

# Botched operations and India mass sterilisation: ‘my wife died in tremendous pain’

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**Husband of one victim of botched operations speaks out as protesters take to the streets to demand chief minister’s resignation.**

Thirteen women who died in a mass sterilisation campaign in India spent their last hours in “tremendous pain”, relatives have said.

About 80 women attended the free government-run camp in the central state of Chhattisgarh on Saturday where they underwent laparoscopic tubectomies, usually a straightforward surgical procedure. About 60 fell ill shortly afterwards, officials said, with 20 still in a very serious condition. The death toll is expected to rise.

Family members have claimed the women were pressured to accept 1,400 rupees (£14), the equivalent of two weeks’ work for a manual labourer, to undergo the procedure.

“The [health workers] said nothing would happen, it was a minor operation. They herded them like cattle,” Mahesh Suryavanshi, the brother-in-law of one casualty, told the *Indian Express* newspaper.

Such camps are held regularly across India as part of a long-running effort to control population growth.

Four doctors and officials have been suspended and police have registered a criminal complaint.

The dead included a woman who had given birth only days before. Others were reported to have been suffering from anaemia, severe asthma and diabetes. None appeared to have been properly examined before the operation. Ramavtar Suryavanshi, husband of one victim, described how his wife was told she would be home by sunset and back to work in the fields within two days with the equivalent of about 10 days’ wages as a manual labourer in her pocket.

Instead, the 35-year-old mother-of-five was incapacitated within hours of having the surgery and died “in tremendous pain” within 20 minutes of being admitted to hospital the next morning.

Survivors were described as being in a state of shock by KN Choudhary, a doctor at Chhattisgarh Institute of Medical Science, where several women are being treated.

The operations were carried out by a doctor and his assistant in about three hours. He has been described as highly experienced.

A suspended official said the daily target for one team was 40 sterilisations “but the number of operations held on Saturday was double that figure”.

The state's surgeons have been debating whether to continue with Chhattisgarh's sterilisation schedule, which has an annual target of 180,000 set by the central government, officials said.

Health workers, including doctors, are paid for each operation completed. Basics such as disinfectant are in short supply and are watered down to save money. Corruption is rife.

The exact cause of the deaths is not yet clear but officials said they suspected infection caused by unclean surgical equipment. Government guidelines recommending that a surgeon should not use a single instrument for more than 10 operations appear to have been ignored. The women were discharged immediately and given no follow-up care, reports said.

Another possible cause of the tragedy was contaminated medicine. Drugs within the public health system in India are often badly prepared, with varying dosages, or out of date. Regulation of the vast drug manufacturing sector is limited.

"Preliminary reports show that the medicines administered were spurious and also the equipment used was rusted," Siddharth Komal Singh Pardeshi, a senior local government official, told Reuters.

The state government of Chhattisgarh, one of India's poorest states, sent a plane to Delhi overnight to pick up a team of doctors "to ensure no time is lost" in treating the patients, the national health secretary, Lov Verma, told the Press Trust of India agency.

Furious protesters took to the streets in the state capital of Raipur on Wednesday, smashing up cars and demanding the chief minister resign. Many appeared to be workers from the opposition Congress party, observers said.

Local governments in India often offer incentives, such as cars and electrical goods, to women volunteering for sterilisation. Health advocates worry that paying women to undergo sterilisation at family planning camps is dangerous and, by default, limits their contraceptive choices.

India's family planning programme has traditionally focused on women and experts say male sterilisation is still not accepted socially. "The payment is a form of coercion, especially when you are dealing with marginalised communities," said Kerry McBroom, director of the Reproductive Rights Initiative at the Human Rights Law Network in Delhi.

Pratap Singh, commissioner of Chhattisgarh's department of health and family welfare, told Reuters that the state's sterilisation programme was voluntary.

The state government has announced compensation packages of 400,000 rupees for the families of the women who died and 50,000 rupees for those in hospital. Payments are customary in such cases in India.

"I would have been happier if they gave her the right treatment instead of giving her the money," said Suryavanshi, the widower.

## **Sterilisation and population growth**

No government has successfully formulated policies to manage India's population growth, which stands at 1.6% a year, down from a high of about 2.3% in the 1970s.

That decade saw aggressive sterilisation campaigns that have stigmatised family planning ever since. India is forecast to become the world's most populous country in 2030, with numbers approaching 1.5 billion.

India was the first country in the world to introduce a population control policy in the 1950s and has missed successive objectives ever since.

Though large numbers of young people can be an economic advantage, a combination of unfulfilled aspirations, scarce land and water, overcrowding in growing cities as well as inadequate infrastructure could lead to social tensions and political instability.

One problem is a gender imbalance, a result of selective abortion of girls. In some communities there are fewer than eight women for every 10 men, with the ratio skewed even further among younger people.

