Reproductive Politics and the Making of Modern India

Sreenivas, Mytheli

Published by University of Washington Press

Sreenivas, Mytheli.
Reproductive Politics and the Making of Modern India.
Project MUSE. muse.jhu.edu/book/93981.

For additional information about this book
https://muse.jhu.edu/book/93981

For content related to this chapter
https://muse.jhu.edu/related_content?type=book&id=3062807
Chapter 3

Feminism, National Development, and Transnational Family Planning

After 1947, Dhanvanthi Rama Rau was one of many leaders of the Indian women’s movement who were reevaluating their work in light of the political changes heralded by independence. Rama Rau had served as president of the All India Women’s Conference (AIWC) from 1946 to 1947, shepherding the organization through the transitions and traumas of the partition. She then accompanied her husband, a diplomat, to Japan and the United States, where the couple joined the ranks of representatives of the newly independent Indian state. Returning to her home in Bombay, Rama Rau reconnected with her AIWC colleagues, but as she writes in her memoir, she was unsure of how best to direct her energies. She then met a “welfare worker” who introduced her to two “tenement families.” Rama Rau professed herself shocked by the poverty and poor health of both parents and children. “[W]hen I thought over these glimpses of slum life,” she recounts, “it became perfectly clear to me that, however much our social workers tried to improve conditions, nothing could be accomplished while unlimited numbers of children continued to be born in crowded houses where expansion was impossible.”

In Rama Rau’s retelling, this realization provoked her lifelong commitment to controlling India’s population: “I knew then that I had found a new purpose in life. There was no question in my mind that I should work for family planning single-mindedly and intensively. The limiting of our population was a fundamental and pivotal necessity if we were to make the gigantic task of social and economic improvement successful.” She founded the Family Planning Association of India (FPAI) in 1949, and it soon became the country’s largest nongovernmental organization in the field of population
control. Three years later, she helped to create the International Planned Parenthood Federation (IPPF) and served as its president from 1963 to 1971.\(^3\)

In both the national and transnational arenas, Rama Rau established herself as a central figure in the drive to control population through reproductive regulation.

Rama Rau’s trajectory, from her involvement in the Indian women’s movement to her founding of India’s premier family planning organization to her leadership of a transnational population control network, suggests important connections between feminism and family planning during India’s transition to independence. Rama Rau herself represented this trajectory as seamless. She invoked sympathy and support for women as her motivation behind family planning; her encounter with the suffering mothers of Bombay tenements thus sparked her drive to create the FPAI. At the same time, Rama Rau linked family planning to population control in the service of national development, arguing that easing women’s suffering via birth control was a foundational step in India’s social and economic progress after independence. These national commitments, moreover, always developed with an eye toward transnational networks, and Rama Rau was an eager collaborator with an emerging global population establishment. In creating these connections, Rama Rau was not alone. During the transition to independence, activists in the women’s movement were central to making family planning a key component of national, as well as women’s, development.

This chapter explores the transitional decade, from the early 1940s, when the women’s movement positioned birth control as a vehicle for economic and social development in independent India, to the early 1950s, when the ideological and institutional foundations of India’s population control policies were put into place. Traversing independence in 1947, this was a period when hopes about independent India’s future grappled with the tragedies of the partition and the lofty promises of anticolonial struggle confronted the realities of profound inequality. During this decade, new state institutions and ideologies developed in tandem with a rising concern that population growth was outpacing India’s food supply. Increasingly, women’s reproduction was targeted as a core reason for this imbalance between population and food, and family planners began to argue that reproductive regulation could be a tool of national development. Globally, these years also saw the end of World War II and the beginnings of decolonization. Among Western powers, concern about the growing demographic footprint of Asian, African, and Latin American countries sparked organizations like
the IPPF to call for global population control to avert a supposedly worldwide crisis. As it had in the past, India seemed to be at the epicenter of global population concerns, and Indian family planners like Rama Rau contributed to a transnational movement to control population. Their efforts also pushed the independent Indian government to include population control within its overall drive for state-led development planning. In 1952, India became the world’s first state to establish a program of population control, thus vindicating the aspirations of the FPAI, which had been founded just three short years before.

Feminists had an important, but often overlooked, role to play in this transformation of family planning into a pillar of India’s development regime. I use the term feminist broadly here, to include activists, organizations, and ideas aligned with the Indian women’s movement. In terms of personnel, the networks created by the leading women’s organization of the colonial era—the All India Women’s Conference—provided some of India’s first postcolonial family planners. In addition to Rama Rau herself, a number of AIWC members helped to create and staff the FPAI, and a few came to occupy important roles in the state’s health and social welfare programs, where they shaped the country’s emergent family planning efforts in the early 1950s. The AIWC’s institutional networks extended beyond national borders as well. The organization’s connections with Margaret Sanger had influenced the AIWC’s campaign for birth control in the 1930s, as we have seen. These connections were reinvigorated in 1952, when, as I described in the introduction, Sanger and Rama Rau collaborated to host the International Committee for Planned Parenthood conference in Bombay, a transnational effort that also boosted the FPAI’s commitment to making birth control a vital component of national development.

Beyond specific individuals and their networks of allegiance, my attention to feminists and family planning also analyzes the framework of ideas that linked claims about women’s rights to emergent regimes of population control. As we have seen, the AIWC’s first resolutions in favor of birth control in the 1930s offered multiple reasons why contraception benefited women—including eugenic and neo-Malthusian concerns about population, interventions in maternal and infant health, and women’s sexual and reproductive labor within families. This chapter suggests that during the transition to independence, these multiple rationales for birth control began to coalesce around the women’s movement’s commitment to national development. Family planning supported national development planning, AIWC members claimed, because access to birth control would improve women’s
health by reducing their childbearing and foster economic growth by controlling the population. Family planning via birth control could thus bring development to women and the nation. In effect, this approach to family planning centered the postcolonial nation-state as an agent of women's emancipation, while simultaneously linking feminist politics to the agenda of state-led development. This chapter maps these transitions through a close look at how family planning became such an important component of feminist activity.

Attention to these intersections between feminism and family planning during the 1940s and 1950s challenges three historiographic assumptions. First, that activists in the women's movement were simply co-opted by the state in the aftermath of independence. Second, that the impetus to control population via family planning was driven exclusively by men as technocratic experts. And third, that the first postindependence decade was, at most, just a prehistory to the rise of state-led population control in the 1960s and 1970s. While it is true that many feminist activists turned to the postindependence state as a site for their politics—and thus turned away from movement-building outside the state—they did not set aside their own agendas to accept already existing state policies. Rather, as the campaign for family planning suggests, feminists actively helped to make reproduction the terrain for state interventions into women's bodies and lives. Overlooking this role leads to the assumption that population control was entirely a male-led enterprise, with its agenda and implementation set exclusively by male demographers, development experts, and bureaucrats. As we shall see, women both inside and outside state institutions worked alongside—and sometimes at odds with—male policy-makers to determine what “family planning” was and how it was linked to state-led development. Moreover, they often did so as women, claiming family planning as a gendered space that connected women to development projects. Finally, although the 1960s and 1970s witnessed the vast expansion of population control, as discussed in the next chapter, we cannot understand this expansion without attention to the ideological and institutional assumptions that made “family planning” so central to imagining and implementing “development” in the context of independence.

To map this history, the chapter turns first to the years immediately before 1947, when the women’s movement established its commitments to planning for national development. These commitments took further institutional shape in 1949, with the creation of the FPAI. Building upon its links to the women’s movement, the FPAI also mobilized transnational
networks and helped to make India central to forging a global campaign around the question of population. The last section of the chapter investigates the terms by which family planning was folded into a process of state-led national planning with the First Five Year Plan in 1952. As I argue, family planning offered a means to bridge a series of tensions within the planning process by claiming to alleviate poverty without tackling structures of inequality and by promoting women’s development while leaving the question of patriarchy unanswered.

