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RESEARCH ARTICLE

Towards a limited and 'quality' population: Debates on maternity benefits in mid-twentieth century India

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Abstract
Maternity benefits are historically envisioned as a means to promote maternal and infant health in India. It was a major rationale for the Maternity Benefit Act, 1961. However, maternity benefits also came to be increasingly questioned in the mid-1960s for allegedly leading to more births and 'derailing' the national family planning programme. Limiting maternity benefits as a disincentive strategy for population control was proposed through various platforms. This article examines one such attempt in the Indian Parliament. During the discussion on the Maternity Benefit (Amendment) Bill of 1965, Shakuntala Paranjpye, a renowned advocate for birth control, sought to add a restrictive clause limiting maternity benefits to the first two deliveries. Despite leading to an intense debate among the legislators, the amendment was voted down. Nevertheless, the debates are worth exploring to understand the prevailing notions about reproductive behaviour, differential fertility, and alleged ignorance of the working-class women. Primarily drawing on the legislative debates on the Maternity Benefit Act, this article shows how maternity benefits became a distinctive site for negotiating population control. By limiting maternity benefits, this article argues, the amendment sought to regulate the reproductive behaviour of the working class and promote a limited and 'quality' population.

Keywords: Maternity Benefit Act, 1961; population control; motherhood; working-class; India

Introduction

> On the one hand, the government of India is spending Rs. 100 crores on publicity on population control, on birth control, as they call it. On the other hand, here is a bill whereby the Government becomes an abettor in population growth. You encourage people to produce more, to give birth to more children.
>
> Lokanath Misra on Maternity Benefit (Amendment) Bill, 1965[1]

Although the practice of maternity benefits in various industries in colonial India is documented from much earlier,[2] the first legislation on the subject came in the form of the Bombay Maternity Benefit Act of 1929. The alarming conditions of infant and maternal health and the growing concerns for labour welfare during the inter-war period, along with the administrative changes brought by the introduction of dyarchy in 1919—which placed certain portfolios such as health in the hands of Indian legislators—intensified the campaigns for maternity benefits and ultimately led to the passing of maternity benefit legislation in the late colonial period.[3] These campaigns perceived maternity benefits as enabling measures for women to perform motherhood, regarded as their primary duty, otherwise compromised by the 'tragedy' of participating in paid employment.[4] The rationale for maternity benefits was sought in their utmost maternal function: reproducing the future nation.[5]

The role of women in reproducing healthy citizens and nation-building was a central theme in the nationalist debates of this period. It became a justification for garnering support for various socio-political rights for women. The sub-committee on 'Women's Role in Planned Economy' (WRPE)[6] recognized the economic value of

[1] *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[2] See 'Report of the Royal Commission on Labour in India' (London, 1931). Plantations in Assam were among the earliest to adopt rudimentary forms of maternity benefits in colonial India. Samita Sen, 'Unsettling the Household: Act VI (of 1901) and the Regulation of Women Migrants in Colonial Bengal', in *Peripheral labour: Studies in the history of partial proletarianization*, (eds) Shahid Amin and M. Van der Linden (Cambridge University Press, 1997), pp. 135–156. Termed as 'pregnant leave', they offered various benefits which included paid leave before and after childbirth, monetary allowance and medical facilities. However, monetary allowance was sometimes only given when there were no other working members in the family or was conditional on the survival of the child. For details, see *Report of the Assam Labour Enquiry Committee, 1906* (Office of the Superintendent of Government Printing, India, 1906). The practice of maternity benefits, scholars have shown, stemmed from the interest in maintaining a steady and self-reproducing labour force in the gardens. See Sen, 'Unsettling the Household', p. 140.

[3] Priyanka Srivastava, 'Welfare rhetoric and maternal bodies: Protective legislation debates in Colonial Bombay', in *The well-being of the labor force in Colonial Bombay* (Cham: Springer International Publishing, 2018), pp. 153–195. The role of dyarchy in enabling Indian legislators to participate in debates on the health and welfare is also discussed in Geraldine Hancock Forbes, *Women in Colonial India: Essays on politics, medicine, and historiography* (New Delhi: Chronicle Books, 2005), p. 91.

[4] Srivastava, 'Welfare rhetoric and maternal bodies', p. 172.

[5] Ibid., p. 182.

[6] It was one of the 29 sub-committees of the *National Planning Committee* formed under the leadership of Jawaharlal Nehru in the late 1930s. Prominent women leaders of that time, including Sarojini Naidu (1879–1949), Hansa Mehta (1897–1995), Muthulakshmi Reddy (1886–1968), Aruna Asaf Ali (1909–1996), Vijaya Lakshmi Pandit (1900–1990), and Pushpalata Saikia (1915–2003) were its members, many of them were associated with the All India Women's Conference (AIWC) and the national movement.

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unpaid housework and displayed radical visions for women's economic participation. Yet it envisioned woman as 'mother of the race' while grounding its support for maternity protection.[7] The role of women in birthing and nurturing future citizens, and the need to teach them the necessary skills for this purpose, was emphasized by several political leaders, such as Amrit Kaur, who would become the first health minister in independent India.[8] Women members in the Constituent Assembly often articulated their demands for equality, grounded in women's contributions to the nation, with motherhood and domesticity serving as crucial points of reference.[9]

The relationship between woman and the state was mediated through family and community, where they were primarily imagined as 'biological reproducers of members of nations and as cultural reproducers of national/ethnic boundaries'.[10] Women were merely treated as 'targets for household and motherhood-oriented welfare services' in the developmental planning of early independent India.[11] They were perceived in relation to their roles as wives and mothers, and the welfare measures for them concentrated primarily on facilitating these roles.[12] With the exclusive focus on their biological reproduction, women were made invisible in the discourse on development.[13]

Women as reproducers of future citizens and the role of maternity benefits in enabling them to perform that function have remained a major rationale for maternity benefit legislation. However, in the mid-1960s, maternity benefits came to be widely interrogated for allegedly conflicting with the national family planning programme. Limiting maternity benefits as a disincentive strategy was proposed through various

[7]National Planning Committee Series: Women's Role in Planned Economy (Bombay: Bhora & Co., 1947), pp. 39–41.

[8]Kaur stated that healthy children (that were to be offered to the State) could only be produced by healthy parents. The role of the mother was considered paramount for that purpose. In her understanding, 'the way she lives the thought she thinks, help or hinder the growth of her offspring to be for the child is made out of the very essence of her body'. See, Amrit Kaur, 'Training for citizenship', in *Challenge to women* (Allahabad: New Literature, 1946), pp. 137–155. Jawaharlal Nehru, the first Prime Minister of Independent India, also exhibited similar concerns. In his speech while laying down the foundation stones of a women's college at Teynampet, Madras on 22 January 1955, he emphasized the role of women as mothers in shaping the formative years of their children. See *Jawaharlal Nehru's speeches*, vol. 03 (New Delhi: Government of India, 1958), pp. 398–402.

[9]Alisha Dhingra, 'Gender discourses and the making of the Indian Constitution', *Indian Journal of Gender Studies*, vol. 29, no. 1, 2022, pp. 33–54.

[10]Maitrayee Chaudhuri, 'Gender in the making of the Indian Nation-State', *Sociological Bulletin*, vol. 48, no. ½, 1999, pp. 113–133. Scholars have shown that childrearing has been historically regarded as central to women's civic participation. See Emilie Stoltzfus, *Citizen, mother, worker: Debating public responsibility for child care after the Second World War* (Chapel Hill: University of North Carolina Press, 2003). For a discussion on how reproduction remains crucial to understanding citizenship in the late modern economy, see Kamaludeen Mohamed Nasir and Bryan S. Turner, 'Reproductive citizenship, governmentality and the theory of entitlement', in *The future of Singapore: population, society and the nature of the state* (New York: Routledge, 2014), pp. 83–100.

[11]Nirmala Banerjee, 'Whatever happened to the dreams of modernity? The Nehruvian era and woman's position', *Economic and Political Weekly*, vol. 33, no. 17, 1998, pp. WS2–7.

[12]Sadhna Arya, 'Gender and public policy in India: Invisibilizing socially reproductive labour', *The Indian Historical Review,* vol. 35, no. 2, 2008, pp. 49–76.

[13]Asha Nadkarni, *Eugenic feminism: Reproductive nationalism in the United States and India* (Minneapolis: University of Minnesota Press, 2014), p. 138.

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platforms. While discussing the Maternity Benefit (Amendment) Bill of 1965, Shankuntala Paranjpye, a member of the *Rajya Sabha*,[14] sought to add a restrictive clause limiting maternity benefits to the first two deliveries. The debates that followed brought to the fore concerns about 'overpopulation', the reproductive behaviour of working-class women, and the relationship between maternity benefits and population control. Legislators posed questions about whether maternity benefits lured working-class women to produce more children. They regarded maternity benefits as contradictory to population control and suggested limiting their availability as a disincentive strategy for that purpose. Some, however, maintained that such punitive measures were unethical, despite their concern for the imminent 'population explosion'. Similar concerns were also raised in the print media, where the seemingly conflicting objectives of the two policies were discussed.

The existing scholarship on maternity benefits in India primarily focuses on the historical emergence of maternity benefit legislation in the late colonial period[15] and the contemporary legal framework governing maternity benefits, with an emphasis on the 2017 amendment to the Maternity Benefit Act.[16] The debates on maternity benefits in the mid-to-late twentieth century remain largely unexplored. Adopting a historical lens, this article examines how the debates on maternity benefits and population control got entangled in the mid-1960s. It was a period when the country faced a famine-like situation and economic crisis, making it virtually dependent on funding from international bodies such as the World Bank and the Ford Foundation.[17] Nevertheless, as Connelly (2006) has observed, these international bodies should not be held entirely responsible for the imposition of population control in India. It received considerable support also among the national elites.[18] Scholars have also examined how the programme targeted the marginalized sections, such as the religious minorities, the scheduled castes, and the poor.[19] This article contributes to these

[14]*Rajya Sabha* is the upper House of the Indian Parliament.

[15]For historical works on maternity benefits in late colonial India, see Srivastava 'Welfare rhetoric and maternal bodies'; Sen 'Motherhood, mothercraft and the Maternity Benefit Act'; Amrita Chhachhi, 'Who is responsible for maternity benefit: State, capital or husband? Bombay Assembly debates on Maternity Benefit Bill, 1929' *Economic and Political Weekly*, vol. 33, no. 22, 1998, pp. L21–29; Janaki Nair, 'Labour legislation and the woman worker', in *Women and law in Colonial India: A social history* (Kali for Women, 1996), pp. 95–121.

[16]See Suma Dadke, 'Reading between the lines: Maternity benefit law in India and whom it truly benefits', *Indian Journal of Gender Studies*, vol. 31, no. 2, 2024, pp. 177–199; Ira Chadha Sridhar and Geetika Myer, 'Feminist reflections on labour: The "ethics of care" within maternity laws in India', *Socio-Legal Review*, vol. 13, no. 1, 2017, pp. 1–21; Saumya Uma and Aditya Kamath, 'Gamechanger or a Trojan Horse? Some reflections on the Maternity Benefit Act, 1961', *Economic and Political Weekly*, vol. 55, no. 22, 2020, pp. 59–65.

[17]For details, see Matthew Connelly, 'Population control in India: Prologue to the emergency period', *Population and Development Review*, vol. 32, no. 4, 2006, pp. 629–667.

[18]Ibid., p. 662.

[19]See Rebecca Jane Williams, 'Storming the citadels of poverty: Family planning under the Emergency in India', *The Journal of Asian Studies*, vol. 73, no. 2, 2014, pp. 471–492; Sayantani Sur, 'Bodies in poverty: Family planning and poverty removal in India', *Economic and Political Weekly*, vol. 52, no. 40, 2017, pp. 48–56; Marika Vicziany, 'Coercion in a soft state: The family-planning program of India: Part 2: The sources of coercion', *Pacific Affairs*, vol. 5, no. 4, 1983, pp. 557–592; Mohan Rao, 'Iron in the soul: Two-child norm in population policies again', *Indian Journal of Gender Studies*, vol. 29, no. 2, 2022, pp. 229–235; Mytheli

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works by examining how the reproduction of the working class was brought under scrutiny on the grounds of overpopulation.

