



Between The Divine and the Devil: Exploring Female Sexuality, Birth Control and the Eugenics Movement in the Early 20th Century India.

Dr. Madhu Kelkar

Associate Professor, HR College of Commerce and Economics, Churchgate

Abstract

This article takes a look at the birth control movement as a part of women's rights movement in the early 20th century India. It charts the trajectory of the rise of the idea of birth control first in England and thence its spread in India where concern for a rising population and high rates of maternal and infant mortality triggered such discussions from the 1920s onwards. The issue was taken up diffidently by Indian women's organizations such as the AIWC, the National Council of Women and others. Consequently, the country saw the visit of international advocates on birth control and contraception such as Margaret Sanger and Edith Howe. However, the question received a mixed response among the Indian intelligentsia, socio political reformers and women themselves. Most discussions, on this highly private yet inflammatory matter, focused only on population control from the eugenics point of view and mooted late marriages, via a stricter implementation of the Sarda Act, or the Gandhian panacea in the form of continence. Gender, caste, class and religious divide made the issue even more contentious. The general consensus, on birth control via contraception, if recommended at all, nonetheless veered more towards the idea that it was for the poorer masses who reproduced irresponsibly. The article therefore argues that the birth control advocacy in India was inspired by fears of the 'yellow peril' and the debates on this issue completely overlooked women's sexuality while their right over their bodies was put on a backburner as they were merely looked upon as agencies of reproduction.

Key Words: birth control, eugenics, continence, contraception, sexuality

Introduction

The early 19th century India, witnessed a rising tide of awakening regarding the poor social status of women in India. While the pioneers of the movement to improve their status were men, by the late 19th century it was their daughters, wives, sisters and protégés who joined their movement.

Radha Kumar argues that the assumption regarding the differences in their sexes led many reformers to construe roles of women as those of mothers, and hence to make them socially useful, emphasis was laid on their right to speech, education and education. The mother figure therefore, emerged as a powerful symbol and rallying device in this period of women's movement.¹

Indian discourse on motherhood was greatly influenced by two developments at the international level. Alarmed by its declining population in the late nineteenth century, which threatened its imperial status England, began to pay increased importance to infant health and rearing and as a natural corollary motherhood and healthy mothers, came to be assigned greater value since they were seen as a solution to the national problem of public health and racial purity.² This ideology of motherhood travelled to India, through child and maternity welfare programmes, of the Lady Chelmsford League formed in the 1920s, which looked at marriageable girls, as the future mothers of the Nation, who needed to be taught the art of maintaining cleanliness, rearing of infants, sewing the necessary clothes, and given education to make them fit for the work that would naturally in future years devolve on them. The report of the Maternity and Child Welfare Conference Held at "Delhi in 1927 explicitly mentioned "what is required is a healthy motherhood and the art and practice of mothercraft for rearing of healthy infants and children to turn them into healthy and useful citizens." Provision of healthy environment for expectant mothers was seen as an extension of yet another colonial project viz. the sanitary reformation of the country. Thus, this period saw the emergence of welfare centres, where mothers were provided health talks, schools for mothers, hygiene classes in schools, milk-depots crèches, baby weeks and such other allied activities, with the idea of building up a healthy and vigorous Nation.³

The discourse on motherhood also coincided with a parallel demand for improving women's experience of marriage and motherhood through sex education. Sexual ignorance, it was argued, caused reproductive vulnerability and abuse.⁴ It led to large families which, especially among poorer women, caused unhappiness and poverty. Controlling family size thus also emerged as an essential adjunct of motherhood, as well as a social responsibility, leading to the growth of birth control movement abroad which found its way into India too.

