

**OUT OF THE BOUDOIR AND INTO THE BANANA WALK: BIRTH CONTROL AND
REPRODUCTIVE POLITICS IN THE WEST INDIES, 1930-1970**

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This study traces the history of birth control and reproductive politics in the West Indies from the 1930s to the 1970s, focusing on Jamaica, Trinidad, Barbados, and Bermuda. During this period, a diverse group of activists began to organize in order to spread modern contraceptives to the working classes. These efforts provoked widespread debate over reproduction and led to the opening of the region's first birth control clinics from the 1930s to 1950s. Birth control advocates also pressured politicians to support the cause, and by the late 1960s/early 1970s nearly every newly-independent government in the region had committed itself to state-funded family planning services.

Utilizing papers of family planning advocates and associations, government records, newspapers, pamphlets, and reports, this study places these birth control campaigns and debates within the context of Caribbean political and social movements, the rise of the international birth control campaign, working class family life and gender relations, the decline of British rule, and the expansion of political independence across the region. It demonstrates that — as argued by much of the scholarly literature on the international birth control movement — early campaigns in the West Indies were initiated and funded largely by local and foreign (white) elites, and were pushed by many conservative actors who blamed political and economic instability on working class (black) fertility as a means to stave off wider reforms. However, this study also shows that the birth control cause found support among a much wider demographic on these islands,

including anti-imperial politicians who incorporated birth control into broader development plans, doctors, nurses, and social workers who saw it as a critical measure to aid working class families, black nationalist feminists who argued that it was a woman's right, and working class women and men who seized the opportunity to exercise a measure of control over their reproductive lives. These actors shaped both reproductive politics and the delivery of birth control services on the ground over the course of the twentieth century, producing campaigns that were more diverse, decentralized, and dynamic than they appear on the surface.

TABLE OF CONTENTS

LIST OF TABLES	IX
LIST OF ACRONYMS	X
PREFACE.....	XI
1.0 INTRODUCTION.....	1
1.1 A SHORT HISTORY OF BIRTH CONTROL	5
1.2 TWO HISTORIES?: THE HISTORIOGRAPHY OF TWENTIETH CENTURY BIRTH CONTROL CAMPAIGNS.....	12
1.3 BIRTH CONTROL CAMPAIGNS IN THE WEST INDIES: A CASE STUDY.....	21
1.4 TERMS	34
2.0 THE RISE OF BIRTH CONTROL CAMPAIGNS AND THE POLITICS OF REPRODUCTION, 1935-1944	36
2.1 THE EXAMPLE OF GERMANY?: EUGENICS AND BIRTH CONTROL IN BERMUDA	38
2.2 AN IMMEDIATE MEASURE: LABOR POLITICS AND BIRTH CONTROL IN JAMAICA AND BARBADOS.....	59
2.3 CONCLUSION	94

3.0	INTERNATIONAL AND LOCAL FAMILY PLANNING NETWORKS, 1936-1959.....	97
3.1	A DIFFERENT TYPE OF LINK: FOREIGN ADVOCATES IN BERMUDA AND JAMAICA IN THE 1930S	101
3.2	A POST I AM HEART AND SOUL WITH: STAFF AND THE SHIFTING STRUCTURES OF CARIBBEAN ASSOCIATIONS AND CLINICS, 1930S-50S ...	118
3.3	BOTH IMPOSSIBLE AND IMPRACTICABLE?: THE RISE OF A BIRTH CONTROL MOVEMENT IN TRINIDAD.....	141
3.4	CONCLUSION	150
4.0	BIRTH CONTROL CLINICS AND WORKING CLASS FAMILIES, 1936-1964.....	152
4.1	WE HAVE FIVE TOO MANY: DEMAND FOR BIRTH CONTROL AMONG WEST INDIAN WOMEN.....	157
4.2	ALL KNOWN METHODS ARE TROUBLESOME AND EXPENSIVE: BARRIERS TO FAMILY PLANNING PRACTICE IN THE 1930S-50S.....	177
4.3	NEGOTIATING REPRODUCTIVE CONTROL: CHANGING STRATEGIES OF PROVIDERS AND PATIENTS.....	192
4.4	CONCLUSION	220
5.0	BIRTH CONTROL AND COLONIAL OFFICE POLICY, 1935-1964	223
5.1	CALLING SPADES “SPADES”: THE RISE OF BIRTH CONTROL ADVOCACY IN THE COLONIAL OFFICE.....	228
5.2	A DELICATE RELATIONSHIP: FORCES RESTRAINING COLONIAL POLICY.....	247

5.3	THE INDIRECT APPROACH: SUPPORT FOR EXTERNAL EFFORTS(?)	253
5.4	CONCLUSION	266
6.0	STATE FUNDING FOR BIRTH CONTROL IN THE WEST INDIES, 1955-1968	269
6.1	A “POSITIVE PROGRAMME”: GOVERNMENT SUPPORT FOR BIRTH CONTROL IN BARBADOS	276
6.2	WITHIN THE FRAMEWORK OF RELIGION: OVERCOMING THE OPPOSITION IN JAMAICA	290
6.3	A WELFARE SERVICE TO WHICH THEY ARE ENTITLED: THE POLITICS OF BIRTH CONTROL IN TRINIDAD	305
6.4	CONCLUSION	327
7.0	CONCLUSION	332
7.1	THE IMPACT OF BIRTH CONTROL CAMPAIGNS ON REPRODUCTIVE PRACTICE AND POLITICS IN THE WEST INDIES	332
7.2	GIVE BIRTH TO ANOTHER BERMUDIAN: CONTINUING CONTROVERSIES OVER REPRODUCTION	341
	BIBLIOGRAPHY	348

LIST OF TABLES

Table 1. Population Statistics in Bermuda, 1933-1945.....	40
Table 2. Population Statistics in the West Indies, 1937.....	65
Table 3: New Acceptors at Birth Control Clinics, 1955-1964.....	158

LIST OF ACRONYMS

ABCL	American Birth Control League
BCIIC	Birth Control International Information Centre
BFPA	Barbados Family Planning Association
BITU	Bustamante Industrial Trade Union
BLP	Barbados Labour Party
BPL	Barbados Progressive League
CDC	Colonial Development Corporation
CDW	Colonial Development and Welfare
DLP	Democratic Labour Party
DWO	Development and Welfare Organization
FDLP	Federal Democratic Labour Party
FPATT	Family Planning Association of Trinidad and Tobago
IPPF	International Planned Parenthood Federation
IPPF-WHR	International Planned Parenthood Federation, Western Hemisphere Region
IUD	Intra-Uterine Device
JBCL	Jamaica Birth Control League
JFLP	Jamaica Family Life Project
JFPA	Jamaica Family Planning Association
JLP	Jamaica Labour Party
JWL	Jamaica Welfare Limited
PDP	People's Democratic Party
PNM	People's National Movement
PNP	People's National Party
POPPG	Party of Political Progress Groups
PTA	Parent Teacher Association
TECA	Teacher's Educational and Cultural Association
TLP	Trinidad Labour Party
UN	United Nations
UNDP	United Nations Development Programme
UNIA	Universal Negro Improvement Association
USAID	United States Agency for International Development
WHO	World Health Organization
WIFLP	West Indies Federal Labour Party

PREFACE

My interest in birth control in the West Indies began in 2003, when I traveled to Guyana as a youth volunteer to participate in an HIV/AIDS education project in four communities located along the Pomeroon River. This was my first visit to the Caribbean, and I was immediately struck by the region's unique social, cultural, and political heritage. The trip was also a humbling experience, making me realize how little I knew about either the history of the Caribbean or the politics of birth control.

I have been lucky enough to have the opportunity to spend a great deal of time since then learning as much as I can about both, with the support of numerous individuals and institutions. At the University of British Columbia, Alejandra Bronfman challenged me in her undergraduate courses on Caribbean and Latin American history and encouraged me to go to graduate school. Thank you for all of your guidance, support, and faith in me over the years, and for continuing to serve as a mentor to this day. At the University of Pittsburgh, Lara Putnam has been, in my eyes, the perfect advisor. Thank you for the care and enthusiasm with which you have approached every stage of this process, for always pointing me in the right direction, for knowing what I wanted to say better than I did myself, and for answering my many, many questions patiently and thoroughly. My committee members - George Reid Andrews, Bruce Venarde, Holger Hoock, and Harry Sanabria - have also been wonderful, raising interesting questions and providing advice and encouragement along the way. I would also like to thank all of the other people I

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Finally, thanks to all of my family and friends who have supported me over the years. Thank you, mom and dad, for always cheering me on, for serving as models of work ethic and integrity, and for being the most passionate unpaid research assistants/secretaries/life coaches imaginable. Thank you to my sister Michelle for making research more fun by coming to visit me wherever I travelled, for making writing more fun by letting me live with you in Vancouver, and for helping boost me up whenever I had a moment of self-doubt. Thanks also to all of the kind, smart, down-to-earth, supportive, and hilarious friends I have made in my various homes,

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This dissertation is dedicated to my grandma, Angele Fransoo. While I was researching and writing the dissertation we had several great phone conversations about her experiences raising six children on the earnings of my grandpa's small upholstery business in Winnipeg, Canada, which helped me better understand the challenges and rewards of being a mother of many. Her stories of experimenting with birth control in the 1950s, although always cloaked in her classic sense of humour, also resonated powerfully with similar stories I came across in my research in the Caribbean. These experiences helped me see that there are elements of being a woman — of being human — that cut across time, space, culture, and all the other types of divisions that so frequently seem rigid in history books, giving me the confidence and drive to write this dissertation even though I know that, even after ten years, there is still so much more I need to learn about both the Caribbean and the delicate, complicated, and important subject of reproductive control.

For Grandma Fransoo

1.0 INTRODUCTION

Rose Gordon wrote a letter.

She had read the Jamaica Birth Control League's advertisement in the newspaper, she explained. She was thirty four years old and had given birth fourteen times and suffered three miscarriages; she had — in her own words — been “a slave to childbearing for over fourteen years.” She made her intentions for writing clear: she was “desirous of having a full stop” so that she could be “entirely free from this terrible strain.” Tired and overwhelmed, 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 help. She wanted birth control.¹

She was not alone. In fact, Rose's letter was one of thousands written to the Jamaican Birth Control League (JBCL) upon its creation in 1939, 521 of which have survived in the island's National Archives. Some of the women who wrote, like Rose, 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 were single mothers, others wrote with the support of their husbands or partners, still others wrote in secret. Several had already begun a pregnancy

¹ Letter to the Jamaica Birth Control League, #412, 4/108/645(May Farquharson Collection, National Archives of Jamaica, Spanishtown, Jamaica (hereafter “NAJ”). Names of women who wrote to the League have been changed to preserve privacy, and letters have been identified by the number written in the top corner of each letter.

and were looking for help to — as one woman put it — “pass of[f] the germ-of-life.”² They wrote from across the island, from Port Morant to Lucea, and even passed on letters from women living in Jamaican migrant communities in Panama. They were domestic workers, homemakers, seamstresses, cigar makers, market women. Some were illiterate and had a friend, family, or community member write on their behalf. Whatever the means, they managed to find out about the League and take the active step of initiating contact.

Some of these women, and still more who never wrote, would also show up at the League’s first clinic, opened at 24 East Race Course Drive in Kingston in August of 1939. To do so was no small feat; for many, attending the clinic entailed leaving early from an already precarious and low-paying job, taking lengthy bus rides across the island, and trying to arrange care for the children who remained at home. Those who made it to the clinic (some seven thousand women by 1957) would answer questions about their religious backgrounds, occupations and reproductive histories, have an examination by a nurse or doctor, and receive diaphragms, spermicidal jellies, foaming tablets, condoms, or (from the 1960s on) an IUD or the pill at cost or free of charge. Some of them would return regularly when their supplies ran out and pass on the League’s pamphlets to friends and family; others would grow so frustrated with the messy, difficult to use, and/or ineffective contraceptives that they gave up on the clinic altogether. Indeed, as family planners and patients learned together, the League’s services rarely fulfilled patients’ dreams of being a miraculous cure to childbearing woes. Rather, the desire for reproductive control almost always outstripped (in many ways, still does) the availability of easy to use, harmless, and satisfactory methods.³

² #414, 4/108/645 (May Farquharson Collection, NAJ).

³ The above two paragraphs are based on League records, as discussed at length in Chapter Four.

Still, the creation of the League's clinic marked a significant moment in the history of birth control in Jamaica and in the English-speaking Caribbean more widely. As in other areas of the world, before the twentieth century birth control was something discussed and practiced (if/when it *was* practiced) in relatively quiet quarters. From the 1930s on, however, a growing group of activists across the British West Indies began to draw public attention to high birth rates on the islands and argue for the need to spread birth control — as one commentator put it — “out of the boudoir and into the banana walk;”⁴ in other words, beyond the private bedrooms of elites and into the urban slums, rural villages, sugar plantations, and fruit groves where the islands' working class populations lived and worked. Pointing variously to the threat of rapid population growth to economic and social stability, the health benefits of child spacing for mothers and children, or the empowering potential of reproductive control for working class families, birth control advocates wrote articles, published pamphlets, held lectures, and organized into associations like the Jamaica Birth Control League to promote the cause. They also opened the region's first clinics devoted to providing free/inexpensive contraceptives; along with the League's facilities in Kingston, clinics were created by the public health department in Bermuda in 1936 and by private family planning associations in St. Ann's, Jamaica in 1953, Barbados in 1955, and Trinidad in 1956.

The work of these activists provoked a much wider debate over population, working class reproduction, and birth control that carried on well into the 1960s. Birth rates became the focus of everything from legislative debates, religious sermons, and investigative reports, to rumours,

⁴ Thomas Wright, “Get It Straight,” *The Daily Gleaner*, 26 March 1955, 8 [8]. Articles from the *Daily Gleaner* were accessed online at <http://gleaner.newspaperarchive.com/Default.aspx>. In some cases, the page numbers from the PDF viewer do not correspond with the page numbers on the actual scanned newspapers. In this dissertation, the actual page number is listed first, followed by the PDF viewer page number in square brackets (as above).

poems, and short stories;⁵ as one observer quipped in 1956, population statistics had practically “taken the place in West Indian conversation held by the weather in England.”⁶ Reactions to the efforts and arguments of birth control advocates were decidedly mixed. Although officials in the Colonial Office in London and like-minded advocates in other areas of the world were enthusiastic about spreading birth control in the West Indies, many local religious, labour, black nationalist, and political leaders firmly opposed the movement’s basic principles. This resistance slowed and shaped the movement across the region, but did not quash it. On the contrary, in 1955 the Bermudian government ramped up support for its clinic and Barbados committed state funds to its local family planning association for the first time, with Jamaica and Trinidad following suit in 1966 and 1967, respectively. By 1974, all but three newly independent governments in the Caribbean had implemented state-funded family planning programs, mobilizing public health services and media on an unprecedented scale to help (more than that, *encourage*) West Indians to limit the size of their families.⁷

This dissertation traces the evolution of birth control and reproductive politics in the region from the 1930s to the 1970s, focusing on four islands which were the first to open birth control clinics: Bermuda, Barbados, Jamaica, and Trinidad. This study is one part comparative political history, exploring the conditions that moved birth control from the private sphere to a matter of public debate and eventually to an arena of government intervention in four different — although similar and connected — locations. It is also a history of activism, tracing how a

⁵ For example, a short story entitled “Birth Control” — in which a central character argued that it was “a disgrace to shell pickney same as you shell peas” — won third prize in the *Daily Gleaner*’s annual Christmas competition. See H.M. Radcliffe, “Birth Control,” *The Daily Gleaner*, 23 December 1939, 35-36 [37-38]. For poems about birth control, see for example: “Our Birth Control,” *New Negro Voice*, 28 March 1942, 5; “HAIL THE FIGHTER: The Trinidad Story,” *News of Population and Birth Control*, No. 49, November 1956 (SA/FPA/A10/20, Wellcome Library, London, United Kingdom(hereafter “WL”)), 2.

⁶D. Ibberson, “Illegitimacy and the Birth Rate,” *Social and Economic Studies*, 5.1 (1956), 93.

⁷ 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, Massachusetts: Heath and Company, 1975), 17.

variety of characters from all walks of life worked across borders to transform attitudes towards birth control from the highest political arenas down to the smallest of communities. Finally, this is a social history, attempting to reconstruct 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.

1.1 A SHORT HISTORY OF BIRTH CONTROL

The efforts of West Indians were, indeed, part of a much wider movement spreading across the globe in the early twentieth century which sought to transform reproductive politics and practice. Although historians have found evidence of birth control methods dating as far back as the Roman Empire, for most of history these methods have been unreliable, dangerous, and/or relatively inaccessible. Traditional practices such as late weaning of infants, coitus interruptus (withdrawal), the use of animal skin sheaths (early condoms), and rudimentary pessaries (such as lard or sea sponges used to block the cervix) were difficult to use effectively and prone to failure, leading many women to resort to infanticide or dangerous abortions induced by swallowing poisons or sticking an object into the uterus.⁸ In the 1850s, the vulcanization of rubber transformed the contraceptive industry significantly, 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% efficacy when used correctly. Advances in

⁸ See Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana and Chicago: University of Illinois Press, 2002 [1974]), 13-19.

surgery also ensured that sterilizations and abortions could be performed relatively safely by 1900, if done by a trained professional in a sanitary setting.⁹ State restrictions on publicity of contraceptives, laws banning sterilizations and abortions, the association of condoms with prostitution and venereal disease, and the high cost of diaphragms, however, continued to impede access to birth control around the world.¹⁰ As a result, although many middle and upper class people with access to private doctors were able to limit the size of their families effectively by the late nineteenth century, working class fertility rates remained high and many people remained without access to new methods.¹¹

In the late nineteenth and early twentieth century activists in several countries began to challenge this reproductive status quo and stress the need to make birth control legal, socially accepted, and/or more accessible. These activists were driven by a range of motivations that at times conflicted and at other times overlapped with one another. Social reform advocates concerned with the welfare of working class people argued that birth control could help reduce the high number of maternal deaths caused by frequent childbearing and provide families with greater economic security.¹² Self described “neo-Malthusians” revived British Reverend Thomas Malthus’ 1798 treatise *An Essay on the Principle of Population* and argued that unrestricted population growth would eventually outstrip resources — leading to poverty, famine

⁹ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1997* (Toronto: Oxford University Press, 1997), 37.

¹⁰ Indeed, the diaphragm was frequently referred to as a “rich- folks contraceptive” in the United States in the early twentieth century, because it required a full explanation and fitting by a private doctor, a costly enterprise for many families. Gordon, *The Moral Property of Women*, 217.

¹¹ McLaren and McLaren, *The Bedroom and the State*, 18-23, Gordon, *The Moral Property of Women*, 33; on Britain see Richard Allen Soloway, *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill: University of North Carolina Press, 1982), 49, also Hera Cook, *The Long Sexual Revolution: English Women, Sex, and Contraception, 1800-1975* (New York: Oxford University Press, 2004), 173-9.

¹² Gordon, *The Moral Property of Women*, 139. On social reform activism in the late 19th century, see Michael J. Lacey and Mary O. Furner, “Social investigation, social knowledge, and the state: an introduction,” 3-62 in Michael J. Lacey and Mary O. Furner, eds, *The state and social investigation in Britain and the United States* (Cambridge: Woodrow Wilson Center Press and Cambridge University Press, 1993), 12-14.

and war — unless birth rates were brought down.¹³ Scientists and laymen adhering to Francis Galton’s 1883 theory of “eugenics” claimed that an innumerable number of traits (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 the reproduction of the “unfit.”¹⁴ Radical free-love groups, anarchists, and socialist feminists also chimed in, arguing that access to birth control was a right and a basic pre-condition to women’s sexual liberation.¹⁵

The arguments of these disparate birth control advocates gained their first widespread publicity in 1877, when British socialist freethinkers Annie Besant and Charles Bradlaugh were arrested in London for distributing a pamphlet describing 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.”¹⁶ A year later, Dutch suffragist and peace activist Dr. Aletta Jacobs opened the world’s first birth control clinic in a room provided by the Dutch General Trade Union in Amsterdam, providing diaphragms to working class women.¹⁷ In 1916, socialist feminist Margaret Sanger founded a similar clinic in Brooklyn; although it was quickly shut down by authorities, her efforts lead to the formation of the American Birth Control League (ABCL) and a more permanent clinic in

¹³ According to Malthus, populations grew exponentially while resources grew linearly, such that the former inevitably outgrew the latter. Although Malthus (a reverend) himself had advocated sexual abstinence and late marriage to slow the rate of growth, neo-Malthusians mobilized his basic theory and re-interpreted it to include use of modern contraceptives. Dennis D. Cordell, Karl Ittmann, and Gregory H. Maddox, “Counting Subjects: Demography and Empire,” 1-21 in Karl Ittmann, Dennis D. Cordell & Gregory H. Maddox, eds. *The Demographics of Empire: the Colonial Order and the Creation of Knowledge* (Athens, Ohio: Ohio University Press, 2010), 4.

¹⁴ Nancy Leys Stepan, “*The Hour of Eugenics*”: *Race, Gender, and Nation in Latin America* (Ithaca, NY: Cornell University Press, 1991), 1.

¹⁵ Gordon, *The Moral Property of Women*, 45, 150-156.

¹⁶ Soloway, *Birth Control and the Population Question in England*, xiv.

¹⁷ Matthew Connelly, *Fatal Misconception: The Struggle to Control World Population* (Cambridge, Massachusetts: The Belknap Press of Harvard University Press, 2008), 28.

1921.¹⁸ By 1930, similar organizations and clinics had popped up in over thirty countries around the world, from Canada to South Africa to Japan.¹⁹ Activists also began to work together across borders, creating international organizations such as the London-based Birth Control International Information Centre (BCIIC) to coordinate efforts in several countries.²⁰

The popularity of birth control campaigns was only enhanced by the onset of the Great Depression in the 1930s. Advocates argued that the widespread unemployment, social unrest, and deteriorating health conditions of this decade were enhanced by unrestricted fertility among the working classes and pushed governments to incorporate contraceptives into newly created public health institutions.²¹ These efforts achieved some success, ranging from the quiet incorporation of contraception into health services in Britain in 1930 to grants explicitly funding birth control in Iceland in 1934, South Africa in 1938, and (as we will see) Bermuda in 1936.²² Birth control movements also saw their first victories on the religious front. Although the Roman Catholic Church remained adamantly opposed to birth control throughout the twentieth century, the 1930 Lambeth Conference of Bishops of the Anglican Church passed a historic resolution allowing birth control within marriage where there was “a clearly felt moral obligation

¹⁸ Gordon, *The Moral Property of Women*, 150-156.

¹⁹ Susanne M. Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa, 1910-39* (Basingstoke, Hampshire and New York: Palgrave Macmillan, 2004), 9.

²⁰ Connelly, *Fatal Misconception*, 88-93.

²¹ See Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 21, Connelly, *Fatal Misconception*, 51-2. As scholars have pointed out, this was part of a larger transformation in the relationship between society and government, as state officials moved in the early to mid 20th century to assume more responsibility for areas — such as social work and public health — which had previously been the purview of charitable, philanthropic, or parish bodies. See Lacey and Furner, “Social investigation, social knowledge, and the state,” 6-11, Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health* (Hampshire: Palgrave Macmillan, 2004), 7.

²² See Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 4, also Sanjam Ahluwalia, *Reproductive Restraints: Birth Control in India, 1877-1947* (Urbana and Chicago, University of Illinois Press, 2008), 58-9.

to limit or avoid parenthood, and where there is a morally sound reason for avoiding complete abstinence.”²³

Eugenic theories about criminality and the cause of social disorder would also serve as the justification for a wave of compulsory sterilization laws that spread across the United States, Japan, Germany, Scandinavia, and select provinces of Canada in the 1920s and 30s.²⁴ These laws gave state officials and institutional staff the power to order involuntary sterilizations of “feeble-minded” and “unfit” sections of the population, categories 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 being found pregnant with, an illegitimate child.”²⁵ By 1931, the state of California alone had sterilized some 7500 people under eugenic laws.²⁶ 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.²⁷ The dramatic and openly racist ends to which eugenic theory was put by Hitler’s regime, along with new scientific research discrediting many of the basic principles of eugenics, led to the decline of eugenics organizations in the 1940s.²⁸ The popularity of the basic principles of “better breeding” and the laws they justified, however, did not die,²⁹ and

²³ Darcy Hughes Heuring, “Health and the Politics of ‘Improvement’ in British Colonial Jamaica, 1914-1945,” (Ph.D. Dissertation, Department of History, Northwestern University, Evanston, Illinois, 2011), 310.

²⁴ According to Dorothy Roberts, the first such law was passed by the state of Indiana in 1907. Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997), 67.

²⁵ Chloe Campbell, *Race and Empire: Eugenics in Colonial Kenya* (Manchester and New York, Manchester University Press, 2007), 13.

²⁶ Connelly, *Fatal Misconception*, 48.

²⁷ Roberts, *Killing the Black Body*, 68, 81.

²⁸ *Ibid.*, 88-89, Gordon, *The Moral Property of Women*, 202.

²⁹ Eugenic concepts, language and hereditarian theories continued to gain traction in a variety of fields from popular culture to IQ testing and marital counselling. Connelly, *Fatal Misconception*, 117; see also Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005).

“eugenic purposes” remained a criterion for sterilizations and abortions in several countries well into the 1960s.³⁰

Many former eugenicists also found homes in the post-WWII period at other institutions within the birth control movement,³¹ frequently recast as “family planning” or “planned parenthood” associations in order to distance themselves from the negative association with eugenics.³² These groups remained focused, however, on reducing the birth rates of the working classes both at home and abroad. By the 1950s, the international movement had gained renewed momentum, driven by concern over the presumed threat to international security posed by rapid population growth rates in impoverished areas of Africa, Asia, the Caribbean, and Latin America.³³ A wave of institutions were created in the 1950s and 60s, ranging from demographic think tanks like the Population Council to birth control umbrella organizations like the International Planned Parenthood Federation, aimed at graphing and proposing solutions to “over-population” in these countries.³⁴ The post-WWII period also saw the creation of a wave of state-funded national “family planning”/“population control” programs, beginning with India in 1952 and spreading across Asia, Africa, Central and South America, and the Caribbean in the 1960s-70s. These programs quickly received financial support, technical advice, and birth control products from the growing population control establishment and, from the mid-1960s onwards, the United States government (through USAID) and the United Nations.³⁵

Pharmaceutical organizations also utilized the large sample populations provided by these programs to test and promote new contraceptives being developed in the 1950s. This included

³⁰ Connelly, *Fatal Misconception*, 10, 272.

³¹ *Ibid.*, 106, Gordon, *The Moral Property of Women*, 280.

³² Gordon, *The Moral Property of Women*, 242.

³³ Johanna Schoen, *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill & London: The University of North Carolina Press, 2005), 199.

³⁴ Gordon, *The Moral Property of Women*, 282.

³⁵ Segal, *Population Policies in the Caribbean*, 20-22.

various foam and cream spermicides and pessaries, Intra-Uterine Devices (IUDs),³⁶ and the contraceptive pill. First tested in Puerto Rico, the pill was released in the United States in 1959 and would quickly become the most popular birth control method among middle and upper class women, helping launch a dramatic decline in fertility rates in developed countries.³⁷ The pill also became linked to the second-wave feminist movement in North America and Europe in the 1960s and 70s, where it was incorporated into broader demands for reproductive health services focused on enhancing women's choice and autonomy.³⁸ The incorporation of birth control into general reproductive health services was also prioritized at the 1994 United Nations International Conference on Population in Cairo, which made empowerment of women "a cornerstone of population and development-related programmes."³⁹

Revolutionary as it was, however, the impact of the pill — and of the wider "reproductive rights" discourse — remains decidedly uneven. While middle and upper class American and European women for the most part have easy access to the pill, working class populations and women in developing countries often continue to rely on traditional methods or report being pressured into longer-lasting methods with greater risks or side effects, such as the birth control "shot" (Depo-Provera) or sterilization. Rates of unsafe abortion also remain high, and approximately half a million women still die of childbirth each year.⁴⁰ These continuing

³⁶ IUDs actually dated back to the 1930s, when various doctors first discovered that inserting an object (such as a piece of plastic) into a woman's uterus would prevent conception, although they were not sure of why or how this process worked. Insertion of these early IUDs, however, involved dilating the cervix, thus making them a risky and unpopular procedure. The IUDs developed in the late 1950s, such as the "Marguiles spiral" and "Lippes Loop" avoided this problem by using a tube to insert the device, making IUDs a far more practicable method. See Connelly, *Fatal Misconception*, 201-5, also M. Thierry, "Pioneers of the intrauterine device," *The European Journal of Contraception and Reproductive Health Care*, 2.1 (March 1997), 15-23.

³⁷ Gordon, *The Moral Property of Women*, 287-8.

³⁸ *Ibid.*, 323-328.

³⁹ *Ibid.*, 329.

⁴⁰ Mindy Jane Roseman and Laura Reichenbach, "Global Reproductive Health and Rights: Reflecting on ICPD," 3-20 in Laura Reichenbach and Mindy Jane Roseman, eds., *Reproductive Health and Human Rights: The Way Forward* (Philadelphia: University of Pennsylvania Press, 2009), 3.

reproductive inequalities have led both activists and scholars to question the reach of the reproductive rights revolution and critically re-examine its history and central assumptions.

1.2 TWO HISTORIES?: THE HISTORIOGRAPHY OF TWENTIETH CENTURY BIRTH CONTROL CAMPAIGNS

Starting in the 1970s, scholars interested in the history of women began to turn their attention towards the history of birth control, particularly in the United States.⁴¹ In 1976, Linda Gordon published her seminal study *Woman's Body, Woman's Right: the History of Birth Control in America*, which has since been revised, updated, and retitled *The Moral Property of Women*. Gordon's book argues that attempts to politically neutralize the birth control cause moved it "from a radical, decentralized, unruly social movement"⁴² to a hierarchical campaign offering contraceptives "as an alternative to and buffer against structural social change and economic redistribution"⁴³ rather than as part of a broader socialist feminist program. Gordon also draws attention to the race and class double standard of reproductive discourses in America, which cast elite white women as selfish for seeking contraception while working class/black/immigrant women were accused of over-breeding and targeted by birth control programs.⁴⁴ As Gordon argues, the latter were seen "not as *having* problems but as *being* problems,"⁴⁵ a philosophy which allowed for "restraining the autonomy of individuals in the

⁴¹ Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 3.

