Reproductive Politics and the Making of Modern India

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Published by University of Washington Press

Sreenivas, Mytheli.
Reproductive Politics and the Making of Modern India.
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To commemorate its initiatives in maternal and infant welfare, the municipal government of Madras held a “City Health and Baby Week” in 1930. Exhibits showcased services such as a milk depot and health clinics. Public health posters offered parenting advice alongside more general suggestions about clean water, latrines, refuse disposal, and intestinal parasites. Meanwhile, advertisers looked to the Health and Baby Week to promote their products. An advertisement for “Rajdosan elixir” proclaimed that “Beautiful Mothers” produced “Beautiful Offsprings,” and the nerve tonic Jeevamrutam offered to “assist you to fulfill your desire.”

The municipal government was keen to use the baby week to document its ongoing interventions in pre- and postnatal care for women and their babies. A commemorative volume released for the event noted that efforts had begun in 1917, when the city government had hired four midwives and one “lady doctor” to help reduce maternal and infant mortality. The program expanded through the 1920s, and by 1930 the city’s “Maternity and Child Welfare Scheme” offered registration of expectant mothers, free midwifery for all women below a certain income, and free advice to expectant and nursing mothers. In addition, the program made available health visitors to conduct “inspections of babies” in their homes for the first year and provided free cow’s milk to “poor infants.” The result, the city claimed, was a substantial reduction in both infant and maternal mortality. Perhaps in recognition of these municipal efforts, the city sponsored several “best baby” competitions during the week, in which infants were categorized by age, race, class, religion, and caste. Visitors to the exhibit could thus enter their infants in categories such as “Best Musalman Baby,” “Best Non-Brahmin
(Hindu) Baby,” “Best Indian Christian Baby,” “Best European Baby,” and others, who would share the title of “Best Baby of the Whole Show.”

The Health and Baby Week in Madras resonated with similar events across India and beyond. As part of public health campaigns, they modeled a reproductive politics that made population “quality” an essential determinant of national economic progress and political status. Commentators viewed the Madras week with an eye toward other countries, noting with concern that India had fallen behind on the world stage. According to one observer, baby weeks were “an important item in the constructive nation-building programme designed to enable India to take her rightful place in the progressive nations of the world.” Indeed, such events were essential, since anyone who “aspire[s] to attain at least the same measure of national efficiency as is reached in England, and the other Dominions, and claim equality with them, cannot afford to neglect problems of health, such as affect the health and vitality of our people.”

The chief minister of Madras, P. Subbaroyan, apparently agreed, drawing a direct connection between Madras’s “best babies” and India’s economic goals; in his words, “the prosperity of a nation depends on the welfare of its children,” but in India high rates of infant mortality jeopardized this prosperity. The promise of the Health and Baby Week thus extended beyond the health of the individual infant to chart possibilities and goals for the nation’s progress.

The Madras Health and Baby Week offers one glimpse into an emergent reproductive politics in interwar India that invested biological reproduction with new meanings. The concerns about pregnancy, labor and delivery, infant health, and “best babies” that fueled the baby week were one part of a broader public debate about how best to reproduce the national body politic in order to foster its genetic “fitness” and racial “vitality” during the late colonial decades. The reproducing body thus became implicated in a range of claims about the future of the Indian nation, and its relationship to the British Empire and other nations of the world. As I argue in this chapter, these claims hinged on two sets of questions. The first concerned political sovereignty: Which bodies, and which populations, could rule themselves, and which must be subject to the rule of others? Which bodily practices, including reproduction, might make populations fit for self-rule? The second set of questions concerned rights to land, migration, and territorial possession. In other words, which populations had the right to increase and to colonize new territories? Which bodies, and which peoples, were fit to populate the earth, and which were supposedly dying out or fit only to remain in place, restricted by a global “color line”? Nationalists and
imperialists, eugenicists and neo-Malthusians, public health officials and census administrators, Gandhians and women’s rights activists all turned to reproduction to ask and answer these questions.

They targeted reproduction not only because of its impact on individuals and families but also because of its supposed implications for the Indian nation’s health, prosperity, sovereignty, and geopolitical status. To trace this imbrication of reproduction with a set of national questions, this chapter begins with the publication of Katherine Mayo’s *Mother India* (1927), a sensationalist text that attributed India’s political subjugation to the population’s sexual and reproductive practices. I read *Mother India*, alongside Indian responses to the text, to investigate an entanglement of reproduction with transnational debates about race, migration, and rights to land. While some Indian reformers refuted Mayo and challenged her imperialist and racialized analysis of bodies and land rights globally, by the 1930s debates about Indian reproduction began to shift away from these transnational frames and settle more firmly within the boundaries of the nation. The second part of the chapter thus explores varied attempts to solve the supposed problems of “Indian” reproduction within the territorial framework of “India” itself. I consider how reproductive reform became a means to control the quantity of the national population and the bodily “quality” of its citizens. As was the case in the late nineteenth century, the abolition of child marriage and the neo-Malthusian advocacy of birth control became key flash points in this process. These reforms rearticulated reproduction along nationalist lines, promising not only the country’s best babies but also its best political futures.

Reproduction, Migration, and Rights to Land

In 1927, the American journalist Katherine Mayo published the enormously controversial book *Mother India*. Not one to understate her case, Mayo declared that “the whole pyramid of the Indian’s woes, material and spiritual” rested upon a “rock-bottom physical base. This base is, simply his manner of getting into the world and his sex-life thenceforward.” Mayo supported this assertion with lurid descriptions of the suffering of child wives and mothers, highlighting especially the *dai*, or birth attendant, whom she described as a “Witch-of-Endor.” A critique of Indian reproduction was at the heart of *Mother India*, and the book condemned how Indians married, engaged in heterosexual intimacy, bore their children,
and raised them. Mayo’s book quickly became a media sensation and sparked a massive public outcry in India. Thousands of people attended public meetings to voice their opposition to *Mother India*, and more than fifty books and pamphlets were published to challenge Mayo’s conclusions. Gandhi famously dismissed the book as a “drain inspector’s report,” but concerned about the damage it might do to American perceptions of India, he sent Sarojini Naidu on a US tour to provide audiences with a different view of Indian society and political aspirations. The publication of *Mother India* thus became a notable event in the history of Indian nationalism and, as Mrinalini Sinha demonstrates, served to realign social and political spheres during the interwar decades.\(^{10}\)

The controversy over *Mother India* was also a remarkable event in the Indian and transnational history of reproduction. In particular, I read the debates surrounding the book to map emergent connections between a biopolitics of reproduction, on the one hand, and a geopolitics of land and migration on the other. That is, reproduction became one way to distinguish between those “races” that had the rights to sovereignty and global mobility and those whose reproduction rendered them both politically subordinate and geographically immobile. Thus, although historians of global population suggest that a focus on the global geopolitics of land gave way to a biopolitical concern with bodies and reproduction in the early twentieth century,\(^{11}\) I read Mayo’s work and its attendant controversies to examine how a concern with bodies related directly to anxieties about land and migration during the 1920s and 1930s. At least in late colonial India, biopolitics did not overcome, or remain separate from, an imperial geopolitics; each shaped the other.