Ultimately, the women’s movement’s commitment to family planning advanced a population control agenda that would have little interest in challenging the structures and ideologies of women’s oppression. Instead, middle-class women family planners targeted the bodies and sexualities of poor and working-class women in the service of postcolonial development. Consequently, in suggesting that feminist thinking influenced an Indian development regime during the first postcolonial decade, I do not imply that “development” was therefore emancipatory or gender egalitarian. Rather, this chapter asks how a range of family planning policies that had so little interest in challenging gender, caste, and class inequalities became justified in the name of poor and lower-caste women’s advancement. To answer this question, I do not claim to uncover family planners’ individual intent or motivations, although I highlight their claims about intent whenever it becomes visible in the historical archive. More than intent, this chapter considers the far-reaching impact of discourses and actions that connected claims about women’s needs and rights so firmly to a top-down model of family planning. Historians must grapple with this impact if we are to understand either feminism or the politics of family planning during the transitional decade of independence.

**Planning Families for Women and the Nation**

A decade or so before independence, and anticipating the end of colonial rule, several prominent leaders of the women’s movement plunged into planning for national development. Under the leadership of Lakshmibai Rajwade, who had introduced the AIWC’s first resolution on birth control in 1931, they joined the Congress Party’s National Planning Committee to produce a report titled *Woman’s Role in the Planned Economy* (WRPE). The WRPE report gave prominent mention to birth control, arguing that contraception would not only improve Indian women’s lives but also contribute to the nation’s development by controlling population, reducing food
scarcity, and alleviating poverty. Consequently, the authors argued, family planning was a critical vehicle to bring women into the state’s development mandate. They called for the state to ensure women’s access to family planning services; at the same time, they called upon women to take responsibility for limiting their families in service to the nation. Their arguments became the foundation for the women’s movement’s commitment to reproductive regulation as a component of national planning for women.

The WRPE was one of a series of reports produced by various subcommittees of the National Planning Committee, which the Congress Party established in 1938 under the chairmanship of Jawaharlal Nehru to create a program of India’s planned development with a view toward independence. The subcommittee on women, which produced the WRPE report, included in addition to Rajwade many leading figures of the women’s movement, such as Aruna Asaf Ali, Vijayalakshmi Pandit, Rameshwari Nehru, Hansa Mehta, Sarojini Naidu, Durgabai Joshi, Begum Shareefah Hamid Ali, and Muthulakshmi Reddi. Their report broke radical ground, stepping away from the largely middle-class-centered agenda of the colonial-era women’s movement, as Maitrayee Chaudhuri demonstrates, by focusing on women as workers and by bringing women’s labor firmly into consideration as part of the national economy. At the same time, however, the WRPE foreclosed the more revolutionary implications of its own analysis, reverting instead to an emphasis on bourgeois rights of property ownership and citizenship. Chaudhuri traces this contradiction to a realignment between the Congress Party and Indian business interests, which led the NPC overall to offer a radical class analysis while dismissing the possibility of its realization.

We see similar contradictions between a deep-rooted analysis and limited conclusions in the WRPE’s discussion of families, sexualities, and contraception. The report develops a thorough critique of familial patriarchies but appears to ignore the implications of this critique in its recommendations for birth control. For instance, the authors condemn joint families for their oppression of women: “The present position of woman in the Joint Hindu Family system is incompatible with her emancipation or her free development as an individual . . . her position is considered only in virtue of her relationship to man, as wife, mother or daughter.” Alongside this rejection of the joint family, the report challenges norms about women’s responsibilities as mothers: “We would like to displace the picture so deeply impressed upon the racial imagination of man striding forward to conquer new worlds, woman following wearily behind with a baby in her arms. The
picture which we now envisage is that of man and woman, comrades of the road, going forward together, the child joyously shared by both.” This passage positions reproduction—and in particular the work of social reproduction—as a burdensome form of labor that has hindered women’s ability to “conquer new worlds.” The WRPE imagines a new division of labor whereby parenting is a shared task, which would enable women’s fuller participation in the life and work of the nation. This potentially radical challenge to the gendering of domestic and reproductive labor could offer the ideological grounds for linking birth control to the WRPE’s calls for gender equality. Freed from the reproductive labors of constant childbearing and child-rearing, women as workers could take a new place alongside men as “comrades of the road” in building the nation.

However, the WRPE disregards this antipatriarchal critique in its chapter titled “Birth Control or Limitation of the Family.” Without reference to their earlier analysis of women’s reproductive labor or subordination within families, the authors use neo-Malthusian ideas to argue that limiting the number of children would “help to relieve the people of poverty, unemployment, malnutrition, and other miseries due to over population.” Therefore, family limitation is in the interests of “the children, the parents as well as the nation.” The report also adopts a “eugenic point of view” to add that “the Indian stock is definitely deteriorating.” To remedy this racial degeneration, the WRPE calls for “the right kinds of persons [to] marry,” to properly space their children, and to limit their children to suit their family income. The report concludes these goals “can be achieved if men and women have sufficient knowledge of the methods of birth control.”

The WRPE’s argument that reproduction is responsible for poverty and racial decline turns away from the report’s own concern with patriarchy and gender inequality. Contraception is not offered as a means to tackle women’s subordination within patriarchal families, nor their limited access to the labor force—both problems the WRPE had already identified. Indeed, the chapter on birth control does not even pose inequality and oppression—whether of gender, caste, or class—as problems for national development to address. Instead, population growth becomes the core development obstacle to national development, and the WRPE makes birth control a technological means to overcome it. In other words, although the authors of the WRPE mobilized feminist rhetoric to argue that women had a role in national development, they sidelined this argument when bringing birth control into the purview of the national state. The political impetus for challenging women’s oppression, so prominent in the report’s analysis of women’s
role in the planned economy, thus faded away in the WRPE’s recommendation for family planning.

As a result, despite all its feminist leanings, the women’s subcommittee did not differ very much in its birth control recommendations from other subcommittees of the National Planning Committee that addressed the question. The subcommittee on population, chaired by Radhakamal Mukherjee, similarly lamented the “dysgenic” practices of the Indian population and its excessive increase.14 The subcommittee on health called attention to “too many and too frequent births” which added to the “prevailing poverty.”15 All three reports—on women, population, and health—focused on birth control as a tool for improving population “quality” and reducing its quantity. Not even the WRPE’s call to reorganize gendered reproductive labor could bring contraception out of this framework, whereby “family planning” would serve to align women’s reproduction with the needs of national economic development.

Throughout the decade, AIWC leaders strengthened this alignment through their contraceptive advocacy. This move helped to legitimize population control as a vital component of development for both women and the nation. Consider, for example, the AIWC presidential address by Hansa Mehta in 1946:

Woman shall have a right to limit her family. It is the woman who has to suffer bearing children, looking after them and bringing them up in a civilized way. The right to decide the family should therefore belong to her. Woman should be conscious of this right which she must learn to exercise for her own good, for the good of the family and for the good of the country. India is over-populated and its population is going up while her resources are limited. Unless something is done to check this upward curve of the population, poverty, starvation and all the evils that follow in their train will be our lot.16

In Mehta’s terms, birth control is a woman’s right because of her responsibilities toward her children; women’s reproductive labor is thus at the center of her analysis of contraception. However, Mehta also harnesses this labor to the service of the nation, and specifically to national problems of overpopulation. Women’s rights to birth control are thus of national benefit, since they can bring into balance the relationship between resources and population within India. The cause of expanding women’s rights, and of easing their reproductive burdens, is thus perfectly aligned with national
population policies. Mehta leaves little room for these dual interests to diverge, since she insists that women must exercise their reproductive rights for the “good of the family and for the good of the country.”

A few months after Mehta’s address, the AIWC pursued these connections between women’s rights to contraception and the nation’s need for population control still further. The organization’s “Indian Woman’s Charter of Rights and Duties” was drafted in anticipation of independence and aimed to secure for women their rights within the national state. The charter contained a specific provision for birth control: “Woman shall have a right to limit her family. It will be the duty of the state to provide the necessary knowledge to married women who desire to have it for health and economic reasons only through recognized hospitals or maternity homes.” As in Mehta’s address, the AIWC document frames “family limitation” as a component of women’s rights. But in contrast to Mehta’s emphasis on women’s exercising these rights for familial and national benefit, the charter introduces the state as the guarantor of women’s contraceptive rights via a system of “hospitals” and “maternity homes.” Moreover, when turning the focus from women onto the state, the charter narrows the reasons for state intervention in birth control. The government’s responsibilities are limited to “married women,” who are assumed to need contraception for “health and economic reasons.”

