

## Introduction

Rose Gordon wrote a letter.

She had read the Jamaica Birth Control League's (JBCL's) advertisement in the newspaper, she explained. She was 34 years old and had given birth fourteen times, with three lost pregnancies; she had – in her own words – been “a slave to childbearing for over fourteen years.” She made her intentions for writing clear: she wanted a “full stop” so that she could be “entirely free from this terrible strain.” Conveying a sense of urgency, she called on the league to give her letter its “earliest attention” and send her a response “as quick as possible.” She wanted information – she wanted support. She wanted birth control.<sup>1</sup>

She was not alone. In fact, Rose's letter was one of hundreds written to the JBCL upon its creation in 1939. These letters came from across the island, from Port Morant to Lucea, some even from women living in migrant communities abroad. Collected and preserved by the honorary secretary of the JBCL, May Farquharson, the letters document a diversity of experiences and demands. Some of the women who wrote had multiple children and were feeling the physical, financial, and emotional strain of repeated pregnancies and innumerable mouths to feed; others were at the beginning stages of their reproductive lives but were looking ahead to their futures. Some wanted an end to childbearing, others wanted a temporary break; some wanted to stop a pregnancy that had already begun. Some were single mothers, others wrote with the support of their

<sup>1</sup> Letter to the Jamaica Birth Control League, #412, 4/108/645, May Farquharson Collection, National Archives of Jamaica (hereafter “MFC, NAJ”). Names of women who wrote to the league have been removed and/or changed to preserve privacy.

Dear Sir or Madam,  
 I have seen your advertisement in the "Daily Gleaner," concerning the "Birth Control League". I would be very grateful for your help.  
 I have been a slave to child-bearing for over fourteen years, and that happens every year. I am now thirty-four years old, and I've got fourteen full birth and three abortions.  
 I would be ever so glad for your kind help, to be entirely free from this terrible strain. I am desirous of having a full stop-kind Sir or Madam please let me have informations concerning some as quick as possible  
 your earliest attention kindly oblige.  
 I am,  
 yours respectfully,

FIGURE 1.1 Letter to the Jamaica Birth Control League

Source: Image Taken by the Author. Courtesy of: The Jamaica Archives and Records Department, National Archives of Jamaica, May Farquharson Collection, 4/108/645. Note: the term "abortion" in these years was often used to refer to both spontaneous miscarriages and induced abortions. In this letter, it likely refers to the former (miscarriage) although the meaning is not clear.

husbands or partners, still others wrote in secret. Indeed, the stories told by the letters often appear only loosely stitched together by a common struggle for control: over one's body, one's family, one's life.

This struggle was not particularly new, but the opening of the JBCL clinic certainly was, and it was not an isolated event. From the 1930s on, a growing group of activists across Britain's Caribbean colonies had begun to mobilize to demand that birth control spread – as one commentator put it – "out of the boudoir and into the banana walk,"<sup>2</sup> in other words, beyond the private bedrooms of elites and into the urban slums, rural villages, and plantations where the islands' working-class populations lived and worked. Drawing on a broader transnational campaign and translating it into local terms, these actors made a variety of arguments in favor of birth control. Some claimed that rapid population growth and high birthrates (particularly, among unmarried women)

<sup>2</sup> Thomas Wright, "Get It Straight," *Daily Gleaner*, March 26, 1955, 8 [8] (The *Gleaner* was accessed online through [gleaner.newspaperarchive.com](http://gleaner.newspaperarchive.com). Page numbers on the online reader do not always correspond to the page number on the printed page and have thus been placed in square brackets).

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threatened economic and social stability; others pointed to the health benefits of child spacing for mothers or the empowering potential of reproductive control for working-class families. These actors wrote articles, published pamphlets, held lectures, and opened the region's first clinics devoted to providing free or inexpensive contraceptives. Along with the league's facilities in Kingston, clinics were created by the Public Health Department in Bermuda in 1937 and by private family planning associations in St. Ann's, Jamaica, in 1953, Barbados in 1955, and Trinidad in 1956. Birth control advocates also lobbied state officials and politicians to provide support for private efforts and incorporate birth control into public health services. By 1974, all but three (newly independent) governments in the English-speaking Caribbean had implemented state-funded family planning programs aimed at helping (more than that, *encouraging*) citizens to limit the size of their families.<sup>3</sup>

