

Argumentative Sexuality : The Emergence of Population Problem and Birth Control Movements in Early 20th Century India

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Argumentative Sexuality: The Emergence of Population Problem and Birth Control Movements in Early 20th Century India

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1. Introduction

India has the second largest population in the world with 13.8 billion people, accounting for 17.7% of the total world population (2020, World Bank). Tackling the ‘population problem’ has been one of India’s major national concerns since independence. A national family planning programme to control the population was initiated in India in 1952, and the country has been consistently engaged in the ‘population problem’ ever since today (Harkavy and Roy 2007). The fertility rate has fallen by approximately a third in the last 60 years, from 5.9 (1952) to 2.2 (2018). However, there has been a strong demand for the result aimed at declining fertility rates and population growth rates, and targeted approach that specialises in female sterilisation, have often been the subject of criticism.

Family planning has been, on the one hand, governance oriented towards managing the whole of the ‘population’ beyond the individual body (Foucault 1990), while at the same time creating differences between groups by social factors of the region, caste, class, religion, and gender on the other hand. The differences are often narrated in the media and among people as a matter of concern, such as a substantial decline in fertility rates among the educated middle class in cities, while the uneducated lower classes living in rural areas are ‘overpopulated’ and the ‘backward’ Muslims who prohibit family planning against the ‘modern’ Hindus who pursue small family norms. The dichotomy between urban, educated, progressive, modern social groups against rural, uneducated, backward, traditional ones is apparent in the discourse of family planning (Jeffery and Jeffery 2006). Though these concerns are often regarded as based on ‘scientific’ data of censuses and statistics, they are merely a projection of social divisions in reality. Therefore, family planning has always been an arena of contested discourses and actors in India (Hodges 2008).

From the beginning of the 20th century, there have been movements in many parts of India to promote the childbirth restriction (Srivastava 2004; Ahluwalia 2008; Hodges 2008). However, there is a major difference that in the West where the birth control movement was carried mainly by female activists and linked to women’s empowerment, whereas in India, as discussed later, it was driven by educated, higher class, higher caste

male social reformers. How population, reproduction, and sexuality were being discussed in India from which perspectives in the same period? Furthermore, how are they connected to the 'population problem' that is often at the vanguard of contemporary Indian society? In order to explore these questions, it is necessary to examine what type of arguments on reproduction and sexuality were rose there.

The purpose of this study, therefore, is to specifically examine the birth control movement in the early to mid-20th century as part of the wider project to analyse the historical development of population problems and policies in India. Talking about sexuality publicly was (and still is) considered as obscenity in Indian society and people were reluctant to confront this issue even within the birth control movements. Instead, they problematised the issue according to the improvement of society based on the idea of Eugenics and Neo-Malthusianism or, based on the Enlightenment, on the distressing situation of Indian women caused by repeated pregnancies (Ahluwalia 2008). This study situates today's population policy in India in its historical context, with the aim of identifying whose reproductive capacity was considered to be under control in early 20th century India and what were the societal responses towards the movements. In doing so, this study elucidates the above questions, paying particular attention to the work of Raghunath Dhondo Karve (hereafter R. D. Karve), one of the initial birth control activists and his contemporaries in the Bombay presidency in the early 20th century.

2. British India and the Beginnings of Birth Control Movements

Before proceeding to the main point, let us present the overview of the socio-political context of India at that time. India came under the direct British rule, or the regime of 'British raj' after the Indian Rebellion in 1857, shifting from the rule of the British East Indian company, which had continued since the 17th century. British India consisted of eight major presidencies and provinces (e.g., Bengal, Madras, Bombay, and United Province, etc.), five minor provinces (e.g., Coorg, Ajmer-Merwara, and British Baluchistan) and more than 500 princely states of previous regional rulers. Even though princely states could hold a certain amount of autonomy under the supervision of the British government, they did not have sovereignty. All provinces were governed by British governors and Indians were lost their political power and excluded from public spheres (Chatterjee 1993).

