



Short Review Paper

Birth control movement in colonial India: exploring reproductive health issues

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Abstract

Birth control movement was started in India in the late nineteenth century during the colonial period. Overpopulation theory of Thomas Malthus had impacted colonial discourse on this subject, employing which the population growth of India was held responsible for the rising poverty. Thus, from the outset birth control in colonial India became synonymous with population control. This paper explores the colonial context of the debate on birth control in India. It studies the position taken up by the middle class Indian intellectuals along with some of the native women organizations on this issue. The paper underlines that unlike the west, in India birth control did not seek to empower women offering them a better reproductive life and control over their sexuality, rather aiming population control, a moral as well as tangible pressure of regulating the numbers was laid on the women in India.

Keywords: Birth Control Movement, Colonial India, Reproductive Health.

Introduction

Birth Control to population control: Malthusian Principles:

Birth control and reproductive medicine have been quite integral aspects of human life since the earliest times in almost all civilizations. We find well-documented textual references on contraception and birth control from ancient societies of the world. In India, ancient classics such as *Charak Samhita*, *Shushrut Samhita*, *Vatsyayana's Kamasutra*, and medieval texts such as *Anagranga*, *Bhav Prakash* and a few more give us a fair sense about the concerns as well as advancement of Indian society on this subject. However, it was the nineteenth century when birth control and reproductive health surfaced as a political issue in countries like Britain and USA and from there it reached to some of the third world colonial countries including India.

Looking into the nineteenth century history of Birth Control Movement in the first world, one discovers two quite different contexts of its origin. In Britain, the debate on Birth Control started in the aftermath of the French Revolution especially with the publication of Thomas Malthus's book *An Essay on the Principle of Population* (1798). Malthus was an economist who propounded in his book that the power of population is indefinitely greater than the power in the earth to produce subsistence for man. He argued that population was held within resource limits by two types of checks: positive ones, which raised the death rate, and preventative ones, which lowered the birth rate. His positive checks included hunger, disease and war; and the preventative checks, abortion, birth control, prostitution, postponement of marriage, and celibacy¹. The second context of

the Birth Control Movement is present in the American and European women's advocacy for reproductive rights (pro abortion and contraceptives) in the early nineteenth century. To them birth control was an essential instrument for women's control over their own fertility, crucial to women's emancipation. Unlike Malthus, who had wedded birth control with population control in the third world colonial countries, to these early feminists birth control was a tool to avoid unwanted pregnancies. Therefore in the West, the issue of birth control and reproductive choice was broadly taken up as part of the feminist discourse on women's authority on their physiology. Gradually, issues such as voluntary motherhood, the right to abortion, the right to not to have child, sex without fear of unwanted pregnancies became prominent themes of the feminist movement. Indeed the idea of birth-cum-population control conceived by Malthus¹ could never get enough currency in the first world. The imperial position of these countries, existence of an upcoming and vocal women's movement as well as the eugenic debate did not allow the population control agenda to overshadow the birth control movement in Britain and US unlike the third world. As a side current of the movement for suffrage, the birth control movement in Britain and the US was started with the aim to help women with freedom of conception and choices of contraception. The idea was to create a social environment for the women in these countries so as to help them have better control on their reproductive life and assist them with the technology to get rid of unwanted pregnancies. Initially it had very least to do with population control and was solely concerned with granting greater autonomy to women for birth control. However, soon in the colonial countries like India, under the influence of Malthusian calculations and imperial

objectives, birth control became a synonym to population control.

The idea of population control was imported to the third world colonial countries more quickly than the idea of birth control as women's rights. Imperial and capitalist ideology played a crucial role in this transmission. In India an anticipated overpopulation was held responsible for the increasing poverty and other economic complications under the British rule. By the late nineteenth century British government was propagating the problems of unchecked population growth in India on various platforms. The census report of 1891, in particular, examines Malthusian principles to understand the correlation between India's growing poverty and population. Surprisingly, any time before the census report of 1931 was published, there was no data to support the logic of population growth in India. Any empirical discussion on the population growth in the Indian sub-continent dates back to the 1920s-30s when a comparison between the Census reports of 1921 and 1931 became possible.² However, colonial administrators were so much influenced by the Malthusian theory of overpopulation of India that the same got currency much earlier and it kept informing them throughout their rule. The opinion of the colonial state about India's population growth was premised on some basic understandings. For the colonial state India's rising population was an outcome of the prosperity under British rule. However, the population growth was also cited as the prime reason for nullifying the material advances made by the government. Colonial masters had also held the religious and cultural environment of India responsible for the unchecked population growth³. Nair has discussed about the construction of a 'population problem' at the hands of the British public health officials in India during the early twentieth century. A.J.H. Russell, who was the Director of Public Health, Madras and also the Public Health Commissioner with the Government of India, stated in a presentation before the Seventh Congress of the Far Eastern Association of Tropical Medicine held in December 1927 that the population of India is very near its saturation point, and for all practical purposes, it may be taken as proved that India as a whole is already overpopulated.