The actions of these advocates provoked a wider public debate over population, reproduction, and family life. Birth control became the focus of everything from legislative debates, sermons, newspaper columns, and investigative reports to rumors, poems, and short stories; as one observer quipped in 1956, population statistics had practically "taken the place in West Indian conversation held by the weather in England."<sup>4</sup> Some local actors enthusiastically jumped on board with the birth control cause; others attacked the fundamental motives, arguments, and methods of its advocates and tried to quash attempts to spread birth control more widely. Disparate positions were heard from all sides: local elites, religious leaders, and middle-class reformers dominated in many forums, but working-class men and women made their opinions heard too. These debates also attracted attention from actors beyond the shores of the islands, including colonial bureaucrats in England; British and American birth control advocates; black community activists around the Atlantic Ocean; and a rising group of international sociologists, demographers, and population experts. Some of these actors attempted to insert their voices into local conversations (some quietly, some more loudly); others made connections between the controversies in the Caribbean and their own agendas.

<sup>3</sup> By the mid-1970s, only Bahamas, Belize, and Guyana had not committed state funding to family planning. Aaron Lee Segal, ed., *Population Policies in the Caribbean* (Lexington, MA: Heath and Company, 1975), 17.

<sup>4</sup> D. Ibberson, "Illegitimacy and the Birth Rate," *Social and Economic Studies*, 5.1 (1956), 93.

The rise of birth control campaigns – and the reaction to them – took place across the backdrop of a number of critical political and social transformations in the region. This included the rise of labor, pan-Africanist/black nationalist, and feminist movements that spread across Britain’s Caribbean colonies in the early twentieth century, drawing attention to race, class, and gender inequalities and tying local actors to activist networks around the Atlantic Ocean. Dire economic prospects and political and social frustrations across the islands also erupted into a wave of labor rebellions in the 1930s that challenged both elite and British colonial rule on an unprecedented scale. A new crop of nationalist leaders forced a number of political reforms between the 1930s and 1950s, beginning with the devolution of power to local governments and culminating in independence across most of the region by the 1960s and 1970s.<sup>5</sup> The rise of birth control campaigns and state programs in the Caribbean also intersected with the transformation of a loose transnational birth control advocacy network into a consolidated international population establishment supported by billions of dollars of philanthropic and foreign aid money.<sup>6</sup> In this context, the reproductive practices of Caribbean working-class men and women quickly became entangled in a variety of broader struggles, prompting a series of questions about the past, the present, and the future of the region. Was birth control a distraction from the legacy of colonialism and racist social structures or a valuable means to empower working-class men and women, build healthy communities, and consolidate new nation-states? Was population growth really at the heart of the region’s economic troubles, did it compound them, or was it irrelevant altogether? What impact would birth control have on long-standing anxieties over working-class sexuality and marital practices? Would Caribbean peoples even use birth control if available, or was it fundamentally against their culture? Was the new cadre of international birth control activists a valuable resource for local movements or just imperialism in a new form?

<sup>5</sup> For broad regional overviews of these developments, see Richard Hart, *From Occupation to Independence: A Short History of the People’s of the English Speaking Caribbean Region* (London: Pluto Press, 1998).

<sup>6</sup> See Matthew Connelly, *Fatal Misconception: The Struggle to Control World Population* (Cambridge, MA: The Belknap Press of Harvard University Press, 2008), also John Sharpless, “Population Science, Private Foundations, and Development Aid: The Transformation of Demographic Knowledge in the United States, 1945–1965,” in Frederick Cooper and Randall Packard, eds., *International Development and the Social Sciences* (Berkeley: University of California Press, 1997), 176–200.