The usage of incentives and disincentives during the Emergency (1975–77) has received considerable scholarly attention.[20] Landman (1977) has discussed the promised incentives in the *National Population Policy* (1976) for promoting birth control. Although the policy did not explicitly mention disincentives, Landman shows that measures such as limiting maternity leave, daily rations, and educational scholarships were being deployed by several state governments.[21] Connelly (2006) draws our attention to the pre-Emergency period, demonstrating that, despite the government's avoidance of the explicit use of terms such as 'incentive', the practice of incentives and disincentives was observed in this period. Public officials were given monthly targets and were subject to disciplinary actions when they failed to fulfil them. The use of incentives and disincentives was not limited to the domestic level. International funders of the programme, such as the United States, used 'food as leverage' to shape India's approach towards population control.[22]

Sarah Hodges (2012) argues that, as a compelling model for manoeuvring reproductive behaviour towards national regeneration, eugenics[23] played a crucial role in shaping the social and political debates in late colonial India. Rather than being concerned with questions such as heritability, Hodges shows, 'eugenics in a poverty-stricken colonial context provided a powerful and enduring template for connecting reproductive behaviour to the task of revitalizing the nation as a whole'.[24] For its close association with the Holocaust, as Rao (2004) shows, eugenic ideas came to be widely discredited in the 1940s–50s.[25] At the same time, Neo-Malthusianism[26]

Sreenivas, *Reproductive politics and the making of modern India* (Seattle: University of Washington Press, 2021); Connelly, 'Population control'.

[20]Lynn C. Landman, 'Birth control in India: The carrot and the rod?', *Family Planning Perspectives*, vol. 9, no. 3, 1977, pp. 101–105 and pp. 108–110; Williams, 'Storming the citadels of poverty'.

[21]Landman, 'Birth control in India'.

[22]Connelly, 'Population control', pp. 629–667.

[23]The majority of eugenics movements sought to regulate reproductive practices based on the principles of heredity. An 'evaluative logic' is central to eugenics. It promotes the propagation of the 'fit' (positive eugenics) while restricting the propagation of those considered 'unfit' (negative eugenics). Apart from preventing or promoting life, eugenics is also associated with measures to ensure 'fitter life'. Public health, training on childrearing and environmental reforms are such mechanisms. Philippa Levine and Alison Bashford, 'Introduction: Eugenics and the modern world', in *The Oxford handbook of the history of eugenics*, (eds) Alison Bashford and Philippa Levine (Oxford: Oxford University Press, 2012), pp. 2–24.

[24]Sarah Hodges, 'South Asia's eugenic past', in *The Oxford handbook of the history of eugenics*, pp. 228–242.

[25]Mohan Rao, *From population control to reproductive health: Malthusian arithmetic* (New Delhi: Sage Publications, 2004), p. 102.

[26]Neo-Malthusianism is a revival and adaptation of the economic theory of Malthus. It believes that 'overpopulation' leads to and worsens poverty. However, in contrast to Malthus, who believed in natural checks and 'moral' methods of birth control, Neo-Malthusians propose modern contraceptives to curb population growth. Susanne Klausen and Alison Bashford, 'Fertility control: Eugenics, Neo-Malthusianism, and feminism', in *The Oxford handbook of the history of eugenics*, pp. 98–115; Mohan Rao, 'An imagined reality: Malthusianism, Neo-Malthusianism and population myth', *Economic and Political Weekly*, 1994, pp. PE40–52.

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gained prominence in the national and global discourses on population.[27] Population growth came to be viewed as a major constraint towards developmental goals by the political elites in the global South.[28] Eugenics, however, did not vanish but was transformed and incorporated into the more respectable domain of population control.[29] Hodges (2012) notes that many leaders associated with eugenics and birth control in late colonial India became active proponents of family planning and population control after independence. There were also continuities in terms of ideas, such as social engineering and regulating the reproductive behaviour of individuals.[30] While there exists a certain divergence between the early eugenicists promoting positive eugenics (facilitating procreation among the 'fit') and the Neo-Malthusians seeking to curb population growth in general, eugenics and neo-Malthusianism often overlap and co-exist.[31] The quantitative and qualitative problems of the population, together with their solutions, are considered both complementary and compatible.[32] In the debates on Paranjpye's amendment, we come across such considerations.

This article draws on the legislative debates on the Maternity Benefit Act, particularly the discussion on the Maternity Benefit (Amendment) Bill of 1965. They are contextualized within the broader debates on maternity benefits and population control. An initial search in the digital repositories of the Indian Parliament helped us trace the debates on the Act and its subsequent amendments. Debates on all the government bills,[33] regardless of their enactment status, were collected. Population control narratives were prevalent throughout the 1960s to the 1990s and were much discussed during the debate on the Maternity Benefit (Amendment) Bill of 1965. The bill was introduced in the *Rajya Sabha* on 12 November 1965 and discussed on 26 and 27 July 1966. Paranjpye's amendment was not part of the official bill, yet it triggered major debates among the members of the Parliament. They remained more focused on Paranjpye's amendment rather than the official bill itself. Although Paranjpye's amendment did not translate into law, these debates are worth exploring to understand how the concerns for population control impinged upon the legislative discourse on maternity benefits.

This article approaches legislative debates as a historical source for analysing political ideas in a given period. Several institutional and organizational factors, such as the ideological positions of the political parties, the status and seniority of the members, and the allocated time for different parties, shape the politics of speech-making in the Parliament and determine who gets to speak and on what aspects.[34] The social

[27]Marc Frey, 'Neo-Malthusianism and development: Shifting interpretations of a contested paradigm', *Journal of Global History*, vol. 6, no. 1, 2011, pp. 75–97.

[28]Frey, 'Neo-Malthusianism and development'.

[29]Nadkarni, *Eugenic feminism*, p. 148; Alison Bashford, 'Internationalism, cosmopolitanism, and eugenics', in *The Oxford handbook of the history of eugenics*, pp. 154–172; Hodges, 'South Asia's eugenic past'; Rao, 'An imagined reality'.

[30]Hodges, 'South Asia's eugenic past'.

[31]Klausen and Bashford, 'Fertility control'.

[32]Ibid.

[33]While several private members' bills were also introduced to amend the Act in different periods, most did not reach the stage of discussion in the Parliament.

[34]See Shirin M. Rai and Carole Spary, *Performing representation: Women members in the Indian Parliament* (New Delhi: Oxford University Press, 2019).

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positionalities of the legislators also have a decisive role in their deliberations in the House.[35] While engaging with their speeches, we have been attentive to the social positionalities of the legislators, wherever possible.

This article is divided into five sections. The first section provides a historical account of the emergence of maternity benefit legislation in India. The second section discusses the nationalist underpinnings of the debates on maternity benefits. It demonstrates how the maternity benefit legislation was historically tied to the issue of infant and maternal health, and was often promoted for its role in reproducing healthy citizens for the nation. The third section examines the amendment proposed by Paranjpye and her advocacy for limiting maternity benefits. It situates her move within the debates on maternity benefits and population control in the period. To contextualize Paranjpye's ideological position, this section also discusses her activities as a proponent of birth control. The fourth section examines the response to Paranjpye's amendment in the Parliament. It also explores the perception of the legislators on the reproduction of the working class. The fifth section examines how the relationship between maternity benefits and population control was discussed over successive decades. It also locates limiting maternity benefits as a disincentive strategy for population control.

Situating the Maternity Benefit Act of 1961

As indicated earlier, legislative attempts for maternity benefits in India began only in the 1920s. The Maternity Protection Convention of 1919, adopted at the Washington Conference of the International Labour Organization (ILO), played a major role in these developments. The Convention mandated that a woman, irrespective of her age, nationality, or marital status, should be restricted from work for six weeks after the confinement. She would also have the right to leave before the confinement upon production of a medical certificate, provided it certifies that her confinement is due within six weeks. Furthermore, she should be paid sufficiently to care for herself and the child for the period of absence.[36] India was exempt from ratifying the Convention and was only asked to submit a report on women's employment and existing maternity benefit provisions during that period. Accordingly, the government of India consulted provincial governments, employers' associations, factory owners, and other stakeholders, and the findings were discussed in a conference held in Simla in 1921. At the conference, it was decided that a compulsory maternity benefit legislation in conformity with the Convention, covering women in both industrial and commercial undertakings, was not immediately possible. Inadequacy of the birth registration system, reluctance of women to visit male doctors and the limited availability of female medical practitioners were cited as reasons for the non-conduciveness in enacting such legislation. Until legislation were to become feasible, the government considered it enough to merely

[35]For a detailed discussion on recent works using this approach, see 'The politics of legislative debates: An introduction' in *The politics of legislative debates*, (eds) Hanna Back, Marc Debus, and Jorge M. Fernandes (Oxford: Oxford University Press, 2021), pp. 1–20.

[36]See *Maternity Protection Convention 1919*, available at https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312148 [accessed 6 October 2024].

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encourage the prevailing voluntary maternity benefit schemes by the 'enlightened' employers.[37]

The growing concerns for labour welfare at the international level, as evidenced by the formation of the International Labour Organization and its adoption of the Maternity Protection Convention, led to the demand for maternity leave in various nationalist platforms.[38] The transfer of portfolios such as health to the Indian legislators after the introduction of dyarchy, and the alarming conditions of maternal and infant health in the industrial centres such as Bombay, further fuelled these demands.[39] The All India Trade Union Congress (AITUC) included the demand for maternity leave in its charter in 1920.[40] In 1922, Kanji Dwarakadas attempted to introduce a proposal for maternity benefits in the Bombay Legislative Council.[41] In 1924, two separate attempts for maternity benefit legislation were made by S. K. Bole and N. M. Joshi.[42] Finally, it was R. S. Asavale's attempts in 1928 that led to the first maternity benefit legislation in the country, in the form of the Bombay Maternity Benefit Act, 1929.[43] It was soon followed by the Central Provinces Maternity Benefit Act, 1930. This process gained momentum after the Royal Commission on Labour in India (1929–31) made explicit recommendations for the introduction of legislative measures to ensure compulsory maternity benefits for permanently employed women in the industrial sector.[44] The central government brought the Mines Maternity Benefit Act, 1941, for women workers in the mining sector. Maternity benefit legislation was also adopted in several other provinces, including Madras (1934), United Provinces (1938), Bengal (1939), Punjab (1943), and Assam (1944).[45]

As Ahuja (2019) has shown, there was a surge in labour legislation in mid-twentieth-century India, particularly during the late 1940s to early 1950s, whether in the form of amalgamating existing laws or introducing new labour legislation. Several national and global factors, such as the impact of the Second World War on Indian industry,

[37]See the 'Report on the Draft Convention concerning the employment of women before and after childbirth' in 'Consideration of the Draft Convention concerning the employment of women before and after childbirth', File No. L. 920/1922/ Labour/Industries/National Archives of India. At the same time, employers often used the existing maternity benefit schemes as a cheaper alternative for preventing compulsory legislation. See Samita Sen, 'Motherhood, mothercraft and the Maternity Benefit Act', in *Women and labour in Late Colonial India: The Bengal Jute Industry* (Cambridge: Cambridge University Press, 1999), pp. 142–176.

[38]See Srivastava, 'Welfare rhetoric and maternal bodies', pp. 153–195. For a discussion on how these developments after the First World War transformed the general outlook towards the question of labour, see Sen, *Women and labour in Late Colonial India*.

[39]Srivastava, 'Welfare rhetoric and maternal bodies'.

[40]Radha Kumar, *The history of doing: An illustrated account of movements for women's rights and feminism in India 1800–1990* (London: Verso, 1993), p. 67.

[41]Radha Kumar, 'Family and factory: Women in the Bombay cotton textile industry, 1919–1939', *The Indian Economic and Social History Review*, vol. 20, no. 01, 1983, p. 96. Also see Srivastava, 'Welfare rhetoric and maternal bodies', p. 169.

[42]Whereas Bole introduced a resolution in the Bombay Legislative Council, Joshi attempted a bill for maternity benefits in the Central Legislative Assembly. See Srivastava, 'Welfare rhetoric and maternal bodies', pp. 169–171.

[43]Ibid., pp. 177–178.

[44]See 'Report of the Royal Commission', pp. 263–265.

[45]*Labour Investigation Committee: Main Report* (Government of India, 1946), p. 56.