At its core, *Mother India* argued that Indians’ sexual and reproductive practices rendered their bodies unfit for political sovereignty. In Mayo’s terms:

> Given men who enter the world physical bankrupts out of bankrupt stock, rear them through childhood in influences and practices that devour their vitality; launch them at the dawn of maturity on an unrestrained outpouring of their whole provision of creative energy in one single direction; find them, at the age when the Anglo-Saxon is just coming into full glory of manhood, broken-nerved, low-spirited, petulant ancients; and need you, while this remains unchanged, seek for other reasons why they are poor and sick and dying and why their hands are too weak, too fluttering, to seize or to hold the reins of Government?\(^{12}\)
The passage draws upon eugenic language, which I discuss in more detail below, to make political sovereignty a question of bodily and racial fitness to rule, and India emerges as entirely wanting in this regard. Comparing Indians to a manly Anglo-Saxon race, Mayo suggests that the former are entirely responsible for their own corporeal degeneration, manifest in their “weak” and “fluttering” hands that cannot govern. Significantly, *Mother India* frames this as a problem of public health. From her first chapter, Mayo alerts her audience that the book will leave “untouched the realms of religion, of politics, and of the arts” and instead limit “inquiry to such workaday ground as public health and its contributing factors.”

This framework had several implications for Mayo’s broader claims about sovereignty and governance. Within India, the Montagu-Chelmsford Reforms of 1919 had devolved greater, though still limited, power to Indian governing bodies. Public health was among the areas transferred to increased Indian control, and it became a key arena for Indian politicians to introduce policy and legislation. The Madras Health and Baby Week was one example of these new initiatives. Moreover, as Rahul Nair has argued, public health officials played a key role in articulating an interwar “population question” that raised alarms about both the “quality” and growing quantity of the Indian population and, in some cases, called for birth control as a necessary reproductive reform. Linking population, reproduction, and governance, Mayo’s focus on public health thus placed *Mother India* at the heart of ongoing debates in Indian public life.

Public health was equally central to an emerging transnational sphere of governance during the interwar decades. The League of Nations spearheaded the collection of vast bodies of health-related data and produced reports on birth and death rates, population density, age profiles, maternal and infant mortality, epidemic disease, and caloric intake. The organization of this data facilitated easy comparison across geographic spaces and put Indian numbers in conversation with global norms and averages. At the same time, a focus on public health was important to discourses of US imperialism, with organizations like the Rockefeller Foundation launching campaigns in India to improve public health. All of this helped Mayo to emphasize the global relevance of Indian conditions. Disease in India, she claimed, put the health of the world at risk. In a chapter entitled “The World-Menace,” Mayo considers these risks in some detail to “estimate[e] the safety of the United States from infection.” Each epidemic, she claims, would produce some “healthy carriers” whose ability to “spread disease lasts from one hundred and one days to permanency.” Since “India is scarcely a month
removed from New York or San Francisco,” the United States was at risk from Indian bodies that might appear healthy but were in fact carriers of contagion.¹⁶

Mayo’s argument, as Sinha demonstrates, rested on an anti-immigrant sentiment shared by American organizations like the Asiatic Exclusion League.¹⁷ In the years preceding *Mother India*’s publication, this sentiment had been institutionalized in US law. The Supreme Court ruled in 1923 in *United States v. Bhagat Singh Thind* that Indians were not entitled to US citizenship on the grounds that they did not belong to the white race. A year later, the Immigration Act of 1924 (Johnson-Reed Act) introduced national quotas for some countries while ending Asian immigration. Moreover, American anti-immigration policies resonated within a wider Anglo-American world, in which the British Dominions of Australia, Canada, New Zealand, and South Africa imagined themselves as “white men’s countries” inhabiting lands reserved for a white, Anglo-Saxon race.¹⁸ During the first decades of the twentieth century, this politics was expressed through increased restrictions on Asian and African immigration, leading to the African American leader W. E. B. DuBois’s prescient declaration in 1900 that the problem of the twentieth century was “the problem of the color line.”¹⁹

*Mother India*’s critique of Indian reproduction aimed to strengthen this color line, which divided white from nonwhite populations globally. The division was necessary, Mayo argued, because Indian disease and weakness threatened Anglo-Saxon whiteness. Toward the end of the book, she noted that “infant marriage, sexual recklessness and venereal infections” were so prevalent in India that “one is driven to speculate as to how peoples so living and so bred can have continued to exist.” This fantasy about the disappearance of an Indian “race” echoes rhetoric more often used about indigenous peoples by white settlers, who suggested that the former might simply die out and clear space for the settler colony to become a white possession. Mayo attributed Indians’ continued existence, despite the circumstances of their birth and breeding, to the “virile races of the north”—British Anglo-Saxons—who had reduced mortality through controlling war and famine. These imperial efforts, however, had led to unchecked population growth, and herein, for Mayo, lay the true danger of Indian reproduction: “The prospects it unfolds, of sheer volume of humanity piling up as the decades pass, is staggering. For, deprived of infanticide, of suttee, and of her native escape-valves, yet still clinging to early marriage and unlimited propagation,” India’s population was controlled only by disease.²⁰ This made
population containment—through continued British colonialism and ongoing immigration restrictions—a central task for global public health. If Indian “early marriage and unlimited propagation” threatened to overwhelm the planet, then the only solution was to restrict Indians to the subcontinent while maintaining Anglo-Saxon political control.

Indian commentators rejected these connections between Mayo’s anti-immigration stance and her critique of Indian reproductive practices. Their analysis was likely informed by debates about Indian migration, most notably about the movement of indentured laborers to British colonies. Although thinkers like M. G. Ranade had promoted labor migration as a remedy for India’s economic problems in the 1870s and 1880s, the living and working conditions of Indians indentured abroad had drawn increasing nationalist concern in the early decades of the twentieth century. Nationalists noted the discriminatory legislation against indentured workers, alongside exploitative wage rates, in many receiving countries. They expressed anxiety about the gender imbalance among labor migrants and the consequent implications for sexual and family relations among workers. Prompted in part by Gandhi’s campaigns among such workers in South Africa, nationalists lambasted the colonial government for failing to protect Indians abroad and for acquiescing to their second-class status in other British colonies. Their outcry eventually led to the abolition of indenture in 1920 and a stated commitment by the Indian government that subsequent labor migrants be protected from exploitation and receive full equality in the receiving country. Despite these professions, the reception that Indian migrants received abroad was still deeply racialized after 1920. In South Africa, where former indentured laborers were part of a substantial Indian population, they faced an erosion of rights. In the Dominion colonies of Australia, Canada, and New Zealand, which had not taken indentured laborers before, Indians confronted increased restrictions to entry. In sum, despite nationalist calls for ensuring the free migration of Indians outside India, the 1920s witnessed the establishment of restrictions that prevented movement and limited rights.

Uma Nehru, who published *Mother India aur uska jawab* (Mother India and its reply) in Hindi in 1928, was a perceptive critic of these race-based restrictions. Nehru was active in the Indian women’s movement and a participant in nationalist struggle. *Mother India aur uska jawab* drew from both strands of her political thinking to argue that the foreignness of British rule was responsible for India’s social, economic, and political problems. Moreover, Nehru challenged the immigration restrictions that prevented the
free global movement of Indians. In a startling move, she compared caste—one topic of Mayo’s critique—to Anglo-American discrimination against migrants. According to Nehru, Indian caste prejudice was confined to “the field of social relations as in dining and marriage regulations.”

In the West, however, these prejudices have been allowed to infect the political realm. In the name of “national pride” and “security,” therefore, Western rulers have enacted discriminatory regulations in their nations against Asians and other races, limited their access to work, and are further regulating their free movement. In ancient times, even before the advent of history, the Brahmans on the strength of their religious superstitions had made a section of their own society into untouchables. Today, in these modern times, Europe is the New Brahman that is reducing the rest of the world to untouchables.

