Theorizing the Relation between State Capacity and Symbolic Power: Insights from the Case of the Family Planning Policy in India during the Emergency, 1975-77

What ensures a state's success in achieving its policy objectives – its capacity or symbolic power? In this article, I claim that neither of these factors, rather the interaction between them, shapes a state's chances of achieving its policy objectives. Following this claim, I argue that if state actors' strategies to increase the state capacity increase the state's symbolic power, they will have a high chance of achieving their policy objectives and vice versa. I support my arguments by studying the case of the Indian state's population control policy during the Emergency period (1975-77). Using quantitative data on population control policy and qualitative data on state actors' interactions, I show that the Indian state successfully used its capacity-increasing strategies to achieve population control targets during the Emergency period. However, its capacity-increasing strategies simultaneously decreased its symbolic power to administer the population control policy. Hence, despite the success of the Emergency state in achieving its given population control targets, the Indian state prematurely ended its population control policy after the end of the Emergency.

Keywords: State Capacity, Symbolic Power, Population Control Policy, India, Emergency Period (1975-77)

The unique ability of the modern state to organize or transform the social world is identified as the function of the state capacity – that is, the internal material resources of the state used by the state actors to continue their intervention in the social world even in the wake of resistance from powerful social actors or adverse socio-economic conditions (Skocpol 1985; Evans 1995; Tilly 2007, p. 16). Once state capacity is established, one can safely assume a proportional relation between state actors' chances of achieving their policy objectives and state capacity. Thus, one could argue that state actors' chances of achieving their policy objectives will likely increase as the state capacity increases and decrease as the state capacity decreases. However, this was not the case for the Indian state during the Emergency period of 1975-77; instead, the Indian state actors' strategies

to dramatically increase the Emergency state's capacity to administer the population control policy led, ironically, to the premature end of that policy.

The Indian political elite was acutely aware of the problem of the high rate of population growth since the late colonial period (Connelly 2006). Since the early days of the postcolonial period, the Ministry of Health and Family Planning (MHFP) established population control targets and developed guidelines for implementing the population control policy. The MHFP bureaucrats adopted a policy of persuasion to motivate the masses to control their family size (Wang 2019). However, this policy was reversed to coercion during the two years of the Emergency period (1975-77), the most infamous period of Prime Minister Indira Gandhi's dominance over Indian politics (1971-84).

In 1975, Mrs. Gandhi declared a state of Emergency in India. During this period, she informally delegated her political authority to Sanjay Gandhi, the youngest of her two sons, and his clique members (Jaffrelot and Anil 2021, p. 125-165; Prakash 2019, p. 205-249). Thus, emerged a *sultanistic* regime (Chehabi and Linz 1998, p. 7) with Sanjay as the sultan of Delhi (Jaffrelot and Anil 2021, p. 127). The ruling party leaders justified the two-year Emergency period (1975-77), the only period of authoritarianism in India to speed up the development projects that the opposition parties allegedly threatened. While laying out the development objectives, Sanjay claimed that the rapid population growth would nullify the achieved developmental goals. Therefore, he called for immediate action on the country's population growth problem.

The MHFP bureaucrats responded to Sanjay's call, who had gained a reputation for ruthlessly punishing all who defied him by adopting higher annual targets than in previous years. The regional state actors, keen to please Sanjay, further increased their

already given high target. To overcome their poor state capacity to achieve their given target, they adopted two new strategies: First, they involved grassroots-level state actors of all departments and those of the health care and family planning department. Second, they introduced new punishment rules for state actors who failed to achieve their given family planning quota. The adoption of these two strategies for increasing the state capacity paid off. A large number of the regional states reached and exceeded their given annual targets during the Emergency period. However, in 1977, right after the Indian state's successful campaign, the Indian state abandoned its population control policy without fully achieving it.

In this article, I claim that the state capacity scholarship helps comprehend the success of the Emergency period Indian state in administering its highly ambitious population control policy. However, the state capacity scholarship cannot explain why despite the success of the state capacity-increasing strategies, the Indian state withdrew from the population control policy after the end of the Emergency period. I argue that to explain the fate of the Indian state's population control policy, we need to simultaneously study its capacity and symbolic power for administering the population control policy. To be more precise, we need to examine the interactive relation between the state capacity and symbolic power of the Indian state to administer population control policy.

The state's symbolic power is the masses' recognition of its right to intervene in their social affairs (Scott 2008; Burchell, Collin, and Miller 1991; Bourdieu 1999). Here it is important to note that since the modern state is a complex matrix of multiple agencies differentially engaged with different facets of the social world (Morgan and Orloff 2017; Schmitter 1985; Steinmetz 1993), the potency of the state's symbolic power

is differentially distributed among various state agencies. Thus, some agencies will have more accumulated symbolic power than other agencies. A state agency accumulates its symbolic power over a particular social domain using one or a combination of tactics: *innovation*, *imitation*, *co-option,* and *usurpation* (Loveman 2005). Once an agency has accumulated symbolic power, the masses may question how to achieve a particular social policy objective. Still, they will not question the right of that agency to pursue the state's social objective.

From the symbolic power perspective, one could claim that when the Indian state became the first state in the world to have a state policy for population control (Connelly 2006), it opened a new domain for administering the Indian social space. This private domain of biological reproduction was dominated by Indian men, with women having little say in their reproductive health decisions (Basu 1985; Scott 2017; Singh et al. 2012). At the beginning of the population control policy, the Indian state focused on educating couples about the benefits of a small family. It provided various contraceptive options to the targeted clients. Its novel strategies for increasing its capacity for administering population control did not threaten the Indian men's dominant position in their families.

During the Emergency period, however, the Indian state's capacity-increasing strategies prompted the state actors to focus on male sterilization aggressively. Thus, for the first time, the Indian state's capacity-increasing strategies directly threatened the dominance of the Indian men over the reproductive decision-making process. Hence, even if some regional states exceeded their given target, they faced stiff resistance from men. These men were typically illiterate, belonged to the poor class, and had low caste

status. Moreover, women joined men in their resistance against the state as they felt that the men were emasculated due to vasectomy operations.

In the first parliamentary election after the Emergency period in 1977, the opposition parties made the population control drive an election issue; the ruling party leaders recognized the anger against it among the rural and urban poor – the majority of the country's population – and openly apologized for the policy during their election campaign. Nevertheless, the ruling party lost the majority of the parliamentary seats. Moreover, most of its losses were registered in all those regions where it had aggressively pursued population control policy (Manor 1978; Narain 1977; Weiner 1977). On the other hand, it gained several parliamentary seats where it did not pursue the altered population control policy. Thus, after the end of the Emergency, state actors recognized the resentment among the poor against the Indian state's claim to control their biological reproductive practices. As a result, the population control initiatives ended.

The historically unique case of the Emergency state in India illustrates the general importance of recognizing the interactional effect of state capacity and symbolic power on the state's success in achieving its policy objectives. The sultanistic regime mobilized the state resources to create a potent vasectomy state. However, while the vasectomy state was good at accomplishing its target, it led to the loss of whatever little symbolic power the Indian state had accumulated to administer the population control policy. Thus, I claim that the Indian state's experiment with population control policy during the Emergency period shows that when strategies used to increase the state capacity adversely affect its symbolic power, the increased state capacity is likely to be ineffective in achieving the state's policy objectives. Conversely, one could claim that the state is

more likely to achieve its policy objectives if its strategies to increase its capacity simultaneously increases its symbolic power.

The remainder of this article is divided into five parts. I conceptualize the relationship between state capacity and symbolic power in the first part. In the second part, I discuss the data and method used for studying the state actors' practices related to the population control policy in India during the Emergency period. In the third part, I discuss the historical context of India's Emergency period and the sultanistic regime's formation. In the fourth part, I present evidence in support of my argument about the interactive relation between state capacity and symbolic power. Finally, in the fifth part, I conclude with directions for future research on this topic.

Conceptualizing the Relation between State Capacity and Symbolic Power

Weber (1978, pp. 218-219) famously identified six attributes that shape the internal structure of a bureaucratic organization: formal division of labor, a hierarchy of authority, extensive rules, separation of administration from ownership, and hiring and promotion based on technical competency. When the state has achieved a monopoly over physical violence, these six attributes enable state actors to achieve their targeted social, economic, military, and other objectives effectively. These Weberian insights into the modern state became the foundation of Skocpol's highly influential conceptualization of state capacity. In her well-known book, *States and Social Revolutions*, she demonstrated the importance of appreciating the internal structures of the state to comprehend the history of their transition from pre-modern to modern polities (Skocpol 1979).

She again demonstrated the significance of her insights in her comparative study of the United States' two significant policies to overcome the Great Depression – the National Industrial Recovery Act (NIRA) and the Agricultural Adjustment Act (Skocpol and Finegold 1982). In this study, she and her co-author showed that bureaucratic actors' professionalism and competence shaped the fate of the two policies. Skocpol's Weber-inspired insights triggered a series of studies that further elaborated and developed her main points on state capacity. These neo-Weberian studies examined the significance of state capacity for industrial development (Evans 1995; Hamm and King 2010; Dincecco and Katz 2016), controlling violence (Huntington 1968), preventing civil wars (DeRouen et al. 2010; Fearon and Laitin 2003), and encouraging innovation (Weiss 1998).