This paper therefore looks at the birth control advocacy in India from the point of view of its causes, development and implications from a feminist point of view. It argues that this western import, though couched in positive words, did not really contribute to the cause of women's sexual or reproductive freedom since sex was turned into a State concern and the new technology of sex,⁵ completely medicalized the female body.⁶

I. Origin And Dimensions

The discourse on birth control which began with Thomas R. Malthus, an Anglican clergyman, leading to the formation of the Malthusian League, in the early 1860s by Charles Bradlaugh, assumed limelight with Annie Besant's publication of a work by Charles Knowlton an American, *The Fruits of Philosophy*, which gave and advocated explicit information about contraceptive methods and her ensuing trial 1877 on the issue. This was

followed by the resurgence of the Malthusian League, which became the main organisation distributing practical information about contraception in Britain. Other luminaries who joined hands were Marie Stopes in England, whose sex manual 'Married Love' and the American Margaret Sanger whose publications 'Family Limitation' and the journal 'The Woman Rebel' openly championed birth control and contraception.⁷

In colonial India however, the discussions on this topic were not particularly popular at the beginning of the twentieth century primarily due its controversial nature, apathetic officials and limited and poor quality of literature on contraception. Among the organizations formed at this time to promote birth control were the Hindu Malthusian League of Madras, founded as early as 1882.⁸ In 1922, The Indian Birth Control Society (IBCS) was started through the efforts of Professor Gopalji Ahluwalia.⁹ The Madras Neo Malthusian League established in 1928, a nearly all Brahmin body, sincerely believed that the uptake of mass contraception would uplift the poorer masses.¹⁰

The notion of birth control was however, fundamentally problematic as it was linked to broader discussions on race, population, reproduction, contraception and how sex could be harnessed for racial purposes. The fact that it required both State intervention and was equally dependent on the discipline and constraint of individuals for effectiveness¹¹ increased its complexity. Concern about the rising population of India had already become a fixation with western demographers, and particularly after the census of 1931, which showed an increase of India's population by over thirty millions between the censuses of 1921 and 1931. Contemporary Japan, was growing at the rate of over one million persons a year,¹² and posed a threat in the field of trade as well. A popular fear that reigned supreme, in the inter-war years, was that the coloured races would swamp the white races, unless controlled. Hence need was felt to balance the world population.

In colonial India, as Sanjam Ahluwalia points out, information from the decennial census was used to argue that overpopulation was a national problem and that it was necessary to regulate the reproductive practices of women and men.¹³ Discussions on the census figures however completely overlooked the grossly declining sex ratio, a fact pointed out by Dr. Hutton the foster-father of the birth control movement. The figures showed an alarmingly steady decline of the female population per thousand male from 963 in 1901 to 940 in 1931! In an aptly titled article "Wanted a 'More Women' Movement" the Indian Social Reformer, an Indian periodical, pointed out the disquieting implication of these figures which promised "Nothing less --than the extinction of Indians most ignominious in a not too distant future. In the short space of forty-two generations hence there will be no women left in the country. Another generation more, therefore; and no men".¹⁴ It was however ignored.

The formation of the international Eugenics Education Society in 1907, added another dimension to the issue. It emphasized positive eugenics i.e. an increase in fit population and advocated selective breeding through which positive traits could be encouraged while negative eliminated, in order to control the "unfit population". Thus, the less fit lower classes were to be prevented from producing more children than the upper classes, in order to prevent "race suicide".¹⁵ In India, even the Shankaracharya, appealed to the authority of eugenics,¹⁶ while organizations such as the Indian Eugenics Society, founded in 1925, and the IBCS expressly aimed "to further the principle and practice of birth control with a view to rationally controlling population, effectively

checking race degeneration and materially advancing race regeneration.” Birth control and reference libraries were started and work was done especially for the poor.¹⁷

Among the recommended methods of control, late marriages and continence found favour with a large number of people and organizations. The IBCS considered a selective birth rate as the surest remedy for the race degeneration that India seemed to be facing. It stood for universalization of puberty marriage for fit persons, late marriages for exceptional and Bramhacharya- lifelong or partial for rare people and marriage and parenthood for the unfit to be kept under social or State control.¹⁸ Other measures that were advocated were compulsory education, universal suffrage, abolition of caste and other social evils, industrialisation of production, and the raising of the standard of life. Many amongst the educated classes even urged that the Indian Government “to supply literature on contraceptive appliances -- in the same way as they supply quinine.”¹⁹