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inflation-induced economic crises, heightened trade union activism, and changes in economic policy in the post-independence period that emphasized state-led heavy industries, contributed to these developments.[46] These laws, however, covered a tiny minority of the total workforce. Through their definitional categorization and exclusionary application, they constituted and reinforced the boundaries between the 'formal' and 'informal' sectors.[47] As Breman (1999) notes, they were more of a concession to the factory workers and the impending result of the state's pioneering role in the economic transition.[48] Such legislative efforts were shaped by the idea that the 'protection of industrial capital by a system of licences and controls should also be extended to labour by ensuring fair wages and an adequate life standard for industrial workers'.[49]

The need for a scheme of social insurance covering various aspects of sickness, accidents, old age, and maternity benefits was widely discussed in the 1930s and 1940s.[50] The Employees' State Insurance Act (ESI) was enacted in 1948. It provided insurance-based maternity benefits for women under a predefined wage limit in the non-seasonal factories. The Plantation Labour Act of 1951 also incorporated maternity benefit provisions for the women workers in the plantation sector. The legislation regulating maternity benefits so far was sector-specific (the Mines Maternity Benefit Act and the Plantation Labour Act), regional (the provincial laws for maternity benefits), or restrictive in terms of their application (the ESI Act covered workers under a predefined wage limit only in non-seasonal factories). They also varied in terms of their benefits. Thus, the demand continued for an all-India law for maternity benefits to bring uniformity and universality in the provisions of maternity benefits. In its *Five Year Programme for Labour* (1946), the interim government proposed a central law extending maternity benefits to workers in establishments other than factories.[51] In 1958, Renu Chakravartty from the Communist Party of India introduced a maternity benefit bill in the Parliament. The need to extend maternity benefits to women in white-collar jobs was one of its justifications.[52] The bill did not reach the stage of discussion and lapsed eventually.[53] The government introduced a bill in 1960, which led to the enactment of the Maternity Benefit Act, 1961. Whereas the Act immediately covered the factories, mines, and plantations, the decision to include other establishments—industrial, commercial, agricultural, or otherwise—was left to the state governments.[54] It provided up to 12 weeks of paid maternity leave, a medical bonus, and leave in the event

[46]Ravi Ahuja, 'A Beveridge Plan for India? Social insurance and the making of the "formal sector"', *International Review of Social History*, vol. 64, no. 2, 2019, pp. 207–248.

[47]However, the processes of formalization and informalization, Ahuja notes, were not permanent or irreversible, but dynamic and bi-directional. Ibid.

[48]Jan Breman, 'Industrial labour in Post-Colonial India. I: Industrializing the economy and formalizing Labour', *International Review of Social History*, vol. 44, no. 2, 1999, pp. 249–300.

[49]Ibid., p. 289.

[50]For details, see *National Planning Committee Series: Labour* (Vora & Co. Publishers Ltd, 1947).

[51]'Report of the National Commission on Labour' (Government of India, 1969), p. 93.

[52]Gargi Chakravartty and Supriya Chotani, *Charting a new path: Early years of National Federation of Indian Women* (Delhi: People's Publishing House, 2014), p. 85.

[53]Ibid.

[54]Maternity Benefit Act, 1961, See the Gazette of India, Extraordinary, Part II-Section 1, 13 December 1961.

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of miscarriage, among other benefits.[55] The Act repealed the *Mines Maternity Benefit Act* and the relevant sections of the *Plantation Labour Act*. The employees covered by the ESI Act were, however, left outside of its purview.

Nevertheless, the Act was far from being 'universal'. It did not automatically extend the benefits to women in other establishments. It set a threshold of a minimum of 160 days of employment in the preceding year.[56] Moreover, by adopting the definition of 'factory' from the Factories Act, it restricted its application to factories employing equal to or more than ten persons in mechanized factories and 20 persons in the case of non-mechanized factories. When the Act was extended to cover the shops and establishments in 1988, it set a threshold of ten or more employees for establishments to be covered under this Act.[57] Through these mechanisms, the Act retained certain exclusionary practices. The need to broaden the coverage of the Act, to include the workers in the 'unorganized' sector and particularly the agricultural workers within its purview, was raised several times in the Parliament. However, both the Maternity Benefit Act and the ESI Act focused on the formal workers in the 'organized' sector alone.[58] The demand for universalizing the benefits under the existing legislation, by broadening its coverage to include women in all sectors of employment, was not met. In the later period, the government introduced several schemes for providing maternity entitlements to women. However, they fall short in many aspects. While offering partial wage compensation, they remained conditional on adherence to certain principles, such as institutional delivery and a limited number of children. The monetary compensations provided under these schemes have been insufficient and lag in terms of their implementation.[59]

In colonial India, men constituted the majority of the industrial workforce.[60] The participation of women was limited to certain sectors, such as plantations, cotton and jute mills, mining, and others. However, the proportion of women began to decline in

[55]The Maternity Benefit Act, when last amended in 2017, extended the paid maternity leave up to 26 weeks. The maximum available duration of leave for adopting or commissioning mothers and women having two or more surviving children was 12 weeks. Additionally, it directed that every establishment with 50 or more employees had to provide crèche facilities and allow women four visits to the crèche every day, excluding the usual rest period. See the Maternity Benefit Act, available at https://www.indiacode.nic.in/bitstream/123456789/17115/1/maternity_benefit.pdf [accessed 12 November 2025].

[56]It was later reduced to 80 days in 1988. See the Maternity Benefit (Amendment) Act, 1988, Gazette of India, Extraordinary, 1989, Part. II; sec3(ii) dated 6.1.1989.

[57]Ibid.

[58]Lakshmi Lingam and Vaidehi Yelamanchili, 'Reproductive rights and exclusionary wrongs: Maternity benefits', *Economic and Political Weekly*, vol. 46, no. 43, 2011, pp. 94–103.

[59]Such schemes include *Janani Suraksha Yojana* (2005), *Indira Gandhi Matritva Sahyog Yojana* (2010), and *Pradhan Mantri Matru Vandana Yojana* (2017). For a detailed discussion on these conditional maternity benefit schemes, see Aarushi Kalra and Aditi Priya, 'Birth pangs: Universal maternity entitlements in India', *Economic and Political Weekly*, vol. 55, no. 35, 2020, pp. 48–53; Lingam and Yelamanchili, 'Reproductive rights and exclusionary wrongs'; Lakshmi Lingam and Aruna Kanchi, 'Women's work, maternity and public policy in India' (Tata Institute of Social Sciences, Hyderabad, March 2013).

[60]Samita Sen, 'Gendered exclusion: Domesticity and dependence in Bengal', *International Review of Social History*, vol. 42, 1997, pp. 65–86; Arjan De Haan, 'Towards a single male earner: Decline of child and female employment in an Indian industry', *Economic & Social History in the Netherlands (NEHA)*, vol. 6, 1994, pp. 145–167; Jan Breman, 'Industrial labour in Post-Colonial India. I'.

most of these sectors since the late 1920s–1930s.[61] Although the advent of protective labour legislation, such as the prohibition of night work for women and maternity benefit legislation, is commonly held as the primary reason behind this decline, existing scholarship has shown that it was rather a complex phenomenon. By the time maternity benefit laws came into effect in most provinces, the proportion of women workers in the industrial sector had already begun to decline.[62] The retrenchment of women workers, which began in the late 1920s, reached its peak during the rationalization processes in the 1950s. Men were preferred over women based on the assumption that they had better skills and capacities to operate the new machinery at work.[63] Whereas the proportion of women in the 'organized' industrial sector was declining, urban, educated, middle-class women found an increasing presence in the public and service sector. Their participation was mostly limited to certain selected professions, such as teaching, medicine, clerical, and secretarial positions.[64] One of the reasons behind the demand for a central law was the need to extend the legal protection of maternity benefits to these new sections of women.

'In the best interests of the nation': Rationale for maternity benefits

The question of maternity benefits in India was intricately tied to the conditions of infant and maternal health. For the nationalist leaders, maternity benefits were a means to improve maternal and child health and to build a healthy and prosperous nation. These concerns occupied a central space during the 'transition'.[65] What was expected of women in terms of their civic responsibilities and the promises towards them in return was a constant arena of negotiation. Women's reproductive role,

[61]This decline was most noticeable in the jute and cotton mills. The proportion of women workers (to total workers) had reduced from 19.4 per cent in 1927 to 8.5 per cent in 1950 in the cotton mills. In the jute mills, it had fallen from 16.7 per cent to 12.4 per cent for the same period. Plantations, on the other hand, continued to employ a significant proportion of women. In the case of Assam tea plantations, the proportion of women workers remained consistently high (46.6 per cent in 1933–34 to 47.2 per cent in 1949–50). 'Economic and social status of women workers in India' (Government of India, 1953), pp. 14–20. After the rationalization processes in the 1950s, this decline had become monumental. Sen has shown that the proportion of women reached a considerable low of two per cent by 1971 in the jute workforce. Samita Sen, 'Gender and class: Women in Indian industry, 1890–1990', *Modern Asian Studies*, vol. 42, no. 1, 2008, pp. 75–116.

[62]Sen, *Women and labour in Late Colonial India*, p. 177.

[63]Sen, 'Gender and class'; De Haan, 'Towards a single male earner'; Breman, 'Industrial labour in Post-Colonial India. I'.

[64]The 1971 census revealed that, in the urban areas, 38 per cent of women were employed in the service sector whereas only 13 per cent of them were employed in the manufacturing industries (other than household industries). 'Towards equality: Report of the Committee on the Status of Women in India' (New Delhi: Government of India, 1974) p. 32. See also Samita Sen, 'Gendered exclusion'; Kamla Nath, 'Urban women workers', *Economic and Political Weekly*, vol. 17, no. 37, 1965, pp. 1405–1412.

[65]We are using the term 'transition', to denote the period of 1920–1960s, similar to the usage of Dipesh Chakrabarty. Chakrabarty argues that although the formal transition of power occurred in 1947, the process started much earlier in the 1920s and continued to the 1960s till the end of the Nehruvian period. See Dipesh Chakrabarty, 'Introduction', in *From the Colonial to the Postcolonial: India and Pakistan in transition*, (ed.) Dipesh Chakrabarty et al. (Oxford University Press, 2007), p. 3. To understand the political processes of the latter half of the transition period (1947–62), see Gyanesh Kudaisya, *A republic in the making: India in the 1950s* (Oxford University Press, 2017).

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especially their role as mothers, was considered their primary contribution towards nation-building.[66] The WRPE report is an important testimony in this regard. It examined women's social, economic, and legal status and wrote extensively on their work and contributions to national life. The Committee was quite radical in its approach. It did not confine women to their biological roles. Moreover, rather than imagining women as perpetual victims or targets of welfare services, it considered them as economic subjects integral to the national economy.[67] The Committee acknowledged the economic value of unpaid housework and unravelled the constraints women encounter in securing gainful employment. It argued that childcare responsibilities, excessive housework, and a lack of skills impeded women's prospects of employment. While demanding 'equal status and opportunity' for women, the Committee, however, did not intend to make her unfit for 'the great tasks of motherhood and nation-building'.[68] It attempted to balance women's child-rearing work and outside employment, highlighting the contribution of motherhood towards the national economy and development. It recommended creches for all mothers, regardless of their employment status, and social insurance policies for maternity benefits.

The Committee seemed to adopt what Sarah Hodges (2012) termed 'maternalist eugenics'[69] while advocating for the reproductive health of women. It demanded special protection for women as they are the 'mother[s] of the race'.[70] The Committee argued that the health of the mother directly impacted her child's health. Thus, if the health of the race/nation had to be ensured, the mother's health should be deemed important.[71] Along with its emphasis on women's health, the Committee also devised certain other strategies, such as prohibiting reproduction of persons with serious diseases, to ensure a 'physically and mentally healthy race'.[72] Later in the report, when it expressed the 'eugenic point of view', the Committee elaborated on concerns about the deteriorating quality of the population and emphasized that 'the right kind of persons marry', as well as the importance of knowledge and practice of birth control, along with the health of children.[73]

The Health Survey and Development Committee (popularly known as the Bhore Committee) was constituted in 1943 to examine the existing health conditions and to provide recommendations for future developments of health administration in

[66]'In late colonial India, the mood of national planning both energized and was energized by a politics of reproduction … maternal and child welfare, population growth and national strength were often regarded as mutually constitutive elements of modern life.' Sarah Hodges, 'Towards a history of reproduction in Modern India', in *Reproductive health in India: History, politics, controversies*, (ed) Sarah Hodges (New Delhi: Orient Longman, 2006), p. 3.

[67]Nadkarni, *Eugenic feminism*, p. 141.

[68]'Women's Role in Planned Economy', p. 33.

