

# 'People like you never agree to get it': an Indian family planning clinic

Jyotsna A Gupta

**A**S part of ongoing work for my dissertation, I did several interviews with family planning doctors in February 1992 in a major city in India. Part of the transcribed text of one of these interviews, with a woman doctor (called Dr M here), follows. It took place in the family planning clinic in the outpatients department of a large hospital. Dr M was in charge and had an assistant doctor (woman) and two junior doctors (male) with her. There was also an *ayah* (helper) – an older woman who took patients' name slips, gave the doctor clean gloves, etc. Everyone except the *ayah* sat around a small table. A curtain separated the table from a stretcher bed and wash basin in the space where the doctor examined the women.

It was a very busy outpatients department (OPD), which I was told was as usual. I was there during clinic hours, and women attending the clinic were being seen throughout the interview. Thus, the interview included interaction between the women attending and the clinic staff, as well as with me. For me, it turned out to be as much an occasion to observe as to conduct an interview. I taped everything and have translated it from Hindi as literally as possible, in order to reproduce the actual tone of the interactions. The responses of Dr M to my interview questions are referred to but not included here, in order to focus on the provider-user relationship.

Abbreviations and expressions used include 'stop your child' which means sterilisation, MTP (medical termination of pregnancy) also referred to as 'cleaning', and OCs (oral contraceptives). The Copper-T referred to is the brand of IUD most commonly available in government hospitals in India.

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**Assistant:** There is a patient who had had an abortion done earlier at this hospital, she had got a laparotomy done and there was a perforation due to some instrument at that time. She's a para

2. She doesn't appear to be pregnant. What can we advise her?

**Dr M:** What does she want?

**Assistant:** Should we tell her to get a urine test done and then insert a Copper-T?

**Dr M:** No, don't put a Copper-T with a perforation. Tell her to get sterilisation. How old is her youngest child?

**Assistant:** Three months.

**Dr M:** And the older child?

**Assistant** [*shouts at the woman*]: How old is your older child?

**Woman:** Two years.

**Dr M:** What's your name? Come here! When did you have a perforation? Was it during a miscarriage?

**Assistant:** No, no, it was when she was getting a cleaning done, when some instrument touched it.

**Dr M:** Was it here? Was it in the operating theatre?

**Woman:** Yes.

**Dr M:** How many years ago?

**Woman:** Two years ago, after my daughter was born.

**Dr M:** I think I remember. Were you not in Ward 10? I remember, Dr R's fault. So, what should we do now, Rani? Should we stop your child?

[*Rani* (literally 'queen') is used by parents for their daughters. The doctors here use it when talking to their patients and seem to use it in a patronising way.]

**Assistant:** She is not pregnant now.

**Dr M:** OK, then you get a urine pregnancy test done. Then we'll confirm.

**Woman:** I've already got it done. [*Shows the report.*]

**Assistant:** It was negative....

**Dr M:** Admit her. [*to the woman*] Should we stop your child?

**Woman:** My baby is three months old.

**Dr M:** So what? Bring up your other kids in the

name of God, and let us do a sterilisation now, since it's dangerous for you because of the perforation.

**Assistant:** She can take OCs.

**Woman:** I myself want to stop, but the doctor had said to wait because the child was still very young, and because of the perforation.

**Dr M:** How old is your older child?

**Woman:** Two years.

**Dr M:** Boy or girl?

**Woman:** Girl.

**Dr M:** Give her OCs then.

[The assistant tells the woman to get another urine test done as the papers show her test was a few weeks ago, prescribes her pills and tells her to take them properly according to the guidelines.... Several other women come and go.... A 39-year-old woman has come for an MTP. She has had an MTP previously.]

**Dr M:** Were you not given any contraception after that? Didn't you think you should use something?

**Woman:** I had a Copper-T. It was taken out after three years.

**Dr M [to me]:** This is the commonest history. When they get an MTP done, they have a Copper-T put in for three years at an age when they should not, when they've already completed their family. Then, after they have their Copper-T removed and they don't have anything to do, then at the age of 40, when they are not supposed to, they start taking oral contraceptives. That also they take according to their will. When it fails, another MTP. [to the woman] You have to be operated on, Rani. Should we operate?

**Woman:** No.

**Dr M [to the assistant]:** Great. Give her iron tablets and let her continue with the pregnancy at home. [to the woman] Here, if you are 39 years old and your youngest child is ten years old, you can't have an MTP.

**Woman [protesting]:** The children are about to have their exams, so I don't want the operation now.

**Dr M:** How come you are ready to have cleaning done?

**Woman:** An operation means being stitched up.

**Dr M [visibly irritated]:** Not really! Only two stitches near the navel. As though cleaning is easy! [sarcastically] Because the children have exams. Now, sterilisation will be done after the exams, but the eight weeks' MTP has to be done

right now! [to the assistant] Advise MTP with laparoscopic sterilisation. [to the woman] Further, it's your own will. You can't have it here. Next...!