⁴² Gordon, *The Moral Property of Women*, 174.

⁴³ *Ibid.*, 284.

⁴⁴ *Ibid.*, 86-89, 192-194.

⁴⁵ *Ibid.*, 229.

interest of what they saw as wise social policy.”⁴⁶ Indeed, as Dorothy Roberts argues in her study *Killing the Black Body*, “the faulty premise that Black people’s poverty is caused by their reproduction”⁴⁷ became a powerful trope in American politics, fuelling coercive programs which targeted African Americans for compulsory sterilizations or pushed temporarily irreversible methods like Depo-Provera over the diaphragm or pill. Roberts thus posits that there are “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.”⁴⁸

Power disparities on a global scale have inspired similar critiques of internationally funded population control campaigns in Africa, Asia, the Caribbean, and Latin America.⁴⁹ Scholars of these areas have also seen birth control as having “two histories,” emphasizing the wide gap between the experience of family planning among middle class/elite women in “The West” and poor/colonized women in the “Third World.” Like black women in America, the latter were cast as uncontrolled breeders whose reproduction threatened national (or even global) security, leading programs to focus on lowering fertility rates at all costs rather than enhancing reproductive choice. Women in Brazil and Puerto Rico were thus offered only a limited range of choices (usually long-lasting methods such as sterilization or IUDs deemed more suitable for

⁴⁶ Gordon, *The Moral Property of Women*, 175.

⁴⁷ Roberts, *Killing the Black Body*, 138, also 4-21.

⁴⁸ *Ibid.*, 4.

⁴⁹ On India, see for example Ahluwalia, *Reproductive Restraints*; on Africa see Campbell, *Race and Empire*, Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, Ittmann, Cordell and Maddox eds., *The Demographics of Empire*; on Latin America and the Caribbean see Stepan, *The Hour of Eugenics*, Laura Briggs, *Reproducing Empire: Race, Sex, Science and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002), Anne Line Dalsgaard, *Matters of Life and Longing: Female Sterilisation in Northeast Brazil* (Denmark: Museum Tusulanum Press, 2004) and M. C. Maternowska, *Reproducing Inequalities: Poverty and the Politics of Population in Haiti* (New Brunswick, NJ: Rutgers University Press, 2006). For the global movement generally see Connelly, *Fatal Misconception*, Betsy Hartmann, *Reproductive Rights and Wrongs: The Global Politics of Population Control* (Boston: South End Press, 1995 [1987]), George Zeidenstein, “The Conundrum of Population and Reproductive Health Programs in the Early Twenty-First Century,” in Reichenbach and Roseman, *Reproductive Health and Human Rights*, 40-50.

“irresponsible” or “ignorant” women),⁵⁰ while women in India, China, and Indonesia were sterilized by compulsion, in return for cash payments or as a precondition to receiving social benefits.⁵¹ Scholars and activists alike have also criticized population control programs for testing contraceptives on poor women in Puerto Rico, Haiti, and elsewhere, accusing them of “using people of color as guinea pigs for white medicine.”⁵²

Indeed, some critics have called into question not only specific programs, but the underlying structure and logic of campaigns led by Westerners and “self-appointed elite reformers”⁵³ more broadly. As Matthew Connelly argues in his global history of birth control campaigns, if some projects expressed a desire to aid families and others were more openly influenced by eugenic thought, all shared the same basic premise:

that societies should consciously reproduce themselves by design, even if that meant controlling how people disposed of their own bodies. And all looked at human beings not as individuals but as population that could be shaped through the combined force of faith and science...⁵⁴

At its most extreme, this logic has led to sterilization of the “unfit” or ethnic cleansing. But even family planning could be a form of population control when proponents aimed to plan *other people’s* families, demeaning those “targeted” as “acceptors”...⁵⁵

The great tragedy of population control, the fatal misconception, was to think that one could know other people’s interests better than they knew it themselves.⁵⁶

Critical histories of demography have also argued that these programs were inherently limited by their belief that “overpopulation” (a term used to describe dense populations and/or rapid

⁵⁰ Dalsgaard, *Matters of Life and Longing*, Roberts, *Killing the Black Body*, 95.

⁵¹ On China and India see Connelly, *Fatal Misconception*, xi, 217-230, 328-359. This ranged from laws in India prohibiting a person from contesting village-level elections if he or she had more than two children to forced sterilization during the Emergency Period (Ahluwalia, *Reproductive Restraints*, 2). Similar policies in Indonesia required that a woman be using Norplant to obtain access to jobs and government positions. See Roberts, *Killing the Black Body*, 139, Hartmann, *Reproductive Rights and Wrongs*, 67-70.

⁵² Gordon, *The Moral Property of Women*, 288, Maternowska, *Reproducing Inequalities*, 118-120.

⁵³ Ahluwalia, *Reproductive Restraints*, 184.

⁵⁴ Connelly, *Fatal Misconception*, xii.

⁵⁵ *Ibid.*, xi.

⁵⁶ *Ibid.*, 378.

population growth) was the prime cause of poverty and faith in “demographic transition” (a model of historical changes in fertility which posited the low birth rates of the West as the ideal endpoint).⁵⁷ As Connelly argues, these theories oversimplified the causes of poverty and ignored cultural differences and power hierarchies, thus “reduc[ing] differences in wealth and power to a question of differential fertility — too often in terms of ‘us’ and ‘them.’”⁵⁸

This literature has played a critical role in moving us away from the naive assumption that birth control technology is “necessarily empowering for all women at all times”⁵⁹ and has helped uncover the power hierarchies underlying twentieth century birth control campaigns and shaping contemporary inequalities. However, much of this literature continues to focus on a select few cases: namely, on the most notorious population control programs and those relying most heavily on sterilizations, such as campaigns targeting African-Americans in the U.S., women in U.S.-controlled Puerto Rico, and poor populations in Asia.⁶⁰ Even studies that take a more international approach, such as Betsy Hartmann’s *Reproductive Rights and Wrongs* and Connelly’s *Fatal Misconception*, tend to focus on case studies from Asia (particularly India).⁶¹ These studies also rely heavily on discursive analysis of texts produced by American and

⁵⁷ See for example: 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; S. Szreter, “The Idea of Demographic Transition and the Study of Fertility Change: A Critical Intellectual History,” *Population and Development Review*, 19. 3 (1993), 659-701, S. C. Watkins, “If All We Knew About Women Would be What We Read in Demography, What Would We Know?” *Demography*, 30.4 (1993), 551-577, S. Greenhalgh, “The Social Construction of Population Science: An Intellectual, Institutional, and Political History of Twentieth-Century Demography,” *Comparative Studies in Society and History*, 38.1 (1996), 26-66, J. C. Schneider and Peter T. Schneider. *Festival of the Poor: Fertility Decline and the Ideology of Class in Sicily, 1860-1980* (Tucson: The University of Arizona Press, 1996), 176-200.

⁵⁸ Connelly, *Fatal Misconception*, x. See also Briggs, *Reproducing Empire*, 84-85, Zeidenstein, “The Conundrum of Population,” 44-45.

⁵⁹ Ahluwalia, *Reproductive Restraints*, 3.

⁶⁰ As Schoen argues, these cases seem to hold “a kind of gory appeal” (Schoen, *Choice and Coercion*, 232).

⁶¹ Connelly’s *Fatal Misconception*, for example, focuses overwhelmingly on India to the exclusion of others; this is most notable in his discussion of eugenics, where only one paragraph is devoted to Latin America (62) despite its unique and narrative-challenging eugenics programs (see below). Hartmann’s *Reproductive Rights and Wrongs* is similarly heavily focused on India, as well as Indonesia.

European actors and/or a select few local elite advocates.⁶² This has given us an admittedly vivid understanding of the racist, imperialist, and classist motivations driving many of these programs throughout the 1930s-70s; we know much less, however, about why these programs gained ground in other areas of the world, nor what motivated local nurses, social workers, and leftist/feminist activists who at times crop up as eager supporters of the birth control campaign.⁶³

Perhaps most notably lacking in many of these studies is a concerted analysis of the way poor/black/working class communities interacted with family planning campaigns on the ground. This is, in many cases, driven by a lack of sources; the letters, diaries, and other documents of working class men and women have not been preserved in archives and libraries to the extent that elite records have. But silence has also at times been a deliberate choice. Indeed, influenced by postmodern critiques, some scholars have shied away from even *attempting* to make elite-produced sources serve as a window into working class life.⁶⁴ As Laura Briggs argues in her study of birth control in Puerto Rico, for example, knowledge about working class communities obtained through these sources has too often become “a burden, a violence done to working class women,”⁶⁵ fuelling coercive social projects that use their sexuality against them. Briggs and others thus argue that “recovering ‘real women’ or ‘the oppressed’ is not always possible nor is it always a good thing,”⁶⁶ and focus on cultural and intellectual histories of elite birth control

⁶² Connelly defends his focus on American advocates in his “global” study because they were “the first to pursue policies intended to shape world population” (Connelly, *Fatal Misconception*, 11).

⁶³ Ahluwalia’s study of India, for example, mentions but quickly passes over a number of actors such as Subhas Chanda Bose, B.R. Ambedkar and Tagore, who supported birth control on the grounds of helping the poor or providing women with control over their bodies (Ahluwalia, *Reproductive Restraints*, 61-63). Dorothy Roberts’ study of birth control politics in America similarly devotes only a couple of pages to support for birth control within the black community, including among intellectuals, nurses and doctors (Roberts, *Killing the Black Body*, 82-88).

⁶⁴ For a discussion of how this has affected the broader literature on demographic history, see David Cordell, “African Historical Demography in the Postmodern and Postcolonial Eras,” in Ittmann, Cordell and Maddox, eds., *The Demographics of Empire*, 22-58.

⁶⁵ Briggs, *Reproducing Empire*, 209.

⁶⁶ *Ibid.*, 204 and 205.

advocates instead.⁶⁷ However, other scholars have pointed out that failing to at least attempt to understand the perspectives of working class men and women can also serve to *reinforce* hierarchies, by further perpetuating the silencing of their voices. As Harriet Bradley argues, “partially determined speech may be better than silence;”⁶⁸ otherwise, the reaction of working class peoples to birth control campaigns appears static, uniform, or altogether unintelligible.

In light of the somewhat limited geographical scope and small demographic of birth control advocates covered by these studies, it seems at the very least somewhat premature to cast the history of family planning internationally as a story of “how some people have tried to control others without having to answer to anyone” (as summarized by Connelly).⁶⁹ Indeed, a handful of studies of other areas have painted a more complicated picture of birth control campaigns, which turn out to have been less uniform, unidirectional, and/or rigidly hierarchical than they appear at first glance. For example, studies of Romania and select countries of Latin America by Maria Bucur and Nancy Stepan, respectively, have challenged the association of eugenics primarily with racist compulsory sterilization programs, pointing to the way eugenic theories were modified in these contexts to justify social welfare and public health initiatives instead.⁷⁰ The birth control movement in Canada also varied significantly across different provinces and cities,⁷¹ and ultimately gained support as a way to keep the state *out* of citizens’

⁶⁷ As Cordell notes, this may also be part of a broader shift away from social and demographic studies and towards intellectual and cultural history caused by postmodernism. Cordell, “African Historical Demography,” 30-33.

⁶⁸ Quoted in Ahluwalia, *Reproductive Restraints*, 176.

⁶⁹ Connelly, *Fatal Misconception*, xi.

⁷⁰ Stepan, *The Hour of Eugenics*, Maria Bucur, *Eugenics and Modernization in Interwar Romania* (Pittsburgh, PA: University of Pittsburgh Press, 2002).

⁷¹ On the West Coast, for example, the movement arose out of the work of local socialist feminists and was associated with an aggressive trade union movement, in Kitchener it became linked to the eugenics project of local businessman A.R. Kaufman, and in Toronto local leaders mixed feminist and eugenics arguments. See McLaren and McLaren, *The Bedroom and the State*, 58-65, 92-116, 148.

private lives rather than as a way to control certain populations.⁷² These studies suggest that birth control campaigns could be flexible and inconsistent, accommodating a wide range of ideas and motivations in different local contexts.⁷³ As Nancy Leys Stepan argues, discourses surrounding reproduction were “selectively reconfigured across cultural frontiers,” resulting in movements that were “subtly shaped by local traditions — cultural, political and scientific.”⁷⁴

More in-depth, local level analysis of some of the more notorious population control programs have also presented a more complex understanding of the dynamics of these campaigns. Jesse Rodrique’s study of birth control in African American communities, for example, challenges the popular assumption that birth control was “thrust upon an unwilling black population.”⁷⁵ In fact, she demonstrates that black newspapers, poetry, and fiction frequently spoke in favour of wider distribution of birth control, and many black medical professionals, social workers, and community leaders eagerly cooperated with the American Birth Control League, seeing clinics as “not a panacea but one aspect of a larger political agenda.”⁷⁶ However, this support has frequently been passed over by those looking only at national-level politics or focusing on anti-sterilization protests, who “have not sufficiently recognized that blacks could endorse a program of birth control but reject the extreme views of eugenicists.”⁷⁷ Similarly, Iris Lopez argues that although the reproductive experiences of Puerto Rican women have often been overshadowed by sterilization abuse controversies, the reality is

⁷² As Prime Minister Pierre Trudeau famously quipped in his defense of removing restrictions on birth control: “the state has no business in the bedrooms of the nation.” McLaren and McLaren, *The Bedroom and the State*, 9.

⁷³ As Chloe Campbell argues in her study of Kenya, this points to the ambivalence of eugenics itself, which was in many ways simply the language of the time, used flexibly and able to “accommodate individuals pursuing progressive rationalism, and those motivated by a fundamental racial hostility.” Campbell, *Race and Empire*, 9.

⁷⁴ Stepan, *The Hour of Eugenics*, 33.

⁷⁵ Jessie M., Rodrique, “The Black Community and the Birth Control Movement,” in Dorothy O. Helly and Susan M. Reverby, eds., *Gendered Domains: Rethinking Public and Private in Women's History* (Ithaca and London: Cornell University Press, 1992), 244.

⁷⁶ *Ibid.*, 251.

⁷⁷ *Ibid.*, 252.

less straightforward. While there certainly are cases of abuse, the majority of Puerto Rican women she interviewed “did not think of themselves as victims”⁷⁸ but rather saw surgical procedures as their best option considering their future plans, economic situation, cultural familiarity with the operation, problems with birth control, and gender subordination in relationships.⁷⁹ Recognizing these multiple factors, Lopez argues, pushes us past “the fragmented and simplistic binary framework” of victimizer and victim and towards a more “nuanced understanding of how...women negotiate their reproductive experiences within cultural, social and historical contexts.”⁸⁰

Studies that have attempted to access working class women’s experiences through clinic records have also presented a more complicated picture of clinic interactions. As Susan Klausen argues in her study of early clinics in South Africa, for example, “reading the records against the grain provides valuable clues about women’s reactions to the clinical encounter and their attempts to utilize contraceptives” which suggest that “providers did not unilaterally determine the direction of development of contraceptive services.”⁸¹ Rather, by exercising the limited amount of choice available, resisting certain methods, and sharing their experiences with other women, patients were able to adapt even conservative programs to their needs and even force birth control providers to change their own approaches.⁸² Johanna Schoen’s careful analysis of state records in North Carolina also demonstrates the myriad and conflicted ways that birth control, abortion and sterilization policies were translated into practice. As Schoen argues, the actual delivery of birth control was the outcome of a series of negotiations between the elites

⁷⁸ Iris Lopez, *Matters of Choice: Puerto Rican Women's Struggle for Reproductive Freedom* (New Brunswick: Rutgers University Press, 2008), xii.

⁷⁹ Lopez, *Matters of Choice*, xix.

⁸⁰ *Ibid.*, xv.

⁸¹ Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 10.

⁸² *Ibid.*, 149.

designing them, the medical and health professionals implementing them, and the poor and minority women targeted by them, whose responses “influenced the programs’ implementation, the policy-making process, and theories about the causes of and treatments for poverty.”⁸³ Both studies also explore the numerous barriers to sustained birth control practice beyond cultural resistance including contraceptive inadequacies, the material circumstances of women’s lives, lack of sex education, and male resistance.⁸⁴

These studies illustrate the value of looking both more broadly (at a wider variety of case studies around the globe) and more deeply (at interactions on the local, community, and clinic level) in our study of twentieth century birth control campaigns. They also point to the importance of looking beyond the language of birth control advocacy to explore the multiple — at times conflicting — agendas this language could become attached to. As Susan Klausen points out, the line between “positive” maternalist programs and “negative” eugenics in South Africa was “blurry” at the discursive level, as “advocates often drew upon both ideological strands in a haphazard, unsystematic fashion,”⁸⁵ but led to significant differences in practice within the realm of the clinics.⁸⁶ Indeed, as David Cordell et al argue, even when they used some of the same language, there was a wide gap between the projects of “left-of-center welfare reformers and ardent racists”⁸⁷ that can be masked when scholars focus only on discursive analysis. These studies also complicate our understanding of opposition movements, pointing out that arguments against specific birth control programs may not have been categorical denials of birth control altogether, or may have been informed by gender hierarchies. These subtleties,

⁸³ Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 4.

⁸⁴ Schoen, *Choice and Coercion*, 53-55. Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 97-99.

⁸⁵ Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 152.

⁸⁶ *Ibid.*, 88.

⁸⁷ Cordell, Ittmann and Maddox, “Counting Subjects,” 5.

however, can be overshadowed when activists and scholars shy away from potential sources or reinterpret women's experiences in order "to fit a larger narrative about coercive government power, erasing the complex context surrounding women's individual reproductive experiences and women's agency in seeking to control their reproduction."⁸⁸

1.3 BIRTH CONTROL CAMPAIGNS IN THE WEST INDIES: A CASE STUDY

The English-speaking Caribbean in the 1930s-70s provides a particularly rich site of analysis through which to expand our understanding of twentieth century birth control campaigns. Birth control campaigns on several islands started early and moved quickly compared to other areas; indeed, the Bermudian government in 1936 was one of the first in the world to openly provide free contraceptives through local health services. Family planning associations in Barbados, Trinidad, and Jamaica were also among the first to join the International Planned Parenthood Federation in the 1950s, hosted several of the organization's earliest conferences and helped develop early studies of the impact of birth control programs in decolonizing societies. Barbados also committed state resources to battling "overpopulation" in 1955, just a couple years after India, with Jamaica and Trinidad following not long after. Although they have not yet been recognized as such in the literature, these islands were thus very much at the forefront of the international birth control movement.

These campaigns were also born into a particularly dynamic historical context in the West Indies, a region where attempts to manipulate the demographic structure had a long history

⁸⁸ Schoen, *Choice and Coercion*, 216.

and had ingrained deep racial and class inequalities. Indeed, the history of the Caribbean began with a demographic crisis, as the local Carib, Arawak, and Taino peoples that had inhabited the islands before Europeans arrived in 1492 were almost completely decimated by the introduction of foreign diseases and abuses at the hands of colonizers. As the depopulated islands were divided up between Spanish, French, Dutch, and British empires, colonists turned first to white indentured servants and then to the African slave trade to provide labour for newly created sugar and fruit plantations.⁸⁹ From 1451-1801, an estimated 1.7 million enslaved Africans (approximately one fifth of the total forced migration of Africans to the Americas)⁹⁰ were transported to Britain's Caribbean Empire.⁹¹ Although a few colonies (such as Bermuda) also saw increased migration from England and thus maintained a sizeable white population, most of the islands were conceived of as factories for sugar and fruit rather than "settler" colonies like their North American counterparts. As a result, they developed a unique social structure characterized by a small white elite ruling over a large African-descendent population, with "Coloured" actors (produced through unions between those of European and African descent) occupying a tenuous middle position.⁹²

Although emancipation in 1838 brought legal freedom for African descendents in the British West Indies, the basic power hierarchy remained intact and most former slaves continued

⁸⁹ Joycelin Massiah, "The Population of Barbados: Demographic Development and Population Policy in a Small Island State," (PhD Dissertation, Department of Sociology, Mona: University of the West Indies, 1981), 63.

⁹⁰ G.W. Roberts and Jack Harewood, "Notes on the Population of the Commonwealth Caribbean," Unpublished Report, 1985 (West Indiana Collection, Alma Jordan Library, University of the West Indies, St. Augustine, Trinidad, hereafter "AJL"), 5.

⁹¹ By the early nineteenth century this empire included Jamaica, the Cayman Islands, Turks and Caicos, The Bahamas, the British Virgin Islands, the Leeward Islands (Antigua, Barbuda, Saint Christopher, Nevis, Anguilla and Montserrat), the Windward Islands (Dominica, Saint Lucia, Saint Vincent, the Grenadines and Grenada), Trinidad, Tobago, and Barbados in the Caribbean Sea, Bermuda farther north in the Atlantic, and the South American rimland territories of British Guiana (now Guyana) and British Honduras (now Belize).

⁹² Harewood and Roberts, "Notes on the Population of the Commonwealth Caribbean," 6. On Bermuda's unique situation see Robert J. Alexander, *A History of Organized Labor in the English-Speaking West Indies* (Wesport, CT: Praeger Publishers, 2004), 98-100.

to work and live on plantations. A portion, however, attempted to resist this life by settling small plots of land or by searching for better work opportunities around the circum-Caribbean.⁹³ Rather than improving wages or working conditions to induce these workers to stay, Caribbean planters responded by raising land prices and rent to prohibit land settlement and by recruiting indentured workers from India to supplement the plantation labour force.⁹⁴ From 1844 to 1917, around 536,000 Indians were brought to the region, mostly to British Guiana and Trinidad; some 425,000 of them stayed to make their homes in the Caribbean.⁹⁵ Conditions for both Afro- and Indo-Caribbean workers, however, remained poor well into the twentieth century; unemployment and under-employment were rampant and many families lived on “starvation wages,”⁹⁶ a fact that led Joseph Chamberlain to label the Caribbean islands “the Empire’s darkest slum.”⁹⁷ The small white elite also maintained tight control over political institutions on the islands. Although black politicians made some inroads into elected legislatures, real power remained concentrated in the British-appointed Governors and their nominated executive bodies (composed of local white male elites),⁹⁸ and the franchise was restricted to a miniscule portion of the population

⁹³ On emigration of West Indians, see for example Bonham C. Richardson, *Panama Money in Barbados* (University of Tennessee Press, 2004), Lara Putnam, *The Company They Kept: Migrants and the Politics of Gender in Caribbean Costa Rica, 1870–1960* (University of North Carolina Press, 2002). On the expansion of free village networks in Jamaica, see Thomas Holt, *The Problem of Freedom: Race, Labor, and Politics in Jamaica and Britain, 1832-1938* (Baltimore: The John Hopkins University Press, 1992).

⁹⁴ See Alexander, *A History of Organized Labour*, 248-50, Roberts and Harewood, “Notes on the Population of the Commonwealth Caribbean,” 42.

⁹⁵ See Roberts and Harewood, “Notes on the Population,” 7, Bridget Brereton, *A History of Modern Trinidad, 1783-1962* (Kingston, Jamaica: Heinemann Educational Books Inc, 1981), 100-103.

⁹⁶ Richard Hart, *Rise and Organise: The Birth of The Workers and National Movements in Jamaica (1936-1939)* (London: Karia Press, 1989), 31.

⁹⁷ Eric D. Duke, “Seeing race, seeing nation: Conceptualizing a ‘united West Indies’ in the British Caribbean and diaspora,” (Phd Dissertation, Michigan State University, 2007), 49.

⁹⁸ Elected members of parliament could not put forward bills involving financial commitments and could be overruled in most legislation by the Governor and nominated members (who were expected to vote along official lines). Henrice Altink, *Destined for a Live of Service: Defining African-Jamaican Womanhood, 1865-1938* (Manchester and New York: Manchester University Press, 2011), 107.

through the implementation of gender, property, and salary level restrictions.⁹⁹ Access to jobs in the civil service, professions, and retail shops and admittance to elite social clubs also remained largely limited to those with lighter skin. On most islands, this was enforced through subtle practices of racial discrimination including selective hiring, social ostracism, alienation, and omission;¹⁰⁰ in Bermuda, however, elites adopted more explicit, American-style racial segregation policies. Black Bermudians were restricted from owning properties or renting in areas reserved for whites, banned from social clubs, hotels and other areas that whites frequented, and forbidden from working in the civil services and the main business district.¹⁰¹

Characterized by such intense social, economic, and racial inequality, the region in the 1930s would seem to have been ripe for the introduction of coercive population control programs. However, birth control movements also arose at a critical turning point in the region's history, when working- and middle class West Indians gathered together into labour, feminist, anti-imperial, and black nationalist groups and organized strikes, rebellions, and protests which challenged both elite and British colonial rule on an unprecedented scale. These movements forced a number of political reforms from the 1930s-50s, including the introduction of universal suffrage, local self-government, expansion of public health services, and education reform; they culminated in decolonization across most of the region by the 1960s and 70s. And yet, as scholarship on the political and labour history of the twentieth century has pointed out, if these

⁹⁹ In Jamaica, for example, only 10% of the population could vote in 1914. Heuring, "Health and the Politics of 'Improvement,'" 13.

¹⁰⁰ As Linden Lewis writes of white schools, clubs and neighbourhoods in Barbados, for example, while there were no legal instruments limiting participation by blacks, "the latter were made to feel sufficiently alienated as to forego consideration of membership. Herein lies one of the keys to understanding racial stratification and the discourse on race in Barbados. The social practice of this system of racial stratification is based on a form of segregation that is not legally enforced but is widely socially adhered to on the island." Linden Lewis, "The Contestation of Race in Barbadian Society and the Camouflage of Conservatism," in Brian Meeks and Folke Lindahl, eds., *New Caribbean Thought: A Reader* (Kingston, Jamaica: University of the West Indies Press, 2001), 147.

¹⁰¹ Quito Swan, *Black Power in Bermuda: The Struggle for Decolonization* (New York: Palgrave Macmillan, 2009), 11-12.

movements mobilized a diverse spectrum of actors, they also brought underlying class and racial tensions — between white and black, middle and working class, Afro- and Indo-Caribbean people — to the surface, as islanders debated what it meant to be West Indian and who would benefit from the new opportunities created by political and social reforms.¹⁰² As an expanding literature on the history of women and the family has argued, these conflicts were also intimately tied to conflicts between men and women and between competing visions of “proper” family life.¹⁰³ As we will see, birth control campaigns became entwined with all of these developments and debates, producing a particularly complex web of reproductive politics.

¹⁰² On the rise of these movements and decolonization in the region as a whole see Alexander, *A History of Organized Labor*, Duke, “Seeing Race, Seeing Nation,” Richard Hart, *From Occupation to Independence, A Short History of the People’s of the English Speaking Caribbean Region* (London: Pluto Press, 1998), O. Nigel Bolland, *The Politics of Labour in the British Caribbean: The Social Origins of Authoritarianism and Democracy in the Labour Movement* (Kingston: Ian Randle Publishers, 2001), Glenford Howe, *Race, War and Nationalism: A Social History of West Indians in the First World War* (Kingston: Ian Randle Publishers, 2002) and Gerald Horne, *Cold War in a Hot Zone: The United States Confronts Labor and Independence Struggles in the British West Indies* (Philadelphia: Temple University Press, 2007). On Jamaica specifically, see Holt, *The Problem of Freedom*, Hart, *Rise and Organise*, Richard Hart, *Towards Decolonisation: Political, Labour and Economic Developments in Jamaica, 1938-1945* (Kingston, Jamaica: Canoe Press, 1999), Ken Post, *Arise Ye Starvelings: The Jamaican Labour Rebellion of 1938 and its Aftermath* (The Hague: Martinus Nijhoff, 1978), Deborah A. Thomas, *Modern Blackness: Nationalism, Globalization, and the Politics of Culture in Jamaica* (Durham: Duke University Press, 2004). On Trinidad, see Selwyn D. Ryan, *Race and Nationalism in Trinidad and Tobago: a study of decolonization in a multiracial society* (Toronto: University of Toronto Press, 1972), Brereton, *A History of Modern Trinidad*, Kevin A., Yelvington, ed. *Trinidad Ethnicity* (London: The Macmillan Press Ltd, 1993), Kelvin Singh, *Race and Class Struggles in a Colonial State: Trinidad 1917-1945* (Mona, Jamaica: The Press-University of the West Indies, 1994), Kirk Meighoo, *Politics in a 'Half-Made Society': Trinidad and Tobago, 1925-2001* (Kingston, Jamaica: Ian Randle Publishers, 2003), Colin A. Palmer, *Eric Williams and the Making of the Modern Caribbean* (Chapel Hill: University of North Carolina Press, 2006), and Harvey R. Neptune, *Caliban and the Yankees: Trinidad and the United States Occupation* (Chapel Hill: The University of North Carolina Press, 2007). On Barbados, see Beckles, *A History of Barbados*, Hilary McD. Beckles, *Chattel House Blues: Making of a Democratic Society in Barbados* (Kingston, Jamaica: Ian Randle Publishers, 2004), and Mary Chamberlain, *Empire and Nation-Building in the Caribbean: Barbados, 1937-66* (Manchester and New York: Manchester University Press, 2010). Finally, on Bermuda see Dale Butler, *Dr. E.F. Gordon — Hero of Bermuda's Working Class: The Political Career of Dr. E.F. Gordon and the Evolution of the Bermuda Workers' Association* (University of Toronto Press, 1987), W.S. Zuill, *The Story of Bermuda and Her People* (London: Macmillan Education Ltd., 1999), Steven High, “The Racial and Class Politics of Wartime Labour ‘Control’ in Bermuda, 1940-1945,” paper presented at the *North American Labour History Conference* (Wayne State University, 2003, October), Swan, *Black Power in Bermuda*, and J. Randolph Williams, *Lois: Bermuda's Grande Dame of Politics* (Hamilton, Bermuda: Camden Editions, 2007).