This book explores how a variety of actors answered these questions from the 1930s to 1970s, focusing on the four islands that appear to have moved the earliest and most quickly toward the establishment of clinics and state support: Bermuda, Barbados, Jamaica, and Trinidad. It is one part comparative political history, exploring the controversies and agendas that surrounded birth control campaigns as they moved from a matter of public debate to an arena of state and international intervention in four different (although similar and connected) islands. It is also a history of local and transnational activism, tracing how a variety of characters from all walks of life, often with diverging motivations, worked together or collided with one another in their efforts to transform attitudes toward birth control from the highest political arenas down to the smallest of communities. Finally, this is a social history, attempting to reconstruct as much as possible the challenges faced by working-class men and women as they tried to negotiate some degree of control over their reproductive lives in a context in which their sexual practices took on national, regional, and even international implications. This book aims not only to show how reproductive politics interacted with wider conflicts surrounding colonialism, nationalism, transnationalism, inequality, and cultural representation in the Caribbean but also to interrogate the complicated and messy realities of birth control from concept to clinic to bedroom and back.

#### TWO HISTORIES: BIRTH CONTROL AND REPRODUCTIVE POLITICS IN THE TWENTIETH-CENTURY WORLD

As noted above, the creation of clinics and shifting politics of reproduction in the Caribbean was part of a larger wave of birth control campaigns that gained momentum around the globe in the early twentieth century. The concept of birth control itself, of course, was not new. Historians have found evidence of methods used to prevent and space pregnancies in societies across continents and dating as far back as the Roman Empire, including the late breastfeeding of infants to delay menstruation, coitus interruptus (withdrawal), douches, sheaths constructed from animal skins or other materials (early condoms), and rudimentary pessaries (objects used to block the cervix, ranging from honey to lard to lemon peels). The practice of abortion (usually induced by swallowing herbs and poisons or inserting an object into the uterus) and infanticide also limited populations across societies. These methods, however, were often unreliable, ineffective, dangerous, or all of the above. The vulcanization

of rubber in the 1850s was thus seen as a significant transformation in contraceptive technology, allowing for the production of more reliable condoms as well as the female diaphragm, a spring-loaded dome that formed a barrier over the cervix and was estimated at around 80–90 percent efficacy when used correctly and under proper conditions. Advances in surgery also ensured that sterilizations and abortions could be performed relatively safely by 1900, if done by a trained professional in a sanitary setting. However, the association of condoms in many societies with prostitution and prevention of venereal disease often limited their use as a birth control method by “respectable” families; the high cost of diaphragms and the need to have them fitted by a doctor ensured this method was restricted mostly to middle- and upper-class women in select countries with access to private health care. Taboos surrounding the discussion of sex further limited awareness, and a number of states actively worked to dissuade the spread of contraception through laws banning sterilizations, abortions, and the sale of birth control methods and information.<sup>7</sup>

The campaigns of the early twentieth century thus focused on challenging public silence and spreading access to contraceptives by publishing pamphlets; establishing clinics to distribute methods; and lobbying state officials, philanthropists, and other prominent actors for political and financial support. As early as 1877, British activists Annie Besant and Charles Bradlaugh were arrested in London for distributing a pamphlet describing a variety of contraceptive methods. Although the case was eventually dismissed, the trial attracted international attention and led to the creation of the world’s first-known birth control association, the British Malthusian League. A year later, Dutch doctor Aletta Jacobs opened the world’s first-known birth control clinic in a room provided by the Dutch General Trade Union in Amsterdam, where she provided diaphragms to working-class women. In 1916, American nurse Margaret Sanger founded a similar clinic in Brooklyn. Although quickly shut down by authorities, her efforts led to the formation of the American Birth Control League (ABCL) and a more permanent clinic in 1921. Sex reformers like Dr. Marie Stopes in Britain also opened clinics and

<sup>7</sup> On the history of contraceptives, see Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana and Chicago: University of Illinois Press, 2002 [1976]), 13–19; Hera Cook, *The Long Sexual Revolution: English Women, Sex, and Contraception, 1800–1975* (New York: Oxford University Press, 2004), 173–179.

challenged taboos surrounding sex; her popular manuals *Married Love* and *Wise Parenthood* (1918), for example, explored female sexual desire, argued that sex in marriage was healthy, and provided practical advice on birth control. By 1930, similar organizations, clinics, and publications had popped up in at least thirty countries around the world (likely more, as historians are only beginning to fully uncover the broader reach of this movement). Activists also began to work together across borders, creating organizations such as the London-based Birth Control International Information Centre (BCIIC) to coordinate efforts transnationally. This activism achieved some success in influencing state policy, ranging from the quiet distribution of birth control methods in health services in Britain in 1930 to grants explicitly funding birth control clinics in Iceland in 1934, South Africa in 1938, and (as we will see) Bermuda in 1936.<sup>8</sup>

