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In the Shadow of Birth Control

Reforming Marriage, Maternity and Sexuality in Late Colonial India

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In the Shadow of Birth Control Reforming Marriage, Maternity and Sexuality in Late Colonial India¹

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Abstract

This paper explores the nature of discussions on birth control in colonial India, tracing how western population control debate was adapted and rearticulated in India as a multi-purpose, localized discourse. It examines the role played by a group of Indian men and women from the middle-class, in shaping the debate on birth control. The Indian response to birth control often moulded the debate to address a broader set of nationalist-reformist concerns, taking it beyond the anxiety of overpopulation. The paper argues that birth control provided an entry point to ignite a prolific and persuasive dialogue on marriage reforms, maternal health, and sex education in the early part of the twentieth century India. Part I traces a brief history of the origin of birth control debate in USA, Britain, and subsequently in India. Part II underscores the ambivalent and alternative voices on the issue of overpopulation in India. Finally, Part III maps the localising of the debate in India, exploring how it engaged with the intimate spheres of matrimony, maternity and sex in the shadow of birth control discourse.

Keywords

birth-control, history, late colonial India, marriage reform, population, sexology.

Introduction

Birth control emerged as one of the most contested issues in the late colonial period of Indian history. The 1920s and the 30s in particular, are marked by an upsurge of public debate over birth control, population and reproductive health. The discourse engaged diverse groups in India, including public health officials, medical practitioners – both government and private, western propagandists, and the middle-class Indian men and women enthusiasts.² While the

¹ This paper is a revised version of the public lecture delivered at Centre for Contemporary Studies, PMML, New Delhi, on 7 January 2025.

² For detailed study on the different aspects of birth control debate and the position of diverse groups see the works of Arnold, David. 'Official attitudes to population, birth control and reproductive health in India, 1921–1946' in Sarah Hodges (ed.), *Reproductive Health in India: History, Politics, Controversies* (Hyderabad, Orient Longman, 2006); Ramusack, Barbara N. 'Embattled Advocates: The Debate Over Birth Control in India, 1920-40', *Journal of Women's History*, Vol. 1 (2), 1989; Ramusack, Barbara N. 'Authority and ambivalence: Medical women and

colonial health officers recognised birth control as a tool to curb population, and in their individual capacity advocated it, they neither openly endorsed it nor implemented any formal policy measures on this issue.³ As for medical professionals, birth control received better attention from the private practitioners, including native and missionary doctors, than from those associated with government bodies such as the Indian Medical Services and Women's Medical Services.⁴ Notably, it was the last two groups of Western and Indian middle-class advocates that played the most significant role in shaping and advancing the discourse as key discussants on this subject.

The birth control debate originated in the West around the beginning of the Industrial Revolution, as part of the discourse on population growth. Thomas Malthus's late eighteenth-century theories laid the groundwork for the debate, which was subsequently advanced and redefined by neo-Malthusians in the late nineteenth and early twentieth centuries. The western rhetoric of overpopulation and demographic determinism received easy currency in an impoverished India under British rule. The idea that birth control will lead to demographic balance and economic progress gained traction in Indian intellectual thought.

A careful reading of contemporary literature and discussion reveals that, based on Western ideas, Indian intellectuals and reformers developed a new localised discourse on birth control. Their engagement with birth control opened and informed a multi-faceted discussion on sexual, procreative and demographic norms in India, including norms of marriage and consent, sexual and anatomical knowledge, maternal and child health, and the need for a trained biomedical workforce. Issues such as conception, contraception, sex education, genital hygiene, and bodily intimacy entered public discourse, were politicised under a broad reformist framework and received the attention of the educated middle class. The debate was largely anchored within the

birth control in India', *Reproductive Health in India: History, Politics, Controversies* (Hyderabad, Orient Longman, 2006); Ahluwalia, Sanjam. *Reproductive Restraints: Birth Control in India, 1877-1947* (Ukraine: University of Illinois Press, 2010); Nair, Rahul. 'The Construction of a 'Population Problem' in Colonial India 1919-1947', *The Journal of Imperial and Commonwealth History*, Volume 39, 2011 - Issue 2.

³ Arnold, David. 'Official attitudes to population, birth control and reproductive health in India, 1921-1946.' in Sarah Hodges ed., *Reproductive Health in India: History, Politics, Controversies, New perspectives in South Asian history* (Hyderabad: Orient Longman, 2008), pp. 22-50.

⁴ Ramusack, Barbara N. 'Authority and ambivalence: Medical women and birth control in India', in Sarah Hodges ed., *Reproductive Health in India: History, Politics, Controversies, New perspectives in South Asian history* (Hyderabad: Orient Longman, 2006), pp. 51-84.

broader nationalist-reformist framework of the twentieth century, though it has been critiqued for carrying elitist and patriarchal undertones.⁵

The participants in this discourse in India were largely people whose perspectives were shaped by their socio-political background. This middle-class, upper-caste orientation inscribed a discernible imprint on the birth control debate of this period. Nevertheless, despite the limited and narrow socio-cultural lens, undeniably, the debate initiated a deeper inspection and review of reproductive practices in India.

I

1.1 From Population Control to Birth Control: Global Perspective

The birth control movement in India originated and evolved within two significant global contexts: one intellectual and the other popular. As a political issue, birth control began with the publication of Thomas Robert Malthus's *An Essay on the Principle of Population* in 1798. Malthus was a political economist and also a clergyman in England. He argued that the 'power of population is indefinitely greater than the power of the earth to produce subsistence'.⁶ Malthus claimed that if the population grew unchecked, it would double itself every twenty-five years. Between 1798 and 1826, at least six editions of this book were published with revisions and incorporation of new data and ideas on demography.

He argued that the 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 celibacy. He visualised a correlation between poverty, unemployment and population size.

Eugenic ideas also resonated in Malthusian theory, as he suggested that the family size of the lower class ought to be regulated and that poor families should not produce more children than they can support. Significantly, Malthus did not advocate the use of artificial birth control

⁵ Ahluwalia, Sanjam. *Reproductive Restraints: Birth Control in India, 1877-1947* (Urbana and Chicago: University of Illinois Press, 2008).

⁶ Malthus, Thomas Roberts. *An Essay on the Principle of Population* (London: Electronic Scholarly Publishing Project, 1998 [1798]).

methods, since, as a clergyman, he found such methods unethical. The only remedy that he suggested was the education of the workers, which could make them realize the root cause of their plight and induce them to exercise moral restraint in procreation. Malthus was not the only one. Montesquieu, David Hume, Jean-Jacques Rousseau, Denis Diderot, James Steuart, Robert Wallace and Benjamin Franklin, among others, also contributed to the debate.⁷ However, on the matter of population growth, he becomes the most influential voice, that of a whistle-blower.

Malthusian thesis later on reverberated from the metropole to the colony, significantly impacting India's birth control movement. Terrible and frequent famines and the poignant portrayal of Indian poverty legitimised the appeal of Malthus's thesis in the late nineteenth-century India, even though there was hardly any substantive population growth as per the census statistics of this period.⁸

The other context of the birth control movement can be traced through the emerging dialogue within the women's movement during the early twentieth-century United States. Linda Gordon examines the history of voluntary motherhood (1973) and birth control (1975) emerging as political issues in the late nineteenth-century USA. She situates this movement within the broader ideological context of socialist, feminist, and other radical political currents, demanding women's sexual autonomy. She argues that voluntary motherhood was the earliest feminist call for birth control in the United States. The belief that women should have the right to decide when to have sex and when to bear children lay at the heart of that demand. Inspired by this view, feminists and reformers who saw reproductive freedom as key to equality formed several groups to push for the legalisation of birth control.⁹

By early twentieth century birth control became a public debate in the United States. Prominent women protagonists, such as Emma Goldman and Margaret Sanger defied the American obscenity laws by disseminating information on contraceptives. Women organisations called

⁷ Rao, M. 'An Imagined Reality: Malthusianism, Neo-Malthusianism and Population Myth', *Economic and Political Weekly*, 29(5), 1994, 40–52.