¹⁰³ Rhoda Reddock, *Women, Labour and Politics in Trinidad and Tobago: A History* (London: Zed Books, 1994), Altink, *Destined for a Live of Service*, Colin H. Benbow, *Gladys Morrell and the Women's Suffrage Movement in Bermuda* (Bermuda: The Writers' Machine, 1994), Patricia Mohammed, *Gender Negotiations among Indians in Trinidad 1917-1947* (Hampshire and New York: Palgrave, 2002), Honor Ford-Smith, “Una Marson: Black Nationalist and Feminist Writer,” *Caribbean Quarterly*, 34.3/4 (1988), 22-37, Honor Ford-Smith, “Unruly Virtues

Academic analysis of birth control in the Caribbean began to emerge in the 1940s, around the same time as family planning campaigns. Early anthropological studies of working class family life, however, suggested a relatively bleak outlook for these campaigns, stressing the importance of child-bearing to Afro-Caribbean culture and arguing that working class families were either uninterested in or altogether against birth control.¹⁰⁴ From the 1950s-70s, studies by sociologists using interviews and questionnaire surveys began to challenge these assumptions, arguing that Caribbean women in fact wanted fewer children than they had and that resistance to birth control was not a deep-seated cultural opposition, but rather reflected lack of awareness, gender subordination, and/or health concerns.¹⁰⁵ Statistical analyses by local and foreign demographers also began to provide some understanding of the impact of contraceptive use on declining birth rates on several islands from the late 1950s onward.¹⁰⁶ Some recent

of the Spectacular: Performing Engendered Nationalisms in the UNIA in Jamaica,” *interventions* 6.1 (2004), 18-44, Linnette Silvera Vassell, “Voluntary Women's Associations in Jamaica: The Jamaica Federation of Women, 1944-1962,” (M. Phil, Department of History, The University of the West Indies, 1993), Joan French, “Colonial Policy Towards Women after the 1938 Uprising: The Case of Jamaica,” *Caribbean Quarterly*, 34.3/4 (September/December 1988), 38-61, Lara Putnam, “Illegitimacy and Self-Government: Family, Poverty, and Moral Reform before the West Indies Royal Commission, 1938-1940,” paper presented at *American Historical Association Annual Meeting* (San Diego, California, January 9, 2010), M. Jacqui Alexander, “Not Just (Any) Body Can Be a Citizen: The Politics of Law, Sexuality and Postcoloniality in Trinidad and Tobago and the Bahamas,” *Feminist Review*, 48 (August 1994), Veronica Marie Gregg, “‘How with This Rage Shall Beauty Hold a Plea’: The Writings of Miss Amy Beckford Bailey as Moral Education in the Era of Jamaican Nation Building,” *Small Axe*, 11.2 (June 2007), 16-33, Anne Macpherson, “Colonial Matriarchs: Garveyism, Maternalism, and Belize's Black Cross Nurses, 1920-1952,” *Gender and History* 15.3 (November 2003), 507-27, Rhoda Reddock, “Gender Equality, Pan-Africanism and the Diaspora,” *International Journal of Renaissance Studies*, 2.2 (2007), 255-67.

¹⁰⁴ See for example T.S. Simey, *Welfare and Planning in the West Indies* (Oxford: Clarendon Press, 1946), 84-85, Fernando Henriques, *Family and Colour in Jamaica* (London: Eyre and Spottiswoode, 1953), 88; Edith Clarke, *My Mother Who Fathered Me: A Study of the Family in Three Selected Communities in Jamaica* (London: George Allen and Unwin Ltd., 1957), 96; and Malcolm J. Proudfoot, *Population Movements in the Caribbean* (Kent House, Trinidad, 1950), 39.

¹⁰⁵ Judith Blake, *Family Structure in Jamaica: The Social Context of Reproduction* (New York: The Free Press of Glencoe, Inc, 1961), J. Mayone Stycos and Kurt W. Back, *The Control of Human Fertility in Jamaica* (Ithaca, N.Y.: Cornell University Press, 1964), Jack Harewood and Norma Abdulah, “What Our Women Know, Think and Do about Birth Control,” (University of the West Indies, Institute of Social and Economic Research, August 1972).

¹⁰⁶ See for example: George Roberts, *The Population of Jamaica* (Cambridge: Conservation Foundation at the University Press, 1957), Dr. Margaret S. Hagood, “Report to the Government of Barbados on Research and Action Programmes for Reduction of Population Pressure,” *Technical Assistance Programme* (New York: United Nations, 1956), Hans Lehfeldt, “Family Planning in Barbados: The Cervical Cap.” 1957 (Planned Parenthood Federation of America Records, Sophia Smith Collection, Smith College, Northampton, Mass, hereafter “SSC”), Christopher

anthropological studies, however, have continued to stress the importance of cultural resistance to birth control and questioned the reach of family planning campaigns. Based on fieldwork conducted in a northern Jamaican town in the late 1980s, for example, Elisa J. Sobo argues that contraceptives hold limited appeal because they go against the cultural emphasis on motherhood in Jamaican society and restrict the “flow” of blood and semen which (Sobo claims) are essential to maintaining social relations.¹⁰⁷

A handful of scholars have also turned their attention to the politics of birth control and the historical context underlying the development of state family planning programs. In addition to overviews of the rise of state programs provided by Aaron Lee Segal and Jocelyn Massiah,¹⁰⁸ Dorothy Roberts penned a brief paper in 2009 on the relationship between development discourse and family planning in Trinidad and Tobago in the 1960s.¹⁰⁹ Roberts argued that state family planning in Trinidad was limited by its narrow focus on fertility rates and demographic statistics,¹¹⁰ but also noted that the expansion of clinics across the region was popular among much of the population, filled a gap in services and freed women to participate more fully in

Tietze, *The Family Planning Service in Barbados: Prepared for the Government of Barbados* (New York: United Nations Technical Assistance Programme, 1957), G. Edward Ebanks, “Social and Demographic Characteristics of Family Planning Clients in Barbados,” *Social and Economic Studies*, 18.1 (March 1969), 391-401, Stephen L. Slavin and Richard E. Bilsborrow, “The Barbados Family Planning Association and Fertility Decline in Barbados,” *Studies in Family Planning: A Publication of The Population Council*, 5.10 (1974), R. Ferguson, M. Alderman and L.D. Collins, “Evaluation of a Family Planning Clinic in Rural Jamaica,” *Commonwealth Caribbean Medical Research Council: Nineteenth Scientific Meeting* (UWI, Mona, Jamaica, 1974), T.R. Balakrishnan, “A Cost Benefit Analysis of the Barbados Family Planning Programme,” *Population Studies*, 27.2 (1978), 353-64, Massiah, “The Population of Barbados,” G.W. Roberts and Jack Harewood, “Notes on the Population of the Commonwealth Caribbean,” and Joseph Nevadomsky, “Changing Conceptions of Family Regulation among the Hindu East Indians in Rural Trinidad,” *Anthropological Quarterly*, 55.4 (October 1982), 189-98.

¹⁰⁷ Elisa J. Sobo, “Bodies, Kin, and Flow: Family Planning in Rural Jamaica,” *Medical Anthropology Quarterly*, 7.1 (March 1993), 50-73. For a critique of Sobo’s arguments and methods, see Erna Brodber, “Review: One Blood by Elisa Janine Sobo,” *Social and Economic Studies*, 42.4 (December 1993), 278-282.

¹⁰⁸ Massiah, “The Population of Barbados,” Segal, ed. *Population Policies in the Caribbean*, also Aaron Lee Segal, “Politics and Population in The Caribbean,” *Special Study No.7* (Rio Pedras, Puerto Rico: Institute of Caribbean Studies, University of Puerto Rico, 1969).

¹⁰⁹ Dorothy Roberts, “Family Planning Policy and Development Discourse in Trinidad and Tobago: A Case Study in Nationalism and Women’s Equality,” *Social Science Library: Frontier Thinking in Sustainability and Human Wellbeing* (Medford, M.A.: Global Development and Environment Institute, 2009).

¹¹⁰ *Ibid.*, 3.

political and labour markets.¹¹¹ She thus concluded that the nationalist program “seriously constrained, but did not preclude, the creation of a new nationalist discourse grounded in women’s equality and social justice.”¹¹²

In the last few years, scholars interested in the history of health in the West Indies have begun to look back at the rise of birth control debates in the 1930s and 1940s and adopt a more critical stance. Jill Briggs’s 2010 article argues that in adopting the neo-Malthusian language of “over-population” to promote birth control, middle class nationalists in Jamaica fed into discourses that portrayed working class women as “incompetent mothers, fecund breeders and...‘infected centers’ for venereal diseases,”¹¹³ thus offering “a convenient excuse to an economic elite and a colonial government who no doubt benefited from the dislocation of blame from imperial exploitation to the bodies of Afro-Jamaican women.”¹¹⁴ Briggs also argues that this discourse translated fairly directly into the work of the Jamaica Birth Control League, whose personnel saw patients as “culturally and intellectually backwards”¹¹⁵ and thus failed to take their clients’ concerns seriously.¹¹⁶ Darcy Heuring’s 2011 dissertation chapter on birth control in Jamaica also portrays the early movement as part of a nationalist project that aimed to “‘improve’ what they viewed as the ignorant, irresponsible, immoral, and sexually promiscuous black masses”¹¹⁷ but in the process “angered and alienated the labouring Jamaicans they wished to help, obstructing their goal of unifying the nation.”¹¹⁸ Indeed, Heuring argues (drawing largely on the work of Sobo) that the movement failed because “working and lower-class black

¹¹¹ Roberts, “Family Planning Policy and Development Discourse in Trinidad and Tobago,” 21-22.

¹¹² *Ibid.*, 3.

¹¹³ Jill Briggs, “‘As Fool-Proof as Possible’: Overpopulation, Colonial Demography and the Jamaica Birth Control League,” *The Global South* 4.2 (Fall 2010), 169.

¹¹⁴ *Ibid.*, 175.

¹¹⁵ *Ibid.*, 169.

¹¹⁶ *Ibid.*, 169.

¹¹⁷ Heuring, “Health and the Politics of ‘Improvement,’” 294.

¹¹⁸ *Ibid.*, 297.

Jamaicans (who were by far the majority of the population) viewed contraception as unnatural, immoral, and against the laws of God,”¹¹⁹ leading to a “class war” over contraception.¹²⁰ Although Heuring recognizes that “at least a small percentage of lower-class women” were interested in the clinic,¹²¹ she maintains that birth control was “anathema”¹²² to Afro-Jamaican society at large and the work of the League was inherently limited by “popular resistance to contraception.”¹²³

My dissertation expands on these studies by looking across a wider range of sources and a broader expanse of time (the 1930s-70s), and by moving across borders to explore four islands in the Caribbean together. In Chapter Two, for example, I trace the rise of early birth control debates in Bermuda, Barbados and Jamaica in the 1930s and 40s using local government reports and internal correspondence, legislative debates, papers of family planning advocates, and a variety of newspapers. Although these sources do confirm that birth control was advocated by many conservative white elites seeking to reduce (black) working class fertility, they also show that birth control gained popularity among a much wider group of activist white, “coloured,” and black politicians, doctors, and social activists. I argue that while these actors did indeed utilize some of the same language as conservative elites, they linked birth control to more progressive nationalist, socialist, and even feminist political projects. As a result, birth control became tied from early on to a wide variety of — at times converging, at times conflicting — agendas. Analysis of Afro-Caribbean weeklies such as *New Negro Voice* and *The Bermuda Recorder* also suggests that the opposition to birth control mounted by several black nationalists and labour

¹¹⁹ Heuring, “Health and the Politics of ‘Improvement,’” 294.

¹²⁰ *Ibid.*, 294.

¹²¹ *Ibid.*, 350. Heuring further qualifies this by adding that these women appeared “if only in the parishes of Kingston and Manchester” (*Ibid.*, 365).

¹²² *Ibid.*, 316.

¹²³ *Ibid.*, 366.

leaders was in some cases conditional (aimed at critiquing particular *types* of campaigns rather than birth control altogether) and in other cases was contested by members within these communities who supported the cause. Opposition to state family planning projects was also voiced by other members of society, including religious leaders and even some white elite feminist women. Early debates thus did not fall neatly into a paradigm of a “class war” over contraception, but rather found supporters and opposition among all levels of society.

Looking at the papers of both local and international family planning advocates and tracing the movement over a broader expanse of time also illuminates the multiple forces influencing the actual operation of birth control campaigns on the ground. In Chapter Three, I use these sources to explore the varying roles played by international advocates, local elites, middle class professionals, and working class nurses in translating birth control advocacy into practice from the 1930s to late 1950s. I argue that although conservative white elites and foreign advocates played an important role in initiating and funding early clinics in Barbados, Bermuda, Jamaica, and (starting in 1955) Trinidad, their influence was constrained in many ways by opposition movements and mediated by the doctors, social workers, and nurses who actually delivered birth control services. The latter had their own (often quite personal) reasons for joining the family planning cause and played an increasing role in the clinics over time, leading to broader shifts in the nature of family planning campaigns. As illustrated in Chapter Four, the work of clinics from the 1930s-60s was also conditioned by the reactions of patients themselves. In this chapter, I use clinic records, correspondence of birth control advocates, and early academic studies to reconstruct (as much as possible) the ways working class West Indians both engaged with and resisted the work of the clinics. These records provide some indication of the reasons women sought out birth control services and the many barriers to birth control practice

beyond “cultural” resistance, including the instability of many working class women’s lives, lack of awareness of methods, pressure from male partners, and (above all) the relatively unsatisfactory nature of most methods available. While not denying the importance of fertility to West Indian culture or the power of cultural resistance, this evidence should at least lead us to exercise caution before concluding that birth control was “anathema” to Caribbean society as a whole. These sources suggest that many West Indian people in fact actively engaged with the clinics; this engagement also helped shape the nature of the campaign over time as patients asserted their needs and preferences.

Chapters Four and Five also challenge the image of top-down, foreign-directed birth control campaigns presented by much of the literature on birth control in other countries. As Chapter Four demonstrates, although British colonial officials from the 1930s-1960s were deeply concerned with West Indian fertility on much of the same grounds as local conservative elites, they shied away from promoting birth control out of fear it would be seen as an imperialist/racist attack, thus leaving the cause to local activists. Indeed, a close analysis of Colonial Office records shows the limits of British power in the context of rising nationalist movements in the colonies, as well as the profound distance between West Indian family planning advocates and bureaucrats in London. Chapter Five also situates the development of state funded family planning programs in Barbados, Jamaica and Trinidad in the mid 1950s to late 1960s in the context of the rise of the international population control establishment. I argue that although politicians cited international studies and eagerly mobilized foreign funds, the critical forces driving the development of state programs were local. Local advocates were the key lobbyists pressuring politicians to support the cause, government documents interpreted international “over-population” discourses in local ways, and state programs were headed and directed by the

islands' most prominent local birth control advocates. As a result, the state-funded programs that arose in these years reflected the diverse and multifaceted birth control movements that preceded them, rather than being driven by the imperatives of the international community.

Looking at these movements across borders also demonstrates how local economic, social and political contexts could affect the chronology and character of individual birth control campaigns. Barbados was the poorest island in the region at the time and the second most densely populated (after Bermuda),¹²⁴ factors that seem to have lent the movement a particular sense of urgency and helped justify early action. Jamaica had the widest range of social organizations and activists eager to get involved in the birth control cause, but also had the most evenly matched and ideologically disparate political parties, factors which made birth control campaigns both more ambitious and more controversial. A Spanish colony populated by French Creoles until it was taken over by the British in 1797, Trinidad was differentiated by its large Roman Catholic population,¹²⁵ as well as by the massive influx of Indian indentured servants in the 19th century,¹²⁶ both of which added additional levels of complexity to the religious and race-based politics of reproduction on the island. Perhaps most unique, the island of Bermuda was separated from the other three islands by its distant location in the Atlantic Ocean off the coast of the United States, much larger white population, particularly conservative economic policies, and American-style racial segregation, all of which contributed both to more aggressively eugenic proposals but also more rapidly mobilized, cross-Atlantic opposition movements to eugenics.¹²⁷

¹²⁴ Chamberlain, *Empire and Nation-Building in the Caribbean*, 54-57

¹²⁵ Meighoo, *Politics in a 'Half-Made Society'*, 4-5. French Creoles had been encouraged to settle this underpopulated territory when it was under the Spanish Empire, and brought both their slaves and Catholic faith. Brereton, *A History of Modern Trinidad*, 9-16.

¹²⁶ *Ibid.*, 100-103, 33-6, 41-42.

¹²⁷ High, "The Racial and Class Politics of Wartime Labour 'Control' in Bermuda," 3-4, Alexander, *A History of Organized Labour*, 98-100.

Indeed, the latter island is in some ways so different that many Bermudians and historians question whether it should really be studied as a part of the “Caribbean” at all.¹²⁸ And yet, this study shows that birth control debates took on many remarkably similar characteristics that speak to the commonalities and shared politics across the British West Indies. On all four islands, birth control debates quickly became tied up in shared class and race tensions and factored into debates driven by the rise of anti-racist, anti-imperial, labour, and feminist movements gaining ground across the region. On all four islands, these campaigns were painted by the opposition as attempts by the white elite to limit the reproduction of the poor black masses on not only a local, but a regional basis. Advocates on all islands also drew on international movements in similar ways, mobilizing the globally popular discourse of “over-population” to describe their situation despite wide variations in population density, growth, and economic status and utilizing foreign expertise to help create and fund local clinics. Perhaps most striking, working class women engaged with these clinics in ways and for reasons that echoed experiences on other islands and among working class populations in other areas of the world, suggesting elements of a shared reproductive experience across even the most distant borders.

Reproductive politics and birth control campaigns in the West Indies were thus influenced by a diverse mix of local, regional, and international economic, political, and social dynamics. And yet, these campaigns were never wholly determined by these structures; rather, on all four islands, individual actors found ways to carve out spaces of birth control advocacy which challenged the limits of political debates and power hierarchies. As we will see, white women in Bermuda crossed race-based divisions to ally with the black community in criticizing conservative eugenic programs, black nationalist women in Jamaica refused to get trapped in

¹²⁸ On these debates, see for example Alexander, *A History of Organized Labour*, xi.

anti-racist discourses that suppressed their gendered concerns, Trinidadian politicians and professionals chose to support birth control openly in the face of the powerful Catholic hierarchy, and leaders in Barbados found ways to forge a political consensus on the need for birth control while still critiquing underlying inequalities. In many ways, it was these moments of social and political courage that helped break down the standard race-class-gender politics of reproduction and move the birth control cause from a potentially coercive population program to a more decentralized, diverse, and dynamic movement. To acknowledge that this evolution occurred, however, is not to claim that it was either inevitable or irreversible. Rather, as the Conclusion will show, in the context of continuing social and economic inequalities across the region, class and race tensions could quickly erupt into debates over reproductive control well into the 1970s.

1.4 TERMS

In general in this dissertation, I have adopted the terms people used to identify themselves and others in the region at the time. In Jamaica, Trinidad and Barbados, “white” generally describes people of European descent, “Coloured” is used for those of mixed European and African descent with lighter skin, “black” to describe those with darker skin, and “East Indian” for those with roots in South Asia. In Bermuda, where colour lines were less gradient, people generally used “white” for those of European descent and “Coloured” or “black” for those with any African descent. For the sake of variety, however, I have also used “Afro-Caribbean” and “Indo-Caribbean” to describe those of African and East Indian descent, respectively.

Recognizing that race is socially constructed, these labels are used to situate particular actors within the local social structure and hierarchy rather than to make essentialist claims about how they might think or act based on skin color; in fact, a central argument of this dissertation is that people often stepped outside of what was expected of them based on their “race” or “class” position and allied across socially constructed communities, thus creating the space for flexibility even within the seemingly most rigid race-class hierarchies.

I have also elected to use the words “birth control,” “family planning,” “population control,” and “planned parenthood” somewhat interchangeably throughout the dissertation. Although several scholars have attempted to outline the differences between the terms (by, for example, defining “birth control” or “family planning” as the effort to “meet women’s needs to space births and/or prevent pregnancy” versus “population control” as designed to “meet the needs of the state”),¹²⁹ my sources used these terms too flexibly, inconsistently, and — for the most part — unconsciously to make them trustworthy representations of particular strands of thought. Indeed, there are plenty of instances of actors using the words “population control” to describe what was actually a relatively maternalist project and of others using the words “family planning” to describe a conservative eugenics program. Although at some points actors did try to use certain words deliberately (such as the effort to replace the word “birth control” with “family planning” or “planned parenthood” in the 1940s), even then they slipped frequently into old usages. Thus I would posit that it is misleading to try to classify different streams of thought based on the particular words they used, as these in fact tell us little about the project at hand; much more telling are the actors’ backgrounds and the context in which the words were used.

¹²⁹ Lopez, *Matters of Choice*, xiii; see also Gordon, *The Moral Property of Women*, viii, Connelly, *Fatal Misconception*, 16.

2.0 THE RISE OF BIRTH CONTROL CAMPAIGNS AND THE POLITICS OF REPRODUCTION, 1935-1944

“Several members of the Board of Health have become particularly apprehensive that this island will soon be over-populated by the Coloured people, and are eager to experiment on some method of birth control, but they know not how to direct their altruistic efforts... . . . I am accordingly to ask if you sometime will be good enough to inquire from the Secretary of State for the Colonies if there has been any successful experience in stemming the multiplication of negro people, improbable though it be.”

----- Henry Wilkinson, Bermuda, 1933.¹

“No one is suggesting that birth control is the immediate solution to a problem which is largely economic, but surely birth control is an aid, a fortification against the deterioration of a social condition in the future. If now, you can plan for your family, to educate, feed and by example to live a moral life by providing a suitable environment, then surely you will be well on the way to bring about this Spiritual awakening, strength of mind and character and such forces...even in the slums.”

----- John Beckles, Barbados, 1941.²

“Through Birth Control Clinics, the women of Jamaica will secure the necessary knowledge, so easily obtained by those who are able to pay private physicians. Many women will acquire a general knowledge of the care of their bodies... which would be a great contribution to family welfare. Why not give a fair chance to every child that is born; and the right to every woman of voluntary parenthood?”

----- Maymie L. Aiken, Jamaica, 1939.³

Henry Wilkinson, John Beckles, and Maymie L. Aiken were three West Indians located in quite different social positions and engaged in quite different political and social projects, but they shared a concern over reproduction and a faith in modern birth control technology.⁴

¹ Henry Wilkinson to Acting Colonial Secretary, Telegram, 23 August 1933 (Public Health: Birth Control 1934-1961, C.S./6.4. E. 178, location 2331, folder, Bermuda Archives (hereafter “BA”).

² John Beckles, “Letter to the Editor.” *Barbados Advocate*, 20 June 1941, 6.

³ Maymie L. Aiken, “Letter to the Editor: Birth Control,” *Daily Gleaner*, 8 September 1939, 10 [10].

⁴ As discussed in Chapter One, “birth control” in this period referred largely to diaphragms, as well as douches, a variety of spermicidal foams and powders and condoms.

Wilkinson, a white Bermudian health reformer who served as the island's Chief Medical Officer for thirty years, was concerned about the perceived threat to social and economic stability posed by an expanding "negro" population. Beckles, a prominent middle class black Barbadian social worker, envisioned family planning as a tool to help improve economic and social conditions for the island's most impoverished citizens. Maymie L. Aiken, a working class black activist prominent within the Universal Negro Improvement Association (UNIA) and local labour movements, viewed the issue in a somewhat more radical light. For her, birth control had the potential to empower poor black women by providing them with control over their reproductive capabilities on the same basis as their elite counterparts.

These actors give voice quite vividly to the multi-dimensional nature of early birth control campaigns arising in the English-speaking Caribbean in the 1930s and 40s. As Darcy Heuring and Jill Briggs have argued,⁵ these campaigns were influenced in part by racist eugenic and neo-Malthusian theories and thus were particularly popular among conservative elites who argued—like Wilkinson—in favor of spreading birth control and/or enforcing compulsory sterilization as a means to limit the growth of the working class black population. As a result, debates over birth control quickly became embroiled in longstanding class- and race-based conflicts on the islands, exposing and heightening tensions between the small white elite and a growing group of labour and black nationalist activists. However, as Beckles's and Aiken's advocacy demonstrates, from the outset birth control also had a much wider base of support, including many prominent black middle and working class personalities. These actors at times used the same language as conservative advocates, but interpreted these discourses in different ways and incorporated birth control into markedly different political and social agendas. The

⁵ See Briggs, "As Foolproof as Possible" and Heuring "Health and the Politics of Improvement."

growth of opposition to birth control in these years also fuelled some unusual alliances and unique mixing of ideologies between groups as diverse as religious leaders, white feminists, and black nationalists. As a result, the early birth control campaigns of the 1930s and 40s went beyond a simple class and colour war, involving a complex web of social and political conflicts.

This chapter explores the context and content of these early debates over birth control, focusing on Bermuda, Barbados, and Jamaica from roughly 1933 to 1944. I begin by examining the social, political, and economic context of early birth control debates in Bermuda in the 1930s, which provoked sufficient levels of controversy to attract attention on a regional and international basis. I outline the different arguments made in favor of and against birth control in these years, exploring how these positions both spoke to and challenged existing hierarchies and power relations. I then move on to provide a similar analysis of debates in Jamaica and Barbados in the late 1930s/early 1940s, examining how these campaigns both resembled and differed from the Bermuda case. In doing so, I pay attention to the common currency of certain narratives across borders, the local political and social dynamics that influenced the nature and outcomes of these early campaigns, and the ways certain individuals carved out unique birth control advocacies that transcended the limits of these discourses.

2.1 THE EXAMPLE OF GERMANY?: EUGENICS AND BIRTH CONTROL IN BERMUDA

Attempts to control West Indian reproduction began rather infamously in Bermuda, a small island which, in the 1930s, housed just over 30,000 people on 20.6 square miles of land. Located some 1500 km northeast of the Caribbean Sea, Bermuda held a unique position within

the British Atlantic world. Although the island shared with the rest of the English-speaking Caribbean a history of early British colonization and African slavery (and thus many socio-cultural similarities and connections), its northerly location made it less suitable for cultivation of high demand tropical goods and more conducive to serving as a defense station and stop-over between the mother country and the Americas. The island did not develop massive plantations, but was instead characterized by smaller-scale farming and commercial and military activity, more akin to a small “settler colony”/military outpost than the quintessential Caribbean sugar factory. This condition facilitated the settlement of a much larger white British-descendent population (forming 42% of the population in 1933, as opposed to 7% or less in Britain’s other West Indian colonies)⁶ who were given more leeway and independence to act through the local legislature than those in Britain’s “darker”, Crown-controlled colonies (although notably less than in the more fully “white” settler colonies of Canada and Australia).⁷

The control of Bermuda’s white elite over economic and political power was reinforced over time by a series of laws, policies, and social practices. Gender discrimination and extremely high property qualifications put in place by the Voting Act of 1834, for example, limited the franchise to only 8% of the population while allowing some male property owners to vote multiple times in different parishes,⁸ thus ensuring only minimal Afro-Bermudian representation and allowing the government to operate in “naked sectional interest of merchant and land owning elites.”⁹ The government’s economic policies (which relied almost entirely on

⁶ Several islands gave separate returns for “white” and “coloured” populations in the 1921 census of the region. Of these, Montserrat seems to have had the smallest white population (at 1%); most islands (including Jamaica) sat between 2-4%, with Barbados highest at 7%. *The West Indies Year Book* (Montreal: Thomas Skinner of Canada, Ltd., 1933-47), 49.

⁷ Alexander, *The Politics of Labour*, 98-100, High, “The Racial and Class Politics of Wartime Labour ‘Control’ in Bermuda,” 3-4.

⁸ *Ibid.*, 6-7, Zuill, *The Story of Bermuda and Her People*, 198-201.

⁹ High, “The Racial and Class Politics of Wartime Labour ‘Control’ in Bermuda,” 39.

customs receipts for revenue, collecting only nominal property taxes and no income, inheritance, or luxury taxes) as well as low wages and conservative labour practices granted Bermuda the status of “one of the most reactionary colonies in the British Empire.”¹⁰ The growth of the American tourist industry in Bermuda after World War I also provided justification for a system of explicit American-style racial segregation since, contemporary commentators argued, “wealthy white North Americans would not come to Bermuda if the island was not segregated.”¹¹

Although the growing tourist industry helped Bermuda become one of the wealthiest of Britain’s Caribbean/Atlantic colonies, the island inevitably took a hit with the onset of the global depression in the 1930s, as travellers stayed home and unemployment rose.¹² According to Dr. Henry Wilkinson (head of Bermuda’s Medical and Health department from 1927 to 1955), this situation—and the island’s future in general—was further jeopardized by the growing population, which he tracked carefully in his annual reports.

Table 1. Population Statistics in Bermuda, 1933-1945.¹³

Year	Birth rate per 1000 of pop		Death rate per 1000 pop		Excess births over deaths		Total population			Density per sq mile
	White	Coloured	White	Coloured	White	Coloured	White	Coloured	Total population	
1933	20.29	33.6	8.61	11.63	152	382	13,013	17,368	30,381	1,558.0
1934	18.52	35.75	8.91	10.92	125	431	13,138	17,799	30,937	1,586.5
1935	16.9	28.32	7	9.27	130	330	13,260	18,115	31,375	1,609.0
1936	16.4	29.2	8.8	9.6	101	355	13,361	18,470	31,831	1,632.0
1937	17.3	26.8	9.6	11.3	94	293	12,143	18,808	30,951	1,587.0

¹⁰ As one American Vice Consul in Bermuda described the situation in 1942: “the attitude of the ruling class, composed exclusively of merchants and landowners who effectively control the legislature...may be summed up in such expressions as, “We may have to give the negro equal political rights, but we keep him so poor it makes no difference.”” Quoted in High, “The Racial and Class Politics of Wartime Labour ‘Control’ in Bermuda,” 7.

¹¹ Swan, *Black Power in Bermuda*, 11. See also High, “The Racial and Class Politics of Wartime Labour ‘Control’ in Bermuda,” 5-6.