[69]Hodges argues that towards the end of the colonial rule—as formal independence was in near sight—nationalist feminists played a crucial role in the eugenics movement. They adopted a form of 'maternalist eugenics', by attaching a strategic importance to women's reproductive health. See Hodges, 'South Asia's eugenic past'.

[70]'Women's Role in Planned Economy', p. 39.

[71]Ibid.

[72]Ibid., p. 40.

[73]Ibid., p. 175.

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the country. It recognized the alarming rate of maternal and infant mortality[74] and stated that measures for alleviating the existing maternal and child health conditions should be given the highest priority in the programme for health development in the country.[75] The committee argued that the health of the child and the mother were so closely intertwined that they were almost inseparable, necessitating a unified approach to their health.[76]

The committee further assessed the conditions of women in industrial employment. It discussed the provision of nurseries available in industrialized countries, such as the Soviet Union, and recommended similar measures in the Indian context. Apart from relieving the mother and caring for the child while she works, the committee held that the nurseries could also impart necessary education for the mothers and the children to maximize their proper development. In the nurseries, mothers could learn 'how to feed, dress and take care of [their] child properly'.[77] Such education in 'mothercraft'[78] was considered necessary not merely for taking care of her present child, but also to help bring up her future children.[79] The Committee was not satisfied with the existing provincial maternity benefit laws and recommended maternity benefits along the lines of the Maternity Protection Convention. Attaching great importance to maternity benefits, the committee further noted that they had implications for the health of both the mother and the child. In the context of India, where maternal as well as infant mortality were so high, it was even more relevant.[80]

The idea that women's reproductive role, especially their function as mothers, had immense significance in shaping future citizens has remained a major rationale for maternity benefits in the subsequent decades. During the discussion on the Maternity Benefit Bill 1960, one of the legislators remarked:

> When children are born, it is the nation, factually speaking, that is born. It is not that a whole nation gets dropped from the skies.[81]

However, most mothers to whom this gigantic task was assigned were not doing well in terms of their physical health. The poor maternal and child health conditions were a constant source of concern. While maternal and infant mortality had gradually

[74]The Committee highlighted that in British India, maternal deaths were estimated to be around 2 lakhs annually. The scale of maternal morbidity could be much higher and estimated to be around 40 lakhs. The infant mortality rate was also significant. In 1937, the infant mortality rate was 162 in British India in comparison to 58 in England and Wales or 65 in France. 'Report of the Health Survey and Development Committee' (Vol. I) (New Delhi: Government of India, 1946), pp. 8–9.

[75]'Report of the Health Survey and Development Committee' (Vol. II) (New Delhi: Government of India, 1946), p. 97.

[76]Ibid, p. 98.

[77]Ibid., p. 106.

[78]For a discussion on how the notion of 'mothercraft' gained popularity in colonial India and its implications for working-class women, see Samita Sen, 'Motherhood and mothercraft: Gender and nationalism in Bengal', *Gender & History*, vol. 5, no. 2, 1993, pp. 231–243; Sen, *Women and labour in Late Colonial India*.

[79]'Report of the Health Survey and Development Committee' (Vol. II), p. 106.

[80]'Report of the Health Survey and Development Committee' (Vol. I), p. 85.

[81]Speech of Mahavir Tyagi on the Maternity Benefit Bill 1960, *Lok Sabha debates*, 14 December 1960, available at https://eparlib.nic.in/bitstream/123456789/55435/1/lsd_02_12_14-12-1960.pdf#search=null%20[1960%20TO%201969]%201960 [accessed 14 September 2024].

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declined over the decades, with maternal mortality reducing from 20 per thousand live births in 1946 to ten per thousand in 1959 and infant mortality from 165 to 135 per thousand live births over the same period, it was still quite high.[82] In this context, maternity benefits were regarded as crucial for ensuring their health. The issue of maternal health in developing countries garnered global attention in the 1980s, following community studies on maternal mortality supported by the World Health Organization (WHO) and the United Nations Population Fund (UNFPA).[83] Although the condition of maternal health has significantly improved in higher-income countries, these studies have revealed the enormity of the problem in developing countries.[84] Based on the available statistics, the WHO estimated that 'half a million maternal deaths were occurring each year, ninety-nine per cent of them in developing countries'.[85] The global Safe Motherhood Initiative was launched in 1987. Accordingly, India adopted the Child Survival and Safe Motherhood Programme in 1992. Demanding the extension of the maternity benefit coverage to women from all employment sectors, Bibha Ghosh Goswami from the Communist Party of India (Marxist), defined maternity benefit as 'a right to motherhood'. Considering the state of maternal health in the country, she viewed motherhood as a national responsibility.[86] Whereas Goswami treated maternal health as an end in itself, the prevailing idea among many legislators was that the real importance of maternal health and maternity benefits lay in ensuring the health of the newborn. 'Maternity benefit is principally for the benefit of the child', Shibban Lal Saksena, a member of parliament, held while arguing that it should not be denied on the grounds of misconduct of the woman.[87] The health of the children was then linked to the health of the nation, that 'a nation will be healthy if its children are healthy',[88] strengthening the case for maternity benefits. Providing maternity benefits was considered to be 'in the best interests of the nation'.[89] Such approaches towards maternity benefits continued in the later decades. While discussing the Maternity Benefit (Amendment) Bill of 2016, Sushmita Dev[90] identified the

[82]'Report of the Health Survey and Planning Committee (August 1959–October 1961)'. Vol.I, (New Delhi: Government of India, 1962), p. 176.

[83]Carla AbouZahr, 'Safe motherhood: A brief history of the global movement 1947–2002', *British Medical Bulletin*, vol. 67, no. 1, 2003, pp. 13–25.

[84]Ibid.

[85]Ibid.

[86]Speech of Bibha Ghosh Goswami on the Maternity Benefit (Amendment) Bill 1987, *Lok Sabha debates*, 21 November 1988, available at https://eparlib.nic.in/bitstream/123456789/363/1/lsd_08_12_21-11-1988.pdf#search=null%20[1980%20TO%201989]%201988 [accessed 14 September 2024].

[87]Dissenting note by Shibban Lal Saksena in the 'Report of the Joint Committee on the Maternity Benefit Bill 1960' (New Delhi: Lok Sabha Secretariat, 1961), p. xiii.

[88]Speech of Saroj Dubey on the Maternity Benefit (Amendment) Bill 1995, *Lok Sabha debates*, 7 August 1995, available at https://eparlib.sansad.in/bitstream/123456789/3179/1/lsd_10_14th_07-08-1995.pdf [accessed 15 September 2025].

[89]Speech of Thampan Thomas on the Maternity Benefit (Amendment) Bill 1987, *Lok Sabha debates*, 21 November 1988, available at https://eparlib.nic.in/bitstream/123456789/363/1/lsd_08_12_21-11-1988.pdf#search=null%20[1980%20TO%201989]%201988 [accessed 14 September 2024].

[90]Dev was a member of the Indian National Congress. She later joined the *All India Trinamool Congress*. To understand the profile and political vision of Dev, see Pradeep Chhibber and Harsh Shah, 'Sushmita Dev', in *India tomorrow: Conversations with the next generation of political leaders* (New Delhi: Oxford University Press, 2020), pp. 282–299.

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rationale for maternity benefits in caring for and supporting pregnant and lactating women, as the health and strength of future generations are directly influenced by these conditions.[91] While the role of maternal health in determining the health of the newborn is widely acknowledged, maternal and infant health are also important on their own. Maternal health does not have to draw its justifications solely from its relationship with infant health, nor infant health from the goal of national development.

Maternity benefits and population control

By the 1960s, the maternity benefit policy was also increasingly questioned for leading to more births and derailing the national family planning programme. The need to limit maternity benefits in pursuit of population control goals was widely discussed on various platforms. Limiting maternity benefits as a disincentive strategy was suggested by some members in the Health Survey and Planning Committee (1959–61). In 1964, 'rationalizing' maternity benefits by reducing their coverage after the third child to induce industrial workers to family planning was among the many agendas for discussion in the Central Family Planning Board.[92] Similar concerns were raised in the Central Family Planning Council in 1967, where several members advocated for reducing maternity benefits and children's allowances as they 'acted as incentives for having more children'.[93]

Population concerns, however, were not peculiar to maternity benefits. The attempts to decriminalize abortion and to raise the age of marriage in the 1960s and 70s had a similar orientation. Perceived as 'a technology of family planning', Sreenivas argues, abortion was expected to contribute towards both the qualitative as well as quantitative goals of population control.[94] The amendment to the Child Marriage Restraint Act in 1978, which raised the minimum age of marriage for girls to 18 and boys to 21 years, was equally rooted in demographic concerns. Since the 1960s, delaying marriage came to be popularized as a means to reduce the birth rate.[95] Embedded in the logic of regulating life for the overall health of the nation,[96] it shared similarities with both the efforts to legalize abortion and limit maternity benefits. The interests of the nation were brought to the fore as the dominant narrative in legitimizing all three endeavours.

The alleged threat that the maternity benefit policy posed to the nation also garnered some public attention. In *Times of India*, a leading English daily, we come across many such publications—often in the form of 'letters to the editor'. Treating it as a

[91]Sushmita Dev on the Maternity Benefit (Amendment) Bill 2016, *Lok Sabha debates*, 9 March 2017, available at https://eparlib.nic.in/bitstream/123456789/758984/1/09.03.2017_16_XI.pdf#search=null%20[2010%20TO%202019]%202017 [accessed 14 September 2024].

[92]'Relaxation of abortion laws: Board to study proposal', *Times of India*, 17 August 1964.

[93]'Family planning as a study subject urged', *Times of India*, 4 January 1967.

[94]Mytheli Sreenivas, 'Population, eugenics and reproductive rights: Legalising abortion in India, 1966–71', *South Asia: Journal of South Asian Studies*, vol. 48, no. 1, 2025, pp. 1–20.

[95]Ashwini Tambe, 'Population control and marriage age in India, 1960–1978', in *Defining girlhood in India: A transnational history of sexual maturity laws* (Urbana: University of Illinois Press, 2019), pp. 101–120.

[96]Ibid.

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matter of urgency, they often questioned the government's approach towards tackling the population problem. Allowances such as maternity benefits were often cited as factors demotivating family planning among industrial workers.[97] It was often argued that the maternity benefit policy was inconsistent with population control goals,[98] and the government was asked to amend the Maternity Benefit Act.[99] In one such letter, K. H. Antia, a reader from Okhamandal, went to great lengths to discuss the seemingly contradictory approaches of the government, spending a considerable amount promoting family planning while simultaneously providing various allowances, such as maternity benefits, to industrial workers. Antia argued that these allowances were becoming incentives for 'limitless family growth'. It was then cautioned to monitor these allowances so that they would not become 'an aid for fathering weaklings' for the industrial workers.[100] Here, we can see that the industrial workers were not only identified as responsible for the population growth, but their offspring were also subject to qualitative assessment. Their worthlessness was proclaimed long before they were even born.

During the discussion on the Maternity Benefit (Amendment) Bill in 1966,[101] Shakuntala Paranjpye attempted to introduce a provision limiting maternity benefits.[102] The provision stated that 'no woman shall be entitled to the payment of maternity benefits after the first two deliveries'.[103] It was aimed at regulating the reproductive behaviour of the working-class women who allegedly produced more

[97]K. H. Antia, 'Family planning anomalies', *Times of India*, 28 January 1964. sec. Letter to the Editor.

[98]See S. N. N., *Times of India*, 20 May 1967, sec. 'Letter to the Editor'. While the majority of these articles supported drastic measures to control the population and advocated for reducing maternity and child allowances after a number of children, some other commentators also pointed out the possible adversity of such actions and favoured methods like education to inculcate the knowledge of birth control among the people. See P. R. Rathi, 'Family planning', *Times of India*, 12 September 1967, sec. Letter to the Editor.

[99]N. K. Trivedi, 'Maternity benefits', *Times of India*, 30 January 1967, sec. Letter to the Editor.

[100]Antia, 'Family planning anomalies'.