II. Contestations

Debates, on the issue that started in the early decades of the twentieth century showed a tension between birth control as a means of economic/political stability and birth control as a mechanism for personal/social improvement.²⁰ Contradictory opinions and disputes on religious grounds too were visible throughout. Academicians such as G. S. Ghurye and S. R. Deshpande who regarded it as merely a population related question, concluded on the basis of their economic survey of 2,053 immigrant labourers from Konkan to Bombay, that birth-control was neither necessary nor feasible in India.²¹ To the others who regarded motherhood and childbearing as quintessential characteristics of femininity, it also assumed communal significance. Hindu and Muslim Corporators of the Delhi Municipal Council, for instance, vigorously opposed a proposal to introduce birth control clinic on religious grounds. Hindus viewed it as a threat to their majority status and ultimately their political rights, particularly since Muslims were enjoined by their religion to propagate their numbers. It was even snidely observed that that Hindus could then get minority rights including weightages and safeguards. Opposition of some medical practitioners bordered on absurdity as they argued that the nature and the system of the female body demanded that she must bear a child every third year failing which she could be faced with many complications and ailments!²²

Opinions were divided even on the methods and target groups for population reduction. Sarah Hodges’ study reveals differences on this issue between the northern and southern regions of India. Urban high caste reformers of the former regions wanted a reduction in population of the lower caste poor exclusively, whereas the use of contraception was held in greater regard by the bourgeoisie of South India as it was regarded as a sign and a technology of control over conditions of individual self-fulfilment and advancement. However, even in the south the gender and caste divide on the issue was conspicuous. While the Madras Neo Malthusian League (MNML), made up primarily of the Brahmins, refused to make women key players in conjugal decisions, by keeping them consciously out of such discussions, in contrast women participated in large numbers in the Self Respect Movement’s (SRM) campaigns on the issue of birth control where an attempt was made particularly to reach out to women, as the movement believed in individual radicalization and creation of awareness regarding oppression.²³ Equally noteworthy is the fact that whereas the MNML wanted to link India to the worldwide Stopesian movement and saw contraception as a way of reducing India’s population of

fecklessly breeding poor, the SRM looked at contraception not as a women's way of contributing responsibly to the new nation, but rather as a means of personal emancipation, that would sever the hold of the traditional maternal role forced on them by India's hierarchical society.

One does hear a few sympathetic male voices, the most prominent amid them being that of Raghunath Dhondo Karve, professor of mathematics and India's first sexologist. In 1921, in his 'Prevention of Venereal Diseases, and Birth Control' he argued that women, not doctors, had inalienable rights to decide when and how many children they would have, and objected to the government's stand that birth control could be availed only for medical reasons. Karve opened a centre for sex consultancy and for the sale of contraceptives, called "Right Agency", and hoped that from the proceeds of the sale of his books he could bring out similar literature in Marathi. But it did not work out since such writing was considered obscene, ultimately costing him his job. He conducted a monthly called *Samaj Swasthya* in Marathi for 25 years, from July 1927 to his death in 1953. Karve supported the legislative resolution, moved by Kanji Dwarkadas, a contemporary social reformer, politician and writer, that information on birth control should be provided at municipal dispensaries but critics felt that unmarried women would become "immoral" with this information.²⁴ To him birth control methods offered multiple benefits of reducing unwanted pregnancies, protection from venereal diseases and enjoyment of sexual life.²⁵

Intellectuals such as Tagore looked upon it as a method that would not only save women from the misery of enforced and undesirable maternity, but also serve the cause of peace by lessening the number of surplus population of a country scrambling for food and space outside its own rightful limits.²⁶ Yet others, such as S. K. Bole passed a resolution to be brought before the Bombay Legislative Council recommending the provision of birth control in clinics in Government hospitals and dispensaries. Government however, felt that 'The desire for birth control exists at present only among the professional classes and they can well afford to consult doctors for advice.' It was considered adequate development as the panacea of the problem.²⁷

Interestingly however, their debates on birth control rarely drew the targeted poorer masses but rather members of the urban middle classes who wished to self consciously engage in rational debates on matters of social and political importance.²⁸ And rarely did they touch upon female reproductive rights.