In short, Western anti-immigrant sentiment was a form of caste prejudice. Nehru turned the problem of Indian reproduction, as posed by Mayo, on its head. Rather than asking how to contain a supposedly weak and diseased population within India, she suggested that these practices of containment were themselves the problem. “Discriminatory regulations” against Asian workers, far from being a necessary response to Asian migration, were evidence of a political failing in the British Empire. Thus, Nehru responded to Mayo’s critique of Indian reproduction by challenging the divide between white and nonwhite that constituted the global color line.

In the years following the publication of *Mother India*, even after the controversy surrounding the book had waned, the politics of reproduction remained enmeshed in race and immigration. Understanding these intersections of biopolitics and geopolitics—of the regulation of reproducing bodies and of migrating ones—helps to explain why reproduction remained such a fraught public question throughout the 1930s. These connections appear repeatedly in the work of Radhakamal Mukherjee, who was among India’s foremost theorists of population during the interwar decades. Mukherjee, a professor of economics and vice chancellor at the University of Lucknow, chaired the National Planning Committee’s subcommittee on population, which was created in 1937 by the Congress Party and tasked with formulating a population policy for independent India. During this period, he also authored two books. His *Migrant Asia* (1936) made a case for Asian migration across the globe. Two years later, Mukherjee’s *Food Planning for Four Hundred Millions* (1938), as its title suggests, asked how
India might feed its growing population. While the two books tackled different topics, we may productively read them together—and in conversation with Mayo and her critics—to trace the imbrications of reproduction with migration.

Mukherjee’s *Migrant Asia* argued that Indian, Chinese, and Japanese populations were the ideal colonizers of “tropical lands,” including in Australia, East and South Africa, and the Americas. This was due to their bodily capacities. With a lower basal metabolism, smaller body surface, and lower weight, Mukherjee alleged, the “Asiatic peoples” required less protein and thus needed less land to produce the food for their survival. “With much less food and clothing and various physiological adjustments to a warm climate which are part of his racial make-up, the Asiatic colonist is at a far greater economic advantage in the tropical and sub-tropical lands than the European.” Although Mukherjee was not writing in explicit response to *Mother India*, his claims rejected the anti-immigrant sentiment that shaped Mayo’s work and suggested that, in the aftermath of indenture, Indians were not just laborers but could also be colonizers. Mobilizing a language of environmental and racial determinism, *Migrant Asia* argued that Indians and other Asians were best suited for the economies of colonization and that their bodily adaptability to tropical climates gave them superior rights to the land, a right that superseded the claims of a “white race.” Thus, while anti-immigrant discourses faulted Asian immigrants for undercutting white workers by accepting lower wages, Mukherjee argued that this was in fact a sign of Asian advantage and a foundation for Asian land rights. From this position, Mukherjee launched a critique of racial exclusion policies in these settler colonies. The claims of white settlers in these places had no basis, he insisted, since those settlers could not make the most efficient and profitable use of the land.

Mukherjee’s attack on Asian exclusion, which may be read as anti-imperialist in its challenge to white supremacy, depended upon a profound racialization of climate, economy, and people, whereby the Asian colonists’ rights were rooted in corporal adaptations unique to the race. His argument was also deeply implicated in a settler-colonial logic about indigeneity and supposedly “empty” lands. While rejecting the claims of white settlers, he retained the argument that “the vast empty spaces of North America, Australia, and Central and South Africa” could not “long remain thinly inhabited or inadequately utilized.” Although Mukherjee called for a “judicious recognition of the need of native tribes for natural expansion, and the maintenance of tribal integrity and individual self-respect,” this
assumption of emptiness was precisely the rationale that had driven the European colonization of Australia and the Americas and underpinned a possessive logic that fueled such initiatives as the White Australia campaign.27 Mukherjee’s conception of empty lands, in short, participated in a set of discourses that disavowed indigenous rights.

With its turn toward migration, Migrant Asia refused to pose reproduction as a problem for the Indian body politic. That is, the management of Indian population growth did not call for reproductive regulation within the subcontinent but required a global framework of migration that would see Indians welcomed everywhere. Consequently, Mukherjee called for a “scientific” reordering of population in global terms, proposing that an international body such as the League of Nations determine migration policies for global economic benefit.28 However, soon after the publication of Migrant Asia, Mukherjee posed the question of population and reproduction quite differently in Food Planning for Four Hundred Millions.29 Here, he asked how “India,” as a bounded territorial entity, could produce food for a growing national population. Mukherjee offered several solutions for the problem of national food scarcity, including agricultural reform, industrialization, and—notably—reproductive reform via birth control.

Mukherjee’s case for contraception in Food Planning moved away from Migrant Asia’s emphasis on the superior adaptability of Asians to the tropics and focused instead on the improvement of an Indian “race” within national boundaries. In particular, he outlined the threat that the supposedly prolific reproduction of “inferior social strata” posed to Hindu upper castes and classes. Adopting the communal and eugenic ideas circulating at the time, and mobilizing the language of differential fertility, which I discuss in more detail below, Mukherjee argued that Hindu lower castes and Muslims reproduced at vastly higher rates than their Hindu upper-caste counterparts. Indian reproduction was thus “dysgenic,” since “the most fertile social strata in India are inferior,” displaying a tremendous gap between “fecundity and culture.”30 As long as the “lower social strata” continued to reproduce rapidly, they would overtake the more “prudent” members of the Hindu upper castes, a category which included, not coincidentally, Mukherjee himself. By controlling the reproduction of Muslims and lower castes, Mukherjee argued, contraception could improve the “race” while making it fit to advance the Indian nation.

Throughout the 1930s, Mukherjee retained this dual focus on migration and reproduction, suggesting Indian emigration in some contexts and birth control in others. He understood Indian population growth as at once a
global and a national problem that required the movement of Asian bodies across borders and the regulation of fertility among the “lower strata” within India. While historians have tended to highlight either one or the other aspect of his thought, my reading of Migrant Asia alongside Food Planning suggests a crucial point of connection between Mukherjee’s anti-imperialism in a transnational context and his reassertion of class and caste hierarchies within a national space.31 His anti-imperialist challenge to white settlement depended upon his assertion of a class- and caste-based Indian national “fitness” to rule India and to settle lands abroad. That is, Mukherjee’s critique of a global color line depended upon a reassertion of lines of hierarchy among castes and classes in India.

However, for many other contributors to the population debates, Mukherjee’s dual focus was not sustainable. They increasingly viewed reproductive regulation—especially birth control—as the only viable solution to Indian population problems. The Tamil writer T. S. Chokkalingam, for example, rejected the argument that Indians could migrate to “less populated countries,” improve their economic position, and provide resources for the national freedom struggle. Such a goal was impossible when Indians “in these countries are treated like animals. . . . Places like South Africa and America are white people’s countries, and they have created laws against Indians.”32 Hemmed in by racist immigration laws, Chokkalingam argued, Indians had no alternative but to restrict their own numbers via birth control. Perhaps the strongest rejection of migration as a solution came from the statistician P. K. Wattal. Given the global economic depression, he suggested in Population Problem in India, Indian migration to Ceylon, Malaya, and South Africa had been reduced. Indians were “not welcome anywhere,” and in any case, “dumping, whether of goods or populations, is equally objectionable, and nations have every right to protect themselves against either.”33

Not all writers were as explicit about migration as Chokkalingam or Wattal. Nevertheless, across a wide spectrum, a turn toward reproductive self-regulation was premised on the assumption that migration was not a viable option. Controlling birth, in other words, became an appealing solution when it became impossible to control land. If Indians were unwelcome outside India and treated “like animals” when they ventured abroad, then a national solution appeared to be the only option. Reproductive regulation seemed to offer the preeminent means to turn inward toward the nation, the family, and the body itself. Controlling individual reproduction in order to regulate national population at a moment when imperial power,
anti-immigrant sentiment, and a global color line seemed to deny this national control: this was the heady promise of reproductive reform in interwar India.