**Assistant:** Let her continue.

**Dr M:** She will not continue.

[I ask how many children the woman has and if they are both daughters.]

**Dr M:** She's fairly educated. She has a boy and a girl. It doesn't matter. This is their refusal to undergo a sterilisation. Now you ask her why the sterilisation will be done after the children's exams. This is their method of cheating the government doctor, by saying she'll come later. So the doctor doesn't get an incentive. They'll run away. This is their way of playing the smart one. They say 'You do my cleaning, that's what I've come to you for, nothing more.'... Next! Now that we have said we are going to do a sterilisation, the attitude is that we are very rude, we don't listen to them. This woman will have an MTP done. Now, her only debate is that she can't get it free, she will go to her husband and tell him we are very rude and they have to spend a little more. She will tell him that the doctor was telling some woman and making fun of her. Very honestly, truthfully speaking, if I were in private practice, I would tell her just once to get a sterilisation, and if she said no, I too would be very polite and say it's OK.

[A woman comes in protesting she has been waiting for an hour, now she has to go and collect her child from school. The assistant insists the woman has just come. Dr M shouts to her to shut up and that if she couldn't come in time, she should come the next day, not make a scene and waste other people's time.]

**Dr M [to me]:** She's the typical chronic hospital visitor. She creates a ruckus. She knows by the general preparations that there is going to be a round by a senior person, so she creates a ruckus. [shouts at a patient to open the string of her salwar (pyjamas) for the medical examination] Do I have to open it myself? They are stinking!

[Dr M answers several of my questions. The assistant asks for her attention for another woman.]

**Dr M:** How many children? Two?

**Woman:** No, three.

**Dr M:** How old is the youngest child?

**Woman:** Nine months.

**Dr M:** Lie down. Lie down! Isn't there someone else with the child? Leave the child outside. Has someone else come with you? Go and leave the child with the father. Also go urinate too. [*She finishes what she was saying to me.*]

[A woman who has just had a Copper-T inserted asks something. Dr M misunderstands her question and answers that she should come for a check-up after 15 days. She tells the woman to go upstairs where she will get Rs.9 for Copper-T acceptance. I tell her that I think the woman was asking how long she should refrain from intercourse with her husband.]

**Dr M** [*to the woman*]: What are you asking? Until when should you stay away from your husband?

**Woman:** Yes, that's what I'm asking.

**Dr M:** You can go to your husband. Go up by the stairs. You'll get the money.... Is there anyone else? What is it for, Copper-T?

**Junior doctor:** No, not Copper-T.

[He recounts the woman's case history. She has three kids. Dr M recommends D&C with sterilisation. Tells her to come back tomorrow at 9am on an empty stomach because it's too late today. She examines another woman, advises her to get admitted into hospital to get a sterilisation, as she has had one child by caesarean section. Tells the next woman to lie down for examination. Asks her about her last period. The next patient wants her Copper-T removed and doesn't want another one inserted.]

**Dr M:** How long have you had the Copper-T?

**Woman:** Three years.

**Dr M:** How many kids do you have?

**Woman:** Two.

**Dr M:** Are they both girls?

**Woman:** No, a girl and a boy.

**Dr M:** Who is older, the girl or the boy?

**Woman:** The girl.

**Dr M:** Then why do you want it taken out?

**Woman:** I'll take oral pills.

**Dr M:** Why don't you put a stop to it?

**Woman:** Not yet.

**Dr M:** Why not?

**Woman:** I haven't asked yet. [*That is, she hasn't asked her husband and/or his family's permission.*]

**Dr M:** The slip she has got from gynaecology OPD says to remove this one and insert another

Copper-T. [*Dr M removes the Copper-T and asks her*] Shall we put another one?

**Woman:** No, I have some problems with it.

**Dr M:** What problems?

**Woman:** [*mumbles something*]

**Dr M:** Shall we insert a Copper-T?

[The woman agrees. Dr M asks the *ayah* for a Copper-T, which she inserts, and then she prescribes a medicine for the woman's complaints. Dr M tells the junior doctor to make a register to record the reasons for refusals, which they must present. The next woman comes in. She asks her to lie down quickly for examination. Finds out she has two daughters, three and six years old, and wants a third child. She is eight weeks pregnant.]

**Dr M:** She wants an MTP. She has two daughters. Why don't you want a sterilisation?

**Woman:** I just want a Copper-T now.

**Dr M:** You want a Copper-T! Why do you want to abort this child if you so much want a third child? Were both your children born by normal delivery? Not with the help of instruments or operation?

**Woman:** No.

**Dr M:** So they were both by normal delivery. Then why do you want to get this one aborted?

**Woman** [*timidly*]: The younger one seems to be very young still.

**Dr M** [*mimicking her*]: It seems to be very young still. A three-year-old seems to be very young! Aren't two children enough?

