

Female Sterilization in India: Trends, Patterns and Consequences

India was the first country in the world to launch an official family planning programme in 1952 primarily to reduce population growth¹. During the initial phase of the family planning programme 'rhythm' was the only family planning method recommended by the government. Following the failure of this method due to inaccurate use, the government recommended other family planning methods such as condoms, diaphragms and jelly². These methods were provided to couples through hospitals, health centres, and birth control clinics and this 'clinic approach' continued until 1960s. In the 1960s, the government emphasised the need to motivate couples to accept family planning by an 'extension approach' and many new methods were introduced. Sterilisation was introduced in 1966 with targets to be achieved by health workers³. In 1967 the government introduced cash incentives to attract sterilization acceptors to accelerate the pace of fertility decline. During Emergency (1975 to 1977), aggressive sterilisation camps were held all over India and about 8.25 million sterilizations were carried out. However, these camps mainly offered male sterilisation³.

A new family planning agenda focusing on voluntary acceptance of family planning evolved in the 1980s following the political fallout of coercive sterilization programme of Emergency⁴. During this era, the family planning programme acceptance shifted from male sterilization to female sterilization. This shift is largely explained by the development of laparoscopic technique in female sterilization, side effects of vasectomy, women centred programmes such as 'reproductive and child health (RCH)', and cash incentives⁵. This reversal is continuing unabated with significant increase in female sterilization in the recent years. Although, method-specific contraceptive targets were removed in 1996 after the International Conference on Population and Development (ICPD) held in Cairo in 1994², the focus of the Indian family planning programme remained largely on female sterilization.

The dominance of female sterilization in India's family planning programme since 1980s is reflected in many national surveys. According to the most recent National Family Health Survey (NFHS-3) carried out during 2005-06, about 37% of currently married women were female sterilization adopters compared to 34% in 1998-99 and 27% in 1992-93⁶. Thus, there has been a steady increase in the percentage of women adopting sterilization in India. In 2005-06, the contraceptive prevalence in India was 56% and the share of female sterilization

in total contraceptive prevalence was about 66%⁶. Further, there has been important inter-state variation in the use of female sterilization. For example, in Uttar Pradesh, one of the north Indian States, only about 17% of women were sterilization users in 2005-06 compared to 63% in Andhra Pradesh⁶.

A likely consequence of early age at sterilization and low fertility is post sterilization regret. A number of studies have reported sterilization regret and estimated the prevalence around 10% among sterilized women⁷⁻¹¹.

It is clear from the above discussion that female sterilization has been the dominant method of family planning in India since the early 1980s. It is surprising to note that there are no published studies that have investigated the trends, patterns and consequences of female sterilization in India. We, therefore, use data from various government publications and three rounds of the Indian National Family Health Survey conducted in India in 1992-93, 1998-99 and 2005-06 to examine the trends and patterns in the use of female sterilization in India. We also aim to investigate whether or not there has been any change in the profile of acceptors of female sterilization in India over the last two decades. Furthermore, an attempt will also be made to examine the births averted due to female sterilization in India and in the major states of India. Finally, we will examine the quality of female sterilization services and post-sterilization regret associated with female sterilization. Appropriate bivariate and multivariate techniques will be used to fulfil the objectives of the paper. We propose to use the method suggested by Liu et al. (2008)¹² for estimating the births averted due to female sterilization.

References

1. Ledbetter R, Thirty years of family planning in India, *Asian Survey*, 1984, 24(7): 736-758.
2. Srinivasan K, Population policies and programmes since independence: a saga of great expectations and poor performances, *Demography India*, 1998, 27(1): 1-22.
3. Gwatkin DR, Political will and family planning: the implications of India's emergency experience, *Population and Development Review*, 1979, 5(1): 29-59.
4. Basu AM, Family planning and the emergency: an unanticipated consequence, *Economic and Political Weekly*, 1985, 20(10): 422-425.
5. National Population Stabilization Fund, *Why is it that fewer couples opt for male sterilization?*, New Delhi: National Population Stabilization Fund, 2007. Available at <http://www.jsk.gov.in/faq.asp no. b24>.

6. International Institute for Population Sciences (IIPS) and Macro International, *National Family Health Survey (NFHS-3), 2005-06: India: Volume I*, Mumbai: IIPS, 2007.
7. Ramanathan M and Mishra US, Correlates of female sterilization regret in the southern states of India, *Journal of Biosocial Science*, 2000, 32(4):547-558.
8. Henshaw SK and Singh S, Sterilization regret among US couples, *Family Planning Perspectives*, 1986, 18(5): 238-240.
9. Marcil-Gratton N, Sterilization regret among women in metropolitan Montreal, *Family Planning Perspectives*, 1988, 20(5): 222-227.
10. Vieira EM and Ford NJ, Regret after female sterilization among low income women in Sao Paulo, Brazil, *International Family Planning Perspectives*, 1996, 22(1): 32-40.
11. Gray A, Regret after sterilization: can it be averted?, *Asia and the Near East OR/TA Policy Dialogue Paper No. 4*, Dhaka: Population Council, 1996.
12. Liu L et al., Three methods of estimating births averted nationally by contraception, *Population Studies*, 2008, 62(2): 191-210.