The birth control movements have emerged as a consequence of the invention of the concept of the population, which is a product of modernity as it is deeply related to the establishment of statistics as a technique. The statistics, which was a newly invented word in 1749, originated from a modern Latin word *statisticus*, etymologically signifying 'knowledge of the state, of the forces and resources that characterize a state at a given moment' (Foucault 2007: 274). Therefore, it is directly related to the governance of the state.

Statistics take practical form in the census survey aimed to grasp those estimates of the nation. The first Indian census was launched in 1871 and has been conducted every 10 years since then. The notion of 'overpopulation' has been created based on the

collected census data. The introduction of birth control movements in India was an outcome of the discovery of ‘overpopulation’ as a social problem via accumulated data and information about the nation. As shown in Table 1, the population of India remained constant at approximately 250 million until 1931. The reason behind the relatively low growth rate between 1891 to 1921 is considered as a result of continuous famine and epidemic diseases such as malaria and cholera. The Spanish flu only caused more than 17 million deaths in India between 1918 to 1920 (Wakimura 2002). However, the population has been steadily increased since 1921 and the growth rate was 10.6% (1921–1931) and 15.0% (1931–1941) (Table 2).

Although 1931 Census commissioner J.H. Hutton and others shared official concerns about India’s population increase, it was not the colonial government that took initiatives regarding birth control activities in India (Arnold 2006). It was Indian social reformers, mainly English educated higher-caste men, and international birth control activists, who were involved and deployed the birth control movements.

Even though Indians were excluded from public spheres under the colonial regime as mentioned above, the local people were gradually included in the administrative structures and were expected to support the overwhelmingly small number of British rulers to run the colonial system. In 1919, the *Government of India Act 1919* was introduced to provide the diarchy at the provincial levels. It allowed Indians to access and control some parts of the administration such as agriculture, education, health, and sanitation. These bureaucracies were staffed by local middle-class elites educated in English in presidency towns such as Calcutta, Madras, and Bombay, and most of the posts were served by higher caste Hindus. The highest rank of such bureaucracies was the Indian Civil Service (ICS), which was previously dominated by British and Europeans, but later opened to Indians to a limited extent. It was necessary to be educated in English to obtain such occupations. According to the colonial administrator Thomas Macauley, education policy was expected to create an ‘Indian in blood and colour, but English in tastes, in opinion, in morals and intellect’ (Fernandes 2006: 3).

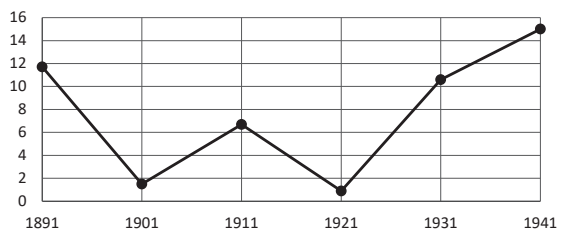
There is an argument that the notion of class (especially the middle class) emerged in British colonial times. Middle class Indian social groups were a historical construction in Calcutta, Madras, and Bombay presidencies where colonial administrative offices and cantonment were built (Fuller and Narasimhan 2014). Most of them were not from

Table 1 Population of India (1901–1941)

Year	Total
1901	238,396,327
1911	252,093,390
1921	251,321,213
1931	278,977,238
1941	318,660,580

(Source: Office of the Registrar General & Census Commissioner, Government of India)

Table 2 Population Growth Rate of India (1891–1941) (%)



(Source: Davis 1968 [1951]: 27–28)

traditional landlords (*zamindar*) or aristocracy, but with modern professions such as white colour workers, government officers, or professionals, including doctors, lawyers, and judges. In Bombay, college education was dominated by the Hindu community. Among Hindus, the Brahmins (the highest caste group) took the largest share of the new educational opportunities. They accounted for 66.1% of total Hindu students at college in Bombay presidency in 1875 (Seal 1971[1968]: 87).¹⁾ Leela Fernandes points out that the role of education in shaping the formation of the new colonial middle class must be understood ‘in the ways in which it created new and enduring socioeconomic hierarchies both within the middle class and in relation to subordinated groups’ (2006: 6). It can be said that education, profession, class, and caste were interrelated in the category of the middle class in colonial India.