⁸ Decennial Census started in colonial India from the year 1872. The 1911 Census noted some increase in the population largely caused by the incorporation of new areas in the census calculations. 1921 census saw decline in population due to influenza epidemic. It was only the census of 1931 which reported a noticeable growth of 10.6%.

⁹ Gordon, L. 'Voluntary Motherhood: The Beginnings of Feminist Birth Control Ideas in the United States', *Feminist Studies* 1 (3/4), 1973, 5–22.

for a nationwide campaign demanding the legalization of birth control and contraception in the USA as an essential instrument for women's control over their fertility and their emancipation.¹⁰ Unlike Malthus, who had wedded birth control with population control, to these early feminists, birth control was pro-abortionist and pro-contraceptives.¹¹

From the 1850s to the 1950s, the Comstock Act prohibited the dissemination of birth control information and the distribution of contraceptives via mail in America, classifying them as obscene literature. A popular controversy on the matter of obscenity erupted in 1876, known as the 'Annie Besant- Charles Bradlaugh trial', which led to the spread of the contraceptive debate around the globe, including India.¹²

This had an interesting background. In 1832, owing to obscenity laws in America, a New York doctor, Charles Knowlton, anonymously wrote a book on the subject of birth control and contraceptives titled *Fruits of Philosophy*, which was later renamed as *The Private Companion of Young Married People*. The book was soon available in England, where it was smoothly, though not widely, circulated until 1876, when Henry Cook, a British bookseller, was sentenced to two years' rigorous imprisonment for selling it. Annie Besant and Charles Bradlaugh decided to challenge the law by republishing Knowlton's pamphlet with the subtitle, *A Treatise on the Population Question*.

They sold several copies of the controversial pamphlet beginning on 23 March 1877 in East London at Stonecutter Street, and were arrested on 7 April 1877, duly charged and sent to custody. The trial, which began on 18 June 1876, made the issue of contraceptives and birth control popular worldwide. Besant delivered a passionate speech defending the pamphlet as non-obscene, emphasising its presentation of basic facts of human anatomy and biology and aligning it with Malthusian logic.¹³ She argued that denying such basic knowledge would be against the basic rights and intellectual liberty of the people. The case led to the circulation and

¹⁰ Gordon, L. 'The Politics of Birth Control, 1920-1940: The Impact of Professionals', *International Journal of Health Services* 5 (2), 1975, 253-77

¹¹ Tripathi, D. 'From Contraception to Assisted Conception: A History of Women's Movement for Reproductive Health Rights in India' in Niumai, A., Chauhan Abha. (eds.) *Gender, Law and Social Transformation in India* (Singapore: Springer, 2022) pp. 245-255.

¹² Sreenivas, M. 'Birth Control in the Shadow of Empire: The Trials of Annie Besant, 1877-1878', *Feminist Studies*, 41(3), 2015, 509-537.

¹³ Bradlaugh, Charles., Besant, Annie. *The Queen V. Charles Bradlaugh and Annie Besant: (specially Reported); in the High Court of Justice; Queen's Bench Division, June 18th, 1877* (United Kingdom: Freethought Publishing Company, 1877), pp. 72-84.

sale of the pamphlet from an earlier 1000 copies a year to 125,000 copies between March and June 1877.¹⁴ Further, realizing the popularity of the matter, Besant decided to develop and disseminate a more detailed literature on contraceptives and birth control. She established a Malthusian League to achieve this objective and started publishing a journal called *The Malthusian*.¹⁵

The first Malthusian League, subsequently changed, first to the New Generation League and then to the Neo-Malthusian League, and was thus established in England in 1877-78 with Annie Besant and Charles Drysdale as its first secretary and president, respectively. It stood for the 'vindication of the old Malthusian insistence on birth control'.¹⁶ However, the League did not accept Malthusian faith in abstinence and started advocacy and popularisation of contraceptives, which brought them the new name, neo-Malthusians.¹⁷

Neo-Malthusianism, in this way, was a new 'avatar' of Malthusianism.¹⁸ The Malthusians focused on the poorer classes of their countries, and advocated moral checks on their procreation through informed, thoughtful self-control. The neo-Malthusians focused on colonies and brought in contraceptives as a solution to the unregulated and 'imprudent breeding' of the poverty-ridden sections.¹⁹ M. Rao argues that the birth control movement was ultimately taken over by the neo-Malthusians by 1920.

1.2 Indian Response to the Birth Control Debate

The question of contraceptives received wider and substantial attention with the Besant-Bradlaugh trial, followed by the establishing of Malthusian Leagues in the West as well as in India. Phadke (1927) calls 1876 a 'revolutionary year', as international awakening on birth control began in that year. Several institutions devoted to the cause of birth control sprang up in America, France, Germany, Holland, India and Japan. National and international birth control conferences were also organised. India joined this movement with the Madras Presidency becoming an early centre of neo-Malthusian engagements. P Murugesu Mudaliar

¹⁴ Sreenivas, M. 2015. 'Birth Control in the Shadow of Empire'.

¹⁵ Rao, M. 'An Imagined Reality' 1994, See also, Sreenivas, M. 'Birth Control in the Shadow of Empire' 2015.

¹⁶ Phadke, N S. *Sex Problem in India*, (Bombay: D. B. Taraporevala and Sons. 1927) pp. 214-215.

¹⁷ Ibid. pp. 215-216.

¹⁸ Rao, M. 1994. 'An Imagined Reality'.

¹⁹ Ibid.

from Madras Presidency became the vice president of the London Neo-Malthusian League in 1880 and started publishing a journal, *The Philosophic Inquirer*.

By 1882, the first Indian Malthusian league named 'Hindu Malthusian League' was started by Muthiah Naidu, Laxmi Narasu and M S Naikar.²⁰ In the late-nineteenth and early twentieth centuries, more Neo-Malthusian Leagues were established in other parts of India, with branches and correspondents in major cities such as Calcutta, Ahmedabad, Lahore, Delhi, Lucknow, and Patna.²¹ Later renamed as Madras Neo-Malthusian League following its increased activities in the 1930s, the League published a journal, *Madras Birth Control Bulletin*.

Some other voices also emerged expressing concerns about India's population in the early period. Prominent among them were the religious thinker, Swami Rama Tirth, political figure Dewan Rangacharlu and possibly the social reformer Mahadev Govind Ranade.²² The voice of Chettipunyam Veeravalli Rungacharlu, the Dewan of the princely state of Mysore, widely known to be progressive—as often cited by the scholars of population history—offers valuable insights into the early population debate. Speaking about the need for capitalist and industrial input to improve agriculture and labour conditions in the wake of newly introduced constitutional reforms by the Maharaja of Mysore, at the Mysore State Legislative Assembly, the Dewan raised interesting questions on population and production. As the first Dewan of the state, addressing the first session of the assembly on 7 October 1881, he expressed concerns about rapid population growth and claimed that it 'hampered production and resulted in the increase of want and poverty.'²³ Rangacharlu stated:

Lastly, I must not omit to place before you the important truth that the prosperity of the country can never be assured until the labour of its people yields a surplus over and above the food consumed by them....Such a sudden extension of cultivation and manufactures by means of machinery, by outstripping the growth of population, will tend to increase wages

²⁰ Anandhi, S. 'Reproductive Bodies and Regulated Sexuality' in *A Question of Silence? The Sexual Economies of Modern India*, John, Mary E. and Nair, Janaki. (eds.) (New Delhi: Kali for Women, 1998) pp. 139-66.

²¹ Ahluwalia, Sanjam. *Reproductive Restraints*, 2008, pp. 26-27.

²² An article on 'Over-Population and Marriage Customs' appeared in the quarterly Journal of the Poona Sarvajanic Sabha in 1878, as an anonymous entry, which has been suggested by Mytheli Sreenivas as likely by Mahadev Govind Ranade. Sreenivas, Mytheli. *Reproductive Politics and the Making of Modern India* (Seattle: University of Washington Press, 2021).

²³ *Address of the Dewan of Mysore, 7 October 1881*. Dasara Session of the Representative Assembly at Mysore. p. 163. <https://dspace.gipe.ac.in/xmlui/handle/10973/21548?show=full>, accessed on 24 June 2025.