[101]The bill was introduced to deal with certain technical ambiguities resulting from overlapping with another Act in practice, the ESI Act. Prior to that, the Maternity Benefit Act was not applicable to any establishment that was covered by the ESI Act. However, a person could claim benefits under the ESI Act, only after nine months of the application of the Act. With the gradual expansion of the ESI Act, many women found themselves excluded from receiving maternity benefits altogether, as they were denied maternity benefits in the initial period under ESI, and they were not covered by the Maternity Benefit Act either. The amendment in the Maternity Benefit Act sought to clarify this situation and held that in case of extension of ESI benefits to certain establishments, women would continue to receive benefits under the Maternity Benefit Act until they become qualified for the same under the ESI Act. See the speech of Shah Nawaz Khan, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[102]Paranjpye was however not the first in this regard. During the discussion on the Maternity Benefit Bill of 1960, C. Nanjappa (Indian National Congress) also highlighted the alleged disparities between the policies for maternity benefits and population control. He demanded that maternity benefits should be limited to a few children, preferably four, as he did not want the programme for family planning to be 'contravened' by 'giving any amount of leniency to a woman to give birth to any number of children'. However, Nanjappa did not find much support in the House. See Speech of C. Nanjappa, *Lok Sabha debates*, 10 August 1961, available at https://eparlib.sansad.in/bitstream/123456789/55199/1/lsd_02_14_10-08-1961.pdf [accessed 29 September 2024].

[103]Speech of Shankuntala Paranjpye, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

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children just to avail the benefits. Drawing an explicit connection between maternity benefits and the urge to have more children, Paranjpye held:

> Does a woman worker go in for a child because of the benefits? I say "yes".[104]

She grounded her claim on her decades of experience advocating birth control and held that working-class women did not want to opt for the birth control methods, as they did not want to lose the money from maternity benefits. When Arjun Arora from the Indian National Congress contradicted her claim by arguing that women could earn more money if they were not on maternity leave but in active employment,[105] Paranjpye responded that women would also get 'rest'[106] during the period of maternity leave, which they would not otherwise.[107]

Paranjpye argued that the existing population far exceeded the sustainable limits in the country. The amendment was necessary for securing food, employment, and overall progress. The mill chawls were already overcrowded, leaving no room for further children. In her view, it was to the benefit of the families—'to be happy and to live in a healthy manner'.[108] 'Rather than having child after child like rabbits, which they are not able to look after', Paranjpye claimed that the amendment would enable them to rear the first two children in a better condition.[109] Moreover, considering that childrearing is an excruciating task, it was beneficial for the women themselves to limit their children.[110]

Paranjpye claimed that she wanted people from all sections to undergo these limitations, not just the working classes. Her amendment and the overall approach towards the reproduction of the working class, however, reflect otherwise. Based on the disdain for the reproductive behaviour of working-class women, Paranjpye advocated her amendment. She equated maternity benefits with a 'freeship', the kind of help that had to be withdrawn for dissatisfactory performance or 'irresponsible' behaviour. However, Paranjpye's approach to maternity benefits as a mechanism equated to a 'freeship' was inherently problematic. Unlike a freeship, which is usually viewed as a benevolent provision offered to the needy upon fulfilment of certain criteria, maternity benefit is a hard-won right for the employed women. It is constitutive of their

[104]Paranjpye, *Rajya Sabha debates*, 26 July 1966.

[105]Speech of Arjun Arora, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[106]The presumption that the maternity leave period resembles a period of 'rest' was highly questioned by women legislators in the later decades. They highlighted the strenuous nature of childrearing and the toll it takes on women. For instance, see the speech of Maneka Gandhi, *Rajya Sabha debates*, 11 August 2016, available at https://rsdebate.nic.in/bitstream/123456789/666071/2/PD_240_11082016_p313_p348_28.pdf [accessed 7 October 2024].

[107]Paranjpye, *Rajya Sabha debates,* 26 July 1966.

[108]Ibid.

[109]Paranjpye, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf [accessed 14 September 2024]. Such qualitative concerns were also raised by Lokanath Misra. See the speech of Lokanath Misra, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[110]Paranjpye, *Rajya Sabha debates*, 26 July 1966.

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dignified survival. They are not meant to be conditional on other grounds, let alone the number of children.

It is essential to examine Paranjpye's profile to understand the amendment and her overall views on population control. She was born into an influential Brahmin family. Her father, R. P. Paranjpye, served as Indian High Commissioner to Australia in the 1940s. She studied mathematics at Newnham College, Cambridge and received a diploma in Education from the University of London. Later she joined her relative Raghunath Dhondo Karve to promote birth control in Maharashtra since the 1930s. She was also associated with *Samaj Swasthya*, a periodical published by Karve, which sought to address the questions of sexual health and birth control. For her contributions towards family planning, she was awarded the *Padma Bhushan* in 1991, the third-highest civilian award in India.[111]

Paranjpye also introduced the Sterilization of the Unfit Bill, intending to prohibit the mentally and physically 'unfit' population (especially people suffering from leprosy and tuberculosis) from procreation. Deploying a eugenic rationale, she argued that while the healthy population undertook family planning, the unhealthy and the diseased sections continued to reproduce indiscriminately. If not restricted, she held, this would result in a scenario where the 'quality of our community of our society, will be going down year by year, generation by generation'.[112] To restrict the reproduction of these diseased individuals, Paranjpye mentioned two methods: institutional segregation and sterilization. She argued that institutional segregation was not practically enforceable due to the limited resources. This left them with the only option, sterilization. To support her attempt to sterilize the mentally unwell, Paranjpye extensively cited medical literature on psychiatric patients and sought to ascertain their differential fertility, that they reproduced way more than the rest of the population. While there were previous attempts to enforce sterilization on the diseased population,[113] these were heavily criticized for violating the Fundamental Rights. Paranjpye, therefore, drew her justifications from the promises of public health, social good, and

[111]Tulsi Vatsal, 'Shakuntala Paranjpye (1906–2000)', in *In so many words: Women's life experiences from Western and Eastern India*, (eds) Aparna Basu and Malavika Karlekar (London: Routledge, 2020), pp. 88–98; Susmita Aryal, 'Tapping into the multifold personality of Shakuntala Paranjpye', *Feminism in India* (blog), 11 January 2024, available at https://feminisminindia.com/2024/01/11/tapping-into-the-multifold-personality-of-shakuntala-paranjpye-indianwomeninhistory/ [accessed 29 September 2024]. For details on *Samaj Swasthya*, see Shrikant Botre and Douglas E. Haynes, 'Sexual knowledge, sexual anxieties: Middle-class males in Western India and the correspondence in Samaj Swasthya, 1927–53', *Modern Asian Studies*, vol. 51, no. 4, 2017, pp. 991–1034.

[112]Speech of Shakuntala Paranjpye, *Rajya Sabha debates*, 27 February 1969, available at https://rsdebate.nic.in/bitstream/123456789/502048/1/PD_67_27021969_9_p1812_p1858_11.pdf [accessed 14 September 2024].

[113]S. V. Ramaswamy had a similar attempt in 1952. See *Lok Sabha debates*, 30 July 1952, available at https://eparlib.nic.in/bitstream/123456789/55494/1/lsd_01_01_30-07-1952.pdf#search=null%20[1952%20TO%201959]%201952 [accessed on 14 September 2024]. Lilavati Munshi also unsuccessfully attempted a similar bill in 1953. See the speech of Shakuntala Paranjpye, *Rajya Sabha debates*, 27 February 1969, available at https://rsdebate.nic.in/bitstream/123456789/502048/1/PD_67_27021969_9_p1812_p1858_11.pdf [accessed 14 September 2024].

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improving the quality of the population.[114] In her writings, Paranjpye often elaborated on the dangers of unrestricted reproduction of mentally and physically compromised individuals and advocated for their sterilization.[115] But her advocacy did not end with the physically and mentally compromised alone. She also proposed the compulsory sterilization of the beggar population. In her view, it was a means to tackle the beggar problem, as once introduced, it would result in many abandoning the profession.[116] The case of beggars (read as the poor) is crucial here to understand Paranjpye's position on the reproduction of the working class and the attempt to limit maternity benefits.

To the elite advocates of birth control in colonial India, the reproductive practices of certain social sections posed a significant problem. National well-being was linked to sexual practices, Ahluwalia (2008) shows, which necessitated 'a strict surveillance of reproductive functions, particularly of those represented as undesirable national citizens—the working class, lower castes, and, in some instances, Muslims'.[117] The National Planning Committee's sub-committee on Population (also known as the Radhakamal Mukherjee Committee, after its chairperson) was equally apprehensive about the quality of the population and emphasized the urgency of preventing its racial deterioration. The Committee marked the demographic growth among the 'backward sections' of society, who were 'more fertile but less intellectual', together with their comparably lower survival rate in the long run. The concern about the 'gradual predominance of the inferior social strata', in addition to the decay of the 'upper caste Hindus', led the Committee to suggest some measures for averting the 'mispopulation'. It emphasized circulating the knowledge of birth control among the masses for preventing such racial deterioration.[118] In its 'eugenic programme', the committee further suggested 'affording a basis for a better widow re-marriage and the abolition of hypergamy, dowry and bride purchase for the 'upper Hindu castes'.[119] Additionally, it also suggested preventing the reproduction of 'those who suffer from certain obvious

[114]Speech of Shakuntala Paranjpye, *Rajya Sabha debates*, 27 February 1969, available at https://rsdebate.nic.in/bitstream/123456789/502048/1/PD_67_27021969_9_p1812_p1858_11.pdf [accessed 14 September 2024].

[115]Shakuntala Paranjpye, 'Compulsory sterilization of the unfit', *Indian Journal of Psychiatry*, vol. 5, no. 2, 1963, pp. 72–75. See also Shakuntala Paranjpye, 'Practical modes of propagating family planning', *Times of India*, 27 April 1958.

[116]Paranjpye, 'Practical modes of propagating family planning'.

[117]Sanjam Ahluwalia, *Reproductive restraints: Birth control in India, 1877–1947* (Urbana: University of Illinois Press, 2008), p. 35.

[118]Ibid., p. 66.

[119]Ibid., p. 130. Although the Committee had suggested in favour of widow remarriage among the dominant Hindu castes, it did not show much enthusiasm towards its practice among the 'lower' castes. Instead, it listed the practice of widow remarriage along with 'universal marriage' and child marriage to explain their 'excessive multiplication'. Contrary to that, during the early twentieth century, the question of Hindu social reform, and widow remarriage in particular, received growing support for pronatalist reasons. The Census of 1911 and 1921 fuelled Hindu anxieties against an increasing Muslim population. During this period, the fear of the dying Hindu race was gaining currency in the Hindu nationalist writings. The publication of Upendra Nath Mukherji's 'Hindus: A dying race' in 1909 was important in this regard, which was soon followed by 'Hindu Sangathan: Saviour of the dying race' by Shraddhananda in the 1920s. In this context, social encouragement of widow remarriage was perceived as a means for countering the imminent threat from the Muslim population. For a discussion on pronatalist advocacy of Hindu

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mental defects or diseases among which should be included insanity, feeble mindedness and epilepsy'.[120] When the Mukherjee Committee's report was presented to the National Planning Committee (NPC) in 1940, the latter passed several resolutions in response. It concurred with the view that regulating population growth and improving its quality were necessary. It also upheld some measures, such as the promotion of intermarriage and the sterilization of persons suffering from diseases like epilepsy and insanity for eugenic reasons. However, for the NPC, the remedy to the population problem remained tied mainly to economic development.[121]

'Built-in-insurance for the working family'? Maternity benefits and the reproduction of the working class

The amendment brought by Paranjpye led to much speculation and apprehension from the members. It fuelled the conversation on the relationship between maternity benefits and population growth, even before the clause was formally introduced. While many legislators supported her demand on the grounds of the urgent need to counter the population problem,[122] others vehemently questioned the amendment as 'punitive and embarrassing',[123] 'discriminatory',[124] and 'reactionary'[125]. Like Paranjpye, several other legislators were convinced that maternity benefits persuaded working-class women to produce more children. Regardless of their opinion on whether limiting maternity benefits was necessary, legislators shared parallel views on the imminent threat posed by the growing population and the importance of family planning. It was also commonly held that the working class indulged in indiscriminate reproduction and was responsible for the population growth. To some legislators, it was due to the absence of education and thus a lack of awareness about the methods of birth control. Some others went on to argue that the working class reproduced more children

social reform, see Bhaswati Chakrabarti, *The second social reform movement: Gender and society in Bengal 1930s–50s*, Ph.D. thesis, Department of History, University of Calcutta, 2016. See also Rao, *From population control to reproductive health*.

[120]'National Planning Committee Series: Population', p. 131. For a discussion on the Committee's ideas on eugenics, caste, and mispopulation, see Matthew Connelly, *Fatal misconception: The struggle to control world population* (Cambridge, MA: Harvard University Press, 2008), pp. 141–142.