Many of these early advocates were inspired by a mix of radical, socialist, and feminist ideologies and had connections to a variety of social movements circulating the Atlantic Ocean and beyond. Jacobs was a well-known suffragist and peace activist; Sanger situated her work within a broader effort to battle the suffering of working-class women facing repeated pregnancies and famously argued: “No woman can call herself free who does not own and control her body.”<sup>9</sup> This concept drew on earlier “voluntary motherhood” movements, which had demanded women’s right to control reproduction by refusing sex and practicing abstinence. But Sanger pointed out that this refusal was not always possible because of inequality between men and women in marriage; Stopes’s manuals suggested further that not all women did (or should) desire to abstain from sex. These open discussions of sex quickly brought birth control advocates into conflict with a variety of social purity organizations and religious authorities. Some became receptive over time to some of the demands of birth controllers; in 1930, for example, the Lambeth Conference of Bishops of the Anglican Church passed a historic resolution allowing the use of contraceptives within marriage where there was “a clearly felt moral obligation to limit or avoid parenthood, and where there is a morally sound reason for avoiding complete

<sup>8</sup> Gordon, *The Moral Property of Women*, Richard Allen Soloway, *Birth Control and the Population Question in England, 1877–1930* (Chapel Hill, NC: University of North Carolina Press, 1982), and Susanne M. Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa, 1910–39* (Basingstoke, Hampshire and New York: Palgrave Macmillan, 2004).

<sup>9</sup> Margaret Sanger, “A Parents’ Problem or Woman’s?” *Birth Control Review*, March, 1919, 6–7.

abstinence.”<sup>10</sup> The Roman Catholic Church endorsed the rhythm method (which advocated restricting intercourse to periods of a woman’s cycle where she was least likely to be ovulating) but remained adamantly opposed to any artificial birth control methods throughout the twentieth century. Birth control advocates also sometimes clashed with more progressive actors, including some socialists who saw birth control as a diversion from the struggle for broader revolution or even a barrier to the cause through its potential to reduce the numerical strength of the working classes.<sup>11</sup> By placing reproductive control at the center of the struggle rather than on the sideline, birth control advocates thus challenged the separation of class and gender struggles, while also expanding the realm of feminist activism.

It is perhaps unsurprising, then, that these early birth control movements were described by early biographers (and often still appear in the popular imagination) as singularly triumphant moments in the history of feminism and social reform. In the past few decades, however, historical scholarship has drawn our attention to a much more complicated reality. As Linda Gordon argues in the case of the United States, much of the radical language of the early birth control movement was sidelined in the 1940s and 1950s, as the movement shifted from a focus on women’s rights to a rhetoric of improving child and family welfare, as encapsulated in the new language of “family planning” and “planned parenthood.” While this shifting politics likely helped the movement become more mainstream and acceptable, Gordon argues that it also blunted the revolutionary potential of birth control, transforming the cause “from a radical, decentralized, unruly social movement”<sup>12</sup> to a hierarchical campaign offering contraceptives “as an alternative to and buffer against structural social change and economic redistribution”<sup>13</sup> rather than as part of a broader socialist feminist program. The revolutionary potential was not really recaptured until the 1960s, she argues, reignited by the explosion of the birth control pill onto the market and the broader second-wave sexual revolution.<sup>14</sup>

<sup>10</sup> Quoted in Darcy Hughes Heuring, “Health and the Politics of ‘Improvement’ in British Colonial Jamaica, 1914–1945” (PhD Dissertation, Department of History, Northwestern University, Evanston, Illinois, 2011), 310.

<sup>11</sup> Sandra Whitworth, *Feminism and International Relations: Towards a Political Economy of Gender in Interstate and Non-Governmental Institutions* (St. Martin’s Press, 1994), 82–86.

<sup>12</sup> Gordon, *The Moral Property of Women*, 174. <sup>13</sup> *Ibid.*, 284.

<sup>14</sup> *Ibid.*, 203–210, 232.