In the Shadow of Birth Control

and raise the status of the labourer. At present; population increases at a more rapid rate than production, and increasing want and poverty is the inevitable result.²⁴

The debate on population and birth control in India intensified by the early twentieth century, during the decades of the 1920s and the 30s, with the entry of educated middle class advocates, both western and Indian. Among the prominent western advocates of birth control in India, the names of Marie Stopes, Margaret Sanger, Edith How Martyn and Eileen Palmer can be counted. Stopes never came to India, but maintained regular correspondence with Indian promoters and disseminated information on birth control methods in India via mail. Sanger made her first visit to India in 1935, while Martyn and Palmer, both associated with Birth Control International Information Centre (BCIIC), visited India between 1934 and 1939.²⁵

Controlling birth through contraceptives to mitigate poverty and offer sexual freedom to women dominated their advocacy for India. However, as argued by Sanjam Ahluwalia, their advocacy was mainly rhetorical, since the contraceptives promoted by them were found to be rudimentary and dissatisfactory by users.²⁶ Ramusack also argues that contraceptive advice in this period was largely rhetorical, as the curriculum of medical education in India and Britain did not include any formal training on birth control methods.²⁷

The intellectual capital of the Western promoters provided a base to the Indian middle-class advocates for their engagement with the debate on birth control. Many of them were deeply influenced and informed by Western intellectual traditions. However, notably, they were not operating in a political-cultural vacuum and their adoption of Western ideas of birth control for India, as in other aspects of life too, was selective. A significant number of individuals, groups and organisations had initiated a comprehensive discussion, including writing and publication on birth control, by the 1920s.²⁸

This included articles and pamphlets published by birth control societies and neo-Malthusian leagues²⁹, independent works³⁰ detailing the theory and practice of birth control and advocacy

²⁴ Ibid.

²⁵ Ahluwalia, Sanjam. *Reproductive Restraints*, 2008.

²⁶ Ibid. p. 82.

²⁷ Ramusack, Barbara N. 'Authority and ambivalence', 2006, p. 62.

²⁸ Ahluwalia, Sanjam. *Reproductive Restraints*, 2008.

²⁹ For example; *Madras Birth Control Bulletin* and *Marriage Hygiene*.

³⁰ For example; the writings of Phadke, Wattal, Pillay, Ranadive and others, discussed later in this paper.

thereof, literature published in women's magazines³¹, newspapers, conference proceedings and journal articles³², speeches, addresses and discussions³³ held at various levels. A diverse range of perspectives, viewpoints, and influences, including nationalism, women's health dynamics, family reform, Malthusianism, eugenics, sexual science and demography shaped the understanding of this subject.³⁴

Largely convinced of the Western theories of population growth, embracing the principle of eugenics, and motivated by anti-colonial nationalism, many men and women supported birth control and contraceptives. They wrote frequently in the popular national and international journals and magazines, discussed the issue at conferences and authored independent tracts and books on the topic. Some also ventured into activism, establishing platforms for the display and distribution of contraceptives and related information.³⁵

Advocates of birth control in India hailed from diverse regions; prominent among them were Raghunath Dhondo Karve and Narayan Sitaram Phadke from Deccan, Radhakamal Mukherjee from Bengal, Pyare Kishan Wattal from Kashmir, Gopalji Ahluwalia from North India and A P Pillay, Vepa Ramesam, and S K Aiyar, from peninsular India, among others. Many of these proponents were not only vocal and expressive through their writings but also played an active role as organizers and activists in the birth control movement. In 1921, Gopalji Ahluwalia established the Indian Eugenics Society, with branches in Shimla and Lahore. The same year, R D Karve opened India's first birth control clinic in Girgaum, Bombay. Narayan Sitaram Phadke in 1922 founded the birth control society in Bombay, and G D Kulkarni in 1923 in Poona. The Indian Eugenics Society was founded by A. P. Pillay in Sholapur, Maharashtra, in 1929.

Indian women's engagement with birth control was more institutionalised. Organizations such as Women Indian Association (WIA) and All India Women's Conference (AIWC), established in 1917 and 1927 respectively, played pivotal role in shaping this debate. While articulating

³¹ For example; *Indian Ladies Magazines, Stri Dharma, Stri-Darpan, Madhuri, Sudha.*

³² For example: *Kaiser-i-Hind, Samaj Vartaman, Indian Social Reformer, Journal of the Association of Medical Women in India, Science and Culture*, proceedings of the population conferences held in India.

³³ For example: at AIWC national sessions and branch meetings, at birth control societies and leagues, and at *Indian Population Conference*, Lucknow. 1936.

³⁴ Ahluwalia, Sanjam. *Reproductive Restraints*, 2008.

³⁵ For example: R D Karve opened a birth control clinic in Bombay in 1921. A P Pillay started 'Wives Clinic' in Sholapur in 1929. G D Kulkarni conducted door to door advocacy on birth control in Maharashtra throughout his life.

their perspective, women contributed to the debate by bringing a taboo subject to one of rights and necessity. Prominent among them were Muthulakshmi Reddi, Kamaladevi Chattopadhyay, Rani Laxmibai Rajwade, Rameshwari Nehru, Malini Sukthankar, Ratnamma Isaac, Laxmi Menon, Saudamini Mehta and Mrs S. N. Ray.

II

Beyond Population Control: Ambivalent Voices

In India, Malthusian anxieties on overpopulation intensified with the censuses of 1921 and 1931. Concerns over India's uncurbed population growth were raised by British administrators, including census commissioners, J T Marten (for 1921), and J.H. Hutton (for 1931), along with a couple of state medical and public health officers, including John W D Megaw, Robert McCarrison, and A.J. H. Russell, among others.³⁶ Their data-driven, authoritative arguments resonated with the Indian middle classes,³⁷ although not everyone was unequivocally convinced of the relevance, validity and urgency of invoking Malthusian logic for India. The alarmist framing of the Indian population was questioned by some of the discussants on the grounds that a substantial, vigorous and resilient population alone would be able to resist British imperialism and, eventually, to undertake the task of nation-building once India won its freedom.

The population question prompted considerable attention from Indian demographers but did not carry the same weight for the political class, which showed ambivalence and indifference. A selective silence or measured standing was adopted by most prominent political figures and establishments on the issue of population debate during this period. Despite the statistical support to unprecedented population growth provided by the Census of 1931, much of the political class, especially male political leaders, was unanimated over the issue of population control and the use of birth control methods for that purpose.

Leaders, who were otherwise vocal and forthcoming, avoided engaging with the issue. This reluctance may have stemmed either from a lack of conviction in Malthusian logic or a

³⁶ Arnold, David. 'Official attitudes to population', 2006.

³⁷ Nair, R. 'The Construction of a 'Population Problem'', 2011.

perception that population limitation did not align with the needs of a colonized nation. It might also have been an attempt to distance themselves from a subject that was socially sensitive and politically contentious at the time. The two exceptions were Mahatma Gandhi and Subhas Chandra Bose, who expressed their opinion publicly; Gandhi frequently, beginning in the 1920s and Bose occasionally, in the late 1930s.

Mahatma Gandhi was a vocal critic of contraceptives and artificial methods of birth control and a firm advocate of abstinence and self-control. He remained deeply skeptical of the Malthusian framework of overpopulation and its correlation with impoverishment and national decline. Gandhi first articulated his opposition to artificial birth control methods in 1920.³⁸ On the issue of overpopulation, in a 1925 statement, he explicitly challenged the foundational premises of Malthusianism, stating, 'If it is contended that birth-control is necessary for the nation because of over-population, I dispute the proposition. *It has never been proved*' (Emphasis author's).³⁹ Dismissing the western idea that India's poverty stemmed from demographic excess, Gandhi argued that the nation was 'capable of supporting twice as many people' as there were in it then, provided reforms were undertaken to maintain a 'proper land system, better agriculture and a supplementary industry'.⁴⁰ He writes in *Harijan* in 1935:

This little globe of ours is not a toy of yesterday. It has not suffered from the weight of over-population through its age of countless millions. How can it be that the truth has suddenly dawned upon some people that it is in danger of perishing of shortage of food unless birth-rate is checked through the use of contraceptives?⁴¹

Subhas Chandra Bose first addressed the issue of population control in 1935, four years after the release of the 1931 census and almost at the same time as Gandhi, by writing an article titled "Some Problems of Nation Building" for a newly launched Indian science journal, *Science & Culture*. Here, Bose raised critical questions concerning population growth and its implications for national development. However, a degree of ambivalence on the demographic profile of the nation is reflected in his expression. Neither endorsing nor rejecting the idea that India's population growth was inherently problematic, Bose adopted an inquisitive and futuristic stance, posing pertinent questions in largely hypothetical terms:

³⁸ Gandhi, M.K. *Young India*, 13 October 1920.