¹² Swan, *Black Power in Bermuda*, 8-9, see also J. Randolph Williams, *Care: 100 Years of Hospital Care in Bermuda*. (Hamilton, Bermuda: Camden Editions, 1994), 69-72.

¹³ Compiled using Blue Books (Stacks, BA) and “Public Health: Annual Reports 1934-1941 and 1942-1962,” (CS/6.4, 776/15 and 446/16, BA).

1938	17.8	28.7	10.2	12.2	97	340	12,240	19,148	31,388	1,610.0
1939	18.7	26.9	8.95	10.2	119	325	12,172	19,489	31,661	1,624.0
1940	19.3	24.5	8.7	10.5	130	278	12,303	19,766	32,069	1,645.0
1941	19.8	25.9	12	12.53	87	247	12,416	20,035	32,451	1,664.0
1942	21	27.7	10.23	11.19	135	336	12,514	20,370	32,884	1,686.0
1943	20.4	31.8	9.53	9.02	137	475	12,595	20,833	33,428	1,714.0
1944	20.33	29.2	9.1	10.4	93	399	12,738	21,232	33,970	1,742.0
1945	19.2	29.47	9.33	8.9	127	446	12,865	21,678	34,543	1,771

Wilkinson drew attention in particular to the higher annual births over deaths and corresponding increase in the island’s “Coloured” population, which he saw as a fairly direct consequence of the higher birth rate among Bermuda’s black inhabitants (sitting between 25-35 per 1000 during the 1930s, compared to between 18-20 per 1000 for white Bermudians). Drawing on globally popular neo-Malthusian theories, Wilkinson warned that if these birth rates were not stymied, population growth would soon outstrip employment and endanger the economic, political, and social stability of the island.¹⁴ According to Wilkinson, this threat was made only worse by the rate of illegitimacy (children born out of wedlock) of around 15-20%, which he claimed fuelled irresponsibility; although these rates were not recorded by skin color during these years, Wilkinson claimed there was little doubt that illegitimacy took place “almost entirely among the coloured.”¹⁵ To address this, Wilkinson advocated the opening of voluntary marriage bureaus and clinics “such as Zurich started in 1931, and Basle in 1933” where those “in the humbler walks of life” might receive advice on contraception.¹⁶

As we will see further in the next chapter, Wilkinson’s ideas about birth control and health care ranged significantly from frustration with the “irresponsibility” of the population to

¹⁴ See Wilkinson’s annual medical reports from 1934-1941 “on the Health and Sanitary Conditions of the Island,” (Public Health: Annual Reports, 1934-1941, CS/6.4, 776/15, BA).

¹⁵ Henry Wilkinson, “Medical Report on the Health and Sanitary Conditions of Bermuda,” 1934 (Public Health: Annual Reports, 1934-1941, CS/6.4, 776/15, BA), 25.

¹⁶ *Ibid.*, 22.

attempts to challenge segregation in health institutions and improve access to health resources for the black population.¹⁷ In the 1930s, however, it was his more conservative arguments that tended to gain ground among local elites. In June of 1934, for example, a report to the General Board of Health by a committee appointed to consider instruction in contraception and “the advisability of sterilising the unfit” suggested the establishment of birth control clinics which would be segregated by race.¹⁸ In the House of Assembly that same month, a motion by Mr. W.E.S. Zuill to consider the establishment of birth control clinics (which received 16 “Ayes” to 3 “Nays”) also revealed the eugenic ideals underlying their interest in birth control,¹⁹ as several members expressed open concern over how to best ensure birth control policy would reach their desired working class targets. Representative S.S. Toddings, Jr, for example, worried that voluntary clinics would decrease “the best classes,” who would take advantage of the clinics while “the lower mentals who do not care how many children they have” would not “worry their heads,” leading him to suggest compulsory sterilization of the mentally unfit and “habitual criminal” instead.²⁰ Other members also thought they should consider the sterilization of parents of illegitimate children,²¹ which (if Wilkinson’s assumptions were correct) would entail a considerable proportion of the black population. Attempts to get the Bermuda Welfare Society (an organization of white elite women who provided district nursing and infant welfare services)

¹⁷ See Chapter Three for more on Wilkinson.

¹⁸ General Board of Health Clerk to Acting Colonial Secretary, Letter, 9 June 1934 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331. 10, BA), 1.

¹⁹ “Colonial Parliament Official Report: Proceedings of the Honourable House of Assembly,” *The Royal Gazette and Colonist Daily*, 20 June 1934, 6, 10.

²⁰ *Ibid.*, 6.

²¹ Such proposals were made by both J.W. Cox (the representative for Devonshire) and Mr. H.T. North of Hamilton Parish. *Ibid.*, 6.

to provide nurses for a birth control clinic were unsuccessful,²² however, and a small grant of 150 pounds to the Medical and Health Department for contraceptives led to no practical efforts.²³

Birth controllers within government circles continued to press for more aggressive policies. While helping draft a new Public Health Act in May of 1935, members of Bermuda's Board of Health suggested a clause that would free medical practitioners from civil or criminal liability for "administering any drug or using any means to procure miscarriage" (thus potentially legalizing abortion) and another that would provide a bonus of ten pounds to any person undergoing an effective sterilizing operation.²⁴ Although these suggestions provoked alarm in both the House and press and were ultimately scrapped,²⁵ that same month Bermuda's legislature revisited calls for compulsory sterilization in considering the House's "Report on Unemployment," a document which in many ways represents the pinnacle of Caribbean eugenic proposals.²⁶ Prepared by nine members of a Select Committee of the House, the report argued that the island was facing a serious problem due to the increase of population (which they argued would lead to overcrowding, unemployment, and a reduction in the standard of living) and recommended the dissemination of birth control at Board of Health clinics and the legalization of

²² The Welfare Society was not, apparently, willing to allow their nurses to help in the clinics. See "Minutes of a Meeting of the General Board of Health held in the Sessions House," 10 August 1934 (Public Health: General Board of Health Minutes of Meeting, 1934-1937, 3541/4, BA), 1.

²³ Henry Wilkinson, "Medical Report on the Health and Sanitary Conditions of Bermuda," 1934 (Public Health: Annual Reports, 1934-1941, CS/6.4, 776/15, BA), 4.

²⁴ "Minutes of a Meeting of the General Board of Health held in the Sessions House," 7 May 1935 (Public Health: General Board of Health Minutes of Meeting; 934-1937, 3541/4, location 1990, BA), 1.

²⁵ "Editorial: 'Quis Custodiet Ipsos Custodes?'" *The Royal Gazette and Colonist Daily*, 23 May 1935, 2. See also: House of Assembly, "Session No. 58," 23 May 1935 (Journals of the House of Assembly of Bermuda: Session 1934-35, BA), 165, and Sessions House to Governor, Letter, 23 May 1935 (Public Health: General Board of Health Minutes of Meeting; 1934-1937, CS/6.4, 3541/4, location 1990, BA).

²⁶ The Committee consisted of House Members Sir Stanley Spurling, Mr. G.A. Williams, Col. Dill, Hon. G.S. Patton, Mr. B.C.C. Outerbridge, Mr. J.H. Patterson, Mr. A.W. Bluck, Mr. H.T. North and Mr. E.V. Frith. Sessions House, House of Assembly, "No.33," 5 February 1935 (Journals of the House of Assembly of Bermuda: Session 1934-35, BA), 100.

voluntary sterilization.²⁷ Citing laws in Germany and the United States as a precedent,²⁸ they also called for the compulsory sterilization of mental defectives, women who mothered two illegitimate children and men who fathered one illegitimate child, as well as the castration of persons found guilty of rape, attempted rape or “other sexual and/or unnatural offences.”²⁹

The harsh eugenic measures advocated by the report provoked an immediate public outcry. They were opposed first in the House by representative F.C. Misick, who gave a half hour long “bitterly satirical speech” suggesting that if the laws were to pass, sterilizations of “mental defectives” should begin with members of the Committee.³⁰ A week later, the Ministers of Religion and the Bermuda Citizens Association submitted petitions specifically against the clauses related to birth control and sterilization, which they argued were “inhuman and immoral, and a menace to the moral and social well-being of the Colony.”³¹ The report was also discussed extensively in *The Royal Gazette and Colonist Daily*, the island’s main daily newspaper (widely considered an organ of the white elite community).³² Although a handful of letters praised the Committee’s “scientific” approach to over-population and commitment to ensuring “survival of the fittest,”³³ most expressed shock at the extreme proposals and saw the report as an example of the government’s inability to “face the real economic issues and to devise sound, remedial

²⁷ House of Assembly Committee on Unemployment, “No.75: Report on Unemployment,” 15 May 1935 (Journals of the House of Assembly of Bermuda: Session 1934-35, BA), 284.

²⁸ Ibid., 282. The Report also referenced a “questionnaire recently taken in England by a high class newspaper” in which 78% of respondents purportedly answered in favour of compulsory sterilization of such persons (Ibid., 282).

²⁹ Ibid., 284. Only one member of the committee (Afro-Bermudian George A. Williams) made a point of distancing himself from the latter proposal, which he felt was “out of harmony with modern methods of crime prevention” (although he did support the calls for sterilization). Williams also argued that the Committee had underestimated the seriousness of unemployment and had been “unduly severe” on the Bermudian laborer (Ibid., 286).

³⁰ “Unemployment Report is a “Rotten Document,”” *The Royal Gazette and Colonist Daily*, 21 May 1935, 1; the latter quote appeared in *The Recorder*’s coverage of the story under the same title, appearing on 25 May 1935, 1.

³¹ “No. 78: Petition of Ministers of Religion against certain clauses of Unemployment Committee Report” and “No. 79: Petition of Bermuda Citizens Association against certain clauses of Report of Committee on Unemployment”, appendices to House of Assembly Committee on Unemployment, “No.75: Report on Unemployment,” 15 May 1935 (Journals of the House of Assembly of Bermuda: Session 1934-35, BA), 294.

³² On the *Royal Gazette* as a representative of the white elite, see Swan, *Black Power in Bermuda*, 7.

³³ “LOGICUS, “Letted to the Editor,” *The Royal Gazette and Colonist Daily*, 28 May 1935, 3.

legislation,” turning to “wild schemes” instead.³⁴ (Indeed, for a report meant to address the unemployment situation, it made only a handful of practical suggestions, spending the majority of its pages bashing the island’s “indolent and inefficient” labour force instead).³⁵ Even the editor of *The Royal Gazette*, who sympathized with the need for a birth control policy,³⁶ came out against the proposals, arguing that “those who suggested that the Legislature should dabble in eugenics could not have expected such a sweeping series of recommendations”³⁷ presented “in so drastic, uncouth and incredibly stupid a manner.”³⁸

The most outspoken opposition, however, was organized by members of the Afro-Bermudian community, particularly those who contributed to and read *The Bermuda Recorder*, a weekly paper created and staffed by activist middle-class blacks.³⁹ The paper printed a number

³⁴ Clinic, “Letter to the Editor: Needles and Knife,” *The Royal Gazette*, 17 May 1935, 2. See also: “By the Way,” 27 May 1935, 8, “Murder to be Legalized in Bermuda?” *The Royal Gazette and Colonist Daily*, 29 May 1935, 4, Clayton A. Munro, “Letter to the Editor: ‘The Unemployment Report,’” *Royal Gazette and Colonist Daily*, 31 May 1935, 3, A SKEPTIC, “Letter to the Editor: ‘Anything but Money!’” *The Royal Gazette and Colonist Daily*, 31 May 1935, 2 and the presumably satirical letter by Lucifer, “Letter to the Editor: Supplementary Unemployment Report,” *The Royal Gazette and Colonist Daily*, 18 May 1935, 9.

³⁵ For example, the report argued that “many so-called artisans in Bermuda would not pass as such in other places” and that the island “has too large a proportion of indolent and inefficient labourers” who did not “give an adequate amount of work for the wage received.” House of Assembly Committee on Unemployment, “No.75: Report on Unemployment,” 15 May 1935 (Journals of the House of Assembly of Bermuda: Session 1934-35, BA), 280. It also claimed labourers were infected by “what is really laziness, or perhaps charitably one may call it disinclination to do sustained continuous work” (Ibid., 281). The authors of the report also complained that this situation was enhanced by the “general outlook of the people of this colony, who have aimed to educate their children as scholars only rather than workers” (Ibid., 281).

³⁶ “Editorial: Eden, B.C., and Bermuda, A.D.,” *The Royal Gazette and Colonist Daily*, 16 June 1934, 2.

³⁷ “Editorial: The Unemployment Report,” *The Royal Gazette and Colonist Daily*, 18 May 1935, 2. The editor also argued that it was ironic that “our own local savants, so desperately “fundamentalist” in such comparatively minor matters as Sunday trading should go so violently “modernistic” in the recommendations to alter the laws of life”, see Eugene - but not Eugenic, “Letter to the Editor: Taking Stock,” *The Royal Gazette and Colonist Daily*, 23 May 1935, 5. See also “Editorial: Panaceas and Panics,” *The Royal Gazette and Colonist Daily*, 29 May 1935, 2.

³⁸ “Editorial: Bulls in the China Shop,” *The Royal Gazette and Colonist Daily*, 12 October 1936, 2.

³⁹ The *Recorder* was formed by Alfred Brownlow Place and colleagues in the early twentieth century, and had been edited over the years by a host of black Bermudian personalities including future politician Edmund T. Richards and head of the Berkeley Institute George DaCosta. See Swan, *Black Power in Bermuda*, 14, J. Randolph Williams, *Peaceful Warrior: Sir Edward Trenton Richards* (Hamilton, Bermuda: Camden Editions, 1988), 21-24. Although, according to historian Dale Butler, it was not dedicated solely to Garveyism, the *Recorder* “did contain many items of specific interest to black Bermudians and slowly but surely increased their awareness of their heritage and economic plight” (Butler, *Dr. E.F. Gordon—Hero of Bermuda's Working Class*, 11).

of letters and opinion pieces against the report,⁴⁰ including several by editor David Tucker, who argued that such “ruthless proposals” made “the effort of Hitler to ‘purge’ the German nation seem tame” and would “rock the very foundation of our social system.”⁴¹ The editor also chaired a public protest meeting at Alexandria Hall in early June at which a number of members of the community blasted the report and highlighted its racist undertones. As one Mr. John Tucker argued:

They [the sterilization proposals] will hurt the coloured people more than the white...I am going to be frank...it will decrease our population if the measure is carried through, and that is one of the motives aimed at...it is aimed to decrease our population.⁴²

At the meeting, schoolmistress Miss Adele Tucker also expressed her disgust that “men in power, supposed to represent the community, should represent them in this way,” while Mr. Charles Williams called the recommendations “dirty and crude” and pointed out that the Report diverted attention from the real causes of unemployment and provided no real solutions for the lack of work on the island.⁴³ As *Recorder* columnist “Vigilant” similarly argued: “if one half of the energy spent in fulminating Birth control plans for the Negro was diverted into channels calculated to afford equal chances of social and economic development of this same group there would be less need for talk of Birth-control.”⁴⁴

The speedy mobilization of Afro-Bermudians against the eugenic proposals—and particularly, their objection on explicitly racial grounds—built on a longer history of black

⁴⁰ See for example: “Weary Willie and Tired Tim,” *The Recorder*, 18 May 1935, 3, C.B. Motyer, “Letter to the Editor: Birth Control, 25 May 1935, 6.

⁴¹ “Editorial: ‘After Us, the Deluge!’” *The Recorder*, 25 May 1935, 2. Educated at the Berkeley Institute in Bermuda and Howard University and LSE abroad, Tucker had been a founder of the League of Coloured Peoples in London and was widely known as a prolific writer and debater at home, pressing for working class rights in *The Recorder* as well as in his position as an elected MP in the 1940s (Butler, *Dr. E.F. Gordon—Hero of Bermuda's Working Class*, 33).

⁴² “Country-Wide Protest Against the Unemployment Report,” *The Recorder*, 1 June 1935, 1.

⁴³ *Ibid.*, 1.

⁴⁴ Vigilant, “Lazyman's Corner Debates,” *The Recorder*, 12 December 1936, 4.

organization seen in the rise of numerous mutual aid, social welfare, and friendly societies within the community in the early twentieth century.⁴⁵ Still, it seems to have taken the island's white elite by surprise. The editor of the *Royal Gazette* (who was himself opposed to the compulsory proposals under question) expressed his "shock" at the nature of the Alexandria Hall meeting and saw charges of racial discrimination as "unfair" and "ill considered," for "there is no word in the recommendations or in their presentation which would indicate...that they were aimed at any race or creed."⁴⁶ This statement was challenged by Afro-Bermudian businessman John Bassett in a long letter to the editor in which he mocked "the hypocrisy which is usually displayed whenever the question of racial prejudice is mentioned in connection with any matter that arises in this Colony."⁴⁷ Bassett picked apart the underlying racial implications behind the language and recommendations of the report, pointing out that even if the report did not explicitly refer to race, "the term "labourer" is for all practical purposes synonymous with "coloured Bermudian,""⁴⁸ and the condescending and uncompromising attitudes towards labourers expressed within it had a long—and racialized—history behind them. Bassett also pointed out that the poor, criminalized, and illegitimate populations targeted by the eugenics proposals were majority black and as a result, the report was "nothing short of race legislation and legal lynching."⁴⁹

Further protests against the report were received in the following days from the Forty Club and Roman Catholic priest R.H. Durney, as well as—perhaps surprisingly—the Bermuda Woman Suffrage Society. Although the Society (formed in 1922 to agitate for the vote and

⁴⁵ Swan, *Black Power in Bermuda*, 12-14.

⁴⁶ "Editorial: "Misguided Objectors"." *The Royal Gazette and Colonist Daily*, 30 May 1935, 2. The editor made this argument again in 1937, blasting those who "attempt here to introduce the racial element into the question" while also arguing that since the white population already use birth control, it was "now the turn of the coloured people to practise it" in order to maintain "the true balance in sociological conditions." "Editorial: Science—Or Ethics," *The Royal Gazette and Colonist Daily*, 1 June 1937, 2.

⁴⁷ Bassett, John G., "Letter to the Editor: Hypocritical Critics," *Royal Gazette and Colonist Daily*, 5 June 1935, 3.

⁴⁸ *Ibid.*, 3.

⁴⁹ *Ibid.*, 3.

largely dominated by white elite women)⁵⁰ was in favour of birth control for individual use, it objected to the implementation of a state birth control program by an exclusively male House of Assembly “without any effort to ascertain women’s views thereon.”⁵¹ For the Society’s head Gladys Morrell, this opposition also extended into a more general critique of the white male “oligarchy” who refused to take financial responsibility for the labour they had imported to the island.⁵² Morrell claimed at a Society meeting that she was against “shifting the emphasis from unemployment to over-population” because:

I think that is getting away from the real issue. No country can call this problem a problem of over-population. It is, and I think we should not cease to emphasise [sic] it, an economic problem of unemployment, and we should deal with it as such. Maybe we will have to face the question of unemployment relief. I think that is what the Legislature is afraid of; they are afraid they might have to put their hands in their pockets and pay some persons during unemployment which is unavoidable on their part.⁵³

This argument was echoed by suffragist Margaret E. Misick, who felt that birth control should not be seen as “a panacea for all economic ills” and called for “a wider application of the principles of social justice and a broader conception of a government’s responsibility for the welfare of its people” instead.⁵⁴

By forwarding the historical and class tensions underlying population control and opposing the government’s proposals, these women made a noteworthy choice to align

⁵⁰ The BWSS held parish rallies, tea parties and letter writing campaigns throughout the 1920s and 30s to pressure the government to grant women the vote on equal grounds as men. It would take until 1944, however, for women to get the vote, a delay partly driven by a concern that women’s suffrage would lead to universal suffrage (and thus, increased representation by the black majority) (Benbow, *Gladys Morrell and the Women’s Suffrage Movement in Bermuda*, 51-58.).

⁵¹ Bermuda Woman Suffrage Society, “12th Annual Report,” 12 March 1935 (Annual Reports: 1931-1942, Bermuda Woman Suffrage Society, Private Papers, BA), 3. As Gladys Morrell asked: “How could a Legislature that denied its women a voice in politics be a fit body to legislate on such a subject as this?” (“Suffrage Society Score Unemployment Report,” *The Royal Gazette and Colonist Daily*, 30 May 1935, 8).

⁵² Mrs. John Morrell to Miss Underwood, Letter, 27 May 1935 (CO 37/282/5, National Archives of the United Kingdom, Kew, U.K., hereafter “NAUK”), 2.

⁵³ “Suffrage Society Score Unemployment Report.” *The Royal Gazette and Colonist Daily*, 30 May 1935, 8. The Society’s pronouncement against the report, it should be noted, was objected to by at least two members of the society—Miss Seon and Mrs. Butterfield—who spoke out in support of the sterilization measures.

⁵⁴ Margaret E. Misick, “Letter to the Editor: The Catholic Attitude,” *The Royal Gazette and Colonist Daily*, 27 May 1937, 2.

themselves with Afro-Bermudian critics rather than the white male elites who controlled the government. This was not an easy or straightforward alliance. Although the BWSS was officially against colour discrimination and advocated suffrage “for qualified coloured women just as for qualified white women,” they had previously clashed with the handful of black representatives in the legislature who continually voted against female suffrage (supposedly out of fear that “the extension of the franchise [to women] will benefit the other race at their own expense”⁵⁵). Similarly, although the *Recorder* and some labour leaders came out officially in favour of the women’s vote and encouraged their followers to cooperate with suffragists,⁵⁶ they also recorded their suspicions of an organization so heavily dominated by white elite women and associated with members of the Bermuda Welfare Society and the Imperial Order of the Daughters of the Empire, both of which discriminated against black women.⁵⁷ In siding with Afro-Bermudian critics in the birth control debate, the BWSS also put themselves in opposition to the very representatives in the House who held the fate of suffrage in their hands. This awkward political positioning reflected the unique situation of white women in the West Indies, described by Linden Lewis thus:

Though they enjoy all the privileges conferred upon them by skin colour, they are similarly denied access to the real exercise of power. In this regard, patriarchal power demonstrably supersedes racial affinities... They face the difficult choice of contesting white patriarchal power, and risking the loss of privilege associated with control of the material resources exercised by their men folk, or maintaining the status quo.⁵⁸

⁵⁵ Bermuda Woman Suffrage Society, “Note of Points Made by Mrs. Morrell of the Bermuda Woman Suffrage Society Before the Empire Parliamentary Delegation of Imperial Parliament,” (Petitions (1931-1944), Bermuda Woman Suffrage Society, Private Papers, BA), 2.

⁵⁶ See for example, “Suffragettes,” *The Recorder*, 8 December 1934, 2.

⁵⁷ “Editorial: Woman Suffrage: Think It Over,” *The Recorder*, 16 March 1935, 2. Bermuda Woman Suffrage Society, “Monthly Meeting,” 5 May 1942 (Minutes 1940-42, Bermuda Woman Suffrage Society, Private Papers, BA), 1-2.

⁵⁸ Lewis, “The Contestation of Race in Barbadian Society,” 175.

Lewis' conclusion that such social and political divisions essentially "preclude meaningful dialogue and solidarity"⁵⁹ between white women and their black counterparts, however, seems somewhat exaggerated. At least in the instance of the birth control debate, white elite women actively joined Afro-Bermudians in challenging white male elite power on common grounds.

This alliance ultimately proved fruitful. Forced to answer to this broad spectrum of opposition, the Unemployment Committee's members at first tried to defend the report by arguing that the extreme nature of their proposals was motivated by the extreme threat posed to the island by over-population.⁶⁰ Hon. G.S. Patton, in attendance at the public protest meeting at Alexandria Hall, also attempted to answer calls of racism by accusing the audience of being "hostile" in bringing up the "racial side," pointing out that the three black members of the House had voted for birth control and arguing that "there is not a single law in Bermuda which does not apply to white people as well as coloured," a claim which provoked outright laughter from the audience.⁶¹ Ultimately, however, the government conceded, and just a few days after the outbreak of protests, the Committee's proposals for compulsory sterilization and castration were removed from the table.⁶²

The quashing of the Report on Unemployment would not, however, signify the end of controversy over birth control in Bermuda. Only a year and a half later the topic would be back in the news again, this time attracting attention far beyond the island's shores. Indeed, 1936 would see the mobilization of protests in West Indian communities around the Atlantic sparked by controversial population control statements made by Bermuda's Governor Sir Reginald

⁵⁹ Lewis, "The Contestation of Race in Barbadian Society," 176.

⁶⁰ This can be seen for example in Sir Stanley Spurling's defense in the House, at "Unemployment Report is a 'Rotten Document,'" *The Royal Gazette and Colonist Daily*, 21 May 1935, 1.

⁶¹ "Country-Wide Protest Against the Unemployment Report," *The Recorder*, 1 June 1935, 5.

⁶² *Ibid.*, 5.

Hildyard. In a rare moment of explicit racial targeting, Hildyard called in October of 1936 for birth control specifically for “coloured women” out of fear that “any war or sudden epidemic might prick the bubble of Bermuda’s prosperity...leaving a rapidly growing negro population and a decreasing white people.”⁶³ These statements were quickly circulated amongst Bermudians in the United States by the authors of “The Boston Bean Pot” and “So This is New York” (two weekly columns in *The Recorder*), which registered the appalled reaction of expatriates in their communities and called on “our race leaders, business and professional men to stick together with their labouring brother and denounce this vile, barbarous and murderous undertaking.”⁶⁴ Within days, the Harlem-based West Indian Affairs Committee responded to this call by contacting one of New York’s oldest black immigrant mutual aid groups—the Bermuda Benevolent Association—to formulate a plan to combat the government’s birth control program.⁶⁵ This resulted in a mass meeting of Bermudians, West Indians, and African Americans held in New York in November to protest birth control on the grounds that it was targeting only the black population and out of fear that “this particular act is a subterfuge for sterilization.”⁶⁶ Speeches by several notable members of Harlem’s West Indian community (such as Jamaican journalist A.M. Wendell Malliet and Trinidadian doctor/organizer Charles A.

⁶³ “Editorial: Bermuda Births,” *The Royal Gazette and Colonist Daily*, 23 October 1936, 2. According to a later story in the African American paper *New York Amsterdam News*, Hildyard even said that the “Negro population” should be kept down because “if you have so many cattle and so many horses, and you want only so many of one kind, the only thing to do is keep down the breeding of that kind” (“Bermuda Governor Denied Automobile; He Quits,” *ProQuest Historical Newspapers Online: New York Amsterdam News: 1922-1993*, 15 April 1939, 2). This was not, however, recorded in local papers at the time.

⁶⁴ Quoted in Johnson, Leroy H., “The Boston Bean Pot,” *The Recorder*, 24 October 1936, 7. See also Elton E. Beane and C. Gerald Butterfield, “So This is New York,” *The Recorder*, 26 October 1936, 5.

⁶⁵ *Ibid.*, 5. The Bermuda Benevolent Association had been formed in 1897 in New York. Like many other community-level organizations at the time, the group focused on providing mutual aid for its members (who paid an initiation fee and monthly dues), but also had its own library, established scholarships for students in Bermuda and gave money to local African-American charities and groups in the Caribbean sea (for example, to Martinique following a volcanic eruption). See Irma Watkins-Owens, *Blood Relations: Caribbean Immigrants and the Harlem Community, 1900-1930* (Bloomington and Indianapolis: Indiana University Press, 1996), 67-71.

⁶⁶ Elton E. Beane and G. Gerald Butterfield, “So This is New York,” *The Recorder*, 21 November 1936, 4.

Petioni)⁶⁷ called birth control “more deadly to kill out a race than the poison gas of Mussolini and the machine guns of Germany” and warned that it “would be establishing a precedent...so that this law could be practiced in other British colonies, where coloured people are in the majority.” They thus called on black people everywhere to “forget...clannishness and to fully realize that this law is a weapon which in the course of time will ensure complete extinction of the coloured Race.”⁶⁸

Black West Indians remained on alert for Bermudian eugenic proposals in the following years. Attention was drawn to the threat of eugenics in Bermuda, for example, in a meeting of the West Indian Federation of America, Jamaica Progressive League, and United Aid for Persons of African Descent in New York in 1937,⁶⁹ as well as by the International African Services Bureau in London.⁷⁰ The IAS also joined with the London-based League of Coloured Peoples and Negro Welfare Association in highlighting Bermuda’s eugenic campaign in a memorandum submitted to the Colonial Office in 1938. As the memo stated:

We condemn in no uncertain terms all those who recommend sterilisation of individuals as a cure for the illegitimacy problem in Bermuda and other colonies, for this problem is a reflection on the economic and social conditions of the islands, and will only be eliminated with a change in the present social structure of West Indian society.⁷¹

⁶⁷ Other members of delegation included Drs. T.E. Hanson, A. Carlyle Miller, P.M.H. Savory and T.R. Bassett. Ibid., 4. On Malliet, Petioni and other West Indian migrant groups, see Watkins-Owens, *Blood Relations*, 82-84.

⁶⁸ Elton E. Beane and C. Gerald Butterfield, “So This is New York.” *The Recorder*, 5 December 1936, 5.

⁶⁹ “West Indians to Celebrate With Affair,” *Proquest Historical Newspapers, New York Amsterdam News: 1922-1993*, 31 July 1937, 5.

⁷⁰ “Islands’ Plight Aired House Of Commons,” *The Recorder*, 22 January 1938, 2.

⁷¹ The League of Coloured Peoples, the Negro Welfare Association and International African Service Bureau to Colonial Office, “Memorandum on the Economic, Political and Social Conditions in the West Indies and British Guiana,” 9 September 1938 (CO 950/948, National NAUK), 22.

