small family as part of personal economic wellbeing; that such identity was possible because of an individuated desire to "improve their lot," and finally, that such a desire could be acted upon through a normative family size. The statement reiterated the Malthusian logic of tying material economics of the nation to the psycho-social 'evolution' of an individual citizen. Even as Chandrasekhar was heading the Health Ministry with a belief that an individual's internal want for social mobility would push her or his interest in small families, the country was already witnessing sterilization drives which were reaching the scale of 11,000 operations per day.[54] Reports of violence from villages started appearing in national newspapers by the following year.[55] There was no ambiguity in the fact that villages directed the violence at health personnel in sterilization camps and mobile vans, as acts of protest against the two-faced nature of family planning messages. The duality of approach illustrated the contradiction built into governmental advocacy for a small family size to be the norm for families across the country.

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[53] Sripati Chandresekhar, Editorial, *Centre Calling,* Volume 3, Number 11, November 1968, Centre for Research Libraries, Chicago, Front Cover.

[54] *Centre Calling*,Volume 3, Number 11, November 1968, Centre for Research Libraries, Chicago, p. 1.

[55] Press Trust of India, "Death During Sterilisation Denied," *Indian Express*, January 3, 1969, 5.

Dr. Sripati Chandrasekhar took over the leadership of the national health administration in 1967. Trained in sociology at New York University, he wore the hat of a demographer for the Indian family planning program. The way the program functioned had a lot to do with his personal convictions. Dr. Chandrasekhar was crucial in vernacularizing demographic vocabulary into everyday policy. He and his colleagues wielded their authority as renowned demographers to gain political visibility. P. C. Mahalonobis, for instance, used the influence he enjoyed with bureaucrats to establish the Indian Statistical Institute in Calcutta. One unique characteristic about Sripati Chandrasekhar was that he made the transition from demographer to Health Minister look easy. But he was more of an exception in this trend. Even as statistical analysis was gaining legitimacy in influencing the five-year plans, the authors of these studies did not express political ambitions. It was their job to merely account for and channel national funds towards 'actionable' programs.

In the process, they also outlined the evolutionary stages of economic development. As Partha Chatterjee noted, the apolitical expert delineated development as "… a linear path, directed towards a goal or a series of goals separated by stages".[56] Demographers, through their studies, scaled problems in time and urgency while tying modernity to family size. Thereby, their work was political in the way it charted the allocation of resources towards specific outcomes and along specific timelines. They were crucial in creating a national community and a national interest around the planned family, and they also established the nuclear family as the normative modern family unit. Being modern, for the common man, had something to do with family size. Demographic data served the nation in two ways: in national politics and in shaping public opinion. Apolitical and scientific data: collectors were to decide what the economic wellbeing of

[56] Partha Chatterjee, "Development Planning and the Indian State," in *The State and Development Planning in India*, ed. Terence J. Byres (New Delhi: Oxford University Press, 1994): 56.

a nation and its people looked like. The 'expert' figure supplemented state bureaucracy, who did not share their expertise but had to solve particular social problems.

The demographer was the person who solved issues of poverty and colonial exploitation through numbers. This expert smoothed the relationship between the state, and the people–nation linked the particular interests of the state with the particular interests of its people. A political demographer like Chandrasekhar translated the state's developmental paradigm to numbers which then circulated amongst the people as axiomatic facts. The apolitical nature of his involvement as a Health Minister also gave the paradigm and its associated modernization an air of authenticity and purported universality. His expertise outweighed the fact that he was not an elected representative of governance. Even as demography produced a crucial vision of what exactly being modern looked like, it also established contradictory messaging around planning families: individuals could achieve the unit by choice of contraception available, but their class and caste location would decide their choice of sterilizations (through coercion and/or persuasion). The inherent contradictions of the Indian developmental experience did not spare the demographer. Demography had many other political uses. It fundamentally changed the modes of affirmative citizenship. The metaphor of development, therefore, worked as a meta-narrative that sutured various technological solutions to poverty. It answered questions of resource depletion and iniquitous health conditions plaguing multitudes of poor through the language of statistics and demographic trends. Such modes of explaining poverty meant that the language of politics was seen as separate from the scientific domain of poverty alleviation. Scholars have investigated the role of the Planning Commission as a body that brought together several technological solutions under the analytical category of planning.[57] 'Planning' was fraught with tension, as the state never

[57] Partha Chatterjee, "Development Planning," and Benjamin Zachariah, *Developing India: An Intellectual and Social History*, (New Delhi: Oxford University Press, 2005).

really explained what exactly constituted this category. The analytical purchase of planning stood on the narrative of development. In terms of global ramifications, too, demography's role in establishing India as a prototypical developing society and a leader in terms of leading a passive revolution of social reform—and thereby, an internally stable unit—was significant.

Planning was a political task that used the vocabulary of social sciences—most significantly, economics, sociology and demography—to appear apolitical. The language of the five-year plans was imbued with data and projections about the national population. Such an exercise relied on the credibility that the social sciences brought with them. Therefore, Benjamin Zachariah argued that it was necessary to look at conceptions of development as analytically distinct from conceptions of planning. Although the two concepts travelled in pairs from the 1930s onwards, to conflate them entirely is to confuse form with content. Once the two concepts are delineated, we see how the Indian model of development evolved: the political language in India of the 1930s was a peculiarly transient one, which referred to many international events, like the Depression, the New Deal, fascism, and the Soviet Union. This cosmopolitan vocabulary was grafted onto intellectual currents and concerns emanating within India, incorporating within itself nineteenth- and early twentieth-century debates and adapting them to the new Indian context. The Indian mode of development fashioned itself to be a discourse which identified itself as 'socialism', but which was a mixture of three predominant elements: ideas of science, of economic and political 'socialism' and of 'national discipline'.[58] Thus, the five-year plan documents were global in scope while local in intent.

Development planning entailed constant comparisons with other developing nations, in the race to embody a developed world. Marshall Berman, in his titular work on urban sociology,

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[58] Zachariah, *Developing India*, 211.

stated that modernity entailed a contradiction of being.[59] It entailed a desire for development, which was marked and indexed in stages of evolution. This series of endless steps literally led nowhere, but the promise of completing all stages of evolution kept societies going through the rituals of each stage. He traced this totem to German writer Goethe's *Faust* (1829). With Faust, Goethe identified "an affinity between the cultural ideal of self-development and the real social movement toward economic development"[60] The ability to be modern was thereby the ability to transform oneself and one's world, at whatever cost possible. When statistical enumeration joined this stream of consciousness on modernity, it became the most tangible mode of documenting modernization. Demography was the most accessible way for recently decolonized nations to find themselves, wherein each society wrote its own modern script through census figures. Fact and fact creation were eventually sites of Cold War politics because it was with facts that nations were choosing the United States or Soviet camps.

Demography constituted the fact upon which policy could be created. It was not surprising, therefore, that certain clusters of populations were marked as modern within nations. These citizens were aware of developmental planning, of modernization and the changes it entailed in their individuated existence. The modern nuclear family was at the centre of this population-level transformation. It became the index of measuring modernity. The families that resembled this notional modern family brought about changes in the social topography of a country. These families created their own worlds through whatever means the state made available: education, health and popular culture. Such a scenario also meant that modern households were uniform and imitated one another.

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[59] Marshall Berman, *All That is Solid Melts into Air: The Experience of Modernity* (New York: Penguin Books, 1988).

[60] Marshall Berman, *All That is Solid*, 40. Emphasis in original.

A collateral outcome of the political expert was that the state used its planners and demographers to respond to the agenda-setting power blocs. The consensus on sterilization in the late 1960s onwards was an outcome of such a play-off. Chandrasekhar, as the face of the state, turned citizens into objects of enquiry and approved a form of paternalist and targeted welfare. The state used his 'expertise' for a two-fold aim: to bring legitimacy to health administration (bureaucracy) and to approve political decisions about family planning. An example of this exercise was the National Small Family Norm Committee that was set up immediately after he took over his ministership. The committee suggested:

> … a system of bonus for the women employees equivalent to one month's salary where sterilization has been accepted by them or their husbands… in the case of the industrial women workers this will provide an attractive alternative to the system of current concessions which are available for any number of children. The Committee also feel that these concessions need not be extended to women employees above a certain income and age level. The Committee have in mind the granting of these concessions to only the lower socio-economic groups, and to women who are well within the active reproductive age span, say below the age of 35 years…[61]

Since the Committee hosted members of national labor unions and government employees' associations, the intended population cluster was all economically productive citizens in the country. The nature of stipulations reflected a tendency to identify specific traits of families that deter them from the small family norm. The young, working-class mother functioned as an easy marker of someone who choses to have more than two children. Giving her a financial incentive to sterilize or cutting her salary and revoking medical leave for her third child were ways in

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[61] Government of India, *Small family norm committee: report, 1968* (New Delhi: Ministry of Health, Family Planning and Urban Development, 1968): 9-10.

which the state ensured acceptance. These recommendations showed that the line between incentive and coercion was blurry, if not missing. Such methods manifested the ethos of targeted welfare that Chandrasekhar's ministry legitimized. It was not surprising that by the end of his tenure in 1971, the ministry had galvanized public opinion in favor of legalizing abortions in the name of saving poor and working-class women.

Such a move was needed because of a shift in the global power bloc politics. Of the several factors that can be identified as making targeted contraceptive advocacy the norm, the removal of aid from philanthropic organizations was most significant. Due to changes in internal political economy and foreign policy, American aid was hereby channeled along the lines of specific projects that the USAID would fund or oversee. The philanthropic organizations, especially the Population Council decided to move away from population control as their main agenda. As David Engerman observed, "the financialization of American aid reflected bilateral Indo-American relations—most notably the concerns of top Indian officials about too many Americans roaming the Indian countryside or the halls of the economic ministries in New Delhi."[62] Nonetheless, USAID funded the PL480 programme of food aid to India, with very stringent conditions about its operationalization. Such a dramatic policy change created a vacuum in the Family Planning departments across states. These departments were left on their own (with declining funds) to register a significant drop in birth rates in the next decadal census.

The India–Pakistan war of 1971 (and the eventual creation of Bangladesh) changed the tenor of Soviet aid to India as well. Aid was militarized in the way it was channeled towards military requirements. However, the change in the form of aid impacted the overall tone of governance in

[62] Engerman, *Price of Aid*, 352.

the country, as a culture of targetism and other military terms spread across departments.[63] The legalization of abortion and its acceptance as yet another mode of family planning normalized the culture of targetism around 'rural women'. Additionally, the rise of World Bank as a prominent aid-giver meant that poverty eradication, and not overall economic development, was the analytical category that would determine welfare.

Perhaps Chandrasekhar was blindsided by these developments. He was certainly not aware of how he was going to be the only demographer to be invited to join the circle of political representation.[64] In sum, a distinct change had occurred in the nature of family planning advocacy that was somewhat permanent. It also showcased the end of the era of Malthusian developmental modernization and its attached development politics. A global and local interplay of forces had set the stage for a bout of targeted and coercive sterilizations. The figure of the demographer was a pivotal one that dictated the terms of development for the early decades, and the demographer was slowly replaced by other expert figures when the global powerplay shifted aid from population control to food scarcity. Such a shift, however, would not have been possible without the power blocs defining the terms of an entire discipline and its practitioners.

5.5 Conclusion

This chapter described two processes that constituted the enumerated socio-political reality of the nation: the way citizens and their realities were translated on paper, as digits and categories, and

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[63] It is worth noting that the word 'surgical strike' uses its biomedical connotations of precision and focus. What we see here is a complimentary and opposite appropriation: one that biomedical administrative structures found easy to cover its eugenic tracks.

[64] The fact that he felt redundant in his ministership was apparent in the way he stood out in his views about the imminent population explosion, and stress on voluntary celibacy for young couples. He also upset the Jan Sangh by saying Hindus should eat beef. See Douglas Martin, "Sripati Chadrasekhar, Indian Demographer, Dies at 83," *The New York Times*, June 23, 2001, https://nyti.ms/2gVo8mX (accessed on May 13, 2019).

how that had a way of informing how the state would empower them, or not. We discussed how family planning became an index for modernization of the nation. Demographic studies kept count of the way the nuclear families emerged in the country and the precise forms they took. Simultaneously, the state tracked resistance to the normative family through these studies. Demography made it possible to collapse 'modern' with 'family size' and create an index of developmental modernity, with nuclear family as currency. It also informed the social technologies implicated in the creation of a small family.

'Family size' as an index of the modern family was a purely sociological invention. Modernity becomes calculable after establishing the small family as an ideal type. Demography rose as a religion of numbers, wherein a certain amount of blind faith was required in the transformative powers of enumeration. As it accrued power with the state, it became a full-fledged discipline with its own standing, and not derived from economics or sociology. It was the demographer's job to lead social reform through numbers and interpret data about the complex reality of decolonization, as well as to bring forth remedies. The nation sought to justify its existence by enacting these remedies. The demographer found ways to articulate developmental modernization. Meanwhile, the state created a pedestal for developmental modernization.

The original anti-nationalism, in this sense, was to be anti-modernization, at least as the state defined modernization. Resisting the linear path towards economic prosperity through a small family size was akin to resisting the very idea of nation-building. Resistance to family planning was categorized and collated as among 'rural' ways of being. Acceptance of contraceptive technologies came to stand for a way of life that was modern and aware of economic upliftment. Demography aided this easy conflation of the rural with the backward. The evaluative studies on contraceptive use collated various enumerated subjectivities under the neat urban–rural binary. Guiding this process of collation was the worry of population explosion which informed the

research questions and design of surveys that blinded the researchers to possibilities outside this construction. In many ways, the researchers produced data that would advocate for the state, even as individual demographers were uneasy about their proximity to state power.

The similarities between enumeration during a survey or a census may be many, but the role that a survey plays is distinct from that of a census. In a way, the census is the final data set which offered the possibility to hold small-sized, specific enquiries. As a discipline, demography grew with the survey as a method to provide more 'flesh' to the raw data of the decadal census. That the discipline owes a lot of its valence to population control theses across the globe is another matter. Malthusian economics found its most visible manifestation in works that asked how family planning practices could be made acceptable to the 'ignorant masses'.

A figure recurring in the chapter is Agarwala's graduate supervisor Dr. Frank Notestein. He was one of the key leaders of the population control movement and a demographer based in Princeton University. He headed the Population Council from 1957 to 1967. Notestein's vision of family planning designated a specific role for the state vis-à-vis the citizen. While the state was to provide the framework and resources for a small family size, the ultimate decision was with the private citizen. The citizen was incapable of change and reform if the state did not provide him/her with a viable economic option: the nuclear family thereby had incentives like more housing, more tax benefits, better schools and more investments. The Indian state imbibed this vision as part of its state works. The vision of a small family size came with an autonomous and 'new' way of life. Those who understood and accepted these ideas were modern citizens, while those who did not were neatly categorized as backward and unaware citizens.

Notestein's vision of contraception translated in specific ways in Indian domestic policies. It upheld the state's conviction that the family size was the root of all evil meaning that every household was to see itself as part of a larger community of nation-builders. This national

community was ambitious, courageous and wanted to bring this postcolonial nation on par with the developed world. This vision of a modern community was available to all, and anyone with a sustained employment could use it and feel like they belonged to the nation. Demographics and the social scientists purportedly led a passive revolution in villages, which could be modernized without radical violent restructuring. Family planning played an important role in the passive revolution: by accepting contraception, people acknowledged the state's vision. However, the use of contraception in itself could not bring about development. By the 1970s, Notestein and Mahalonobis—two ends of the ideological spectrum supporting India's developmental stress on population control—were becoming redundant as the state could not see the immediate results of heightened national growth. Thus, the decade saw the first frustrations with the planning process, and the state proposed a quicker route to building the national economy: targeted sterilizations as targeted welfare and an anti-poverty mechanism.

Simultaneously, the Ford Foundation funded Demographic Research Centres in Delhi and Bombay. But the political imperatives of Cold War guided these institutions. The discipline of demography, in this sense, was not only guided by imperatives of domestic politics and nation building, but also by the global political scenario and power bloc politics. The nodes of this form of state works undercut national borders and fed on a network of expert figures spread across the blocs. Such a stress on enumeration, surveys and studies observing behavioral changes in populations was possible because of the roots of Indian planning that lie in the pre-1947 period. This attention intensified and was translated into action and political will after 1947. Until the 1960s, development planning in India was the focus of concentrated intellectual energy. There was widespread belief among India's politicians and within India's intellectual community that planning could solve poverty. Indian planning in the first two decades after Independence produced work of considerable intellectual distinction, as it was original in its procedures and in

the structures which it created. However, plan implementation was a consistent source of concern. The demographer, as the apolitical expert, was to translate the planning prerogatives to actionable points and seek to discern how society was transforming according to the stated goals.

The planning process was an exercise in which the contradictions that are inherent in Indian development planning play themselves out. The state was both the domain of planning, and domain of social power. The domain of planning informed that of social power through categories of knowing. Agarwala illustrated this interplay in the categories that he used to document contraceptive use in differing populations. Modernity, in the form of urban Delhi, determined the objects of sociological enquiry. He accepted the state's understanding that geography and built environment determined people's choices of contraception. In the process, he and his colleagues validated a form of state works that employed a very specific form of national development, one that erased multiple possibilities of a nuclear family. The national population was registered through a Malthusian economy that linked family size to class locations. Working class populations had very specific (but varied) choices in front of them, in order to rise up in the social ladder.

Therefore, the modes by which a family entered the national community differed according to its historical location. But once a family entered into the community of small families, it could accrue social mobility. In this way, the vision of a uniform national community was an equalizer. The vision neatly folded in individual choice with the state's vision. However, this statist vision worked for the self-sufficient middle classes and failed to take into account the section of the population who literally could not afford a small family size, even if it aspired for the same. These people became targets of surgeries. Their lives quickly transformed into data that would fetch the health worker rewards with the District Officer. Thus, the advocacy around the

nuclear family produced contradictory visions for its audience, just as the intended vision kept changing according to an interplay of global and local forces.