³⁹ Gandhi, M.K. *Young India*, 2 April 1925.

⁴⁰ Ibid.

⁴¹ Gandhi, M. K. *Harijan*, 14 September 1935.

What is the maximum population which India should have, considering the food supply and industrial potentialities? If India has already reached that point, how should we check the further increase in population? Should artificial birth control be advocated as a public policy seeing that birth control through self-control has failed completely?’⁴²

Bose revisited the issue of population control in his presidential address at the 51st session of the Indian National Congress, held in Haripura, Gujarat, in 1938. By then, perhaps because of his involvement with the National Planning Committee, he appears more confident in his assessment of population growth as he states that ‘we cannot afford to have our population mounting up thirty million in a single decade.’ While maintaining that he ‘does not desire to get into the theoretical question as to whether India is overpopulated or not’, in his speech, he acknowledged the need ‘to tackle’ the ‘increasing population’. However, downplaying its immediacy, he postponed it to be addressed in independent India as the ‘first problem’ in the ‘long-period programme for a Free India’.⁴³

At Haripura, he ‘urged for public attention’, but situated it in a long-term forward-looking stance, stating that ‘It is not necessary at this stage to prescribe the methods that should be adopted to prevent a further increase in population’.⁴⁴ Evidently, Bose was ready to express his ideas on population control, but without endorsing any immediate specific solution. His cautious approach and measured tone, particularly his stance to temper the urgency of the issue during the colonial period, are significant and deserve emphasis.

Jawaharlal Nehru, though well aware of the population debate, did not express his opinion for a very long time. During his early political career, Nehru worked closely with Annie Besant of the Home Rule League, who was also a family friend. He would have been familiar with Besant’s early-career activism on birth control, including the Besant-Bradlaugh trial. Moreover, in the early 1930s, Nehru visited the Birth Control Information Centre in England, further suggesting his familiarity with the global birth control movement.⁴⁵ In 1935, two of the

⁴² Bose, S C. 1935. ‘Some Problems of Nation Building’, *Science and Culture*, 1 October 1935, pp. 258–59.

⁴³ Bose, S C. 1938. ‘Presidential Address’, *Fifty-One Session of the Indian National Congress*, Haripura. <https://archive.org/details/HaripuraCongressBose1938>, accessed on 28 June 2025.

⁴⁴ *Ibid.*

⁴⁵ Raina, B.L. *Planning Family in India: Pre Vedic Times to Early 1950s* (New Delhi: Commonwealth Publishers, 1990) p. 151.

prominent leaders of the global birth control movement, Edith How Martyn and Margaret Sanger, discussed the issue of artificial methods for birth control with Nehru, perhaps hoping to convince Gandhi on this matter through him.⁴⁶

The domestic discourse on birth control led by AIWC, which regularly discussed maternal health and reproductive issues, was well within the knowledge of Nehru. Women from the Nehru family, including Rameshwari Nehru and Vijay Lakshmi Pandit, were active members of AIWC, regularly participating in the discourse. Nehru himself attended the 14th session of AIWC held in 1940 at Allahabad. Nonetheless, despite engagement and awareness, Nehru, like many other political leaders of the time, remained silent during the peak of the population control debate. It was only in 1944 that he briefly addressed the subject in *The Discovery of India*, while situating the population question largely in the global context.⁴⁷

Not only the political leaders, even the Indian National Congress did not formally discuss population and birth control till about 1940. As mentioned, in 1938, Subhas Chandra Bose, as Congress President, appointed the National Planning Committee, chaired by Jawahar Lal Nehru. The Committee constituted a Sub-Committee on Population with Radha Kamal Mukerjee as the chairman and B C Guha as the secretary. The committee began its work in 1939, and the final report of the population sub-committee was presented in May 1940, recommending economic development among possible solutions to mitigate the effects of the growing population of India.⁴⁸

This relative silence makes it all the more important to explore and study the individuals and groups who participated in and shaped the birth control debate during these critical decades. Did these leaders give the debate a direction? How did some of these leaders mould the discourse to address related issues than just controlling the population size? These are some of the questions which need examination.

The most notable participants were women organisations and marriage reformers—cum—sexual scientists and demographers, even though their internal position was not uniform or monolithic on the subject of birth control. Concern over population increase, supposedly contributing to

⁴⁶ Ahluwalia, Sanjam. *Reproductive Restraints*, 2008, p. 73.

⁴⁷ Nehru, Jawahar Lal. *The Discovery of India*, 2004 [1946], p. 615.

⁴⁸ *Report of the National Planning Committee*, 1938, Indian Institute of Applied Political Research, pp. 153-155.

In the Shadow of Birth Control

Indian poverty and economic distress, as expressed by colonial officers, frequently resonated in this circle. However, there also emerged some ambivalent voices among them.

At various sessions of AIWC, such alternative viewpoints that ‘India should not decrease Her population while Europe is trying to increase Hers’ were articulated, reflecting a nuanced stand toward the issue.⁴⁹ At the Lucknow annual session of AIWC in 1933, during a discussion on birth control resolution, a member, Rani Ghosh, warned that ‘by championing the cause of birth control at this time in our country we shall be weakening the strength of the nation by a decrease in its numerical percentage.’ She pointed out that, on the contrary, some of the European countries, such as Germany, were even ‘bribing men and women to increase the population of the country.’⁵⁰ Emphasising the numerical and physical strength as crucial for national regeneration, she argued:

Can India at this critical stage of her history advocate a cause which would decrease and not increase her population? Realize the responsibility that the Motherland may have to take in developing the economic and material resources of the country when the reforms are introduced, when the country will be called upon to recruit men both for the army and the navy. We shall be much handicapped if hands are wanting then.⁵¹

Moreover, many AIWC members consistently clarified that their advocacy for birth control did not imply its blanket endorsement. Rather, artificial birth control methods could be used for spacing of pregnancies to improve the reproductive health of the mother. At the Trivandrum session of AIWC in 1935-36, Mrs S. N. Ray from Calcutta elaborated the standpoint well, when she clarified that ‘a popular misconception is made that what was advocated (by AIWC) was absolute birth prevention. It was not so, what was wanted was spacing of birth amongst those who needed it on the grounds of health and poverty.’⁵²

Indian sexologists and marriage reformers constituted the other significant group, which was equally vocal on birth control. The overpopulation debate provided them a strategic platform to initiate broader discussions on the institution of marriage and sexual health. However, critical engagement with the Malthusian thesis is also present in their discourse. One of the

⁴⁹ *All India Women's Conference, Annual Report, 1935-36* (MCM Library, AIWC, New Delhi) p. 87.

⁵⁰ *All India Women's Conference, Annual Report, 1933* (MCM Library, AIWC, New Delhi) pp. 136-147.