Child Marriage and the National Body Politic

Just two years after the publication of *Mother India*, the Child Marriage Restraint Act (CMRA) promised a measure of reproductive reform in service of national goals. Instituting fourteen as the minimum age of marriage for all girls in British India, the new law provoked immense controversy about Indian sexuality and reproduction. Proponents and opponents debated the moral, religious, corporeal, economic, and public health effects of prepuberty marriage and negotiated questions about the age at which girls and women might commence sexual intercourse, become pregnant, and deliver babies. Although these debates were shaped by *Mother India*’s denunciation of Indian reproductive sexuality, efforts to raise the marriage age predated the publication of Mayo’s book. During the mid-1920s, several Indian legislators introduced bills to raise the existing age of consent from twelve, as instituted by the Age of Consent Act of 1891, to thirteen or fourteen. Fearful of controversy, the government was generally reluctant to support these bills, but in 1925, public pressure forced the passage of a law raising the age of consent to thirteen. This rather negligible change did not satisfy reformers, who pressed for an even higher age of consent and a minimum age of marriage. In 1927, Harbilas Sarda introduced a bill in the Indian Legislative Assembly to establish a minimum marriage age for Hindus at twelve for girls and fourteen for boys. Meanwhile, the government appointed the Age of Consent Committee, which, after investigating conditions across British India, recommended not only a higher age of consent but also a legal minimum age of marriage. Sarda amended his act, now called the Child Marriage Restraint Act, to make fourteen the minimum marriage age for all girls regardless of their religious affiliation.

In making their case against child marriage, reformers drew upon an emerging interwar discourse that linked the bodily and sexual fitness of citizens to the progress of the nation as a whole. Gandhi was a major proponent of such claims; his famous advocacy of celibacy linked sexuality to a biomoral and somatic fitness to rule both oneself and the nation. More specifically, he was a critic of child marriage: “We sing hymns of praise and thanks to God when a child is born of a boy father and a girl mother! Could anything be more dreadful? Do we think that the world is going to be saved by
the countless swarms of such impotent children endlessly multiplying in India and elsewhere?” Practices of child marriage, in other words, resulted in an excessive number of “impotent children” who were ill suited to the tasks of national regeneration.

Connecting reproductive practices, bodily vitality, and national vigor, Gandhi spoke regularly of his fears that Indian reproduction would produce a “race of cowardly, emasculated, and spiritless creatures” rather than the strong servants the Indian nation needed. Harbilas Sarda, as the legislative sponsor of the CMRA, agreed. In his terms, with the elimination of child marriage, “every man, woman, and child in this country [could] grow to his or her full growth and be able to work without shackles for the good of the country till we reach the goal we have set for ourselves.” Child marriage legislation thus became a means to improve Indian bodies—to enable their full growth, to make them virile and efficient—in service to the Indian nation. Moreover, it was an action that Indians could take for themselves, and a reform that they could institute within their own families and communities. Turning inward toward their individual bodies, Indians might together revitalize the national body politic.

The bodies in question were, of course, gendered, and the body of the girl/woman became a flash point for these claims about the vitality of the nation. The Indian women’s movement played a critical role in centering women by highlighting the corporeal suffering of young wives and mothers. For instance, the feminist and nationalist Muthulakshmi Reddi, who was a leader of the Women’s Indian Association as well as a physician and legislator, recounted to her colleagues in the Madras Legislative Council the suffering of girls who were married before puberty. These included one “child wife” who was burned to death because she would not satisfy her “husband’s animal passions” and another girl of ten who was forced to live with her forty-year-old husband prior to her menarche. In her medical capacity, Reddi had spent many “nights and days with a heavy heart vainly moaning over their miserable condition,” and she demanded that her fellow legislators acknowledge and remedy this pain. If they would not take action to save girls like these, Reddi told council members, they must at least acknowledge the national implications of child marriage practices. “If we want to grow into a strong, robust and self-respecting nation, if we want to reach our full physical and mental height, the system of child marriage must go.” Reddi’s words echoed aspects of Mother India and, like Mayo, she described the bodily consequences of “blind meaningless custom” in Indian society, while hinting at evidence of even worse horrors. Yet, unlike Mayo, Reddi
offered a different set of solutions. Indian reproduction, she argued, could be reformed through the efforts of Indians themselves; child marriage legislation was the first step on a path toward national development and progress.

The Indian women’s movement advanced this argument, which centered women in projects of national reproductive reform, at multiple levels. Members of the Women’s Indian Association (WIA) and the All India Women’s Conference (AIWC) lobbied legislators and engaged in public debates in support of child marriage legislation. The AIWC managed to get one of its leaders, Rameshwari Nehru, appointed to the Age of Consent Committee, and members including Kamaladevi Chattopadhyay and Muthulakshmi Reddi offered evidence before that committee. Throughout their campaign, they connected reproductive reform to nationalist goals and inserted their voices—as women speaking for other women—in support of raising the age of marriage. In a joint memorandum to Sarda, the AIWC and WIA made their position clear: “At this psychological moment when Miss Mayo has focused the attention of the world on the sex life of India . . . you men think yourselves reformers when you fix the age of 12 as the proper age for girls. To make this age legal against the wishes of the organized, vocal, and progressive women will do more to retard Home Rule than you have at all realized. You will give the impression that Indian manhood approves of what other races in the world consider the sex standard of the degenerate.”

India’s claim to political sovereignty, they argued, required rejecting the “sex standard of the degenerate.” Especially in the wake of the Mother India controversy, India’s hopes for Home Rule hinged on reproductive reforms. Moreover, the memo asserts that the “organized, vocal, and progressive women” represented by the AIWC and WIA were the best positioned to determine these reforms and to instruct “Indian manhood” on the directions of change, since “we women ache even more than men do to save the widows and the child-mothers, and we say it can be done.”

These claims about reproduction developed with an eye toward India’s status—both as a colony within the British Empire and on the larger world stage. Activists crafted a rationale for legislation that made the task of national revitalization through reproductive reform central to asserting India’s geopolitical position. Ultimately, the Age of Consent Committee recommended a minimum age of marriage on these grounds, arguing that in anticipation of Indian independence, the country’s status among the nations of the world would depend upon reproductive reform: “There can be no doubt that, now that India is soon to take her place in the comity of nations,
it is all the more necessary that we should put her domestic affairs in order; the offspring of weaklings are generally physically degenerates and incapable of sustained physical or mental exertion.” Reforming the nation’s own “domestic affairs” by regulating the intimate biopolitics of reproduction and sexuality became the precondition for Indian entry into a global geopolitics.