At the first AIWC national conference after independence and partition, the organization’s president, Anasuyabai Kale, cemented this move by calling for the state to make birth control a centerpiece of development projects geared toward women. Speaking to conference members in December 1947, Kale noted the range of issues facing the country. The economy had been in turmoil due to partition and the influx of refugees, and industrialization was a key priority to raise living standards. Within this context, Kale invited “the attention of the Government to one more important problem which cuts at the very root of all and that is the alarming increase of population . . . until we regulate this abnormal increase by artificial means the economy of the whole country will collapse.” In particular, she added, the population was out of balance with the food available. Domestic production of food grains was insufficient to meet the demands of India’s growing population, and longer-term plans to increase agricultural production would take time. Meanwhile, the government’s struggle to meet food needs reduced the capital available for industrialization, and thus “the question of population” threatened to upend even the best-laid national development goals. Finally, India’s high maternal and infant mortality rates decreased
the “vitality” of the population, and thus became another block to development. In Kale’s terms, birth control would at once improve women and children’s health, increase the country’s food security, and promote industrial development. This combined benefit to both women and the nation was the basis of Kale’s appeal to the state.

Similarly, Begum Shareefah Hamid Ali, an AIWC leader and member of the National Planning Committee’s subcommittee on women, invited attention to this imbalance among food, population, and resources. She exhorted the readers of the AIWC magazine *Roshni* to support national development goals by becoming ambassadors for reproductive regulation. “For Heaven’s sake teach your daughters, your neighbours, and every woman in her home the urgent necessity of controlling our population. We simply cannot survive if we go on increasing at the rate we have been increasing in the last twenty years. No enemy need come and attack our country—we shall be dead through sheer starvation!” Neither Hamid Ali nor Kale mentions women’s “rights” to contraception; they do not even address the arguments the AIWC had previously invoked, of women protecting their own health or controlling their own reproductive labor. Instead, birth control becomes an aspect of women’s responsibility to the nation. The Indian state serves as a necessary partner in this process, as women leaders like Hamid Ali and Kale made controlling reproduction a matter for state-led development.

This turn toward the state suggests the faith that Indian feminists had in the postindependence regime’s interest and ability to foster social change—including changes for women. In this transitional moment of decolonization, when the nation-state was still in formation, many AIWC women argued that obtaining state power and turning it in the direction of women’s development would represent the culmination of the colonial-era feminist struggle. This faith in the state was not unique to feminists but widely shared across the political spectrum. Arguably, however, this reliance on the state disregarded its caste and class composition, and the resultant limitations on fundamental social or economic transformation, as Maitrayee Chaudhuri suggests. Indeed, the AIWC women who would occupy positions of state power and influence after independence shared in this caste and class privilege—which enabled their entrance into the institutions that created the family planning bureaucracy. I consider the results of these alliances and aspirations in the next section, on the institutionalization of family planning.
Family Planning as National Social Service

After independence and partition, women’s activists mobilized to bring family planning to the state’s attention. The most important initiative in this direction came from the Family Planning Association of India (FPAI). The FPAI drew from the ideological and institutional legacies of colonial-era feminism, most notably through its connection to the AIWC. But the organization also marked its differences from the women’s movement’s campaigns for contraception by actively involving men and by claiming the authority of scientific and technical expertise. As a result, I argue, the FPAI linked the language of Indian feminism with emerging demographic science to mark family planning as a form of social service aligned with national development goals.

According to its founding members, the FPAI was created because of growing interest in family planning within both the women’s movement and the scientific community. As Avabai Wadia, who would become the FPAI’s second president, recounts, the question of family planning was first raised to her by Elfriede Vembu, a social worker in Bombay. Vembu approached Wadia, who was serving as the editor of the AIWC magazine *Roshni*, for assistance in publicizing birth control among women. Wadia was interested in helping, especially since the time seemed right. The Bombay Municipal Corporation had recently decided to introduce family planning services at two of its maternity centers, while the Bhagini Samaj, a Bombay women’s organization, had begun a birth control clinic. *Roshni* could support these efforts, but Wadia was concerned that the English-language magazine was not the best way to reach out to the “underprivileged and largely illiterate mothers” who were, in her view, the target for birth control. In line with AIWC frameworks of contraceptive advocacy, Wadia assumed that members of the organization themselves did not need contraceptive advice, perhaps because they already had access to the information they required or because they were not responsible for the problem of “overpopulation.” Instead, she imagined another target in the “illiterate mothers” who could not read *Roshni*.

In Wadia’s telling, her concern for such women had been sparked by Lakshmibai Rajwade. She was deeply affected when reading a speech by Rajwade, “who said that Indian women were fated to a life that ‘oscillated between gestation and lactation until death wound up the sorry tale.’” Wadia’s turn to family planning was prompted by a desire to free women
from “the trap of biological compulsion and of the societal pressures for frequent childbearing.” To this end, and in hopes of reaching women in need, Wadia recalls in her memoir, “We got together a group of experienced social workers and medical practitioners, both men and women, and formed the Family Planning Committee, which soon became the Family Planning Association of India.”

Wadia’s is one of several origin stories told about the FPAI. Rama Rau puts forward a slightly different version, marking her visit to the Bombay tenements as a key moment, as we saw above. Across these varied accounts, however, there is a common theme: both Wadia and Rama Rau represent birth control as a service offered to poor women by their more privileged or elite “sisters.” This was a model of service with long genealogies in the colonial-era women’s movement, as well as in Gandhian ideals of citizenship.

Wadia, Rama Rau, and their FPAI allies repurposed this ideal into the FPAI’s support for postcolonial family planning.

Rama Rau and Wadia drew upon their AIWC networks to staff the new FPAI. These AIWC members included Mithan J. Lam, who served as president of the AIWC and vice president of the FPAI and even used her desk in the AIWC offices to conduct her family planning work. Wadia recalls that all three women worked well together as a team for the FPAI. They “were on the same wavelength. All three of us had Theosophical Society influences behind us and believed in giving social service. We worked together in the AIWC and continued to have many discussions and shared jokes together. . . . We knew each other’s families.” Other AIWC members who were involved included M. S. H. Jhabvala and Vaidehi Char as joint honorary treasurers of the FPAI. Additional women members included Elfriede Vembu, the social worker who had approached Wadia at Roshni, and Sushila Gore, a medical doctor.

While drawing from these AIWC networks, Rama Rau also aimed to expand the FPAI’s leadership. She argued that “it was important to have men on the new committee” whose scientific and medical expertise would lend authority to the FPAI’s activities. The scientific “experts” who helped to found the FPAI included several prominent men—physicians, demographers, and birth control advocates. Among the organization’s joint directors were the Bombay gynecologist V. N. Shirodkar and the renowned eugenicist and sexologist, A. P. Pillay, whom I discussed in chapter 2. The executive committee included R. D. Karve, a longtime birth control advocate, social reformer, eugenicist, and former professor of mathematics. In this way, the FPAI claimed a scientific agenda at a moment when, globally and in India, medical science and technocratic expertise reigned supreme.
Bringing together experiences and networks from the women’s movement with this scientific expertise, the FPAI aimed to provide information about family planning as a form of social service for poor women.

Consequently, one of the new organization’s first initiatives was to establish a birth control clinic in Bombay. This clinic, the Family Welfare Center (Kutumb Sudhar Kendra), purposefully targeted the inhabitants of the city’s “slums.” According to Rama Rau, “many of the slum dwellers in our neighborhood came to visit our doctor for medical help of all sorts. Here we began to educate them in the simplest, least-threatening terms about the need for controlling the size of their families.” Given the technologies of the time, the clinic likely focused on distributing pessaries or contraceptive sponges to women. Eventually, some FPAI branches also experimented with using pads soaked in oil. By introducing its patients to birth control methods, the clinic aimed at once to improve women’s health, alleviate their poverty, and reduce the “drudgery” of their reproductive labor. In Wadia’s terms, the Family Welfare Center thus continued a project of service to impoverished women that the AIWC had initiated over a decade earlier, both in the organization’s support for birth control and in its outreach efforts on women’s health. But significantly, it did so within the scientific space of the clinic—thus linking the women’s movement’s legacies of “service” to an agenda of scientifically managed modernization. This allowed the FPAI to position its birth control advocacy as a scientific approach to women’s welfare.