It was these colonial elites who were created as a result of education policy aimed at improving Indian society by dealing with various social problems such as caste discrimination, child marriage, lack of female education, and prohibition of widow remarriage as social reformers. Social reform was wider social as well as religious movements for societal and national development to change and eliminate ‘conventional’ traditions and customs by self-reflexive local elites under the British colonial rule. It was natural that the overpopulation, which was a hindrance to social development, became the concern of Indian social reformers. Birth control was one of the emerging concerns of social reform movements in the 1920s. The first Neo Malthusian League was established in Madras in 1928 and this was the beginning of similar movements that spread throughout the country. Unlike the birth control movement in the West and



Photo 1 News article about Margaret Sanger’s visit to India (*The Madras Mail* 1936/01/04) (photo by author)

elsewhere dominated by female activists, it was male social reformers who were engaged with birth control activities in India.

Some of the world prominent birth control advocates such as Margaret Sanger²⁾ and Edith How-Martyn³⁾ travelled to India several times to deliver seminars and workshops to create public awareness about birth control in the 1930s (Photo 1). Especially Edith How-Martyn and her secretary Eileen Palmer were ardent advocates of promoting birth control in India and visited it four times. How-Martyn delivered many public lectures and workshops for doctors and medical staff on birth control all over India, but mainly in the Bombay Presidency with the support of local birth control activists such as A. P. Pillay, editor of journal *Marriage Hygiene* and R. D. Karve, editor of journal *Samāj Swastyā*.

3. Birth Control in the Bombay Presidency

As historian Sarah Hodge notes, ‘over the course of 1920s and 1930s, the social geography of contraception’s south Indian publishing commercialism expanded’ and ‘birth control books were part of this emergent commercial print culture’ (Hodge 2008: 118). The first and second decades of the 20th century saw birth control heavily featured in printed media all over India. When R. D. Karve started publishing the monthly Marathi magazine *Samāj Swastyā* (social health or hygiene)⁴⁾ in July 1927, vernacular presses were already flourishing and not only writers but also a certain number of readers formed the discursive sphere existed in the Bombay Presidency.

Well-known birth control advocates in Bombay in the same period, such as A. P. Pillay and N. S. Phadke, preferred to publish their articles and books mainly in English by collaborating with international advocates in Europe and the U. S. A. In contrast, R. D. Karve rather concentrated on writing on those topics in Marathi to convey the information to wider society. In the first issue of *Samāj Swastyā*, Karve stated that ‘the purpose of the journal is to discuss personal matters as well as social health and welfare. It is difficult for many readers to get correct information on such important subjects because many authors are reluctant to talk on these because of the shame and fear.’ (*Samāj Swastyā* 1927 July)

Born in the Bombay Presidency as the eldest son of a well-known social reformer cum educationalist Dhondo Keshav Karve,⁵⁾ R. D. Karve first encountered and was influenced by both Nudism and Neo-Malthusianism when he was in Paris to study mathematics in 1920. After returning to India, he immediately established India’s first birth control clinic in Bombay in 1921. Not only information and books on birth control, but contraceptives imported from Germany and France were available at the clinic (Tribhuvan 2008). For him, promoting birth control was a mission for the development of society and everyone should contribute to that. But at the same time, as an atheist and rationalist,⁶⁾ he denied any types of social taboos and regulations regarding sexuality and praised ‘free sex’ as the ideal practice. ‘Free sex,’ according to Karve’s definition, is a sexual relation based on the mutual understanding and free will of both the man and the

woman.