Here it is important to note that the Skocpol-inspired state capacity studies methodologically treat the state and society as two different entities (Evans 2006, p. 47). Thus, a typical state capacity scholar remains focused only on the internal resources of the state and does not examine the impact of the point of view of the members of the social world on state practices. Furthermore, state capacity scholars believe that the state is autonomous from the social world within which it is active. This ontological understanding of the state was developed as a response to the societal theories of the state – especially the Marxian and pluralist theories of the state – that treat state structures as the epiphenomenon of the social structures (Hay 2006, p. 67; Smith 1990). However, it seems that the neo-Weberian theories of the state, including those of state capacity, move to the other extreme of the debate where state practices get treated as an independent variable in relation to society.

It is erroneous to assume a-priori that the state capacity is a function of its internal resources when state practices are viewed within the broader canvas of Weberian sociology. It is well known that Weber considered the effectiveness of any social action as dependent on the context of the authority within which it was produced. Thus, one could claim that a rational action would be valued more than traditional, affective, or value-based actions in a context wherein rational actions have higher authority. However, rational actions will lose effectiveness in contexts where traditional, affective, or value-based actions have higher authority. When this insight is translated into state practices, one could claim that the success of the state practices will also depend on the legitimacy granted to them by those who are objects of the practices. If they do not, state practices will not be accepted, and they may face stiff resistance. Thus, belief only in the internal resources of the state when the state has acquired a monopoly on physical violence may prove to be wrong, especially in contexts when the relevant state practices are not viewed as legitimate.

Here it is important to note that some theories of state capacity have examined the social conditions for the effectiveness of the state capacity. For example, Migdal (1988) claimed that the key to explaining state capacities is to investigate the distribution of social control among many organizations, including the state. While referring to the problems of the weak postcolonial state, he claimed that strong postcolonial states were a product of the history of direct rule by the colonial powers. In contrast, the weak postcolonial states were a product of the in-direct rule by the colonial administration. In *The Sources of Social Power* (2012), Michael Mann studies power relations in terms of

multiple and intersecting networks of influence, representing organizational means of obtaining human goals, including ideological, economic, military, and political power.

These theoretical developments in the study of state capacity shift our epistemological attention from internal to external state resources. However, they tacitly assume the non-state actors' point of view on the legitimacy of the state practices rather than examining when, how, and why the state practices began to appear legitimate to the non-state actors. Thus, Migdal's study takes the coercive powers of the centralized postcolonial states for granted rather than illustrating the social process that makes the postcolonial state's coercive practices appear legitimate to the colonized population. Similarly, Michael Mann's study does not dwell on the reasons behind the differential effectiveness of the institutional networks that could be related to the point of view of the non-state actors on the legitimacy of state practices.

More recently, Bourdieu has systematically included Weberian insights on the legitimacy of social action in his conceptualization of the state's symbolic power (Swartz 2013). In general, Bourdieu claimed that the effectiveness of any social force in a particular domain of social activity (science, arts, politics, etc.) depends on its relative legitimacy or symbolic value from the point of view of those who are active in that domain. While investigating the processes through which the symbolic value of specific social forces persists over time, Bourdieu claimed that the state plays a crucial role in institutionalizing the symbolic value of social forces in various social fields (Bourdieu and Wacquant 1992, p. 114-115). Hence, Bourdieu claimed that the state is not any ordinary organization. Instead, he claimed that the state is a unique organization because it has the monopoly over the symbolic power to recognize and, thus, socially bring to

existence all other organizations, institutions, and individuals in the social world. While elaborating on his ideas about the symbolic power of the state, Bourdieu claimed:

> First, it performs a diagnostic function, that is, an act of cognition which begets recognition and which, quite often, tends to affirm what a person or a thing is and what it is universally, for every possible person, and thus objectively…. In the second place, the administrative discourse says, through directives, orders, prescriptions, etc., what people have to do, given what they are. Thirdly, it says what people have actually done, as in authorized accounts such as police reports. In each case, official discourse imposes a point of view, that of the institution, especially via questionnaires, official norms, and so on. This point of view is instituted as a legitimate point of view, that is, as a point of view that everyone has to recognize at least within the boundaries of a definite society (Bourdieu 1990, p. 136).

However, the symbolic power of the state is not a natural given. Just like state actors use various strategies for gaining a monopoly over physical violence (e.g., Tilly 1989), they adopt various strategies to gain a monopoly over symbolic power (e.g., Gorski 1999, 2003; Torpey 2000; Corrigan and Sayer 1985). Mara Loveman (2005; 2014) has theorized state actors' various strategies for accumulating symbolic power, using the case of the Brazilian state. According to her, once the state identifies a social sector to be administered – for example, the sector of economic transactions, marital relations, and biological reproduction – it could accumulate symbolic power in one of the four ways:

> First, state actors could develop novel administrative practices to manage the newly identified social space for administration. Second, they could simply repeat the already existent traditional practices for administering that space. Third, they could co-opt the traditional administrative practices of local or religious authorities, incorporating them into the state's administrative apparatus. Finally, agents of the state could usurp the administrative practices of non-state actors, stripping them of the means and/or authority to continue their traditional practices and taking over these practices themselves, imbuing them with new meanings in the process (Loveman 2005, p. 1661).

Evidence of the state's symbolic power to administer a particular domain can be found in how social actors respond to its role in administering their social domain (Loveman 2005; Luft and Thomson 2021). When they question the right of the state to interfere in their social domain, this implies that they do not recognize the state's symbolic power. Under these circumstances, the state can continue with one of the four strategies to accumulate symbolic power, creatively combine them, or stop them altogether. On the other hand, when social actors contest the means used by the state to administer their domain but do not question the state's right to interfere, the state has accumulated symbolic power to administer that social domain.

When we compare state capacity with the symbolic power of the state, we can observe that the main difference between the two is in terms of the sources of these two forms of power. While state capacity results from the internal resources of the state, symbolic power results from the legitimacy granted to the state actors by the non-state

actors. However, when we view state capacity and symbolic power within everyday mundane state practices – for example, issuing birth certificates, managing traffic, collecting taxes, and distributing contraceptives – we can observe that they are two different sides of the interaction between state actors and the masses.

As the state actors use their capacity to administer a particular domain of social life, they reproduce, transform, or create their existent symbolic power to administer that domain of social life. While they are in control of using state resources, they depend on the recognition from the point of view of those whom they administer. When the state actors have the advantage of the accumulated symbolic power, they can continue with their routinized ways of interacting with the citizens. However, when the state does not have enough accumulated symbolic power, the state actors have to carefully choose their practices, as their practices will be consequential for their accumulation of symbolic power to continue with their administrative work.

Following these insights, I argue that if the strategies adopted for increasing the state capacity increase its symbolic power, its effectiveness will be amplified as the state continues to pursue its objectives. However, suppose the strategies adopted for increasing the state capacity led to a decrease in the state's symbolic power. In that case, the resistance against the state practices would be so high that it would progressively increase the state's cost of administering that social domain. Thus, the effectiveness of the state capacity will continuously decrease and eventually expire as the state actors pursue their objectives. I explore the above-conceptualized relation between state capacity and the state's symbolic power by examining how the two interacted in India during the Emergency period as the Indian state pursued its population control objectives.

Data and Method

My primary data source for studying the state actors' practices during the Emergency period consists of volumes 1, 2, and 3 of the Shah Commission Reports (SCR). The Janata Party established the Shah Commission, which came to power after defeating the Congress Party, led by Mrs. Gandhi, in the first election held after the Emergency in August 1977. A retired supreme court judge, Justice J.C. Shah, headed the commission. The commission's primary purpose was to investigate excesses committed against the masses by the political and bureaucratic elite during the Emergency period. The commission encouraged all those who suffered excesses of the Emergency state to submit written complaints. The commission systematically investigated these complaints and presented its findings in three volumes.

The commission received 48,500 complaints on various issues, ranging from unlawful arrests and torture to the illegal demolition of slums in and around major cities. Of these complaints, 600 were about the excesses committed by the state actors while implementing the revised population control policy. While investigating this group of complaints, the Shah Commission agents collected various documents on the MHFP and their regional counterparts. These documents were official communications among MHFP bureaucrats, regional counterparts, political executives, and grassroots state workers. In many instances, the SCR investigators asked the accused state actors to respond to the complaints against them. In some cases, they also interviewed the accused state actors.

The Shah Commission agents documented various facets of the population control policy from its initiation until the Emergency period. It studied the division of labor

among the federal and regional state actors, setting policy targets and formulating implementation guidelines. It also collected quantitative data on the MHFP bureaucrats' population control targets, revisions of those targets, and targets achieved by the regional states during the 1975-76 and 1976-77 periods. The SCR also documented the effects of the bureaucratic practices adopted by the regional state actors on population control, how the masses in urban and rural India responded to the changes in population control practices, the types of resistance those changes provoked, and the organizations and actors involved in this resistance.

It is important to note that there were few reliable resources for comprehending how the masses responded to the revised population control policy due to the strict censorship of news outlets. Under these circumstances, the Intelligence Bureau (IB) directly reported to Mrs. Gandhi as the most reliable resource for gauging public opinion. In addition, the IB also reported on the role of various state agencies, political parties, and civil society members whose actions shaped public opinion on the population control policy. Hence, the Shah Commission's investigation into the masses' response to the population control policy primarily relied on these IB reports.

The Shah Commission presented its main findings on the population control policy implementation in various country regions in volume 3 of the reports. First, I analyzed the given quantitative data to ascertain the regional states' available capacity and infer the challenges associated with implementing the revised population control targets during the Emergency period. Second, I examined the regional state bureaucrats' strategies for increasing the capacity of their respective states by studying the content of communications from the highest-ranking bureaucrats in the regional state to the

grassroots workers implementing the population control policy. Third, I used the quantitative data to document the impact of the state capacity-increasing strategies on the target achievement of the various regional states. Fourth, I ascertained changes in the state's symbolic power to administer the population control policy during the Emergency by analyzing the masses' response to the population control policy before and during the Emergency period. Thus, by examining changes in the state capacity and symbolic power, I have ascertained how their effects on each other shaped the fate of the Indian state's population control policy.