Chapter 6

Hum Do Hamare Do: The Creation, Circulation and Afterlife of a Statist Campaign

Figure 13 Centre Calling 4, no. 4 (April 1969): 12

This chapter traces the development of a unique international family planning campaign that started in India. It had been in the making since the early 1960s. As has been discussed, the Indian population control programme worked with the twin approach of soft counselling and hard technologies that were targeted towards specific populations. But it was not until particular developments in the late 1960s that India would produce the first international symbol for the global population control movement: the coming together of two individuals, an Indian

bureaucrat and a Ford consultant, and the rise of instructional mass media and nascent interests in advertising. The two creators came together because of the political climate of American soft power in the time of the Cold War. This chapter argues that the visual campaign not only captured the essence of India's family planning program but also illustrated the visual currency of a soft Malthusian economy. The circulation of the image of the nuclear family and its slogan far outlived its immediate function as state-sponsored advocacy.

In four parts, the chapter investigates a unique campaign that the state started which outlived its initial form as an instructional campaign and became immersed in contemporary popular culture. The first section of the chapter explores the visual artifact that represented the national family planning programme in India: *Hum Do Hamare Do* (We Two, Our Two). The second section focuses on the transnational circulation of the idea and the symbol, and how it was bolstered by its domestic popularity. The third section discusses the nationalistic aspects of the symbol and the slogan. The fourth section explores how the notional family of the red triangle became a way of signifying change in a postcolonial society. The small family size was accompanied by drastic changes in roles and perceptions of conjugality.

6.1 Creation Of The Slogan "Hum Do Hamare Do"

The 1960s witnessed a peak in statist instructional campaigns that the Ford Foundation supported. In December 1968, an individual named Frank Wilder presented a paper in a Carolina-USAID Workshop titled 'Mass Communications in Family Planning.' This presentation was, perhaps, the first time he presented the inverted red triangle to the developing world. As a consultant to the Ford Foundation's India Office focused on mass communications for family planning, he had been working on the symbol for the past three years. The inauguration of the symbol was a significant step in not only his career, but also for the Indian official who helped

him create it, Dharmendra Kumar Tyagi or Deep Tyagi. Together, the Ford official and the Indian bureaucrat gave the country and the global population movement its first symbol.

Evident from this inaugural moment was the global outlook that was built into the inverted red triangle. It was fashioned to be easily translatable across varied socio-economic contexts of the developing world, especially "mass communications scenario[s] of varied nations". [1] Wilder's framework helps understand a relatively understudied aspect of the Ford Foundation's population control programs: the role of media messaging in propagating the planned, small family. In his attempt to set up a model of messaging that could be applied to numerous developing contexts, we see how the *science* of population control comes alive. It constructed the perception of the developing world as an internally stable unit of decolonization and poverty.

Through his paper, Wilder suggested three forms in which the media messages around family planning could be designed. The vague message was "Practice Family Planning". This was followed by a generalization: "A Small Family is a Happy Family". Finally, there was the national appeal, "For National Progress, Plan Your Family". The last statement clearly links the population control programme to the national developmental goals. It is in this manner that propaganda on family planning makes explicit economic assumptions of controlling numbers. He elaborates on the inverted red triangle:

> A symbol like the Red Triangle, used wherever family planning is in evidence, acts so much as a reinforcement of the message that it must be considered a part of the message. Since the Red Triangle is the only such symbol in existence today, let us examine how it

[1]"Suggestions for Finding the Best Media and Messages in Family Planning Mass Communications,"FA739B, Series 3255-6261, Box 166, Folder 003678, Ford Foundation Catalogued Reports, Rockefeller Archive Center, New York, p. 2.

> works as a communicating device…it has no prior meaning, good or bad. Thus, in the minds of the audience, it assumes only one meaning—Family Planning. Second, it is so simple in design that it can be quickly reproduced anywhere in the country without the need for artistic talent. It can indicate the location of family planning clinics, vehicles and other facilities of the program. Family Planning field personnel in the remotest areas can easily be distinguished when they wear this symbol. The Red Triangle is distinctive in shape, and because of its bright red color, it can be seen at great distances. It can also be used to mark contraceptive products. Most important of all for the developing countries, such a symbol can be verbalized—i.e., anyone can call it by name without the necessity for further communication about it.[2]

Something particularly interesting about the way he envisioned the symbol was how he framed the message of family planning in diverse ways by creating a simple inverted equilateral triangle filled with the color red. The sign imitated the 'stop' sign of a traffic signal but apart from that connotation it was empty of meaning. Such a creative imagery could perhaps be the first attempt at *branding* a governmental policy. Wilder stressed that the shape transcended boundaries of literacy and words. The symbol was unique in the way the intended audience gave their own meanings to it; its connection to family planning does not take away the agency of the recipient of this message. The audience was not a passive acceptor who is internalizing the message. They had the space to *translate* the idea in their own words and *interpret* the planned family in their own ways.

Seen this way, multiple questions arise from the organizational structures and priorities of postcolonial governance. One key question is about the role of the transnational consultants who

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[2] "Suggestions for Finding the Best Media and Messages in Family Planning Mass Communications," FA739B, Series 3255-6261, Box 166, Folder 003678, Ford Foundation Catalogued Reports, Rockefeller Archive Center, New York, p. 11.

visited the country for specific tasks and programs. Many times, they stayed for longer periods than originally intended. Often, they would bring their experiences from programs in other developing countries and try to implement them in the immediate context. The consultants were very often doctors, epidemiologists, demographers and social scientists who the Ford Foundation invited to address questions of design and distribution of grants that were suited to particular projects, not all of which were about population growth. These consultants and the reports they leave behind documented the postcolonial state and its working style. To understand the modes of governance in the recently decolonized world, it is important to study the worldviews, stereotypes and assumptions that guided the consultants as they examined the problems at hand and provided solutions. In this sense, they were the documenters of history who often juxtaposed their varied experiences in the developing world, thereby showing how ideas circulated and mutated in their journeys across different development paradigms. The campaign around the inverted red triangle and the slogan 'Hum Do Hamare Do,' also led to a certain cross-fertilization of ideas that was unique to the post-'47 governance in India.

It is important to study the evolution of Frank Wilder's trajectory as a Ford Foundation consultant. Wilder joined the Ford Foundation headquarters on 22 August 1966 as a 'Consultant in Mass Media, Family Planning'.[3] By the third day of his new role, even before reporting to Delhi, he had visited the Population Studies Centre at the University of North Carolina, attended the population session of the annual meeting of the American Sociological Association, met with officials from the Population Council, and examined family planning programs in Korea and Taiwan. He arrived in Delhi on 15 September. Though his precise qualifications were not stated,

[3] Report on and by Frank Wilder dated September and October 1966, Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York.

it could be gleaned from the correspondence that Wilder was a respected figure in the field of mass communication research, known for his inventiveness.[4] His main role was to provide technical assistance to the Assistant Commissioner (Mass Education and Media) of the Indian government. He was to also monitor the Ford Foundation grant for mass communication elements in family planning. A peculiar fact of interest in this report was that Wilder was already in a working relationship with his "present counterpart", Mr. D. K. Tyagi. Wilder had worked with Tyagi on mass communication in India for over five years before joining the Ford office (whether this work was towards family planning was not specified). [5] This correspondence highlighted how Council fellows and Ford consultants were aware of the value of working with Indian officials, which led to many unique collaborations in the 1960s.

Transnational philanthropists circulated experts as consultants in tune with local needs. The Ford India office brought in Wilder as a response to "recent scattered reports of high drop-out rates among Loop users and a sharp levelling off of new insertions".[6] Further, the Indian government had channeled 10.7 crores INR for mass communication in the Fourth Plan. The organization thought it wise to establish mass media units across the nation which would be responsible for outdoor publicity such as building hoardings, exhibits, bus boards and posters; audio-visual vans and motion pictures; radio and television; advertisements and special advertisements. A part of the agenda was to counter anti-Loop rumors that were stopping women

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[4] An Indian newspaper claimed he was an Assistant Editor with the Washington Post. *"Priority News,"* Indian Express, 31st January 1969, p. 3.

[5] Report on and by Frank Wilder dated September and October 1966, Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York.

[6] Report on and by Frank Wilder dated September and October 1966, Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York.

from surgical insertions. Thus, the mass media campaign was a social technology that had a specific pedagogic function of encouraging women to get IUDs. This fact is important because it shows how the state was not keen on solely advocating sterilizations for poor populations *yet.*

The Indian Assistant Commissioner, Deep Tyagi, used Wilder's help in creative ways. Together, they assessed short films that were circulated under family planning advocacy. A preliminary session was held in Bombay with fifty directors, producers and writers of the Films Division to finalize content. Under Tyagi's supervision, the Directorate of Advertising on Visual Publicity printed over six million copies of pamphlets and distributed them across states. Thirty thousand low-cost transistorized radio sets were distributed to low-level Family Planning Extension workers. All government correspondence and stationary had to carry family planning slogans. Wilder was instrumental in establishing the monthly newsletter *Centre Calling* as the official mouthpiece of the Department of Family Planning. The masthead of the newsletter carried the inverted red triangle next to the title. Tyagi used governmental correspondence creatively to make bureaucrats across departments aware of the expanse of the population programme.

The Ford Foundation grant helped the Program officers buy expensive audio-visual equipment for demonstrations to state workers. Together with Central Family Planning Assessment Teams, Wilder was involved in training lower-rung officers across states. All the while, Wilder contemplated symbols for family planning across the world. This symbol would not only help people identify contraceptive technologies but would also "help masses of people verbalize the program, the methods, the whole concept of family planning".[7] Citing the example

[7] Report on and by Frank Wilder dated September and October 1966, Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York.

of the Red Cross, he was consistent in his insistence that the chosen symbol should have no meaning, except the association with family planning. [8] Educating lower-rung officers of the importance of branding strong imagery was germane to Wilder's training in mass communication action research.

The search for a universal symbol was the product of studies in behavioral sociology. Such studies established whether people accepted or rejected contraception and the factors that motivated them to use it. Researchers (mostly from American schools) believed that repeated exposure to a symbol or a slogan via mass media could inculcate behavioral change. The prestige attached to such Knowledge–Attitude–Practices studies was such that even the Family Planning Department was invested in creating change through imagery. When Wilder sketched some preliminary ideas revolving around an inverted triangle, the department officials discussed them and carried out some preliminary tests. These pilot trials were centered on whether individuals remembered the symbol and its connotation, not whether they believed in using contraception or not. The trials led to a consensus in the Department supporting a solid red inverted equilateral triangle. Wilder seemed certain that the Department would try out this symbol publicly, perhaps quite widely.

Very soon, Wilder appeared in Indian newspapers as the American consultant who had successfully embedded himself in the Indian population movement. He wore "the red triangle, the family planning symbol, like a victory badge on his dress, handkerchiefs, and visiting cards". [9] He

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[8] Report on and by Frank Wilder dated September and October 1966, Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York.

[9] "Priority News," Indian Express, 31st January 1969, p. 3.

explained how the simple, repetitive symbol helped cross the barrier of illiteracy. The journalist, clearly in awe of Wilder, wrote:

> Listening to him on family planning, you almost get hypnotized. How to get the message across to 500 million people of a country like India where you have 860,000 villages and 3000 towns? Through mass communication, says Mr. Wilder, through audio-visual aids—radio, films, newspapers—anything that cuts ice with the people. The target of reducing birth rates must be achieved.[10]

The reporter believed Wilder. Not only because of his enthusiasm, but because he was an "old-timer" who knew "the Indian villages inside out and how the ordinary villager feels".[11] This special status that was accorded to Wilder reflected how Wilder and Tyagi's campaign was flooding the Indian streets, markets and every other public space. It also illustrated how individuals could create multiple ways of negotiating power bloc politics of the Cold War. Wilder and Tyagi were aware of the political nature of their placements and their limitations. Wilder's enthusiasm to work in Indian villages came from a commitment to circumvent these limitations around his role.

State functionaries found innovative ways to display the symbol. Haryana, for instance, displayed the symbol on poles across the national highways and the Grand Trunk Road. Displayed with the symbol was the message "Do Ya Teen Bachche Bus".[12] Over one lakh metal symbols were circulated to workers across the country, with Uttar Pradesh producing 25,000 badges alone. A crimson colored postage stamp was issued was issued in October 1967. The

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[10] "Priority News," Indian Express, 31st January 1969, p. 3.

[11] "Priority News," Indian Express, 31st January 1969, p. 3.

[12] Translates to 'Two or Three Children are Enough!' in *'Symbol Popularity reaches new dimensions,'* Centre Calling, December 1967, Centre for Research Libraries, Chicago, p. 9.

stamp showed the family planning symbol and a couple with two children. Doctors and medical officers would use the symbol and the slogan inscribed under it while writing out prescriptions.[13] Such imagery was elastic in the way it changed according to the social topography of the land. For regions with documented resistance to contraception, which were deemed largely 'rural', the message asked people to stop reproducing at three children, not two. The cities saw a more rigid message of only two children. The audio-visual imagery of the inverted red triangle and its accompanying slogan followed the urban/rural binary that informed the overall population control program.

The paper trail on Wilder is thin—apart from few administrative correspondences—and it is thinner still on D. K. Tyagi. Wilder introduced Tyagi to *Life* magazine as "a strange and rare breed of civil servant, probably the only Government officer who answers the phone with a crisp 'Family Planning', gesticulating, shouting orders, coaxing news stories out of a noisy long-distance call of a thousand miles; tieless and disheveled at his desk, backgrounded by a huge color rendition of his famous four faces, Red Triangle and the symbol exhortation: 'Two or Three Children and Stop!'"[14] The image that Wilder built of Tyagi, if only for a magazine, was indicative of the cooperation that the two shared. His perception of other Indian bureaucrats was dismissive, as evident in his repeated complaints about the nature of the participation of his Indian counterparts: "Our good mass communications talent, knowledge and experience alone will not break through the monstrous impediment of deep rooted, evil governmental practices in

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[13] '*Symbol Popularity reaches new dimensions,'* Centre Calling, December 1967, Centre for Research Libraries, Chicago, p. 9.

[14] Letter from Frank Wilder to Life Magazine (first page missing), in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York, p. 2. The content never made it to print.

administration, finance and personnel selection and promotion".[15] His impression of Indian bureaucrats reflected the accepted reputation that Indian officials had in Ford circles. This perception was rooted in a distrust in the colonial roots of governmental procedures in the developing world. For Wilder, Indian bureaucrats represented the worst of colonial continuities as they reperformed and reified the worst attributes of British meritocracy and undue slowness with paperwork. This perception contradicted the enthusiasm that the lower-rung Indian officials showed towards advocacy efforts—especially at the level of district Family Planning Officers.

The Indian Family Planning department's efforts at using mass communication for family planning advocacy were unique. Several innovations could be ascribed only to quick thinking on part of the programme officers and bureaucrats. The imperative of cost-effective ways to use mass media meant innovation at all levels of advocacy: from the bureaucrat to the extension worker. These innovations included direct feedback from the ground-level workers. They had direct implications for advocacy efforts in other developing countries. As Wilder and Tyagi wrote in an article, "There may also be lessons, both for foreign aid agencies and host governments, in any development effort where success depends on wide public understanding and participation."[16] Transcending the formats of traditional mass media like radio, newspaper, posters and flyers, the inverted red triangle was branded on national highways, bus stations, government documents, postage stamps and vehicles. The campaign also coincided with the 1969–74 five-year plan which allocated about 8.3 percent of the total Family Planning budget for mass communication, and an additional 21.7 percent to incentives to adopters, motivators and

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[15] "Mass Communications: Easier Said Than Done—But Doable," dated March 1968," FA739C, Series 6262-9286, Box 310, Folder 006951, Ford Foundation Catalogued Reports, Rockefeller Archive Center, New York, p. 13.

[16] Frank Wilder and Dharmendra Kumar Tyagi, 1968. "India's New Departures in Mass Motivation for Fertility Control," *Demography* 5, no. 2 (1968): 773-779, p. 773.

family planning staff. The plan, while allocating 156,000 more positions to the programme, also envisioned the extension educator who was not only distributing condoms and other modes of contraception but also disseminating the small family as an idea. Therefore, the campaign was the first concerted effort at utilizing any form of statist infrastructure and human resources to disperse Malthusian ideas.

There were several reasons for Wilder to be enthusiastic about India spearheading this unique effort to propagate the values of population control. In an article that he co-wrote with D. K. Tyagi, Wilder recounted that the government by 1966 was leaning towards combining "standard media (press, radio, motion pictures and printed materials) and any 'outdoor' visual medium they could lay their message on".[17] This meant the use of unconventional surfaces like "billboards, buses, matchboxes, rikshas, pocket calendars, newspaper and magazine advertisements, carnival banners, shopping bags, official village civic registers, telephone directories and… the exterior walls of buildings for huge lasting paintings of the basic design".[18] These statements show that Wilder's efforts at creating a symbol were synchronous with the Indian government's internal effort at creating a national programme that could transgress literacy and language barriers.

The slogan was meant to help the large army of extension workers attached to clinics throughout the country. In all, Wilder and Tyagi had proposed a concrete answer to the question, "Within limits of what is politically and practically possible, how can communication methods and media be used most effectively to help bring married couples in specific Asian countries to

[17] Wilder and Tyagi, "India's New Departures," 775.

[18] Wilder and Tyagi, "India's New Departures," 777.

the regular, continued, and effective use of contraceptives, in order to space or limit births?"[19] This question was of vital importance to the story of the population control programme in India, and the place of mass communications in it. For Wilder, the value of the symbol was in its easy iteration. By repeating the same message and displaying the same design, the government hoped to disseminate a positive message for the programme and the idea of the small family. The symbol and the campaign were to complement the actual task of bringing married couples to the family planning clinics. The strategy of using a few messages in simple and understandable words and repeating the same became necessary because of the urgency of overcoming population explosion as quickly as possible.[20] Traditional media like radio, press and films were failing to stem the tide of rapid population increase of almost a million a month. The symbol could be painted anywhere and transcended the accepted notion of mass media.

The symbol and the accompanying slogan also had a pedagogic function. They were a way of identifying family planning services and clinics across districts. Due to the ease in its reproduction, the symbol crossed language and dialect barriers and became a shorthand for anything related to heteronormative sex. A couple in a village could now walk into a family planning counselling clinic without resorting to dialogue of any form with the rest of the community. This imagery of a notional conjugal unit, especially in a remote rural area, was a guiding vision for the symbol. Thus, the symbol become part of popular memory of the 1960s. It

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[19] "How do People Adopt New Practices?" dated December 1968, FA739C, Series 6262-9286, Box 310, Folder 006947, Ford Foundation Catalogued Reports, Rockefeller Archive Center, New York, p. 3.