Bombay-based sexologist A. P. Pillay also stressed the importance of sexual well-being in the quarterly journal *Marriage Hygiene* and many other books in English; however, his definition of sexual well-being was limited to the sexuality of middle-class men and women within matrimony (Ahluwalia 2008; Srivastava 2004). He distinguished between the sexuality of the middle class and that of the lower class and insisted that true sexual enjoyment could exist only in middle-class matrimony. In his book 'Welfare problems in rural India,' Pillay mentioned the aim of eugenics as '1) to prevent the unfit from leaving any descendants and 2) to encourage the multiplication of the more fit and useful citizens' (Pillay 1931: 109).

Although similar to Pillay, N. S. Phadke seemed to be more influenced by the ideas of Eugenics and he distinguished people as 'fit' and 'unfit.' Phadke insisted that only the unfit group should practice birth control for the health of society (Phadke 1927). The unfit group included not only people who are disabled, but also low caste groups and Muslims according to Phadke. As a result, his discussion became correlated with ethnic/religious nationalism based on the imaginary *Aryan* race at that time (Ahluwalia 2008). Therefore, it can be argued that Phadke's eugenics position was more familiar for Orthodox Hindu nationalists even though he was strongly influenced by Eugenics as a modern science at that time.

In contrast, Karve criticised social taboos on sexuality as an indulgence and religious prejudice and believed that the pursuit of individual sexual desires, rather than the suppression of the numbers of particular groups, would, in turn, lead to the health of society. For him, it is modern family planning with contraceptives that leads to freedom and enjoyment of sexuality for men and women. At the top of the first issue, Karve wrote as below:

The main purpose of this journal is to discuss the physical and mental well-being of society and individuals. For the average reader, it can be very difficult to get information on such important topics at the moment. The reason for this is that most of authors and writers, out of shame or fear, are hesitant to discuss the subject on this matter. We would like to see these barriers disappear from the society. We are the ones who have done this. Not only discuss the ideological debates but we provide specific and practical information to the reader as much as possible.

The term '*kamaśāstra*' (sexual science) has been used in a wrong way. We must use it to mean 'scientific thinking of sexuality.' If so, no one will be indignant or contrary about it (Karve 1927 July).

This brief statement clearly shows that at the time, people were hesitant to even talk about matters related to sex. In the midst of all this, it shows Karve's attempt to approach sexuality by taking a 'scientific' approach based on sexology and atheism. He clearly declared himself to be an atheist and dismissed India's sexual taboos as superstition. This differs from another 'scientific' approach at that time, which is Eugenics, as most of the Indian birth control activists were relied on at that time. His position as a social reformer

was exceptional in that it was not associated with the Indian nationalist movements, as most of the later social reform movements.

4. Society’s Responses

4.1 Court Issues against the Magazine

Then, what type of response did Karve’s claim provoke in the society? Sometimes people reacted with repulsion to what Karve wrote in *Samāj Swastyā*. First of all, from the beginning, the magazine faced problems such as the refusal of many press companies to print it. The female nude on the cover pages of every issue and essays on ‘free sex’ created unnecessary controversies (Photo 2).

He was charged with obscenity several times and sued by the government and the people. In 1932, the ‘orthodox Brahmin’ group led by Sanskrit scholar Shankar Ramachandra alias ‘Ahitagni’ Rajwade⁷⁾ in Poona reacted against his articles on adultery in Hindu mythological texts. The article ‘Questions of Adultery’ in the September 1932 issue mentioned that many stories of adultery, polygamy, and polyandry were found in Hindu mythologies and that having such relationships would never be seen as sinful in Hindu culture. After explaining the examples of ‘adultery’ in ancient texts, Karve states: ‘It is necessary to refer to those facts to shut up orthodox (*sanatani*) people from Poona, who always tell all fake things about the Aryan culture. In this old Aryan culture, there were not only polygamy and polyandry but also adultery and prostitutes’ (*Samāj Swastyā* 1932 September). The plaintiffs from Poona argued that it was very disturbing from the religious and moral point of view and there were discussions about what is and what is not adultery in the court. Karve’s intention to criticise ‘false believes’ of Hinduism was somehow achieved even though he had to pay 200 rupees in bail.