Sanjay Gandhi as the Sultan of the Emergency State

Mrs. Gandhi was elected as the prime minister of India in 1971 after leading her party, the Congress party, to an unprecedented electoral victory in the parliamentary election. One of the most important steps she took to consolidate her political authority was to weaken all those political institutions that had threatened her during her days of struggle in Indian politics since 1967, when she first became the prime minister of India. The most potent threat to her political authority came from the Congress party organization and the regional units of the party. Thus, as soon as she completed her victory lap after the 1971 elections, she started replacing office bearers of the Congress party organization, and chief ministers of the Congress party ruled states by her handpicked leaders. More often than, she replaced the party veterans in important offices with her handpicked candidates who tended to be political novices.[1]

[1] For a detailed discussion on Mrs. Gandhi's political trajectory, its consequences for her point of view on politics and fate of institutional politics in India see Singh (2012; 2016).

Having tackled threats to her political authority within domestic politics, she faced a threat from international politics. The then-Pakistani leadership decided to militarily assault the eastern region of Pakistan, which later became Bangladesh. The eastern states of India faced a massive deluge of refugees. The only way to thwart the refugee crisis was to launch a counter-offensive against Pakistan's armed forces. Mrs. Gandhi dexterously navigated the international political scene and mobilized the military leadership of India to launch a counter-offensive against Pakistan. She emerged triumphant in the Bangladesh war, but the Indian state also incurred a high cost.[2] The slump in the global economy, increasing fossil fuel prices, and drought in many parts of the country in the context of the recently finished Bangladesh liberation war taxed the Indian state beyond its limit (Kaviraj 1986; Kochanek 2019). On top of it, rampant corruption within the Congress party-ruled states – where Mrs. Gandhi had appointed incompetent party leaders as the chief ministers – led to widespread frustration against the ruling party.

Students' riots against increasing mess prices and poor-quality food in the Congress party-ruled Gujarat catalyzed resistance against the ruling party. The Indian newspapers, sympathetic to the Gujarat students, presented their rioting as symptomatic of the simmering frustration against the ruling party. This riot attracted the attention of a famous veteran freedom fighter, Jaya Prakash Narayan. He started voicing Gujarat students' frustration and organized a protest in his native region of Bihar. This protest was brutally crushed by the ruling Congress party leaders of Bihar, inviting much

[2] For a detailed discussion of the Bangladesh crisis and the Indian-Pakistan 1971 war see Kaviraj 1986; Kochanek 2019; Haider 2009.

condemnation from the various sections of civil society. Soon almost all opposition parties in the country joined him, which led to the formation of the JP movement.[3]

Amid the political turmoil, Mrs. Gandhi faced an unexpected judicial challenge to her election to office. On June 12, 1975, Justice Sinha of the Allahabad high court, a regional court in India, disqualified Mrs. Gandhi's election to parliament. On June 24, 1975, Justice Iyer of the Supreme Court of India also issued a conditional halt to Mrs. Gandhi's election to the parliament. That same day, Narayan called for civil disobedience against Mrs. Gandhi's rule. He asked the law enforcement agencies and armed forces to disobey Mrs. Gandhi's government. The following day, claiming that the JP movement threatened the country's internal security, Mrs. Gandhi declared a State of Emergency.

She postponed the upcoming 1976 parliamentary elections to 1978. The regime also ordered the arrest of all opposition party leaders who supported the JP movement and arrested or put under the surveillance of the intelligence agencies all ruling party leaders known to be sympathetic to the movement. The state of Emergency also gave the ruling political elite the legal justification for suspending its citizens' fundamental civil and political liberties and censoring the press. Thus, all four fundamental institutional pillars of democracy – free and fair elections, civil and political rights of the masses, and uncensored media – were suspended in 1975. As a result, the Indian state entered an authoritarian phase for the first time.[4]

[3] For a detailed account of the unrest that led to the formation of the JP movement and its role in the appearance of the Emergency state see Shah (1977), and Chandra (2017).
[4] On January 18, 1977, Mrs. Gandhi abruptly called for new elections and released almost all the leaders of the opposition parties. In those elections, held in March, a coalition of the opposition parties, the Janata Party, defeated the ruling Congress party. Interestingly, Mrs. Gandhi accepted the electoral verdict, formally ended the Emergency, and facilitated a smooth transition of power.

Since the Emergency period began, Mrs. Gandhi steadily withdrew from public activities. She increasingly delegated her authority to Sanjay Gandhi, the youngest of her two sons (Jayakar 1992, p 280-282; Frank 2010, p. 315-316). Sanjay and members of his clique took the lead role in enforcing the Emergency measures. They directed intelligence agencies' plans to arrest the prominent leaders of the opposition; they orchestrated the closure of the printing presses of newspapers hostile to the ruling party and the lockdown of the court premises to prevent any judicial challenges to the Emergency proclamation (SCR Volume 1, p. 17-32). Sanjay became the leader of the youth congress, a relatively unknown section of the ruling party that was mostly known for its lumpen elements. He started positioning his allies as 'junior' ministers, who behaved as if their power equaled or exceeded those of the senior ministers. Sanjay and his clique members managed the Emergency state's day-to-day affairs. Later, they became involved with the long-term developmental policies of the Indian state.

Notably, Sanjay was not formally a part of the Indian state. However, the bureaucratic elite was acutely aware of his influence over Mrs. Gandhi. Moreover, senior bureaucrats knew Sanjay was punitive towards those who did not heed his political authority. His punitive actions ranged from transferring the errant bureaucrats to undesirable positions to getting them arrested for committing anti-national acts. During the Emergency, being charged with anti-national activity under the dreaded Maintenance of Internal Security Act (MISA) meant immediate arrest for an indefinite period without any right to judicial appeal. For this reason, despite Sanjay's lack of formal affiliation with institutional politics, the high-ranking state bureaucrats started recognizing him as "the higher up" in their communication (SCR, Volume 1, p. 66-67).

In general terms, Sanjay's influence over the Emergency state resembles the main features of what Chehabi and Linz (1998, p. 7) identified as a sultanistic regime. In this regime, the state actions are a direct product of the ruling elite's whims. The ruling elite relies entirely on his networks of lackeys, family, friends, and business allies who are keen to please him and have no direct stake in institutional politics. The ruling elite goads his followers using fear tactics and rewards. Most importantly, within the sultanistic regime, the erstwhile sultan remains unaccountable to anyone. He exercises brutal power without rationally formed reasoning, ideological belief, or value system. Thus, Jaffleot and Anil (2021, p. 127) claimed that Sanjay was the sultan of Delhi during the Emergency period.

However, there were historically institutionalized limitations to Sanjay's sultanate power. His words were most influential in those regions of the country where Mrs. Gandhi had installed her handpicked leaders in the office of the Chief Ministers. Thus, Sanjay was highly influential in Delhi, Haryana, Uttar Pradesh, Himachal Pradesh, Rajasthan, Bihar, and Madhya Pradesh. However, there were regions within which the regional heavyweights still controlled the regional units of the Congress party, or the Congress party had an alliance with a strong regional party. Therefore, Sanjay could not directly influence these regions' state apparatus. Under these institutional circumstances, Sanjay started to take an interest in the population control policy of the Indian state.

Sanjay's Impact on the Population Control Policy

Soon after declaring the Emergency on June 25, 1975, Mrs. Gandhi announced 20 important developmental objectives of the nation-state that she claimed were getting

slowed down by the obstructionist opposition parties before the Emergency (Pouchpadass 1982, p.171-173). Mrs. Gandhi did not include population control as a state program in her list. In February 1976, Sanjay announced his 4-point action program: (1) Family planning, (2) Planting of trees, (3) Eradication of illiteracy, and (4) Abolition of the dowry system and eradication of the caste system. Later, the fourth point was split into two points, and Sanjay's 4-point program was referred to as the 5-point program. More importantly, the first point (family planning) became the highlight of Sanjay's vision for the country's future.

Sanjay envisaged the family planning program as the most critical and urgent issue of the Indian state. He firmly believed that the family planning program must be given "the utmost attention and importance because all our industrial, economic, and agricultural progress would be of no use if the population continued to rise at the present rate" (Gwatkin 1979). His hyperbole continued with demands for urgent and immediate action against population growth. Soon even Mrs. Gandhi started echoing Sanjay's public statements. While addressing the 31st Joint Conference of the Association of Physicians of India on January 22, 1976, Mrs. Gandhi observed: "We must now act decisively and bring down the birth rate speedily to prevent the doubling of our population in a mere 28 years" (SCR Volume 3, p. 154).

While it is true that India's rate of population growth has been steadily increasing, it is also true that the MHFP-led Indian state actors were gaining better control over their population control strategies. Since the formation of the MHFP, the primary responsibility of the MHFP bureaucrats was to set population control targets and develop a policy of persuasion to motivate the masses to control their family size voluntarily. The

primary responsibility of the regional states was to implement this policy and achieve their given population control targets. Along with the increase in the innovative strategies to support the population control program, the Indian state also steadily increased its monetary support for the program (Wang 2019).

A steady increase in resource allocation, distribution of family planning resources, and persuasion as the guiding principle to achieve family planning targets helped most regional states reach their given targets. This fact is evident in the MHFP's sterilization data for the 1975-76 period, a planning period that started before the Emergency declaration in June 1975. Graph 1 presents data on the percentage of sterilization targets achieved by the regional states for the 1975-76 period.