[20] Report titled 'The Red Triangle Travels the Railways for Family Planning,' dated 12 September 1968 by the Department of Family Planning in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York, pp. 3.

was a vision that the state had constructed for its people, one that transcended religious and sectarian differences and produced a singular and uniform mode of existence in cities.

Another unique characteristic of the campaign was that it could morph to suit the current needs of demographic transition. As Frank Wilder stated:

> As far as I know, only India has mounted a mass communications effort that is centered totally on the direct appeal (or exhortation): "Two or Three Children; then Stop!" As and if traditional and political resistance melt, the Indians hope to move to a message even more powerful: "If You Have Two, that will Do!"[21]

The Ford consultants at the India office knew "the mass communications approach is not a substitute for village level, face-to-face extension education".[22] The main idea was to advocate for the government position that society must adopt the small family size norm. The next step of the campaign was to introduce the idea of spacing through slogans like "Don't have the next child yet. After Three—Never!" The uniqueness of the campaign came from its elasticity regarding the messaging. "Do Yan Teen Bacche" could become "Hum Do Hamare Do" soon. The slogan "Hum Do Hamare Do" was a product of distinct phase of demographic transition in the way it stopped the family size decidedly on two children and cut out the possibility of a third child.

Even though the national population programme succeeded in making a sizeable population aware of the program and the small family norm of two or three children, peoples' adoption (or practice) of contraception had been relatively disappointing. A report stated,

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[21] Ford Foundation Catalogued Reports, FA739C, Series 6262-9286, Box 310, Folder 006951, "Mass Communications: Easier Said Than Done—But Doable," dated March 1968, Rockefeller Archive Center, New York, p. 12.

[22] 'How the Word is Spread,' report by Richmond K Anderson accompanying letter by author to Kirk Mosley dated December 20, 1966 in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York, p. 15.

> While 75–90 percent of the target audience possess awareness knowledge, and most of these have favorable attitudes, adoption of the family planning methods is only around 10–15 percent. Closing this so-called KAP-gap is the major communication task facing India's family planning program today.[23] [Emphasis in original]

This observation reflected anxiety about an imminent population explosion. The intermixing of studies in demography and mass communication had proved that the latter was a way of bringing about behavioral changes in the population. Knowledge–Attitude–Practices (KAP) studies were the dominant forms of evaluating these changes. A thread running through all these sociological studies was the belief that a simple message that was relentlessly beamed at a target audience would result in attitudinal change in the specific population. These KAP studies manifested the anxiety of increasing numbers and turned people into numbers.

The short life of this campaign cannot be over-emphasized. By September 1969, Tyagi was diagnosed with cancer and was unavailable to work.[24] Tyagi died in 1969, aged 41, and his death left the campaign in a lurch.[25] By March 1972, the symbol disappeared from the masthead of the department newsletter. Wilder left the country shortly after because he couldn't substitute for his deceased colleague: he was a disappointed man with many interesting social experiments in his head that never happened.

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[23] "Communication Research and Family Planning in India," FA739C, Series 6262-9286, Box 310, Folder 006949, dated 16 December 1970, Ford Foundation Catalogued Reports, Rockefeller Archive Center, New York, p. 4.

[24] Letter from Harry Levin to Frank Wilder dated 23rd September 1969, in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York, p. 1.

[25] "Who was Mr DKT", DKT International accessed on March 2 2018, https://www.dktinternational.org/about/who-was-mr-dkt/.

6.2 Circulation of the Symbol

The domestic circulation of the red triangle was bolstered by its international appeal. The symbol was part of an animation short film by Walt Disney in 1968. The film, simply titled 'Family Planning', was made for the Population Council and directed at people in developing countries. The film used the inverted red triangle with the four figures of a husband, wife and two children by their either sides, as a shorthand for contraceptive services. It had various couples in the developing world, denoted by their variant costumes and somewhat exotic accents. The red triangle was featured in the beginning of the film and was in the background in scenes where a couple was talking to medical professionals, dressed in white. The symbol introduced the idea that the developing world, as a neat whole, needed to control its population.

Wilder was emphatic about his achievement in South Asia. In a letter to Harry Levin, of the Population Council, he asked, "What in Hell are You doing to spread the Red Triangle around the World?" In his hand-written response, Levin took the charge seriously. He wrote about disseminating the symbol to the IPPF and other international population control lobbies. This immediate uptake of Wilder's letter was evidence of the fact that Wilder had achieved, within his first month of tenure, more than what other Ford consultants took months to achieve. The Population Council got him to record an audio cassette of a narrative on the red triangle which would run with slides on the subject.[26] In another letter to Harry Levin (who appeared to be his friend, considering the informal tone of the correspondence), he described how a railway engine was painted with "a huge Red Triangle". The minister who inaugurated the event said the railway line should be called the Red Triangle Express.

[26] I could not listen to the tape, unfortunately, as the format was too obsolete to play on any recorder. The Rockefeller Archive Center has not digitized it yet.

> Our elephant, whose name is Red Triangle, is ready to start walking from village to village. We are now preparing the large colorful cloth caparisons that will adorn her sides, giving two basic messages about family planning ("Have Two or Three, and Spacing Three Years Between Children"), and a little jingle to the effect "My Name is Red Triangle and I spread Happiness"—and she will toss a bundle of simply written throwaways into the air. On her forehead, naturally, a big Red Triangle.[27]

Wilder wanted this phenomenal success of the symbol to be captured in the American press. He ensured that some foreign press covered the event, and informed *Life* magazine about it. He sent photographs of the event to friends who would know the staff. He was convinced of the revolutionary appeal of the symbol in developing countries.[28] The symbol represented the Ford Foundation's efforts at creating a uniform campaign that remained consistent even as it crossed differing perceptions of population planning.

Figure 14 Centre Calling 15, 10 (March 1969): 1

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[27] Letter dated October 9, 1968, from Frank Wilder to Harry Levin in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York, p. 2.

[28] Letter dated October 9, 1968, from Frank Wilder to Ian Galloway in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York.

Figure 15 Centre Calling 4, no. 5 (May 1969):8

Therefore, the inverted red triangle was a perfect illustration of mass communication action research. It used various ways to communicate to people that reproducing at the current rate was unsustainable. The Indian villages were sites that framed many of these studies and thereby became the worst-case prototype for resisting the message. The symbol's creation in India reaffirmed the prototypical nature of the Indian population control programme. By 1968, red triangle buttons were being sent to Tunisia, Kenya, Malaysia and the Philippines.[29] The Population Council was anxious that the short films on the red triangle be consistent in meaning across non-English languages.[30] At least for the Hindi-speaking audiences, Wilder and Tyagi were considered authoritative and given a free hand in translating the idea of the small family. The stress on uniformity underscored the fact that the campaign was inherently global in scope.

[29] Letter from Harry Levin to Frank Wilder, dated August 14th, 1968, in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York, p. 3.

[30] Letter from Linda P. Burgess to Frank Wilder, dated September 20th, 1968 in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York.

The anxiety to translate the Indian experience to a global frame informed policies across different wings of the Ford Foundation and the Population Council. Population Council staff member Harry Levin believed that there was a "pre-conditioned reflex" to the inverted red triangle, "as Air India has already used the maharaja in all their advertising".[31] Ironically, the language of internal Population Council correspondence was reiterated in the Health Minister's message to his state functionaries in his departmental newsletter:

> This small family is your well-wisher wherever you go. All that you need to prove your kinship with it is to wear the red triangle. These four faces and the red triangle are to us what the Maharaja is to Air India; you cannot miss either, you are struck by them and you remember what they stand for.[32]

This reiteration shows the level of cross-reference and circulation of ideas that was part of the family planning campaigns between international philanthropists and national bureaucrats. Not surprisingly, Harry Levine noted in 1969, "the progress has made the Red Triangle the most identifiable and visible object in the entire Indian scene. It probably is as well, if not better, known than even the Indian flag."[33] Levine may have been correct, as any individual would have come across the ubiquitous symbol in one or many aspects of everyday life: while bicycling to the workplace, watching a film in a cinema hall, or merely walking on the road. The red triangle mapped onto the entirety of a person's everyday life.

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[31] Letter dated October 1, 1968, from Harry Levin to Frank Wilder, in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York, p. 1.

[32] Centre Calling, Vol. 3, No. 8, August 1968, Centre for Research Libraries, p. 2.

[33] Letter from Harry Levin to Frank Wilder, dated 23rd September 1969, in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York, p.1.

Authorship over the symbol became an important topic due to its global circulation. Wilder was strongly against the Population Council's attempt to trademark the symbol.[34] Even as a Ford consultant helped build and create it, the Foundation did not seek to own the creative license of the project. Wilder wanted to reaffirm the status of the symbol as something organic to India and the developing world, and not yet another import from the West. As early as March 1967, there was a proposal to make the inverted red triangle the official international symbol for population control. The election was to happen in an IPPF conference in Chile. A symbol was chosen amongst other Instant Identification Devices (IID) that could potentially represent the movement.[35] Five countries came up with symbols they used for advocacy. Each had some form of two parents and two children in their symbols. The Indian entry was distinct because of its red triangle. However, Sir Coleville Deverell, who was the first Secretary General of the IPPF, objected to the red triangle becoming the universal symbol of the population control lobbies as, he felt this would be a Population Council symbol rather than a universal one.[36] The Population Council responded by saying, "most of the people who had adopted a father and a mother and two children in their symbol are completely influenced in their Western ideas and are not able to project themselves into a rural, illiterate and completely undeveloped setting."[37] Had the decision

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[34] Letter from Harry Levin to Frank Wilder dated 19th May 1969 in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York.

[35] Letter from Harry Levin to Frank Wilder dated 29th March 1967 in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York.

[36] Letter from Harry Levin to Frank Wilder dated 1st May 1967 in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York, p. 2.

[37] Letter from Harry Levin to Frank Wilder dated 1st May 1967 in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York, p. 2.

come to pass, the inverted red triangle would have crossed borders into the developed world too. It would have accompanied every instructional media and contraceptive packaging to denote population control. Its linkage to the Council, however, limited its official circulation in the American camp.

Nevertheless, the symbol did gain popularity in developing countries. In a USAID-funded workshop in Bangkok, the symbol was well received by delegates of fifteen participating countries. The Thai Prime Minister, H. E. Field Marshal Thanom Kittikachorn, was seen wearing the symbol on his suit.[38] By 1973, the symbol crossed continents to be used in Nigeria.[39] A Thai newsletter on family planning was seen carrying an adapted version of the Indian symbol: of the nuclear family within the red triangle.[40]As the symbol traveled in former colonies, so did the belief that each nation was tied to the other by a global string of Malthusian economics, which they will meet together.

The symbol strengthened the popularity of the American camp in Indian politics. The United States was already the first nation to have gifted the first vehicles for mobile advocacy.[41] Photographs of health ministers pinning the symbol on to the coats of American diplomats was a striking and repeating motif. In a photograph from April 1968, Dr. S. Chandrasekhar, the Minister of State for Health, Family Planning and Urban Development, was seen pinning the Red Triangle

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[38] Photograph with caption in Centre Calling, Vol. 3, No. 12, December 1968, Center for Research Libraries, Chicago, p. 8.

[39] Ford Foundation Catalogued Report, FA739C, S 6262-9286, B 310, F 6962, "Family Life Survey," dated January 19, 1973, V-1, Rockefeller Archive Center, New York.

[40] Photograph with caption, Centre Calling, Vol. 4, No. 5, May 1969, Center for Research Libraries, Chicago, p. 8.

[41] 'Jeeps Arrive for our Work,' Centre Calling, Vol. 4, July 1969, Center for Research Libraries, Chicago, p. 1.

on the lapel of U.S. President Johnson's coat.[42] Similarly, in a photograph from November 1968, Narayan Sinha, who succeeded Chandrasekhar, was seen pinning the symbol on the coat of the then-World Bank President, Robert McNamara.[43] His wife was seen being garlanded by the Family Planning Commissioner in Maharashtra, as Dhanwanthi Rama Rau, President of the International Planned Parenthood Federation, was beaming at the back.[44] These photographs were evidence of World Bank's support for the national population control programme. Packets of plastic condoms and Loop inserters sent by the Population Council had the red triangle. Health secretaries and medical bureaucrats wore the symbol to international population conferences, including Wilder.[45] The effort on their part was to inculcate an excitement for the Indian inventiveness to the population conundrum.

The chapter, like the larger work, has constantly referred to the national programme in a global context. This effort is not only made because the global nature of the donors to the programme, but also because of the feedback loop of local experiences of the Indian bureaucrats informing the global population policy. The Indian family planning programme was being used to improve national programmes in other developing nations. This orchestration was possible solely through the transnational philanthropic bodies. The international network of population control experts advocated for similar policies in differing governments and bureaucracies. Since the threat of Soviet influence loomed large, the population lobbies did their best to inculcate a

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[42] 'Red Triangle Goes Abroad,' Centre Calling, Vol. 3, No. 4, April 1968, Center for Research Libraries, Chicago, p.1.

[43] Photograph in Centre Calling, Vol. 3, No. 11, November 1968, Center for Research Libraries, Chicago, p. 1.

[44] Photograph in Centre Calling, Vol. 3, No. 11, November 1968, Center for Research Libraries, Chicago, p. 6.

[45] Photograph in Centre Calling, Vol. 3, No. 11, November 1968, Center for Research Libraries, Chicago, p. 2.

uniform practice of contraception (as a solution to poverty) that would remain consistent when stretched to meet local conditions. The inverted red triangle represented these efforts to create such a uniformity in a changing world.

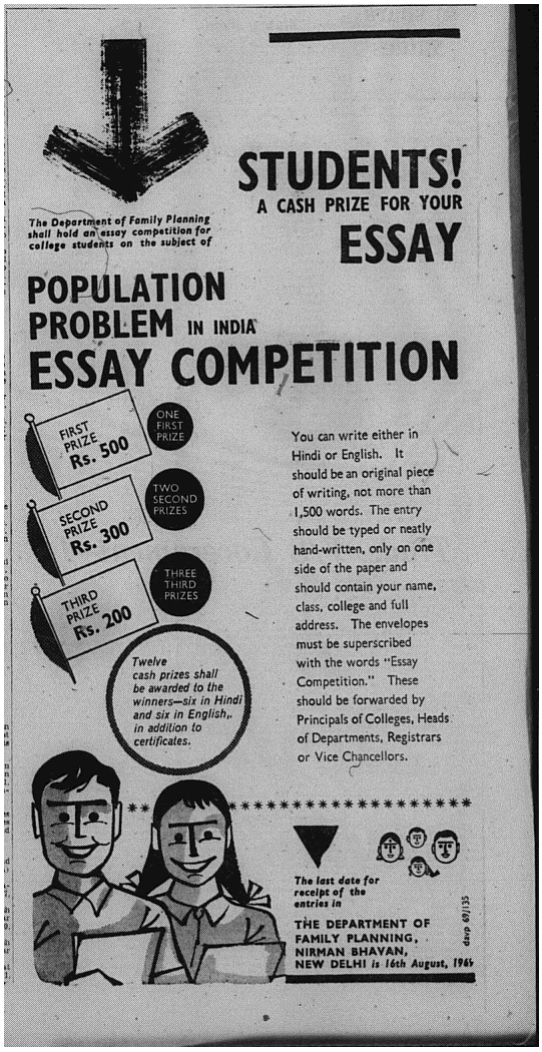

Figure 16 Indian Express, June 30 1969, p. 10

6.3 The Symbol as Nationalism

The symbol and the campaign slogan "Hum Do Hamare Do" were meant to tie together two contradictory strands of advocacy. This contradiction was not apparent to the authors of the campaign. Even as the red triangle was being seen as a success, actual population growth figures

were worrying officials. Wilder too was worried about the rising numbers and in more than one instance seemed to appreciate that the committed bureaucrat and doctors who were performing sterilizations in impressive numbers. Insistence on targets was not only shared by the Indian government and Ford officials, but also ingrained in the very dissemination of the small family. Wilder, for instance, was appreciative of a Dr. D. N. Pai of Greater Bombay, who, "using techniques no bureaucracy would tolerate, is pushing 200 vasectomies operations a day in Bombay".[46] Wilder's influence on the Family Planning department's newsletter was evident in the fact that *Centre Calling* featured Pai and his efforts on the front page.[47] Wilder approved medical efforts to sterilize because of the impending Malthusian nightmare, which loomed larger with each passing year.

Deep Tyagi, on the other hand, had no such inclinations. He was, on the contrary, making space for a target-free family planning advocacy. Tyagi's reservations about targets can be gleaned from the following paragraph in a report he wrote about the popularity of the symbol he co-created.

> … we asked some elderly people for their reactions towards Family Planning. The answers were all in favor. But most of them complained against the modus operandi of the promoters to bring people to the clinics. They usually used the incentive approach rather than positive information to create the urge for limiting families. Not that we

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[46] Letter to Life Magazine by Frank Wilder (first page missing), in in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York, p. 3.

[47] *'10 Times of 10 Years' Performance in 10 Months in Bombay,'* Centre Calling, Vol. 3, No. 3, March 1968, p. 1.

needed it, but our faith was further re-affirmed that our programme must be built on positive motivational and educational efforts.[48]

The difference in their outlook signaled larger contradictions in the family planning programme. Wilder represented the approach of 'hard' technologies of vasectomies, IUDs, and tubectomies, considered permanent solutions for irrational population clusters who resisted the idea of small family size. This belief in numbers was entirely different from Tyagi's approach of motivating people by showing them the link between small family size and rising standard of living, which would ultimately help develop the nation. What the red triangle and its creators show is that both approaches co-existed and found a middle path in the symbol.

The divergent approaches of the two individuals also throws light on the forces at work in the 1960s. On one hand was the narrative that building the economy would uplift the nation out of social problems. Meanwhile, politicians and social scientists traded on a belief in science and technology as solutions to poverty and unemployment. Both intellectual trends buttressed the imminent threat of overpopulation. There were different registers of threat at play: for the Indian bureaucrats, the battle was of people not understanding their national duty; for the demographers, the threat was an index of people resisting changes to traditional modes of living; for Ford consultants, the urgency was of making India a success case in the developing world, so that there would be a prototype for other national population control programmes to emulate and the American camp would thereby 'solve' poverty. The solutions offered to address the threat varied accordingly.