⁵¹ *Ibid.*

⁵² *All India Women's Conference, Annual Report, 1935-36* (MCM Library, AIWC, New Delhi) p. 87.

prominent sexologists of the time, Narayan Sitaram Phadke, questioned Malthus's proposition on the limited increase in food supply. Phadke argued that Malthus intentionally 'overdrew the picture' with a view to 'opening people's eyes,' believing people were 'utterly blind to the question of procreation.'⁵³ Phadke writes:

We must say that Malthus's conclusions are not today accepted, at least in the form in which they were first presented. His conception of the geometrical rate of the increase of population is now considered baseless...even if the population increased in geometrical progression, there is no reason to believe, as Malthus would have us believe, that the natural resources will show only an arithmetic rate of increase...May be the dark future conceived by Malthus, when the human race will be confronted by starvation, is only ideal and will never actually arrive.⁵⁴

Undeniably, such insistence targeting an ideal population for India was equally informed by racial, caste and class hierarchies and notions of cultural supremacy, rooted in the contemporary eugenic thought.⁵⁵ Pyare Kisan Wattal, economist and demographer, who thoroughly studied India's demographic profile, provides a useful lens on it. Wattal argued, '*population, in spite of all that the Malthusians may say, is power, and if we get a healthy and vigorous population, even though it be an increasing one, there need be no cause for alarm* at the extreme prevalence of marriage (Emphasis author's).⁵⁶

Eventually, acceptance of the theory of overpopulation as well as ambivalence towards it, both pushed for a surge in birth control literature and discussion in India, developed majorly by reformers, sexologists, demographers and early women activists and leaders. If the acceptance legitimised arguments in favour of birth control, ambivalence presented the layered response to the debate, which validated birth control as an essential vehicle to improve sexual and maternal health as well as conjugal harmony. Arguing in favour of birth control, B T Ranadive, an economist, stated:

In the case of India, it (birth-control) will do *still* greater wonders. It will completely put a stop to the sad tragedy which is being daily enacted in nearly every Indian house, where girl-mothers of

⁵³ Phadke, N S. *Sex Problem in India*, 1927, pp. 158-159.

⁵⁴ Ibid.

⁵⁵ Sanjam Ahluwalia has extensively discussed this aspect in her work, *Reproductive Restraint*.

⁵⁶ Wattal, Pyare Kishan. *The Population Problem in India: A Census Study* (India: Bennett, Coleman & Company Limited, (1916 & 1934) p.38.

In the Shadow of Birth Control

tender ages are driven to premature graves dug for them by cruel social customs, ignorant parents and imprudent husbands. One is almost tempted to say that *even if the control of births were to abolish only this* sad feature of Indian life, its practice would be justified in the eyes of every humanitarian who has the welfare of the millions of Indians at heart (emphasis author's).⁵⁷

Therefore, Indian reformers exhibited considerable interest in addressing the issues of maternal health, marriage reform, and sex education within the ambit of birth control. Though inspired by the Western response to birth control, the Indian participants sought to expand it into a dialogue over marriage, maternity and sex.

III

Reforming Marriage, Maternity and Sex

The colonial state refrained from formulating any population policy aimed at controlling rapid demographic growth, let alone one on birth control or maternal health, despite the concerns raised by public health officers, census commissioners and civil administrators.⁵⁸ As mentioned earlier, the Indian political class also deferred engagement with the issue, given the controversial nature of the birth control debate. Medical practitioners in India, as elsewhere, frequently lacked applied knowledge about contraceptive choice and did not pay much attention to its appropriate use either. Moreover, there was neither commitment nor consensus among them to incorporate birth control into medical education.⁵⁹

Ultimately, public discussion on birth control was largely carried out by a few individuals – reformers/sexologists/demographers – and voluntary organisations, such as the AIWC. Their discussions were often located within Malthusian and eugenic frameworks; however, they were able to shift the spotlight towards maternal health, sex hygiene, sex and contraceptive education, reform in marriage norms and conjugal relationships. Population control, though an entry point, did not always occupy the centre stage in their deliberations and writings.

3.1 Marriage Reform, Eugenics and Maternal Health

⁵⁷ Ranadive, B.T. *Population Problem of India* (Calcutta: Longmans, 1930) p. 111.

⁵⁸ Arnold, David. 'Official attitudes to population', 2006. Nair, R. 'The Construction of a 'Population Problem'', 2011.

⁵⁹ Ramusack, Barbara N. 'Authority and ambivalence', 2006.

Marriage reform occupied centre stage in the discourse. Marriage reforms were not new to colonial India; throughout the nineteenth century, social reformers kept challenging entrenched marital customs. The issue of the age of marriage and consent, in particular, received attention from the reformers in the late nineteenth century.⁶⁰

In the early twentieth century, birth control became a significant aspect of the marriage reform debate. The idea of controlling population by reforming the institution of marriage emerged much earlier, though. An article published anonymously in the quarterly journal of the Poona Sarvajanic Sabha, *Over-Population and Marriage Customs* (1878), was one of the earliest writings examining the correlation between the institution of marriage and population increase,.

Some historians suggest that it was written by Mahadev Govind Ranade. Here, the author made a critique of Hindu marriage practices and argued that they led to the rapid growth of the population, exacerbating the poverty of India. The article examines ‘a few of the causes and conditions of the over-growth of population’, chiefly in connection with the ‘social institutions and religious traditions relating to marriage.’⁶¹ Among the remedies to ‘check the over-population’, and its ‘concomitant evils’, and to ‘elevate this country,’ the author suggested for the ‘enactment of a law to restrain early and improvident marriages’, along with ‘formation of a public opinion, discountenancing and condemning such marriages.’⁶² The author argued, ‘among the principal causes of the brutal ignorance and degraded poverty and pauperism of the people of India must be reckoned the Hindu law and custom of marriage’ and concluded that it was time to make ‘radical changes in Indian procreative practices’.⁶³

In the 1920s and the 30s, birth control and over-population argument encouraged demographic studies of marriage in India.⁶⁴ The advocacy for birth control and contraceptives generally

⁶⁰ For comprehensive debate on Age of Consent and marriage reform in late nineteenth century, see Heimsath, Charles H. ‘The Origin and Enactment of the Indian Age of Consent Bill, 1891’, *The Journal of Asian Studies* 21 (4), 1962, 491–504. Anagol-McGinn, P. ‘The Age of Consent Act (1891) Reconsidered: Women’s Perspectives and Participation in the Child-Marriage Controversy in India’, *South Asia Research*, 12(2), 1992, 100-118. Joshi, Kokila. ‘B.M. Malabari and the Controversy Over the Age of Consent Bill – 1891’, *Proceedings of the Indian History Congress* 59, 1998, 614–20.

⁶¹ Anonymous Author. ‘Over-Population and Marriage Customs’, *Quarterly Journal of the Poona Sarvajanic Sabha* 1(7), 1878, 24–32. <https://dspace.gipe.ac.in/xmlui/handle/10973/19622?show=full> accessed on 26 June 2025.

⁶² Ibid.

⁶³ Sreenivas, Mytheli. *Reproductive Politics*, 2021, pp. 48-49.

⁶⁴ For example: P K Wattal’s *The Population Problem in India: A Census Study* (1916, 1934), Radhakamal Mukherjee’s *Population Problem in India* (1938) and Ranadive’s *Population Problem in India* (1930).

invoked the dismaying state of the institution of marriage, the plight of child-mothers and patterns of procreation. Reformist engagements developed around these issues, mobilising discussion not only among the selected social circles but also within the legislature. Between 1922 and 1929, the Central Legislative Assembly debated several bills on the legal age of consent. In 1922, Rai Bahadur Bakshi Sohanlal introduced the Age of Consent bill, which was tabled each year up till 1927 for discussion. Eventually, in 1927, two significant bills received wide attention – the Hindu Child Marriage Bill (later known as the Child Marriage Restraint Act or Sharda Act) introduced by Rai Saheb Har Bilas Sarada, and the second, the Age of Consent Bill proposed by Hari Singh Gaur. The bills led to a detailed examination of the Indian marriage system with special reference to procreation.

Mahatma Gandhi also commented on marriage reform, though his position on birth control was markedly different from that of his contemporaries. Beginning in 1926, he wrote frequently in *Young India* on the sorrowful state of child wives, expressing his dislike and disapproval of child marriage. While he was not opposed to the contemporary legislative measures, he firmly maintained that legislation alone ‘could not cure a popular evil’, rather the cultivation of ‘enlightened public opinion’ could bring the change. Marriage, in his view, brought the responsibility of procreation, which required maturity, thereby only adults were capable of making such a decision.⁶⁵

Margaret Cousins, one of the founders of AIWC, was in correspondence with Gandhi over these issues. In 1926, she wrote a letter to him, detailing a tragic case of child marriage in Madras, in which a 13-year-old girl, married to a 26-year-old man, died by burns after enduring the inhuman solicitations of the husband. Gandhi responded to Cousins’ letter in *Young India*, writing that the custom of child marriage is a ‘moral as well as a physical evil and ordinarily a girl under 18 years should never be given in marriage.’⁶⁶

The debate on birth control provided an open and adaptable platform, especially within women organisations, enabling discussion, writing and activism on marriage reform as a means to secure reproductive health of Indian women. Two of the prominent women organizations, WIA and AIWC, regularly addressed the interlaced issues of early marriage, premature and repeated

⁶⁵ Shridevi, S. *Gandhi and the Emancipation of Indian Women* (Hyderabad: Gandhi Sahitya Prachuranalayam, 1969) p. 67.