While cultivating the targets for its birth control advice among the “slum dwellers” of Bombay, the FPAI also aimed to mobilize another constituency to support family planning. These were the social workers, medical professionals, and scientists, alongside a variety of volunteers, who the organization hoped would build a public interest in birth control as a vehicle for national development. To that end, the FPAI organized independent India’s first national conference on the subject in December 1951. The two-day session was attended by 110 individuals, “experts” in the field alongside ordinary citizens. The goal, in Rama Rau’s terms, was both to promote interest in family planning and to “establish a scientific and practical course of action” to enable the education of “illiterate men and women on the desirability of smaller families.” As in the case of the clinic, through the conference, the FPAI positioned family planning as a form of social service that experts and middle-class volunteers could provide on a scientific basis to lower-caste and lower-class recipients. This bifurcation between the middle-class agents of service and their subaltern targets was apparent in the
structure of the conference itself. It invited medical and social scientific studies of contraceptive use while advancing demographic and other rationales for family planning. The conference’s imagined audiences were thus not those who might need or want access to birth control but rather those whose scientific and voluntary commitments would bring family planning to the “illiterate men and women” who might visit a clinic or be targeted for outreach. The conference in 1951 thus provided a platform for the FPAI to cultivate middle-class interest in its programs and highlight its scientific credentials—all while making the case that family planning was a form of social service that required state support.

While organizing and promoting the national conference, the FPAI was simultaneously lobbying the state. After independence, the government had embarked upon a planning process that built upon the Congress Party’s earlier initiative with the National Planning Committee. Under Jawaharlal Nehru, a new entity, the National Planning Commission (NPC), was established and tasked with producing a Five Year Plan for economic development. Keen to engage the NPC and bring family planning into the First Five Year Plan, the FPAI called upon Wadia to draft a memo presenting the organization’s views. Wadia aimed to “express our ideas about the need for family planning—to promote the health of mothers and children, and also as a means by which population growth could be slowed—and to outline some of the ways in which this could be done.”34 This resulting FPAI document, “The Growth of Population in Relation to the Growth of Economic Development,” outlined a program of propaganda, clinics, training, field studies, and research. It insisted that voluntary organizations operate alongside the state in order to “prepare the minds of the people for the practice of family spacing and limitation.”35

The planning commissioners were apparently willing to consider these ideas, which resonated both with the Congress Party’s earlier planning exercises and with a growing national and transnational interest in population control as a component of planned development. The NPC invited Rama Rau and Wadia to sit on its Advisory Health Panel and Advisory Social Welfare Panel, respectively.36 The FPAI would subsequently develop a close alliance with the Indian state, and perhaps we might mark this moment—when Rama Rau and Wadia formally joined the planning process—as one step toward developing these ties between the FPAI’s “voluntary” work in family planning and the government’s emerging commitment to state-led population control. In particular, Rama Rau seemed ideally positioned to forge these connections. In addition to her credentials with the women’s
movement, she had access to government circles through her husband, a diplomat and chair of the Reserve Bank of India from 1949 to 1957. Mobilizing these networks, she set her sights on making “family planning” not only an element of social service within the women’s movement, as it had been, but also an official arm of the postcolonial state. As we will see below, she met with considerable success when the First Five Year Plan allocated state funds to a family planning program in 1951. But first, let us turn to another set of ideas and networks that shaped family planning’s emergence as a component of planned development. That was the growing transnational movement for population control.

**Family Planning and Transnational Development Regimes**

Building upon their early initiatives within an Indian national context, FPAI leaders also began to mobilize transnational networks in support of their family planning agenda. To do so, Rama Rau, Wadia, and their allies drew from the women’s movement’s existing connections, which had been forged during the AIWC’s campaign for birth control in the 1930s. The FPAI took a major step in furthering these connections when it hosted the conference of the International Committee for Planned Parenthood (ICPP) in Bombay in 1952. As noted in the introduction, Rama Rau agreed to host the conference at the invitation of Margaret Sanger, and it became the first international gathering of its kind to be held in independent India. Its outcome was equally momentous; on the last day of the conference, delegates voted to create the International Planned Parenthood Federation (IPPF). Within this chapter’s history of feminism and family planning in India, the Bombay conference marks a watershed moment for at least three reasons. First, it linked Dhanvanthi Rama Rau closely to Margaret Sanger and helped both women argue that population control was a continuation of a long-standing history of feminist support for contraception. Second, the conference helped to sideline alternative visions of family planning to put forward a neo-Malthusian agenda that insisted contraception was necessary for population control, and ultimately for modernization and economic development in the “Third World.” This agenda would come to govern family planning programs both in India and abroad in the decades to come. Third, the Bombay conference connected Indians more closely to an emerging network of population controllers who had hitherto been mostly American and Western European but who had wider aspirations. In so doing, it also made India a critical site for shaping policies on population and reproduction that
extended beyond national borders. That is, India was not simply the ground upon which a global population control agenda was enacted. Rather, India’s specific historical conditions and the efforts of Indian family planners helped to shape what “global” population control would look like. India would help define the course of the movement worldwide.

Margaret Sanger may not have had all these outcomes in mind when she wrote to Rama Rau in 1951 asking the FPAI to host the conference. But in retrospect, it is clear that Sanger captured a moment when, both globally and in India, growing concern about world population was reshaping the politics of reproduction. Fears about global population increase—and especially the growing portion of that increase taking place in Asia, Africa, and Latin America—were prompted in part by the specter of food scarcity, made real during World War II and its aftermath. These fears spurred not only agricultural research but also a renewed search for means to control population growth on a worldwide scale. Americans and Western Europeans were especially disturbed by signs of differential fertility between their countries and the rest of the world. In the wake of decolonization, some were alarmed by a future that would be dominated demographically by Asians and Africans, and we can see in their writings during the 1940s and 1950s the precursors to what later became a full-blown panic about a global “population explosion.”

These fears were fueled by the geopolitics of the Cold War. A large and growing population in places like India raised questions about whether poverty could be alleviated and living standards raised quickly enough to avert sociopolitical unrest. For some worried Americans, the Communist revolution in China had already shown this possibility, and India seemed to be the next battlefield in a global war against population. In response to these varied fears and aspirations, Americans took a leading role in creating new organizations to support population control transnationally, many of which took a keen interest in India as a site for research, funding, and policy-making. The most prominent of these organizations, the Population Council, was founded in 1951, just one year before Sanger and Rama Rau’s Bombay conference.

An additional, potentially less US-centered avenue for transnational networking on population was the growing field of international health, in the form of the World Health Organization (WHO), a UN agency founded in 1948. For a brief period at its inception, various member states and observers aimed to involve the WHO in birth control as a global health issue. In 1951, the Indian government sought WHO support for a study of the rhythm method as a technology of family planning. This study proved to
be short-lived, and the WHO soon turned away from birth control research. Nevertheless, when Rama Rau and Sanger began their collaboration for the Bombay conference, the WHO remained another potential site for advancing their goals and was part of the broader transnational network that both women tapped into and helped to build.

Sanger came to this collaboration with some experience in India, since she had worked closely with the AIWC, traveled extensively across the country in support of birth control in 1935 and 1936, and met with Gandhi on the subject, as we saw in chapter 2. Turning to India again more than a decade later, Sanger professed herself to be impressed by Indian family planning efforts. She wrote to Rama Rau of her interest in the FPAI’s proposed national conference and was hopeful that the organization might expand its work by bringing the International Committee for Planned Parenthood to India in the following year. The ICPP had held a previous international conference, at Cheltenham in England in 1948, where, coincidentally, Wadia had been in attendance. Sanger was eager to continue these efforts in Bombay. Rama Rau agreed to Sanger’s proposal but also sought to dampen the latter’s expectations: “You realize that this is the first time that an All India Conference on this topic has been arranged, and we are still not sure what the attendance will be, or how much interest will be aroused in the country.” Nevertheless, Rama Rau proposed that the Planned Parenthood conference be held soon after two other international conferences in India, on social work and on child welfare. She was hopeful the conferences might share common delegates and thus help to bolster numbers. And although the FPAI was a new organization, Rama Rau assured Sanger that they could expect the support and cooperation of the more established AIWC. Consequently, from the very outset of conference planning, Rama Rau linked the FPAI ideologically and institutionally both to the women’s movement and to emerging ideas about social service and social welfare.