Surprisingly, there were no clear evaluative studies of the red triangle campaign. Ford consultants added observations on the campaign as part of evaluations of the larger national

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[48] Dharmendra Kumar Tyagi, "A Journey from Delhi to Nainital," *Centre Calling*, Vol. 3, No. 5, May 1968, Center for Research Libraries, Chicago, p. 6.

programme. A general consensus was that the campaign was extremely successful in making people recognize the symbol and its central message. No resistance was documented. The Ford office, however, had constant worries about Wilder's emphasis on having two or three children. According to one observer, Wilder wanted to shame people for having more than three children. The observer goes on to question the ethical limits of such a campaign of shaming:

> I feel this particular question needs to be thoroughly researched particularly to find out if the impact of the campaign is to create widespread "shame" and to determine what effect shame arousal has on public attitudes and adoption. For instance, will a person who feels ashamed of the results of his sexual behavior come forward himself or allow his wife to come forward and adopt family planning? The need for a method of contraception may be felt but the personal cost of admitting "guilt" may be too great to allow communication with a family planning worker. In cancer and mental health programs the greatest barriers to effective patient utilization of services have been feelings of guilt and shame about having the disease. Therefore, one must question whether any program should consciously foster such feelings among its possible clients.[49]

The questions about ethical grounds of the campaign were arising out of Wilder and Tyagi's contradicting perceptions of the 'masses'. On one hand, the campaign transcended the literacy barrier to reach populations that had been hitherto untouched by previous advocacy campaigns. The campaign was supposed to create an environment, especially in villages for couples, to exercise a limit on family size and promote the adoption of contraception. These changes required a change in societal norms about children. The societal barriers to practicing contraception were

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[49] 'How the Word is Spread,' report by Richmond K Anderson accompanying letter by author to Kirk Mosley dated December 20, 1966 in Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York, p. 16.

not necessarily related to lower-economic-status situations, and they were prevalent in populations beyond the targeted communities, which were village districts, lower economic classes and religious minorities. The state believed that caste and religion did not prevent nuclear family formations as much as agrarian economics. However, Wilder and Tyagi's symbol crossed these boundaries as it captured a way to circumvent poverty and attain financial stability.

Echoing Wilder's approach, sections of officers were on a constant lookout for individuals who had been consensually sterilized and were motivating others to undergo the same. The official departmental newsletter carried an interview with one such stellar example: Sardar Didar Singh, aged 28, had painted the symbol and the slogan on the back of his auto-rickshaw. He earned merely 20 INR a day and was a father of five. He was vasectomized and convinced some of his neighbors to undergo the procedure, too: "Main, apne nimaane jahe dhang naal eh sandesh phailana apna kartav samjhya" (I considered it my duty to spread this message in my humble way … And believe me, I have not found anyone who is opposed to family planning.)"[50] Another young, male interviewee was a man named Vishwanath, of Regunathpur in rural Madhya Pradesh, aged 26, who travelled fifteen kilometers just to watch the *qawwalis* on family planning, and he got himself vasectomized before he got back: "He shyly confided that having more than three children was becoming a little embarrassment these days."[51] The stress on young men was concomitant with the contemporary demographic studies evaluating contraceptive use in the country. These studies informed the language and content of the main message in the campaign. Such reports also showcased how extension education was overwhelmed by anxiety about a population explosion.

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[50] "A Pioneer," Centre Calling, Vol. 3, No. 6, June 1968, Center for Research Libraries, Chicago, p. 5.

[51] "It Was the Call of My Soul," Centre Calling, Vol. 3, No. 12, December 1968, Center for Research Libraries, Chicago, p. 8.

The symbol and accompanying slogans affirmed nationalistic ideals of modernity. They were ways of developing a shared understanding of the nation and improving its economy. An example of the power of the campaign was a photograph of an 'intensive drive' that the Vice Shahi Imam of the Jama Masjid in Delhi, Syed Abdullah Bukhari, inaugurated in November 1967. The drive was to start from Delhi and reach Rampur district in Uttar Pradesh. With the Jama Masjid in Delhi as the backdrop, the Vice Shahi Imam was seen talking from a podium to thousands of young men. The only other element of the photograph was the placards with the red triangle and faces of the family of two parents and two children adorning the wide area of assemblage. According to the report accompanying this photograph, more than a thousand people accepted sterilizations and Loops.[52] The picture not only documented the Muslim clerics accepting the call to plan a family, but also indicated that the principle was in no way contradicting religious life. The audience was a vast group of young men for whom the Imam represented the voice of reason and also, in this instance, the state.

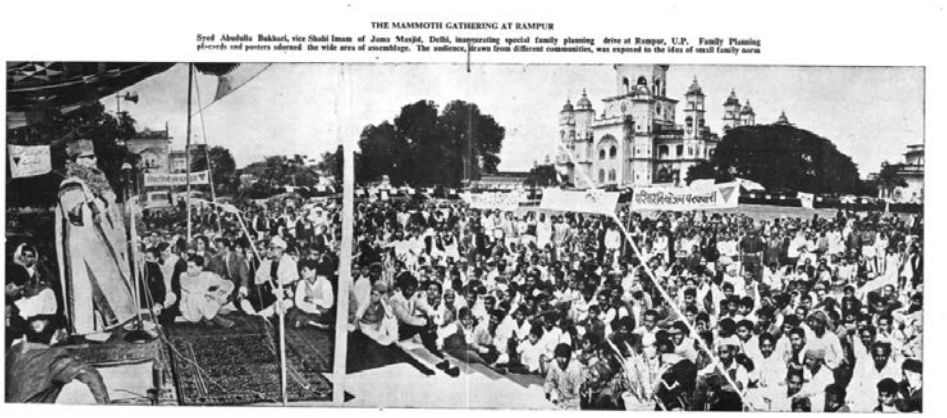

Figure 17 Centre Calling 2, no. 12 (December 1967): 6-7

[52] 'Vice Shahi Imam Inaugurates Rampur Drive,' Centre Calling, Volume 2, Number 12, December 1967, Center for Research Libraries, Chicago, pp. 6-7.

Significant state investment in the broadcasting the campaign was evident in many other ways. Innovative events like *Qawwalis,* poetry sessions, were arranged with the poster of the symbol and the pictorial representation of the nuclear family adorning the stage and the backdrop of the events. The subsidized drugs that the Uttar Pradesh government sold to the working-class families had the slogan and the pictorial family on the package. State-subsidized food ration-cards, bus tickets and paper bags were printed with the symbol, the slogan and the image.[53] District Council registers had the message printed on the back.[54] The symbol was nationalizing varied communities by producing a shared vocabulary of the need and the means for a small family size. As the symbol overflowed from traditional mass media to governmental stationary, the family planning program performed its part in the state works of the postcolonial nation.

The symbol and its accompanying slogan received remarkable cross-departmental support, which resulted in its dispersion on unconventional surfaces and backdrops. A travelogue that Deep Tyagi wrote illustrated the campaign's cultural power. In the month of May 1968, he traveled from Delhi to Nainital in northern and mountainous Uttar Pradesh for the fifth meeting of the Central Family Planning Council and wrote about the journey.[55] His anecdotes were testimony to the immense effort that the state machinery in Uttar Pradesh, the largest and the then-most populous state in north India, had put in propagating the symbol:

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[53] '30,000 Cycle Rickshaws Display Our Message in U.P.' Centre Calling, Vol. 3, No. 3, March 1968, Center for Research Libraries, Chicago, pp. 4-5.

[54] Photograph with caption, Centre Calling, Vol. 3, No. 4, April 1968, Center for Research Libraries, Chicago, p. 9.

[55] This report is significant because it is the only archival trail that can be sourced to Tyagi, apart from the journal article he co-wrote with Wilder. He may be mentioned in several correspondences, but no direct quote can be attributed to him from those letters.

> The car halted with a screech of brakes. We were tossed awake. It was the inter-State barrier between Delhi and U.P. We had hardly crossed the barrier when the first Red Triangle appeared on the right on a transporter's cabin. On the left it was painted beautifully on a tea stall and we started pointing left and right and right and left. It was all over. Four faces and the Red Triangle. Sometimes written on the wall, painted through a stencil and sometimes painted large in its familiar color scheme—red and black on a bright yellow background. It was a feast for the eyes. No factory wall or village hut was missed. Sometimes, there were rows of stencil paintings, one after another.[56]

The use of national highways is particularly significant. The symbol exhibited the postcolonial state's efforts to build infrastructure. The concrete highway served as the symbol's base which meant the state was aware of a built structure's political use. As the symbol covered statist built environment, it also galvanized state infrastructure for other statist imperatives.

Tyagi's evocative description did not leave behind the creators of this street art:

> As we stopped, a small crowd, as usual, collected around us, and we asked the people, what these painters were doing and came the reply in a chorus, "They are painting, 'Do Ya Teen Bachche… Bus.'" The painters, who were quite young, also sounded very enthusiastic about their work. They told us that they had to cover the whole stretch of 20 miles and this was the 7th painting they were doing.[57]

He especially admired the creative contributions of the artists who painted the slogans and the visual motifs of the campaign with their own innovations. He appreciated how painters changed the slogan to suit the local understandings of marriage and conjugality.

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[56] Dharmendra Kumar Tyagi, "A Journey from Delhi to Nainital," *Centre Calling*, Vol. 3, No. 5, May 1968, Center for Research Libraries, Chicago, p. 2.

[57] Tyagi, "A Journey," 3.

> In Kathgodam, the last town in the plains at the base of the Himalayas, we saw paintings on the walls on both sides of the Bazar. The artist had even adapted the design to suit each situation. There were windows in between, there were doors in between, but still the design looked quite compact and pleasing to the eyes. Instead of saying two or three children, the wall paintings said, "only two children."[58]

Tyagi was ecstatic to see the motif all through his journey, and he was even more appreciative of the fact that he could see artists at work. The symbol's iterative power was coming through: even as an artist worked his own innovation into the slogan, the slogan remained consistent in its message. The artist had turned into an advocate of family planning and demographic transition by the act of painting the symbol. His innovations became part of the pedagogic state and its reach.

> And then it came. Around a bend and across a small bridge, the view was filled with the most fantastic rock painting. There could have been no more strategic spot. We wondered how the artist could have reached it, because it was more than 100 feet above the river bed, but there it was. It sent us into a thoughtful mood for a while. If only this could be duplicated in all the 5.6 lakh villages in the country, the people would at least know about Family Planning and have interest in it. The lead given by U.P. has to be followed by all the States."[59]

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[58] Tyagi, "A Journey," 6.

[59] Tyagi, "A Journey," 6.

Figure 18 Centre Calling, May 1968, p. 6.

The slogan observed on natural rocks reaffirmed the natural geography that was part of the state. The symbol transgressed the power of traditional media because of the state sanction it enjoyed. It went where no other art form had gone before: on the side of a mountain. State advocacy measures, especially educative health campaigns, have used natural geography as a resource ever since this campaign. The rock painting of the symbol and the slogan represented the state and its ability to transform any surface as its own. The symbol of the triangle and four faces signified the postcolonial state's use of physical infrastructure for 'teaching' modernity.

The visual motifs enabled the nation to map itself as a contiguous whole. The symbol was celebrated in the way it framed the concerted effort of states in painting it on national highways, post offices, bus stops, railways stations, and cinema halls. The symbol was carried in one way or

another, almost every week in the newspapers, from its inception in 1967 to 1969. Numerous articles were published on the red triangle reaching Kashmir: a houseboat on Dal Lake in Kashmir with the symbol and four faces showcased not only the medical staff's concerted efforts to spread the message of small family size, but also the way it had reached frontier borders. Equal stress was evident in camps in Tezpur district in Assam, which was situated in the extreme north-eastern part of the nation.[60] Likewise, vasectomies in Leh region of Ladakh were celebrated. Thirty-three vasectomies had taken place in few months, and more than 1,500 persons visited the clinics for advice. A Major General was seen visiting a Family Planning Exhibition in Leh.[61] The campaign was reaffirming the national boundaries and drawing legitimacy for itself by unifying the diverse geography that was bound within the nation.

The military occupation in Kashmir used the campaign to showcase consensus on the peoples' will to transform according to the state's policy. In 1968, the state Family Planning Officer in Jammu and Kashmir, Dr. Abdul Rehman, found that a section of the population lived in boats all along the river and lakes all year round. Even mobile clinics on wheels could not access them. He, along with the medical officer Dr. Bilquis Jamila and another doctor, M. A. Ashai, hired a houseboat and started running a riverine clinic in it. The houseboat had two consultation rooms, one operation theatre, an office and a store. The red triangle was painted prominently on both sides of the houseboat. This innovation won the national bureaucracy's heart and approval, including that of the state health minister.

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[60] 'Vasectomies in Darrang Camp,' Centre Calling, Vol. 3, No. 2, January 1968, Center for Research Libraries, Chicago, p. 10.

[61] 'Vasectomies on Top of the World,' Centre Calling, Vol. 3, No. 12, December 1968, Center for Research Libraries, Chicago, p. 3.

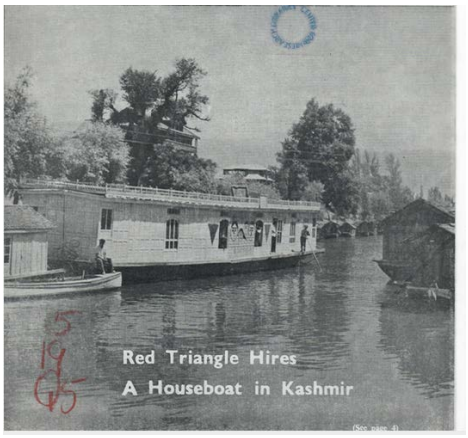

Figure 19 Centre Calling, August 1968, p.1.

The extension workers used small boats for their home visits from boat to boat and brought back 'cases' to the houseboat for contraceptive services. The unit, by August, had contacted 7,000 people and had performed 170 vasectomies and 600 Loops. A Lady Assistant Surgeon described how women snuck into the unit to receive the Loop as they were afraid to have another pregnancy.[62] The report stressed the consensus of Kashmiri women in accepting contraception: "More than 450 women, mostly Muslim, attended the biggest ever seminar on family planning organized in that area and evinced keen interest in the programme. They braved cold weather and came in spite of pre-occupations during the Ramzan."[63] State advocacy material from the 1960s consistently places emphasis on Muslim communities and their lack of resistance to contraception. This exercise could be seen as negotiating the fears of majoritarian Hindu public sphere which believed an average non-Hindu family, especially Muslims, was already bigger than the Hindu family size. Countering such a perception was important if the state was to beat the

[62] 'Red Triangle Hires a Houseboat in Kashmir,' Centre Calling, Vol. 3, No. 8, August 1968, Center for Research Libraries, Chicago, p. 4-5.

[63] 'Muslim Women in Kashmir Support Family Planning,' Centre Calling, Vol. 4, No. 1, January 1969, Center for Research Libraries, Chicago, p. 6.

impending population crisis. Through the red triangle and "Hum Do Hamare Do", the state negotiated a secular space for family planning.

Innovations coming from individual conviction in the campaign were a running thread in this decade. An extension educator in Bellary district in Andhra Pradesh dressed up as a saint in a play to motivate people for contraception.[64] The Health Minister in Bihar said in the State Assembly that the traditional blessings of elders to young married women should be rephrased from "Putrawati Bhawa" to "Loopwati Bhawa".[65] People were also aligning the nuclear family to spiritual lessons of saints. A citizen in Gujarat made the connection between the teachings of Ramakrishna Paramhansa and family planning: after the birth of two children, he apparently said that the husband and wife should live as brother and sister and talk only of God.[66] Jain saints were seen advocating for the idea of small families.[67] Artists from the Song and Drama Division were regularly brought to clinics and public events to propagate the small family size and its economic functions.[68] Signal Posts were also used for advocacy.[69] Vans with messaging in the

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[64] Photograph in Centre Calling, Vol. 3, No. 11, November 1968, Center for Research Libraries, Chicago, pp.3.

[65] From 'May you have a son' to 'May you have an (IUD) loop' in "Loopwati Bhawa," Centre Calling, Vol. 3, No. 9, September 1968, Center for Research Libraries, Chicago, p. 6.

[66] 'Spirituality and Family Planning,' Centre Calling, Vol. 3, No. 9, September 1968, Center for Research Libraries, Chicago, p. 6.

[67] Photograph in Centre Calling, Vol. 4, No. 1, January 1969, Center for Research Libraries, p. 1.

[68] Photograph of two artist in Amritsar District, Centre Calling, Vol. 3, No. 11, Center for Research Libraries, Chicago, p. 5. 'First Seminar of State, Regional Communicators,' Centre Calling, Vol. 3, No. 9, September 1968, Center for Research Libraries, Chicago, p. 7. "It was the Call of My Soul," Centre Calling, Vol. 3, No. 12, December 1968, Center for Research Libraries, Chicago, p. 1, 3-4, 8.

[69] 'Signal-Post Preaches: "One or Two Then Stop," Centre Calling, Vol. 4, No. 2, February 1969, Center for Research Libraries, p. 6.

form of tableaux would be used in Republic Day Parades.[70] These instances of the symbol's use show how its functions outstretched its initial motive of educating people, later becoming something more creative. The symbol, once painted on routinized places, etched a memory for itself in popular imagination. More interestingly, the symbol epitomized a 'decolonial time' when the state was interested in showcasing good citizenry and rewarded people who modeled their behavior on these principles. The Red Triangle and "Hum Do Hamare Do" were a befitting end to the decade of the 1960s in the way they envisioned multiple possibilities of the nuclear family and its productive happiness.

6.4 "The Small Family Norm as a Way of Life"[71]

The symbol had a collateral development of encouraging the nascent advertising industry in the postcolonial world. Wilder and Tyagi introduced the symbol to the Indian Advertising Society in September 1966. The presentation was met with much "discussion, arguments, intrigue", according to Wilder's report on the meeting.[72] Wilder prominently figured in conferences on advertising and economic development in United States-backed events in India. The inverted red triangle mobilized the growing interest in advertising, not just through state funding, but also through private entrepreneurship. Through the waning years of the decade, the newspaper advertisements foregrounded the nuclear family unit. Through built structures and

[70] 'They Said it with Tableaux,' Centre Calling, Vol. 4, No. 3, March 1969, Center for Research Libraries, Chicago, pp. 4-5.