**Woman:** Yes, they are enough.

**Dr M:** Then...? What does your husband do?

**Woman:** Works in export.

**Dr M:** Where?

**Woman:** I don't know, here in Delhi.

**Dr M:** Do you live alone with your husband, or do you have your in-laws living with you too?

**Woman:** My brother lives with me.

**Dr M:** You have a brother. So where are you going to get the money to look after three children?

**Woman** [*in a very humble voice*]: I will think about that later.

**Dr M** [*imitating her*]: I will think about it later! But for abortion, you don't have to think about it or ask anywhere about it!

[I ask why she doesn't want to have this one, thinking to myself that perhaps she has had an amniocentesis and knows it's another girl...]

**Dr M:** Well, since you want to have a third one, why not have this one?

**Woman:** Now I want to get a Copper-T.

**Dr M:** Why? That's what we want you to tell us, why you want to do this.

**Woman:** I have only two daughters. I would like to have a son.

**Dr M:** Then have this one.

**Woman:** I don't know.

**Dr M:** You could take a chance now. If you have to take a chance, then why don't you take it now? [to me] This is the attitude actually. They want it on demand. You can talk to her for an hour or two. [to the woman] Look here, Rani! At a government hospital you can't get an MTP without a sterilisation as well. In our eyes a girl and a boy are equal. You have two kids, two kids are enough, whether it's a girl or a boy, it makes no difference.... You are also still young. You look after your work, educate your children. There should be some progress too of the family, or should there be only kids getting born? Is it your husband who wants a son, or you, or your mother-in-law?

**Woman [timidly]:** I'm the one who wants it.

**Dr M [mimicking her]:** I'm the one! Very good! Go. Where's her slip? Give it to her. Here, take it. If you get an abortion here you will have to have a sterilisation. OK? Here the government rule applies, the younger child is three and a half, so we can't insert a Copper-T.

**Woman:** Shall I go and ask my husband now?

**Dr M:** Yes, go and ask. But it can't be done today. Come back tomorrow on an empty stomach.

[The woman leaves. I ask again why she doesn't continue this pregnancy.]

**Dr M:** You are surprised, but this is very normal for us. We know that she won't. We give her advice accordingly. Now she will go and have a consultancy with all concerned. First, with her husband, then when she sits with her neighbours in the afternoon. They'll say, why did you go to a government hospital, that's how the doctors talk. You shouldn't have said you have two kids, you should have said you have only one, then they would have inserted a Copper-T.... Now she might try coming after a week and saying she has one child. We will have forgotten her face by then. Or somebody will say, tell your husband to arrange for Rs.150-200. Nowadays there are lots of people doing MTPs, right from... [The woman has come back.] So what's happened?

**Woman:** He's saying to get an MTP.

**Dr M:** Only an MTP.

**Woman:** After one or two years we'll get an operation....

**Dr M [to me]:** This is because liberalisation of abortion has come to the extent that she wants pregnancy on demand. Like, when she wants to continue she will continue. Now she doesn't feel like it, that's all. [to the woman] Rani, it can't be done here. We can't do an abortion without doing a sterilisation too if you have two kids of six and three and a half. You think about it further. We don't have the permission to do it.

[I ask another question and while she is answering, we are interrupted by the woman who had been in earlier and said she had had problems with her IUD.]

**Dr M:** I found the cause of the problem and prescribed the medicine for that. It will be all right. [reassuringly] There is no reason for you to worry, OK?

**Woman:** The pain seems to be increasing.

**Dr M [to me]:** Now what you're encountering is this. She came by herself. She has a three and a half month old child. She was self-motivated for the Copper-T. Ideal! She is one of the target group for spacing, but the minute she's got the Copper-T inserted, her problems have started. I have pain, I have pain. In two days she'll be back for a follow-up. In a week she'll be complaining. In two weeks she'll say she has pain. In three weeks, she'll relate all her problems to this. [to the woman] Rani, why did you get the Copper-T inserted? Who told you to get it, your husband? Or did you want it yourself?

**Woman:** My husband.

**Dr M:** Your husband. Where does he work?

**Woman:** Is it bad?

**Dr M:** No, it isn't anything bad.... Why we're asking is - how come you thought of getting it? Because people like you never agree to get it. How come you thought of the fact that you have this one child, so you should space. This one is a boy?

**Woman:** Yes, there is only this one child. We want to educate him well, feed and clothe him properly.

**Dr M:** How come you thought like that?

**Woman:** I come from a very poor family, a little educated.

**Dr M:** Are you educated? Up to what class?

**Woman:** Yes, up to twelfth grade.

**Dr M:** What about your husband?

**Woman:** He's a graduate from Delhi. I've just done my teacher's training course and come from the village.

**Dr M:** Good, now you can go. Come back after two weeks, we'll do a check-up....

**Note**

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