⁶⁶ Gandhi, M K. *Young India*, 26 August 1926, pp. 329-30.

pregnancies and poor health of Indian women in their deliberations over the urgency of birth control methods. The position of AIWC on birth control was not uniform, though; there were both opponents and proponents.⁶⁷ However, both factions consistently linked their arguments to reform the prevailing norms of marriage and cohabitation for the betterment of sexual and maternal health.

Their discussions were also informed by contemporary eugenic thought that promoted the idea of biological fitness and healthy citizenry as essential for nation-building. Critique has been developed over how the patriarchal-nationalist stress on women's identity as mothers and wives was reinforced by these organizations.⁶⁸ Aligning reproductive and sexual health with nationalist goals, women organizations argued that ensuring the physical fitness of the mother was crucial, as healthy mothers would produce healthy children, contributing to a stronger nation. While negotiating for women's agency in reproductive and maternal health, undeniably, the women at AIWC were also informed by eugenic-nationalist ideas and approached these issues through the lens of their class background. Mrs Jalal Shah's speech at the first AIWC conference at Poona in 1927 provides a telling example of it:

Girls are thrust into marriage before they have attained the age of discretion...and long before they are in anyway fit to bear or rear children...they are the poor miserable wrecks who become the mother of a physically weak and delicate nation.⁶⁹

In 1931, speaking on the resolution of birth control, Dr Muthulakshmi Reddi, the president of AIWC at its fifth session in Lahore, reiterated; 'I need not point out that a healthy intellect is possible only in a healthy body and that a healthy progeny will arise only from a generation of healthy mothers.'⁷⁰

Proceedings of the annual meetings of AIWC extensively document debates on early marriage, maternal and sexual health, and birth control, reflecting the deep conviction and sustained commitment of these women. Barbara Ramusack (1989) writes that women's quick response

⁶⁷ Ahluwalia, Sanjam. *Reproductive Restraints*, 2008, pp. 91-98.

⁶⁸ Ahluwalia, Sanjam. *Reproductive Restraints*, 2008.

⁶⁹ *All India Women's Conference, Annual Report 1927* (MCM Library, AIWC, New Delhi) p. 29.

⁷⁰ *Ibid.*, pp. 31-36.

to these subjects should also be seen as the growing agency, participation, and coming together of women, educated and middle class in particular, in the early-mid 20th century.⁷¹

In the sphere of marriage reforms, AIWC supported the legislative efforts at every stage.⁷² Right from the establishment and first conference, it articulated a clear stance in support of the Age of Consent Bill and Child Marriage Restraint Bill introduced in the legislative assembly. AIWC endorsed the bill and recommended raising the age of consent for girls in marriage to 16 years. Interestingly, AIWC also proposed that the age of consent to intercourse should be determined even outside of marriage and demanded that it be 18 years. Two years before the passing of the bills in 1929, AIWC intensified its campaign in support. In 1927, a house-to-house signature campaign in favour of 16 and 21 as the minimum marriageable ages for girls and boys, respectively, was conducted, and in 1928, a standing committee was established to follow up on the bills on child marriage and the age of consent.⁷³

AIWC sent a representative to the Joshi Committee, appointed to review the proposed legislative bills. Rameshwari Nehru of AIWC was one of the members. The Conference approached the members of the Legislative Assembly to secure passage of these Acts. The biological disadvantages of early age of marriage and consent, leading to early consummation, early motherhood and weakened race were stressed in the assembly debate and also within the AIWC.⁷⁴ The debate was often grounded in a eugenic framework advocating a healthier population and a stronger race.

The debate intensified at AIWC in the early 1930s. Many members opposed universal promotion and blanket use of artificial methods of birth control. Dr Muthulakshmi Reddi, in the early stage of her career, was among those. She argued for transformative reform of the institutions of family and marriage to improve Indian procreative practices and build a better India. In 1932, responding to the birth control resolution proposed in the 7th session of AIWC at Lucknow, she strongly suggested the enforcement of Sarda Act so as to postpone the age of marriage:

⁷¹ Ramusack, Barbara N. 'Embattled Advocates', 1989.

⁷² Forbes, Geraldine H. 'Women and Modernity: The Issue of Child Marriage in India', *Women's Studies Int. Quart.* 2, 1979, pp. 407-419.

⁷³ *All India Women's Conference, Annual Report 1928* (MCM Library, AIWC, New Delhi) p. 38.

⁷⁴ Forbes, Geraldine H. 'Women and Modernity' 1979.

I am strongly of the opinion that the knowledge of birth control should not be indiscriminately broadcasted...The natural, the effective, the right and the first step in that condition is, in my opinion, the immediate abolition of child marriage, the encouragement of late marriages and the insistence on the monogamous principle of matrimony. Medical statistics prove that adult marriages are not as productive as early marriages.⁷⁵

Dr Reddi, therefore, considered marriage reform as foundational to the discourse on birth control and supported late marriages, physical and mental maturity being the basis of good married life. Similar to Gandhi, she believed that adult men and women would feel more responsible towards their family and offspring and would be better equipped to practice self-restraint in sexual relationships, whereas young boys and girls might resort to sexual excesses in ignorance of consequences.⁷⁶

Thus, in AIWC discussions, family became a central site and birth control a vehicle for socio-cultural-legal reform as well as for sexual training, where young girls and boys could be trained in the 'virtues of chastity, continence, and the sanctity of marriage'.⁷⁷ Which, in turn, the reformers believed would facilitate a healthier conjugal relationship, leading to a healthier, regulated population growth.

The debate was also frequently moulded to include discussions on gender equality. Challenging the established gendered norms that restricted the teaching of sexual morality to girls alone, Dr Muthulakshmi Reddi insisted on the inculcation of sexual ethics and discipline among the boys and girls on equal basis by parents within the family. Speaking at the 7th annual session of AIWC in 1932 at Lucknow, she stated:

...unfortunately amongst us, perhaps all over the world, while the girls alone are taught that the highest virtue of a woman is loyalty to her husband and sex purity or chastity, that they should look upon their husbands as their Guru or the very gods on the earth, the majority of the parents not only fail to give a similar teaching to their sons but also some are foolish enough as to tell them that incontinence is no vice in the boys. Not only the parents have to be educated that sex impurity or incontinence in a boy is as disastrous to his health and ruinous to his family as to the girls but also the public opinion on this matter has to be changed.⁷⁸

⁷⁵ *All India Women's Conference, Annual Report 1932* (MCM Library, AIWC, New Delhi) p. 90-93.

⁷⁶ *Ibid.*

⁷⁷ *Ibid.*

⁷⁸ *Ibid.*

Parallel to the institutional interventions, there was a significant body of independent writings on these issues in the 1920s and 30s. One of the earliest rich texts was *Sex Problems in India: A Scientific Exposition of Sex Life and Some Curious Marriage Customs Prevailing in India from Time Immemorial to the Present Day*, written by Narayan Sitaram Phadke in 1927. Phadke was a professor of mental health and moral philosophy at Rajaram College in Kolhapur, Maharashtra, who claimed his book as the ‘first of its kind’. *Sex Problems in India* critically engages with the prevailing norms of marriage, sexual practices, procreation and maternal health in colonial India, presenting birth control as a remedy. Phadke was an ardent follower of the eugenicist model of population control. In the foreword of his book, Margaret Sanger calls him a ‘far-sighted patriot’, who was making a ‘plea for eugenic marriages’.