For Rama Rau and the FPAI, the collaboration with Sanger brought several benefits, namely opportunities for technical training and funding from European and American sources. Key financial support for the conference came from Ellen Watamull, an American associate of Margaret Sanger’s whose husband was Indian. Along with providing five thousand dollars toward conference expenses, Watamull sent six models of the female pelvis, a donation that Elfriede Vembu noted was in immediate demand for birth control education. Meanwhile, A. P. Pillay requested that Sanger bring contraceptive supplies with her during her voyage to Bombay, specifically dyes for pessaries, which he hoped could subsequently be
produced more cheaply in India. During the conference itself, the FPAI arranged for visiting medical professionals to train Indian doctors in contraceptive methods; the organization paid women daily to come to the Bombay clinic, where they served as patients for the doctors demonstrating and learning new techniques. More generally, the conference allowed Indian family planners—most of whom had few opportunities to travel abroad—to join transnational conversations about contraceptive technologies and global population control.

These benefits did not flow only in one direction. Sanger’s global aspirations received a political and ideological boost from her alliance with the FPAI. As she wrote to Rama Rau, Sanger hoped to create a permanent world organization devoted to family planning. She was concerned, however, that “global” population control was perceived as an exclusively Western concern and tainted by association with racism, imperialism, and Cold War politics. Indeed, as Wadia later recalled, these associations had disturbed her when she first encountered the birth control movement in the 1930s, and they had resurfaced at the 1948 Cheltenham conference. Sanger hoped that taking the conference outside of the US and Europe and holding it in India might push back against such criticisms and could bolster the new organization’s global legitimacy and credentials. Perhaps it was this logic that led Sanger to make a unilateral decision, bypassing the ICPP, to hold the conference in Bombay. Rama Rau agreed that meeting in Bombay would bring in Asian countries “much more wholeheartedly than you will be able to draw them in” if in Europe. India, in this sense, served as a gateway to Asia and a link to the “global.”

Beyond recognizing the political expediency of holding the conference outside the West, Sanger must have seen an ideological resonance between her vision for the global birth control movement and events that were unfolding in India. The ICPP was operating amid a jostling mix of ideas about the meaning and purposes of family planning. Some members of the organization espoused eugenic ideals as a primary motivation for their family planning work; the ICPP was in fact housed within the premises of the Eugenics Society in London. Others highlighted sex education, in particular the importance of addressing sexuality apart from reproduction, as a key mission for family planners. Some were primarily interested in the mechanisms of contraception and its dissemination via clinics. However, Sanger argued that a truly global movement for “planned parenthood” needed to demonstrate the relationship between population control and economic development, especially in the newly decolonizing world. The
FPAI was already making such connections in India, and Sanger was eager to take the global movement in these Indian directions. Holding the conference in Bombay could make a powerful statement about what kinds of activities and agendas the new world organization on planned parenthood might pursue.

Sanger and Rama Rau advanced this agenda while sidelining alternative visions of the Planned Parenthood movement. In particular, Sanger was determined to deemphasize sex education, and in this maneuver, she went directly against the Dutch delegation’s position. The two Dutch representatives to the ICPP, Dr. Conrad Van Emde Boas and Dr. A. Storm, were insistent that the conference be held in Sweden, as the ICPP had previously agreed, rather than in India. They called for a program with “more stress on the cultural aspects of the sexual problem than on the neo-Malthusian ones.”

They were skeptical of the motives of population controllers and wary of associating birth control exclusively with neo-Malthusian fears about the dangers of population growth. Sanger was dismissive of these claims, writing to Rama Rau that “the Dutch representatives have been trouble makers on the Committee always. They both have a Marxian attitude about Population. They want the Committee to interest itself only in Sex Education.”

Hosting the conference in India, Sanger implied, would move Planned Parenthood away from these “Marxian attitudes” that challenged the growing dominance of neo-Malthusianism in the global population movement. Instead, Indian interest in (over)population, and the FPAI’s own neo-Malthusian perspectives, would anchor the new world organization.

The conference opened in Bombay in November 1952 and was attended by 487 delegates and observers from fourteen countries. This did not include the Dutch delegation, which boycotted the conference. Rama Rau chaired the local organizing committee, and she was joined by Mithan Lam and Wadia. Other FPAI members, notably A. P. Pillay and V. N. Shirodkar, were involved in the local arrangements as well. Indian attendees included several individuals who would later become leaders in India’s family planning bureaucracy and in the Health Ministry. The conference itself was inaugurated by the vice president, Sarvepalli Radhakrishnan. For any observer at the opening ceremonies witnessing the series of prominent politicians, scientists, and policy-makers, perhaps “family planning” seemed like a global movement whose time had come. In her statement opening the volume of conference proceedings, Rama Rau capitalized on this moment. She expressed hope that the conference would focus attention in India “on this very vital question of population control at a time when important plans
for the development of the country were being initiated for the raising of the standards of living of the people.” Having thus bound population firmly to the cause of national development, Rama Rau reminded her readers that the government of India had just recently made family planning one of its health priorities in the First Five Year Plan. The moment was thus right, she insisted, to bring the “whole of this important question to public discussion.” And indeed, the conference did so. An entire section of the proceedings was devoted to “population problems.” Even more importantly, neo-Malthusian concern about the impact of population growth on economic development provided the context—and the political urgency—behind many of the papers presented. Sanger and Rama Rau’s careful engineering of the agenda seemed to have succeeded in shaping a global movement for family planning around the questions of population and development.

Nevertheless, there remained voices of dissent in Bombay. Conference delegates encountered one such voice at the very outset, when Kamaladevi Chattopadhyay greeted the attendees in her welcoming address. Chattopadhyay brought a powerful set of credentials to her position as chair of the Bombay conference’s reception committee. As discussed in the last chapter, during the 1930s Chattopadhyay had been a forceful advocate of birth control, which she linked to a broader critique of patriarchal structures of family and sexuality. Her address to the delegates in Bombay did not return to this earlier antipatriarchal critique but offered an anti-imperialist and antiracist vision for a global family planning movement, as I noted in the introduction. Chattopadhyay challenged two foundational assumptions of the conference organizers: the notion that family planning was primarily a component of national planning and the neo-Malthusian premise behind the idea of Indian “overpopulation.”

In the face of the demographers, doctors, and other “experts” in population control who were among the conference delegates, Chattopadhyay insisted that decisions about sexuality and childbearing could never be subject to top-down planning. Moreover, she reminded her audience that “planning is a means to an end, not an end in itself”; the end was “the fulfillment of human beings.” Aiming to disentangle birth control from development planning goals, Chattopadhyay suggested that “planned parenthood” was relevant to all states and societies—not just those of the colonized or postcolonial world. Consequently, she refused to “accept any theories as to why there should be a planned family, whether economic or health, or any other reason because life is really much larger than any single purpose.” At
the core of her position, she added, was the “inherent right of parents to determine for themselves the size of their families.”\textsuperscript{55} Chattopadhyay’s address walked back from her previous insistence that the primary purpose of birth control was to overthrow patriarchal controls over women’s sexuality, and she instead privileged the “family” as locus of agency and decision-making. Yet, from her prominent position in the conference, Chattopadhyay’s focus on the welfare of the “individual family” challenged the growing assumption that “family planning” was entirely subservient to an economic development regime.

Moreover, Chattopadhyay’s vision for family planning rejected a neo-Malthusian framework and turned instead toward a geopolitics of land, food, and migration. The problem was not that some countries were overpopulated, she suggested, but that land was not equally available to all people. Chattopadhyay thus indicted countries “in Africa”—an implicit reference to the white settler colonies in South Africa and Rhodesia—that allowed a small minority to hold all resources and forced the majority of the population into small territories. Chattopadhyay also reminded her audience that some countries had plenty of land available—an implicit reference to the United States, Canada, and Australia—but had closed their doors to immigrants.\textsuperscript{56} Such racist policies concerning land and migration, she argued, were a key part of the global “population problem,” and she called upon conference delegates to include it in their discussions. Chattopadhyay’s critique of a global color line and her insistence on understanding land in relation to population should remind us of an earlier strand of population discourse, advanced by Radhakamal Mukherjee, among others, that did not privilege reproduction as the primary solution to the problem of population. It hearkened back to a geopolitics that understood population as a transnational question that was not limited to the national boundaries of any single state. Her avowedly anti-imperialist and antiracist analysis thus refused to territorialize “overpopulation” as a problem for the independent Indian nation to confront via reproductive regulation. Instead, she challenged the assumption that “population” would have to be contained within the existing borders of nation-states—an assumption that underpinned the ICPP’s international agenda.