Protests would even reach as far down as British Guiana where, as a telegram between Governors in March of 1937 reported: “African descendants domiciled in British Guiana protest against vicious legislation to sterilize [sic] African descendants domiciled in Bermuda.”⁷²

These protests spoke to the recognition among black activists in the Caribbean, United States, and United Kingdom of the shared characteristics of past and present race relations that linked their reproductive fates. Indeed, several actors explicitly connected Bermudian eugenics to the history of imperialism and the oppression of non-white peoples in the Caribbean and across the world. As the editor of the *Recorder* noted:

The coloured population both of Bermuda and the thousands of British subjects in the U.S.A. are naturally alarmed at any proposal that is aimed at any particular section of the community. They know the ruthless measures that were used to exterminate the Red Indian in the U.S.A. and the Aboriginal in Australia, and see a similar motive behind the proposed clinics in the colony...⁷³

West Indies Correspondent Charles Alexander, in a feature article on Bermuda in the communist *Negro Worker* newspaper in 1937, similarly described the island’s eugenic proposals as “ANOTHER horrible chapter in the history of British imperialism’s oppression of the Negro people”⁷⁴ akin to slave laws in South Africa, the lynching of African-Americans in the South, and Crown Colony rule in the West Indies.⁷⁵ He argued that “the sterilization of Negroes in Bermuda may easily be extended to Negroes in other lands” and called for mass meetings and cables from professional, intellectual, and clerical leaders to be sent to the Governor of Bermuda and Colonial Office in England.⁷⁶

⁷² F.C. Archer to Bermuda Governor, Telegram, 9 March 1937 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA.), 1.

⁷³ “Editorial—Bermuda’s Problems,” *The Recorder*, 21 November 1936, 2.

⁷⁴ Charles Alexander, “Bermuda Government Plans to Sterilize Negroes.” *The Negro Worker*, February 1937, 7.

⁷⁵ *Ibid.*, 7.

⁷⁶ *Ibid.*, 10.

This mobilization against sterilization in Bermuda built on a web of pan-Africanist black activism which had formed over the early twentieth century, seen in the rise and popularity of the Universal Negro Improvement Association (UNIA) headed by Jamaican-born Marcus Garvey, the League of Coloured Peoples and Pan-African Conferences as well as the widespread circulation of labour and black nationalist newspapers such as *Negro Worker* and *Negro World*. These groups mobilized explicitly on the grounds of their shared racial heritage while also attempting to empower black communities politically, socially, and economically. As scholars have noted, the long history of migration by peoples of the English-speaking Caribbean around the Atlantic ensured that West Indians were not only active in but at the heart of such movements, supplying many of its most prominent—and most radical—leaders, journalists, and activists.⁷⁷ As a result, issues of concern to African descendents even on remote islands like Bermuda could gain quick currency among activist circles as far away as London and New York.

As historian Irma Watkins-Owens points out, however, although united by the shared experience of slavery and white racism, African-Americans and West Indian immigrants were also divided to a significant degree by historical, cultural, and social differences that at times complicated their interactions with one another.⁷⁸ Indeed, in November of 1936, at the height of protests against birth control in New York, Elton E. Beane and G. Gerald Butterfield (editors of the “So This is New York” column of *The Recorder*) recorded some hesitation over the West

⁷⁷ On pan-Africanist organization and the place of West Indians within these movements, see Duke, “Seeing Race, Seeing Nation,” Watkins-Owens, *Blood Relations*, and Louis J. Parascandola, “*Look for Me All around You*”: *Anglophone Caribbean Immigrants in the Harlem Renaissance* (Detroit: Wayne State University Press, 2005). According to Parascandola, by the 1920s the “Negro radical” in Harlem had become understood in the public imagination as “an over-educated West Indian without a job” due to the particular tendency of Caribbean nationals to become associated with militant trade unions, black nationalist, socialist and communist organizations (“*Look for Me All Around You*, 12). Watkins-Owens points out that this may have been enhanced by the fact that many migrants to the U.S. were middle class blacks/mixed-race West Indians with grammar education and trade skills, in essence a Caribbean “Talented Tenth” (*Blood Relations*, 3).

⁷⁸ Watkins-Owens, *Blood Relations*, 8.

Indian Affairs' approach. Although they praised their black brothers for "their prompt action and their militant stand,"⁷⁹ they also worried about:

...what the attitude of the masses of Bermuda is and until we definitely know that attitude protests, meetings or what not are absolutely ineffective...We are here, therefore we do not know what the people in Bermuda are doing, whether they are accepting this law as a blessing or whether they are just not interested, so we say again, that protests are so much energy wasted until we get those facts.⁸⁰

Similar concerns were expressed by "The Boston Tea Pot" columnist Leroy H. Johnson, who also expressed his frustration to *The Recorder* over the overly negative picture of Bermuda often painted by African Americans in their protests against birth control on the island. As Johnson lamented, these actors "know little about anything of international affairs yet they will feebly attempt to comment on sporting features, living conditions, class and caste systems etc. etc,"⁸¹ leading to a skewed understanding of the local situation and politics.

The sweeping condemnation of all "birth control" and "population control" by the West Indian Affairs Committee, Charles Alexander, and other international activists also conflicted with the more nuanced approach taken by most local black activists, who in fact tended to make a distinction between different types of birth control programs.⁸² Although unequivocally condemning *compulsory* sterilization and eugenic-based proposals, these actors also made a point of stressing that widespread distribution of contraceptives on a *voluntary* basis could have practical benefits for the economy of the island and/or individual working class families. *Recorder* editor David Tucker, for example, had himself been drawing attention to the "population problem" internationally and on the island since at least 1933, when he argued that

⁷⁹ Elton E. Beane and G. Gerald Butterfield, "So This is New York," *The Recorder*, 21 November 1936, 4.

⁸⁰ *Ibid.*, 4.

⁸¹ Leroy H. Johnson, "The Boston Bean Pot," *The Recorder*, 12 June 1937, 5.

⁸² According to Jessie M. Rodrigue, a similar position was taken by some African-American groups such as the *Pittsburgh Courier*. Rodrigue, "The Black Community and the Birth Control Movement," 252.

“[i]f our population is increasing in number every year, naturally, by five to six hundred, it takes only a very limited knowledge of arithmetic to show that in a few years our condition will become as bad as what exists in Barbados.”⁸³ This would lead to a lower standard of living for the island in general and the Afro-Bermudian population in particular,⁸⁴ prompting the editor to call on his fellow Afro-Bermudians to “limit our families to that point that will enable us to adequately provide for them.”⁸⁵ However, Tucker and other *Recorder* journalists made it clear that in order to be empowering rather than oppressive, birth control services needed to be completely voluntary, apply to “every section of our island community” and not merely “one group,”⁸⁶ and be accompanied by education, employment opportunities, and other measures to address wider economic inequalities.⁸⁷

Voluntary birth control also received the early support of Edgar Fitzgerald (E.F.) Gordon, a Coloured doctor born in Trinidad who had moved to Bermuda in 1924 and would become one of the island’s most influential labour activists in the 1940s/50s, pushing for labour rights in parliament and as head of the Bermuda Industrial Union.⁸⁸ Although Gordon maintained that the compulsory sterilization and castration proposals of the 1935 Report on Unemployment were

⁸³ “Editorial: Unemployment in Bermuda,” *The Recorder*, 16 December 1933, 2. See also “Editorial: The Increase in Unemployment,” *The Recorder*, 6 January 1934, 2, “Editorial: The Dangers of Over-Population,” *The Recorder*, 14 March, 1934, 2. On birth control issues abroad, see for example: “The Population of Japan,” *The Recorder*, 19 August 1933, 2, “Sterilisation to be Considered by British Parliament,” *The Recorder*, 13 January 1934, “Sterilization in Germany,” *The Recorder*, 8 December 1934, 2, ““Frightful Results” of Birth Control,” *The Recorder*, 16 February, 1935.

⁸⁴ “Editorial: For They Shall Inherit The Earth,” *The Recorder*, 10 October 1936, 2.

⁸⁵ “Whither 1937? (An Editorial),” *The Recorder*, 2 January 1937, 1.

⁸⁶ “Editorial: Birth Control,” *The Recorder*, 22 May 1937, 2.

⁸⁷ For other articles in the paper that make similar arguments about the need for voluntary birth control in conjunction with expanded opportunity, see “Editorial: Birth Control,” 13 January 1934, 2, Elton E. Bean, “So This is New York,” *The Recorder*, 14 July 1934, 3, “Editorial: The Surplus Population,” *The Recorder*, 15 September 1934, 2, E.B. Grant, “As I See It,” *The Recorder*, 29 December 1934, 7, “Editorial: Quality or Quantity?” *The Recorder*, 4 July 1936, 2, Elton E. Beane and C. Gerald Butterfield, “So This is New York.” *The Recorder*, 7 November 1936, 5.

⁸⁸ On Gordon, see Butler, *Dr. E.F. Gordon*, as well as Alexander, *A History of Organized Labor*, 100-5.

“ridiculous and brutal”⁸⁹ and a prime example of the open racism on the island (which he famously described as “just [one of] the southern states with the Union Jack hung half-way”⁹⁰), he also argued in favor of voluntary sterilization and the dissemination of contraceptives in “a decent and moral manner.”⁹¹ As he explained in letters to the *Recorder*, this position arose out of his experience as both a doctor and a labour leader, in which he had seen the “deepest anguish, the most acute suffering, physical, mental and economic ruin” that often befell families who faced unexpected pregnancies.⁹² Gordon claimed that “the race suicide bugaboo” did not have merit since the goal of birth control was *planned* reproduction (not *no* reproduction) and the death rate was also falling.⁹³ In any case, he argued that a low infant mortality rate was a far more admirable goal and sign of advancement than a high birthrate, thus advancing population *health* rather than population *size* as a symbol of strength for the black community, in a manner similar to David Tucker.⁹⁴

But Gordon also went a step further and defended the importance of birth control to sexual health and female independence. He argued that those who called on married couples to practice abstinence as a birth control method were “foolish” as “to abstain for any length of time means to lay the foundation for irritability, weakness, nervousness, or even genuine neuroses, and a cooling or even destruction of the affections.”⁹⁵ He also challenged the Christian emphasis on female purity and chastity. As Gordon argued:

Undoubtedly absolute chastity in women will not be reckoned as high in the future as in the past. The ideal will be increasingly that of temperance rather than the [sic] of complete abstinence...Furthermore a chastity that depends for its

⁸⁹ “Country-Wide Protest Against the Unemployment Report,” *The Recorder*, 1 June 1935, 5.

⁹⁰ Butler, *Dr. E.F. Gordon*, 125.

⁹¹ “Country-Wide Protest Against the Unemployment Report,” *The Recorder*, 1 June 1935, 5.

⁹² Dr. E.F. Gordon, “The Pros and Cons of Contraception,” *The Recorder*, 20 July 1935, 6.

⁹³ E.F. Gordon, “Letter to the Editor: Prevention,” *Royal Gazette and Colonist Daily*, 8 June 1935, 3.

⁹⁴ Dr. E.F. Gordon, “The Pros and Cons of Contraception,” *The Recorder*, 20 July 1935, 6.

⁹⁵ *Ibid.*, 6.

existence on fear alone is hardly a valuable moral asset. We may confidently expect in the future that economic independence, a knowledge of sex hygiene, and the growing respect for her own individuality, will keep woman from undesirable and illicit unions at least as thoroughly as she is dealt from them today by purely conventional considerations.⁹⁶

With this piece, Gordon in essence predicted a sexual revolution in which women would be empowered to make informed sexual decisions rooted in independence, education, and personal preference, rather than through the strict enforcement of a moral community with impossibly high standards of sexual restraint. In doing so, he moved beyond the economic and health concerns that dominated the birth control debate and pointed out the particular impact birth control clinics could have on gender relations and individual women's lives.

The outcome of these debates—a small birth control clinic opened by the Medical and Health Department in 1937 with a grant from the legislature—would reflect something of a compromise between these varying birth control agendas. Although operated by the government and controlled largely by Wilkinson and the conservative Board of Health, the clinic would offer user-controlled methods such as diaphragms and spermicidal foams and powders on a *voluntary*, rather than compulsory basis, and only to patients who actively sought out its services,⁹⁷ a fact proudly reported by black activists at home and abroad as evidence of the “defeat” of racist eugenics in the Caribbean.⁹⁸ The clinic also positioned the Bermudian government as one of the few in the world at the time to openly endorse birth control and provide services free of charge, a fact which quickly attracted attention to the island. Indeed, within a year, Wilkinson would receive a letter of inquiry about the clinic from Sir Arthur Farquharson, a wealthy Jamaican

⁹⁶ Dr. E.F. Gordon, “The Pros and Cons of Contraception.” *The Recorder*, 20 July 1935, 6.

⁹⁷ Wilkinson, “Medical Report on the Health and Sanitary Conditions of Bermuda: 1938” (PH: AR 1934-1941, BA), 18. See next chapter for a more detailed discussion of this clinic.

⁹⁸ See for example: “Bermuda Governor Denied Automobile; He Quits,” *ProQuest Historical Newspapers Online: New York Amsterdam News: 1922-1993*, 15 April 1939, 2.

sugar planter who would end up funding Jamaica's own first birth control clinic. Wilkinson's response would demonstrate his awareness of the limits that had been imposed by local opposition. As he wrote to Farquharson in 1938:

In the matter of legislation, it seems to me that you wish the smallest amount possible, merely a grant for birth control purposes, leaving the rest to the sense of your medical officers, otherwise all sorts of religious, moral, welfare, and inchoate sociological ideas will be thrust forward to befuddle the issue.⁹⁹

As Farquharson and others would soon discover, however, this opposition would arise regardless.

2.2 AN IMMEDIATE MEASURE: LABOR POLITICS AND BIRTH CONTROL IN JAMAICA AND BARBADOS

As in Bermuda, birth control campaigns in other areas of the West Indies in the 1930s would bring up long-standing racial and class tensions and provoke heated debates amongst islanders of all backgrounds. However, debates over birth control in this period would take place in a more volatile context in the Caribbean proper. In Barbados and Jamaica in particular, birth control campaigns would directly follow a series of labor riots that rocked the islands in 1937 and 1938, part of a wider outbreak of social unrest across the region in the late 1930s. These riots provided a particular urgency to the arguments of both birth control advocates and the opposition, all of whom saw the issue of reproductive control as critical to the direction these islands should take in the aftermath of social disruption. As a result, discussions of women's

⁹⁹ Henry Wilkinson to Sir Arthur Farquharson, Letter, 29 June 1938 (4/108/1301, May Farquharson Collection, NAJ). See also Dr. J.L. Varma to The Colonial Secretary, Letter, 11 November 1937 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA).

reproductive potential became embedded in a divisive political climate that would prevent immediate government action like that in Bermuda. At the same time, however, the widespread social activism that followed the riots would help facilitate cooperation between a more diverse group of birth control supporters on both islands. As a result, while debates in Barbados and Jamaica would involve many of the same types of actors and arguments as in Bermuda, they would not line up in precisely the same way, or create the same outcomes.

The strikes and riots of the 1930s, although set off by different catalytic moments on each island, had their roots in frustration over the extreme poverty and inequality that characterized the West Indies, where the mass of the population lived without access to steady employment, proper housing, and opportunities for upward mobility.¹⁰⁰ The transformation of such discontent into revolt, however, was also fuelled by increasing activism and organization among those most affected by such hardships. As a memo on rural reconstruction submitted after Jamaica's labour rebellion argued, for example, the uprisings were rooted in:

A progressive awakening in the consciousness of the people to the social and material poverty of their existence. It is probably that they are little, if any, worse off than in the past and indeed in some places they may be better off. They, however, in increasing numbers cease to regard this as either natural or inevitable.¹⁰¹

This "awakening" was facilitated in part by the growth of unions, mutual aid, and black nationalist organizations in the 1920s and 30s, and the rise of leaders such as Clement Payne in Barbados and Uriah Butler in Trinidad, who delivered fiery speeches on race-relations, economic inequality, and labour rights in parks and street corners.¹⁰²

¹⁰⁰ Bolland, *The Politics of Labour in the British Caribbean*, Howe, *Race, War and Nationalism*, 172-178 and 200-201, Alexander, *A History of Organized Labour*, 6-21.

¹⁰¹ N.N. Nethersole, Dr. W.E. McCulloch and N.W. Manley, "Memorandum: Rural Reconstruction in Jamaica," 5 November 1938 (CO 950/86, NAUK), 2.

¹⁰² Beckles, *Chattel House Blues*, 7-21, Alexander, *The Politics of Labour*, 24-31.

The West Indies, of course, had a long history of both subtle resistance and outright rebellion among its African descendents. But the intensity and regional scale of the riots in the 1930s (which brought major cities like Kingston “to a standstill as mobs surged through its streets halting streetcars, overturning cars and garbage cans, and firing shops”¹⁰³ and left a dozen killed and 47 injured in Barbados¹⁰⁴) shocked the general population. As might be expected, the majority of officials and members of the conservative elite cast the uprisings as irrational upsurges by excitable “African savages” and the criminal underclass and advocated repression and control as the appropriate response.¹⁰⁵ However, as historian Ken Post points out, “a minority voice [also] spoke out for amelioration as an alternative way of dealing with worker and peasant protest.”¹⁰⁶ As a result, the labor riots led not only to arrests and punishment, but also the creation of a variety of committees and groups aimed at uncovering the social, economic, and political causes of the unrest and proposing solutions. As Veronica Gregg argues, across the Caribbean

the aftermath of the 1935-38 uprisings, a period marked by social change, intense intellectual and political debate, and a sharpened focus, made available (temporarily) social and discursive spaces hitherto defined as unspeakable or nonexistent.¹⁰⁷

Activists drew attention to the realities of unemployment, unequal land distribution, racism, and dysfunction in educational, social services, labour and political systems both locally and in testimonies before the West Indies Royal Commission (also known as the “Moyne Commission” after its chairman Lord Moyne), an investigative committee sent by the British Colonial Office to

¹⁰³ Holt, *The Problem of Freedom*, 386.

¹⁰⁴ Beckles, *A History of Barbados*, 236-239.

¹⁰⁵ Post, *Arise Ye Starvelings*, 316.

¹⁰⁶ *Ibid.*, 316.

¹⁰⁷ Veronica Marie Gregg, *Caribbean Women: An Anthology of Non-Fiction Writing, 1890-1980* (Notre Dame: University of Notre Dame Press, 2005), 49.

investigate the causes of the riots in 1938-39. Although the Moyne Commission (as with previous imperial commissions) had been created primarily as a means to buy time and pacify local agitation,¹⁰⁸ the overwhelming public response to the Commission's multi-island tour (which received 789 written memoranda and conducted 370 oral testimonies) forced it to take on a broader mandate.¹⁰⁹ Covered extensively by local newspapers, the Commission's tour became a medium through which activists expressed an array of grievances directly to those in power, forcing (as we will see in later chapters) changes in official policy from the 1940s onwards.¹¹⁰

The activist atmosphere of the late 1930s would also coalesce more immediately in the creation of the region's first broad-based labour unions and modern political parties. This included the Bustamante Industrial Trade Union (BITU) and the People's National Party (PNP) in Jamaica (with future prime ministers Alexander Bustamante and Norman Manley at their helm, respectively) and the Barbados Labour Party (BLP) under Grantley Adams.¹¹¹ Composed primarily of members of the local Coloured intelligentsia/professional communities, the nascent parties worked to transform the energy and demands of working class protestors into specific reforms (such as land redistribution, expansion of the franchise and removal of racial discrimination in the civil services) aimed at loosening the grip of the white merchant-planter elite over the economy and political system. Over the course of the 1940s-60s, they would prove particularly successful in the latter goal, serving as the key forces behind the spread of universal suffrage, modern political parties, federation, and eventual independence across the region. As a result, the labour rebellions of the late 1930s are generally seen as a "turning point" in the history

¹⁰⁸ Singh, *Race and Class Struggle in a Colonial State*, 186.

¹⁰⁹ Duke, "Seeing race, seeing nation," 158-162. This included, for example, race-based organizations such as the League of Coloured Peoples and the International African Service Bureau, as well as nationalist groups such as the Jamaica Progressive League. John La Guerre, "The Moyne Commission and the West Indian Intelligentsia, 1938-1939," *Journal of Commonwealth Political Studies* 9.2 (July 1971), 136-139.

¹¹⁰ See Chapter Five for a discussion of the Moyne Commission from the perspective of the Colonial Office.

¹¹¹ Alexander, *A History of Organized Labour*, 6-10.

of the Caribbean, marking the “the beginning of the end” of British colonialism in the region and the rise of modern politics.¹¹²

It was in this context—and into these hitherto “unspeakable” and “nonexistent” discursive spaces—that birth control campaigns would appear in the Caribbean Sea. As a brief survey of the Moyne Commission papers suggests, the birth control cause attracted followers across the region, from Trinidad to St. Vincent to Grenada, who expressed concern over the threat of “over-population” to their islands’ political, social, and economic stability in both written memorandums and oral testimonies to the Commission.¹¹³ These concerns were expressed most persistently, however, in Barbados and Jamaica, where discussions of population and birth control had already begun to dominate major newspapers (encouraged by sympathetic journalists and editors)¹¹⁴ and crop up in public meetings, lectures, reports, and even literary works. For many of these commentators, population growth provided a relatively straightforward explanation for the poverty and discontent underlying the rebellions, and birth control a relatively straightforward solution. As a letter to the editor of the Barbados *Advocate* in September of 1937 argued:

[T]he root of the trouble is the large increase of the population and as a result overpopulation. Since this is the universal opinion the population must be limited, and, surely, there can be no sounder method than the advocacy of Birth Control.¹¹⁵

¹¹² Beckles, *Chattel House Blues*, Beckles, *A History of Barbados*, 246-259, Alexander, *A History of Organized Labour*, 23-25.

¹¹³ See for example, St. Vincent Clergymen's Fellowship, “Memorandum for the West India Royal Commission,” 1938 (CO 950/957, NAUK), 1; Rufus Garcia, “Memorandum for the Royal Commission (1938) appointed to inquire into Social and Economic Conditions in the British West Indies, British Guiana and British Honduras,” 1938 (CO 950/952, NAUK), 2-4; Arthur H. Haydock to Sir Edward Stubbs and Members of the Commission, “Memorandum,” 30 December 1938 (CO 950/957, NAUK), 1-2.

¹¹⁴ Such activities were directly encouraged in Jamaica by the *Daily Gleaner* under the editorship of Herbert George de Lisser. Although de Lisser provided plenty of space in the newspaper for opposition, by August 1938 he had clearly stated that he had “no objection whatever to the people in general in the island being told or taught about birth control.” (de Lisser, “Editorial,” *Daily Gleaner*, 19 August 1938, 12). The editor of the *Barbados Advocate* Louis Gale, on the other hand, was against birth control (see “Religion and Economics,” *Barbados Advocate*, 10 August 1937, 12), although he still regularly printed letters and articles with opposing views.

¹¹⁵ Plain Spoken, “Letter to the Editor,” *Barbados Advocate*, 9 September 1937, 18.

An almost identical argument was made by Gordon St. C. Scotter in the *Daily Gleaner* following the outbreak of violence in Jamaica. Scotter argued that “the people of Jamaica grow, but the land itself doesn’t... There is only one answer as far as the future is concerned; population itself must be limited; and there is only one way of doing that: Birth Control.”¹¹⁶

Although many claimed to have witnessed this “over-population” in their travels through Barbadian villages and Kingston streets where they saw “so many children”¹¹⁷ others pointed to censuses and records of the Registrar General to support their claims. In doing so, they drew attention to very real shifts in the population dynamics in the region that had begun in 1921, a year in which populations across the region moved from relative stasis to rapid rates of growth.¹¹⁸ This growth was in part influenced by return migration from abroad, as West Indians working and living in several circum-Caribbean countries were sent home by discriminatory migration laws in the 1920s and 30s. From 1930-34, for example, some 30,000 emigrants were repatriated to Jamaica alone.¹¹⁹ More significantly, however, populations grew during this period because 1921 marked the beginning of a decline in mortality rates,¹²⁰ driven largely by advances in the treatment and control of infectious diseases and the initiation of some limited aspects of public health reform.¹²¹ By 1937, several islands had death rates half the size of their

¹¹⁶ G. St. C. Scotter, “Jamaica Needs Birth Control,” *Daily Gleaner*, 15 July 1938, p. 9.

¹¹⁷ Hard Facts, “Letter,” *Daily Gleaner*, 11 August 1938, 12.

¹¹⁸ Massiah 1981, “The Population of Barbados,” 73-74, Roberts and Harewood, “Notes on the Population,” 17.

¹¹⁹ Bolland, *The Politics of Labour in the British Caribbean*, 301

¹²⁰ Roberts and Harewood, “Notes on the Population,” 17-23.

¹²¹ Motivated by the rise of public health movements internationally (as documented in Chapter One) as well as local concerns over infant mortality and the impact of various epidemics, several islands in the nineteen twenties saw the creation of central medical departments, parochial health boards and public health nursing services. Public health medical officers and nurses seem to have focused in these years on examining school children, running tuberculosis and venereal disease clinics, operating infant crèches, and holding talks on infant welfare, sanitation and other public health issues. Massiah, “The Population of Barbados,” 269-290.

birth rates and populations had begun to grow by some 1.5-2% per year, including on islands such as Barbados which already had some of the highest population densities in the world.¹²²

Table 2. Population Statistics in the West Indies, 1937.¹²³

Year: 1937	Birth rate (per 1000 Population)	Death Rate (per 1000 population)	Infant Mortality Rate (per 1000 population)	Crude rate of increase	Total Population	Population Density (per square meter)
Bermuda	23.1	10.6		12.5	30,951	1607.8
Bahamas					66,219	15.1
Barbados	29.9	18.5	217	11.4	188,294	1130.9
Jamaica	32.4	15.3	118.5	17.1	1,150,558	237.4
Trinidad and Tobago	32.9	17.4	120.5	15.5	448,253	226.4
Grenada	32	14.3	115.0	17.7		0.0
St. Lucia	32.7	14.4	101.1	18.3	66,230	278.3
St. Vincent			117.8		56,511	376.7
Antigua	42.9	20.6	171.1	22.3	34,230	201.1
St. Kitts	44.4	36.5	209.0	7.9		
Nevis	23.6	14.9	107.1	8.7		
Anguilla	24.8	13.6	77.7	11.2		
St. Kitts-Nevis with Anguilla					37,454	246.4
Dominica	31.6	14.5	114.3	17.1	48,280	158.8
Montserrat	39.3	15.4	158.1	23.9	13,630	422.6
Virgin Islands	31	10.9	130.4	20.1	6,165	92.0
British Guiana	35	21.9	122.6	13.1	328,219	3.6
British Honduras	32.9	18.5	122.6	14.4	55,448	6.4
Average	32.6	17.2		15.4		

If the fears of local actors had backing in real statistical changes, however, the assertions that these numbers constituted “over-population,” that over-population was the cause of the region’s problems, that “over-population” was caused by “high” birth rates, and that birth control was the “only” solution, were not natural or inevitable. As illustrated by the chart above, many islands in the region had higher birth rates than Barbados and more densely packed populations

¹²² *West India Royal Commission Report* (London: His Majesty's Stationery Office, 1945), 12.

¹²³ Compiled using *West India Royal Commission Report*, 11, Bermuda Blue Books (Stacks, BA) and *The West Indies Yearbook, 1938*.

than Jamaica, and yet did not take up the cause as enthusiastically. Furthermore, birth rates of 35-37 per 1000 were in fact moderate compared to many other colonies/developing countries,¹²⁴ had been stable for several decades, and were even declining in some areas (including Jamaica) in the 1930s.¹²⁵ According to several press commentators, however, this decline was taking place almost entirely among the middle and upper classes, who “artificially regulate the coming of their children with due regard to the family’s income and the health of the mother” while the poor continued to “produce children with reckless irresponsibility.”¹²⁶ As editor of the *Daily Gleaner* Herbert George de Lisser reported as far back as 1929:

Those given as “white” were one thousand less than in the previous census; those given as “coloured” were fully ten thousand less. Those included in the category of “black” had gone forward; but amongst the black population of the islands there are many classes, and it is highly probably that the higher classes of the undiluted people of African descent control their birthrate to a certain extent. This too is in accordance with what has been observed in other countries. The lower classes hardly practice birth control, the higher classes do. Will this lead in Jamaica to the submerging of the latter? The higher classes do represent a superior intelligence as well as a better position: this is quite irrespective of any question of color. And it would be disastrous if the less intelligent, the less energetic, and the less progressive sections of the people were to swarm the limits of their ability, while the others steadily diminished.¹²⁷

Barbados Advocate editor C.L. Chenery similarly pointed in 1926 to “the growing disproportion between the birth-rate of the classes,” which he saw as problematic since “under existing

¹²⁴ According to demographers, birth rates of 35 to 37 per 1000 population represented “intermediate level” fertility rates, with rates over 40 classifying as “high.” See G.W. Roberts, “The Caribbean Islands,” *Annals of the American Academy of Political and Social Science*, Vol. 316, A Crowding Hemisphere: Population Change in the Americas (March 1958), 129.

¹²⁵ In Jamaica, for example, birth rates of around 36-40 per 1000 in the years 1881-1930 declined to about 33.44 per 1000 from 1931-35. “Quarterly Digest of Statistics, No. 6 Jan-March, 1949,” (Jamaica, B.W.I.: Central Bureau of Statistics, 1949), 11, table 5.

¹²⁶ “It Does Interest You—Birth Control”, *Daily Gleaner*, 14 July 1938, p. 16.

¹²⁷ de Lisser, “Editorial”, *Daily Gleaner*, 4 November 1929, 12.

conditions, the best types do not reproduce themselves as rapidly as the other types and the nations in which this disproportion exists run the risk of losing their moral fibre.”¹²⁸

These arguments became particularly popular in the aftermath of the labour rebellions, providing a simple and solvable explanation for economic and social disorder, and one which placed the blame squarely on the shoulders of working class people themselves. Drawing on eugenic concepts of hereditary traits, readers of the *Gleaner* in Jamaica warned of the danger to public order created by the over-breeding of “the wrong class”¹²⁹ of “the ignorant, the immature, the under-nourished, the criminal, the diseased and the feeble-minded” rather than “the educated, cultured and well-nourished classes.”¹³⁰ In a memorandum submitted to the Moyne Commission, retired Agricultural Instructor H.W. Lynch of Jamaica explicitly argued that the cause of the unrest was the surplus of children who “grow up as hooligans and criminals” and “[after] listening to stump orators of Bolshevistic tendencies...become rioters.”¹³¹ Similar sentiments were expressed in the *Barbados Advocate* and by witnesses before the local Disturbances Commission formed to investigate the causes of the riot. Commentators argued that rapidly increasing population was “the fundamental problem,”¹³² and warned that “unless the labouring classes are taught to limit their numbers, in a few years they will be in a very bad condition indeed.”¹³³ Letter writers suggested a range of responses, from voluntary birth control clinics to sterilization. One writer, who summed up Jamaica’s problems as “too few bananas, too

¹²⁸ “Editorial: Birth Control,” *Barbados Advocate*, 23 September 1926, 5.