**Contraception and the National Population**

In the immediate aftermath of legislation on child marriage, birth control became a new focus of reproductive reform. However, while the campaign against child marriage centered on changes to the law, legislative efforts to involve the government in birth control met with failure. Attempts at municipal, provincial, and central levels to require the state to provide contraceptive advice and information were all voted down. The single exception to this trend was the princely state of Mysore, where the government opened three birth control clinics in 1930. Across the rest of India, the campaign for contraception occurred in other venues: in the resolutions passed by feminist, eugenic, and medical organizations; in the creation of private birth control clinics; and in the publication of new magazines and journals promoting contraceptive methods. In these varied spaces, contraceptive advocates argued that birth control—like marriage reform—offered a means to promote national sovereignty by regulating reproduction and improving health. In this sense, birth control was a reform internal to the nation that would align the bodies of individual citizens to the needs of a national body politic. Moreover, as the Indian women’s movement became a leading force in support of birth control, activists centered women and their bodies in this national project, promoting contraception as a means for women to contribute to the development of the nation.

These arguments for birth control developed in the context of economic crisis, specifically the global economic depression that began in 1929 and intensified during the early 1930s. In India, the depression vastly exacerbated economic dislocations that had followed World War I, and among its most drastic effects was a collapse of agricultural prices. Although the massive famines that closed the nineteenth century did not recur, the specter of hunger nevertheless stalked many millions of peasants, and economic stagnation continued to characterize these decades. Some reformers connected their support for birth control directly to this economic crisis. For instance, the mover of the AIWC’s first successful resolution on birth
control, Vimala Deshpande, argued that the country “cannot afford to feed these unwanted children, and the world-wide unemployment and economic condition cannot be changed without practicing the birth control.” A supporter of Deshpande’s resolution, Phulawati Shukla, added that, given global economic depression, it would be irresponsible to bring more children into the world “whom we do not have the means to look after.” Drawing upon long-standing neo-Malthusian discourse, these commentators argued that economic conditions made birth control an urgent necessity.

Their economic concerns intensified with the publication of the Indian census of 1931. The decennial count revealed an increase of more than 10 percent in the country’s population, to 352 million. Although this rate of growth was not unprecedented, either in India or globally, the increase in absolute numbers seemed very substantial to contemporary observers, especially in comparison to previous decades. The census did not by itself spark fears of Indian overpopulation, which, as we have seen, was a long-standing Malthusian feature of Indian political discourse. However, as Rahul Nair suggests, it did become a focus for a “population anxiety,” in which Indians debated how to feed, house, and employ the country’s 352 million while limiting future growth. Birth control became one aspect of this debate, as the limitation of numbers seemed to require some mechanism of reproductive regulation. Even the census commissioner, J. H. Hutton, made this connection between census data, population increase, and reproduction. Voicing concerns about the “present rate of increase” of the Indian population, he warned that “efforts to reduce the rate of infantile mortality should be preceded by precautions to reduce the birth-rate.” That is, “if the luxury of ‘baby weeks’ be permitted they should at least be accompanied by instruction in birth control.” Hutton’s argument drew upon a building concern among public health officials, who had been raising alarms about high rates of maternal and infant mortality in India. Interpreting these rates as evidence of Indian overpopulation, these officials offered birth control as a means to control the population while also reducing mortality.

The “science” of eugenics offered a powerful ideological framework for these developing connections among birth control, population, and economy. In India, as elsewhere in the world, there was an explosion of scientific and public interest in eugenics during the interwar decades, and it became part of the mainstream of research and discourse on race, heredity, population, and reproduction. The term eugenics was first coined by the British scientist Sir Francis Galton in the late nineteenth century. Influenced
by Malthusian ideas about population numbers and by his cousin Charles Darwin’s arguments about natural selection, Galton saw eugenics as a means to manipulate natural selection within the human species. Eugenicists examined the heritability of various traits and aimed for the conscious improvement of bodies, populations, and “races.” Eugenic thinking, as Alison Bashford and Philippa Levine argue, always had an “evaluative logic at its core,” whereby some people’s lives—and their reproduction—were seen as intrinsically more valuable than others.49 We can see this logic play out in the history of racist eugenic sterilization laws in the United States, first instituted in Indiana in 1907, whose models were later adopted by the Nazi regime in Germany.

However, as many historians note, during the interwar decades eugenics was an ideology of both the political right and the left. Eugenic rationales were adopted by “liberals and leftists,” as Laura Briggs argues for Puerto Rico, seeking to improve health, lower infant and maternal mortality, and counter the racialism of tropical medicine.50 Similarly, as Sarah Hodges demonstrates for India, eugenics “in a poverty-stricken colonial context provide[d] a powerful and enduring template for connecting reproductive behavior to the task of revitalizing the nation as a whole.”51 In addition to birth control, it could support initiatives in nutrition, sanitation, and health care. Adopted by feminists, anticolonial nationalists, and other reformers, eugenic discourse could signal a vision of modernization that sidestepped imperial constraints to call for action among the colonized themselves. Recognizing these multiple aspects of eugenics—while attending to its evaluative logics—helps to explain how and why birth control supporters drew so heavily upon eugenics in making their case for contraception.

Within these political and ideological contexts, the Indian women’s movement was at the forefront of promoting birth control throughout the 1930s. The issue was first debated formally at the AIWC’s annual meeting in Madras in 1931, when Lakshmibai Rajwade introduced a resolution calling for a committee of “medical women” to educate “the public to regulate the size of their families.” Rajwade had trained as a physician and, like Reddi in the case of child marriage, drew upon her medical authority to argue that birth control was a measure to promote women’s health. Speaking of the country’s high rates of maternal and infant mortality, Rajwade noted that the condition of “mothers is physically and mentally extremely pitiable.” They were forced into frequent pregnancies and suffered from the loss of their infants. She connected these problems of individual health
to the nation’s health and economy, arguing that birth control was necessary due to the “immense increase in the population of the country and having regard to the poverty and low physical standard of the people.” Finally, she concluded, birth control was a matter of national sovereignty: “If India is to take her place in the comity of nations she must produce men and women who will be worthy of that name. We must bring the science of eugenics into our practical lives.” Birth control would enable this more “eugenic” reproduction by reducing maternal and infant mortality, thus improving the health of individuals, families, and the nation itself.

Rajwade’s resolution met with strenuous opposition. Her opponents did not question the connections she made between women’s reproduction and national health and economy, but they debated the merits of birth control in relation to other methods of reproductive regulation. Muthulakshmi Reddi led this opposition; she rejected “unnatural methods” to reduce family size and called for spiritual education on the “virtue of self-restraint and self-control.” Acknowledging the suffering attendant upon “premature” pregnancy and motherhood and its national and eugenic implications, Reddi offered Gandhian self-regulation as the solution, calling for married couples to control their sexuality in order to limit their reproduction. Eventually, her views carried the day, and Rajwade’s resolution failed. Just one year later, however, thanks in part to Rajwade’s intensive lobbying efforts with local AIWC branches, the organization formally endorsed birth control; it promoted contraception at each subsequent annual conference throughout the decade.