There is no record of how Chattopadhyay’s speech was received, but she may have found a sympathetic ear among at least some of the delegates. Among them was likely Sripati Chandrasekhar, a conference attendee who would go on to become the minister of health and family planning in 1967. Two years after the Bombay conference, Chandrasekhar published an analysis
of the geopolitics of population, titled *Hungry People and Empty Lands: An Essay on Population Problems and International Tensions*.\(^{57}\) Echoing Chattopadhyay, Chandrasekhar critiqued race-based immigration laws and challenged a global color line that prevented “hungry people” from accessing the resources of so-called “empty” lands. He thus linked the freedom from hunger to a freedom of global mobility and argued that the contemporary distribution of world population was neither necessary nor inevitable but the product of imperial rule. At the same time, like Mukherjee before him, Chandrasekhar relied upon imperial discourses about the supposed emptiness of land populated by indigenous people. This claim to “emptiness,” in turn, became the basis of his calls to overturn imperialist immigration law to solve problems of population in Asia. At least in 1954, when *Hungry People and Empty Lands* was published, Chandrasekhar’s geopolitics of land and migration turned away from reproductive regulation. In this sense, he shared with Chattopadhyay a suspicion of population control. Yet by 1967, as health minister, Chandrasekhar would join—even lead—the population control bandwagon, turning away from his earlier critique of migration policies while becoming a forceful advocate of increasingly intensive means of reproductive control.

Chandrasekhar’s personal turn away from the geopolitics of migration toward an intensified regulation of reproduction mapped the trajectories of family planning both in India and globally. Challenges to racial immigration policies, alongside calls for individual choices in family planning, gave way during the late 1950s and 1960s to a quest to reduce Indian fertility rates to meet centrally planned development targets. In this sense, Sanger and Rama Rau’s vision for the Bombay conference, whereby birth control would become a global concern precisely through its connection to population control, became the dominant discursive and policy framework. Rama Rau and Sanger solidified this vision on the last day of the conference, when delegates passed a resolution to create the International Planned Parenthood Federation.\(^{58}\) The delegates determined, further, that the new Federation would comprise various national organizations—of which the FPAI was one—as members. The IPPF was thus a transnational network, operating across national borders. At the same time, it reterritorialized global population as a series of national problems and routed its personnel and finances through organizations that operated within the boundaries of the nation-state. Meanwhile, the Indian government took up the challenge issued at Bombay and began to develop a state-directed program of population control, to which we turn next.
Family Planning as Population Control

The government of India’s First Five Year Plan, which was announced in 1951 and commenced in 1952, allocated funds for a family planning program. In many ways, the Plan’s vision of family planning aligned with the FPAI’s agenda as it had developed since 1949 and with the goals of an international movement as laid out during the Bombay conference. The Plan document asserted that population growth was a critical factor in India’s economic development and recommended that the state conduct research on contraceptive methods, provide its citizens with access to birth control, and encourage them to plan their families. To this end, it situated family planning services within the government’s Ministry of Health and allocated an initial budget of 6.5 million rupees. While this was a small proportion of the 178 million rupees provided in the health budget overall, the incorporation of family planning into India’s national planning process was a momentous step within India, and also transnationally. After decades of debate within Indian nationalism about the causes of Indian poverty and the role of Gandhian sexual continence in shaping a national citizenry, the Plan document came down firmly on the side of those who linked regulating reproductive sexuality to alleviating poverty.

However, when family planning became a component of national planning, it also became enmeshed in the latter’s tensions and contradictions. Specifically, the call for birth control grappled between a stated commitment to universal health, welfare, and democratization on the one hand and the exigencies of a top-down and antidemocratic drive to control population growth on the other. As we have seen already, both these trajectories—birth control as a vehicle for liberation and for an intensified and intimate biopolitical regulation—had been present within the women’s movement, and within broader reproductive politics, for decades. When family planning became a vehicle for national planning, these contradictions mapped onto a broader tension within Indian nationalism itself.

The National Planning Commission decided to support family planning in a context of some public pressure and lobbying. As we have seen, the FPAI took a leading role in mobilizing public opinion in favor of birth control and calling for its inclusion in the First Five Year Plan. These arguments likely found some support on the NPC, including from Durgabai Deshmukh, who was the only woman member of the commission and an AIWC member. At the same time, the planning commissioners were also concerned with food and famine. Increasing agricultural production was a central goal
in the First Plan, and the NPC apportioned state resources accordingly. This focus on food was prompted by concerns that India’s population would outpace the country’s food supply and stymie the nation’s development. While these fears had a long history, as we have seen throughout this book, they also had a more recent context in the horrors of the Bengal famine in 1943. The famine—widely understood to have been a human-made calamity due to British wartime policies—was the first on its scale since the turn of the twentieth century. For observers of the widespread starvation in 1943, including the AIWC delegation sent to Bengal to report back to the wider membership, experiences with famine relief shaped understandings of food crises and population in India.\textsuperscript{60} As Rama Rau, a member of that delegation, later recounted, witnessing the famine further fueled her commitments to make reproductive control an aspect of planned development.\textsuperscript{61} Meanwhile, continuing food shortages and widespread food rationing kept the question of hunger at the forefront of public debate.\textsuperscript{62}

In the midst of these concerns and pressures, the census of 1951, the first conducted since partition, documented that the country’s population had increased by nearly 45 million people, to 360 million, in the course of a decade.\textsuperscript{63} This increase, according to census commissioner R. A. Gopalaswami, was due to the conjuncture of a falling death rate with ongoing high birthrates. Although rates of maternal and infant mortality remained high—India’s were among the highest in the world—the number of births still outpaced the number of deaths, leading to significant population growth. As Gopalaswami suggested in more polemical terms, “improvident maternity,” which he defined as births occurring to women with three or more children, was among the causes of India’s population increase.\textsuperscript{64} This widely circulated phrase, which was repeated across media and policy circles, helped to shape a growing consensus among Indian elites that women’s childbearing was to blame for population increase and, in turn, for hunger and food scarcity. Targeting the birthrate, and the women whose supposed “improvidence” was its cause, seemed to offer a solution to India’s (over) population. The NPC apparently agreed.

When the NPC brought population control into its purview, reproductive regulation became part of, and furthered, a set of tensions and contradictions within the planning process itself. Broadly speaking, state-directed planning negotiated the gap between goals that were transformational in their stated aims but limited in their policy implementation, which focused only on the formal sectors of the economy.\textsuperscript{65} The rhetoric of socioeconomic transformation grew out of the history of Indian nationalism itself, more
specifically from debates about the causes of Indian poverty and “underdevelopment.” Economic nationalists like Dadabhai Naoroji had long argued that the British “drain of wealth” was the chief cause of Indian poverty, and this critique of colonial economic policy helped to produce India as a space of nationalist governance. Confronting rising popular pressures for transformational change, leaders like Nehru drew from this legacy when they insisted that a national government—not an imperial one—was best positioned to bring economic development to its people. They offered development as an anticolonial answer to the problems of empire, and during the 1930s, the Congress Party staked its legitimacy, in part, upon this promise to foster development. After independence, planned development came to offer a rationale for the new, independent, democratic state. Planning both represented a reason for the state’s existence and marked its responsibilities toward its citizens. This insistence that state-led development could fulfill the promises of anticolonial struggle thus underpinned the transformational rhetoric of postcolonial planning.