<Graph 1: Regional States' Performance, 1975-76>

In Graph 1, we can see that fifteen regional states exceeded their MHFP-given sterilization targets. Notably, the hilly eastern region of Assam achieved 119% more than its given sterilization target. On the other hand, the same graph presents data on the thirteen regional states that failed to achieve their sterilization targets. Notably, the worst defaulter was the small western state of Goa, Daman, and Diu, which failed to achieve almost 81% of their given target. Nonetheless, despite some regional states' failings, overall, during the 1975-76 period, the regional states of India achieved 5.62% more than their MHFP-given sterilization target of 2,485,000.

However, Sanjay was not satisfied with the pace of progress. He continued to demand a call for extraordinary actions to control the population growth rate. To avoid Sanjay's wrath, MHFP bureaucrats revised their formula for setting family planning targets. Graph 2 presents data on the percentage increase in the MHFP-given targets for

various regional states for the 1976-77 period. From this graph, we can note that MHFP had proposed a 72% increase in the total target allocated to the regional government. The highest increase in the target (500%) was for Arunachal Pradesh, a northeastern region of the country. The lowest increase was for the northern region of Punjab (7.88%). Notably, MHFP bureaucrats had assigned higher targets to all regional states irrespective of whether they had failed or succeeded in the previous year. Thus, they had given higher targets to all thirteen regional states that had failed to achieve their much lower target for the 1975-76 period. Notably, Arunachal Pradesh, which had achieved a 78% lower target for the 1975-76 period, was allocated the highest increase for the 1976-77 period (500%).

<Graph 2: MHFP Target Increase for Regional States, 1976-77>

Like MHFP bureaucrats, the regional political elite was also acutely aware of Sanjay's desire for population control. Thus, to impress Sanjay, they further increased their already given higher target (SCR Volume 3, p. 173-184). Graph 3 presents the percentage increase in the regional states' revised targets. From Graph 3, we can note that regional states' revision of the MHFP bureaucrats' suggested target led to an overall increase of the target by almost 112%. The highest increase of 437.63% took place in Punjab.

<Graph 3: Revised MHFP Targets for the Regional States 1976-77>

Regardless of whether the regional states had previously succeeded or failed, it was unlikely that they would have adequate healthcare personnel and infrastructure to achieve the new sterilization targets. The MHFP bureaucrats had warned the regional states about the challenges of achieving their population control targets for the 1976-77 period (SCR Volume 3, p. 155). The regional states' bureaucratic elite responded by

adopting state various capacity-increasing strategies. In the sections below, I describe their two main strategies: the involvement of all grassroots-level state agents in the population control drive and new bureaucratic punishment rules for them if they fail to achieve their given sterilization quotas.

State Capacity Increasing Strategies

Involving all Grassroots State Actors

The regional states decided to involve all state agencies and actors in their population control implementation process. For example, the regional state of Bihar was aiming for a sterilization target of 600,000 for the 1976-77 period. Graph 1 shows that this was already an ambitious target for Bihar as they had fallen short of achieving their previous, much lower target for 1975-76 (202,500) by almost 18%. Thus, it was highly improbable that Bihar would be able to achieve its new target if it continued to rely only on its existing health infrastructure and personnel. Hence, Bihar's bureaucratic elite decided to make all grassroots state agents take on the responsibility of motivating the masses, especially in the rural countryside, where most of the population resided. The Chief Secretary of Bihar – the senior-most bureaucrat of the region, who directly answered to the Chief Minister – messaged district magistrates in Bihar on July 10, 1976, informing them that:

> In addition to the officers of the staff of the Health and Family Planning Department, teachers of primary and higher secondary schools, District Superintendents of Education, Sub-Divisional and District Educational Officers, *Panchayat Sevaks*, village-level workers, Circle Inspectors,

> Extension Supervisors, Supply Inspectors, Block Development Officers, and Personnel of Municipalities and District Boards should also be involved in the program and suitably be encouraged (SCR Volume 3, p. 172).

All regional states adopted this strategy of involving all grassroots-level state actors. Typically, the senior-most bureaucrat working in the chief minister's office gave a sterilization target to the district magistrate, the senior-most officer in a district. The district magistrate, in turn, distributed these targets among his subordinates at the grassroots level. The SCR report provides a vivid description of this process in its study of the family planning program in Andhra Pradesh:

> The target of 4 lakhs set for the year 1976-77 was raised by the State Government to 6 lakhs. It was distributed among the 22 Districts. Monthly targets were fixed for each Primary Health Centre (75 cases), District Headquarters and major hospital (200 cases), *Taluk* hospital (100 cases), Teaching Hospital (300 cases) etc. Each Medical Officer of Primary Health Center/Urban Family Planning Center was given a target of 375 cases for 10 months. Similarly, Family Planning staff such as Health Visitors were each given a target of 100 sterilization cases in 10 months and other staff such as Health Supervisor and Auxiliary Nurse-Midwife etc., were each given 50 cases for 10 months (SCR Volume 3, p. 170).

One would expect that health care and family planning staff would be given a larger share of responsibility to achieve the targets since they had prior experience and expertise in the assigned activities. However, there was no systematic way of distributing

targets among the grassroots state workers. In Assam, for example, the non-expert staff was expected to achieve almost 83 cases per month, while the healthcare staff was only expected to achieve 25 cases per month (SCR Volume 3, p. 171). Meanwhile, in Haryana, irrespective of expertise, everyone was expected to achieve the target of 15 cases per month (SCR Volume 3, p. 176).

The employment of two kinds of grassroots state workers – teachers and police officers – is notable, with far-reaching consequences for the planning program. The target population of the policy was most likely to interact with the state actors daily through the public school systems. Thus, the regional state bureaucrats quickly recognized the significance of schoolteachers in the population control policy. For example, the Chief Secretary of Andhra Pradesh decided to make teachers a leading source of the sterilization drive in the region. According to the SCR records on Andhra Pradesh:

> In a meeting held on June 25, 1976 under the Chairmanship of the Chief Secretary it was decided to involve teachers in Primary and Secondary Schools etc., in motivational work. A target of 1 lakh sterilizations were fixed for motivation through the teachers and lecturers. Each teacher/lecturer was given an annual target of 20 sterilizations (SCR Volume 3, p. 171).

There were two kinds of strategies involved regarding the usage of local law enforcement agents. The first was to give law enforcement agents a quota for sterilization drives, like other state department personnel. Law enforcement agencies often responded to their responsibility for achieving quota by re-interpreting the existing laws used to arrest people. For example, law enforcement officers in Karnataka interpreted the

Prevention of Beggary Act – created to prevent people from begging in public spaces by arresting them – as a justification for sterilizing beggars. In a memo dated October 12, 1976, the most senior police officer involved in the case instructed his subordinates to send arrested beggars to hospitals for sterilization (SCR Volume 3, p. 166).

In other regions, law enforcement agents were not given a quota. Instead, they were expected to accompany other state workers during their motivation campaigns. Police role in Haryana was discussed at a conference of the Deputy Inspector Generals on the 26th and 27th of October 1976. The following extracts from the proceedings of the conference throw light on the critical role which the police played in the Family Planning campaign in Haryana:

> Motivation should continue and we should educate the people during the village touring about the advantages of Family Planning and there is no harm in the police motivating the people in this respect. . .If the police know the attitude of the people in the village, we should know what action and to what extent it should be taken. If the police goes into action they should err rather on the side of having extra strength rather than being under strength, it has often been seen that the presence itself of the police in large strength breaks up to resistance (SCR Volume 3, p. 177).

The bureaucratic strategy to include all grassroots-level state actors dramatically increased the personnel involved in implementing the new population control policy. However, the grassroots-level bureaucracy was infamous for its red-tape approach to implementing new state policies. Previously, the senior bureaucrats had solved this problem by monetarily rewarding all state actors who could fulfill their given sterilziation

quota. This strategy continued during the Emergency period. In addition, the senior state bureaucrats also introduced new punishment rules for the grassroots state actors who failed to achieve their given targets.

Punishing Failing State Actors

The regional state of Uttar Pradesh aimed to achieve a target of 1,500,000 sterilization for the 1976-77 period. From Graph 1, we can note that this was an overly ambitious target for Uttar Pradesh, given that the regional state actors had fallen short of achieving their previous, much lower target (175,000) for the 1975-76 period by almost 27%. To succeed this time, they followed the strategy adopted by their colleagues in the other regional states to make all state agents take on the responsibility of motivating the masses. In addition, like their counterparts in other regions, they decided to make these agents' responsibility to motivate part of their official duty and hence punishable if they were found guilty of dereliction. According to a new rule directive produced by Uttar Pradesh for its employees:

> It shall be part of the duties of every Government servant to periodically motivate eligible persons to get themselves sterilized and to perform other work in pursuance of the family planning program as may, from time to time, be directed by the State Government, failing which the payment of his salary and allowances or his annual increments or both shall be liable to be stopped for such time and subject to such conditions as the State Government may from time to time by general and special order direct (SCR Volume 3, p. 164-165).

The regional state of Bihar stopped the salary of those primary school teachers who had failed to achieve their given targets (SCR Volume 3, p. 165). Like Uttar Pradesh and Bihar, most regional states used salary withholding as their primary source of punishment. In addition, some of the regional states transferred the errant workers to undesirable districts of their regions. In some extreme cases, they also suspended or even terminated the employment of the derelict state agents. For example, the senior bureaucrats supervising the population control policy in the regional state of Assam ordered the termination of all underperforming Block Extension Educators (BEE) and District Extension Educators (DEE) (SCR Volume 3, p. 171).