[71] 'Launch Special Campaigns in March,' Centre Calling, Vol. 4, No. 2, February 1969, Center for Research Libraries, p. 8.

[72] Report on and by Frank Wilder dated September and October 1966. Population Council Records, Record Group 2, Accession 2, Series 2: Foreign Correspondence Files, FA 432, Box 84, Folder 799, 'Ford Foundation Files, 1961-1966,' Rockefeller Archive Center, New York.

technologies aimed at the nuclear home, the modern family coalesced around the figurative nuclear family.

The advertising industry brought forth a new life for the four happy faces within the red triangle. By 1962, increasingly, we see advertising aimed at the new conjugal unit of a husband and wife, with a modern air about them. Advertising was directed to different signifiers of this new life: coir carpets for the new home. This home not only had a room for leisure, but it was also the place where the wife could relax, read, and be seen catching up on the day's news.[73] Other objects aimed at the new home were telephones, the Murphy radio, typewriters and refrigerators.[74] Each of the advertisements invoked the visual motif of the nuclear family: two parents and one to two children in one form or another. In many ways, these advertising techniques brought forth a new way of life for postcolonial India.

[73] 'Dress Up Your Home with Coir Carpets,' Indian Express, January 5, 1962, pp. 5. See Appendix Figure 7.

[74] Advertisement for *Priyadarshini*, the telephone, Indian Express, January 8, 1962, p. 7; Advertisement for Murphy Radio, Indian Express, January 13, 1962, p. 7; Advertisement, 'Freedom Wears a Smile,' Indian Express, January 26, 1962, p. 11.

Figure 20 Indian Express, January 8, 1962, p. 7

State departments other than Family Planning also invoked the nuclear family for their advocacy. The advertisement for the Third Five-Year Plan reminded readers that the Plan aimed for 275 INR for individual families. The motif was of two parents and two children (one an infant on the mother's waist and the other an older child) standing in the backdrop of an outline of a house, on top of which is a hand (implied to be the state's) with money. The written text under the motif said: "Average annual income per family, by the end of the Third Plan will go up to Rs. 1925, as against Rs. 1650 in 1960–61. Help make the Plan a success to increase your income and ensure a good life for Everyone."[75] The advertisement built on the link between the economic wellbeing of the family with that of the nation. Such a visual motif showed that the Malthusian

[75] Advertisement, Indian Express, January 17th, 1962, p. 7. See Appendix, Figure 4.

link that connected individual families to the national economy—which was established in the 1950s—was still intact.

Five-Year Plans were not the only instance of governance being designed around the small family. Urban homes were also planned on the nuclear family model. A housing society named 'ULF Housing Society' advertised its establishment and installations of electric poles, drains and roads around the housing complex on the Republic Day of 1962. The visual motif showed a man in a setting of a Hindu marriage, circling the fire with his bride. But, an apartment building replaced the ceremonial fire, which told the reader of the primacy that a built home had for the conjugal unit.[76] Another advertisement by a similar housing finance company informed the reader in bold: "For Supreme Happiness Nothing Like a Home of your OWN!"[77] Delhi, at this point, had numerous such young couples coming to the city wherein one or both of the individuals were employed in a government setup and were looking to buy their apartment-sized homes. The nuclear family, in this sense, was not simply a visual motif that was part of the advocacy efforts of the Family Planning Department. It had found a life beyond the advocacy texts and was a metaphor that was influencing governance, especially in economic planning and transformations in its urban built environment.

[76] Advertisement for Laxhmi Enclave, Indian Express, January 26th, 1962, p. 3.

[77] Advertisement, Indian Express, February 3, 1962, p. 1.

Figure 21 Indian Express Republic Day Supplement, January 26, 1962, p. 3

This emphasis on the nuclear family as a new way of life was consistently advertised in many ways into the 1970s. An advertisement for homeware had a table with four chairs, implying

four members of a family.[78] An illustration of interest in domestic appliances of a nuclear family home was an editorial in the Sunday magazine that described the typical Russian home in detail. The photograph of a couple in their domestic setting is accompanied by a caption that read: "In most Russian homes furniture is old fashioned and domestic appliances not up-to-date." The author of the article, a female writer, was happy that she was getting a 'flat' of her own after a long wait. She complained about the housing shortage in Soviet Union.[79] The article, meant for leisure reading on the weekend, was feeding into the interest of the burgeoning middle class of young, educated well-employed urban couples about the global move to housing in apartments. Simultaneously, keen interest was also accorded to the individual men and women and their markers of modernity. This was especially true for apparel and washing detergents.[80] As individual citizens shaped their self-perceptions away from their familial identities, the nascent lifestyle magazines and advertising sectors flourished.

Pharmaceutical companies were also aware of the cultural valence of the nuclear family. Advertisers used the nuclear family model to market medicines, or objects that could be passed off as having medicinal properties, like Talcum powder, cement, clothes and fabrics.[81] Brands attached themselves to individual wellbeing because of a new attention on the children born of this unit. A large section of advertising for health foods and healthy lifestyles (such as

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[78] Advertisement, *Decolam Decorative Laminates,* Indian Express, The Sunday Standard, April 6th, 1969, p. 4.

[79] Sandra Viola, Editorial, '*The Russian Woman… film star in search of a flat,'* Indian Express, Magazine Section, The Sunday Standard, April 13th, 1969.

[80] Advertisement, *Gwalior Suiting,* Indian Express, May 5th, 1969, pp. 1; Advertisement, *Bengal Suiting,* Indian Express, June 8th, 1969, pp. 8; Advertisement, *Super Surf,* Indian Express, May 7th, 1969, p. 5.

[81] Advertisement, *Vaculax: Radiant Health for All the Family,* Indian Express, February 18th, 1962, p. 3; Advertisement, Silvecrete, ACC White Cement, February 19th, 1962, pp. 10; Advertisement, *Protex Talc,* Indian Express, March 18th, 1962, pp. 4; Advertisement, *Mafatlal Group,* Indian Express, March 24, 1962, p. 4.

toothpastes) were aimed at the wellbeing of the two children. In most instances, the motif used was of a mother with her child.[82] The motif of a mother with her child had direct bearing on a parent's decision to invest in the two children who were born, rather than having more.

Gender stereotypes were also transforming, exemplified by depictions wherein women carried out traditional roles but also rose to the challenges of urban modernity. A film titled *Char Diwari* (Four Walls) was publicized with a tag line that ran, "Four Walls Make a House—A Woman Makes it a Home—A Realistic Family Story".[83] Advertising food items would be promoted through a figure of a woman near a marker of a traditional way of life, like a gas stove, but worried about modern aspects of nutrition, like the vitamins that were part of the item, and the hygienic conditions that food was prepared in, while she was also concerned that the food was flavourful.[84] Such plotlines drove home the point that women were deciding the rate at which modernity seeped into their homes.

Banks, in particular, used the nuclear family to show how savings were linked to material prosperity. National and Grindlays Bank showcased a cartoon: it opened with a panel showing a single man with a caption, "Raha was a small man." The second panel introduced his wife and three children: a girl, a boy and a toddler. The next panel showed how Raha had a small house and that he saw his kids through school. When they grew up, he was able to "marry his daughters well, and got his son a good job". The son was shown at a desk with a telephone. The final panel showed that Raha and his wife retired well and were happy. The written text that ran under these panels read, "How? By means of a Savings Account with National and Grindlays. Raha opened

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[82] Advertisement for Champion Vitaminised Cereals, Indian Express Republic Day Supplement, January 26th, 1962, pp. 12; Advertisement for Colgate Chlorophyll, Indian Express, January 28th, 1962, p. 1.

[83] Advertisement, Indian Express, February 20th, 1962, p. 8.

[84] Advertisement, *Kotogem Vanaspati*, Indian Express, February 21st 1962, p. 10.

his account with Rs. 5/- only. His money was safe and earned interest at 3% per annum. Raha saved regularly each month and in a short time he had built a sizable balance. He was a wise man. He saved for the future, for his family, for a better, happier, tomorrow… Have you ever thought of saving for your family?"[85] Thus, a couple's decision to contracept transformed their roles in their pursuit of financial prosperity.

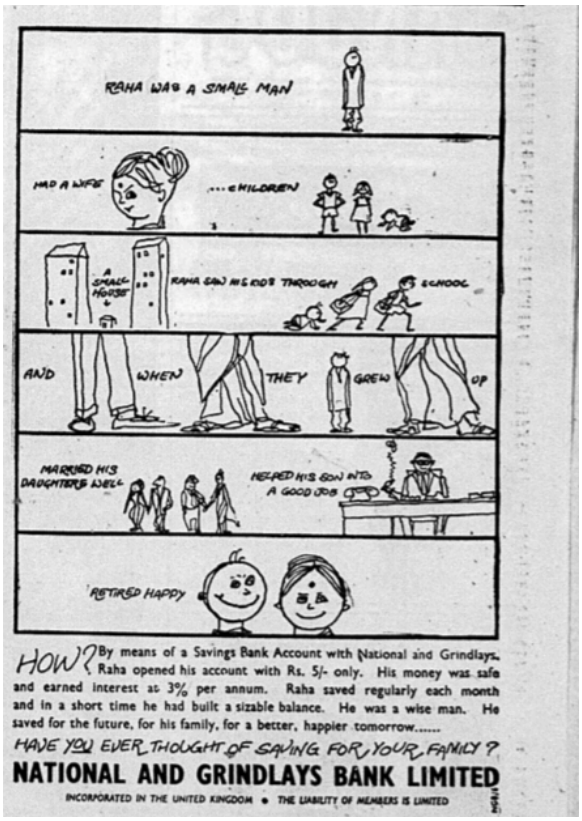

Figure 22 India Express, March 27, 1962, p. 7.

Understandably, a collateral industry that directly benefited from the new way of life was insurance. For most of the 1960s, the state-subsidized Life Insurance Company had a monopoly

[85] Advertisement, *National and Grindlays Bank Limited*, Indian Express, March 28th, 1962, p. 7. See Appendix, figure 16.

in this market. An advertisement for the same had a mother's face in the foreground thinking about her single child, a daughter's future, as she played with her father:

> Little Sunita was waiting for on the verandah and caught sight of the gift my husband always brought her on pay day. Her eyes lit up with anticipation as she tore the wrappings as they were her favourite sweets. As he kissed the top of Sunita's head, I saw my husband's premium table on the table. The figure burnt into my mind. We were spending less on insurance each month than on so many non-essentials. A sudden fear clutched my heart. We loved showering little luxuries on our darling daughter. But were we giving her security for the future? Our insurance was far too small an amount. Surely it was also important to provide for everything our child may need in future. Premiums for more Life Insurance could come from the money we now spent on things not absolutely necessary. Silently, I made a promise to Sunita. "You shall have a gift much more precious."

The advertisement ended with the statement: "There is no substitute for Life Insurance."[86] The insurance company addressed the uncertainty that came with having fewer than three children. This linkage worked because the nuclear family had found traction in the moral imagination of the people. The financial resolution around the fear of losing a child or not providing welfare adequately cemented the status of the nuclear family as the cornerstone of governance.

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[86] Advertisement, *'A Gift Most Precious,'* Indian Express, February 6th, 1969, p. 9. See Appendix, figure 17.

Figure 23 Indian Express, February 6th, 1969, p. 9.

The small family was pan-national and pan-religious in character. Such a cohesive campaign meant it was yet another feat of the social laboratory that was postcolonial India. A talk show filmed in 1973 best illustrated the finer aspects of the family when an American journalist, Martha Stuart, discussed conjugality and family life with some young, urban and rich Indian couples. Stuart was filming this discussion for her show "Are you Listening?" The show featured individuals from varied religious backgrounds who were discussing their decision to stick to a nuclear family. The show began with a strong commentary from Martha:

> The people you are about to meet are revolutionaries. They live in India. Some are Muslim, some are Hindu, some are Christian, two Roman Catholic. They have this in common: all of them were born into very large families, but all of them have chosen, first time in centuries, to break that pattern. Their families are small. They have two, three or four children at most. That is the basis of a quiet, worldwide revolution that they are part. The cause, birth control, is simple. The consequences are enormous. In a single generation, these people have outgrown ancient traditions based on necessity, and are building rich, new traditions based on choice. You may know these parents and their families only as statistics in a slowly shifting world population. We wanted to get to know them as people.[87]

The episode of the talk show did not overstate the transformations that aided the family planning programmes. The outcomes of these changes were reflected in the topics of discussion. The people featured in the show were the aspirational middle class in Delhi. The demographic changes that the family planning programme made directly influenced this growing class of

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[87] Martha Stuart Papers, 1955-1988; Are You Listening: "Couples in India." 1973. Betacam SP. 29 minutes. Vt-43.27. Martha Stuart Videotape Collection. Taped in New Delhi on November 21, 1973. MC 901. Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, Mass. https://id.lib.harvard.edu/ead/sch00932/catalog Accessed June 08, 2019.

people and their standard of living. The issues they faced were therefore issues that barred the successful implementation of the programme too.

As Stuart's commentary ran, we see shots of the couples happily chatting, each with markers of modernity like short hair, stylized sarees and men in Western attire. The show, primarily aimed at an American audience, was trying to capture the people behind the statistics by letting them talk freely to one another. The conversation was taking place in English, with each member being quite conversant in the language. The first matter the audience heard was about how a woman could lead a fulfilling life before she got married, and then "she would have more time for her children".[88] A second female participant concurred and said it helped women get a better perspective on married life. The first interviewee added that after a woman has a career, she would be willing to give up some of her interests for her children, but if the person married young, she would be unwilling to do so, and would in fact "be competing with her children".[89] A man, at this point, concurs that "the basic thing is that she would have gained maturity".[90] The conversation showed how birth spacing was inherently gendered and linked a conjugal unit's economic prosperity to its parenting roles.

"Hum Do Hamare Do" also showcased the cultural shifts that support a project in positive eugenics. When the interviewees discussed conjugality and romantic love, they also discussed the priorities of a couple. A young man and women had to be mindful of the economy and thereby produce 'quality' over 'quantity', When discussing 'love marriages', the interviewees noted how many of the marriages wherein individuals chose to marry out of their will were

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[88] Martha Stuart, "*Couples in India,"* 1973.

[89] Martha Stuart, "*Couples in India,"* 1973.

[90] Martha Stuart, "*Couples in India,"* 1973.

strategically maneuvered by parents. Another woman participant added that the important thing here was the psychological change, wherein a person "feels like he or she has made a free choice, even as parents are arranging things".[91] The first participant noted that what appalled her completely was that "they allow their parents to go in with their ostentatious display of wealth, and vulgar exchange of presents".[92] She goes on to describe the large-scale Hindu marriage ceremony. She was amazed at how "the boy and girl sit back and say, we love each other, but we want to keep you happy… So there is quite a big segment of our youth that is not observing its true values."[93] The couples attributed such a compromise of personhood for the sake of communal celebrations to commodity fetishism: "all young people want to start their home with a car or a fridge… and many of them can't get these through their own salaries, so they think, 'let's go back to the traditional marriage and get a dowry, so that we can have a car,' and so lots of people are being dishonest to themselves."[94] Their views on marriage easily reified the urban–rural binary and evaluated individual notions of freedom and personhood based on the way the person orchestrated her marriage contract.

The interviewees deemed a marriage that a nuptial couple's parents arranged as traditional and not modern. Such a stereotype circulated because the idea of an arranged marriage was collated other 'unmodern' practices like child marriage, dowry and large family size. Historians have shown that an easy dichotomy of the arranged and 'love' marriage as traditional and modern, respectively, is inaccurate. Both arise out of the social conditions of late colonial

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[91] Martha Stuart, "*Couples in India,"* 1973.

[92] Martha Stuart, "*Couples in India,"* 1973.

[93] Martha Stuart, "*Couples in India,"* 1973.

[94] Martha Stuart, "*Couples in India,"* 1973.

modernity in India.[95] Such a dichotomy glosses over the emergence of marriage markets that economized and circulated educated young people within the middle classes. The marriage markets emerged with the increasing importance of the conjugal family unit. The stress on an educated and young wife was placed to ascertain the quality of life the child born out of the couple would lead. Therefore, marriage markets for young individuals worked within a framework of positive eugenics.

With "Hum Do Hamare Do" as backdrop, changes in meanings of nuptiality coincided with the Malthusian logic of the postcolonial family. As such, the middle classes were population clusters that imagined themselves as 'naturally' modern and in tune with developmental imperatives. The interviewees shared this self-perception with Martha Stuart as they spoke of their life choices and their decision to limit family size in light of the impending population explosion. The rise of the middle classes was part of the Malthusian economy's social ramifications. Such a concomitant trajectory explains why the 'small family' was a slightly ill-defined term amongst Martha's interviewees. As she asked about how the couples arrived at the number of children they had, a woman replied, "I would have requested him to stop, or if he wanted ten, and I wanted four, then we would have come to a settlement with five."[96] The other couples' ideas of 'small families' varied from two to five children. Such a variance in how people interpreted the small family norm showed how the concept did not exist in a vacuum, indicating that it was, in fact, a collateral development to linking the family to the nation.

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[95] Rochona Majumdar, *Marriage and Modernity: Family Values in Colonial Bengal* (Durham and London: Duke University Press, 2009).

[96] Martha Stuart, "*Couples in India,"* 1973.

The decision to stop procreating after four or five children was gendered. When Martha asked why the couples stopped at four or five children, the male interviewees responded by juxtaposing their choice with the poverty of the nation. All the interviewees accepted how the economics of a large family worked well in a labor-intensive economy. The shift towards capital-intensive development meant a shift in family size. Another male interviewee observed how the five-year plans had been neutralized by the population explosion. This discussion showed how the middle class was aware of its transformative role in the changing economy in the way it would challenge population explosion.

The women in this conversation had distinctly differing notions of economic development. They were aware they represented the educated elite who could afford to limit families and also be employed outside their households. A woman interviewee observed that the "country has to provide for basic amenities and only then can they be told about planning children".[97] Such an argument illustrated how the small family model was one that not every population cluster in the country could afford. A male interviewee shot back by observing how this thought process was precisely why poor people were still producing more children. Another woman responded by saying, "you are assuming that a woman wants nothing else but to have babies." The man responded, "I am talking about a village woman." So, the woman interviewee rebutted by saying, "even a village woman wants more!"[98] Another woman said, if a village woman were not given things to do, amenities with which she could utilize her time, then child rearing was her prime occupation—to which a man added that the family planning programme had to be made compulsory. Many women rejected the idea right away, saying this was against

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[97] Martha Stuart, "*Couples in India,"* 1973.