III. Role Of Women And Women's Organizations

For Indian women, who were fighting for their other social rights the question of birth control posed several challenges. Social purity feminists highlighted the dangers of sex and opposed it on moral grounds. Many, influenced by traditional Indian thought, felt that such artificial methods had hindered the reformation of the fallen women of the West. Contraceptives, regarded as a luxury of the ruling Western nation, were sought to be replaced by continence.

At the international level, at this time, the early advocates fought for two forms of reproductive rights viz. control and choice. Control consisted of the ability to regulate reproduction through the use of contraceptive information and devices, whereas choice entailed the ability to voluntarily engage or reject motherhood as one

saw fit.²⁹ In India however women doctors, always from the higher strata of society, showed great aversion to the idea of birth control. Dr. Mutthulakshmi Reddi, the first Indian woman doctor, who saw it as an unnatural act, strongly opined that the knowledge of birth control, should not be indiscriminately broadcast to the ignorant lay public but was to be imparted by medical people only to those mothers and fathers, who really needed it on account of ill-health or chronic infective conditions or extreme poverty of the parents which compelled limitation of the family. Abolition of child marriages, insistence of late marriages, strict enforcement of the Sarda Act and monogamy were seen as the better solutions. Even the eugenic angle entered the discussions as the underlying argument was that of the production of a robust race.³⁰ It was asserted that the woman as mother of the "race" required special protection of the State. Margaret E. Cousin, founder of the All India Women's Conference (AIWC), echoed similar sentiments in her Presidential Address to the same. "I believe also in using the help of science to regulate the quality and quantity of the race".³¹ The issue was also linked with temperance in drinking. Additionally, the tendency of women to completely focus on the family legitimised sexual relations in marriage thereby effectively belittling universal female sexual fulfilment.³²

IV. Role Of International Birth Control Personnel

By 1930s, the Indian movement also began to receive international attention. At a conference on Birth Control in Asia, held at the London School of Hygiene and Tropical Medicine, in 1933, hope was expressed that with the joint efforts of the AIWC and the Indian Medical Association the medical and the sociological aspects of birth control could be discussed. The favourable reply of both the organisations³³ resulted in the visit of Edith How-Martyn a British suffragette, and Director of the International Birth-control Bureau, London, in 1934, to attend the All-India Women's Conference at Karachi.

At the 'in camera' session she read a message from Margaret Sanger, the American birth control expert with whom she had been working for a while, and the Birth Control Information Bureau. Drawing a line between birth-control and contraception she explained that the latter was only a method used to prevent births while the former included abolition of child marriage, encouraging late marriages, and even preventing some marriages on medical grounds. She was also able to address a larger audience at the Theosophical Society Hall at Karachi later.

How-Martyn's visit was not completely successful. The press was quick to take note of the inaccuracies in her description of the history of the birth control movement in England as also her eugenic orientation, when she commented that the rich people "even now did not lack in the means of sustenance for their offspring and yet they were resorting to birth-control methods." Further, it was difficult to tackle the Indian mentality which regarded the problem of poverty as one of distribution of resources and not overpopulation. Unable to grasp the local conditions, in Sindh, for example, where the successful functioning of the Sindh barrage project required increase in the population she unfortunately suggested the settlement of the unemployed from England in the region; an idea not well received either. Finally, contradictory opinions on contraception corroded the idea. While Martyn insisted on its non injurious quality, others of the medical fraternity held a contrary opinion. What was also feared was that the combination of prolonging life of the old and birth control on the other hand would lead to a disaster. Worse still when at the Karachi session of the AIWC, the birth control resolution was

put to vote, the younger members of the conference were shooed away,³⁴ thereby showing the extreme conservatism of the Indian society and negating the right of the women to know.