Samāj Swastyā was also repeatedly criticised by other vernacular media such as the Marathi nationalist paper *Kesari*⁸⁾ as it promoted immoral practices such as extra-marital



Photo 2 Nude photos from *Samāj Swastyā* (photo by author)

relations and sexual relations with prostitutes. Unlike Pillay, Karve did not place much value on sexual relations within matrimony because he considered that sometimes they were based on compulsion and obligation.

We are against the ideas of traditional morality. Present religious laws are brutal to make sex compulsory for married women. In this case married women do not have the freedom which prostitutes enjoy. According to the science of love, no one can have true enjoyment if someone is not willing. But because it is made compulsory for married women, there is always doubt as to whether she actually wants it or is ready for it (Adhunik Kāmsāstra, cf. Bapat 1971: 67).

The social responses mentioned here can be understood as political and collective reactions towards the radical talk about sexuality in the public sphere at that time. There are differences in the responses of society, but both examples indicate that discussions on sexuality remained in a sector that mostly consisted of high caste men and did not reach the majority of society. We need to look at more personalised, unorganised responses by analysing readers' letters next.

4.2 Letters from Readers

The contents of letters from readers varied from questions and curiosities regarding sexual science, reproductive organs, and contraceptives to distress about unwanted pregnancies, sexual desires, and semen loss. Most of them were from young and middle-aged anonymous men, though there are some letters from women too. Furthermore, almost all of the letters from women were seeking an abortion. Considering the position of the widows, especially young widows in society, and the colonial context whereby abortion was legally banned under the Indian Penal Code (IPC), it is reasonable to find that pregnant widows faced crucial problems.

One young Brahmin widow who was working as a maid wrote: 'I protected myself somehow for many years, but I got victimised by a cruel (*naradham*) person having abnormal sexual desire against my wish. Four months have passed since this happened. Now I am four months pregnant. Somehow, I managed to spend these four months, but now it is difficult for me to face other women. Professor, I guess you are Brahmin from your name. Don't you want to take the credit by helping a helpless poor Brahmin lady like me? Please send me medicines for abortion urgently....' (1927 December).

Twelve of 43 readers' letters in the seven years from 1927 to 1934 were seeking a method of abortion. Many were from widows and unmarried couples, though the senders were not limited to these, and included brothers and other male family members of widows. As controlling the sexuality of young widows by banning remarriage and forcing them into asceticism was crucial among the upper castes, it was unacceptable for society that widows have children (Gupta 2006). Letters seeking an abortion indicate both the strong normative power and will to control the sexuality of widows and its failure in reality. Karve's replies were always very short and sharp; 'We have received many such letters. I am sorry but we do not go against the law.' He recognised these letters as proof

of the absurd practices of Hinduism and they confirmed in his mind the value of free sex for all.

Apart from letters seeking an abortion, some letters were on anxieties and fears about semen loss from young men. There is a traditional health concept regarding semen in Ayurveda that loss of semen causes loss of energy and physical power. According to the Hindu ideal concept, boys are supposed to maintain celibacy (*brahmacharya*) until marriage and this self-control connects to the physical as well as the spiritual power of the person. In addition to this traditional concept of celibacy, M. K. Gandhi used self-control as a moral means for both self-improvement and national reform (Alter 1994: 45). The letters reveal that maintaining celibacy was great pressure for many young men and they had a strong belief in the relation between semen and the body's energy. Some writers asked whether regular semen loss due to masturbation or wet dreams causes physical diseases such as impotency or tuberculosis.