[121]'Resolutions of the National Planning Committee on the Report submitted by the Sub-Committee on Population', in *National Planning Committee Series: Population*, pp. 144–145. See also Connelly, *Fatal misconception*, pp. 141–142.

[122]Speech of Mangladevi Talwar, *Rajya Sabha debates*, 26 July 1966; speech of T. V. Anandan, *Rajya Sabha debates*, 26 July 1966, both available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024]. Legislators argued that limiting the population would ensure a better life for the people, enabling the state to provide services such as free education, old age pension, and employment for all. See the speech of Tara Ramchandra Sathe, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf [accessed 14 September 2024].

[123]Speech of Banka Behari Das, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf [accessed 14 September 2024].

[124]Speech of Arjun Arora, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[125]Speech of Sheel Bhadra Yajee, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf [accessed 14 September 2024].

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because they had no other means for recreation. Unlimited maternity benefits only exacerbated this issue, as it was alleged that they served as an insurance to continue that practice. The various positions on Paranjpye's amendment and how they unveiled the prevailing ideologies and biases regarding the reproduction and sexuality of working-class women are discussed in the following sections.

The support that Paranjpye garnered was mainly based on the apprehension of the imminent 'population explosion'. It was looming large for many legislators, demanding urgent and undivided attention. The policy of maternity benefits was considered detrimental to the successful implementation of the family planning programme. Legislators highlighted the government's substantial investment in the family planning programme, and how such a 'novel' project would be wasted due to another of its policies that simultaneously induced the working class to procreate. Lokanath Misra,[126] pointed out the alleged incongruity between the policies of maternity benefits and population control. Unlimited maternity benefits, he argued, were a 'definite encouragement, to produce more children'.[127] Distinguishing between the taxpayers who funded the family planning programme and the people who resorted to indiscriminate reproduction, Misra emphasized the need for limiting maternity benefits. On a similar note, T. V. Anandan from the Indian National Congress argued that limiting maternity benefits would lead to fewer children, as working women would know that these benefits would no longer be provided after a certain number of deliveries.[128] Sripati Chandrasekhar was a notable figure in this regard, who ardently supported Paranjpye's move. Chandrasekhar established himself as a leading demographer internationally with his numerous texts on the population question and founded the Indian Institute of Population Studies in 1950. He was also elected as Honorary Fellow by the Eugenics Society in 1954.[129] He would soon become the Union Minister of Health and Family Planning in Indira Gandhi's government.[130] During his tenure (1967–71), Chandrasekhar advocated compulsory sterilization for men with three or

[126]Misra was initially associated with the Indian National Congress. Later he joined the Swantantra Party and ultimately became a member of the Janata Party. Misra hailed from an Odia Brahmin family, with his father, Godabarish Misra, being the former education minister in Odisha. See Manisha Mondal, 'Lokanath Misra: Politician who opposed freedom to propagate religion as fundamental right', *The Print*, 24 November 2018, available at https://theprint.in/forgotten-founders/lokanath-misra-politician-who-opposed-freedom-to-propagate-religion-as-fundamental-right/153814/ [accessed 31 May 2025].

[127]Speech of Lokanath Misra, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[128]Speech of T. V. Anandan, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[129]Bashford, 'Internationalism, cosmopolitanism, and eugenics', p. 165. Chandrasekhar also sincerely hoped that 'the eugenic programme' proposed by the National Planning Committee, which included 'the sterilization of persons suffering from transmissible diseases of a serious nature such as insanity or epilepsy', should be implemented. See Sripati Chandrasekhar, 'The population problem of India and Pakistan', *The Eugenics Review*, vol. 41, no. 2, 1949, pp. 70–80. For a further discussion on Chandrasekhar's association with eugenics, see Bashford.

[130]See 'In memoriam: Dr. Sripati Chandrasekhar (1918–2001)', *Population Review: A Peer Reviewed Journal of Sociological Demography*, available at https://populationreview.com/in-memoriam/ [accessed 12 September 2024]. See also Saradindu Sanyal, 'Sripati Chandrasekhar: The man and his mission', in *Studies in demography*, (comp) Ashish Bose, P. B. Desai and S. P. Jain (Chapel Hill: University of North Carolina Press, 1970), pp. 507–524.

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more children.[131] In 1969, he also promoted the government plan for clubbing together the services at maternity hospitals and birth control methods such as tubectomy and the loop.[132] It comes as no surprise that Chandrasekhar termed maternity benefits as 'a built-in-insurance for the working family', which led them to reproduce children after children.[133] Limiting maternity benefits would assist the working classes, as in his view, it would be a 'positive burden on the family', leading to the adoption of family planning measures. Chandrasekhar argued:

> They will go to cinemas. They will drink tea and play ping pong and enjoy and take part in the various other entertainments and not resort only to this one biological entertainment.[134]

It is worth noting that the idea of limiting maternity benefits for population control gained widespread support among women legislators. Phulrenu Guha, who had a history of trade union activism among the dock workers in Bengal before joining the Congress,[135] was no exception. Although Guha refrained from commenting on whether working-class women took advantage of maternity benefits or not, she urged reconsideration of maternity benefits in line with family planning.[136] Tara Ramchandra Sathe discussed the difficulties pregnant women encountered if they had to engage in arduous work. She recognized the significance of maternity benefits for women. However, the 'growing population problem' was more important to her. Sathe took immense pride in her role in the birth control movement and supported Paranjpye's amendment. She elaborated on why such a move would be beneficial to the overall population and how it would also be in the best interests of women. 'A woman or a family is not at all happy to have more children', Sathe claimed, as it was a very arduous job.[137] Concerns about the growing population were also prominent in Mangla Devi Talwar. Talwar, a medical practitioner, highlighted the rate of population growth and how this could pose challenges in meeting the basic needs of the people. She insisted that while there have been widespread efforts to educate the public on the ideals of population control, there was no reason not to include the women workers in this endeavour. However, Talwar suggested some changes to the proposed amendment. In her opinion, maternity benefits should be

[131]Connelly, 'Population control', p. 661.

[132]'Post-partum family planning campaign', *Times of India*, 8 March 1969.

[133]Speech of S. Chandrasekhar, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf [accessed 14 September 2024].

[134]Ibid.

[135]For an account of Guha's early political life and her work in the trade unions, see Samita Sen, 'Gender and the politics of class: Women in trade unions in Bengal', *South Asia: Journal of South Asian Studies*, vol. 44, no. 2, 2021, pp. 362–379.

[136]Speech of Phulrenu Guha, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[137]Speech of Tara Ramchandra Sathe, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

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limited to three children, and the rest should be considered upon medical and other grounds.[138]

The major narrative in support of Paranjpye's amendment had been developmentalist in nature, as it was considered a move that would lead to population control and thus ensure national progress. Women legislators such as Sathe, however, added another dimension to this discussion. She emphasized the arduous nature of motherhood and claimed that the amendment, as a motivator for family planning, would be beneficial for women themselves. A historical revisit would bring to our notice that while there existed a small yet powerful call for autonomy and emancipation for women,[139] these ideals were hardly embodied in the dominant discourse on birth control in India.[140] Birth control, often espoused as a mechanism essentially serving the interests of women, was rather incorporated into an elitist agenda that limited women's control over reproduction.[141] In this context, women from the marginalized social sections, such as the working-class or subordinated caste women, were identified as the main target of contraceptive measures, transforming their bodies into battlegrounds for control.[142]

The family planning interventions in the mid-twentieth century, as undertaken in developing countries, were driven more by concerns about 'overpopulation' than by the welfare of women.[143] Furthermore, in contrast to the elite advocates who propagated the idea that more children create and worsen poverty, existing works show that the perception and experience of reproduction could vary depending on one's social location. Children were not necessarily considered burdens but were often perceived as a source of future economic support by the poor. The deplorable condition of infant and child health also necessitated more births, as there was no guarantee of their future survival.[144] Moreover, the way modern contraceptives were deployed to poor women in developing countries without proper knowledge of such measures was equally disputable.[145] Scholars have also demonstrated that contraception alone is not

[138]Speech of Mangladevi Talwar, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[139]The use of contraception as a mode of exercising bodily autonomy for women was much advocated by Periyar in the Self-Respect Movement. Anandhi S, 'Reproductive bodies and regulated sexuality: Birth control debates in early twentieth century Tamilnadu', in *A question of silence? The sexual economies of modern India*, (eds) Mary E. John and Janaki Nair (New Delhi: Kali for Women, 1998), pp. 139–166; Sreenivas, *Reproductive politics*, pp. 87–90.

[140]Sanjam Ahluwalia, 'Introduction', in *Reproductive restraints*, pp. 1–21.

[141]Ibid.

[142]Ibid.

[143]Jyotsna Agnihotri Gupta, *New reproductive technologies, women's health and autonomy: Freedom or dependency* (New Delhi: Sage Publications, 2000), p. 164; Daksha Parmar and Mohan Rao, 'Population control and eugenics: Dhanvanthi Rama Rau and Margaret Sanger in the making of India's Family Planning Programme, 1930s–1960s', *Indian Journal of Gender Studies*, vol. 30, no. 3, 2023, pp. 330–349.

[144]Mahmood Mamdani, 'The ideology of population control', *Economic and Political Weekly* 11, no. 31/33, 1976, 1141, 1143, 1145, 1147, 1148; Prod Co: D. & N. Productions (India)/Equal Media (London) and Deepa Dhanraj, *Something like a war* (Australian Film Institute, 1991); Mytheli Sreenivas, 'Feminism, family planning and national planning', *South Asia: Journal of South Asian Studies*, vol. 44, no. 2, 2021, pp. 313–328.

[145]Ines Smyth, 'Gender analysis of family planning: Beyond the feminist vs. population control debate', *Feminist Economics*, vol. 2, no. 2, 1996, pp. 63–86.

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sufficient to facilitate freedom, considering that reproductive decisions are not always in the control of women.[146] In such a scenario, denying maternity benefits to women based on the number of children they had for regulating their reproductive behaviour was highly troublesome. The right to maternity benefits, paramount to their dignified survival, should never have been attempted to be made conditional.

Paranjpye's amendment was also contested on many grounds. It was considered to be in conflict with the constitutional provisions. A. P. Chatterjee from the Communist Party of India (Marxist) held that the amendment contradicted the Directive Principles, mainly Article 42, which guided the state to 'make provisions for just and humane conditions of work and for maternity relief'. Therefore, Chatterjee argued, the legislature did not have the right to consider her amendment.[147] He also insisted that population control should not be imposed from above. In his view, the medium of education and raising the living standards of the poor could be more effective in that context.[148] Moreover, maternity benefit was also viewed as a sickness benefit, addressing the medical needs of women during pregnancy and childbirth, and to deprive them of such benefits was considered to be 'unjust and cruel'.[149] Legislators also argued that Paranjpye's amendment would lead to a disruption in the family life and penalize the working-class woman for something that she was not entirely responsible for.[150] Pushpaben Janardanrai Mehta from the Indian National Congress, the only woman member who stood against Paranjpye, questioned the very attempt to combine maternity benefits and family planning. Mehta, known for her social work for women and children in Gujarat, pointed out the implications of such a move against the health and employment of working-class women. She held that limiting maternity benefits to a few births would lead to an increase in cases of miscarriage and abortion. She argued that the loss of financial support during pregnancy would also make their lives increasingly difficult. One should not worsen the already struggling lives of working-class women, Mehta insisted. Furthermore, she emphasized that the responsibility of family planning was social and should not be imposed solely upon women.[151]

The attempts to establish the idea that maternity benefits were contradictory to population control and thus interfered with the successful implementation of the family planning programme so far were mostly limited to individual efforts.[152] Shah Nawaz

[146]Meredith W. Michaels, 'Contraception, freedom and destiny: A womb of one's own', in *The Contraceptive Ethos* (Dordrecht: Springer, 1987), pp. 209–221; Smyth, 'Gender analysis of family planning'.

[147]Speech of A. P. Chatterjee, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf [accessed 14 September 2024].

[148]Speech of A. P. Chatterjee, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[149]Speech of Shah Nawaz Khan, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf [accessed 14 September 2024].

[150]See the speech of M. V. Bhadram, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf [accessed 14 September 2024].

[151]Speech of Pushpaben Janardanrai Mehta, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf [accessed 14 September 2024].

[152]The situation, however, changed with the Fourth Central Pay Commission (1986). For details, see the next section of this article.