¹²⁹ G. St. C. Scotter, “Jamaica Needs Birth Control,” *Daily Gleaner*, 15 July 1938, 9.

¹³⁰ Mountain Man, “Letter,” *Daily Gleaner*, 12 January 1939, 12. Such arguments fit with the general tone of the *Daily Gleaner*, which largely attributed the rebellions to “dangerous agitators” and communist infiltrators and stressed the importance of maintaining law and order. See Ben Brodie, *The Press and 1938 - an Examination of How the Press Handled the Workers' Revolt of May 1938* (A PAJ Publication, 1978?), 1-6.

¹³¹ H.W. Lynch to Royal Commission, “Memorandum of Evidence,” 1938 (CO 950/945, NAUK), 2.

¹³² Rev. D.W. Bentley et al., “The Disturbances Commission,” *Barbados Advocate*, 17 August 1937, 3.

¹³³ Mr. Vaughan, “The House of Assembly Debates (Official Report): Session 1937-1938,” 14 September 1937 (Legislative Debates, Session 1937-1938, Barbados National Archives, Lazaretto, Barbados (hereafter “BNA”)), 543. For similar arguments see Vespuccius. “Letter to the Editor.” *Barbados Advocate*, 20 September 1937, 14.

many babies,” even suggested a law be imposed to limit married men and women to three or four children and single people to none, under penalty of six months hard labour.¹³⁴

Along with their Bermudian counterparts, these commentators saw “illegitimates” (children born out of wedlock) as particularly troublesome. According to a Committee on Illegitimacy and Promiscuity in Jamaica, appointed in 1941 and led by several of the island’s birth control advocates, for example, illegitimate children tended to be inadequately supervised, poorly educated, diseased and frequently ended up as charges of poor relief.¹³⁵ Commentators suggested that the illegitimate boy was destined to fill the ranks of the unemployed and riotous,¹³⁶ while the illegitimate female child was “more liable to turn a prostitute than her sister who has been born in wedlock.”¹³⁷ According to *Gleaner* editor Herbert George de Lisser, such trends were a direct result of the circumstances of their conception, since illegitimate children were “apt in time of trouble to behave with the same irresponsibility as brought them into being.”¹³⁸ This was, in the mind of birth control advocates, a particularly grave problem on islands like Jamaica and Barbados, which had illegitimacy rates of up to 60-70% (compared to 15-20% in Bermuda).¹³⁹ Indeed, high illegitimate birth rates were dramatically described as one

¹³⁴ C.E.E., “Letter to the Editor: What is Wrong With Jamaica?” *The Daily Gleaner*, 22 July 1940, 8 [8].

¹³⁵ “Report of Committee Appointed to Enquire Into the Prevalence of Concubinage and the High Rate of Illegitimacy in the Island and Their Effect on the Moral, Social and Economic Progress of the People, and to Make Recommendations Whereby the Present State of Affairs May be Improved.” 9 October 1941. (Pam 301.42 Ja Rep, National Library of Jamaica, Kingston, Jamaica hereafter “NLJ”),

¹³⁶ See S.M., “Letter,” *Daily Gleaner*, 25 June 1938, 36; also J.L. Varma, interview with Aimee Webster, “It Does Interest You – Birth Control,” *Daily Gleaner*, 14 July 1938, 16.

¹³⁷ J.L. Varma, quoted in “Toc H Branch Hears Talk on Sex Education,” *Daily Gleaner*, 28 April 1938, 10.

¹³⁸ de Lisser, “Editorial,” *Daily Gleaner*, 22 June 1938, 12.

¹³⁹ Roberts, *The Population of Jamaica*, 288. The causes of this trend had been much debated (and would continue to be), with a variety of explanations being put forth including the destructive impact of slavery on family stability, the continuation of West African sex and matrifocal traditions, Afro-Caribbean resistance to European cultural colonization, sex imbalances caused by slavery and later migratory patterns, the impact of poverty and the low wage economy on possibilities of family formation, the high cost of marriages, male resistance to marriage, women’s history of control over land and labour (which made matrifocality economically viable), networks of child-shifting and extended family systems, and the belated/weak penetration of the Church into working class life. See Barrow, *Family in the Caribbean*, for an overview of historical debates over the family in the Caribbean.

of the “twin scourges of this island” (along with venereal disease)¹⁴⁰ and as “Jamaica’s most vital problem”¹⁴¹ which could fuel “discontents leading to bloody wars, or to what is known these days as communism.”¹⁴²

Such arguments were not just the musings of press commentators and letter writers, but were also taken up by established organizations such as the Jamaica Imperial Association (JIA). Headed by some of the islands’ most prominent merchants, producers, and professionals, the JIA regularly commented on fiscal and economic policy and had the ear of both local and metropolitan colonial officials.¹⁴³ In 1941, the JIA wrote a memorandum to the Under-secretary of State for the Colonies (also published in the *Daily Gleaner*) arguing that “unless there is also intelligent birth control practised by the working classes and peasantry, all these other aids to improvement will eventually prove a merely temporary alleviation of conditions.”¹⁴⁴ The JIA repeated these claims in reports in 1944 and 1945, advocating birth control clinics and sterilization of the chronically diseased, mentally deficient, and “those known to be possessed of hereditary criminal tendencies”, a policy which they claimed was “regarded as essential in most civilised communities” and particularly important in Jamaica, considering its high birth rate.¹⁴⁵ The JIA also highlighted the problem of illegitimacy, claiming that “a high proportion of the loafers and criminals of the community come from the ranks of illegitimate children who were

¹⁴⁰ L.M. De Carteret, “Letter,” *Daily Gleaner*, 9 July 1938, 36.

¹⁴¹ S.M., “Letter,” *Daily Gleaner*, 25 June 1938, 36.

¹⁴² de Lisser, “Editorial,” *Daily Gleaner*, 8 September 1938, 12.

¹⁴³ La Guerre, “The Moyne Commission,” 141.

¹⁴⁴ “Memorandum Sent to Under-Secretary of State For Colonies By Jamaica Imperial Association,” *Daily Gleaner* 29 September 1941, 6 [6]. This position was pushed particularly by JIA member/*Gleaner* editor Herbert George de Lisser who argued that “if we cannot check the growth of our population, then the position is helpless.” See the Jamaica Imperial Association, “Report for the Year 1939.” 1940. (May Farquharson Papers, SSC), 35.

¹⁴⁵ “Recommendations Of The J.I.A. To The Economic Committee,” *The Daily Gleaner*, 17 October 1944, 4 [4].

allowed to run wild because their mothers, unaided, could not look after them properly.”¹⁴⁶ As a result, they argued that the country should aim to “encourage the birth of healthy, intelligent and legitimate children to the exclusion of all others whenever possible.”¹⁴⁷

As can be seen above, Jamaican and Barbadians were often more careful than Bermudian elites to phrase their critiques in terms of “class” rather than “race.” In a sense, this may have shown a more keen awareness of the economic context underlying reproductive inequalities, but it also provided commentators with a way to speak disparagingly about the mass of black poor without drawing attention to the history of slavery and white racism that had placed them in that position in the first place. As historian Patrick Bryan points out, this was part of a longer history of race relations in the Caribbean, in which racial inequality and the tension it threatened to ignite were dealt with by declaring that the islands “had no racial problem, and that, officially, no distinctions were to be made between Her Majesty’s subjects on the grounds of color.”¹⁴⁸ Although, as Linette Vassell argues, this commitment to non-discrimination was “on the surface, laudable”¹⁴⁹ in reality its objective was to induce blacks “to ignore the reality of racial oppression as a factor in their continued exploitation.”¹⁵⁰ In other words, racism operated in daily life despite the “control and suppression” of race in the region “in its discursive form.”¹⁵¹

Commentators also spoke of “national” or “cultural” characteristics in ways that adopted the deterministic and essentialized nature of biological racism without explicitly referring to

¹⁴⁶ “Island Population, Resources and Production Dealt With In Benham Economic Report.” *The Daily Gleaner*, 8 March 1945, 10 [8].

¹⁴⁷ “Important Issues Dealt With By J.I. Association,” *The Daily Gleaner*, 26 March 1945, 12 [12].

¹⁴⁸ Patrick E. Bryan, *The Jamaican People 1880-1902: Race, Class and Social Control* (London: Macmillan, 1991), 17.

¹⁴⁹ Vassell, ““Voluntary Women’s Associations in Jamaica,” 99.

¹⁵⁰ *Ibid.*, 200.

¹⁵¹ Lewis, “The Contestation of Race in Barbadian Society,” 158.

phenotypical race.¹⁵² Commentators, for example, continuously repeated the trope of the “Jamaican father” or “Jamaican labourer” who was “a most unreliable person where his offspring is concerned”¹⁵³ and “far more highly-sexed and far less inhibited than his English equivalent.”¹⁵⁴ In Barbados, observers related stories of “the Barbadian man” whose primary preoccupation was the “sowing of wild oats”¹⁵⁵; in a particularly extravagant tale, one commentator claimed to have met a man who boasted of fathering over 100 children.¹⁵⁶ Such stories drew on long-held stereotypes about black male sexual pathology which, as scholars have noted, “has historically been constructed, particularly by whites, to be unquenchable and uncontrollable.”¹⁵⁷ Although some working class women were also accused of reckless breeding,¹⁵⁸ they were more often portrayed as relatively innocent victims of these male sexual predators. Commentators spoke of the “ignorant Jamaican mother” who was like “the old woman who lived in a shoe who had so many children because she didn't know what to do.”¹⁵⁹ According to the *Barbados Advocate*, these women were “amazingly prolific not because they are thoughtless or lascivious” but because they were victims of male sexual proclivities and ignorant of the methods of birth control.¹⁶⁰

¹⁵² As George M. Fredrickson argues in his analysis of the history of racism, “culture can be reified and essentialized to the point where it becomes the functional equivalent of race” and can “do the work of biological racism quite effectively.” See Fredrickson, *Racism: A Short History* (Princeton, NJ: Princeton University Press, 2002), 6-7. See also Briggs (*Reproducing Empire*, 165) for similar observations in the case of Puerto Rico.

¹⁵³ V.S., “Letter,” *Daily Gleaner*, 9 July 1938, 36.

¹⁵⁴ Esther Chapman, “The Truth About Jamaica,” 7 June 1938 (Institute of Jamaica, West India Reference Library, NLJ).

¹⁵⁵ J.M.H., “Letter to the Editor,” *Barbados Advocate*, 21 October 1940, 9.

¹⁵⁶ Plain Spoken, “Letter to the Editor,” *Barbados Advocate*, 9 September 1937, 18.

¹⁵⁷ Lewis, “The Contestation of Race in Barbadian Society,” 176. See also Howe, *Race, War and Nationalism*, 66.

¹⁵⁸ One commentator in Barbados, for example, pointed out that “Quite a number of women of the lower class as can be seen from the reports, played an active part in the recent riots. This class of woman with low morals and negligent manner of working is a subject for Social reform.” (Efficiency, “Letter to the Editor,” *Barbados Advocate*, 10 September 1937, 13).

¹⁵⁹ An Economic Idiot, “Letter,” *Daily Gleaner*, 19 July 1938, 12.

¹⁶⁰ “Editorial: Birth Control,” *Barbados Advocate* 1 October 1926, 5.

As Jill Briggs argues, birth control thus “offered a convenient excuse”¹⁶¹ to those who sought to resist demands for real reforms to the social and economic system in the aftermath of the rebellions. Indeed, several conservative commentators dramatically claimed that the only alternative to birth control was “strife and epidemic disease,”¹⁶² and thus dismissed all efforts at social and economic reform as “mere sound and fury.”¹⁶³ But such positions did not represent the full gamut of birth control advocacy in either Jamaica or Barbados during these years. In fact, some of the movement’s most vocal supporters were Coloured middle class professionals and reformist elites who had taken critical stances on government policy and the socio-economic structure both locally and in testimonies before the Colonial Office appointed Moyne Commission. These actors often used the same language and at times allied with conservative elites—speaking of the “danger” of working class fertility and the threat of “overpopulation”—but were more careful to contextualize these terms, use them to critique policy and place their advocacy within more liberal or even socialist political and economic projects. For example, when lawyer/political activist H.A. Vaughan and several of his colleagues discussed population dynamics in Barbados before the Moyne Commission, they pointed out how an over-abundant supply of labourers worked to the benefit of the local elite, as the competition for work it created helped maintain low wages.¹⁶⁴ As one Dudley Thorpe similarly explained, there was:

[a] feeling which persists among the planting and land-owning classes that they have a right to cheap labour, that the very cheapest labour is obtainable only from a congested labour market, and that this labour must be produced in Barbados at any cost. It is a feeling which regards the laboring population as mere beasts of burden to be worked and replaced by breeding in any form or fashion.¹⁶⁵

¹⁶¹ Briggs, ““As Foolproof as Possible,”” 175.

¹⁶² Hubert Noel, “Letter to the Editor: On Birth Control,” *The Daily Gleaner*, 23 April 1941, 8 [8]. See also Scotter, G. St. C. “TO-DAY,” *The Daily Gleaner*, 16 January 1942, 3 [2].

¹⁶³ E.B. Baker, “Letter to the Editor: Is Jamaica Doomed?” *The Daily Gleaner*, 21 April 1941, 8 [8].

¹⁶⁴ A. Graham Gittens, H.A. Vaughan, Louis Sebros and Theodore Brancker to West Indies Royal Commission, “Memorandum,” 1939 (CO 950/938, NAUK), 1-3.

¹⁶⁵ Dudley D.M. Thorpe to West Indies Royal Commission, “Memorandum,” 1939 (CO 950/938, NAUK), 5.

More widespread distribution of birth control, according to this perspective, could help shift the balance of power, and was the appropriate counterpart to other measures including emigration schemes, fair prices for peasants, expansion of industry, and political federation of the West Indian islands.¹⁶⁶

Lawyer and head of the Barbados Progressive League (BPL) (and the future Barbados Labour Party) Grantley Adams similarly discussed “over-population” in his memo to the Moyne Commission in order to critique social and economic inequality, rather than to divert attention away from it. As Adams recognized, the extreme population density in certain parishes was a result of the island’s history of slavery, racial discrimination, the “exorbitant” rates charged for land, and the “violent opposition of the landed aristocracy to the suggestion of dismembering estates.”¹⁶⁷ Along with the rest of the BPL, Adams thus advocated a number of reforms to address the islands’ problems, including nationalisation of the sugar industry, land reform and expansion of the political franchise.¹⁶⁸ However, Adams and fellow BPL member Dr. Hugh Gordon Cummins also argued that wider distribution of contraceptives—along with emigration—could serve as a complement to (rather than a replacement for) these reforms, helping to relieve at least some of the pressure of population growth on the island.¹⁶⁹

¹⁶⁶ A. Graham Gittens H.A. Vaughan, Louis Sebro, and Theodore Brancker to West Indies Royal Commission, “Memorandum,” 1939 (CO 950/938, NAUK).

¹⁶⁷ G. Herbert Adams to The Royal Commission, “Memorandum,” January 1939 (CO 950/938, NAUK), 6.

¹⁶⁸ Although Adams would later be criticized as one of the most conservative of the West Indies’ nationalist politicians, this testimony before the Commission caught him at one of the most radical stages of his career, having professed himself a declared “Socialist” after returning from a visit to England (Alexander, *A History of Organized Labour*, 250-6).

¹⁶⁹ In the BPL’s testimony before the Commission, Adams explicitly stated his support for birth control as a compliment to emigration schemes, although noting that the League was split on the issue, with two in favour and two against. See West India Royal Commission, “Seventh Session Held at Bridgetown, Barbados. Witnesses: The Barbados Progressive League,” 24 January 1939 (CO 950/919, NAUK), 69-72. Although he did not call out Cummins as the second in favour, the latter had previously stated his support for birth control before the Disturbances Commission in 1937, seeing it as key to improving maternal welfare and lowering the island’s

It was also in the context of the Moyne Commission that the campaign in Jamaica gained its potentially most valuable ally: barrister and head of the newly formed People's National Party (PNP), Norman Washington Manley. As with Vaughan and the BPL, Manley's testimony on behalf of Jamaica Welfare Limited (a social and economic development organisation focused on improving the lot of small peasants and farmers through cooperative agriculture)¹⁷⁰ included a long list of complaints about the ineffective political structure, limited franchise, and discrimination in the civil service, and called for improved housing, health care, worker's rights and, most importantly, land settlement.¹⁷¹ In fact, it was precisely in *defence* of land settlement (rather than as a substitute for it) that Manley came out in favour of birth control. In response to the argument of Mr. Assheton of the Moyne Commission that land settlement would not be practical over the long term considering the growth of population (as plots would be endlessly divided among owners' children), Manley replied that to prevent this, efforts should be made to promote population stability. When Assheton pushed him further, asking him directly whether he would be "prepared to encourage some form of birth control," Manley responded confidently: "Most definitely yes, and I propose to take practical steps about it."¹⁷² Manley also argued for birth control on more liberal grounds in other public spaces. In a speech before the Ward Theatre in Kingston of 1939, for example, he claimed that birth control for the poor was not only beneficial to the national economy but a matter of "liberty and freedom of conscience," for (as

staggeringly high rate of infant mortality, as well as empowering families to safeguard the health of their children. see "Disturbances Commission," *Barbados Advocate*, 6 September 1937. 6-7.

¹⁷⁰ Formed in 1937, Jamaica Welfare Limited's mandate was to work for "social, economic and cultural development of the peasants and small farmers of the island" through cooperative agriculture and encouraging economic reform. Patrick Bryan, *Philanthropy and Social Welfare in Jamaica*, 55.

¹⁷¹ West India Royal Commission, "Eleventh Session held in Jamaica, 14 November 1938. Witness:—Jamaica Welfare Ltd," 14 November 1938 (CO 950/86, NAUK), 2-11.

¹⁷² *Ibid.*, 36.

the journalist covering the story summarized) “he [Manley] believed that the poor were entitled to possess the same knowledge as those who were better off.”¹⁷³

Manley’s views were supported by his colleagues in the leadership of Jamaica Welfare Limited, including Dr. W.E. McCulloch (a white, Jamaican-born doctor) and Dr. Jai Lal Varma (an Indian-born doctor who had moved to Jamaica in the 1930s). Both had collaborated with Manley in developing a blueprint for rural reconstruction following the labour rebellion, a report that harshly criticized colonial policy and advocated cooperative land ownership for the Jamaican peasantry.¹⁷⁴ Varma was also active in the East Indian Progressive Society and known as a “writer and lecturer on Social and Political matters” with “personal experience of India’s fight for independence,”¹⁷⁵ and a spokesman for anti-colonialism on the island. McCulloch was a fervent advocate of a National Health Insurance scheme and associated with labour activists, both of which led him to clash with his elite peers in the British Medical Association and colonial government.¹⁷⁶

The birth control advocacy of these actors reflected their unique social positioning as reformist elites in combination with their experience as medical professionals, as can be seen in a series of articles on the topic that Varma penned for the publication *Public Opinion*, a newspaper

¹⁷³ “Mrs. How-Martyn’s Lecture on Birth Control at Ward Theatre,” *Daily Gleaner*, 2 February 1939, 21.

¹⁷⁴ Post, *Arise Ye Starvelings*, 368. N.N. Nethersole, Dr. W.E. McCulloch and N.W. Manley, “Memorandum: Rural Reconstruction in Jamaica,” 5 November 1938 (CO 950/86, NAUK).

¹⁷⁵ L.D. Thoywell-Henry, ed. *Who’s Who and Why In Jamaica: 1939-1940* (Kingston: The Gleaner Company Ltd, 1940), 185-6. See also “East Indians Want Lands to Cultivate.” *The Daily Gleaner*, 16 May 1941, 11 [11]. “East Indian Society.” *The Daily Gleaner*, 19 January 1942, 11 [11].

¹⁷⁶ For McCulloch’s National Health Insurance advocacy, see British Medical Association (Jamaica Branch), “Memorandum to Royal Commission,” 11 October 1938 (CO 950/105, NAUK). McCulloch provoked the particular ire of the Colonial Office for his heated letters on the topic, and was described by officials as a “poisonous little tick” who demonstrated a “surprising ignorance (real or assumed) of proper procedure.” See Edward Denham to Beckett, Letter, 25 January 1938, H. Beckett to Sir Edward Denham, Letter, 14 December 1937 (CO 137/821/17, NAUK). On his labour advocacy, see W.E. McCulloch to Dr. Harkness, Letter, 10 April 1952 (4/108/1433, May Farquharson Collection, NAJ).

funded and edited by members of the black and Coloured intelligentsia.¹⁷⁷ Certainly, some of Varma's articles (such as that on "Birth Control and Eugenics") took on a conservative tone, warning of racial "degeneration" caused by groups of "subnormal" mentality breeding too many "defectives" in Jamaican society.¹⁷⁸ But Varma also presented birth control as a means to keep wages higher for the working classes by reducing the size of the labour pool,¹⁷⁹ address the high number of maternal deaths due to abortion and/or insufficient spacing between children,¹⁸⁰ and improve the poor health of mothers and children.¹⁸¹ Indeed, although the early twentieth century saw significant advances in the control of epidemics and infectious diseases which helped bring down general mortality rates across the region, publicly funded maternal and child health care services remained almost nonexistent in the 1930s.¹⁸² As a result, many women continued to give birth t, and raise children without access to modern medicine,¹⁸³ a fact reflected in high infant mortality rates across the region which peaked at 217 deaths per 1000 born in Barbados (as compared to rates of under 60 in England at the time) and was a major concern of charitable and social welfare organizations.¹⁸⁴ As Varma argued in considering the hypothetical case of a woman going to the Child Welfare Association to help her and her four children:

Give her a tin of milk every week by all means but advise her how she can prevent having more children in quick succession so detrimental to her own health and to the health of her children...you can't save the child unless you save the

¹⁷⁷ Unlike *The Daily Gleaner*, the editorial staff and journalists of *Public Opinion* (which included the likes of Philip Sherlock, Frank Hill, Amy Bailey and other members of the black/mixed-race intelligentsia) had adopted an openly critical stance of government policies and inequality in the wake of the labor rebellion (Brodie, *The Press and 1938*, 12-16).

¹⁷⁸ J.L. Varma, "Letter," *Public Opinion*, 12 February 1938, 7, 15.

¹⁷⁹ J.L. Varma, "Unemployment and Birth Control," *Public Opinion*, 5 February 1938, 7, 15.

¹⁸⁰ J.L. Varma, "Birth Control and Abortion," *Public Opinion*, 26 February 1938.

¹⁸¹ J.L. Varma, "Birth Control and Maternity and Child Welfare," *Public Opinion*, 5 March 1938, 7, 15. Also J.L. Varma, "Birth Control and Public Health," *Public Opinion* 12 March 1938, 7, 10.

¹⁸² Heuring, "Health and the Politics of 'Improvement,'" 23-24.

¹⁸³ As Heuring points out, this was driven both by lack of access and, at times, preference for traditional medicines (Heuring, "Health and the Politics of 'Improvement,'" 17-18).

¹⁸⁴ *West Indies Royal Commission Report*, 12.

mother, by helping her to limit the number of her children and spacing them in accordance with her strength, physical, financial and otherwise.¹⁸⁵

McCulloch similarly argued in newspaper articles and a pro-birth control pamphlet entitled *Parenthood by Choice and Not by Chance* that although he had “always been convinced that the real, permanent solution of our over-production of population lies in the improvement of social conditions,” voluntary clinics could serve as “an immediate measure”¹⁸⁶ for mothers suffering the physical consequences of frequent childbearing and who “have to deny themselves the poorest quality of food, of clothes and of house so as to feed and clothe these little ones.”¹⁸⁷

Birth control also gained support on maternal and child welfare grounds from local social workers such as Barbadian John Beckles. As one of the island’s most prominent black social workers, Beckles had witnessed firsthand the hardship faced by families in Barbados, which was one of the poorest British West Indian colonies at the time.¹⁸⁸ In a passionate letter to the *Advocate*, for example, he described conditions in “the slums” of Barbados, in which families of six or more children lived in small houses of 10x12 feet and survived on the meagre wages of their fathers (when they were employed).¹⁸⁹ As Beckles wrote:

Five in a bed hardly make for comfort or even elementary hygienic principles let alone any thought of moral training for the young. Can you wonder then that this poor woman finds herself with another unwanted child? Can you wonder that some of those very children...remain continuously impoverished and physically and mentally stunted?¹⁹⁰

¹⁸⁵ J.L. Varma, “Birth Control and Maternity and Child Welfare,” *Public Opinion*, 5 March 1938, 7, 15.

¹⁸⁶ W.E. McCulloch, “Letter to the Editor: Jamaica's greatest need,” *The Daily Gleaner*, 21 November 1952, 8 [8].

¹⁸⁷ “What is Birth Control? Parenthood by Choice and Not By Chance.” n.d. (4/108/760, May Farquharson Collection, NAJ), 2.

¹⁸⁸ Chamberlain, *Empire and Nation-Building in the Caribbean*, 54-57.

¹⁸⁹ John Beckles, “An Appeal To The Educated Coloured Women of Barbados,” *Barbados Advocate*, 11 June 1941, 6.

¹⁹⁰ *Ibid.*, 6.

Although Beckles maintained that “no one is suggesting that birth control is the immediate solution to a problem which is largely economic,” he argued that it was “an aid, a fortification against the deterioration of a social condition in the future.”¹⁹¹

This concern over working class family survival would also be combined with a more explicit focus on working class *women* in a strain of maternalist birth control advocacy put forward by a growing group of activist middle class black women in Jamaica,¹⁹² including social worker, teacher, and activist Amy Bailey.¹⁹³ Bailey rooted her interest in birth control in a wider concern over “the unwanted child” and “the fatherless child.”¹⁹⁴ As a co-founder of the charitable Jamaica Save the Children Fund with fellow activist Una Marson,¹⁹⁵ Bailey had seen the physical and financial burden placed on working class women trying to support large families,¹⁹⁶ and was unconvinced by the arguments of many white elite social workers and religious leaders who claimed this could be solved by “self-control.” As she recalled:

I once went to a Synod of one of the churches and spoke to a group of church workers...I can remember being told to teach self control and not birth control. I said, "Ladies, that is all very well for you who have homes with several rooms, but consider the family who all have to live in one room with one bed. If a couple living under such conditions only come together once a year they could still have a child once a year. The answer is not self control the answer is knowledge."¹⁹⁷

¹⁹¹ John Beckles, “Letter to the Editor,” *Barbados Advocate*, 20 June 1941, 6.

¹⁹² On these organizations see Vassell, “Voluntary Women’s Associations in Jamaica,” 1-36, Altink, *Destined for a Life of Service*, 86-92, 167-173, 185-188.

¹⁹³ For biographies of Bailey, see Gregg, “How with This Rage Shall Beauty Hold a Plea,” and Erna Brodber, “The Pioneering Miss Bailey,” *Jamaica Journal*, 19. 2 (May-July 1986), 9-14.

¹⁹⁴ “Amy Bailey Great Family Planning Pioneer,” *JFPA News*, 1. 1 (December 1970), 6.

¹⁹⁵ On Una-Marson, see Ford-Smith, “Una Marson: Black Nationalist and Feminist Writer” and Putnam, “Illegitimacy and Self-Government.”

¹⁹⁶ As Marson related, her and Bailey had received numerous letters to the Save the Children Fund from women struggling to raise six or more children without a partner. (Putnam, “Illegitimacy and Self-Government,” 30).

¹⁹⁷ “Amy Bailey Great Family Planning Pioneer,” *JFPA News*, 1. 1 (December 1970), 6.

Bailey was also particularly concerned with teenage pregnancy, which she argued was a result of a lack of sufficient sex education in youth and created barriers to educational and vocational advance for young women.¹⁹⁸

The concerns of Beckles and Bailey over working class families and parental responsibility built on a larger tradition of family reform advocacy apparent in black middle class and lower-middle class print culture from the 1920s onward.¹⁹⁹ As Lara Putnam has demonstrated, many of the emerging black middle classes from Kingston to Panama to Chicago saw proper child-rearing, along with education and community-building, as essential to “Negro uplift” in the face of economic crisis and state racism.²⁰⁰ As Putnam points out, the emphasis on illegitimacy and indictments of parental instability at times dovetailed with elite criticisms of black sexual and reproductive practices, serving as something of a “common denominator”²⁰¹ in debates over working class West Indians. Bailey, Marson, and others, however, departed from more conservative elites in that they “accompanied their criticisms of parental failings among 'our people' with a fierce denunciation of U.S. and British institutionalized racism,” thus leading to moments of both “convergence and misunderstanding.”²⁰² Indeed, at the same time as she criticized them, Bailey also tried to defend working class men against elite stereotypes by pointing out that many were unable to find work or earned too little to support a family,²⁰³ and

¹⁹⁸ As Farquharson recorded Bailey saying at the Women’s Conference in February 1939: “Children of 12 & 16 now carrying out sex life. They should be taught about sex & given a respect for themselves & each other.” May Farquharson, “Exercise Book: Women’s Conference,” 21 February 1939 (4/108/589, May Farquharson Collection, NAJ), 19. Bailey also noted in a later interview that she would see girls failing school examinations “And I would look at these girls and say, ‘What you going home to do?’ ‘Nothing. Except have babies.’” Brodber, “The Pioneering Miss Bailey,” 12.

¹⁹⁹ Putnam, “Illegitimacy and Self-Government,” 2.

²⁰⁰ *Ibid.*, 18.

²⁰¹ *Ibid.*, 27.

²⁰² *Ibid.*, 27.