A 2012 report by Human Rights Watch urged the government to set up an independent grievance redress system to allow people to report coercion and poor quality services at sterilisation centres. It also said the government should prioritise training for male government workers to provide men with information and counselling about contraceptive choices, but despite the recommendations to the government problems persist on the ground.

**Jason Burke** in Delhi

\* The Guardian. Wednesday 12 November 2014 15.06 GMT:

<https://www.theguardian.com/world/2014/nov/12/india-mass-sterilisation-wife-died-tremendous-pain>

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## **Indian women die after state-run mass sterilisation campaign goes wrong**

**Eleven dead and dozens more in hospital after doctor reportedly carried out 80 operations in five hours.**

Eleven women have died in India and dozens more are in hospital, with 20 listed as critically ill, after a state-run mass sterilisation campaign went horribly wrong.

More than 80 women underwent surgery for laparoscopic tubectomies at a free government-run camp in the central state of Chhattisgarh on Saturday. Of these about 60 fell ill shortly afterwards, officials in the state said. On Wednesday the death toll rose from eight to 11, with officials saying blood poisoning or haemorrhagic shock might have been the cause.

Such camps are held regularly across India as part of a long-running effort to control the emerging economic power's booming population.

"Reports of a drop in pulse, vomiting and other ailments started pouring in on Monday from the women who underwent surgery," Sonmani Borah, the commissioner for Bilaspur district where the camp was held, told the AFP news agency. "Since Monday eight women have died and 64 are in various hospitals."

Four doctors have been suspended and police have registered a criminal complaint. Television footage showed women on stretchers being rushed into hospital with anxious relatives by their side.

Borah said authorities would investigate the incident, which took place at the government-run Nemi Chand hospital in the Pendari area of Bilaspur, 69 miles (110km) from state capital Raipur. The chief

minister of Chhattisgarh, one of India's poorest states, has ordered an investigation.

Deaths due to sterilisation are not a new problem in India, where more than four million of the operations were performed in 2013-14, according to the government.

Between 2009 and 2012, the government paid compensation for 568 deaths resulting from sterilisation, the health ministry said in an answer to a parliamentary question two years ago.

Authorities in eastern India came under fire last year after a news channel unearthed footage showing scores of women dumped unconscious in a field following a mass sterilisation.

The women had all undergone surgical procedures at a hospital that local officials said was not equipped to accommodate such a large number of patients.

The Indian Express daily said the operations in Chhattisgarh were carried out by a single doctor and his assistant in about five hours. "There was no negligence. He is a senior doctor. We will probe [the incident]," the chief medical officer of Bilaspur, RK Bhange, told the newspaper.

So-called "sterilisation camps" are held in Chhattisgarh between October and February as part of a larger programme to control India's 1.26 billion population. Women who go through the surgery are given 1,400 rupees (£14) by the state.

Local governments in India often offer incentives such as cars and electrical goods to women volunteering for sterilisation.

Government-imposed quotas and financial incentives for doctors also contribute to problems, encouraging officials to botch preparations or rush procedures. Medicine within the public health system in India is often badly prepared, with varying dosages, or is out of date. Basics such as disinfectant are in short supply and are watered down to save money. Corruption is rife in the sector.

Health advocates worry that paying women to undergo sterilisation at family planning camps is dangerous and, by default, limits their contraceptive choices.

India's family planning programme has traditionally focused on women, and experts say that male sterilisation is still not accepted socially.

"The payment is a form of coercion, especially when you are dealing with marginalised communities," said Kerry McBroom, director of the Reproductive Rights Initiative at the Human Rights Law Network in New Delhi.

Pratap Singh, commissioner of Chhattisgarh's department of health and family welfare, told Reuters that the state's sterilisation programme was voluntary.

The state government has already announced compensation packages of 200,000 rupees for the families of the women who died and 50,000 rupees for those hospitalised. Payments are customary in such cases in India.

Two years ago, the police in the eastern Indian state of Bihar arrested three men after they performed botched sterilisation surgery without anaesthetic on 53 women over two hours in a field.

Politicians in the state are campaigning against "quacks and fake doctors" whom they accuse of causing many deaths. In a recent incident, a one-year-old girl died after an unqualified doctor

operated on her with a kitchen knife.

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Though large numbers of young people can be an economic advantage, a combination of unfulfilled aspirations, scarce land and water, overcrowding in growing cities as well as inadequate infrastructure, could lead to social tensions and political instability.

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A 2012 report by Human Rights Watch urged the government to set up an independent grievance redress system to allow people to report coercion and poor quality services at sterilisation centres. It also said the government should prioritise training for male government workers to provide men with information and counselling about contraceptive choices, but despite the recommendations to the government, problems persist on the ground.

The UN has expressed concern at the deaths. "If the facts are confirmed, then a grave human tragedy has occurred," said Kate Gilmore, deputy executive director of the UN Population Fund. "Where there is deviation from clinical standards, there must be consequences."

**Jason Burke** in Delhi and agencies

*Additional reporting by Manoj Chaurasia, Patna*

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