Here it is important to note that the pressure on the state bureaucrats was not limited to convincing others to adopt the family planning program, as there was an equal amount of pressure on them to adopt it themselves. For example, in a letter dated August 28, 1976, to the heads of all Haryana state's departments, the chief secretary of Haryana issued the following instructions:

> All 'eligible Government Servants' who have not already gotten themselves sterilized shall get themselves sterilized by due dates in two phases. In the first phase, all eligible Government servants with three or more children are to get sterilized by October 31, 1976, while in the second phase all the remaining eligible Government servants are to get themselves sterilized by December 31, 1976… Those eligible Government servants falling in phase I who do not get themselves sterilized by November 30, 1976, will be liable for punishment under the Punjab Civil Services (Punishment & Appeal) Rules, 1952 (SCR Volume 3, p. 165).

Punishments not only focused on the current status of the state actors but also played an essential role in their future promotion. A crucial document for promotion was the supervisors' Annual Confidential Report (ACR). In this report, the senior officers confidentially expressed their opinions about whether or not the relevant candidates deserved to be promoted. Traditionally, the ACR documented the ability of the officer to dispense his official duties. However, during the Emergency period, success or failure in achieving the given population control target also became part of the ACR. Thus, in a meeting of district collectors and superintendents of police in Rajasthan in September 1976, it was decided that the entries in ACR of the district-level officers would be based on the evaluation of the success of the family planning program in their area (SCR Volume 3, p. 166).

These two strategies for increasing the state capacity – involvement of all grassroots state workers and punishment upon failure to achieve the given targets – dramatically improved the performance of the population control policy. Graph 4 below presents 1976-77 target achievement data as a percentage of the regional state's revised MHFP targets. Here we can note that only eight regional states had failed to achieve their higher revised targets compared to thirteen states in the previous year (see Graph 1). However, the regional states achieved a 9% lower target overall. Thus, the regional states' strategies for increasing their capacity appeared to have failed.

<Graph 4: Regional States' Performance, 1976-77>

However, it is essential to recall that the final targets for the regional states were based on the regional political elite's arbitrary revision of the MHFP target to remain in Sanjay's good books. It is also important to note that the MHFP bureaucrats revised the

formula for target setting was also motivated by their fear of Sanjay. However, compared to the regional political elite's arbitrary revision of the population target, the MHFP bureaucrats' revised targets were still based on previously proven parameters. Hence, it seems unfair to evaluate regional states' performance based on their political executive's arbitrary revision of the MHFP targets. Instead, a more realistic way of assessing their performance is to examine their achievements as a percentage of the MHFP-given targets.

Graph 5 presents data on the regional states' achievement as the percentage of the MHFP-given targets for the 1976-77 period. We can note that in the 1976-77 period, only three regional states failed to achieve their targets compared to the thirteen in the 1975-76 period. Delhi achieved a 377% higher target than those assigned by the MHFP bureaucrats, while Mizoram achieved a 62% lower target than those given by the MHFP bureaucrats. Most importantly, regional states achieved a 92% higher target than the MHFP's target for 1976-77.

< Graph 5: Targets Achieved as a percentage of the MHFP Targets, 1976-77>

Thus, as expected in the state capacity literature, the increase in the regional states' capacity allowed them to achieve their given population control policy targets successfully. However, the tremendous success of the regional states' population control policy also led to an equally significant increase in resentment against the Emergency state. In the following section, I discuss how the strategies adopted for increasing the regional state's capacity also led to the decrease in the symbolic power of the Indian state to administer the population control policy.

The Emergence of the Vasectomy State and Resistance Against It

It is vital to note that the two kinds of sterilization methods – hysterectomy and vasectomy – have been used since the start of the family planning program. However, during the Emergency period, state workers focused more on vasectomies. There were two reasons for this shift from hysterectomy to vasectomy. First, vasectomy surgeries were relatively quicker and easier to perform with less post-operation care than a hysterectomy (Basu 1985; Scott 2017). Second, driven by the pressure to timely achieve their given targets, it was easier for the grassroots state actors to find men in the public space and coercively take them to hospitals than to enter the private spaces of the family and coerce women. State workers focused on public spaces (streets, sidewalks, parks, train stations, government offices, hospitals, etc.) to find men for vasectomy operations. Srinivasan (2017, p. 32-33) has described what appears to be almost an "assembly line" approach towards vasectomy in two of the busiest train stations in Mumbai, the Church gate and Victoria Terminus (VT) train station:

> The vasectomy booths set up in the Church gate and VT stations in Mumbai became notorious because of their ruthless nature: they gathered the young male passengers getting off the electric trains and made them pass through the vasectomy booths and sterilized them, unless they had a card saying they had already been sterilized.

The state workers' zeal for a vasectomy was so high that it would not be hyperbolic to say that the Indian state had become a vasectomy state. However, the singular focus of the Indian state on vasectomy became the main reason for its ending. Many prominent researchers studying the impact of the population control policy on men

in India have noted a strong link between vasectomy and feelings of emasculation among men (Char et al. 2009; Williams 2014). Typically, men believed that vasectomy would prevent them from performing masculine roles in their families. Women, too, believed that the men in their families were no longer like men after the vasectomy operations. As a result, they often volunteered to get sterilized to get their household men out of the vasectomy option (Scott 2017). Thus, one could claim that the appearance of the vasectomy state during the Emergency evoked deep fear among Indian men.

Most of these men belonged to the vulnerable sections of urban India. They were typically poor, illiterate, and, when seen through the history of the relation between caste and class in India, often of the lower caste groups (Tarlo 1995; Green 2018; Vicizany 1982). Typically, the state workers would use these men's poor socio-economic conditions to coerce them into vasectomy operations. Thus, if a train ticket checker caught someone without a ticket, they would tell them to get vasectomized to avoid paying a fine or facing jail time. Most often, only those who could not afford the ticket in the first place would end up agreeing to get vasectomized (Gwatkin 1979). Government contractors at various construction sites told the daily wage laborers to get vasectomized or lose their daily wages (Williams 2014). Public school teachers would threaten their students, often from low-income families, with lower grades if their parents were not sterilized (Tarlo 2001, p. 148).

Coercive sterilization of men was not only limited to the urban areas. It was also quite common in rural areas. As we noted earlier, the entire grassroots-level state bureaucracy was directly involved with the population control drive in rural India. In addition, to individually reaching out to the villagers, the local administration raided

villages to vasectomize men. The Shah Commission has documented one such police raid in a Haryana village, Uttawar (SCR Volume 3, p. 28-33). According to the Shah Commission, Uttawar's residents pleaded with the local administration to wait until the harvesting season was over to get sterilized. Instead, the local administration started pressuring the residents by threatening to arrest them on false charges of anti-national activities. Eventually, on November 6, 1976, the local district administration-led police force surrounded the village and arrested all male members of the village for allegedly organizing anti-national activities. They took the arrested men to the local health clinic, where they were all sterilized, despite doctors' objections to some arrested men's eligibility.

The Emergency state actors' rush to fulfill their given quota of targets led to widespread discontent against the family planning program. Resistance was registered as both passive and active forms of protest. Some of the few examples of passive resistance in urban areas were men's avoidance of public spaces like a bazaar, public transportation, parks, and government offices. It became common for the men in the village communities to hide in their farms at night to avoid getting forced by the state workers to get vasectomized. Among the instances of active resistance, one can count rioting, attacks on state actors, protests, etc. However, none of these forms of resistance were organized well enough to pose a serious challenge to the Emergency state.

There was no institutionalized structure for resistance against the Emergency state. All possible institutional structures that could have been used as a platform to launch resistance had been rendered useless since the Emergency declaration. The entire leadership of the opposition parties involved with the JP movement had been arrested.

Some radical political actors went underground to challenge the Emergency state. However, they were few and were quickly silenced. Members of civil society, public intellectuals, and journalists were all quick to kowtow to Sanjay's sultanate. Thus, following their detailed study of resistance against Emergency, Jaffrelot and Anil (2021, p. 356) cynically remarked that 'resistance never came anywhere near toppling the regime. Democracy was restored at a time of Mrs. Gandhi's, not her critics' choosing.'

Democracy was indeed restored by Mrs. Gandhi on January 18, 1977, when she abruptly called for new elections and released almost all the leaders of the opposition parties. She believed that the ideologically divided opposition parties would be unable to create an effective political campaign against the ruling Congress party. However, under the guidance of Jaya Prakash, the opposition parties put aside their ideological differences and formed a coalition party called the Janata party. Soon, the Janata Party made the population control drive the main focus of their election campaign. One of the most prominent political slogans was *Indira Hatao, Indiri Bachao* ('abolish Indira and save your penis') (Kleiman 1981, p. 255).

Mrs. Gandhi and Sanjay decided to present the Emergency state as an accelerant for India's development. However, many ruling Congress party leaders were acutely aware of the importance of the population control policy as a political issue. Some prominent party members, including some belonging to Sanjay's inner circle, publicly accepted the population control policy as a mistake during their campaign. Bansilal, a known close associate of Sanjay and former chief minister of Haryana, is known to have asked for forgiveness from the Haryana people for the excesses committed during the population control campaigns (Narain 1978).

It is important to note that 70% of the Indian electorate was in the rural countryside. Interestingly, ethnographers of the Indian villages during the Emergency period noted that most of the villagers in their studies were unaware of the political changes in the country at the beginning of the Emergency period. However, Sanjay's involvement with population control policy and the resultant target-oriented approach introduced a new political climate to the experiential reality of everyday life in rural India (Schlesinger 1977). The consequent deep-seated resentment against the Emergency state found the outlet in voting in the countryside, the site for most electorates.