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Khan, the Deputy Minister of Labour, Employment and Rehabilitation, categorically denied any association between maternity benefits and population growth. He stated that as far as his Ministry was concerned, 'there is absolutely no conflict between providing maternity benefits to lady workers and family planning'. He also mentioned that a similar attempt during the 1960 Bill was already dismissed. Khan further disapproved of Paranjpye and others' attempts for limiting maternity benefits and instead argued for alternative options, such as education.[153]

However, while examining the various positions of legislators on the amendment, one must look beyond their immediate support or opposition. There were also certain commonalities among the legislators, which often went beyond their particular stance on the proposed amendment and their political affiliations. It was widely believed that population growth could pose serious problems to the nation. Based on the fear of 'overpopulation', Lokanath Misra demanded that maternity benefits should not be available after a few children.[154] Mangladevi Talwar argued that if the population continued to grow at the prevailing rate, it would be difficult to fulfil the basic needs such as food, shelter, and medical facilities.[155] Legislators agreed that there was a need to adopt various methods to address this issue. Adopting restrictive measures, such as limiting maternity benefits and imposing taxation, was favoured by some legislators. Some others emphasized the role of education, raising the living standards, and promoting awareness through various means, including radio, posters, and seminars. The notion that the working classes had a major role in the population growth was also widely prevalent. Poverty, lack of education, lack of awareness about contraceptive methods, and most importantly, their unrestrained sexuality, were cited as explanations. Despite being a vocal opponent of Paranjpye's amendment, M.N. Govindam Nair from the Communist Party of India, remarked:

> The root of the matter is that the standard of life of our people is so low, especially of the working people, the lower strata of the people, that their only recreation or diversion is to produce children. When that position changes, when there are other amenities for sublimation or for diversion, then this problem will not arise.[156]

On a similar note to Nair, Sheel Bhadra Yajee from the Indian National Congress held that whereas the bourgeoisie had many modes for recreation, such as cinema and

[153]See Shah Nawaz Khan, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf. [accessed 14 September 2024].

[154]Speech of Lokanath Misra, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[155]Speech of Mangladevi Talwar, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[156]Speech of M. N. Govindam Nair, *Rajya Sabha debates*, 27 July 1966; speech of M.N. Govindan Nair, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf [accessed 14 September 2024]. Similar views were also expressed by A.P. Chatterjee, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

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music, the working class had only one pleasure, which was procreation.[157] Regardless of their position on Paranjpye's amendment, the contempt towards the working-class population and their sexual lives was widespread among the legislators.

The political leadership in the mid-twentieth century was predominantly from the dominant castes and classes, as evidenced by the social composition of the leadership in Congress and a commonality among legislators who participated in debates in the 1960s.[158] This perhaps explains the prevalence of bias against the working class among legislators across the political spectrum. The existing scholarship demonstrates that caste played a pivotal role in both the early recruitment of factory workers and in determining their job hierarchies. A large section of industrial workers in the late nineteenth and early twentieth centuries was drawn from socially marginalized sections, such as the landless and subordinated castes. Moreover, when employed, the dominant castes were found to be more prevalent in upper job echelons, while the subordinated castes were often relegated to low-paying jobs.[159] The employment of women in industries was generally lower. Moreover, when employed, they were often confined to low-paying jobs and lacked opportunities for upward mobility.[160] Women usually entered the labour market after 'they had exhausted other alternatives' in conditions like the absence or insufficiency of male earnings in the family, and when forced by other factors such as widowhood or desertion.[161] For the dominant caste women, there was an added normative layer of seclusion and domesticity. Considered paramount in maintaining their elevated social position, these norms further acted towards disfavouring outside work for them.[162] As large-scale mechanized industries in post-independence India had witnessed the flow of the urban, educated sections, the National Commission on Labour (1966–69) expressed great hope for transforming the social composition of labour. However, this change was slower in the traditional sectors.[163] Thus, despite legislators mostly using categories such as

[157]Speech of Sheel Bhadra Yajee, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf. Similar statement was also made by A.P. Chatterjee, *Rajya Sabha debates*, 26 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526089/1/PD_57_26071966_2_p308_p336_12.pdf [accessed 14 September 2024].

[158]Congress constituted the majority in the *Rajya Sabha* in that period. It had 166 seats (out of 238) during 1964–66 and 140 seats (out of 240) during 1966–68. The educational background of the *Rajya Sabha* members in 1966 shows that 8.21 per cent of the members had doctoral or other higher academic degrees, 24.2 per cent had postgraduate or technical degrees, and 55.7 per cent were graduates. See *Rajya Sabha statistical information 1952–2018* (New Delhi: Rajya Sabha Secretariat, 2019), pp. 7–15. For a discussion on the social composition of the Congress leadership, see Christophe Jaffrelot, 'The Congress: Party of the intelligentsia, or party of the notables?', in *India's Silent Revolution: The Rise of the Lower Castes in North India* (London: Hurst & Company, 2003), pp. 48–88.

[159]See Daniel Houston Buchanan, *The development of capitalist enterprise in India* (New York: The Macmillan Company, 1934), pp. 294–295; Narayan R. Sheth, *The social framework of an Indian factory* (Manchester University Press, 1968), p. 60; Breman, 'Industrial labour in Post-Colonial India. I: Industrializing the economy and formalizing labour'.

[160]Sen, 'Gendered exclusion'.

[161]Ibid.

[162]See Arjan De Haan, 'Towards a single male earner: Decline of child and female employment in an Indian industry', *Economic & Social History in the Netherlands (NEHA)*, vol. 6, 1994, pp. 145–167; Sen, 'Gendered exclusion'.

[163]'Report of the National Commission on Labour', pp. 33–34.

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'working-class' 'working family', or 'working woman', the interlinkage and overlap of class and caste compel us to consider that caste may have equally underpinned their overall perceptions.

As noted earlier, the proportion of women in industrial employment witnessed a considerable decline, particularly after the rationalization in the 1950s. It coincided with the increasing presence of urban, educated, and middle-class women in public and service sectors. However, despite ongoing demands, the Maternity Benefit Act did not automatically provide maternity benefits to women in these sectors. While discussing the Maternity Benefit Bill (1960), legislators highlighted the ongoing economic changes and demanded that the proposed legislation should be directly applicable to women in all other establishments, such as teachers, nurses, telephone operators, and so on. They argued that leaving that decision to the states would create further problems, given the possible opposition from employers.[164] Their demand, however, was not addressed. To add to that, when Paranjpye's amendment was discussed, the Act had not yet been fully operative across India. While in the case of the mining sector, the Act came into effect in 1963, its implementation in other sectors was gradually carried out in a phased manner, state by state. For instance, the Act was not operative in the state of Tamil Nadu (erstwhile Madras) until 1967.[165] It will only be with further research that we will know whether or when the states themselves took any action to include other establishments within the ambit of the Act. The central Act was amended in 1973 to cover the establishments engaged in the 'exhibition of equestrian, acrobatic and other performances'. It extended its coverage to employees in shops and establishments only in 1988.[166] This perhaps illustrates why the discussion on the amendment mainly revolved around the working-class women.

By the mid-1960s, the ESI had attained considerable reach in most industrial centres in the country.[167] Highlighting these developments, Banka Behari Das argued that

[164]Speech of Parvathy Krishnan, *Lok Sabha debates*, 14 December 1960, available at https://eparlib.sansad.in/bitstream/123456789/55435/1/lsd_02_12_14-12-1960.pdf [accessed 10 November 2025]; speech of P. Ramamurti, *Rajya Sabha debates*, 19 December 1960, available at https://rsdebate.nic.in/bitstream/123456789/558597/1/PD_31_19121960_16_p2518_p2548_9.pdf [accessed 11 November 2025]. When the bill was referred to the Parliamentary Joint Committee, several legislators demanded the inclusion of other establishments. See the dissenting note by Shibban Lal Saksena; see also the dissenting note by K. T. K. Tangamani, A Subba Rao, Renu Chakravartty, and Aurobindo Ghosal in the 'Report of the Joint Committee on the Maternity Benefit Bill 1960' pp. ix–xii. The issue was further raised on later occasions. See the speech of Renu Chakravartty, *Lok Sabha debates*, 10 August 1961, available at https://eparlib.sansad.in/bitstream/123456789/55199/1/lsd_02_14_10-08-1961.pdf [accessed 10 November 2025]; speech of T. B. Vittal Rao, Amjad Ali, and S. M. Banerjee, *Lok Sabha debates*, 20 November 1961, all available at https://eparlib.sansad.in/bitstream/123456789/55684/1/lsd_02_15_20-11-1961.pdf [accessed 10 November 2025]. K. T. K. Tangamani proposed an amendment in this regard when the Parliamentary Joint Committee discussed the bill. He also made a similar attempt in the Lok Sabha later to directly include commercial establishments, hospitals, and schools under the legislation. See the speech of K. T. K. Tangamani, *Lok Sabha debates*, 20 November 1961, available at https://eparlib.sansad.in/bitstream/123456789/55684/1/lsd_02_15_20-11-1961.pdf [accessed 10 November 2025].

[165]See the Tamil Nadu Maternity Benefit Rules, 1967, available at https://upload.indiacode.nic.in/showfile?actid=AC_TN_85_372_00015_00015_1556180652790&type=rule&filename=tn-maternity-benefit-rules-1967.pdf [accessed 12 November 2025].

[166]See the 'Maternity Benefit Act'.

[167]The ESI scheme was inaugurated in Delhi and Kanpur in 1952 and was gradually expanded to various industrial centres across the country. The scheme was extended to 120 industrial centres in 14 states

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Paranjpye's amendment could never serve its actual purpose even if it were adopted. In the changing context, most of the women workers would be covered under the former, and the scope of the Maternity Benefit Act would be limited. Das also argued that the amendment discriminated against working-class women (who were the primary beneficiaries under the Act), while educated women in government services faced no such limitation under the existing rules. Whereas many of his contemporaries were solely concerned about the reproduction of the working class, Das highlighted that 'most of the doctors in every district, or those who are in charge of population control, have more than half a dozen children'.[168] Nevertheless, these concerns were not carried further into the discussion. Instead, legislators indulged in endless debates on the indiscriminate reproduction and the perceived ignorance of the working-class women. The age-old biases about the working class that had historically prevailed among the social elites found a new expression. Maternity benefits became just another site for vilifying their reproduction.

In the context of colonial Bengal, Sen argues that working-class women were often marked as sexually deviant and morally corrupt, prone to 'prostitution' and involved in 'temporary' marriages. Working classes were infamous for their sexual promiscuity, which constantly threatened the elite norms about the 'ideal' family. To some of the elites, this resulted from their socio-economic destitution. Others believed that immorality was deeply ingrained in them.[169] Chhachhi demonstrates that during the discussion on the Bombay Maternity Benefit Bill introduced by Asavale in the late 1920s, the working classes were associated with the phenomenon of overpopulation. It was held that 'they were prolific reproducers' who produced 'a baby every year'. The assumption that maternity benefits would lead to adultery and overpopulation was one of the grounds on which the bill was opposed.[170] In the middle-class discourse on birth control, the working classes were stereotypically portrayed as 'sexually irresponsible subjects' who brought poverty upon themselves through their reproductive practices.[171]

Such conceptions continued in the 1960s. While accusing the working classes of producing more children, legislators argued that they resorted to unrestrained reproduction because they had no other 'entertainment' in their lives. When provided unrestricted maternity benefits, they availed of 'a built-in-insurance' to continue that practice. Ignorant and irresponsible, Bhadram argued, they had to be handled by the 'enlightened' legislators.[172] This handling often entailed a paternalistic

by 1961. By 1968, it covered 300 industrial centres in 16 states. 'Report of the National Commission on Labour', p. 179.

[168]Speech of Banka Behari Das, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf [accessed 31 May 2025].

[169]Samita Sen, 'In temporary marriages: Wives, widows and prostitutes', in *Women and labour in Late Colonial India*, pp. 177–212.

[170]Chhachhi, 'Who is responsible for maternity benefit'.

[171]Ahluwalia, *Reproductive restraints*, p. 39.

[172]Despite disagreeing with Paranjpye on the question of limiting maternity benefits, M. V. Bhadram trusted in other methods to regulate their population:

'we have *tackled* the men of the working classes and we have been successful in *tackling* these people and getting them sterilised. We have obtained for them hospital facilities and other facilities. These things could be done'.