The colonial period in India observed at least two sets of programmes on the issue of child-birth. First, the medicalization of birth on the parameters of western medical science that eventually led to the complete neglect and rejection of the traditional indigenous midwifery practices.⁴ Particularly, during the second half of the nineteenth century, there was an emphasis on providing medicalized care and treatment to pregnant and birthing women in India wherein maternal welfare had occupied the center stage position. A great degree of official interest was shown by the colonial government in providing medical relief to birthing women in India. In 1885 Lady Dufferin fund was established to improve the conditions of maternal health which received the patronage of a couple of Vicereines. One of the objectives of this Fund was to provide trained female nurses and midwives to the birthing women in the hospitals and private homes⁵. There were many liberal western feminists, charged

with the notion of uplifting the reproductive status of their backward sisters in India through western medical intervention, playing active role. Women like Margaret Sanger, Marie Stopes, Mary O' Brien Beadon and Edith How-Martyn, made their marks in this field. Besides them, there were a good number of missionary women, British officials, surgeons and doctors from the western countries aiming to the betterment of the reproductive health of birthing women in India right from the early and mid nineteenth century. However, colonial powers were more interested in propagating Malthusian theory of population explosion in the colonies to escape the role of colonial policies in poverty rise. Therefore, the second set of programme gave a push to birth control measures and popularization of contraceptives instead of maternity welfare and birth care. With the arrival of birth control movement in India during this period the other significant issues such as midwifery training to the local *dai* community, establishing female wards and women hospitals, providing scholarships to women for medical education so that more female doctors are available, were pushed on the back seat.

Native Intelligentsia and Birth Control

From the very beginning the idea of birth control to combat poverty and uplift the nation had attracted to the native intellectual class in colonial India. Many middle class nationalists from different parts of the country came in support of the birth control methods and contraceptives. By late nineteenth century, some of these intellectuals started advocacy for birth Control and projected this programme as essential to change the backward and under-developed condition of India. This section of early middle-class male advocates in India, for the most part, forwarded an elite agenda of controlling India's population and regulating national fertility on the parameters of eugenic and Malthusian models. It was the elite nationalist concerns of these advocates of birth control that shaped public discussion on this issue in colonial India. Their writings were informed by a kind of a "Eugenic patriotism" with very little or no consciousness about empowering the subaltern women in making important decision about their reproductive and sex life or family size.⁶ Some of the prominent advocates of birth control, family planning and contraception in this period are R. D. Karve, Diwan Rangacharlu, Pyare Kishan Wattal, N. S. Phadke, Gopalji Ahluwalia, , Radhakamal Mukherjee, Prof. Gyan Chand, A. P. Pillay, B. L. Raina, Vepa Ramesam, Shivaswami Iyer, and Mirza Ismail.⁷ Among the women advocates Anandi Bai Joshi, Annie Jagannathan, Rukmabai, Shakuntala Paranjapye, Kamaladevi Chattopadhyay, Rameshwari Nehru, Muthulakshmi Reddi, Rani Lakshmi Bai Rajwade, Lakshmi Menon, and Beghum Hamid Ali are prominent names⁸. Evidently, these Indian advocates of birth control were informed by Malthusian theory of population and its translation by colonial masters in India. Diwan Rangacharlu raised the question of 'population and development' in the state legislative assembly in 1881. Addressing the first session of the assembly on October 7, 1881 Rangacharlu argued that a rapid

population growth hampered production and increased poverty. In 1916, an Indian scholar Pyare Kissan Wattal put forth his ideas on the question of birth control in his book 'The Population Problem in India'⁹.

One of the most remarkable steps on the burning issue of population control was taken up by the natives in 1929 with the establishing of a Neo-Malthusian League in Madras impressed by the famous 1878 Besant-Bradlaugh trial in England. This trial has a quite interesting story in the background. Henry Cook, a British bookseller, had been sentenced to two years' rigorous imprisonment for selling the banned pamphlet on contraceptive methods, 'Fruits of Philosophy' or, 'The Private Companion of Young Married People' written by Charles Knowlton in 1832. Annie Besant and Charles Bradlaugh decided to challenge the law and republished Knowlton's pamphlet. They were duly charged and the trial began on 18th June 1876. The trial, which was ultimately decided in favour of the defendants, rather popularized the issue of contraception and received huge global attention and publicity¹⁰. Interestingly, post the trial the sales of the pamphlet rose from about 1000 a year to 125,000 copies between March and June 1877. The purpose of the Neo-Malthusian League of Madras was to promote the idea of birth-control to regulate the population growth of India. Associates of the League had periodic discussions on the population problems as well as the measures that could be taken to control fertility, including the various artificial methods of family planning. Paying tribute to the work of this league Census Commissioner, Hutton wrote¹¹:

A definite movement towards artificial birth control appears to be taking place, perhaps less hampered by misplaced prudery than in some countries which claim to be more civilized. Thus not only is artificial control publicly advocated by a number of medical writers, but Madras can boast of a Neo- Malthusian League, with two maharajas, three high court judges and four or five men very prominent in public life as its sponsors.