Not surprisingly, the Janta Party defeated the ruling Congress party. Most of the ruling party's losses were registered in all those regions where it had aggressively pursued population control policy (Manor 1978; Narain 1977; Weiner 1977). These were the regions where Mrs. Gandhi had installed her handpicked leaders in the office of the Chief Ministers. These leaders were acutely aware that Sanjay was the sultan of Delhi and hence followed his dictates on the population control policy. As a result, the Congress party lost all parliamentary seats in Haryana, Delhi, Himachal Pradesh, Punjab, and Uttar Pradesh. Furthermore, compared to its seats in the 1971 parliamentary election, it lost almost 96% of seats in Rajasthan, 93% in West Bengal, 90% in Madhya Pradesh, 80% in Orissa, and 60% of seats in Gujarat. However, it gained seats in Andhra Pradesh, Kerela, Tamil Nadu, and Northeastern States (Manipur, Meghalaya, Nagaland, Sikkim, and Tripura).[5] These regions remained beyond Sanjay's influence as regional heavyweights of the Congress party controlled them, or the Congress party was in alliance with a more robust regional party.

[5] For a detailed analysis of the 1977 election results see Narain 1978.

Thus, after the end of the Emergency, state actors recognized the poor people's resentment against the Indian state's claim to control their biological reproductive practices. The ruling Janata Party leaders, who replaced Mrs. Gandhi from office, decided to end the population control policy entirely. They changed the name of the relevant ministry from the Ministry of Health and Family Planning (MHFP) to the Ministry of Health and Family Welfare (MHFW) (Wang XXXX). Moreover, this change in the approach toward the family planning policy was not party-specific. In 1979, the Congress party, led by Mrs. Gandhi, returned to power by winning the 1979 parliamentary elections. However, Gandhi did not attempt to restart the family planning program then, and the ministry's name was not changed again. Since then, successive ruling parties have remained silent about the issue of population growth in the country.

Conclusion

The historically unique case of the Emergency state in India illustrates the general importance of recognizing the interactional effect of state capacity and symbolic power on the state's success in achieving its policy objectives. India was the first country in the world to have a state policy for controlling population growth. In the beginning, the Indian state adopted the cafeteria approach – an innovative tactic that focused on persuasion through education – to implement the policy. Furthermore, the Indian state steadily increased the monetary and personnel support for the program. The most important feature of this approach was that it did not threaten the symbolic power of the Indian men to control the reproductive practices of women within their private family spaces. While the Indian state's approach did not achieve the desired slowing down of the

population growth, it also did not face resistance against the policy. Thus, one could claim that from the beginning of the population control program, the Indian state's strategies for increasing its capacity to administer the population control program simultaneously helped it accumulate symbolic power to influence the fertility strategies of Indian families.

The Emergency state can be viewed as a quasi-experimental setup to observe the effect of the changes in the state capacity increasing strategies on the state's symbolic power. Sanjay's sultanate state created a historically unique form of the Indian state in which almost all state resources were directed into a population control drive. The MHFP bureaucrats revised their formula and proposed higher targets; the regional political elite arbitrarily revised the MHFP targets and gave themselves even higher targets. The regional state bureaucrats responded to their state capacity challenge by including all grassroots state actors to implement the program and punished them when they failed to achieve their targets. Since vasectomy was a relatively more manageable way to achieve their given quota, the Indian state workers shifted their attention from hysterectomy to vasectomy. As a result, the Emergency state transformed into a vasectomy state with the singular purpose of vasectomizing as many men as possible.

The regional states of India dramatically increased the number of vasectomy operations conducted within their regions. However, in the process, they threatened the symbolic power of the Indian men to control the reproductive practices of women in the private space of their families. In terms of symbolic power accumulation strategies, one could claim that the Indian state shifted its approach from using innovative tactics to the usurpation of traditional authorities of the Indian men to accumulate symbolic power for

managing the reproductive practices of Indian families. Threatened with emasculation, the Indian men began developing resentment against the population control drive. This resentment was exceptionally high in rural India, where poverty, illiteracy, and caste divisions made the traditional role of men and women in the family's private spaces more important than in urban India. Indian women, worried that men would no longer be able to perform their role in the family, also joined the Indian men in their resentment against the Emergency regime.

Thus, if Sanjay's sultanate facilitated the formation of a unified vasectomy state, it also facilitated a unified resistance of men and women against the vasectomy state. When the ruling party lost the subsequent election in regions that had faced the worst of the vasectomy state, state actors recognized the unpopularity of their population control policy. They thus stopped claiming to have a population control policy. As a result, the vasectomy state ceased to exist after the end of the Emergency period. When we compare the population control policy of the Indian state during the pre-Emergency, Emergency, and post-Emergency, we can see that when strategies used to increase the state capacity adversely affect its symbolic power, the increased state capacity is likely to become counterproductive to its efforts.

Noticeably, before the Emergency period, the Indian state had adopted the policy of persuasion and focused on creating healthcare infrastructure and providing monetary incentives to all those involved in the population control policy. If the Indian state had continued with its previous policy of persuasion with increased economic incentives and realistic targets, then perhaps the Indian state's capacity to administer population growth would have increased in direct proportion to its symbolic power. However, during the

Emergency period, the strategy to increase the state capacity – coercion of the state workers who, in turn, coerced the masses – led to the dramatic loss of the accumulated symbolic power. Thus, I claim that the state is more likely to achieve its policy objectives if mobilizing its internal resources to increase its capacity simultaneously increases its symbolic power.

Here it is also important to note that available scholarship on the state's symbolic power outlines various ways in which it accumulates symbolic power. However, it has not examined the process that leads state actors to choose one strategy over the other. From the case of the Emergency, we could note that the shift in the Indian state's strategy to administer the population control policy was the direct function of the rise of Sanjay as the sultan of New Delhi. Thus, future research on the relationship between state capacity and symbolic power could focus on how changes in the political dynamics create conditions for the changes in the state's strategy for accumulating symbolic power.