Even as the postindependence state remained wedded to these rhetorics of transformation, which Maitrayee Chaudhuri identifies as both socialist and feminist, it was “constitutive of social classes whose interests ran counter to these stated aims.” In other words, the state’s upper-caste and upper-class composition starkly limited the kind of transformation that the NPC would pursue. Confronting popular pressures for change without disavowing elite interests, the Congress regime was forced to negotiate both “elite desires for power as well as popular desires for emancipation.” This was a reflection, as Pranav Jani reminds us, of the “heterogeneous” character of Indian anticolonial nationalism during the transitional period around independence. Consequently, during the 1940s and 1950s, the state’s planning process gestured toward a vision of democratizing development while also solidifying its alliance with capital and business interests. These tensions played out within and outside the Congress Party in debates about the purposes and goals of state planning, which were also debates about the priority of capitalist economic growth versus any form of democratic social transformation. Ultimately, the planning process negotiated a “twin problem,” which Partha Chatterjee identifies as the need to secure both the accumulation of capital and the political legitimation of its social costs.

A program of state-directed family planning that was aligned with the national planning process was perfectly positioned to negotiate this tension. Family planning aimed to address poverty, a central goal of postindependence planned development. However, such a program avoided discussion
of inequality, thus sidestepping any need to confront elite interests within the planning process. Rather than tackling systematic inequalities of land ownership, the disenfranchisement of Dalit and Adivasi populations, or the gendered hierarchies within households, it understood reproduction as the cause of the problem and the site of its solution. Consequently, family planning became a program of poverty alleviation that left hierarchies of class, caste, and gender almost entirely unchallenged. This, indeed, was the promise of population control in postcolonial India. It was also the promise of Indian population planning within a Cold War context. Divorced from geopolitical critiques of racist immigration policies and calls for the freer migration of people across the globe, an “Indian” program of family planning implicitly promised to contain “India’s” growing population within its territorial boundaries. Kamaladevi Chattopadhyay’s anti-imperialist reading of world population, which she voiced at the Bombay conference, thus disappeared from its nationalist framing within the First Five Year Plan.

These negotiations between elite and popular interests, and between globally anti-imperialist and more narrowly nation-bound readings of population, played out in the emerging institutions of family planning and their relationship to the organized women’s movement. For instance, the caste-class composition of the state shaped women’s access to the levers of state power and to the planning process itself. The largely middle- and upper-class members of the organized women’s movement, as we have seen, were able to transition into positions within the state bureaucracy and to bring their case for family planning directly to the NPC’s attention. This included not only Rama Rau and Wadia, but also NPC member Durgabai Deshmukh and independent India’s first minister of health, Rajkumari Amrit Kaur. The planning process potentially amplified their voices, since the composition and structure of the NPC and its various advisory boards elevated the recommendations of bureaucratic and technocratic “experts” at the expense of ordinary citizens in charting the directions of social and economic change. Meanwhile, Wadia and Rama Rau’s repeated insistence that “voluntary organizations” must play an essential role in bringing family planning to ordinary people further solidified the mediating role of the FPAI, the AIWC, and their cadre of middle-class women volunteers. Within this institutional framework, the stage was set for the NPC to pioneer a top-down approach to family planning that would mobilize the nation’s elites—including its elite women—to provide a “service” to its subalterns by bringing them technologies of birth control. As we know, this claim to
serve impoverished women had been a pillar of the AIWC’s contraceptive advocacy during the 1930s. By the 1950s, this motivation became folded into the state’s development agenda and made family planning a component of social service and social welfare. I discuss the political implications of this model of middle-class service further in the next chapter.

For now, I focus on family planning’s promise to alleviate poverty without addressing inequality. This claim rested upon long-standing neo-Malthusian foundations, which tended to blame poverty on the over-reproduction of the poor. However, by the mid-twentieth century, family planners also began to situate their arguments within a new intellectual paradigm: the theory of the demographic transition. Beginning in the late 1940s, the first generation of American academic demographers, most notably Kingsley Davis and Frank Notestein, outlined a sequence of steps that all societies would ostensibly take on a common road to modernization. At first, industrializing societies would reduce their death rates while birthrates remained high; this would lead to population growth. However, as a society reached “socioeconomic maturity,” people’s values would shift toward limiting their families, and birthrates would eventually fall, leading to a stabilization of the population. All modernizing societies would pass through this moment of demographic transition. From a population control perspective, the question was how quickly such a transition would occur within any given society. However, academic demographers noted a problem when applying theories of demographic transition to the former colonies. They argued that unlike in Europe, where falling death rates had led to concurrent declines in birthrates, in Asia and Africa death rates had fallen well in advance of the socioeconomic changes that would lead to lower fertility. Therefore, countries like India were stuck in a position of lower death rates but ongoing high birthrates, leading to rapid population growth. Further, they theorized that in the “Third World,” unlike in the European and American past, population growth and its associated problems would prevent the “modernization” necessary for shifting social attitudes toward childbearing.71

Therefore, in the eyes of demographic transition theorists, India was mired in a demographic trap. Its death rates had fallen far in advance of social attitudes that would limit birthrates; at the same time, its burgeoning population would prevent the economic development that might prompt people to limit the size of their families. In response to this perceived problem, scholars who applied demographic transition theory to explain a transition after the fact in Europe made the theoretical apparatus
prescriptive in India, as in other parts of Asia and Africa. As Karl Ittmann argues, the result was “an emphasis on increasing access to contraception rather than waiting for social change to generate fertility decline.” Birth control, in short, was the spark necessary to produce a demographic transition outside of Europe and the United States. Demographic transition theory thus offered a new promise. The countries of Asia and Africa could modernize their economies by regulating how their populations reproduced. They could circumvent the problems of poverty and inequality—produced in part by their “stalled transition” to low birthrates—by convincing people to limit their childbearing by using contraception.

The NPC latched onto this promise of a “demographic progression to modernity.” The First Plan document noted an imbalance between falling death rates and ongoing high birthrates, thus situating India within an early, pretransition phase of demographic development. However, the planners noted, any attempt to rebalance birth and death rates would confront a further problem. Birthrates might come down “as a result of improvements in the standards of living,” such that a wealthier population might produce fewer children. Yet “such improvements are not likely to materialize if there is a concurrent increase of population.” For the planning commissioners, this was India’s demographic trap in a nutshell: a vicious cycle encouraged poor people to have many children, which in turn led to their further impoverishment, which again increased their fertility. State-led population planning could extricate India from this demographic quagmire. This was a necessary component of the development process—or, in the Plan’s terms, “Population control can be achieved only by the reduction of the birth rate to the extent necessary to stabilize population at a level consistent with the requirements of national economy.” In this way, the First Plan made population a manipulable component of its economic plans; stabilizing population growth through state-led planning would enable the government to reach its development goals.

The NPC situated its quest to stabilize population within the state’s programs for health. Planning for health, like the process of planned development overall, negotiated multiple and competing claims during this transitional period. Within the transformational rhetorics of state-led planning, health was represented as a basic human right. Long denied by the colonial state, it became the responsibility of the postindependence regime. With the creation of the WHO, health could also serve as a site of internationalist aspiration, a universal human right that set the peoples of the formerly colonized world on equal footing with their former colonizers.
Yet, as Sunil Amrith reminds us, these universalist and rights-based rhetorics of health existed simultaneously with state planners’ drive for health interventions that would improve the Indian “race” and make it more efficient and governable. This approach to health meshed with long-standing elite concerns about racial and caste purity and degeneration and promised to contain the supposed threat of lower-caste reproduction. Consequently, state intervention in health stemmed at once “from an egalitarian commitment to welfare, and a far-from-egalitarian fear of the rising numbers of the lower castes.”

Family planning again served to bridge the gap. It promised to improve the health of impoverished mothers and their children and also to contain and regulate their reproduction. This was the ground upon which health expenditures for family planning became a critical component of economic development: “[Stabilization of population] can be secured only by the realization of the need for family limitation on a wide scale by the people. The main appeal for family planning is based on considerations of the health and welfare of the family. Family limitation or spacing of the children is necessary and desirable in order to secure better health for the mother and better care and upbringing of the children. Measures directed to this end should, therefore, form part of the public health programme.”

The goal here is economic development via stabilizing population growth. However, its appeal is health. That is, the people of India would not simply come to a “realization of the need for family limitation” based on the state’s development goals. Instead, they would become more governable—more willing to submit themselves to the state’s development regime—when they saw its health benefits. Family planning was thus a component of the universalizing drive for health as a basic human right; it could serve the goals of improving the welfare of children, mothers, and their families. At the same time, it was also a means to promote the hegemonic claims of state-led planning; it could persuade the “people” of the legitimacy of development and, by extension, of the state itself.