An anonymous young man wrote, 'I read your magazines at my friend's house and am writing this letter because I want to help my friend who has got trapped into bad habits. (.....) Please let me know any remedies to bring back his power and strength and take away the habit of masturbation. Self-control is the main remedy, but it is a very difficult method. Marriage is another remedy. But there seems no point if a person who is very weak and with less semen gets married and further loses his strength and as a result destroys the life of another person....' (1928 February). Karve replied at length by recommending having sexual intercourse regularly, having cold showers, taking medicine, and not hesitating to do 'self-sex' (*svasambhog*). Some showed their opposition against Karve's criticisms of celibacy in their letters, and it again created controversies amongst the readers.

5. Conclusion

This study explores the debates and discourses on sexuality, reproduction and birth control in the early 20th century Bombay Presidency. Interestingly, it was the Brahmin community to which R. D. Karve himself belonged that opposed him most strongly. He was forced to quit his professorship at Wilson College as his birth control activities were seen as 'immoral' and 'obscene.' Talking about sexuality inevitably evoked moral and immoral definitions in society. Many advocates tried to avoid being involved in the issue of sexuality so that their activities could remain on 'morally correct' things. They focused on the asexualised reproduction of men and women in their movement by regulating fertility of 'unfit' groups to improve the quality of the people and society from the Eugenic and nationalist point of view (Anandhi 2000). In contrast, Karve aspired to combine sexuality and reproduction and to abolish taboos and 'superstition' on sexuality in Indian society. It encouraged Karve to approach the Rationalist Association of India and Anti-Superstition Movement of Dr. B. R. Ambedkar.⁹ Ambedkar led the Dalit (lowest caste groups subordinated as 'untouchable') movement by fighting caste discrimination and injustice towards untouchables, not only from cultural or religious matter, but from the political and economic point of view (Mosse 2020). Karve's position also needed to

be situated in a certain political context such as anti-caste, self-respect, and rationalist movements.

The birth control movement in the Bombay Presidency in the early 20th century included multiple dimensions of political as well as social contestations. Though it tended to be criticised by society as obscenity, there were diversities of principles and perspectives even among activists inside the movement. These movements were deployed basically in the discursive space by local elite classes, and no political and administrative intervention to individuals occurred during colonial times. However, it can be argued that the ethos of looking at the fertility of certain groups — the unfit class and to use the discourse of eugenics — as problematic was also present in the post-independence family planning programme. For example, in the Emergency period in 1977–1978, it was the urban slum dwellers and the rural poor who were subjected to forced sterilisation policies. The discourses and features surrounding the current ‘population problems’ in India reflect those historical processes of entanglement since colonial times.

Notes

- 1) This trend was more apparent in the case of Deccan College in Brahmin-dominated city Poona (now Pune). In total, 93% of the Hindu students were indeed Brahmins in 1882 there, though the same group comprised only 46.4% at Elphinstone College in Bombay where more diverse social groups such as Parsi (Zoroastrians migrated from Persia), Gujarati, and other trading castes entered the field of higher education in Bombay (Seal 1971[1968]: 89).
- 2) Margaret Sanger (1879–1966) was an American activist and a pioneer of birth control movements. She opened a birth control clinic to provide contraceptive methods and information in slum areas in New York in 1916 for the first time in the world. She visited India in 1935–1936 on her world tour of birth control, which included Burma, Malay, China, the Philippines, Japan, Hawaii, Canada, and the West Coast of the U.S.
- 3) Edith How-Martyn (1875–1954) was a British suffragette and birth control activist. She was a director of the Birth Control International Information Centre (BCIIC) in London. She visited India four times during the late 1930s to spread information about birth control.
- 4) *Samāj Swastya* was published from 15th July 1927 until his death in October 1953, and approximately 3,000 copies were distributed within the Bombay Presidency (both Maharashtra and Gujarat). The publishing company was Right Agency established by Karve himself and the press company was Vaidya Brothers in Bombay. The journal was two *āna* per copy, and subscribers were to visit Karve in person or mail a bank check to him. Alternatively, it appears that back issues were kept with Dinkar Karve, who lived in Poona, and readers could purchase them directly from him. The scope of mailing was limited to the Bombay presidency, and a note can be found stating that it ‘cannot be mailed to the Portuguese territory (Goa)’ (Karve 1932 June).
- 5) Dhondo Keshav Karve was a social reformer who worked on widow remarriage and girls education in Poona. He received the *Bharat Ratna* award, the highest award for a civilian from the Indian government for his lifetime achievements. Dinkar Karve was a younger brother and