He explicitly mentions in the preface of his book how he ‘fell in love with the attractive subject of eugenics’, his core theme in this 350-page book. Phadke’s eugenics is rooted in marriage reform, sexual knowledge, and maternal fitness, and is meant for the betterment of the race. Almost half of the book is dedicated to marriage reform and maternal health. Following the popular eugenicist-nationalist framework of his times, Phadke, in the chapter ‘Mother of the Race’, venerates the figure of the mother while also drawing attention to their plight caused by early marriage and frequent pregnancies. In the following chapters, ‘Institution of Marriage’ and ‘The Way of Reform’, he decrees early marriage as a ‘stroke of the axe on the root of the eugenics’ and presents it as non-*shastric* (not based on scriptures).

Presenting a thorough and unsparing critique of the existing marriage system, he advocates a marriage programme that aligns with the eugenic model. His approach can be placed within the framework of scientisation of reform, as he attempts to legitimise his ideas on sexual and eugenic reforms within marriage on a ‘scientific basis’. He writes:

Indian eugenicist will have to subject the present Indian marriage institution to impartial and thorough-going criticism, and make constructive suggestions for its reform, induce the people to overhaul the whole mass of convention and ideas about the act of procreation, and inspire them to leave the orthodox superstitious attitude towards sex questions for a scientific and healthy one.⁷⁹

⁷⁹ Phadke, N S. *Sex Problem in India*, 1927, p. 14-15.

Phadke argued for the agency of the middle classes and called upon them to take ‘decisive and inspiring lead’ towards a speedy reform in marriage. Unlike the women of AIWC, he believed that marriage reforms could not be brought by acts or laws such as The Age of Consent, as to him, enactments were futile in the face of strong public opposition. He writes that ‘it is always fruitless and often dangerous to try to counteract social diseases with a knife of a law or act’.⁸⁰ He rather promoted two solutions; one, the popular adoption of late marriages and the other, acceptance and promotion of love marriages to achieve a eugenically fit population, believing that such marriages would lead to fit people marrying at the right age and time, resulting in the birth of fit progeny.⁸¹

Phadke presents an interesting schema for marriage reforms that he believes would ultimately improve the race. According to this framework, if the matter of marriage is left to the free choice of young men and women, it will automatically raise the marriageable age, as no young man will hasten to marry without earning a livelihood. Once the man settles up in employment and age (which Phadke believes would be 25 years by the time he earns a livelihood), he would attain the desired maturity to understand the ‘gravity of marriage and its eugenic motive’. The man would then ‘naturally choose a grown-up maiden instead of a child of 12/13 years, thereby raising the age of marriage for girls by default.’⁸²

Phadke was careful in his advocacy for love marriage and companionate conjugality, grounding it in Indian historical tradition to avoid its rejection/dismissal as a Western import. He argues that love marriage was a popular form during the epic age of Ramayan and Mahabharat, therefore adopting it would be rather a ‘revival of ancient Aryan culture’. He cited the Puranas and later Smritis, which provide ample examples of late marriage in Indian tradition.⁸³ Phadke, who calls himself ‘a propagandist by temperament’, is an apt example to understand how the birth control debate was received by Indian middle-class reformers primarily as a tool to reform marriage, offer sex and contraceptive education, and prioritise maternal health within a eugenicist model of national well-being.

⁸⁰ Ibid., p. 107.

⁸¹ Ibid.

⁸² Ibid., p. 124.

⁸³ Ibid., p. 90.

Pyare Kisan Wattal's work *The Population Problem in India: A Review of Indian Census Returns and Reports*, first published in 1916, followed by a revised edition in 1934, is an early example of such scholarship. For him, India's population problem was larger than the question of birth-control, and needed to be approached with a scientific temperament. He emphasised the involvement of a diverse group of experts, including biologists, sociologists, economists, anthropologists, statisticians, agricultural economists, public health officers, and census officers, to develop a comprehensive understanding of this subject.⁸⁴

Wattal considered 'natural increase' caused by the 'universality of marriage' in India as one of the two factors causing the growth of the population. Supporting marriage reforms, he examined the repercussions of early marriage from a demographic lens and advocated the abolition of child marriages on the grounds that early marriage and early motherhood impair vitality, reduce fertility, increase maternal and infant mortality, and produce a larger number of child widows.⁸⁵ He also recommended the prevention of 'ill-assorted marriages', such as the marriages of old men with young girls, or of young boys with elderly women. Though he regretted the poor implementation and limited efficacy of the Sharda Act of 1929, he urged princely states to adopt similar legislative measures. The Act was first implemented by states like Baroda, Mysore, and Kashmir, and was later adopted by British India in 1929.

Wattal backed up his analysis with statistics. Citing the 1931 census report, he highlighted two key findings: first, that the girls married at ages below twenty give birth to a smaller number of children than girls married at ages above twenty; and second, that the survival rate of children born to mothers married below twenty was lower than that of those born to mothers married at ages above twenty.

Placing demographic logic within a reformist framework, Wattal critiqued those who counted prohibition on widow remarriage as a positive check on population:

Some cynics even look upon the prohibition of widow remarriage in India as one of the few positive checks to the growth of population which should not be light-heartedly done away with. Checks are undoubtedly necessary, but they should be based on rational grounds and should not be opposed to the clear dictates of justice and humanity.⁸⁶

⁸⁴ Wattal, Pyare Kisan. *The Population Problem in India*, 1916 & 1934, preface, XI.

⁸⁵ *Ibid.*, p. 43.

⁸⁶ *Ibid.*, pp. 30-31.

3.2 Sexology and the Middle-Class Family

Along with a deeper review of marriage and maternity, the subject of birth control provided an equally legitimate and open platform for the production and dissemination of sexological literature, which conceptualised family as the primary unit of socio-sexual transformation.

Sanjay Srivastava (2007) argues that by the 1920s, the urban educated classes in India's major cities had access to a wide array of sex-related publications. These texts, many of which went through multiple editions, were authored and endorsed by a variety of professionals, including doctors, philosophers, military officers, and anthropologists.⁸⁷ Sanjam Ahluwalia (2008) notes that this period was marked by an intensification of public interest in the body and sexuality and that the subject of birth control presented a legitimate platform for the articulation of new discourses on sexuality and conjugality.⁸⁸

Botre and Haynes (2017) argue that during the early twentieth century, elite intellectuals in India, China, and Japan engaged with European sexual science and sought to domesticate its insights within their respective national contexts. Sexuality became central to their broader civilizational projects of modernity.⁸⁹ Mytheli Sreenivas (2021), also writes that in the context of growing movements for eugenics and sexual science, they increasingly looked toward sex as the impetus for change.⁹⁰

That sexology was a significant lens to examine and reform Indian society in the late colonial period is well reflected in *Social Reconstruction in India: The Relations of the Sexes*, an essay written by Lala Lajpat Rai, in which⁹¹ he argues that 'sex relation is the most important of all human relations and that is the foundation of society.' About the contemporary proliferation of sexological literature, he writes:

⁸⁷ Srivastava, Sanjay. *Passionate Modernity: Sexuality, Class and Consumption in India*, 2007.

⁸⁸ Ahluwalia, Sanjam. *Reproductive Restraints*, 2008, p. 45.

⁸⁹ Botre, Shrikant., Douglas E. Haynes. 'Sexual Knowledge, Sexual Anxieties: Middle-Class Males in Western India and the Correspondence in Samaj Swasthya, 1927–53', *Modern Asian Studies* 51 (4), 2017, 991–1034.

⁹⁰ Sreenivas, Mytheli. *Reproductive Politics*, 2021, p. 176.

⁹¹ Rai, Lala Lajpat. *The Modern Review*. Originally published in *The Modern Review*, January and February 1920, pp. 370-389. <https://archive.org/details/in.ernet.dli.2015.202515> accessed on 2 July 2025.