Echoing Rajwade’s initial resolution, AIWC activists called for birth control on multiple grounds. They claimed it would improve women’s health, curb population growth, address economic constraints, and promote eugenic improvement. They argued, moreover, that birth control would especially benefit poor women, since “educated and rich” women were already aware of birth control methods. According to Rameshwari Nehru, for instance, the AIWC’s endorsement of birth control would have little impact on its own membership. Rather, “it is the ignorant and poor who have no such means at their disposal who are crushed under the weight of frequent births and who need our guidance and advice.” The organization’s first successful resolution on the subject, passed in 1932, brought together these varying reasons: “The Conference feels that on account of the low physique of women, high infant mortality and increasing poverty of the country, married men and women should be instructed in methods of Birth Control in recognized clinics.” The resolution thus linked birth control
firmly to marriage and implicitly separated contraception from nonmarital sexualities. At the same time, in what Sanjam Ahluwalia terms a “polyvocal” advocacy of contraception, the AIWC did not identify a single primary reason for birth control but insisted that it could address numerous problems simultaneously.\textsuperscript{58}

For AIWC activists, therefore, birth control was not solely a women’s issue, linked only to women’s well-being or autonomy. Rather, through contraception, they made women’s reproduction central to addressing the problems of the body politic. By linking women’s health directly to population and economy, the AIWC’s polyvocal advocacy of contraception inserted birth control into a set of debates about national development. Indeed, as Lakshmi Menon—one of the AIWC’s earliest contraceptive advocates—claimed, birth control was a necessary remedy in light of the failure or impossibility of national development by other means. As she noted in support of Rajwade’s initial birth control resolution, the population of the country was increasing, but the amount of cultivated agricultural land had remained stagnant. Under the constraints of British rule, Indian industries had not been developed. There could be no relief for “excess” population through colonization, since all land was already occupied. If the world was thus closing in on India, and the country’s population was limited to its own borders, Menon suggested, birth control was a “last resort” for the nation.\textsuperscript{59} It could jump-start development when all other avenues were unavailable to Indians, and it made women critical to the development process. S. N. Ray made this argument even more directly, suggesting that other remedies for population and poverty, such as increased production or better redistribution of resources, could not address the scale of India’s problems: “A Population, born in misery and bred in squalor, is not what India needs. Unless there is a considerable restriction in numbers with her present productive capacity it is physically impossible for her to raise a generation healthy and strong—in mind and body—to be able to work for her proper place in the comity of nations.”\textsuperscript{60} For Ray, birth control would ease the suffering of Indian women subjected to repeated childbirth; perhaps even more importantly, it would enable Indians to carve out their “proper place” among the nations of the world.

While making birth control a national concern, the AIWC was also eager to forge transnational alliances around the issue. In 1935, the organization invited the American birth control activist Margaret Sanger to India.\textsuperscript{61} For the AIWC, hosting Sanger would raise the public profile of their contraceptive advocacy. For Sanger, India offered a new stage for activism at a
moment when she was concerned that US interest in birth control was flagging. She thus accepted the AIWC’s invitation and would later publicize the organization’s resolutions on birth control as a model for other women’s organizations globally. Sanger began her visit to India with an address to the AIWC’s annual meeting in Trivandrum, where she described her trip as undertaken in a “spirit of atonement” to “undo the false and mischievous impressions created regarding India” by another American woman, Katherine Mayo. Thus distancing herself from Mayo, Sanger advanced an argument that birth control would benefit women globally and Indian national aspirations specifically.

Like the AIWC, Sanger’s support for birth control was polyvocal. Perhaps this commonality helped to solidify her alliance with AIWC activists and shaped their common language of contraceptive advocacy. In her decades of activism, Sanger had espoused numerous reasons for contraception and had been willing to ally with individuals and organizations from a range of political perspectives. Thus, in line with the growing enthusiasm for eugenics during the 1930s, she had established ties with American eugenicists and eugenic organizations to advance her case for contraception.

When in India, Sanger embraced eugenic alongside Malthusian concerns to advocate birth control. After her time with the AIWC in Trivandrum, Sanger and the British suffragist Edith How-Martyn launched a propaganda tour across the country. Perhaps Sanger’s most famous encounter on this tour was with Gandhi at his ashram in Wardha. Although she was unsuccessful in persuading Gandhi—who was devoted to marital celibacy—to embrace birth control, this meeting raised the profile of contraception, and of Sanger herself, in India. Her visit, alongside numerous public speeches, radio addresses, and private meetings, helped to solidify the connections the Indian women’s movement had been making between birth control and India’s population, economy, and global standing. Like the AIWC’s resolutions on contraception, Sanger’s Indian tour centered women’s bodies as key sites of national development.

Although Sanger and the AIWC thus linked birth control to national goals, their polyvocal framework of contraceptive advocacy did not entirely subsume other feminist voices. Activists sometimes offered different reasons for supporting birth control and centered priorities other than the health or economic growth of the nation. From within the women’s movement, the most prominent of these alternative voices came from Kamaladevi Chattopadhyay, whose 1952 address to the International Committee for Planned Parenthood I discussed in the
introduction. A few biographical details of Chattopadhyay’s somewhat unorthodox personal life may help to contextualize her contraceptive advocacy. Married and then widowed while still a girl, she entered Madras University in 1918. Soon thereafter, she took an unusual step for a Brahmin widow by marrying Harindranath Chattopadhyay. The Chattopadhyay family, which included the Marxist revolutionary Virendranath Chattopadhyay—who was partner Agnes Smedley had connections to Sanger—and the nationalist-feminist Sarojini Naidu, was deeply influential in the young Kamaladevi’s politics. While in Madras, Chattopadhyay also came into contact with Annie Besant, who along with Margaret Cousins were important to Chattopadhyay’s involvement in the women’s movement. She became a founding member and the first organizing secretary of the AIWC in 1927, and in this capacity she testified before the Age of Consent Committee. Two years later, she resigned from her AIWC position to devote herself more fully to the nationalist movement and eventually helped to establish the Congress Socialists, a group that remained within the Indian National Congress, in 1934. Chattopadhyay was not active in the AIWC during the mid-1930s, when the organization passed its resolutions on birth control, but she was a staunch supporter of contraception.

Chattopadhyay argued that birth control could emancipate women from patriarchal control. As she wrote in “Women’s Movement in India” (1939), a “masculine-dominated society always stresses the importance of women as a breeder.” But with contraception, a woman “freed from the penalty of undesired motherhood will deal a death blow to man’s vested interest in her. He can no more chain and enslave her through children.” Consequently, for Chattopadhyay, women’s lack of control over their own reproductive capacity became a central component of patriarchy, and contraception offered them a tool of resistance: “This war which woman is waging today against man, against society, against nature itself, is against her sexual dependence. For as long as woman cannot control her own body and escape the sentence that nature seems to have decreed upon her, social and economic freedom would be innocuous.”

Chattopadhyay’s championing of birth control differs substantially from the AIWC’s resolutions, which, as we have seen, highlighted women’s health, more than women’s liberation. For Chattopadhyay in this passage, the promise of birth control did not lie primarily in its ability to foster national development, or promote economic or political progress. Rather,
contraception promised to attack the very foundations of women’s oppression not only in India but more universally as well.

However, even this forthright antipatriarchal critique did not prevent Chattopadhyay from also drawing upon the eugenic and neo-Malthusian currents of support for contraception that swirled across Indian public discourse. In the same essay, she highlighted the “economic and eugenic” reasons for birth control and argued it would lead to a “clean and healthy nation.” While critical of the Malthusian claim that a large population was the cause of poverty, Chattopadhyay agreed with neo-Malthusians that population increase could add to the “burden of the poor” and that birth control offered a remedy. Her support for reproductive reform thus combined a radical case for women’s self-emancipation with a range of other rationales for birth control, and neither argument precluded the other.

**Differential Fertility and National Reproduction**

The connections that women like Rajwade and Sanger, and even Chattopadhyay, made between birth control and the Indian nation depended upon eugenic logics. Proponents of eugenics suggested that Indians—not their British colonizers—could best manage their own reproduction and, through this, “breed a better India.” In other words, their reproductive self-governance modeled Indians’ fitness for political sovereignty, while also creating the strong bodies necessary to take control of the nation’s future. However, when connected to a national project, the evaluative logics of eugenics also raised fundamental questions about which bodies would best reproduce the nation. Whose reproduction might improve the racial or genetic fitness of the national body politic, and whose reproductive sexuality threatened to produce an “overpopulation”? Whose reproduction might be encouraged and whose discouraged in the pursuit of national modernity or development? These concerns underpinned the eugenic advocacy of birth control in interwar India, both within the women’s movement and among various eugenic organizations.