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attitude, through which legislators justified their advocacy for limiting the benefits. Furthermore, such attempts were also based on their presumed epistemic superiority and the perceived incomprehensibility of working-class women.[173]

As a disincentive strategy: Limiting maternity benefits for population control

While the use of incentives and disincentives to promote population control gained momentum during the Emergency period, scholars have shown that they were already in practice during the Second Five-Year Plan (1956–61).[174] The Health Survey and Planning Committee (also known as the Mudaliar Committee) was crucial in this context.[175] The Committee observed a gradual decline in infant and maternal mortality and a decrease in deaths resulting from diseases such as cholera and smallpox. It opined that the overall decline in the death rate in the absence of a corresponding decrease in the birth rate resulted in population growth in India.[176] Stating the urgency of regulating population growth at the earliest possible time, it emphasized the need for 'a many-sided attack on the problem'.[177] The Committee expressed its concern about malnutrition among mothers and children, delegating the task of supervising their feeding to the maternity and child services.[178] Simultaneously, it also opined that propagating education about family planning should be a core function of such centres.[179] Creating autonomous bodies for monitoring the family planning programme, conducting demographic studies to facilitate region-specific goals and methods, promoting domestic production of contraceptives, and utilizing education and media platforms to disseminate information were among its major recommendations. Considering the population problem as of paramount importance to the country, some of its members went on to advocate certain stringent legislative and administrative measures to undertake if there was no significant decline in the next few years. They proposed the introduction of taxation for people from the fourth pregnancy onwards, the removal of existing disadvantages in the income-tax policies for unmarried persons as a reward for their contribution to solving the population problem, restrictions in availing the free services offered by the government such as that of free

Speech of M. V. Bhadram, *Rajya Sabha debates*, 27 July 1966, available at https://rsdebate.nic.in/bitstream/123456789/526126/1/PD_57_27071966_3_p458_p482_16.pdf [accessed 14 September 2024]. Emphasis added.

[173]Scholars have argued that the presentation of their 'superior self-identity', was essential for the elites to legitimize their 'authority to speak' on behalf of the socially subordinated sections. See Anandhi S, 'Reproductive bodies and regulated sexuality', p. 157; Parmar and Rao, 'Population control and eugenics'.

[174]Nadkarni, *Eugenic feminism*, p. 138.

[175]The committee was formed in 1959 to examine the progress made after the Bhore Committee and to offer further recommendations for future development in the domain of health. The committee reiterated the suggestions of the Bhore Committee to provide maternity benefits to women. It had also made some crucial remarks regarding population control. See 'Report of the Health Survey and Planning Committee' (Vol. I).

[176]The estimated death rate was 31.2 in 1931–41 versus 21.5 in 1956–61 (per thousand). On the other hand, the estimated birth rate was 45.2 in 1931–41 versus 40.7 in 1956–61 (per thousand). See Appendix B-4 in the 'Health Survey and Planning Committee' (Vol. II), (New Delhi: Government of India, 1962), p. 33.

[177]'Report of the Health Survey and Planning Committee', Vol. I. p. 404.

[178]Ibid., p. 186.

[179]Ibid., p. 179.

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education to the families having more than three children, non-availability of maternity benefits to women showing non-adherence to the family planning norms, and so on.[180] Envisioning the strategic use of maternity benefits as a deterrent in achieving the goals of population control, they wrote:

> The grant of maternity benefits to women employees in the services of governments and local bodies and of private schools and other institutions receiving grants from public funds should be limited to the first three pregnancies of each such employee. A withdrawal of this benefit from subsequent periods of pregnancy and confinement will undoubtedly have some value as a *deterrent*.[181]

The use of financial incentives and disincentives received more attention in the later period, particularly when the practice of various contraceptive methods imposed by the government, such as the IUDs, was met with intense criticism, and the rate of people undergoing these procedures started to decline drastically by the late 1960s.[182] The amount of financial incentives was increased, and facilities, such as free fertilizers and the allotment of land to people undergoing these procedures, were being deployed by public officials to achieve their targets.[183] The use of disincentives also became prominent from this time. Scholars have noted that several state governments, including those of Kerala, Mysore, and Maharashtra, started denying maternity leave to government employees with more than three children.[184] Such attempts, however, did not go uncontested. In January 1969, the Bombay Municipal Corporation issued a circular stating its plan to deny maternity leave to its employees having three or more children. This move, proposed in accordance with the government's family planning goals, received severe opposition from the employees' unions. Upon receiving a strike notice, the corporation had to opt for conciliation.[185]

The presumed incongruity between the policy of maternity benefits and population control continued to be raised in Parliament in the years following Paranjpye's amendment. Demands were made to limit maternity benefits to certain deliveries,and better coordination between the Ministry of Health and Family Planning and the Ministry of Labour was sought during the discussion on the Maternity Benefit (Amendment) Bill, 1976.[186] The issue gained much prominence in the 1980s, when the Fourth Central Pay Commission recommended that maternity benefits should not be made available to women who had more than two children.[187] During the discussion on the Maternity Benefit (Amendment) Bill, 1988, legislators made numerous references to the disincentive effect of limiting maternity benefits. The Pay Commission's impact on maternity benefit policies in states such as Odisha and Punjab was criticised by some legislators,

[180]'Health Survey and Planning Committee' (Vol. I), pp. 406–410.
[181]Ibid., p. 409. Emphasis added.
[182]Connelly, 'Population Control', pp. 655–657.
[183]Ibid., p. 658.
[184]Ibid., p. 660.
[185]'Civic body move on maternity leave opposed', *Times of India*, 6 February 1969.
[186]Speech of Chapalendu Bhattacharyya, *Lok Sabha debates*, 30 March 1976, available at https://eparlib.nic.in/bitstream/123456789/2028/1/lsd_05_16_30-03-1976.pdf#search=null%20[1970%20TO%201979]%201976 [accessed 14 September 2024].
[187]'Fourth Central Pay Commission Report (Part I)' (Government of India, June 1986), p. 260.

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who considered such measures inhuman and coercive. In its place, they emphasized the adoption of persuasive methods, such as promoting education and raising public awareness.[188] However, the fear of an imminent population explosion was also present. While some members urged reducing the duration of maternity leave after two children instead of its complete withdrawal,[189] others suggested deploying limited maternity benefits as a 'dis-incentive', as a deterrent to population growth.[190] The relationship between maternity benefits and population control came to be debated again during the discussion on the Maternity Benefit (Amendment) Bill of 1995; this time, however, in response to the government's inclination to strategically use maternity benefits for promoting tubectomy and abortion. The bill sought to extend maternity benefits for women undergoing medical termination of pregnancy and tubectomy, and any illness arising out of these procedures.[191] The bill was essentially brought to promote family planning norms among working women.[192] The practices of abortion as well as tubectomy were approached as mechanisms for regulating the growing population. Whereas previous attempts aimed to reduce maternity benefits as a disincentive strategy, this time, maternity benefits were deployed to promote population control.

While examining the conceptualization of poverty within the family planning discourse in India, Sur (2017) argues that whereas the practices of reproductive sexuality were considered respectable overall, they were looked down upon in the cases of the poor. Creating binaries of 'worthy' and 'unworthy' poor, the system of incentives and disincentives awarded the 'worthy' poor who complied with the state policies and punished the 'unworthy' poor who deviated from these. In her view, disincentives, which were often framed in the language of morality, were used to discipline the deviants of birth control and punish their bodies. Working-class sexuality was considered deviant and excessive, legitimizing their punitive regulation by disincentives.[193] While incentives and disincentives were claimed to be voluntary, in a country such as India, marked by its widescale poverty and caste hierarchy, they were inherently coercive.[194] Maternity benefits, which are so fundamental to ensure equality and

[188]Speech of Bibha Ghosh Goswami, *Lok Sabha debates*, 21 November 1988; speech of Geeta Mukherjee, *Lok Sabha debates*, 21 November 1988; speech of Chandra Shekhar Tripathi, *Lok Sabha debates*, 21 November 1988, all available at https://eparlib.nic.in/bitstream/123456789/363/1/lsd_08_12_21-11-1988.pdf#search=null%20[1980%20TO%201989]%201988 [accessed 14 September 2024].

[189]Speech of G. S. Rajhans, *Lok Sabha debates*, 21 November 1988, available at https://eparlib.nic.in/bitstream/123456789/363/1/lsd_08_12_21-11-1988.pdf#search=null%20[1980%20TO%201989]%201988 [accessed 14 September 2024].

[190]Speech of Basavarajeswari, *Lok Sabha debates*, 21 November 1988; speech of Sriballav Panigrahi, *Lok Sabha debates*, 21 November 1988; speech of Shanti Dharwal, *Lok Sabha debates*, 21 November 1988, all available at https://eparlib.nic.in/bitstream/123456789/363/1/lsd_08_12_21-11-1988.pdf#search=null%20[1980%20TO%201989]%201988 [accessed 14 September 2024].

[191]Speech of P. A. Sangma, *Rajya Sabha debates*, 1 June 1995, available at https://rsdebate.nic.in/bitstream/123456789/161614/1/PD_173_01061995_40_p531_p553_20.pdf [accessed 29 September 2024].

[192]Speech of P. A. Sangma, *Rajya Sabha debates*, 15 May 1995, available at https://www.rsdebate.nic.in/bitstream/123456789/165285/1/PQ_173_15051995_U5891_p140_p140.pdf [accessed 29 September 2024].

[193]Sur, 'Bodies in poverty'.

[194]Marika Vicziany, 'Coercion in a soft state: The Family-Planning Program of India: Part I: The myth of voluntarism', *Pacific Affairs*, vol. 55, no. 3, 1982, pp. 373–402; Vicziany, 'Coercion in a soft state: The Family-Planning Program of India: Part 2: The sources of coercion'.

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justice for women in the workplace, when used as a disincentive strategy, could further jeopardize their employment opportunities.

Conclusions

Ensuring maternal and infant health and promoting the reproduction of healthy citizens was a major rationale for maternity benefit legislation in India. However, the discourse on maternity benefits, especially in the mid-1960s, became equally burdened with the concern for 'overpopulation'. The population belonging to the 'lower social strata', such as the working class, were marked as prolific reproducers and the major defaulters of the family planning programme. They were portrayed as a symbol of fecundity, whose only pleasure rested on indiscriminate reproduction. Maternity benefits were then viewed as a further inducement to these practices. Remedial measures were sought in introducing limits on the availability of maternity benefits. Based on neo-Malthusian and eugenic logic, Paranjpye's amendment sought to regulate the reproductive behaviour of the working class. It was argued that the amendment would help curb population growth and ensure economic needs are met, as well as that public services are available. At the same time, legislators also claimed that it would enable the working class to raise their first two children in a better condition instead of indiscriminately reproducing children like 'rabbits' which they could not properly look after or provide them with education. Thus, the amendment was advocated as a measure leading towards a limited and 'quality' population.

Since the late twentieth century, there has been a gradual shift towards reproductive health in the family planning programme.[195] Simultaneously, issues of maternal and infant health had gained prominence in the debates on maternity benefits. A major rationale for the 2017 amendment to the Act, which extended the maternity leave period up to 26 weeks, was the emphasis on exclusive breastfeeding and its long-term significance for the child's health. In the legislative debates on maternity benefits, population control no longer received the same level of attention it had in the mid-1960s. When a restrictive clause was added to the Act limiting the maximum permissible leave period to 12 weeks for women with two or more surviving children,[196] it largely went unnoticed.[197]

[195]See Rao, *From population control to reproductive health*; Rachel Simon-Kumar, 'Neo-Liberal development and reproductive health in India: The making of the personal and the political', *Indian Journal of Gender Studies*, vol. 14, no. 3, 2007, pp. 355–385.

[196]Maternity Benefit (Amendment) Act, 2017. See the Gazette of India (Extraordinary), Part II, Section 1, 28 March 2017.

[197]Nevertheless, maternity leave is often denied to women on the grounds of population control. See Central Civil Services (Leave) Rules, 1972 as updated on 24.09.2024, available at https://documents.doptcirculars.nic.in/D2/D02est/updatedccsleaverulesN9ExV.pdf [accessed 4 September 2025]. As part of the two-child norm policy, state governments such as Tamil Nadu also denied maternity benefits for women having two or more children. In a recent judgement, the Supreme Court, however, ruled that the policies for population control and maternity benefits are not mutually exclusive, granting maternity leave to a woman who was otherwise denied the benefits on population grounds. See K. Umadevi v Government of Tamilnadu & Ors. (2025 INSC 781), available at https://api.sci.gov.in/supremecourt/2022/32351/32351_2022_3_1508_62112_Judgement_23-May-2025.pdf [accessed 29 October 2025].

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