[98] Martha Stuart, "*Couples in India,"* 1973.

the idea of democracy. They supported the idea of educating such women. One woman observed how mothers were more conscious of how to spend time with children and help them grow up with proper resources. This was not the case for her, when she was growing up with nine siblings. The conversation worked on an economic trifecta of time, labor and capital to illustrate the arithmetic undergirding the rural-as-backward logic of population planning.

Constructing the rural as backward meant a static understanding of rural women as voiceless victims of the large oppressive households. A woman participant supported the legalization of abortions to save the rural women. She said people should have abortions more easily "so that cure is simpler than prevention." Many of the interviewees disagreed. Some resisted it because of religious sentiments, that Hinduism does not allow it, and another person resisted it saying it would deplete the health of the woman if this was part of the regular family planning measures. The woman who put forward the idea described how the pregnant rural women would use the most outmoded methods to get rid of the fetus: "We talk that abortion is free, but no one is there to tell them. You go tomorrow to a doctor, you won't be able to find a doctor who would help you get an abortion in the city of Delhi." When someone said that prevention was better in any which way, she responded by saying, "It is a civilized method and it is long-term process. [Silence.] Too long."[99] She meant that contraception was not something a rural woman could use as she was not civilized enough to do so, nor was she getting access to the devices because of her family. Such a stereotype about rural women illustrated how the rural–urban binary dehumanized the rural families as singularly regressive and not attuned with notions of personhood and individual liberty. The notional 'rural woman' in this conversation signified the opposite to all that the interviewees represented: modern belief in contraception was one such

[99] Martha Stuart, "*Couples in India,*" 1973.

thing. The very meaning of procreation was changing according to class and geography. The inequality of class also ensured an inequality of imaginations. For the urban middle class, small family size was germane to their existence, while for them, the opposite held true for the rural folk. Whether these notions were correct according to the demographic data or not was an entirely different conversation. For the self-fashioned middle classes, the use of contraception signified an individual's understanding of liberal modernity, and this notional modernity was geographically restricted.

The conversation showed how the easy dichotomy of traditional versus modern had spatial influences in the form of rural versus urban forms of family. The small family unit had to function as a way to stabilize the nation and also produce productive populations. When Martha asked whether the couples consciously practiced birth spacing, one person said, "yes, the first was planned, and the next two were not particularly planned, not the specific month or year, but broadly, yes. But we did want two children, it's like a tripod, much more stable than two. At that point, the economic crisis was not so acute, otherwise we would have gone for two." Another man responded that a table with four legs was more stable, with two boys and two girls. The first responded that "we have to limit ourselves somewhere." A woman added that when you plan a family, "it is not just you and your husband who are in the picture, it is also the children who will be born. That is why, my husband and I are against having one child, because then we are only thinking about ourselves. With two, there is always a danger, what if one dies or something, so the number three would be best… we only have girls, no boys." Another person said they have a girl, a boy and then girl, equating them to a sandwich "as they call it." The husband of the woman with three girls said he married late; if he had married early, he would have had six or eight. The

woman quipped back, saying, "he wouldn't have had my cooperation."[100] Everyone laughed. The urban–rural binary structured the conversation around family size as a matter of choice: one of enabling the changes ascribed to modernity, while limiting its excessive individualism.

When Malthusian understanding of familial life collated responses around family size within the urban–rural binary, it erased the scope of discussing caste as an ordering principle of familial life in India. Class became the organizing factor around which urban forms of familial life emerged. Thus, nowhere in the conversation do the families identify their caste identities, as that was not even in the realm of possible conversations. Population size as a cure for poverty helped the urban populace believe that economic prosperity—through such means—will not differentiate between quality of life for differing caste or religious clusters. For the middle classes, the belief in an impending population explosion helped them centre population as the ordering principle of economic prosperity, and not the historically systemic forms of caste hierarchies that haunted colonial conditions.

A belief in Malthusian economics also helped the middle classes forge a perfunctorily caste-less space for discussing the new challenges surrounding nuclear family formations. The discussion on changes in legislation that allowed women to inherit familial property reflected this erasure of caste economies. A woman interviewee explained that "daughters today can inherit from their parents' property, but at the same time, the dowry system has not died out… at the same time their responsibilities are not coming down." A man at this point observes, "I feel that the dowry system is going down in India." As he speaks we see another male participant smoking while listening to him. The man who was speaking then came into focus, as he explained how dowry, in the "strict" sense of things that went to the son's family and not to the couple, has come

[100] Martha Stuart, "*Couples in India,"* 1973.

down. Another woman participant agreed. A woman participant disagreed as she indicated at this point that she had a daughter who was fourteen and could foresee that in "four years' time, she would get married. I am putting things away for her, which could be seen as dowry, but also because I want to help her. But, if my son-in-law comes and asks for it, I won't let my daughter marry such a man."[101] The mother had understood her role as negotiating 'older' forms of nuptiality and marriage formations through gifts for the daughter; while letting modernist disruptions play into ritualistic misogynies of the contract. Such a decision was possible because of the social mobility that families had accrued in urban India. Through social capital garnered through the Malthusian developmental economy, middle classes could question caste rituals that they deemed backward and regressive.

However, these urban family formations limited the scope of a life that did not replicate colonial caste hierarchies in their everyday lives. Caste was the unspoken meter of ritualized and gendered roles when the group discussed the changing nature of relationship between the modern husband and wife. A woman participant described how the relationship till now was almost one of ownership, where the woman was the property. A male interviewee joked that the roles had reversed. Another woman participant disagreed. But the woman who made the observation defended it by showing how husbands were helping women even with dish-washing, now that the domestic servant was not there. These comments showed how caste marked everyday chores in a household wherein certain tasks were deemed lower than others. In the absence of the bonded labor of a lower-caste individual, the tasks she had performed were distributed within the nuclear family household. This new form of family life circumvented the need for individuals who performed 'lowly' tasks, but it did not contest the ritualized hierarchy of such tasks.

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[101] Martha Stuart, "*Couples in India,*" 1973.

"Hum Do Hamare Do" provided a language to the middle classes to self-fashion a pedagogic role in the postcolonial nation. The young couples interviewed for the Martha Stuart show illustrated this self-definition in the way they constructed the social possibilities of a Malthusian world. In these ways, the family of the inverted red triangle imitated the post-WWII American push towards the refashioning the American family.[102] However, the language of postcolonial modernity provided the couples with a life that was superficially casteless and emancipatory. The nuclear family was riddled with colonial conditions of power hierarchies in its everyday life. As family size reduced, so did the number of individuals who could perform everyday tasks. These tasks were hierarchized according to the so-called rural large family. The urban nuclear family did not disrupt these historical notions of caste-specific family life.

The nuclear family of the postcolonial city represented the hopes and aspirations of a burgeoning middle class. The family structure allowed people across the country a vision that escaped poverty. Seen this way, "Hum Do Hamare Do" was anti-colonial, at least in part. It offered equal opportunities for those who believed in its vision: material prosperity and a spiritual belief in modernity. The changes in conjugality entailed a shift towards individual identities emerging in a relationship that were separate from one's familial role. Consequently, the interviewees for the Martha Stuart show reflected on disagreements being cause for divorces. A woman participant brought up how she parted ways with her husband because of frictions, and how she handled her children after the divorce. Her children grew up in a boarding school, away from her, and she spoke of how difficult the initial years after the separation were. The participant

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[102] For a cultural evolution of the American family and its shifting perceptions in national culture, please see Warren Susman, *Culture as History: The Transformations of American Society in the Twentieth Century*, 15th edition (New York: Smithsonian Books, 2003). For an exploration of how the middle class troupe helped families transform the post-WWII Canadian economy and popular culture, please see Bettina Liverant, *Buying Happiness: The Emergence of Consumer Consciousnrss in English Canada* (Vancouver: UBC Press, 2018).

eventually went on to meet someone, whom she married and who was also divorced. The participant noted how her children "tend to be a little aggressive about any decisions they make." She blamed it on the difficulties they faced in the initial years. Her daughter, for instance, did very well in her school and decided to join a college (for her undergraduate degree). Six months after enrolling in a college in Delhi, she decided she did not want to pursue it, and instead wanted to become a professional singer. This came as a jolt to the interviewee: "she wanted to sing pop music, which is alright, but not something you can base the rest of your life on. We tried to talk her out of it, and gave her all kind of alternatives, but it just hasn't worked… she is standing like a rock…"[103] The thirty-minute conversation was a peek into the current issues, perceptions and personhoods that were circulating at the time of its production. Such conversations were unprecedented in the way individuals forged their interpretation of conjugality. Divorce figured as an event that was at the cumulative end of many disagreements, and not really outside the realm of possibility. Questioning ritualized marriage practices caused intergenerational frictions and created multiple possibilities of autonomy.

Redistributing the trifecta of time, labor and capital meant women could forge new possibilities to use their time. The concept of 'leisure' becomes a commodity that could determine the quality of life in such a home. Middle-class women in the urban household could redistribute resources in everyday spheres too. A male interviewee observed that women being employed outside the household was a very significant development: "From the point of view of physical time available to women, and also from the point of view of emotional relationship between the two people, it is completely different now, because she no longer is dependent on him, so that makes her deal with him on much greater terms of equality." Such a distribution of

[103] Martha Stuart, "*Couples in India,"* 1973.

time also determined family size. One of the young couples disagreed on the number of children and the husband was disappointed for not having more:

> I like children… and I feel like the Indian wives who go out too much, they are losing some of their femininity. The child would bring them back to their homes, in ways I have seen my mother and grandmother… family planning for people who can afford (children) is absurd, I quite frankly feel women today would be happier if they had more children.[104]

The wife's response connected the will to work outside the household to the extra time she had in her hand when the 'adequate' number of children were born. Her response worked within a Malthusian framework of productive and self-transformative labor:

> …at some point, I had got so relieved that I could enjoy certain amount of freedom to do what I wanted to do. I wanted to be a journalist, I had never started writing seriously, but it had started as a hobby. In the earlier years, even though I wrote, but it was within the periphery of the household. One adjusted one's timetable in such a way that it somehow never interfered with the family or the husband's coming home hours. But as the children grew up, I became a little bit more ambitious about my work. Today, all that is very important to me, I feel I have done my duty towards my family now. I have children and I am very happy with them, they are very well adjusted, and now the time has come for me to do something for myself.[105]

The woman participant's life had transformed because of her decision to use contraceptives and not to procreate after a certain number of children. This decision was the

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[104] Martha Stuart, "*Couples in India,*" 1973.

[105] Martha Stuart, "*Couples in India,*" 1973.

outcome of at least two decades of statist advocacy outlining the economic functions of the postcolonial family. The link had been forged through a multitude of audio-visual campaigns, and now, the families that practiced contraception had become the pedagogic tools of the state. The middle classes in the city were aware of their role in this economic transaction.

By the 1970s, the young and employed populations saw themselves as leading a passive revolution that would destabilize the traditional orders of the older generations. The interviewees discussed how the elder generation resented the changes in husband–wife relationships. Participants noted the elders' inability to think about relationships in equal terms. The element of caste again remained unmentioned in the way it structured hierarchies in the household. The young couples were eager to break away from the rigid patterns of behavior that they saw in their childhood, but they were unsure how to raise their children without any established parameters. They worried about a healthy childhood and transition to adulthood. A male participant noted that children must realize that parents were not living only for them: "they must also realize that we have a right to our own lives also."[106] A woman participant, who had said she had four daughters, said children don't owe them anything, because the choice to have children was hers, and even while they were growing up, as parents, they also grew with them, and so, she felt, she had got her returns. This discussion was a way for the interviewees to discuss their own transformations in the new social order of a developing economy. It also reflected fears about the future, as they were unaware of what followed if the population explosion truly denuded the country—and thereby, their children's futures. This demographic argument hid within itself an anxiety about the colonial nation overwhelming the postcolonial will to transform.

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[106] Martha Stuart, "*Couples in India,"* 1973.

The view that children were economic investments was a product of the 1960s, one that was heavily endorsed and actively encouraged by the state into the 1970s. Discussions around child rearing showed how the emerging nuclear families were 'cherry-picking' traditional practices in ways that suited the new family formation, but did not deconstruct the regressive conditions of caste identities that held up marriage practices. Such a developmental modernity worked with neat binaries that 'otherized' forms of life that were not Malthusian in nature. Seen this way, the small family norm—as the middle classes practiced it—curated a form of modernity that circumvented a radical restructuring of Indian familial systems.

Meanwhile, the slogan "Hum Do Hamare Do" captured the other possibilities of the nuclear family in the city. It was a synecdoche for governmental family planning advocacy in popular culture of the 1960s. Many films, radio shows, novels and magazine commentaries described conjugal love and marriage as if postcolonial modernity threatened them, especially in the way it impacted children. The emotions expressed about children tell more about the parents than the children: that they feared the future, in particular the child's ability to rationalize the changing environment of India's modernity. They were unsure of what the future held for them. A tension about the fallout of the child's ability to handle the same came in Mannu Bhandari's novel *Aapka Bunty* (Your Bunty).[107] Originally published in 1971, the book used the inverted red triangle to foreground fears about state surveillance and quantifying populations as unnecessary.[108] The novel described the feelings of a child, Bunty, as his parents divorced and his

[107] Mannu Bhandari was a prominent fiction writer in contemporary Hindi literature. The running theme in her novels have been the sense of loss that modern relationships entailed, especially in the face of repressive conjugal structures.

[108] Mannu Bhandari, *Aapka Bunty,* trans. Jai Ratan (New Delhi: National Publishing House, 1983), pp. 163-165.

mother went on to find another partner. These changes were overwhelming for the child, who felt unwanted and like an unnecessary appendage to his mother in her new family unit.

An incident in the novel captures the dread that the red triangle caused for its targeted population. At a point in the novel, when his mother and Bunty had started living with his stepfather (who was a doctor), he walked to his new home from where the doctor ran a private practice. Bunty looked at the inverted red triangle on the clinic's door and thought he was excluded in the new family, as his stepfather already had two children and he was an extra child.

> As the house came nearer a fear took hold of his mind… as he got down at the gate his feet refused to move forward… The Red Triangle. He stood there staring at the board. The child figuring in the triangle suddenly started pirouetting on its heels. The mother holding her two kids started walking. Come, I'll take you out for a walk… In this country, not more than two children. One must stop at two. Not only in this country but even in this house… No, only two children—and no more.
>
> Bunty put down his bag. In no mood to go in, he idly watched the road. No, he wouldn't go in. He would just keep running on the road. But where will he go? But even this 'where?' would not stop him from running. He broke into a run. When he reached the gate of his old house he was panting. Was it from running or from fear he did not know. His own house, his own garden. And yet nothing seemed to be his own. All the windows of the house were closed and a big lock hung on the front door. He wouldn't be able to go in. Couldn't one go into one's own house?[109]

In the novel, Bunty represented a fear about developmental modernity's dehumanizing effects. Through Bunty's fears, the author wondered who all were left behind in this new family

[109] Mannu Bhandari, *Aapka Bunty*, 163.

formation. The symbol represented the state *diktat* but also a forbearance about what happens to lives that are dispensable. The novel used the symbol in a modern setting, and the plot played out in the backdrop of a city. It also showcased a person's alienation from the city and all that it represented. However, such a disaffection was also playing out in the urban landscape. Bunty does not resort to imagining a romantic past, a village to which he escaped. He tried to find his home in the home in which his now-divorced parents once cohabited. He failed to find familial relations in this home. Bunty experienced a complete loss of identity as he felt a complete lack of ownership in a city that appeared alien to him. His character and alienation helped Mannu Bhandari showcase the tragic consequences of the postcolonial will to transform.

These cultural artefacts showed how marriage, conjugal life, and children were reconfiguring kinship structures in unique ways in postcolonial India. This is not to say that public discourses about marriage had not been changing since the reform movements of the late colonial period.[110] But the distinctive aspect of postcolonial changes was the way demography informed public opinion. Through the subliminal messaging of the red triangle, the four happy faces in it, and the accompanying slogan of "Hum Do Hamare Do", small family size was naturalized as the family size of the modern city life in the decolonized world. In a period of Marshall McLuhan's 'medium is the message', the demographic data that was driving these changes was in itself a pedagogic message. Thus, the small and ever-happy family became the commonsensical unit of the modern family in urban India.

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[110] Mytheli Sreenivas, *Wives, Widows and Concubines: The Conjugal Family Ideal in Colonial India,* (Bloomington and Indianapolis: Indiana University Press, 2008).

6.5 Conclusion

The inverted red triangle campaign was created in 1967. It consisted of a pictorial image of a couple with two children: a boy and a girl in an inverted triangle. This image and its accompanying inverted red triangle, with the slogan, became the symbol of the international family planning movement. Tracing its creation and circulation helps unearth the assumptions of developmental modernity that guided its ideation. The inverted red triangle circulated across the decolonized world in ways that could only be made possible via the Ford Foundation and the Population Council. The program, however, was short-lived. The symbol transgressed the traditional power blocs of the Cold War (at least in the developing world) to create and showcase a pan-national interest in population control. The symbol opened conversations between domestic policies and international politics of population control. Each instance of a population control campaign in the decolonized nations would become exemplary for others. In this way, the population control movement was built on a nationalism that aspired to work with other decolonized nationalisms to obtain the target populations.

What is fascinating about its origin story is the way the mythical family within the inverted triangle attained a life beyond governmental advocacy to become a cultural marker of modernity in postcolonial India. In many ways, it became a visual representation of the Indian middle class. Anxiety of population explosion steered India to become the first nation in the world to have an official policy on population control. The worry of burgeoning numbers was tied to nation-building through an economic rationality—no matter how much the nation was planning the economy, building dams or technological institutes and hospitals, the per capita income could not rise because of the increase in population. This line of reasoning reverberated across politics of power blocs that characterized the Cold War. The chapter knits that context into the narrative of the campaign and explains how the small-sized family became the modern family in

postcolonial India. Biomedical science, demography and technology overlapped in unique ways to establish the small-sized family as the cornerstone of economic decolonization. These changes were germane to the citizen-building project of the middle class.