In line with the growing global popularity of eugenics, several eugenic societies were established in India during the 1920s and 1930s. The earliest of these was the Indian Eugenics Society, founded in Lahore in 1921. It was followed by the Sholapur Eugenics Education Society (1929), the Madras Neo-Malthusian League (1929), the Eugenic Society of Bombay (1930), and the Society for the Study and Promotion of Family Hygiene (1935). Each of
these groups connected eugenic and neo-Malthusian rationales for birth control and aimed to spread its ideas through publications, public meetings, and clinics. The leaders of these organizations were men, some of whom became prominent in eugenist circles both in India and abroad. Perhaps most notable among them was A. P. Pillay. A regular correspondent of Western eugenicists, Pillay hosted Sanger when she visited Bombay. He served as honorary director of the Sholapur Eugenics Education Society and helped to establish the Society for the Study and Promotion of Family Hygiene. He was also the founder and editor of the international scientific journal *Marriage Hygiene*, which aimed to “publish scientific contributions treating marriage as a social and biological institution.” The journal ran articles by Indian, other Asian, European, and American authors on aspects of sexuality, birth control, population, and eugenics. Among *Marriage Hygiene*’s contributors was the statistician P. K. Wattal, who, as I discussed above, rejected migration as a solution to population problems. Employed as an assistant accountant-general in the Bombay government’s Finance Department, Wattal advanced an argument about differential fertility among religious groups, which, as I argue in more detail below, became central to his call for the eugenic reform of reproduction. Other key participants in this eugenics discourse included Sir Vepa Ramesam and Sivasami Iyer, who were founders of the Madras Neo-Malthusian League and supporters of the League’s magazine, the *Madras Birth Control Bulletin*.

Eugenicist supporters of birth control investigated differences in fertility rates along class, caste, and religious lines and expressed anxieties about what these differentials might mean for the nation’s future. This was a chief concern for Wattal, for instance. Mining census data to compare fertility across social groups and noting correlations between fertility and occupation, he concluded that “fertility is in inverse ratio to standard of living and intellectual development. . . . The well-to-do have many interests in life and more than one outlet for their nervous energy, but the poor have very few. Sex life for the poor means much more than it does for the well-to-do.” This excessive sexuality of the poor, he continued, led to their greater reproduction and stood in contrast to the supposedly more controlled sexuality, and varied intellectual pursuits, of their wealthier counterparts. Wattal also cited the “dignity and worth of life” among various social groups, concluding that “among aboriginal tribes” such dignity was lowest, even while fertility was high. For Wattal, the implication was clear: the overreproduction of the poor threatened to overwhelm the more constrained reproductive sexuality of the rich.
Others shared Wattal’s concerns about fertility differentials between rich and poor. This was a driving impetus, as I discussed above, of Mukherjee’s *Migrant Asia*. It was also important to the Madras Neo-Malthusian League’s establishment of a birth control clinic in the working-class neighborhood of Chintadripet in Madras in 1938. The organization had been holding regular public meetings, running a small library, and sponsoring publications such as the *Madras Birth Control Bulletin* for some time. However, in expanding its efforts to create the clinic, the League aimed to reach the “semi-starved and half naked teeming millions of Mother India.” The organizing committee for the clinic, which included Wattal alongside Pillay, enlisted a “male doctor and a lady doctor,” assisted by nurses, to offer free consultation to “the poor” for three afternoons each week. This outreach was necessary to spread knowledge of birth control beyond the city’s elite classes: “It is the illiterate and poor who are not aware of such methods [for contraception] but it is they who need it most desperately.”

One writer in the *Madras Birth Control Bulletin* was clear that if only wealthy citizens used contraceptives, it would intensify existing fertility differentials between classes. He thus called upon “statesmen” to ensure that birth control was “made available to the class of people (poor and illiterate) who are in more need of it than others, as otherwise it will prove to be an evil rather than a blessing.”

Alongside class difference, caste became another key axis of eugenic concerns about differential fertility. In Madras, with its growing anti-caste Dravidian politics, the question hinged on Brahmin reproduction and sexuality. For instance, according to Murari S. Krishnamurthi Ayyar, who was a medical practitioner and the joint secretary of the Madras Neo-Malthusian League, Brahmins naturally had a lower birthrate than other castes. His book *Population and Birth Control in India* attributes this difference to the impact of their vegetarianism on their sexuality. Amplifying this “natural” difference was the fact that some upper castes and classes already had knowledge of birth control, in contrast to lower castes, whose supposedly higher fertility was unconstrained by contraception. This emphasis on the restrained sexuality of Brahmins—especially of Brahmin men like Krishnamurthi Ayyar himself—asserted Brahmin superiority. Within the evaluative logics of eugenics, this made Brahmins the most appropriate reproducers of the nation.

The eugenic framework of differential fertility also applied to Hindus and Muslims, as a “communalization of demographic issues” made Muslim reproduction seem a threat to a supposedly diminishing Hindu
Many of these claims centered on male bodies, making their reproductive sexualities central to assertions of nationhood. Krishnamurthi Ayyar, for instance, suggested that Muslims had higher birthrates than Brahmin Hindus. One reason, he speculated, may have been that Muslim men were circumcised, making their penises less sensitive and prolonging their ejaculation: “This delay in turn greatly increases the chance of the female orgasm. . . . This favours conception as during female orgasm the mouth of the cervix opens and sucks in the spermatozoa.” For Krishnamurthi Ayyar, this image of orgasmic women and their circumcised male partners paints a threatening picture, since it underpins the growth of Muslim populations vis-à-vis Hindu Brahmins.

Although Wattal did not enter into such physiological or sexual detail, he too proffered a picture of Muslim reproduction gone awry. In a 1937 lecture to the Madras Rotary Club, reprinted in Marriage Hygiene, Wattal claimed to trace the demographic decline of Hindus compared to Muslims in Bengal. He argued that, based on census figures, “the rate of increase of the Muslim population in Bengal for the last 50 years has been one per cent per annum and that of the Hindus less than half of that.” Wattal declined to speculate on “whether an upward trend is a sign of virility and a downward trend one of decadence. . . . The framing of a sound population policy is, however, an urgent necessity for every country.” Wattal does not specify what this policy might be, but he invokes a specter of Muslim demographic domination that was a consistent strand in interwar public discourse and was sharpened with the creation of separate electorates and the broader communalization of Indian politics during these decades. As Charu Gupta documents, these Hindu concerns about Muslim population growth claimed that Muslim conjugal practices— notably polygamy and the remarriage of widows— placed Muslims at a demographic advantage over Hindus, and even put Hindu women at risk of the sexual predations of Muslim men. In this gendered and communalized sexual discourse, upper-caste Hindu men, who were imagined as vegetarian and sexually restrained, were beleaguered by the supposedly uncontrolled reproduction of the nation’s “others.” Eugenic ideas could thus serve to elevate the reproduction of upper-caste Hindus as essential to national reproduction, while simultaneously disavowing the nation’s “others” as dangerous reproducers. The result was a contraceptive politics that linked birth control to the national population while incorporating only some bodies as appropriate to reproduce the nation.
Birth Control and Self-Emancipation

Across these currents of debate about eugenics, neo-Malthusianism, and the nation’s differential fertility, one 1930 editorial in the Tamil newspaper *Kutil Aracu* offered a starkly different vision for birth control. Its author was E. V. Ramasami, a sociopolitical radical and leader of the anticaste Self Respect movement. Known as Periyar among his followers, Ramasami was a major figure in Tamil public life and a long-standing supporter of birth control. However, when a birth control resolution was brought before the Madras Legislative Assembly in 1930 and the issue became a subject of public debate across the presidency, Ramasami was keen to distinguish himself from other supporters of contraception, especially the Brahmin leadership of the Madras Neo-Malthusian League: “The reasons given by us for birth control, and the reasons given by others, are different. We say birth control is necessary for women’s freedom and independence. Others give reasons like the good of women’s health, the energy of the children, the country’s poverty, or to prevent the fragmentation of family property. Many Westerners give the same reasons. But our view is different. If having children comes in the way of women’s personal freedom, then we say that women should stop having children altogether. Having many children also prevents men from living free and independent lives.”