In the Shadow of Birth Control

The sex relation is receiving a great deal of attention at the hands of the modern scientific world. It supplies a theme for more than half of the total output of literature and art. It rules supreme in prose, poetry, fiction, drama, sociology, philosophy and all the cognate subjects. Large and elaborate treatises, written by some of the best authorities in the social sciences (including the medical) dealing with the sex problem from every conceivable point of view, are multiplying. Some of them furnish the most illuminating reading on the subject.⁹²

This emergent body of literature, which Sanjay Srivastava (2007) refers to as part of a project of ‘scientific sexual reform,’ sought legitimacy through multiple discursive strategies. These included appeals to the urgency of population control, the prevention of venereal diseases, the promotion of sexual hygiene, the reconfiguration of gender relations, and the broader inculcation of a ‘scientific attitude’ aligned with the imperatives of modernisation. Many of these authors, while placing their arguments for sexual reform on the premises of modern scientific rationalism, also sought to harmonise it by invoking historical-cultural traditions of India.⁹³

Among the prominent Indian sexologists of the time comes the name of Dr A. P. Pillay, whose prolific writings on birth control, maternal health, and sexual science played a formative role in shaping public understanding.⁹⁴ In *Ideal Sex Life: A Doctor Answers Confidential Personal Questions* (1944), Pillay addressed sexual concerns specific to ‘individual sex problems of adolescent and unmarried adults’, of ‘married men and women’ and of ‘ageing men and women’, in three separate parts of the book. He also started a quarterly journal, *Marriage Hygiene*, in 1934, later renamed as *International Journal of Sexology*, and co-edited *Sex, Society and the Individual* (1953).

His *Birth Control Simplified: Describing Effective and Inexpensive Modern Methods of Avoiding Pregnancy, Acceptable and Accessible to the Majority of Couples* received commendation from Edith How-Martyn, who praised him for his valuable contributions to understanding the ‘value of birth control to maternal health’ in India by writing this book. She

⁹² Ibid., p. 370.

⁹³ Srivastava, Sanjay, *Passionate Modernity*, 2007.

⁹⁴ His works include *Birth Control Simplified* (n.d.), *Maternity and Child Welfare* (n.d.), *The Art of Love and Sane Sex Living* (1940), *Sex Knowledge for Boys* (n.d.), *Sex Knowledge for Girls* (n.d.), *Disorders of Sex and Reproduction in the Male* (1943), and *Ideal Sex Life: A Doctor Answers Confidential Personal Questions* (1944).

adds, 'It will bring enlightenment, better sexual health and happiness to countless married people now groping in ignorance and not knowing where to turn for help.'⁹⁵

In the 'introduction' of his book, Pillay writes that *Birth Control Simplified*, which includes 59 illustrations, 10 diagrams and 5 tables, is meant for persons, 'who need birth control but will not go to doctors or clinics' for help. He writes that though there was no dearth of medical literature on this subject, it was highly technical and expensive and therefore inaccessible to the common people. Hoping that the readers will find the book helpful, he wrote that if the book can save even one woman from the 'harrowing anxieties of unwanted pregnancies', whose husband 'cannot afford medical fees and expensive appliances' or who is 'too shy to visit doctors' for help, it will have achieved its purpose.⁹⁶

Aimed at the individual's reluctance or inability to access clinical advice, Pillay's book offered details on sexual anatomy, conception, various contraceptive methods—with or without appliances—for men/women; household-based/chemical-based; operative/therapeutic; normal/special cases; and involving medical/psychological considerations. Within a year, the book saw four editions, reportedly used by a substantial number of medical professionals, too. Sexological literature, especially the ones that addressed conception and contraception in simpler and non-technical language, was valued partly because of the relative scarcity of such resources at the time. Ramusack argues that since contraception and birth control were not included in the medical courses of India and Britain, medical women, as well as the public in India, had to find alternative sites, methods and personnel to obtain instruction about birth control.⁹⁷ Pillay, through his book, aimed to provide autonomy and agency to people for making choices about birth control and sexual life. In the Introduction to the second edition of his book, he writes:

Whether couples should control and regulate conception is their affair, but I feel that they should have ready access to a knowledge of how to do it. To force method on persons who have some objections to it, sentimental, psychic or financial, is to court disaster. They should know two or more fairly reliable methods so that they could choose the one least objectionable to them.⁹⁸

⁹⁵ Pillay, A. P. *Birth Control Simplified* (Bombay: D. B. Taraporevala Sons & Co., 1990)

⁹⁶ Ibid.

⁹⁷ Ramusack, Barbara N. 'Authority and Ambivalence' 2006, pp.79-80.

⁹⁸ Pillay, A. P. *Birth Control Simplified*, 1990.

Raghunath Dhondo Karve, a mathematician turned sexologist, was another leading advocate of sexual science and birth control during this period. He was a vocal critic of the institution of marriage, which he viewed as a patriarchal mechanism that enslaved women's bodies. For him, birth control was integral to enabling women's autonomy over their reproductive and sexual lives. Karve approached sexuality following a radical-reformist perspective and argued in favour of sexual freedom, which must be available to every adult irrespective of their gender, orientation, and place in society.⁹⁹

Karve started a monthly journal *Samaj-Swasthya* in 1927. Quite ahead of its time, the journal served as a key platform to discuss marriage, non-procreative sexuality, homosexuality and transgender issues. Karve's Marathi writings, such as *Santati Niyaman: Aachar Aani Vichaar* (1923) and *Adhunik Kamashastra* (1934), sought to popularize sexual science among the Marathi-speaking middle class. *Adhunik Kamashastra* functioned as a comprehensive manual for middle-class men to discuss the functions of male and female bodies, aspects of sexual intercourse, different sexual positions, and sexual problems that Karve believed were important for his audience to understand. The manual went through five editions, each of 2,000 copies or more.¹⁰⁰ Though Karve was versed in other languages too, such as English and French, he prioritised Marathi to encourage regional readership and reduce the cost of publication for wider accessibility.

As stated before, while the Indian advocates opened the door to introspection into the intimate spheres of social and personal life, they were not free from the biases embedded in their own positions. If Muthulakshmi argues for gender parity in sexual education within the family, Phadke reveals his patriarchal-gendered understanding of human anatomy. He provides details only on the female genital anatomy in his book, positing that male anatomy was 'comparatively much simpler' and 'evident on the surface.' Whereas, to him, the female generative organs were 'considerably intricate', and their 'inner parts', which perform more important functions, are 'hidden from common view.'¹⁰¹

Disappointed and constrained in terms of gender perspective, Phadke laboured for the scientisation of sex discourse, challenging the commonly associated idea of obscenity with

⁹⁹ Botre, Shrikant., Douglas E. Haynes. 'Sexual Knowledge, Sexual Anxieties', 2017.

¹⁰⁰ Ibid., p. 24.

¹⁰¹ Ibid.

sexual discussion. He questioned, ‘Where comes the vulgarity if we undertake the discussion of the generative parts in a purely scientific spirit?’ and aimed to destigmatize the discussion of sexuality for the public, placing it within a scientific framework.¹⁰² Evidently, the Indian middle-class advocates contributed to the making of sexual science in colonial India while redefining public discourses on marriage, sexuality and health.

Conclusion

The reception of the birth control debate in India was varied and shaped distinctly. What travelled from the west, largely as an anxiety over growing poverty and rising numbers in India, was repurposed and transformed by Indian advocates, both men and women, into a much broader discourse that served a range of objectives beyond mere population control. Although the discussion presented here is primarily informed by sources rooted in urban and reformist contexts, it nonetheless reveals how the subject served as a lens for revisiting and deepening conversations about the broader issues of marriage reform, maternal health, and sex practices, factors intertwined with birth control. Discussions on matrimony, maternity, and sex were shaped by the interplay of modern scientific rationality as well as historical cultural practices.

Because the British government and Indian politicians were hesitant to address birth control—viewing it as a controversial topic—voluntary organisations, marriage and sexual reformers developed a rich, multi-purpose, and indigenized discourse on it. They broadened the population debate by expanding it beyond the confines of demography, fertility, numbers, and statistical calculations, bringing attention to the intimate spheres of health, sexuality, maternity and matrimony. While India’s deepening poverty under colonial rule was conveniently linked to the unchecked growth of population, it was the discussion around maternal health, conjugality, sexual science and biologically fit citizenry which occupied the front seat in the debate.

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¹⁰² Ibid.

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