In keeping with the ideas of western feminism Howe even strove to convince Gandhi that tyrannical men compelled their wives to bear children against their wish. Emphatically denying her claims Gandhi challenged her to visit any village with him and to ask women whether they bore children reluctantly for fear of their husband or gladly for love. Having come to India with the intention of converting Gandhi or getting converted herself; How-Martyn was ultimately left confused with Gandhi's argument of the divine purpose of conception and the devilish nature of mere sex.³⁵

In any case, How-Martyn prepared grounds for Margaret Sanger's visit, with her own India tour in 1933-34, speaking to almost 80 groups in twenty cities and towns as she recognized that for such a contentious issue initiative had to come from within India. Sanger, as the President of the Birth Control International Centre, had begun organizing conferences on population control throughout the world starting from the 1920s with the aim of unifying the birth control movement throughout the world. She was also convinced about its eugenic importance. Her desire to visit India came at a time when the British government too was bothered by its own position in an overpopulated world. Yet it was not an opportune moment as the Government of India was in the process of passing the Government of India Act 1935, which far from satisfied of the nationalist goals. Naturally therefore, Sanger did not wish to associate herself with Howe's visit as it would seem that she was allied with the British, against whom there was widespread dissatisfaction in India already. An astute Margaret Cousins, insisting that the American angle be kept in the forefront rather than the British, therefore invited Sanger to India, for a session with the AIWC. Such a visit Sanger felt would create a more favourable impression on the women of Egypt, Persia and other countries which she was planning to visit the same year, help her to collect funds for her work, besides being splendid publicity for women's organization in the US too. Sanger however did not visit either Egypt or Persia after her India tour.³⁶

Invited officially in August 1935 by the AIWC, she and Martyn covered separately more ground. Sanger addressed 105 meetings in over 18 cities over roughly six weeks. Sanger even stayed for two days with Gandhi at his ashrama in Wardha but like Howe failed to convince him on the issue.

During her tour in India, she established about fifty centers of birth control information and secured the endorsements of the AIWC, the All-India Medical Conference and Bombay municipality. The Bombay municipality however, failed to pass the resolution for the establishment of birth control clinics.³⁷ The subject of birth control was considered a delicate one by the AIWC itself. It strongly recommended that such birth clinics should be run only by the medical fraternity. Yet it passed the resolution appealing to the 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 were to be specially opened in labour areas.³⁸ Interestingly, once again, the press was asked to leave the hall at this session when the resolution was being passed.

Discussion on the birth control measures, yet again revealed a divided house. Stiff resistance came from Christian Travancoreans who felt that it could cause immorality especially among young unmarried women. The usual arguments that birth control was unnatural and that it was more natural to deliver annually and it would result in under-population were repeated. However, some radical women gustily asserted that even if unmarried girls adopted these methods, they would be better than those resorted to by them to avoid unwanted babies.³⁹

By 1937, the princely State of Mysore boasted of three clinics which were used to educate the 'cooly' population working in the mines of Kolar. Here, Mysore University conducted extension lectures on the subjects and demonstrated the use of appliances; an effort apparently accepted by the coolies with great eagerness. Sanger and How Martyn were very pleased with the work of these particular clinics. Birth control clinics at Indore were however used only by wealthy women.⁴⁰ The rulers of other Indian States such as Baroda, Travancore, Cooch Behar, Rajkote, Pittapur and Jaipur, also showed interest, but little work seems to have been done.

Among the Presidency towns, birth control programme as a part of maternal welfare, was introduced in Madras Legislative Council, despite the protest by the Roman Catholics, while the Government of Bombay repealed a ban on 'If She Only Knew', a propaganda film for birth-control, inasmuch as it illustrated the relationship between frequent pregnancies and tuberculosis".⁴¹ The post 1935 period, with the passage of Government of India Act, saw an enlargement in the number of Indians in the area of administration who began to talk increasingly about government involvement in slowing population growth. By 1945, the idea of family planning began to receive support, especially after the Bengal Famine and was also reiterated by the Bhoré Committee Report. These developments finally led to the announcement of the establishment of a national family planning programme from the beginning of the first five year plan in 1952.⁴²

Conclusion

The Indian birth control movement was a colonial project driven by Malthusian and eugenic arguments. While stray arguments for the freedom of mothers from poor health seem to have been present in the dialogue the overwhelming thrust was on controlling population through continence or use of contraception for negative eugenics. Wedded to this scenario were the deeply entrenched socio-religious ideas of continence, motherhood and childcare which completely overlooked the sexuality of women who were reckoned as a mere vehicles of reproduction. Consequently, though women came under increasing medical supervision, they were effectively denied autonomy over their own bodies. Family planning itself emerged as a surveillance mechanism for the lower classes.

Endnotes

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