It is no surprise that India was the first site for experimentation within this ideological construction. India's place in the international movement for population control has been crucial and well-described in the literature.[111] International philanthropic organizations, especially the Rockefeller Foundation and the Ford Foundation, have been crucial in shaping its national population policy, especially in the decades immediately after Independence in 1947.[112] Even in the late colonial period, the views of political leaders would differ from Margaret Sanger's eugenic call to limit births among the poor, but contraception was seen as a way for women to "break servitude to patriarchy, to caste, and indeed the family".[113] Contraception performed specific cultural tasks in differing contexts. Such political variation entails a need to 'read' the messages of family planning and the media through which they circulated. Such a reading would help revisit some of the conclusions that have been drawn around policies, especially in terms of the telos that leads scholars to discuss targeted sterilizations as foregone from the 1950s.

Additionally, such a reading provides space for revisiting an analysis around overpopulation and its insertions into other processes like modernization and national economic developmentalism. This analysis is important in order to address some 'black holes' of population control policies around policies that led to forced sterilizations to meet target demographic

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[111] Rosanna Ledbetter, "Thirty Years of Family Planning in India," *Asian Survey* 24 vol. 7 (1984): 736-758.

[112] Matthew Connelly, "Population Control in India: Prologue to the Emergency Period," *Population and Development Review* 32, no. 4 (2006): 629-667.

[113] Mohan Rao, *From Population Control to Reproductive Health: Malthusian Arithmetic* (New Delhi: Sage Publications, 2004), 22.

figures, leading to the excesses of the Emergency (1975–77). These excesses have been analyzed extensively in existing scholarship. Emma Tarlo described the painful narratives of people who were forcefully taken to sterilization camps in different parts of Delhi.[114] Marika Vicziany and Matthew Connelly have shown the role that philanthropic organizations played in stressing demographic targets to be achieved by a certain cut-off date, which emboldened bureaucrats across the hierarchy to pursue these targets by coercion.[115] Gyan Prakash also explained how the financial imperatives for the authoritarian stint were in place from the early 1970s.[116] These explanations provided half-hearted answers to the reasons for the extent and scale of consensus surrounding the coercion that characterized the vasectomy camps. "Hum Do Hamare Do" asks of this existing literature whether an alternate form of Malthusian families has retained its logic over and above the overt violence of forced and targeted sterilizations.

Therefore, a question that has received scant attention is whether such a target-driven population control programme could have been avoided. In a counterfactual analysis, it is pertinent to ask whether the forced sterilizations were inevitable and whether there were competing, alternate visions of family planning that could have avoided the path of coercive vasectomies. The existing literature, therefore, showed a somewhat teleological assumption that compulsory and illegal sterilization was the natural end point to the government's efforts at population control. This viewpoint draws a telos from one 'failed' approach to the other: from

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[114] Emma Tarlo, *Unsettling Memories: Narratives of the Emergency in Delhi* (Berkeley and Los Angeles: University of California Press, 2003).

[115] Matthew Connelly, "Population Control in India: Prologue to the Emergency Period," Population and Development Review 32, no. 4 (2006): 629-667; Marika Vicziany, "Coercion in a Soft State: The Family-Planning Program of India. Part 2: The Sources of Coercion." Pacific Affairs, 55, no. 4 (1982-83): 557-592.

[116] Gyan Prakash, *Emergency Chronicles* (Princeton, NJ: Princeton University Press, 2019), 249-304

extension education, to IUCDs, to vasectomies and now back to female sterilizations.[117] There was no such end point: specific decisions were made at specific junctures in the decade of the 1960s that enabled coercive surgeries. The campaign of the inverted red triangle represented efforts in the opposite direction. It was the last concerted attempt at transforming the mind of the Indian public, rather than pushing for sterilization through money or other forms of incentive.

This chapter revisited a unique experiment. It described the tiny details of how "Hum Do Hamare Do" came to exist. The campaign is today a commonsensical understanding of the national population control programme. For years, it has been totemic of the government's insistence on small family size. But the chapter also traced the afterlife it had when its circulation within government advocacy was over. The Red Triangle traveled in different countries and marked a route of underdevelopment as it traveled. The symbol was a signpost of the 1960s. It was a unique moment where hopes of decolonization had not been thwarted.

The Red Triangle represented hope: for instance, hope that the family planning advocacy was not intended to become a targeted sterilization campaign. It represented an alternate route to modernization. It obfuscates the boundaries of urban and rural to show how people identified symbols and gave them their own interpretations. If the urban middle class was the largest benefactor of family planning advocacy, that was because the rural households were led to sterilization camps and sometimes-coercive counselling centers. What if rural households were shown counselling centers like the couples in cities? What if they, especially the most marginalized of the communities, were allowed to interpret the hopes and visions of a nuclear family according to their own historical locations? Answering these questions would have required the state to let the inverted red triangle find its manifestation in the rural landscape in

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[117] Mohan, Rao, *From Population Control to Reproductive Health: Malthusian Arithmetic* (New Delhi: Sage Publications, 2004), 16.

ways not imagined by the demographers or transnational advocates. In order for such an experience, the state would have had to traverse the urban–rural divide to enable such a potential.

Chapter 7

Conclusion

Figure 24 Poster of *Badhai Ho* (Congratulations), 2018.

If there existed a central theme that guided my project on population control, it was dreams—as the state dreamed of a world without poverty, so did its people. Time and again, I came across a disjuncture not in the central aim of a dream but the way people interpreted it. The small family became the attainable myth that could transform individual and national futures. It undid inter-

generational poverty and its collateral, inequality. However Malthusian the world of the small family was, the people who dreamed it redefined it and let it escape from its foreclosed and nightmarish roots. With young couples moving into Delhi and Bombay, the idea of the small family as a cornerstone of modernization and economic prosperity undid its Malthusian links. Meanwhile, the state identified incentives for working-class, lower-caste and non-Hindu families to use contraceptives. The irony is that the idea of a 'small family as the happy family' survives precisely because it could distance itself from the statist hard advocacy of incentivized and targeted sterilizations.

Evidence for the popularity of the nuclear-family household can be found in popular culture even today. Hindi films, even in 2019, have dialogues that cite "Hum Do Hamare Do" in the way an elder generation defined modernity and state advocacy.[1] Another set of media used the symbol as a form of relic from the past to signify the early decades of postcolonial India.[2] Such mentions affirmed my belief that the soft advocacy techniques of the 1950s and '60s not only opened innovative ways for the state to reach out to its citizens, but also embedded the inverted red triangle within the psycho-social realities of a developmental economy. In many ways, "Hum Do Hamare Do" was a verbal and visual synecdoche for all the possibilities of postcolonial development and modernization. The bid to be self-sufficient and modern was what emboldened people to take over the statist agenda of nuclear families and accept contraceptives.

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[1] Please refer to *Badhai Ho.* Amit Sharma. Mumbai: Junglee Pictures, Chrome Pictures, 2018; and *Photograph.* Ritesh Batra. Mumbai: Poetic License Motion Pictures, RSVP Movies, 2019.

[2] I have in mind Salman Rushdie, *Midnight's Children* (London: Jonathan Cape, 1998). Also important is its film rendition *Midnight's Children.* Deepa Mehta. Toronto: David Hamilton Productions, Hamilton Mehta Productions, Number 9 Films, 2012. Please also refer to *Sonchiriya*. Abhishek Chaubey. Mumbai: RSVP Movies, 2019.

The visual afterlife of the inverted red triangle and the slogan was why, ever since the beginning of this project, I have struggled with the thirteen months of Emergency. The details of the violence that the state committed in the name of 'Family Planning' in those years have been deeply unsettling. Ever since the occurrence of those events, governance in India has been deeply two-faced, comprised of the soft encouragement of developmental talk that gives way to hard tactics of coercion and physical violation of peoples' bodies and homes.[3] The literature on the years that came immediately after the Emergency was lifted and those that followed years later repeat one particular incident ad nauseum: the forced removal of Muslim urban poor near the Turkman Gate area in Old Delhi and the forced sterilizations that occurred therein. The demolitions in Turkman Gate were not singular events, but rather they were symptomatic of the general scale of violence that the government was unleashing through all its state machinery.

Simultaneous to the coercion ran a parallel thread of encouraging Malthusian thought through symbols, slogans, and loud audio-visual messages. The inverted red triangle and its associated slogan were important for the nascent advertising industry. The artistic and film communities had lent their support and believed that family planning advocacy could transform people's lives. The symbol nurtured a hopeful nationalist community that would manifest decolonization. Even those who opposed the coercive sterilizations, like D. K. Tyagi (the co-creator of the inverted triangle), were ready to place their trust into transforming the nation by transforming its families. Not surprisingly, many of the influential figures in Bombay supported the Emergency, including the leaders who were invoking the nativist identities of the Maratha Manoos as the alternative to the secular pan-nationalism of the Nehruvian years.[4] Governance in

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[3] Gyan Prakash, *Emergency Chronicles* (Princeton, NJ: Princeton University Press, 2018), 249-304.

[4] *Maratha Manoos* (a Marathi human) was the call for action for political leaders in Maharashtra who felt people from outside the state were taking away resources meant for the local populations. For more on the

India has never given up on family planning, even as it shied away from an autonomous department meant solely for advocacy after the Emergency years.

Also not surprising is the fact that the forced sterilizations of young men happened in specific parts of the country. For the populations that were targets, the audio-visual van that circulated with images of the nuclear family were replaced with vans that had the basic equipment for performing surgeries. Men, particularly from religious minorities and lower-caste communities, were forcibly vasectomized, especially in and around Delhi and North India. This motif played into the narrative of violence that Congress leaders were perpetrating on the people. A local council leader's or doctor's coercive acts were attributed to the all-powerful Prime Minister Indira Gandhi and her younger son Sanjay Gandhi. The violence of the forced emasculation of men has been a signature move of Indira Gandhi's regime that continues to influence public memory about the Congress Party into present times.

The previous chapters have shown that the conceptual ground for arbitrary violence in the name of targeted sterilization was already in the making since the end of the 1960s. How much of this violence could be attributed to the individual authority of Indira Gandhi is a question that many have tried to answer. There was a remarkable flux of publications on the Emergency years immediately following the general elections of 1977, which she and the Congress Party lost by significant margin.[5] By pinning the arbitrary violence of the Emergency years to the individual

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matter of how they supported the authoritarian regime of the Emergency years, see Gyan Prakash, *Mumbai Fables* (Princeton, NJ: Princeton University Press, 2010), 83, 292.

[5] Please refer to Nayantara Sahgal, *A Voice for Freedom* (Delhi: Hind Pocket Books. 1977); Uma Vasudev, *Two Faces of Indira Gandhi* (New Delhi: Vikas Pub. House, 1977); Khushwant Singh, *Indira Gandhi Return* (New Delhi: Vision Books, 1979); R.K. Karanjia, Indira Gandhi, and Khwaja Ahmad Abbas, *Face to Face with Indira Gandhi* (New Delhi: Chetna Publications, 1974); Khwaja Ahmad Abbas, *20th of March 1977 : A Day Like Any Other Day* (New Delhi: Vikas Pub. House; 1978); CS Pandit CS, *End Of An Era: The Rise And Fall Of Indira Gandhi* (New Delhi: Allied Publishers, 1977); CP Agrawal, *Indira Gandhi (then & now) and Janata* (Chandausi: Hindustan Exporters, distributed by Publications Division, 1978).

persona of the Prime Minister and her family, the conceptual dichotomy that legitimized targeted sterilization was rendered invisible. None of the authors who attacked Indira Gandhi's nepotistic politics questioned the logic of why population clusters in the rural landscape, and sections of the urban poor living in religiously segregated areas, could become targets for sterilizations. The national family planning programme laid down the foundational elements of the targeted poverty alleviation programmes that followed in the years after 1977.

Narrative descriptions of the Emergency years share some common elements, thereby constructing the "facts" of what happened in those years. Key works of literature and film—from the 1970s until the present—connect the dots between the peoples' perception of targeted sterilizations and the "excesses" committed on behalf of the state. These narratives show how the urban–rural binary had become a way to dehumanize people of specific demographic characteristics. The Emergency fueled this binary to the point that subterranean, affective structures of communalism came to the fore.

The hardest aspect of reading these narratives was realizing how the state's coercive tactics disappointed people. The modernist hope of "Hum Do Hamare Do" had made it possible for young couples to negotiate pre-existing familial forms and carve new ones. The mythical family that rested in its urban home did not look anything like the forced demolitions of houses in Shahjahanabad area. The happy family within the inverted red triangle did not necessitate forced removal of people deemed unfit for the city. As a scholar, I struggled with the question of why the population control program necessitated forced sterilizations. I believed, perhaps naively, that the targeted sterilizations that took place under the national population control programme were products of the way the state hastened to meet global targets. However, by the end of the research process, I realized that the forced sterilization of Muslim and lower-caste families were the brutal manifestations of "Hum Do Hamare Do". It was the state appropriating the dream and limiting its

actual manifestation. This is why I frame the campaign and the family that emerged from it as a case of the encouragement of procreation from only a certain section of society.

As the postcolonial state works congealed around the conceptual binary of urban–rural, more parts of the population came to be seen as regressive, which meant they were not deemed rational enough to understand how family planning worked. Thus, more and more population clusters became 'targets' of advocacy, rather than citizens who were aware of the economic benefits of birth spacing and having fewer children. This shift in perspective was complete by the beginning of the 1970s. Simultaneously, people were also starting to fear and push back against the way they were being seen. The red inverted triangle and its accompanying slogan, "Hum Do Hamare Do", was forgotten, or worse, remembered with dread and fear.[6] The mobile audio-visual van with posters and pamphlets about condoms and IUDs were now carrying makeshift hospitals where men could be vasectomized. People pushed back, and incidents of communities pelting stones at the vans started to creep up since 1969.[7] As people disturbed the eugenic logic that made them targets of sterilizations, the government pushed back with an increased stress on sterilizations to 'fix' poverty.

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[6] *Nasbandi*, I.S Johar. Bombay: I.S. Johar, 1978.

[7] Press Trust of India, "Death During Sterilisation Denied," *Indian Express*, January 3, 1969, 3.

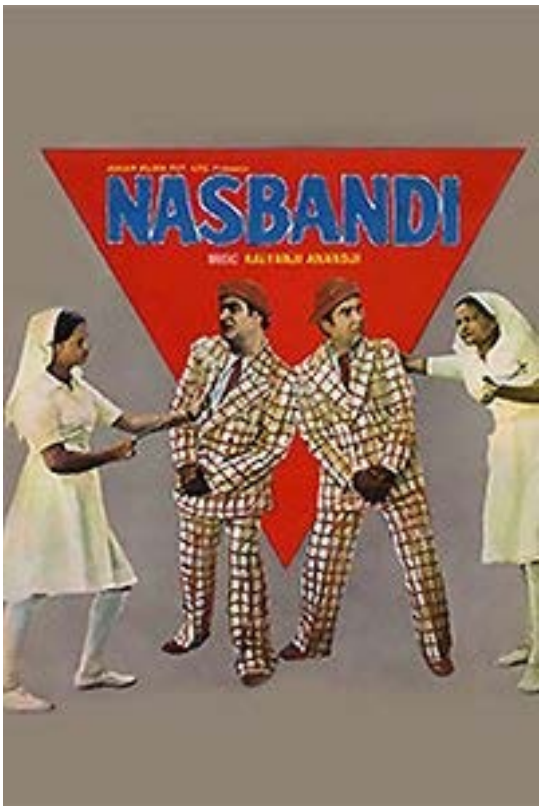

Figure 25 Poster for the film Nasbandi (Vasectomy), 1977

Since the early 2000s, interest in the period of Emergency has revived. Most of the books that were published in the early 2000s (if not in the period between 1950s–1970s). Scholars revisit the coercion that was unleashed in the period with tropes that were established in the 1970s. Three main repeating patterns are the following: identifying certain individuals as the driving forces behind the violence, and the dangers that come with individualizing state violence; the 'rural' or the targeted population clusters being seen as regressive and as passive victims of the state violence; and understating connections between vasectomies and tubectomies, with both being equally popular modes of sterilization during the period. These tropes become ways to understand some of the long-standing influences that the Emergency years had on governance in India.

New literature has been breaking out of these explanations. Two female scholars who have revisited the standard narrative on the Emergency and are poking holes in them are Rebecca Williams and Gemma Scott.[8] Williams questions how the Emergency years have been memorialized as *nasbandi ka waqt* (the time of forced vasectomies).[9] The problem with this retelling is that it understates how family planning was seen as a technological fix to poverty. The targeted and forced sterilizations were neatly separated from the developmental trajectory of the nation in a way that normalized the basic tenets of targetism in governance: "Its roots in the project of poverty eradication have dropped out of the story, so that the Emergency is remembered not as a period when governmental focus on economic development allowed for ruthless population control measures, but as a time of arbitrary family planning 'excess' or simply nasbandi ka waqt."[10] Williams questions the politics of remembering specific moments as examples of government authoritarianism. Such commentaries memorialize complex processes that lead to violence around singular events.

Studying the gendered violence of forced sterilizations holds the key to understanding where the 'excess' of population control meets the everyday misogynies of families. The neat categorization of forced sterilization as excessive behavior of medical personnel erases the complicity of families who traded their women for men to send to sterilization camps.[11] Seeing

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[8] Rebecca Williams, "Citadels Storming the Citadels of Poverty: Family Planning under the Emergency in India, 1975-1977," *The Journal of Asian Studies* 73, no. 2 (May 2014): 471-92. Gemma Scott, "My Wife Had to Get Sterilised': Exploring Women's Experiences Of Sterilisation Under The Emergency in India, 1975–1977," *Contemporary South Asia* 25, no. 1 (January 2017): 70-84. 2017, and Gemma Scott, "Women Will have to Fight this Battle': Political Prisoners Under India's Emergency, 1975-1977," *Contemporary South Asia* 26, no. 3 (July 2018): 270-286.

[9] A phrase that she borrowed from one of Emma Tarlo's interviewees in *Unsettling Memories,* 121-137.

[10] Williams, "Citadels," 471.

[11] Scott, "My Wife Had to Get Sterilised," 75-77.

these decisions as 'voluntary' on the part of the women would be simplistic, as it misses the link between state violence and familial bonds. These decisions reflected how the category of 'people' is ambiguous and needs more splicing in order to understand how the forced sterilizations *actually* acquired general legitimacy on the ground. In other words, what came under attack was the violence of coercive vasectomies, and not the very idea of targeted sterilizations. Williams noted how even Justice J. C. Shah, who headed the Shah Commission, criticized the implementation of the national population control programme, and not its intent or necessity.[12] He even criticized how the government's handling had harmed the nation by distorting it.[13] A collateral interpretation of the statement is that he too upheld the idea that population control was going to 'cure' poverty, as long as it was non-violent and consensual.