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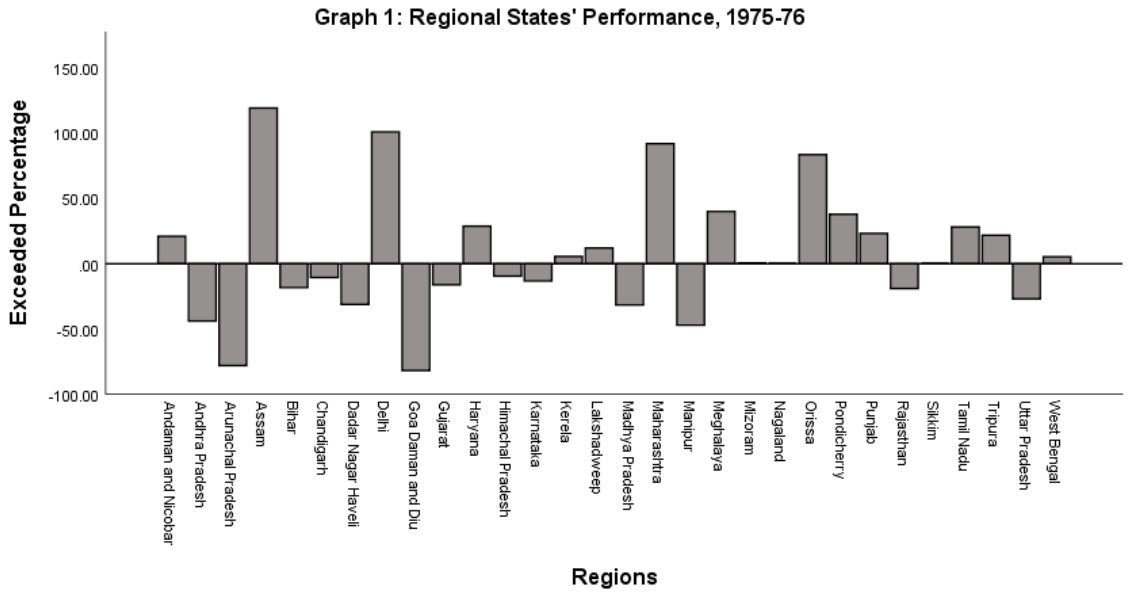
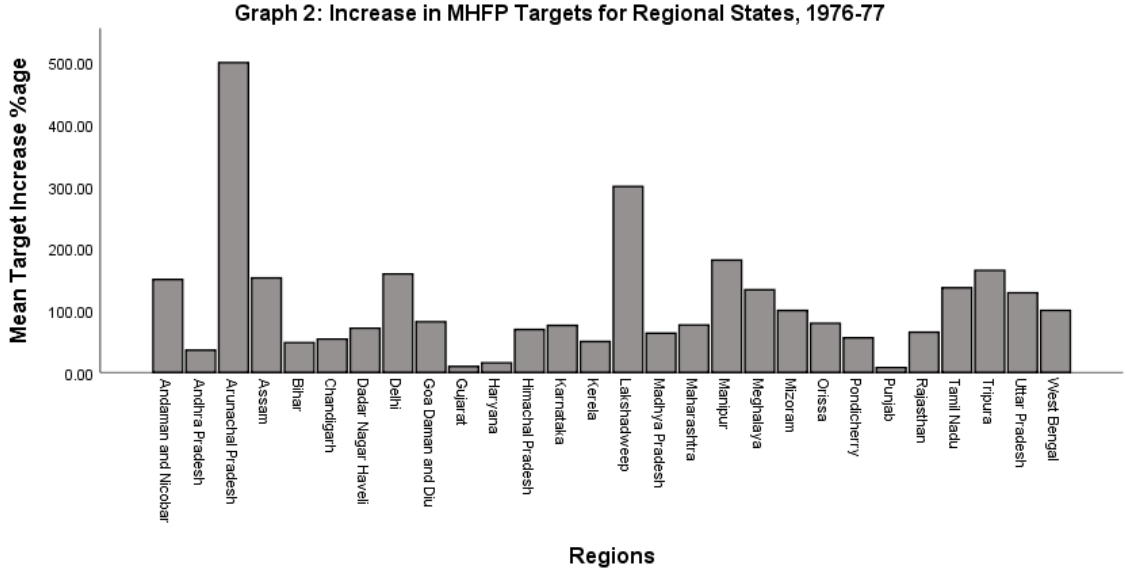
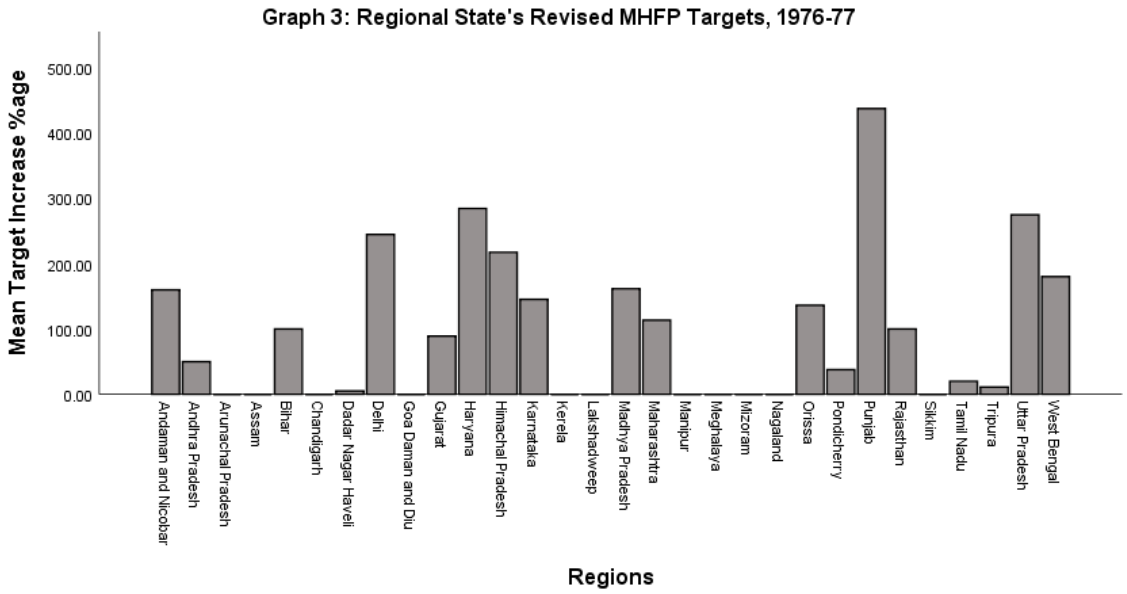
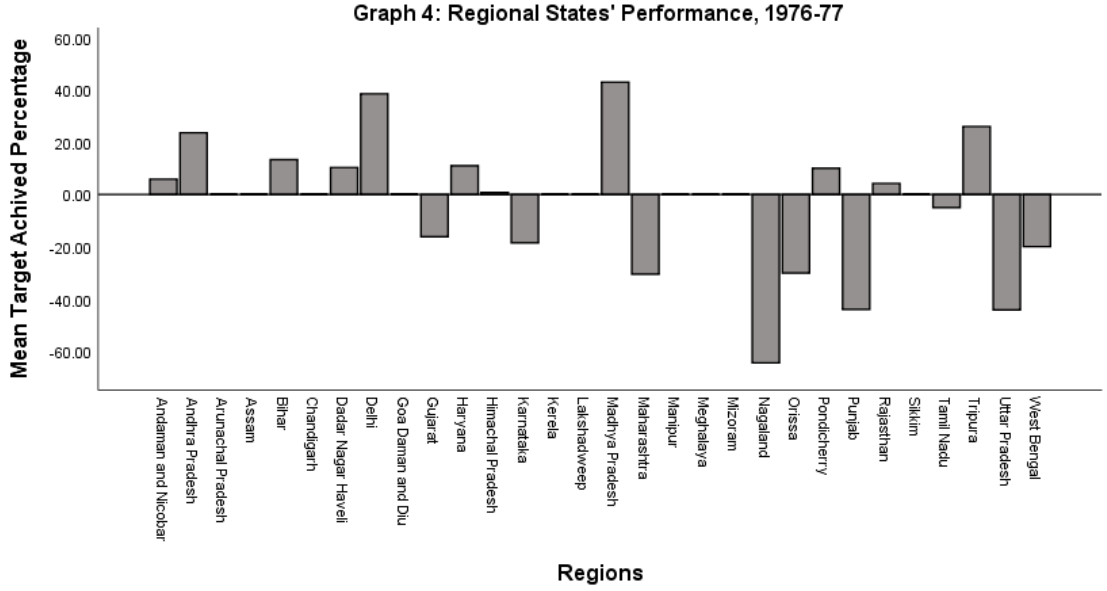
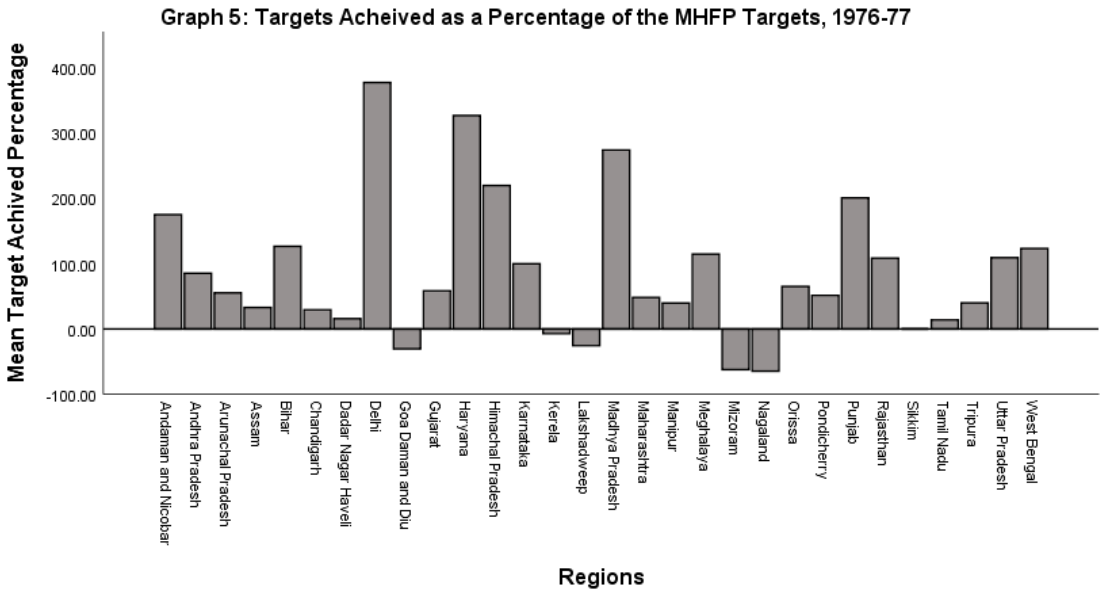
Graphs


Graph 1: Regional States' Performance, 1975-76
Exceeded Percentage
150.00
100.00
50.00
.00
-50.00
-100.00
Andaman and Nicobar
Andhra Pradesh
Arunachal Pradesh
Assam
Bihar
Chandigarh
Dadar Nagar Haveli
Delhi
Goa Daman and Diu
Gujarat
Haryana
Himachal Pradesh
Karnataka
Kerela
Lakshadweep
Madhya Pradesh
Maharashtra
Manipur
Meghalaya
Mizoram
Nagaland
Orissa
Pondicherry
Punjab
Rajasthan
Sikkim
Tamil Nadu
Tripura
Uttar Pradesh
West Bengal
Regions


Graph 2: Increase in MHFP Targets for Regional States, 1976-77
Mean Target Increase %age
500.00
400.00
300.00
200.00
100.00
0.00
Andaman and Nicobar
Andhra Pradesh
Arunachal Pradesh
Assam
Bihar
Chandigarh
Dadar Nagar Haveli
Delhi
Goa Daman and Diu
Gujarat
Haryana
Himachal Pradesh
Karnataka
Kerela
Lakshadweep
Madhya Pradesh
Maharashtra
Manipur
Meghalaya
Mizoram
Orissa
Pondicherry
Punjab
Rajasthan
Tamil Nadu
Tripura
Uttar Pradesh
West Bengal
Regions


Graph 3: Regional State's Revised MHFP Targets, 1976-77
Mean Target Increase %age
500.00
400.00
300.00
200.00
100.00
0.00
Andaman and Nicobar
Andhra Pradesh
Arunachal Pradesh
Assam
Bihar
Chandigarh
Dadar Nagar Haveli
Delhi
Goa Daman and Diu
Gujarat
Haryana
Himachal Pradesh
Karnataka
Kerela
Lakshadweep
Madhya Pradesh
Maharashtra
Manipur
Meghalaya
Mizoram
Nagaland
Orissa
Pondicherry
Punjab
Rajasthan
Sikkim
Tamil Nadu
Tripura
Uttar Pradesh
West Bengal
Regions