the sociologist/anthropologist Irawati Karve was a sister-in-law of Raghunath. They sometimes wrote essays in *Samāj Swastyā* and financially helped him considerably as he devoted all his money to birth control activities. R. D. Karve had to work at a French company in Bombay as a typist for living (Bapat 1971; Kotbagi 2005).

- 6) He was a member of the Rationalist Society of India and chief editor of the society's English magazine named *Reason*. Therefore, it is not as if Karve never wrote articles in English, but he preferred to write in the vernacular regarding birth control matters.
- 7) Shankar Ramachandra Rajwade (1879–1952), socially known as 'Ahitagni' Rajwade, was an independent scholar and writer of Chitpavan (Konkanastha) Brahmin in Poona. He had orthodox Indian philosophical ideas to criticise western thoughts.
- 8) *Kesari* is a Marathi newspaper published by famous freedom fighter Lokmanya Bal Gangadhar Tilak in 1881 in Poona (now Pune).
- 9) Bhimrao Ambedkar (1891–1956) was an Indian politician, activist, and lawyer. He became a political leader of the Dalit (lowest caste groups subordinated as 'untouchable') and later Dalit-Buddhist community and a first law minister of Government of India.

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Samāji Swasthya, 1927–1953

The Mandras Mail 1936/01/04

Appendix 1 Timeline of R. D. Karve and Related Events of Birth Control Movements

Year	Event
1882	Born in Bombay Constituency as the eldest son of D. K. Karve
1883	Francis Gorton first used the term 'eugenics'
1891	Moved to Poona for the education
1896	Father D. K. Karve founded the Hindu Women's House and dedicated it to the issue of widow remarriage and girls' education
1901	Admission to the Elphinstone College, Bombay
1903	Graduated college and got a Bachelor of Arts (B. A.)
1906	Diploma in Teacher Training
1908	Worked as Professor of Mathematics at Elphinstone College (~1917)
1914	Margaret Sanger launched a campaign for birth control in the United States
1918	Marie Stoops published <i>Married Love</i> in the U. K.
1919	Stayed in Paris to study Mathematics
1920	Returned to India with a diploma in Mathematics
1921	Founded India's first birth control clinic in Bombay
1921	Established Right Agency to import contraceptives from Europe
1927	Commencement of the monthly Marathi journal <i>Samaj Swasthya</i> (on July 15, ~1953)
1927	N. C. Phadke published <i>Indian Sex Problem</i> in Bombay
1930	Poona Birth Control League was established
1931	Arrested for an article in the September 1931 issue of <i>Samaj Swasthya</i>
1933	Arrested for an article in the December 1933 issue of <i>Samaj Swasthya</i>
1934	A. P. Pillay published his magazine, <i>Marriage Hygiene</i> (~1936)
1936	Margaret Sanger visited India and met with M. K. Gandhi to discuss birth control
1937	Became editor-in-chief of <i>Reason</i> , the magazine of the Indian Rationalist Association
1938	Arrested for an article in the August 1938 issue of <i>Samaj Swasthya</i>
1947	India's independence from British rule
1952	India's National Family Planning programme was started
1953	Died in Bombay

(made by author)