The NPC’s rhetorics of family planning as a component of women’s and children’s health precisely echoed a long-standing argument of the women’s movement. From Rajwade’s first birth control resolution in the AIWC to the WRPE report to Rama Rau’s claims that the suffering women of the Bombay tenements had inspired the creation of the FPAI, feminist women had promoted health as a critical rationale for birth control. In this, they joined women like Margaret Sanger—and even Annie Besant before her—who emphasized mothers’ corporeal suffering and declining health to argue
that birth control was a woman’s right. In fact, as we have seen, women’s movements were important in making health a priority within dominant neo-Malthusian and eugenistic frameworks of contraceptive advocacy. They had also negotiated this health right as a component of development, thus merging its egalitarian and inequalitarian aspects, well before Indian independence. The First Five Year Plan adopted and intensified this language.

Even while situating its family planning budget within these transformational rhetorics of health, the NPC was far from certain about how such funding should be used. The allocation called for collecting information about public attitudes toward fertility regulation, as well as conducting field experiments on the effectiveness of family planning programs. But it did not specify which methods of fertility regulation would be studied. The government turned, first, to the rhythm method, preferred by minister of health Rajkumari Amrit Kaur. Amrit Kaur was a member of the princely family of Kapurthala in Punjab whose father had converted from Sikhism to Catholicism. A close associate of Gandhi’s as well as a former president of the AIWC, she brought to the Health Ministry a Gandhian commitment to public health alongside an interest in promoting “measures for family limitation so as to make some adjustment between the number of people and the resources that are available to them.”

Perhaps she believed that the rhythm method could meet all these needs, especially since it was the only method that Gandhi had eventually endorsed—albeit with reluctance—during his discussions with Margaret Sanger.

Alongside others in the government, Amrit Kaur likely shared the view that rhythm was a culturally appropriate form in India because it could draw upon existing sexual norms about periodic abstinence within heterosexual marriage. Moreover, it would cost nothing, another important factor in the drive to find an appropriate contraceptive method that was accessible to all people. Taken together, these apparent benefits propelled the rhythm method to the forefront of the government’s initial foray into family planning. In 1951, the same year the draft Five Year Plan was first announced, the government invited the WHO to conduct a pilot project on the rhythm method in India. This initiative situated family planning and population control firmly within the field of international public health and thus aligned with the Plan’s broader organization and vision.

The WHO sent Dr. Abraham Stone, a physician and medical researcher who headed the Margaret Sanger Research Bureau in New York. Stone was directed to center his investigations on rhythm, and alongside a small team of investigators, he pilot studies in one urban area (in Lodi in Delhi), and
in one rural one (in Ramnagaram in the state of Mysore). Stone had already been studying the rhythm method in New York, and in India he and his team devised a way that women could keep track of “safe” and “unsafe” days for sexual intercourse by using a string of beads of different colors and shapes. They would move one bead each day to keep track of their menstrual cycles. Stone’s team tried several designs in order to make the bead necklace workable, eventually incorporating a safety catch to avoid any confusion about which direction to move the beads. Other barriers, however, proved more difficult to overcome. Reports soon surfaced that some women and men believed that simply owning or wearing the necklace had contraceptive effects; others believed that the beads violated their privacy, since it marked their menstrual cycle in public. Couples soon began to drop out of the study, and it eventually ended with little success. This marked the end of the WHO’s investigations in India since, in 1952, opposition from several member states led the organization to withdraw from the field of family planning.

The Indian government’s short-lived experiment with the rhythm method should remind us that during the early 1950s, despite the state’s rapid movement toward population control, the course of its planning program had still not taken shape. Multiple ideas about the directions of family planning, and its relationship to contraceptive technology and reproductive sexuality, were still in contestation. In the case of the WHO study, this contest pitted Amrit Kaur against her former colleagues and associates in the AIWC and in the FPAI. Although she seemed committed to the rhythm method, the AIWC denounced Stone’s study as a waste of state funds, and its members offered to use the money themselves in order to conduct more useful studies of contraceptive methods. Dhanvanthi Rama Rau was suspicious about the effectiveness of rhythm, especially among India’s largely illiterate population. When Stone stayed with her in Bombay in 1951, she took the opportunity to express her frustrations directly: “I also told him that a number of us felt that he would be undermining the work we had been doing” by seeming to advocate a “Safe Period theory in preference to contraceptives.” Other FPAI members, notably A. P. Pillay and R. D. Karve, challenged rhythm’s effectiveness and the ability of ordinary women to calculate their safe days properly. Meanwhile, the FPAI and its various branches continued to seek other methods, including the contraceptive sponges designed by Marie Stopes. Challenging Amrit Kaur and the Indian government’s endorsement, therefore, a growing network of AIWC and FPAI members did not believe that the rhythm method aligned
with the goal of bringing scientific expertise to the dissemination of family planning. This divide was visible at the international conference in Bombay, which Amrit Kaur—despite her position as health minister and stated commitment to controlling population—refused to support.

However, the Indian government would soon move toward other technologies of birth control. Longer lasting was the First Five Year Plan’s transformational rhetoric, which linked family planning to maternal and infant welfare and to a vision of universal public health and democratizing development more broadly. Alongside this set of rhetorical claims, as we have seen, reproductive regulation claimed to address poverty without challenging existing inequalities. This too, was a legacy of the First Plan’s vision of family planning within its national development regime.

Conclusion

Looking back from the mid-1950s, just a few years after the creation of the FPAI, Dhanvanthi Rama Rau and her colleagues in the organization may well have found reason for satisfaction. The FPAI was a growing organization that had begun to expand from its Bombay headquarters to other parts of the country, all the while working closely with the Indian government. Meanwhile, via the First Five Year Plan, the government had adopted the principle that population control was a vehicle for national development and had targeted contraception as a means to control population growth. Moreover, family planners in India were increasingly connected to a transnational population establishment, and the FPAI had become a constituent member of the IPPF. Within this transnational arena, the broad frameworks of neo-Malthusianism and the more specific analysis of demographic transition theorists helped to link birth control to economic development and modernization in the “Third World.” India was not merely a site to enact these ideologies but was crucial to shaping the directions of the global movement. Rama Rau’s vision from the tenements of Bombay—in which she insisted that contraception was necessary to save both women and the nation—seemed on the verge of fulfillment.

As we have seen, the organized women’s movement helped to shape the direction of these momentous events. During the transitional years surrounding independence, the AIWC’s institutional networks served to recruit and organize the first generation of women family planners and connected Indian efforts to an emergent transnational population control movement. Feminist legacies were important to the discourses and rationales
of family planning as well. Rama Rau and the FPAI drew upon the AIWC’s long-standing argument that family planning was a women’s issue. In the aftermath of independence, both the FPAI and the AIWC suggested that family planning could serve as a national response to the “women’s question” by linking women’s development to the nation. Recognizing a growing concern about population among Indian development planners, FPAI and AIWC leaders successfully linked family planning to population control, and argued that family planning centered primarily on women. Rama Rau and the FPAI’s connection to Sanger helped to advance these claims in transnational contexts as well.

The success of feminist women’s efforts depended upon alliances with many others—from demographers to eugenicists, physicians to planners—who pushed for population control as a vehicle for national (and “Third World”) development. The result, as some historians suggest, brought together “strange bedfellows” in both national and transnational campaigns for family planning. Yet perhaps these links were not entirely strange, given the women’s movement’s powerful commitment to India’s emerging development regime. While drawing upon their feminist credentials and highlighting the centrality of women, Rama Rau, Wadia, Deshmukh, Rajwade, and other family planners nevertheless advanced an agenda that was less interested in addressing gender inequality than in bringing women’s reproduction into the purview of state-led development. By positioning women in this way, family planners helped to advance the promise of state-led family planning to alleviate poverty without grappling with inequalities of gender, class, or caste. Indeed, feminism’s connection to family planning rested less upon its claim to challenge patriarchy or women’s subordination than its claim to bring poor women’s reproductive lives more firmly into the embrace of the development state.