The first All India Population Conference was held in Lucknow in 1936, convened by Professor Radhakamal Mukherjee. One of the important outcomes of the conference was the establishment of an Indian Institute of Population Research. Professor Radhakamal Mukherjee and Professor Gyan Chand had the key role in initiating discussion on population problem of India¹². By the third decade of twentieth century colonial theory of overpopulation received much wider attention and became an important theme of the political agenda of nationalist movement. In 1938, the Indian National Congress, under the chairmanship of Subhash Chandra Bose, advocated for a definite restriction in the population growth of India.

In 1938 Indian National Congress appointed the National Planning Commission under the chairmanship of Jawaharlal Nehru. The Commission prepared a National Development Plan that included a section on population. Nehru appointed a sub-committee chaired by Dr. Radhakamal Mukerjee to study the

various aspects of India's population problem. The report of the sub-committee led the National Planning Commission to resolve that "measures for the improvement of the quality of population and limiting excessive population pressure" were "necessary" and that "in the interest of social economy, family happiness and national planning, family planning and a limitation of children are essential and the State should adopt a policy to encourage them." While considering it desirable "to lay stress on self-control, as well as to spread knowledge of cheap and safe methods of birth-control," the committee supported the establishment of birth-control clinics and an effort to "prevent the use or advertisement of harmful methods". The National Planning Commission supported the "gradual raising of the marriage age", "discouragement of polygamy", and a eugenic programme including "the sterilization of persons suffering from transmissible diseases such as insanity or epilepsy"¹³. Again, in February 1941, Pandit P.N. Saprú moved a resolution supporting birth control in the council of States in New Delhi. The resolution was passed by nine votes for and eight against. The resolution, which is reported to have been circulated to the provinces, stated that the council recommends to the Governor General in Council that in view of the alarming growth of population in India, steps be taken to popularize methods of birth control and to establish birth control clinics in centrally administered areas. Thus, it is quite evident that at the time of independence the native intellectual and political atmosphere was charged with the ideas of birth and population control.

Reproductive Concerns of the Indian Women Social Reformers

Early twentieth century has been recognized as the blooming period of women activism in India. Organizations such as All India Women's Conference, Women Indian Association, and Young Women Christian Association along with many other Indian ladies clubs and ladies samaj, particularly in the big cities, came on the forefront highlighting issues concerning the women in India. With the establishment of All India Women's Conference in 1927, issues such as birth control, family planning, maternal health, maternal mortality and morbidity became focal points of concern as well as of advocacy for the middle class women leaders of the time. A careful study of the AIWC resolutions in this period makes it evident that population problem and its relation with India's poverty remained central in their arguments. It has been argued that the early twentieth century women movement in India had an upper caste-middle class orientation and that it should be viewed as closely working in conjunction with the nationalist movement of that period. Therefore, the middle class leaders of this movement eventually reproduced the patriarchal nationalist images of Indian women. At the same time these middle class women leaders did not articulate a homogenous position on the issue of birth control. Also, unwilling to go beyond their middle class position and privileges they could not create that much required political-social solidarities and alliances cutting across

class and caste¹⁴. Nevertheless, some of these women advocates promoted the idea of birth control more as a means to improve women's reproductive health status. It is interesting to put forth the excerpts of some of the AIWC resolutions to underline that how the inner issue of native women's reproductive health was expressed by one of the leading women organizations of the time. The resolution passed under the President-ship of Lady Vidyagauri Nilkanth at the 7th session of The All-India Women's Conference held in Lucknow in January 1933 is worth reading¹⁵:

This conference feels that on account of the low physique of women, high infant mortality and increasing poverty of the country, men and women should be instructed in methods of birth control in recognized clinics. It calls upon all municipalities and local bodies to open such centers and invites the special help of the medical authorities towards solution of this important problem.

In the 8th Session of AIWC at Calcutta in 1933-34 a similar resolution was passed¹⁶:

In view of the appalling hygienic and economic conditions of society, this conference is of opinion that immediate efforts be made to spread scientific knowledge on birth control amongst parents through the medium of recognized clinics.