Family planning had many uses for the postcolonial state. It was used to showcase the immense prosperity that Indians were capable of by their sheer force of will. Meanwhile, demographers helped identify populations (and not individual families) as resistant to Malthusian population plans. The statist vision thus found its dissenters in the groups historically identifiable as the unsanitized parts of the body politic: the members of the working class, the lower caste and religious minorities. With one broad stroke, the state could produce a narrative that targeted these populations as irrational and backwards. More importantly, population planning produced a template of statist actions which started from producing mass media campaigns and escalated to forcible vasectomies as a form of emasculating populations that appeared to cause' poverty by their numbers.

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[12] The government which won the national elections after the Emergency years instituted the Shah Commission to investigate excesses committed by the Indira Gandhi regime. A major section of the enquiry report was dedicated to coercive sterilizations.

[13] Williams, "Citadels," 487.

A fictional account of the Emergency years revisited the simplistic notion that the government excesses under population control had a rural bias. Rohinton Mistry's *A Fine Balance* presented an alternative reading of the state atrocities in the name of an economic uplifting of the people.[14] The book undercut the social imaginary of the city as an emancipatory space where individuals could carve their own identities and accrue social mobility with employment and networks of contacts. The author showed that while all this was possible, these were transitory and fragile moments in the face of brute governmental force. The novel was a nihilistic take on the overbearing nature of the state, and how it would swoop down and disrupt people's lives. Two protagonists, for instance, lost their entire family to caste violence in their village, because they chose to not pursue leather tanning and gave up this ancestral burden to become tailors in Bombay. This backdrop was important, because the same upper-caste thug who had butchered the family in the 1960s was by the 1970s a prominent politician of the area who ran the village Family Planning Centre. It was to the same Family Planning Centre, years later, that the two men were forcibly brought and castrated when they decided to visit their village. The sterilization campaign became a way for the upper-caste thug to reinforce his caste privilege and hurt the two remaining members of the family who had escaped the mass murder of their family and now had to be taught how to obey the caste hierarchy.

The novel ruptured the urban–rural binary that was at the heart of the governmental population control program. The two tailors were constantly shown to be fighting for ways to respond to the newest wave of disruption that the government enforced: if their home in the Bombay slums was broken down because of the slum-clearance policies enacted overnight, they found friends on the streets who helped them create makeshift homes. If sterilizations made it

[14] Rohinton Mistry, *A Fine Balance* (London: Faber and Faber, 1996).

impossible to work as tailors, they found work as beggars. Similarly, the Parsi landlady who showcased the middle-class distrust of people in the lower rungs also showed sympathy for their desperation in the face of newer waves of violence. The only person who was somehow not able to cope with the scale and depth to which unjustified violence could affect the lives of the tailors was the young Parsi man who was a tenant of the Parsi lady during the Emergency years. He befriended the tailors and found new ways to see the city through their eyes. He left for Dubai after finishing his degree, and by the time he returned, everything in the lives of the other three individuals had changed drastically. He could not bear the change. By the time he came back to the country in 1984, their lives had been drastically reconfigured, but not ones to give up, they survived in the new chapter that life had opened for them. The Parsi boy, overwhelmed by his father's death, as well as memories of the devastation that the Emergency brought into their individual lives, jumped in front of a fast-approaching local train at a station in Bombay. This boy and everything about him symbolized the hope of decolonization, and how that hope had shattered in the face of governmental arbitrariness during the Emergency.

The period that formed my overall project's setting covered the conceptual distance between Malthusian counselling to eugenic targeted sterilizations in five chapters. The chapters drew a chronological trajectory of how the Indian state steered the global concern and alarm about an imminent population explosion over a period of twenty years. The resultant advocacy changed substantively through every decade of postcolonial governance. Each of the trajectories that I describe in these chapters shows how the state showcased eugenic concerns through its bureaucrats, doctors and citizens. Each chapter centers on a new entry point. Through the first chapter I show how counselling centers in Delhi became sites where the state negotiated the distance between Malthusian economics and a eugenic belief in targeting couples in poorer parts of the city. Such a distance is needed in historiography precisely because people saw and

perceived the nuclear family as a cure for Malthusian fears of food shortage, overcrowding and denuded resources. Targeted sterilizations sent ambiguous messages to them. However, the logic of the Malthusian small family size, imbued with a hope of modernity, continues to retain a legitimacy and cultural relevance in the sub-continent.

This hope to accrue social and economic capital through contraceptive practice is the mainstay of the second chapter. The specific contraceptive technologies and objects constructed the moral universe of the mythical family that the population control programme envisioned for the nation. The audio-visual advocacy orchestrated the messages that would inform their audience of the economic benefits of these devices. By the 1970s, the audio-visual programming not only attained a life of its own, but also became a way to discern how the first generation of nuclear families had fared in their implementation techniques. Eugenic concerns of the nuclear family steered them to prefer sons over daughters in an environment where only two children were possible.

The third chapter explores the global contours of the national population planning programmes. It shows how the politics of the Cold War deployed the small family norm across the recently decolonized nations. Through clinical trials that tested contraceptives on poor and working-class women in the United States and allies, transnational funders negotiated the ideological frontiers of power blocs. Advocates of Malthusian economics were present in both ideological camps, and they steered the international relations of both camps within the developing world. By the end of the 1950s, the United States was aware of the value of clinical trials in hospitals in Punjab, Haryana or Mexico. By the 1960s, each of the member nations of the Population Council knew of their value in steering global access to contraceptives. Power bloc politics made it imperative for the Soviet Union to influence population control measures in South Asia. This influence irked the Population Council and its principal demographers. The

global (and competitive) network of money that guided national population control programmes encouraged any and every measure to cancel the effects of rising birth rates and falling death rates. In the process, this network also pushed states to use eugenic principles to manage births and carry out sterilizations to implement drastic changes in numbers.

The fourth chapter is a study of another entry point: the social survey. It studies how demography and statistics became important disciplines that grew in stature, in the backdrop of ideological camps. The demographers translated Malthusianism into a coherent framework for policy in a way that addressed the power bloc influences of the Cold War. Indian social scientists, statisticians and public health practitioners used demographic surveys to allocate funds for national programmes. Political leaders used projected numbers to legitimize massive budget allocations of money and resources to the population control programme. The politics of data and representing the contraceptive use of large-scale populations performed the grandeur of Indian governance. The family planning programme successfully created a uniform vision around which the state could create a national community. Such a community strove to undo historical wrongs by working hard, saving their incomes and reducing their family sizes to units of four or five members. The chapter revisits the central thesis of the project: that Malthusian economics set the vision of state works and created conceptual room for targeted sterilizations. However, demographers took twenty-odd years to traverse the distance between gauging people's understanding of family planning to accusing them of being too irrational to contracept.

The final chapter studies the creation, circulation and afterlife of a unique state campaign: the inverted red triangle and the accompanying slogan, "Hum Do Hamare Do". The central claim of the chapter is that the visual campaign not only captured the essence of India's family planning program but also illustrated the visual currency of a soft Malthusian economy. People saw the visual motif of the sign and the slogan and immediately connected it to family planning. In this

way, the family of four within the triangle became a mythical unit that would recur in everyday spaces. The campaign was a product of several years of consistent funding towards mass media advocacy. It is hard to say why the state abandoned the sign officially in the 1970s, except for the fact that one of the principal creators died. The symbol was also, interestingly, created through a partnership between a middle-rung Indian bureaucrat and a Ford Foundation consultant. Created at the end of the 1960s, the campaign ensured that people registered the idea of a nuclear family, even if they did not pay heed to it.

However, through studying the popular advertisements and interviews of the time, we can see how the nuclear family was signaling changes in the modern city. Several nascent industries like home décor, nutritional foods, and life insurance companies directed their gaze at this new family unit. The inverted red triangle became a synecdoche for the state works of the first three decades of postcolonial governance. As of today, it is used in popular culture for its quick recall value. “Hum Do Hamare Do” showcases the long-term relevance of the family planning campaign. Even as the people who created it have died, as has the Department of Family Planning, the campaign survives because it recalls a particular *kind* of state. The state that produced the international symbol for the family planning movement also demonstrated how to convince its people about an impending population explosion. In many ways, the red triangle outlasted the hard advocacy of targeted sterilizations. If, today, people are waiting in long queues for tubectomies and IUD insertions, it is because the sign and symbol of the nuclear family have retained their cultural valence.

A belief in Malthus spearheaded a political campaign of fear that the nation would never catch up with the developed world, and worse, that it would fall prey to food shortage and disease. The small family was where fear intersected with hope—and then fear won. The state feared a shortage of resources because people would be unable to save money and spend

judiciously. It also perpetuated hope, in the fact that a simple plan could help you get out of poverty. People received and interpreted both aspects of the small family. As of today, the significant drop in the fertility rates across the country indicates that people accepted this social contract.[15] People were willing to accept the linkages between their reproductive practices and the state's development.

Reproductive practices are changing because definitions of work are changing. Work is targeted, as are poverty-alleviation schemes. Working-class populations are facing an increasing precarity of work, and thereby family size becomes significant. In the era of contractual, daily, minimum-wage labor, family sizes are shrinking. Such a drop is also a response to and an interpretation of Malthusian fears. Couples are seeking medical assistance for contraception with or without the state's monetary incentives. This trend makes the incentives and/or the coercion of targeted sterilizations seem utterly unnecessary. Yet incentives for contraception exist in many forms even today. Such incentives make medical personnel overly eager to reach numbers of sterilizations and IUD insertions within a short period of time. A doctor in Chhattisgarh infected 20 tribal women while conducting a camp for IUD insertions.[16] The doctor in the Chhattisgarh camp links family planning advocacy to contraceptive coercion and thereby exemplifies how mixed and confusing contraceptive symbolism is for the poor in the country. Female farm-workers in Maharashtra are getting hysterectomies so as to avoid loss of work due to menstrual

[15] Ministry of Finance, Government of India, "India's Demography at 2040: Planning Public Good Provision for the 21st Century," *Economic Survey 2018-19*, vol. 1, accessed on August 18, 2019, https://www.indiabudget.gov.in/economicsurvey/doc/vol1chapter/echap07_vol1.pdf

[16] Dipankar Ghose, "Chhattisgarh Sterilization Tragedy: Two and a Half Years, deaths of 13 Mothers Later," *Indian Express*, April 9, 2017.

issues.[17] A simple explanation revolving around 'choice' cannot make sense of these decisions: yes, the women chose to get hysterectomies, but it is because state welfare mechanisms seem to be failing, if not missing, for all other options. If a woman wants to accept a tubectomy, she should not necessarily have to go through a life-risking procedure simply due to her class and caste locations. Contraception use illustrates the deep tension between how the state documents and makes sense of its people, and how the people see themselves. The distance between Malthusianism and eugenics is slight but real, and it is a theme that postcolonial historians need to address urgently.

The logic of eugenic population control has met several challenges and points of resistance in the last seventy years since decolonization. Public health activists, doctors, and community medicine practitioners have questioned the validity of targeting Muslim, working-class and lower-caste families to aid population control.[18] Such 'hard' forms of advocacy do nothing to further the state works of national governments. Most of the advocates, however, do not question the Malthusian legacy of the small family norm that is embedded in Indian politics. Most scholars remain agnostic about the very idea of family planning, as it involves the question of a woman's agency over her reproductive choices.[19] Scholars who are conscious of this political dilemma have chosen an *à la carte* approach wherein the choice of contraceptive lies with the

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[17] Prajakta Dhulapa, "Why are women's uterus being removed in Marathwada and western Maharashtra?," trans. From *BBC Marathi*, published on April 12, 2019, accessed on August 18, 2019, https://www.bbc.com/marathi/india-42465317.

[18] Please refer to Debabar Banerji, "India's Voiceless and the New Population Policy," *International Journal of Health Services* 30, no. 4 (October 2000): 675-680; Imrana Qadeer, "Unpacking the Myths: Inequities and Maternal Mortality in South Asia," *Development* 48, vol. 4 (December 2005): 120-126; and Mohan Rao and Sarah Sexton, *Markets and Malthus: Population, Gender, and Health in Neo-Liberal Times* (Thousand Oaks, California; New Delhi: Sage Publications, 2010).

[19] See Sanjam Ahluwalia, *Reproductive Restraints: Birth Control in India, 1877-1947* (Urbana: University of Illinois Press, 2008).

individual couple that walks into the hospital.[20] The Malthusian framework that links family size to the economic fate of the country retains its legitimacy in this approach. Such a line of inquiry would question the ethics on which the middle class has established itself.

The call for saffron demography that the nation propounds today is a recurrent theme that the early years of postcolonial governance encouraged. The template of statist actions, in essence, fell anywhere between a Malthusian dread for rising numbers to the goal of curbing selective populations. Saffron demography also has its roots in eugenics. In the early decades of the postcolonial state, which is interested in limiting the numbers of less desirable populations, is also invested in the perpetuation of middle- and upper-caste and -class Hindu families. The project of building a majoritarian Hindu republic is inherently gendered, as the main tool of this project is to dehumanize non-Hindu and non-Savarna men.[21] The politics of shaming men of targeted communities underscores the missing voices of women in the discussion. I have been deeply suspicious of governmental numbers all through the research, but what astonishes me is the magnitude of women who were accepting IUDs and tubectomies. The numbers ranged within lakhs every year.[22] These women appear as silent characters who need to be 'saved' and their agency recovered in decisions about procreation. A future line of inquiry in this regard would investigate how women understood this complicated choice—of aligning with the statist eugenic agenda or aligning with familial patriarchies.

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[20] Mohan Rao ,"An Imagined Reality: Malthusianism, Neo-Malthusianism and Population Myth," *Economic and Political Weekly* 29, no. 5 (January 1994): 40-52. http://www.jstor.org/stable/4400725.

[21] Please refer to Roger Jeffery and Patricia Jeffery, *Population, Gender, and Politics: Demographic Change in Rural North India* (New York: Cambridge University Press, 1997).

[22] "Targets for 1972-73," *Centre Calling* 8, no. 5 (May, 1972): 11. The nation-wide target of sterilizations listed was 2,579,500, on which the target number for IUCD insertions was 9,33,000.

Targeted sterilizations may have been the main policy that received severe criticism after the Emergency was lifted; however, the idea has remained largely relevant. Setting governmental objectives for a particular population cluster and targeting them via physical force are essentially two sides of the same statist policy. The population control program started this culture of targetism which the health infrastructures of the sub-continent have imbibed very well. Thus, universal free health care has slowly been replaced by a form of reimbursable but paid health insurance that the state offers to populations that meet certain demographic criteria: that they be working-class, absolutely poor or of the lowest castes. Therefore, targetism under the family planning advocacy programme had huge repercussions for the Indian health administration.

Another line of inquiry for future research concerns the magnitude of missing daughters.[23] The drastic decline in the birth of the girl child that began in the 1970s, and continues till today, has impacted familial histories significantly. The social repercussions of populations illegally culling girls are yet to manifest completely. Today, as cities and villages see an overwhelming majority of men and young boys swarming public spaces, the political foundations of the small family are also changing. In these times, the mythical family of four continues to remain relevant for the visions that were—and are—possible.

[23] I have in mind Elizabeth J. Croll, Endangered Daughters: Discrimination and Development in Asia (New York: Routledge, 2000); Monica Das Gupta, “Explaining Asia’s "Missing Women": A New Look at the Data,” Population and Development Review 31, no. 3 (September 2005): 529-535; David Rosenblum, "Estimating the Private Economic Benefits of Sons Versus Daughters in India,” *Feminist Economics* 23, no. 1 (January 2017): 77-107.

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Appendix A

GREB Clearance

August 08, 2016

Ms. Aprajita Sarcar Ph.D. Candidate Department of History Queen's University Kingston, ON, K7L 3N6

GREB Ref #: GHIS-061-16; Romeo # 6018913

Title: "GHIS-061-16 Of Mythical Families in Mythical Cities: Small Family Propaganda and the City in India, 1954-77"

Dear Ms. Sarcar:

The General Research Ethics Board (GREB), by means of a delegated board review, has cleared your proposal entitled "GHIS-061-16 Of Mythical Families in Mythical Cities: Small Family Propaganda and the City in India, 1954-77" for ethical compliance with the Tri-Council Guidelines (TCPS 2 (2014)) and Queen's ethics policies. In accordance with the Tri-Council Guidelines (Article 6.14) and Standard Operating Procedures (405.001), your project has been cleared for one year. You are reminded of your obligation to submit an annual renewal form prior to the annual renewal due date (access this form at http://www.queensu.ca/traq/signon.html/; click on "Events"; under "Create New Event" click on "General Research Ethics Board Annual Renewal/Closure Form for Cleared Studies"). Please note that when your research project is completed, you need to submit an Annual Renewal/Closure Form in Romeo/traq indicating that the project is 'completed' so that the file can be closed. This should be submitted at the time of completion; there is no need to wait until the annual renewal due date.

You are reminded of your obligation to advise the GREB of any adverse event(s) that occur during this one year period (access this form at http://www.queensu.ca/traq/signon.html/; click on

"Events"; under "Create New Event" click on "General Research Ethics Board Adverse Event Form"). An adverse event includes, but is not limited to, a complaint, a change or unexpected event that alters the level of risk for the researcher or participants or situation that requires a substantial change in approach to a participant(s). You are also advised that all adverse events must be reported to the GREB within 48 hours.

You are also reminded that all changes that might affect human participants must be cleared by the GREB. For example, you must report changes to the level of risk, applicant characteristics, and implementation of new procedures. To submit an amendment form, access the application by at http://www.queensu.ca/traq/signon.html; click on "Events"; under "Create New Event" click on "General Research Ethics Board Request for the Amendment of Approved Studies". Once submitted, these changes will automatically be sent to the Ethics Coordinator, Ms. Gail Irving, at the Office of Research Services for further review and clearance by the GREB or GREB Chair.

On behalf of the General Research Ethics Board, I wish you continued success in your research.

Sincerely,

John Freeman, Ph.D.

Chair

General Research Ethics Board

c: Dr. Ishita Pande, Supervisor