²⁰³ “Verbatim Report of the Second Session of the Commission, held at the Colonial Office. Witness: Miss Amy Bailey,” 20 September 1938 (CO 950/31, NAUK), 33-34.

argued that the presumed “immorality” of the working classes was the result of their social and economic circumstances, rather than an innate or racial characteristic.²⁰⁴ She also spoke out loudly against racial discrimination in both public and private circles, created the unique feminist and black nationalist “Women’s Liberal Club” with her sister Ina Bailey,²⁰⁵ and in her writings for *Public Opinion* was a vocal critic of the hypocrisy of local elites, the capitalist system, and the unjust social order on the island.²⁰⁶ In fact, although Bailey felt birth control was absolutely necessary to raise the standard of living of working class women and the island as a whole, she departed from many of her fellow birth control advocates in claiming that Jamaica was “not overpopulated” and accusing capitalists of perpetuating the unemployment problem.²⁰⁷

Birth control also received the adamant support of several feminists within the Universal Negro Improvement Association, such as Maymie Leonie Turpeau De Mena Aiken (known variously as Maymie L. Aiken, Mrs. P.A. Aiken and “Madame de Mena”), a black Nicaraguan activist who had become one of the UNIA’s most prominent female leaders in the United States in the 1920s and was co-founder, associate editor and manager of the organization’s press organ, *Negro World*. Upon moving to Jamaica in the 1930s, Aiken had become deeply involved with the local branch of the UNIA, in addition to the Women’s Liberal Club and the Trade Unions

²⁰⁴ Gregg, “How with This Rage Shall Beauty Hold a Plea,” 26.

²⁰⁵ The Club’s mandate was to: “foster and develop a national spirit among the women of Jamaica; to encourage women to take an active and intelligent interest in local and world events...to study politics, economics, government particularly, to study Negro History...to study social and economic conditions, to advance the status of Jamaican women, socially and politically,” Patrick E. Bryan, *Philanthropy and Social Welfare in Jamaica*, 40-41.

²⁰⁶ Gregg, “How with This Rage Shall Beauty Hold a Plea.” Bailey also called out her middle class peers in a letter to the *Gleaner*, in which she argued that too many were “content to ape their sisters higher up, and succeed in living a narrow, cramped life, buttressed around by gossip and their own personal activities.” Amy Bailey, “Emancipation of Women,” *Daily Gleaner*, 7 June 1939, 17.

²⁰⁷ As Jamaican birth control advocate May Farquharson wrote to Edith How Martyn in 1939: “By the way, at a meeting of the Women's Liberal Club to which I went the other night, the Baileys again said that ‘Jamaica is not overpopulated’, and that the trouble is that the capitalists wont provide work for the people!” Stony Hill to Mrs. How Martyn, Letter, 24 April 1939 (4/108/1315, May Farquharson Collection, NAJ), 4. This stands in contrast to Altink’s assertion that Bailey’s motivation in the birth control campaign centered around the issue of overpopulation (Altink, *Destined for a Life of Service*, 16).

Council formed in 1939.²⁰⁸ Aiken explained to *Gleaner* readers that she had been converted to birth control advocacy early on as a result of her experiences abroad,²⁰⁹ reinforced by those as a social worker in Jamaica. She related stories of “unwanted” infants in slum areas dying from neglect and disease, and even claimed that “if statistics of the number of maternal deaths were available, one would be surprised to find that a great number of them were caused by criminal abortion, undertaken in a vain attempt to end an unwanted pregnancy.”²¹⁰

As a result, Aiken saw birth control as important to improving the economic, moral, and educational status of the black community in general, and of Jamaican women in particular.²¹¹ She was, in fact, one of the few, perhaps the only, commentators at this time to refer to family planning as a woman’s “right” in her statement: “Why not give a fair chance to every child that is born; and the right to every woman of voluntary parenthood?”²¹² Fellow social worker and UNIA member Alma LaBadie also argued before a meeting of the organization in 1942 that the goal should not be to produce “a million negroes” but rather “quality negroes” to engage in the racial struggle, and that having only as many children as could be supported was critical to this cause.²¹³ Like Aiken, she combined this black nationalist message with feminist criticism of men who “hatch children and leave them to grow up...with no real father,” which she argued demonstrated the “lack of self-respect for our women.”²¹⁴ As scholars of women in the Garveyite movement have noted, these women put forward a type of “community feminism”

²⁰⁸ Barbara Bair, “True Women, Real Men: Gender, Ideology, and Social Roles in the Garvey Movement”, in Helly and Reverby, eds. *Gendered Domains*, 162. See also Altink, *Destined for a Live of Service*, 174.

²⁰⁹ “Birth Control More Necessary Now Than Ever, Says Mrs. Aiken.” *The Daily Gleaner*, 7 August 1939, 16.

²¹⁰ Maymie L.T. Aiken, “Letter to the Editor: Birth Control,” 8 September 1939, 10 [10]. See also Maymie L.T. Aiken, “Letter to the Editor: Birth Control,” *The Daily Gleaner*, 29 April 1940, 8 [8].

²¹¹ Maymie L.T. Aiken, “Letter to the Editor: Birth Control,” 8 September 1939, 10 [10].

²¹² *Ibid.*, 10. The next time the description of family planning as a “right” would appear seems to be in 1952; see Mrs. E.N. Shaw, “Letter to the Editor: Increasing Birth rate,” *The Daily Gleaner*, 25 March 1952, 6 [6].

²¹³ Over One Thousand Flock Liberty Hall,” *New Negro Voice*, 24 January 1942, 5.

²¹⁴ *Ibid.*, 5.

which combined “a race-uplift activism asserting women’s political equality while demanding fulfilment of traditional male roles.”²¹⁵

Aiken, Bailey, and others brought this message to the island’s attention in a variety of newspaper articles and speeches, but particularly forcefully through the “First Jamaican Women’s Conference,” organized by the Women’s Liberal Club and held in Kingston from February 20-21, 1939. The Conference, which called for women’s suffrage and political candidacy on equal terms as men, as well as a number of educational and legal reforms, was attended by some fifty women and signified an unprecedented moment in West Indian cross-racial feminist activism that gained attention at home and abroad.²¹⁶ Speeches were given by Coloured political candidate Mary Morris Knibb (who would go on to become the first female member of the Kingston/St. Andrew parish council) and British birth control advocate Edith How-Martyn, whom Bailey had invited to the island specifically to boost the birth control campaign in Jamaica.²¹⁷ The conference also featured an address on working class fertility and birth control by local white elite lecturer and social worker May Farquharson, a close friend of Bailey’s who would go on to play a prominent role in the campaign in the following decades.²¹⁸ The participation of this mix of women on equal grounds broke a long tradition of racial segregation in women’s organization, serving as a vivid example of the inclusive approach taken by black activist Jamaican women in this period who, as Henrice Altink argues, both “made race visible on the one hand” and at the same time “tried to make it irrelevant.”²¹⁹ This diverse group of participants also passed a resolution at the end of the Conference which pointed out

²¹⁵ Macpherson, “Colonial Matriarchs,” 509.

²¹⁶ Vassell, “Voluntary Women’s Associations in Jamaica,” 34.

²¹⁷ How-Martyn’s tour and relationship with Bailey is discussed in detail in the opening of Chapter Three.

²¹⁸ “First Jamaica Women’s Conference,” 20-21 February 1939 (4/108/228, May Farquharson Collection, NAJ). For more on Farquharson, see Chapter Three.

²¹⁹ Altink, *Destined for a Life of Service*, 187.

reproductive inequalities on the island and called on the government to “do whatever is possible to encourage Birth Control propaganda and to bring within the reach of the poorest those privileges which are now obtainable only by the more favoured”: namely, by providing advice and services through both Government Medical Officers and Parochial Boards.²²⁰

Early birth control campaigns in Barbados and Jamaica thus appealed to an even broader and more diverse range of actors than in Bermuda. The unique post-rebellion political climate also seems to have opened up more opportunities for these actors to ally together in promoting the cause. Yet birth control advocates on these islands would face opposition as fervent as in Bermuda. Indeed, religious leaders in Barbados and Jamaica argued that widespread distribution of birth control would be *especially* threatening in their societies, due to the high illegitimacy rates on the island, which proved that most people were having sex and reproducing outside the confines of Christian marriage. Under these conditions, if birth control was distributed widely to the population it almost certainly would not be confined to use within wedlock. The movement was thus opposed not only by Catholic members, but equally strongly by Anglican leaders, who well into the late 1950s rejected the tacit approval granted by the Lambeth Conference of Bishops in England in 1930.²²¹ As Anglican Bishop Sara argued before the Moyne Commissioners in Jamaica in 1938, since “the root trouble in Jamaica is lack of responsibility on the part of the citizen—promiscuity and illegitimacy,” birth control was particularly dangerous,

²²⁰ “First Jamaica Women's Conference,” 20-21 February 1939 (4/108/228, May Farquharson Collection, NAJ).

²²¹ See for example: “Pastoral Letter of the Bishops of the Province of The West Indies,” 18 February 1946 (4/108/537, May Farquharson Collection, Jamaica Archives), “Synod Bans Birth Control,” *Barbados Advocate*, 1952, 04.24, 1, “Synod Rejects Birth Control,” *The Daily Gleaner*, 25 January 1959, 1 [1]. On opposition to the resolution among West Indian bishops see for example: “The Bishop's Charge to Synod,” *Journal of the Barbados Diocesan Synod*, 1958 (Srl 96, BNA), 32.

for it would “destroy even the little sense of responsibility that still exists.”²²² The concern of religious leaders was therefore “not so much on religious grounds as on social grounds.”²²³

Religious leaders were not entirely unanimous in this position. Reverend E.B. Baker of Jamaica, for example, wrote a number of articles in the mid 1940s defending birth control against Catholic opposition and arguing that it was necessary and moral in light of the socio-economic context of the region.²²⁴ Reverend F. Cowell Lloyd of the Baptist Church in Jamaica stressed the value of birth control to both the “eugenic” future of the island and responsible parenthood, in an article in the *Gleaner* in which he admitted that “while it is probably impossible to rule out irregular sex intercourse it should be far from impossible to prevent unsuitable parentage.”²²⁵ Even some prominent Catholics, such as U. Theo McKay, came out in favor of birth control in spite of the doctrine of their churches.²²⁶ But other West Indian religious personalities were unconvinced. Roman Catholic Father Joseph Krim accused those who “declared all self-control and chastity impossible” of promoting a general “MORAL DEFEATISM” that would lead to “mortal anarchy.”²²⁷ As A. Wesley Knott of the Jamaican Baptist Union similarly maintained: “That our people cannot be called 'nice' is a bitter pill to swallow, but I am convinced that they are not beyond the point of redemption.”²²⁸

²²² West India Royal Commission, “Seventh Session held in Jamaica, 10th November 1938,” 10 November 1938 (CO 950/98, NAUK), 17.

²²³ *Ibid.*, 17.

²²⁴ E.B. Baker, “Catholics & Birth Control,” *The Daily Gleaner*, 8 September 1945, 8 [8], E.B. Baker, “Letter to the Editor: Catholics And Birth Control,” *The Daily Gleaner*, 19 September 1945, E.B. Baker, “Catholics & Birth Control,” *The Daily Gleaner*, 4 October 1945, 10 [10].

²²⁵ F. Cowell Lloyd, “Our Problems As A Minister Sees Them,” *The Daily Gleaner*, 17 December 1943, 8 [8].

²²⁶ See J.L. Varma, “Letter to the Editor: Family Planning,” *The Daily Gleaner*, 1 July 1949, 8 [8]. On McKay’s advocacy see also May Farquharson to Dr. Varma, Letter, 4 July 1949 (4/108/869, May Farquharson Collection, NAJ).

²²⁷ Krim, “Marriage as a Sacred Contract,” *Daily Gleaner*, 5 October 1938, 9.

²²⁸ A. Wesley Knott, “Letter,” *Daily Gleaner*, 3 February 1939, 12.

Several religious leaders also accompanied moral condemnation with a critique of class inequality and government policies. Although Barbadian clergymen seem to have been more willing to concede that “overpopulation” existed on their island (although preferring emigration as the more appropriate response),²²⁹ Jamaican religious leaders challenged the logic of population arguments and claimed instead that the root of the West Indies’ poverty problem was unequal distribution of land, poor housing, low wages, and lack of native industries.²³⁰ As Reverend Walter J Ballou wrote in an article for the journal *Catholic Opinion*:

Poverty is an economic difficulty and must be met by an economic remedy, not by moral perversion. The place to remedy poverty is in the factory, not in the home, and the poor, God bless them, would be the first to say so.²³¹

Rev. J.T. Dillon similarly argued that claims of too-high population density were misleading, since “there are thousands and thousands of acres of cultivable land in the Island held by landowners who make no use of them, and they will neither sell nor lease to the peasants,” a condition he dated back to the unfair terms of emancipation in 1838.²³² In taking such positions, clergymen positioned themselves as allied with the working classes against the colonial government and local capitalists; at times, this criticism went so far that men like Father Krim were accused of preaching “a virulent form of class war.”²³³

A more fervent class critique would come, however, from labour and black nationalist organizations. These groups—like their counterparts at Alexandria Hall in Bermuda in 1936—

²²⁹ West India Royal Commission, “First Session held at Bridgetown, Barbados. Witness: His Lordship the Bishop and Committee of Clergy,” 17 January 1939 (CO 950/919, NAUK), 19, 23, 25.

²³⁰ Walter J. Ballou, for example, referred to overpopulation as “a hobgoblin without foundation in fact: it is unreasonable and unscientific” and claimed Jamaica could support three times its current population (“So Called Birth Control – A Social Menace,” *Catholic Opinion*, reprinted in *Daily Gleaner*, 24 January 1939, 24).

²³¹ Rev Walter J Ballou, “So Called Birth Control – A Social Menace,” *Catholic Opinion*, reprinted in *Daily Gleaner*, 24 January 1939, 24.

²³² J.T. Dillon, “Letter to the Editor: Population Problem,” *The Daily Gleaner*, 10 January 1949, 8 [8]. As he argued, things might have been quite different if the imperial government had compensated slaves instead of slave owners and obtained small plots for the emancipated.

²³³ WE McCulloch, “Letter,” *Daily Gleaner*, 23 January 1939, 12.

argued that the focus on working class fertility was a distraction from the larger economic structures to blame for Caribbean poverty and inequality. F.A. Hoyos and K.L. Sealy in Barbados, for example, claimed at a YMCA debate that birth control was an “artificial remedy” for a deep-rooted complex and historical problem.²³⁴ Jamaican labour leaders St. William Grant and J.A.G. Edwards similarly accused birth control of being little more than a “false cure-all”²³⁵ used by elites to “keep the bulk of the people in ignorance of the true cause of the conditions affecting them, with the hope of further achieving their selfish ends.”²³⁶ These actors also responded to elite birth control advocates’ measured silence on race by explicitly highlighting it. The editor of *New Negro Voice*, the main press organ of the Jamaican division of the UNIA, for example, argued that birth control was little more than “a sinister movement to decrease the Negro populations of the world.”²³⁷

If these concerns echoed much of the discussion at Alexandria Hall in 1935, however, UNIA and labour leaders in Jamaica did not seem to make the distinction between “compulsory” and “voluntary” programs highlighted by black activists in Bermuda, instead collapsing all into the realm of a vaguely defined “birth control.” This stance left little room for an alternative anti-racist birth control advocacy; and indeed, black Jamaicans who expressed support for birth control were quickly accused of being “accomplices of white domination.”²³⁸ As the editor of *New Negro Voice* claimed, for example, if birth control succeeded: “after sixty years with no black children being born, a complete race extinction would have been accomplished with the aid of our black educationalists who allow the plotters of world supremacy to get the best of

²³⁴ “Discussion of Birth Control,” *Barbados Advocate*, 11 November 1940, 6.

²³⁵ “Unionist Against Birth Control Move,” *Daily Gleaner*, 28 January 1939, 18.

²³⁶ J.A.G. Edwards, “Letter,” *Daily Gleaner*, 11 April 1938, 25. Edwards was, however, a supporter of Manley and the PNP, at least as of 1943. J.A.G. Edwards, “As I see the Negro World,” *New Negro Voice*, 2 January 1943, 5.

²³⁷ “U.N.I.A. Activities,” *New Negro Voice*, 17 January 1942, 5.

²³⁸ La Guerre, “The Moyne Commission,” 137.

them.”²³⁹ Black women who supported birth control were particularly chastised by several labour and black nationalist leaders. According to the editor of *New Negro Voice*, “[t]hese ladies of brains, 99 ½ per cent of whom never had a child, and know not of a mother’s love, fail to realize that they are ringing the death knell of race-destruction.”²⁴⁰ J.A.G. Edwards also specifically called out Maymie L. Aiken in a letter to the editor of the *Gleaner*. As Edwards wrote:

I am indeed greatly disappointed in seeing Mrs. P.A. Aiken, popularly known in the U.N.I.A. as Madam de Mena, championing Birth Control...Whilst I always hold Madam in high esteem, and still regard her as a lover of the race, I definitely feel that Madam has allowed herself to be caught this time by Jamaica "Society of Mischief" so far as such mischief affects the negro element... How in the name of goodness can any far-sighted Negro Leader agree to the practice of Birth Control within the race to-day as it stands, when the only power the Negro can boast of to-day is his power in numbers, even though, maybe 60% of them are half-starved... I wish Madame will again reflect, because I genuinely feel that she means well, but she is too anxious to get relief for the suffering people.²⁴¹

Indeed, black women’s support for birth control advocacy was seen as directly opposing the pronatalist message of the UNIA, which called on the “Negro woman” to play her part by producing, nursing and mothering the next generation of soldiers in the racial struggle. As scholars have pointed out, this conservative gender ideology was both a reaction to negative valuations placed on black women’s femininity by white society and a derivative of the movement’s emphasis on numerical power and race purity,²⁴² and could be quickly mobilized in

²³⁹ Editorial, “Birth Control or Extermination of the Blacks—Which?” *New Negro Voice*, 31 January 1942, 4. This was part of a larger critique made by Garvey and others, who accused black/colored middle classes of abandoning the cause of the black masses in order to try and assimilate with the white elite as they moved up the social hierarchy (Heuring, “Health and the Politics of ‘Improvement,’” 16-17).

²⁴⁰ “Editorial: Birth Control or Extermination of the Blacks—Which?” *New Negro Voice*, 31 January 1942, 4.

²⁴¹ J.A.G. Edwards, “Letter to the Editor,” *The Daily Gleaner*, 28 August 1939, 12.

²⁴² As Edwards described it, “the Negro mother” was to “gird her loins with more Christian fortitude and deep love for her children... while playing her part eminently at home in giving the necessary home culture and training” (J.A.G. Edwards, “As I See the Negro World.” *New Negro Voice* 4 April 1942, 3). On gender relations in the UNIA, see Bair, “True Women, Real Men,” 154-166, Ford-Smith, “Unruly Virtues of the Spectacular,” 18-44, Mcpherson, “Colonial Matriarchs,” and Beryl Satter, “Marcus Garvey, Father Divine and the Gender Politics of Race Difference and Race Neutrality,” *American Quarterly*, 48.1 (1996), 43-76.

an attempt to silence the demands of black women within the organization.²⁴³ As St. William Grant stated simply after Labadie's speech to the UNIA in 1942, the fact was that "Mr. Garvey was no advocate of birth control, and if he were alive he would not support it."²⁴⁴

Rather than backing down, however, black women within the UNIA seized on the opportunity to state their case more forcefully. Responding to Edwards' letter to the *Gleaner* a few weeks later, for example, Aiken defended her support for birth control on the grounds of maternalist feminism by pointing to the threat to women's health of too-frequent childbearing and the undue suffering experienced by children whose parents were unable to maintain them. She also expressed her surprise to see Edwards attacking birth control "from a racial standpoint," when "Birth Control is not practised by any particular race group, but is a representative institution started to benefit humanity in general."²⁴⁵ As such, she argued, "any race leader, whether white or black, red or yellow, who loves humanity would be interested in the thing that would assist in the prevention of his offspring."²⁴⁶ Aiken even went as far as to conclude her letter by suggesting that "nearly every woman who is a mother will agree that the subject of Birth Control is of very little interest to the selfish man."²⁴⁷ Her colleague Alma Labadie also seems to have been energized rather than discouraged by the reaction to her speech before the UNIA. In fact, she wrote to fellow advocate May Farquharson immediately after the meeting

²⁴³ Indeed, according to Altink, the Women's Liberal Club was "to some extent a response to the marginalisation of women in the UNIA" (Altink, *Destined for a Life of Service*, 172).

²⁴⁴ "Over One Thousand Flock Liberty Hall," *New Negro Voice*, 24 January 1942, 5. As the reporter wrote: "He carried his audience back to the days of Joan of Arc and early history, making reference to the Negroes of fame. His subject was really Anti-Birth Control."

²⁴⁵ Maymie Aiken, "Letter to the Editor," *Daily Gleaner*, 8 September 1939, 10.

²⁴⁶ *Ibid.*, 10.

²⁴⁷ *Ibid.*, 10.

relating her plans to give 180 similar talks across the island to black lodges—“especially women’s lodges”—to ensure that they were all made “Birth Control conscious.”²⁴⁸

Aiken and Labadie’s refusal to capitulate to the dominant position of the UNIA on the matter of birth control built on a longer history of resistance on the part of its female members to the organization’s gender proscriptions. As Honor Ford-Smith points out, black women who embraced certain aspects of Garveyite philosophy also seized on opportunities to address “the contradictions between UNIA rhetoric and their own experience”²⁴⁹ and draw attention to women’s issues and feminist concerns in UNIA debates, press and international circles.²⁵⁰ In the process, they “transformed the space they occupied within and outside the UNIA, exploiting the contradiction between their participation and the subordinate experience of women with their lack of formal power in the movement and the wider society.”²⁵¹ As a result, Ford-Smith argues, the UNIA’s quintessentially patriarchal discourse and gendered hierarchical structure did not, in practice, relegate women to passive acceptance of their role as “race mothers” and nurses.²⁵²

Birth control advocates in other circles, however, proved less willing to stick their neck out for the cause of birth control. Indeed, if protests against birth control in Bermuda forced advocates within the government to temper their proposals, in Barbados and Jamaica it would prevent government involvement in birth control altogether during these decades. For example, although the 1937 Disturbances Commission in Barbados argued that “the root cause of many, if

²⁴⁸ Alma LaBadie to Miss Farquharson, Letter, n.d. (4/108/1348, May Farquharson Collection, NAJ), 1.

²⁴⁹ Ford-Smith, “Unruly Virtues of the Spectacular,” 30.

²⁵⁰ *Ibid.*, 28-29.

²⁵¹ *Ibid.*, 30.

²⁵² *Ibid.*, 20. Reddock also points to the UNIA as a “training ground for black feminists of the 1930s” (“Gender Equality, Pan-Africanism and the Diaspora,” 259).

not all, of the economic ills in the island is overpopulation,²⁵³ it declined to advocate birth control out of fear of the “controversy and religious passion” it would excite, calling on the British government to assist in an emigration scheme instead.²⁵⁴ An attempt by representative H.L. Smith in September of 1937 to form a committee in the Barbados House of Assembly to investigate how to increase the use of modern contraceptives also failed to pass.²⁵⁵ Although the debate that followed revealed that several members were definitely interested in a birth control program, the conversation was derailed by Dr. J.W. Hawkins. Using language deeply reminiscent of Bermuda’s 1935 Report on Unemployment, Hawkins (who had previously spoken out in support of an explicitly eugenic approach to public health)²⁵⁶ went on a long diatribe about the dangers of reproduction of physically and mentally “unfit” classes, and argued that the government “should have power, as in Germany, through its magistrates and judges to prevent those terribly unfit and absolutely lawless citizens from propagating children.”²⁵⁷ Such

²⁵³ “Report of the Commission appointed to enquire into The Disturbances which took place in Barbados on the 27th July 1937 and subsequent days,” December 1937 (C12, BNA), 4. The sympathetic tone of this report towards the demands of labour stands in stark contrast to that of the 1935 unemployment report in Bermuda.

²⁵⁴ *Ibid.*, 25. Interestingly, a similar commission in Bahamas would go the opposite route, arguing that in light of the “numbers of babies in every direction” and “excessive rapidity” of the island’s increase in population, instruction in methods of birth control should be given. “Report of the Commission Appointed to Enquire into Disturbances in the Bahamas which took place in June, 1942.” *The Nassau Guardian, Ltd.* 1942 (Pam B60, BNA), 51.

²⁵⁵ “The House of Assembly Debates (Official Report): Session 1937-1938,” 14 September 1937 (Legislative Debates, Session 1937-1938, BNA), 541.

²⁵⁶ Writing in defense of the local sanitation department in a minority report to a Public Health Commission in 1926, Hawkins claimed: “The island is saturated to its full with population, and as no scheme of emigration has succeeded and the outlets to America and Cuba are practically shut, the death-rate must be high in proportion to the high birth rate, in order to keep the population down to its present saturated point. The universal law of nature, ‘The survival of the fittest’, will, in spite of good sanitation send to the wall as many of the weakest as will nearly equal the number of births. The weakest are mostly the infants and particularly the illegitimates. ...This does not show backwardness in sanitation, considering that Barbados is twice as densely populated [than England] with a poorer and black population...It simply shows that births in Barbados are very high, which is no sanitary fault and cannot be prevented in a tropical island like Barbados except by moral education and prevention of the most unfit from having children if this is practicable.” “The Report of the Public Health Commission 1925-1926,” *Advocate Co., Ltd.*, 1927. (Pam C56, BNA), iii-iv.

²⁵⁷ “The House of Assembly Debates (Official Report): Session 1937-1938,” 14 September 1937 (Legislative Debates, Session 1937-1938, BNA), 544.

arguments were quickly denounced by other members of the House, however, and Smith ultimately withdrew his original motion before the end of the debate.²⁵⁸

Attempts to obtain government funding for birth control distribution in Jamaica were also aborted by public protest. A 1941 report of a Special Committee to the St. Catherine Parochial Board recommending “Birth Control & Sterilization of the unfit,” for example, caused a local outcry and was quickly removed.²⁵⁹ A bill presented to the Legislative Council in 1942 by the member for Manchester which would have created voluntary (a fact stressed by its promoter) government clinics across the island to provide birth control services and general education was also defeated.²⁶⁰ Although several members expressed sympathy for the cause, it was deemed to be an issue not to be undertaken by government.²⁶¹ This was likely influenced by the direct opposition of the *New Negro Voice*,²⁶² which called on the “Negro Voters of Jamaica” to “warn your Legislators to leave this murderous legislation alone, at the peril of their defeat at the polls in the coming election.”²⁶³ As birth control advocates in Jamaica noted, these elected members were also likely aware that the only government that had moved on birth control was in Bermuda, where it was seen as “an instance of the ‘whites’ acting against the ‘coloureds.’”²⁶⁴ A public health birth control program in Jamaica was likely to be seen in similarly “unfavourable

²⁵⁸ “The House of Assembly Debates (Official Report): Session 1937-1938,” 14 September 1937 (Legislative Debates, Session 1937-1938, BNA), 553-555.

²⁵⁹ Parochial Board of St. Catherine, “Minutes Special Meeting,” 29 October 1941 (2/2/179, St. Catherine Records, NAJ), 76-77. “Custos Tells His Side Of Story,” *The Daily Gleaner*, 11 November 1941, 6 [5], “Dr. Leslie Replies To Capt. McGrath,” *The Daily Gleaner*, 15 November 1941, 17 [17].

²⁶⁰ “Legislators Ban Birth Control,” *The Daily Gleaner* 8 July 1942, 6 [6].

²⁶¹ *Ibid.*, 6.

²⁶² “U.N.I.A. Activities,” *New Negro Voice*, 17 January 1942, 5.

²⁶³ “Editorial: Birth Control or Extermination of the Blacks—Which?” *New Negro Voice*, 31 January 1942, 4. Interestingly, the *New Negro Voice* defended Reid (who was “of the dark hue”), believing that he had been “forced to introduce a bill for Legislation against the dictates of his conscience.” “Editorial: Birth Control,” *New Negro Voice*, 18 July 1942, 4.

²⁶⁴ W. Tyler to May Farquharson, Letter, 21 October 1941 (4/108/1360, May Farquharson Collection, NAJ), 1.

terms.”²⁶⁵ Thus, even those elected members of the Legislative Council who sympathized with the cause in private (such as black representative Hon. H.E. Allan) warned birth controllers that it was “rather delicate for the representatives of the people to discuss” and something “social service may have to think about...in an indirect way.”²⁶⁶

Nationalist political figures who had come out enthusiastically in favour of birth control at first—such as Grantley Adams and Norman Manley—would also deem their position too insecure in the 1930s and 40s to place family planning at the centre of their agendas. This was particularly true in Jamaica, where the PNP faced a new political challenge in the form of the Jamaica Labour Party (JLP), organized by Manley’s own cousin Alexander Bustamante. Bustamante cast his party as a guardian of the working classes, protecting them from the “Brown Man Rule” of the PNP,²⁶⁷ and critiqued the latter’s presumed support of birth control throughout the late 1930s and early 1940s. In 1943, for example, the JLP claimed that birth control “would mean the destruction of the race,”²⁶⁸ and by 1944 (the year in which Jamaica saw full adult suffrage for the first time) Bustamante was outright accusing the PNP of preaching “race hatred [and] birth control.”²⁶⁹ In response, Manley ceased making statements in support of birth control in the press, and the PNP published a note in the paper stating that “Birth Control Forms No Plank of the Party.”²⁷⁰ The electoral victory of Bustamante’s JLP in 1944 only further sped this retreat. When directly questioned on the matter in 1947, Manley argued that it was not a “political issue,” claiming instead that it was an individual’s prerogative to have a large or small

²⁶⁵ W. Tyler to May Farquharson, Letter, 21 October 1941 (4/108/1360, May Farquharson Collection, NAJ), 1.

²⁶⁶ West India Royal Commission, “Twenty-Third Session held in Jamaica. Witness: Deputation from the Association of Elected Members of the Legislative Council of Jamaica,” 24 November 1938 (CO 950/927, NAUK), 36.

²⁶⁷ Heuring, “Health and the Politics of ‘Improvement,’” 330-331, Vassell, “Voluntary Women's Associations in Jamaica,” 120-121.