Ramasami rejects neo-Malthusian and eugenic arguments in favor of birth control and casts aside maternal and child health as primary reasons for his support of contraception. Refusing to valorize reproduction or motherhood, he encourages women to cease reproducing altogether if it interferes with “personal freedom,” and suggests that birth control may liberate men as well. Economic concerns—the “country’s poverty”—are similarly cast aside in a bid for contraception as a technology of emancipation.

Ramasami’s broad rejection of the dominant frameworks of birth control advocacy was in line with his position on reproductive reform, especially regarding marriage. Beginning in the 1920s, the Self Respect movement had pioneered a new form of wedding ceremony that rejected the trappings of caste Hindu marriage, and Ramasami himself had been central in promoting these weddings, and their associated anticaste politics. At the Self Respect annual conference in May 1931, several months before Rajwade’s unsuccessful attempt to gain AIWC support for birth control, the movement passed a resolution declaring that childbearing was an obstacle to women’s freedom and that contraception was important for their liberation. Women leaders in the movement, such as S. Nilavati, agreed,
noting that since “it is women who experience the benefits and difficulties that come with having children,” they should be the ones to control reproduction.\textsuperscript{87} Similarly, Indrani Balasubramaniam called for decisions about birth control to be made by women and not by the male-dominated Madras Legislative Council: “Who bears the children? Is it men? Or women? If the men who are opposed to birth control ever experienced the suffering of giving birth, they would never speak as they do.”\textsuperscript{88} For these activists, contraception offered a tool for women’s self-emancipation, rather than for individual or national self-governance.

Consequently, they centered oppression and social change to make their case, arguing that contraception was a vehicle of resistance against class and gender inequalities. For instance, Self Respect writer T. D. Gopal noted that Tamil-Indian society had failed working-class mothers and their children. “What is the reply of these women,” he asked, “to a society which treats them merely as ‘child-manufacturing machines’ and treats their children in an unjust manner?” These children were not given a proper education, shelter, or food, and their mothers were “deprived of a natural environment to care for their children.” Perhaps, then, Gopal speculates, women will “say that they won’t reproduce unless society stops maltreating their children. . . . Why can’t women make a vast, collective wish and tell the society that they won’t bear children until the wishes of a girl child in the poorest of families are fulfilled at once?”\textsuperscript{89} Thus, in contrast to upper-caste eugenic and neo-Malthusian discourse, Gopal does not imagine poor and lower-caste women to be less desirable reproducers. Nor does he suggest that poverty was caused by bearing “too many” children, or that the children of the poor were less eugenically fit. Rather, he calls for poor women to control their reproductive capacity as a mode of revaluing their own labor—and their own children—under conditions of caste and class oppression. By allowing women to refuse childbirth in a society that so fundamentally undermined their gendered reproductive labor, birth control became a tool for poor women to craft their own liberation.

However, despite these sweeping claims about the emancipatory prospects of birth control, the Self Respect movement did not entirely jettison eugenic or neo-Malthusian frameworks in its contraceptive advocacy. The Self Respect newspaper, \textit{Kuti Aracu}, regularly featured articles addressing the growth of the Indian population and the problems of poverty, especially in the context of economic depression. Birth control advocates, including Ramasami himself on occasion, emphasized that contraception could improve the “quality” and health of the population while controlling its
increase: “In our country, the population is growing daily. Many people have no employment, and no means to live, and yet they go on having more and more children. They suffer without the strength to care for, or educate, these children.”

These claims were in line with mainstream eugenic and neo-Malthusian population anxieties, even while they disavowed concerns of differential fertility. In this sense, the movement’s insistence that birth control was a technology of self-emancipation did not entirely displace other rationales for contraception. We find instead that eugenic visions for improving the race existed alongside calls for poor and lower-caste women to use birth control to challenge patriarchal control over their bodies and labor.

Therefore, what distinguished Self Respect contraceptive advocacy was not its adherence to, or rejection of, eugenics and neo-Malthusianism but its refusal to link reproductive “fitness” to caste or class. In this regard, Self Respect discourse resonated with the anticaste politics of B. R. Ambedkar, who, as Shailaja Paik argues, centered reproductive labor in a materialist assessment of birth control.

The Self Respect movement’s reproductive politics, however, did not circulate beyond its Tamil audience. Although Ramasami and other Self Respect leaders were critical of child marriage, their campaigns for marriage reform did not engage with the women’s movement on the issue. Self Respect writers debated Mayo’s *Mother India* and reported on Sanger’s visit to India, but this interest was not reciprocated. The limited reach of Self Respect discourse thus forces us to consider which ideas about reproduction traveled—that is, became nationally or even transnationally relevant—and which stayed in place. The divide was, in part, linguistic: Self Respect publications were almost entirely in Tamil and did not move across national and transnational networks that were dominated by English. Moreover, through the interwar decades, claims about the eugenic reproduction of the nation gained political purchase and became a shared language of scientific research, public health efforts, international conferences, and transnational women’s activism. This was emphatically not the case for the self-emancipatory politics of Self Respect, whose birth control advocacy did not claim to reproduce the nation, and whose caste critiques undermined upper-caste eugenic and neo-Malthusian claims about the fit and unfit reproducers of modern India.

**Conclusion**

As we have seen, reproduction became a national project in interwar India. Reformers imagined powerful connections between individual bodies and
the body politic, arguing that changes to reproductive practice would promote national progress. Public health events like baby weeks, legislative efforts to end child marriage, and campaigns to support birth control all made reproductive politics central to efforts to reform bodies while asserting India’s political status on a global stage. Connecting reproductive self-regulation to national sovereignty, reformers insisted that changes in how Indians married and engaged in sexual relations would promote nationalist claims for political independence, while challenging the racial politics of imperialism, migration restrictions, and a global color line. This was a politics, in short, that was both about bodies and about land. Biopolitical regulation of the reproducing body was meant to produce geopolitical shifts in India’s relation with the world, supporting claims to sovereignty within the nation and the rights to mobility across the globe.

At the same time, concerns about differential fertility—and its supposed connections to caste, class, and religious affiliation—also shaped the contours of debate and demarcated between “fit” and “unfit” reproducers. Reproductive regulation thus did not apply to all Indians equally, but targeted some people’s reproduction as “dysgenic” or as an excess that produced overpopulation. As economic crisis in the 1930s propelled these concerns about reproductive practice, the impetus to regulate population became increasingly urgent. These concerns would eventually become the foundation for the postcolonial state’s investment in population control programs, as we shall see in the next chapter.