The above resolution advocating for scientific knowledge of birth control was passed again in the 9th session of AIWC at Karachi in 1934-35. At the annual session in Trivendrum in 1935, the issue of maternal health and birth control was discussed. Two pioneers of the birth control movement, Mrs. Margrat Sanger and Mrs. Edith Home Martyn, were also present in this session. Margaret Sanger played an important role in the drafting and passing of the resolution on the acceptance of birth control for health and welfare reasons. The Trivendrum resolution was passed under the President-ship of Maharani Sethu Parvati Bai, which supported the need for instructions in methods of birth control through recognized clinics¹⁷:

This conference reiterates its former resolutions supporting the necessity for instruction in methods of birth control through recognized clinics and calls upon all the constituencies to make a special effort to induce municipalities and other organizations for maternity and child welfare to open centers to impart such knowledge to those who stand in need of it.

Advocacy for safe contraceptives, check on the quacks and unsafe methods, and government responsibility in this regard, frequently surfaced in the sessions of AIWC. The 'Social Section Report' presented by Mrs. S.N. Ray in the 10th session of AIWC at Trivandrum held in 1935-36, expressed a deep concern of the organization towards women's reproductive well being and safe contraceptive medicine¹⁸:

There is an increase in propaganda work for the establishment of recognized birth-control clinics. But so far except for Bombay and Gujarat, other constituencies have not yet been successful in establishing clinics. As we are having Mrs. Sanger with us and she will be touring different parts, we hope to report greater success next year. The conference feels that the need for birth-spacing in the interests of the health of the mother and children cannot be overstressed. Definite steps should also be taken to stop the spread of quack remedies and medicines which are now widely advertised and used and have such harmful and detrimental effects on health and this cannot be done unless the right type of knowledge is given to those who are in real need. Some constituencies have been holding meetings for this purpose.

The 'Social Resolution' passed at the 12th session of AIWC in Nagpur in 1937, reiterates the concern on the ill-information of birth-control remedies and the emerging problem of quacks. The women in the AIWC called those in authority to take immediate action towards these fronts. It is also reflective of their early campaign on unsafe contraceptives ruining the health of the women¹⁹:

This conference believes that it is the duty of medical department and local authorities to take immediate steps to put an end to the advertisement and sale of birth control remedies by quacks which ruin the health of women in many cases. It appeals to medical departments and municipalities to educate men and women in birth control methods from the point of view of their ill-health, mental weakness and economic considerations. Such clinics should be specially opened in labour areas.

The scope and agenda of the AIWC resolutions expanded gradually from appeal to municipalities and local bodies to the central and state governments and in certain conditions an appeal to its own branches. The resolution at Allahabad conference in 1940 under Chairpersonship of Begum Hamid Ali reads²⁰:

The conference is of opinion that the subject of family planning is of first importance to India's health and asks that medical officers connected with all municipal and government women's hospitals, dispensaries and health centers should be authorized to give advice to married women desiring this assistance in spacing their families. Where there is official opposition to such work this conference recommends to the AIWC branches that they should open clinics for birth control advice especially in mill areas and poor localities under adequate medical supervision. Branches should undertake propaganda and education on the subject.

Evidently, birth control, safe methods and family planning were prominent issues for the native women organizations in this period. It is, however, worth noticing that along with birth control these women associations also raised other significant

questions pertaining to the reproductive wellbeing of (married) women such as 'maternity welfare', 'scientific and right type of knowledge of, and instructions on, birth control', 'establishment of recognized birth-control clinics', 'ban on quack remedies and medicines causing harmful and detrimental effects on women's health', 'advocacy against overstressing the issue of birth-spacing' and so on.

Conclusion

The colonial status of India had a huge impact on the birth control movement in this country. From the very beginning birth control was entangled with population control instead of aiming to a better reproductive life. Malthusian theory of population explosion easily and successfully made its way to India under colonial rule and was well laid in the colonial policies. The middle class intellectuals, leaving just a few exceptions including Mahatma Gandhi, regarded population control as the need of the hour. The twentieth century discourse of nationalism was more or less charged with the idea of controlling the numbers for the socio-economic upliftment of the nation. This was the period when educated women from the middle class families also joined the movement against colonial rule mostly encouraged under Gandhian ideology of politics. These women took active part in the foundation of many national and regional women associations and groups, AIWC being one of them. The propaganda of population control in the third world colonial countries had informed the actions and agenda of these women associations too and therefore birth control with demographic aims remained one of the most frequently discussed issues in their meetings throughout this period. Yet alongside, these women organizations also underlined some of the issues which otherwise remained on the back seat, such as safe methods of birth control and maternal health. The stage in India was set for controlling the population in the name of growing poverty and underdevelopment during its colonial period itself. Therefore in India, the birth control movement instead of granting women with rights over their bodies and making available better reproductive choices for them placed the burden of population control on their shoulders right from the beginning. Unfortunately, post-colonial India has almost fully translated the colonial legacy in this field.

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