Graph 4: Regional States' Performance, 1976-77
Mean Target Achived Percentage
60.00
40.00
20.00
0.00
-20.00
-40.00
-60.00
Andaman and Nicobar
Andhra Pradesh
Arunachal Pradesh
Assam
Bihar
Chandigarh
Dadar Nagar Haveli
Delhi
Goa Daman and Diu
Gujarat
Haryana
Himachal Pradesh
Karnataka
Kerela
Lakshadweep
Madhya Pradesh
Maharashtra
Manipur
Meghalaya
Mizoram
Nagaland
Orissa
Pondicherry
Punjab
Rajasthan
Sikkim
Tamil Nadu
Tripura
Uttar Pradesh
West Bengal
Regions


Graph 5: Targets Acheived as a Percentage of the MHFP Targets, 1976-77
Mean Target Achived Percentage
400.00
300.00
200.00
100.00
0.00
-100.00
Andaman and Nicobar
Andhra Pradesh
Arunachal Pradesh
Assam
Bihar
Chandigarh
Dadar Nagar Haveli
Delhi
Goa Daman and Diu
Gujarat
Haryana
Himachal Pradesh
Karnataka
Kerela
Lakshadweep
Madhya Pradesh
Maharashtra
Manipur
Meghalaya
Mizoram
Nagaland
Orissa
Pondicherry
Punjab
Rajasthan
Sikkim
Tamil Nadu
Tripura
Uttar Pradesh
West Bengal
Regions

Tables

< Table 1: Regional States' Performance, 1975-76>

Region	Original Target	Operations Conducted	Exceeded Target %age
Assam	67,300	147,545	+119.23
Delhi	11,200	22,510	+100.98
Maharashtra	318,300	611,000	+91.95
Orissa	109,000	200,000	+83.48
Meghalaya	1,500	2,100	+40.00
Pondicherry	3,400	4,688	+37.88
Haryana	45,000	57,942	+28.76
Tamil Nadu	211,300	270,691	+28.10
Punjab	43,100	53,083	+23.16
Tripura	3,400	4,140	+21.76
Andaman and Nicobar	200	242	+21.00
Lakshadweep	50	56	+12.00
Kerela	148,400	156,622	+5.54
West Bengal	196,100	206,421	+5.26
Mizoram	900	905	+0.55
Goa Daman and Diu	4,400	800	-81.81
Arunachal Pradesh	100	22	-78.00
Manipur	1,600	847	-47.06
Andhra Pradesh	2,94,200	1,65,163	-43.86
Madhya Pradesh	163,800	112,000	-31.62
Dadar Nagar Haveli	350	241	-31.14
Uttar Pradesh	175,000	128,000	-26.85
Rajasthan	106,100	86,000	-18.94
Bihar	202500	165531	-18.25
Gujarat	182400	153000	-16.11
Karnataka	139,000	120,671	-13.18
Chandigarh	1,300	1,163	-10.53
Himachal Pradesh	18600	16830	-9.51
Nagaland	No Target	No Target	No Target
Sikkim	No Target	No Target	No Target
Total	24,85,000	26,24,755	+5.62

<Table 2: MHFP Target Increase for Regional States, 1976-77>

Region	Targets 1975-76	Targets 1976-77	Target Increase %age
Assam	67,300	1,70,000	152.60
Delhi	11,200	29,000	158.92
Maharashtra	318,300	5,62,000	76.56
Orissa	109,000	1,95,500	79.35
Meghalaya	1,500	3,500	133.33
Pondicherry	3,400	5,300	55.88
Haryana	45,000	52,000	15.55
Tamil Nadu	211,300	5,00,000	136.63
Punjab	43,100	46,500	7.88
Tripura	3,400	9,000	164.70
Andaman and Nicobar	200	500	150
Lakshadweep	50	200	300
Kerela	148,400	2,22,500	49.93
West Bengal	196,100	3,92,500	100.15
Mizoram	900	1,800	100
Goa Daman and Diu	4,400	8000	81.81
Arunachal Pradesh	100	600	500
Manipur	1,600	4,500	181.25
Andhra Pradesh	2,94,200	4,00,000	35.96
Madhya Pradesh	163,800	2,67,500	63.30
Dadar Nagar Haveli	350	600	71.42
Uttar Pradesh	175,000	400,000	128.571
Rajasthan	106,100	1,75,000	64.93
Bihar	202500	3,00,000	48.14
Gujarat	182400	200,000	9.64
Karnataka	139,000	2,44,500	75.89
Chandigarh	1,300	2000	53.84
Himachal Pradesh	18600	31,500	69.35
Nagaland	No Target	No Target	NA
Sikkim	No Target	No Target	NA
Total	2,448, 500	4,224,500	72.53

<Table 3: Revised MHFP Targets for the Regional States 1976-77>

Region	MHFP Targets	Region Revised Targets	Target Increase %age
Assam	1,70,000	1,70,000	0
Delhi	29,000	100,000	244.82
Maharashtra	5,62,000	1,200,000	113.52
Orissa	1,95,500	462,000	136.31
Meghalaya	3,500	3,500	0
Pondicherry	5,300	7,300	37.73
Haryana	52,000	200,000	284.61
Tamil Nadu	5,00,000	600,000	20
Punjab	46,500	250,000	437.63
Tripura	9,000	10,000	11.11
Andaman and Nicobar	500	1,300	160
Lakshadweep	200	200	0
Kerela	2,22,500	2,22,500	0
West Bengal	3,92,500	1,100,000	180.25
Mizoram	1,800	1,800	0
Goa Daman and Diu	8,000	8,000	0
Arunachal Pradesh	600	600	0
Manipur	4,500	4,500	0
Andhra Pradesh	4,00,000	6,00,000	50
Madhya Pradesh	2,67,500	7,00,000	161.68
Dadar Nagar Haveli	600	630	5
Uttar Pradesh	4,00,000	15,00,000	275
Rajasthan	1,75,000	3,50,000	100
Bihar	3,00,000	6,00,000	100
Gujarat	2,00,000	3,78,240	89.12
Karnataka	2,44,500	6,00,000	145.39
Chandigarh	2,000	2000	0
Himachal Pradesh	31,500	1,00,000	217.46
Nagaland	No Target	1,000	NA
Sikkim	No Target	No Target	0
Total	4,224,500	8,948,570	111.82

<Table 4: Regional States' Performance, 1976-77>

Region	Revised Target	Target Achieved	Percentage
Assam	NA	2,26,205	NA
Delhi	1,00,000	1,38,517	38.517
Maharashtra	12,00,000	8,33,000	-30.55
Orissa	4,62,000	3,22,984	-30.09
Meghalaya	NA	7,513	NA
Pondicherry	7,300	8,030	10
Haryana	2,00,000	2,22,000	11
Tamil Nadu	6,00,000	5,69,756	-5.04
Punjab	2,50,000	1,39,905	-44.038
Tripura	10,000	12,600	26
Andaman and Nicobar	1,300	1,376	5.84
Lakshadweep	NA	149	NA
Kerela	NA	2,06,600	NA
West Bengal	11,00,000	8,80, 000	-20
Mizoram	NA	679	NA
Goa Daman and Diu	NA	5,571	NA
Arunachal Pradesh	NA	268	NA
Manipur	NA	6,286	NA
Andhra Pradesh	6,00,000	7,41,713	23.61
Madhya Pradesh	7,00,000	10,01,000	43
Dadar Nagar Haveli	630	695	10.31
Uttar Pradesh	15,00,000	8,37,000	-44.2
Rajasthan	3,50,000	3,64,760	4.21
Bihar	6,00,000	6,80,000	13.33
Gujarat	3,78,240	3,17,000	-16.19
Karnataka	6,00,000	4,88,861	-18.52
Chandigarh	NA	2,590	NA
Himachal Pradesh	1,00,000	1,00,740	0.74
Nagaland	1,000	355	-64.5
Sikkim	NA	262	NA
Total	8,948,570	8,116,415	-9.29

< Table 5: Targets Achieved as a percentage of the MHFP Targets, 1976-77>

Region	MHFP Targets	Targets Achieved	%age
Assam	1,70,000	2,26,205	33.06
Delhi	29,000	1,38,517	377.64
Maharashtra	5,62,000	8,33,000	48.22
Orissa	1,95,500	3,22,984	65.20
Meghalaya	3,500	7,513	114.65
Pondicherry	5,300	8,030	51.50
Haryana	52,000	2,22,000	326.92
Tamil Nadu	5,00,000	5,69,756	13.95
Punjab	46,500	1,39,905	200.87
Tripura	9,000	12,600	40
Andaman and Nicobar	500	1,376	175.2
Lakshadweep	200	149	-25.5
Kerela	2,22,500	2,06,600	-7.14
West Bengal	3,92,500	8,80, 000	123.35
Mizoram	1,800	679	-62.27
Goa Daman and Diu	8,000	5,571	-30.36
Arunachal Pradesh	600	268	55.33
Manipur	4,500	6,286	39.68
Andhra Pradesh	4,00,000	7,41,713	85.42
Madhya Pradesh	2,67,500	10,01,000	274.20
Dadar Nagar Haveli	600	695	15.83
Uttar Pradesh	4,00,000	8,37,000	109.25
Rajasthan	1,75,000	3,64,760	108.43
Bihar	3,00,000	6,80,000	126.66
Gujarat	2,00,000	3,17,000	58.5
Karnataka	2,44,500	4,88,861	99.94
Chandigarh	2,000	2,590	29.5
Himachal Pradesh	31,500	1,00,740	219.80
Nagaland	NA	355	NA
Sikkim	NA	262	NA
Total	4,224,500	8,116,415	92.17