Gordon and others have also highlighted the influence of neo-Malthusian and eugenic ideologies on birth control movements in the United States, Britain, and elsewhere in the early twentieth century. “Neo-Malthusians” took inspiration from British Reverend Thomas Malthus’s 1798 treatise *An Essay on the Principle of Population*, which argued that unrestricted population growth would eventually outstrip resources, leading to poverty, famine, and war. Although Malthus had advocated abstinence or late marriage, neo-Malthusians promoted the use of modern birth control to prevent “overpopulation,” usually described in dramatic and even apocalyptic terms. Also stressing the threat to society of unrestricted reproduction, eugenicists claimed that innumerable social ills (from alcoholism to criminality to low intelligence) were inherited through genes and advocated “better breeding” policies to encourage the reproduction of the “fit” and discourage that of the “unfit.” Both ideologies tended to have implicit or explicit racial and class undertones; those deemed “fit” or “responsible” reproducers tended to be white elites, while poor and marginalized populations were characterized as “unfit” or as overactive breeders threatening population health and stability. These organizations at times worked parallel to, but also sometimes along with, feminists like Sanger, who spoke of “over-population” and “better breeding” in her own birth control advocacy as well. Scholars have debated whether this was a reflection of Sanger’s own biases and/or a strategic decision meant at popularizing the cause; in any case, the widespread mobilization of eugenic and neo-Malthusian language allowed it to become deeply imbedded in public discourse and thought surrounding reproductive politics in the early twentieth century.<sup>15</sup>

The language and mentality of neo-Malthusianism and eugenics traveled swiftly across the globe on the backs of colonial officials, travelers, scientists, and activists, as well as through transnational presses, prompting the growth of a range of eugenic organizations and state policies. Most famously, eugenic ideology served as the justification for a wave of compulsory sterilization laws implemented across the United States, Japan, Germany, Scandinavia, and select provinces of Canada in the 1920s and 1930s. These laws gave state officials and institutional staff the power to order involuntary sterilizations of “feeble-minded” and “unfit” sections of the population, categories often interpreted quite broadly to include everything from criminals to residents at mental institutions to “women on poor relief at the time of giving birth to, or

<sup>15</sup> *Ibid.*, 45, 150–156.

being found pregnant with, an illegitimate child.”<sup>16</sup> By 1931, the state of California alone had sterilized some 7,500 people under eugenic laws. California’s state law would also serve as model for a similar law passed in Nazi Germany, which, in the span of three years, led to the sterilization of an astonishing 225,000 Jewish, mentally ill, or handicapped Germans.<sup>17</sup>

The dramatic and openly racist ends to which eugenic theory was put by Hitler’s regime, along with new scientific research discrediting many of its basic principles, led to the decline of eugenics organizations in the 1940s. The general concept of eugenics and the popularity of the idea of “better breeding,” however, did not die, and “eugenic purposes” remained a criterion for sterilizations and abortions in several countries well into the 1960s.<sup>18</sup> Arguments that located the causes of poverty and strife primarily in working-class reproductive practices also continued to influence state policies. As Dorothy Roberts argues in *Killing the Black Body*, this ideology (and its racial undertones) extended into welfare and other state programs in the United States far past the 1960s, which continued to blame black parenting for poverty and pushed temporarily irreversible methods like the Depo-Provera shot and new IUDs on welfare recipients instead of user-controlled methods like the pill popular for middle-class white women. Roberts thus posits that there are essentially “two histories” of birth control in America: a “white woman’s history” of “increasing control over their reproductive decisions” and a “black woman’s history” characterized by “a long experience of dehumanizing attempts to control . . . [their] reproductive lives.”<sup>19</sup>

Power disparities on a global scale have inspired similar critiques of the surge of international birth control activism that followed World War II. The 1950s–1970s saw the rapid spread of state “family planning” and “population control” programs across the Global South (starting with India in 1952 and spreading across Asia, Africa, Latin America, and the Caribbean) often supported with grants and advisors from demographic think tanks and philanthropic organizations based in North America and Europe. By the mid-1960s onward, these programs were receiving billions

<sup>16</sup> Chloe Campbell, *Race and Empire: Eugenics in Colonial Kenya* (Manchester and New York: Manchester University Press, 2007), 13.

<sup>17</sup> Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997), 68, 81.

<sup>18</sup> See Connelly, *Fatal Misconception*, 117; Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005).

<sup>19</sup> Roberts, *Killing the Black Body*, 4.