²⁶⁸ The Jamaica Labour Party, “The Truth,” *Daily Gleaner*, 7 December 1943, 4.

²⁶⁹ “Mr. Bustamante Replies To Various Critics Of His Party And Himself,” *Daily Gleaner*, 25 October 1944, 8.

²⁷⁰ “Birth Control Forms no Plank of the Party,” *Daily Gleaner*, 31 January 1939, 13.

family, and that “the problem of birth control will adjust itself as soon as people are properly educated into the meaning of responsibility.”²⁷¹ He did, however, continue to lend moral support and advice to birth control advocates in private. As he reassured local birth control advocate May Farquharson in a letter in 1949:

I do not at all despair of the possibility of a development in the Birth Control Movement, at least to the point where the Health Service of the island would be at liberty to engage in quiet work... This is one of the things that will inevitably come one day.²⁷²

Grantley Adams in Barbados also stopped pushing for birth control in the 1940s, focusing instead on the fight for trade union rights and adult suffrage, which would not come on the latter island until 1951.²⁷³

In the absence of government support along the lines of the Bermuda clinic, birth control advocacy on these islands would have to rest on the enthusiasm (and finances) of private actors instead in the following decades. As we will see in the next chapter, this would happen quickly in Jamaica, where advocates organized into the Jamaica Birth Control League in March of 1939 and opened the island’s first clinic that August.²⁷⁴ Attempts to spark a similar group were initiated by John Beckles in Barbados in 1941. In a letter to *The Advocate* entitled “An Appeal To The Educated Coloured Women of Barbados,” Beckles called on his “Coloured sisters” to:

engage yourself actively in a campaign purporting to bring about the Limitation of Offspring by the prevention of conception. I myself feel that the time is opportune for your evolution from the shy and self-conscious woman of the nineteenth century and take your place in line with those of the other West Indian

²⁷¹ “Parley Stresses Need For Land Authority,” *The Daily Gleaner*, 23 June 1947, 17. Similarly, in 1955, he re-affirmed that the distribution of birth control in order to address unemployment was “for private enterprise,” and that his government would focus instead on improving agricultural resources. “Manley says ‘Nationalisation no solution to our problems,’” *The Daily Gleaner* 18 June 1955, 1).

²⁷² N.W. Manley to Miss May Farquharson, Letter, 23 August 1949 (4/108/830, May Farquharson Collection, NAJ).

²⁷³ Beckles, *A History of Barbados*, 246-253. Adams would revisit birth control in the mid-1950s, as discussed in Chapter Six.

²⁷⁴ “Birth Control Clinic,” *Daily Gleaner*, 28 August 1939, 5.

islands, by speaking out boldly the woman's point of view on matters affecting them so nearly.²⁷⁵

Beckles' call was not immediately met, however, perhaps because of the much smaller scale of feminist activism and civil society organization in Barbados (as compared to Jamaica, especially) at the time.²⁷⁶ As we will see, Barbados would have to wait until 1954 before it would see the creation of its own family planning association.

2.3 CONCLUSION

In many ways, the early birth control debates of the 1930s and 40s reflected and enhanced the tensions of race, class, and gender political conflicts of this period of West Indian history. Conservative white elites advocated a harsh form of eugenic control as a substitute for making wider economic and social reforms in the face of unemployment and labour unrest. Religious leaders cried out against the sexual immorality birth control would enhance. Middle class Coloured and black professionals both criticized and sought to support the working classes. The labour and black nationalist representatives of those masses mounted a campaign against such impositions, opposing birth control at home and abroad on class and racial grounds. And yet, actors from all sides did things that challenged the narrow confines of these discourses. Some whites envisioned their advocacy as part of the nationalist project of the Coloured middle

²⁷⁵ While he recognized the role men could play in such a movement, Beckles argued that only women could “properly understand the little intimacies and embarrassments which make all the difference in the sexes.” John Beckles, “An Appeal To The Educated Coloured Women of Barbados,” *Barbados Advocate*, 11 June 1941, 6.

²⁷⁶ Lewis, “The Contestation of Race in Barbadian Society,” 182-4. In contrast, Trinidad did have an early and activist women’s organization under Audrey Jeffers. However, as Reddock (*Women, Labour and Politics in Trinidad and Tobago*, 312-322) argues, this was a relatively socially conservative organization, focused more on social service and less radical than the work of Bailey and Aiken, which may explain their lack of commitment to the birth control cause in these years.

classes, and allied with them in public debates, reports, and conferences. Some religious leaders and white women moved beyond their own priorities to delve into a critique of the economic structures and policies on their islands. Some labour/black nationalist men and women found ways to reconcile birth control with the ideologies of their organizations, even in the face of opposition, and in the process developed an advocacy that transcended the debates of their time.

These diverse participants at times used the same language, echoing local tropes stressing the problems of “illegitimacy” or using international neo-Malthusian and eugenicist terms. However, these actors interpreted these discourses in different ways and incorporated birth control into quite different political and social projects. When Alma Labadie referred to the need to improve the “quality” of the race before a meeting of the UNIA in 1942, for example, she had something quite different in mind than those who drafted Bermuda’s 1935 Report on Unemployment. Similarly, Grantley Adams’ understanding of “over-population” in 1939 was more sophisticated than the term itself might imply. Meanwhile, numerous actors eschewed these terms and arguments altogether, rooting their birth control advocacy in practical experiences they had as social workers, doctors and teachers, arguing for birth control as a type of “uplift” or “community feminism” aimed at helping families (and working class women in particular) cope with their economic and social realities,²⁷⁷ and even positing birth control as an essential “right” (like Maymie Aiken) or a precursor to sexual freedom (like E.F. Gordon). Opposition to these movements was also not as simple as it might appear on the surface. Some of those who spoke against state birth control programs, like David Tucker in Bermuda, made clear that they understood the intrinsic value of family planning but could only support voluntary versions, accompanied by other social and economic reforms. Others condemned birth control in

²⁷⁷ On “Negro uplift,” and “community feminism” see MacPherson, “Colonial Matriarchs,” 509. Putnam, “Illegitimacy and Self-Government,” 18.

order to attack political opponents, try to enforce Christian ideals, or support an organization-wide pronatalist policy in spite of the stated opposition of female members.

As a result, the debates of the 1930s and 40s set the stage for a more complicated story of family planning in the West Indies, in which reproductive politics did not fall entirely into a class/race/gender politics of white-against-black, rich-against-poor, men-against-women. As we will see in the next two chapters, transforming birth control politics into birth control practice was also no straightforward matter. Rather, it proceeded through the cooperation of a diverse group of actors—from international feminists to local reformist elites, medical professionals, nurses, volunteers, and working class men and women themselves—all of whom left their own mark on the movements and shaped their evolution over the following decades.

3.0 INTERNATIONAL AND LOCAL FAMILY PLANNING NETWORKS, 1936-1959

Edith How-Martyn set sail for Jamaica on December 19, 1938, but her journey really began two months earlier, when she met Jamaican teacher and social activist Amy Bailey for the first time. Bailey, a co-founder of both the Save the Children Fund and the Women’s Liberal Club in Jamaica, was in London on a tour “to find out what women are doing and to make known the needs of women in Jamaica and the plight of large numbers of children.”¹ Although from quite different backgrounds—How-Martyn was an elite, white British suffragist and member of the Malthusian League while Bailey was a middle-class Afro-Jamaican socialist, nationalist, and Garveyite—the two quickly identified in each other “a kindred spirit,”² bonding over their concern for the welfare and rights of women and children on their respective islands. Bailey was soon invited to speak at a joint meeting of How-Martyn’s own activist organizations, the Suffragist Fellowship and Birth Control Worldwide.³

The meeting would have a significant effect on both women. For Bailey, it served as the moment that solidified her desire to take a more active role in the local birth control campaign upon her return to Jamaica.⁴ For her part, How-Martyn was astounded to hear about the

¹ Edith How-Martyn, “Jamaican Women Go Forward,” 1939 (PP/EPR/C.5, Eileen Palmer Collection, WL), 2.

² *Ibid.*, 1.

³ *Ibid.*, 1.

⁴ Although, as she related in a later interview, she had thought about the problem of uncontrolled pregnancy before and even discussed it with her good friend May Farquharson, hearing How-Martyn and others speak allowed her to really connect the dots between her work for mothers and children and the critical role that could be played by family planning. “Amy Bailey Great Family Planning Pioneer,” *JFPA News*, 1. 1, December 1970 (J2235, NLJ), 6.

“appalling conditions of motherhood among the poor of Jamaica,” and the complete exclusion of women from government bodies.⁵ She was also surprised to learn that Bailey held her, as a British woman, partly responsible for this condition. As How-Martyn described:

In answer to our urgent plea that women in Jamaica should rouse themselves and demand equality, Miss Bailey chided us for never having given them any help and invited the chairman of the meeting, Edith How-Martyn, to go out and see for herself the deplorable conditions in this loyal British Colony.

So it came about that I arrived on a sunny morning early in January in the lovely harbour of Kingston and had my first view of the far-famed Blue Mountains.⁶

As Bailey hoped, How-Martyn’s three month lecture tour of Jamaica provided considerable momentum to the local birth control movement already underway in the wake of the 1938 labor rebellion. In addition to speaking at community halls, schools, and theatres across the island on the benefits of family planning, How-Martyn participated in the first ever Jamaican Women’s Conference and the preliminary meeting of local birth control advocates which ended in the creation of the Jamaica Birth Control League (JBCL).⁷

Bailey was not the only West Indian to seek out such assistance from international advocates as they attempted to transform debates over birth control into practical efforts to spread family planning. In 1937, Dr. Henry Wilkinson called on American advocate Margaret Sanger to conduct a lecture tour in Bermuda to help with the establishment of that island’s first clinic. Clinics opened by family planning associations in St. Ann’s, Jamaica in 1953 and Barbados in 1955 would also receive funding and logistical support from American philanthropists and birth control advocates from the outset. In Trinidad, British doctor Beric Wright and American nurse Nicky McBride would take on an even more direct role, establishing

⁵ Edith How-Martyn, “Jamaican Women Go Forward,” 1939 (PP/EPR/C.5, Eileen Palmer Collection, WL), 2.

⁶ *Ibid.*, 2.

⁷ Jamaica Birth Control League, “Minutes of Preliminary Meeting,” 15 March 1939 (4/108/764, May Farquharson Collection, NAJ).

the first clinics on the island in 1956 and 1959 and paving the way for the formation of a local family planning association.

Although these actors usually portrayed themselves as benevolent humanitarians dedicated to improving conditions on a global scale, critical histories of international activism have called into question the motives, assumptions, and actions characterizing Western activism abroad. Scholars have pointed to the racist ideologies and political ambitions of British and American feminists and social reformers, for example, who had a long tradition of using work in other countries as a way to boost their personal and political prestige at home.⁸ In the process, scholars argue, they often colluded with imperial projects and discourses, portraying colonial, Third World, or “native” women as “helpless victims awaiting the representation of their plight and the redress of their condition at the hands of their sisters in the metropole,”⁹ thus diminishing the agency of local women and justifying international interventionism.¹⁰ As Sanjam Ahluwalia argues in her study of birth control in India, for example, early advocates like Sanger and How-Martyn sought to “impose their universal conception of embodiment and sexuality”¹¹ and were “patronizing at best and in many ways paralleled colonial representations of Indians as passive subjects in need of authoritative figures from the West to guide and provide a civilizing influence.”¹² Scholars and activists have also accused international family planners of engaging

⁸ Antoinette Burton, *Burdens of History: British Feminists, Indian Women, and Imperial Culture, 1865-1915* (Chapel Hill and London: University of North Carolina Press, 1994), 8-19, Clare Midgley, “Anti-slavery and the roots of imperial feminism,” pgs 161-179 in Clare Midgley, ed., *Gender and Imperialism* (Manchester and New York: Manchester University Press, 1998), 161-177, Nayan Shah, “Cleansing motherhood: hygiene and the culture of domesticity in San Francisco’s Chinatown, 1875-1900,” pgs 19-34 in Antoinette Burton, ed., *Gender, Sexuality and Colonial Modernities* (London and New York: Routledge, 1999), 20.

⁹ Burton, *Burdens of History*, 7.

¹⁰ Ahluwalia, *Reproductive Restraints*, 19. Hartmann, *Reproductive Rights and Wrongs*, 1995.

¹¹ *Ibid.*, 19.

¹² *Ibid.*, 71.

in “contraceptive imperialism”¹³ for, as Matthew Connelly argues: “what is empire but the pursuit of unaccountable power, even if it now operated in the guise of international and nongovernmental organizations?”¹⁴

Critical scholars have also extended this analysis to relationships between classes and cultures *within* countries, arguing that social reform campaigns aimed by powerful elites at working class and/or minority communities took on similarly imperialistic qualities.¹⁵ Birth control organizations like the National Birth Control Association (NBCA) in the United States, for example, were funded and heavily dominated by white elites who were socially and economically distant from the poor and African-American women they targeted for reform. As a result, as historian Linda Gordon argues, efforts such as Margaret Sanger’s “Negro Project” (which set up clinics across black neighbourhoods in the South) adopted a “top-down” structure which emphasized the need to convert unruly populations to white middle class standards rather than seeking to increase access to contraceptives on these communities’ own terms.¹⁶ Movements in countries like India and Puerto Rico, also dominated by upper class and often Western-educated elites, adopted a similar structure as they attempted to “colonize”¹⁷ the bodies of their own poor populations and reshape reproductive practices to match a Western elite-designed standard. As a result, according to Sanjam Ahluwalia, rather than offering birth control to women on their own terms, these movements became tied to “an elitist agenda that actually restrained women from exercising control over their own reproductive capacities.”¹⁸

¹³ Pope accusing UNFPA of this in late 1960s. See Connelly, *Fatal Misconception*, 365.

¹⁴ *Ibid.*, 312.

¹⁵ See for example the articles in Ann Laura Stoler, ed. *Haunted by Empire: Geographies of Intimacy in North American History* (Durham: Duke University Press, 2006).

¹⁶ Gordon, *The Moral Property of Women*, 203-210, 232.

¹⁷ Ahluwalia, *Reproductive Restraints*, 171.

¹⁸ *Ibid.*, 1.

This chapter explores how these transnational, race, and class dynamics played out in the creation and evolution of family planning associations and birth control clinics in Bermuda, Jamaica, Barbados and Trinidad from the 1930s-50s. I begin by exploring the creation of early birth control clinics in Bermuda and Jamaica following visits to the islands by Margaret Sanger and Edith How-Martyn, respectively. I argue that West Indians invited but also contested the role of these women, thus shaping their involvement in line with local concerns and determining the extent of their influence. I then look at the class, race, and gender structures of early birth control associations and clinics. I point out that although local conservative white elites and foreign philanthropists often headed or supported these clinics, much of the actual work was done by reformist elites, doctors, and middle class or working class nurses, social workers and volunteer staff. These actors played an increasing role in birth control campaigns over time, helping spread their popularity and pushing them towards a deeper focus on maternal and child health and welfare. This was true even in the case of Trinidad, where foreign advocates actually created the first clinics and initiated family planning organizations, but still ultimately relied on local advocates to carry them to fruition. The structure of birth control associations and clinics in the Caribbean was thus more fluid and decentralized in practice than it may have seemed on the surface, incorporating a range of actors with differing agendas and impacts on the movement.

3.1 A DIFFERENT TYPE OF LINK: FOREIGN ADVOCATES IN BERMUDA AND JAMAICA IN THE 1930S

The connections that formed early on between West Indians and international advocates built on a broader interest in global affairs and the region's long tradition of mobility and

migration.¹⁹ Caribbean newspapers (from elite organs like the *Gleaner*, *Advocate* and *Royal Gazette* to black activist presses like the *Recorder* in Bermuda) tracked the progress of international birth control movements closely throughout the 1930s-60s, providing coverage of campaigns and personalities from Britain to Puerto Rico to India. The majority of doctors, lawyers and other professionals at the forefront of movements in Jamaica, Barbados and Bermuda had also pursued higher education and/or travelled extensively, particularly in the United Kingdom and United States but also to other areas of the British Empire. These activities provided them with access to social reform circles abroad, and for some, their first experiences with birth control activism. Dr. Jai Lal Varma, for example, became one of Jamaica's most prominent birth control advocates after visiting clinics in England and India during a trip in 1938.²⁰ Such world travel was obviously easiest for those with means, but middle class black West Indian activists also found ways to travel abroad. Bailey's trip to London in 1938, for example, was made possible by a funding drive spearheaded by Mary Morris Knibb, who would go on to become Jamaica's first elected female Councillor in 1939.²¹ Maymie Aiken also used her extensive connections as a prominent member of the Universal Negro Improvement Association to travel to Washington, D.C. in 1939, where she incorporated a visit to the Birth Control Research Bureau into a packed schedule including lectures at Howard University, meetings with prominent black activists, and participation in a roundtable of the National Women's Party.²² Caribbean advocates also used social networks to get in touch with activists in

¹⁹ On Caribbean migration see for example Putnam, *The Company they Kept*, Richardson, *Panama Money in Barbados*, Watkins-Owens, *Blood Relations*, Parascandola, *Look for Me All around You*.

²⁰ Beatrice Hill to Sir Arthur Farquharson, Letter, 26 July 1938 (4/108/1725, May Farquharson Collection, NAJ), 2.

²¹ Edith How-Martyn, "Jamaican Women Go Forward." 1939 (PP/EPR/C.5, Eileen Palmer Collection, WL), 1.

²² "Birth Control More Necessary Now Than Ever, Says Mrs. Aiken," *The Daily Gleaner*, 7 August 1939, 16.

other areas, or simply found the address of a birth control association in pamphlets or birth control journals and sent a letter out of the blue.²³

Local family planners recognized from early on, however, that not all foreign advocates were created equally. Thus, although Bermuda's Chief Medical Officer Dr. Henry Wilkinson received letters from several American eugenicists eager to collaborate on a program targeting "the Negro element in your territory,"²⁴ he elected to call on Margaret Sanger instead to help get the island's new clinic off the ground. Wilkinson felt that Sanger's feminist roots and experience with "coloured" populations would prove more palatable in a community already on alert for racist and male-directed birth control programs in the aftermath of the controversial 1935 Report on Unemployment.²⁵ In retrospect, this choice appears somewhat ironic, as Sanger has since been critiqued by many scholars and activists for sacrificing the socialist feminist cause, cooperating with racist eugenicists, and mobilizing high immigrant/working class/black birth rates in the United States "in a manner designed to stimulate racist fears."²⁶ But at the time, Sanger was still seen by many as a birth control advocate concerned with raising the status of women and poor communities, and her work—including her involvement with the "Negro Project"—was supported by prominent African Americans such as W.E.B. Du Bois, as well as

²³ See for example: A.W. Farquharson to C.B.C. to N.B.C.A., Letter, 11 July 1938 (4/108/1453, May Farquharson Collection, NAJ), Stony Hill Fort George to Society of Cultural Relations with Soviet Russia, Letter, 1938, 7 January (4/108/1339, May Farquharson Collection, NAJ).

²⁴ M.D. Eugene H. Pitts to Bermuda Governor Sir Regional J.T. Hildyard, Letter, 16 October 1936 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA), 1.

²⁴ Colonial Secretary to M.D. Eugene H. Pitts, Letter: 20, 22 October 1936 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA), 1. M.D. Lydia Allen DeVilbiss to General Sir Reginald Hildyard, Letter: 21, 3 November 1936 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA), 1.

²⁵ Henry Wilkinson to Your Excellency, Letter: 31, 9 February 1937 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA), 1.

²⁶ Gordon, *The Moral Property of Women*, 196. See also *Ibid.*, 143-145, Roberts, *Killing the Black Body*, 57-81, Connelly, *Fatal Misconception*, 64-73.

many black doctors, nurses, and social workers in local communities.²⁷ Indeed, in responding enthusiastically to what was apparently her first request from a government body,²⁸ Sanger made a point of mentioning that her organization's birth control clinic in Harlem had "secured excellent cooperation from colored welfare agencies, the ministry and the Harlem press" and had been co-opted by the New York Urban League, which she argued was "a notable demonstration of its value to the community."²⁹

Sanger arrived on May 15 by sail from New York and was greeted at the harbour by Wilkinson,³⁰ who had set up several meetings in advance. Her agenda included group meetings of civil servants, clergy, members of the legislative council and representatives from "the coloured friendly societies," with a final public meeting at the Colonial Opera House on May 25. The meetings attracted a wide and diverse crowd, numbering around three hundred islanders at the Colonial Opera House alone.³¹ As Sanger quickly learned, these audiences included some of the island's most prominent birth control opponents. Her first meeting, for example, was disrupted by the Bishop of Bermuda, who entered halfway through and then "sat in the dumps with eyes closed & head lowed throughout."³² At the end, he stood up and launched into a long diatribe against Sanger. As she described in her diary:

²⁷ Roberts, *Killing the Black Body*, 80-81, Gordon, *The Moral Property of Women*, 195-199. See also Rodrique, "The Black Community and the Birth Control Movement," 253-258 for support within black community.

²⁸ "Mrs. Sanger Hails Bermuda Birth Control," 2 June 1937 (Newspaper clipping, "Bermuda, 1933-1938" Foreign File, Box 17 Reel 11, Margaret Sanger Papers, Manuscript Division, Library of Congress, Washington, D.C., hereafter "LOC"), 1.

²⁹ Henry Wilkinson to Mrs. Margaret Sanger, Letter, 26 April 1937 ("Bermuda, 1933-1938" Foreign File, Box 17 Reel 11, Margaret Sanger Papers, Manuscript Division, LOC), 1.

³⁰ Sanger described Wilkinson as "[a] typical English official. Youngish, slender (about 40) light, shy, reticent, but warms up delightfully when his intellect gets working." Margaret Sanger, "Diary: Bermuda Trip," 15-27 May 1937, (Diaries, Box 1, Reel 1, Margaret Sanger Papers, Manuscript Division, LOC): 2.

³¹ Wilkinson, "Medical Report on the Health and Sanitary Conditions of Bermuda: 1937," (Public Health: Annual Reports 1934-1941, CS/6.4, 776/15, BA), 21-22, Also tracked in Sanger's diaries—see above.

³² Margaret Sanger, "Diary: Bermuda Trip," 15-27 May 1937 (Diaries, Box 1, Reel 1, Margaret Sanger Papers, Manuscript Division, LOC), 3.

He said he came because he was invited to come & felt it to be his duty. He had spent a most painful hour listening to the speaker & tho. he recognized her seriousness she was advocating a damnable cause. He dwelt on the Lambeth Conference & that unhappy resolution of which he was "proudly in the minority."³³

Sanger also encountered concerns over racially-motivated eugenics programs at a gathering of 60 influential members of the coloured community, including teachers, lawyers, and doctors. As Sanger and local newspaper reports recorded, those in attendance at the meeting brought up issues of morality and race suicide,³⁴ with one lawyer asking pointedly: "What shall we do to control birth control?"³⁵

Sanger responded by focusing on the benefits of birth control to maternal health and child welfare,³⁶ an approach which found many supporters on the island. After the Bishop's diatribe, for example, two other ministers quickly arose to clarify that, as she reported: "I was not to take away the impression that all the clergy were with the Minority opinion of the Lambeth Conference. That the young men were with me on this question of grave importance."³⁷ Another minister noted that he had met her in Japan and been impressed by her meeting there, and thus welcomed her efforts on the island.³⁸ Sanger's lectures also received favorable coverage in the *Royal Gazette*,³⁹ and an encouraging review from the *Recorder's* editor, David

³³ ³³ Margaret Sanger, "Diary: Bermuda Trip," 15-27 May 1937 (Diaries, Box 1, Reel 1, Margaret Sanger Papers, Manuscript Division, LOC), 4-5.

³⁴ Ibid., 11.

³⁵ Ibid., 11.

³⁶ As Wilkinson reported: "Before Mrs Sanger came her at Easter, 1937, there was a feeling among the coloured population that birth control was an effort on the part of the whites to reduce the number of the coloured, and so their importance...Mrs Sanger did not concern herself with that aspect, but merely with the well-being of mothers and the upbringing of children, and since Mrs Sanger's visit the political aspect of birth control has scarcely been heard." Henry Wilkinson to A.C. Clifford Smith, National Birth Control Association, Letter, 1939, 05.16. (CO 1042/46, NAUK), 1.

³⁷ Margaret Sanger, "Diary: Bermuda Trip," 15-27 May 1937 (Diaries, Box 1, Reel 1, Margaret Sanger Papers, Manuscript Division, LOC), 8.

³⁸ Ibid., 7.

³⁹ See for example: "Birth Control: Illuminating Address by Noted Authority," *The Royal Gazette and Colonist Daily*, 18 May 1937, 10.

Tucker, who had been among the first to protest the 1935 Report on Unemployment. Although he noted that “when this matter was first broached in Bermuda it was brought forward in such a crude manner that the entire community revolted against the idea,” he argued that Sanger had brought the cause back in a “new form,” differentiated from that of local white elites.⁴⁰ While he maintained that “we have always contended that the real solution of our population problem...is more education,” in the meantime Sanger’s arguments should “cause many of us to put on our thinking caps.”⁴¹ Sanger also noted that several black doctors and nurses approached her during her visit to express their support for birth control.⁴²

Far from imposing a birth control campaign on an uninformed or defenceless population, then, Sanger’s visit was deeply shaped by the local politics of birth control on the island. It was both actively contested by those who were opposed or concerned, and supported by others who saw her arguments as compatible with their own desire to improve the health and welfare of the population. Whether sincere on Sanger’s part or not,⁴³ this discourse at the very least provided support to local actors who hoped to push reproductive politics past the racist and eugenicist proposals of earlier years.

British advocate Edith How Martyn (Sanger’s colleague in the London-based Birth Control International Information Centre (BCIIC)) would encounter similar circumstances in

⁴⁰ “Editorial: Birth Control.” *The Recorder*, 22 May 1937, 2.

⁴¹ *Ibid.*, 2.

⁴² “Mrs. Sanger Hails Bermuda Birth Control,” 2 June 1937 (Newspaper clipping, “Bermuda, 1933-1938” Foreign File, Box 17 Reel 11, Margaret Sanger Papers, Manuscript Division, LOC), 1.

⁴³ Indeed, Sanger’s later press releases on her Bermuda trip (as released in the United States) would reveal that she clearly sympathized with Governor Hildyard’s race-based perspective, praising him for his “statesmanship” and similarly stressing the differential birth rates between races on the island and the threat of excessive “breeding.” “Mrs. Sanger Hails Bermuda Birth Control,” 2 June 1937 (Newspaper clipping, “Bermuda, 1933-1938” Foreign File, Box 17 Reel 11, Margaret Sanger Papers, Manuscript Division, LOC), 1.

Jamaica in 1939.⁴⁴ As with Sanger in Bermuda, How-Martyn's trip was requested and organized by local advocates. This included Amy Bailey and her sister Ina, who planned How-Martyn's trip to culminate with a speech at the Jamaican Women's Conference. How-Martyn also developed close contact with other local advocates, especially Dr. J.L. Varma (who she happened to meet on the boat ride over) and Norman Manley, who she met on the day she arrived.⁴⁵ The latter contact proved particularly useful for How-Martyn, as Manley offered to have his social work organization, Jamaica Welfare Limited (JWL), pay the expenses of her tour,⁴⁶ which included over 15 public talks at schools, cinemas, open-air markets, and town halls across the island,⁴⁷ and a large public meeting at Ward Theatre in Kingston which attracted a loud and dynamic crowd.

Like Sanger, How-Martyn also entered into a local scene already ripe with debate over birth control, and was thus immediately subjected to many of the same criticisms and objections cast onto local advocates, particularly regarding the race and class motives of the movement. In Jamaica, however, where anti-imperial activism was steadily gaining ground in the aftermath of the 1938 labour rebellion, these attacks had an additional nationalistic edge. Numerous letters to the *Gleaner*, for example, questioned the authority of a British advocate in Jamaica, asking whether hers was really the "kind of mentality that ought to have been imported to 'enlighten' (?)"

⁴⁴ The two had known each other for several years and worked together on projects such as the organization of the 1927 World Population Conference and the BCIIC (see Connelly, *Fatal Misconception*, 76). For exchanges over the Bermuda trip, see letters, Edith How Martyn to Margaret, 30 May 1937, Marie C. Stopes to Mrs. How-Martyn, 1 June 1937, Margaret Sanger to Mrs Gerda Guy, 9 June 1937 ("Great Britain," Box 23-24 Reel 16, Margaret Sanger Papers, LOC).

⁴⁵ Edith How-Martyn to Margaret, Letter, 5 February 1939 ("Great Britain," Box 23-24 Reel 16, Margaret Sanger Papers, LOC), 2.

⁴⁶ Edith How-Martyn to Olive M. Johnson, Letter, 13 January 1939 (PP/EPR/D.1/4, Eileen Palmer Collection, WL).

⁴⁷ Edith How-Martyn, "B.C. Contacts," 1939 (PP/EPR/C.5, Eileen Palmer Collection, WL). Edith How-Martyn to The Directors of Jamaica Welfare Ltd., Brief Report of Meetings, 17 March 1939 (3/24/1284, Jamaica Social Welfare Commission papers, NAJ).

the people of the island.”⁴⁸ Many responded in particular to a letter she wrote to the *Gleaner* in which she argued that, since the British government allowed birth control in its health services, those who claimed it was sinful were insulting the British government and “as loyal subjects if for no other reason we should resent such imputations being cast on His Majesty’s Government.”⁴⁹ As the anonymous “Old Timer” replied: “The English lecturer will not succeed in making a fetish of a British Government sanction to those of us who know the history of British Governments.”⁵⁰ Others were offended by anti-Roman Catholic comments she made at a lecture at the Ward Theatre in Kingston; Major J.J. Hallinan, Director of Medical Services in Jamaica, for example, explained his departure from the lecture by pointing out that, unlike in Mrs. How-Martyn’s Britain, “Jamaica prides itself upon the happy tolerance and cooperation that exists between all of its churches and creeds.”⁵¹ Perhaps, as one Josh B. Phillips wrote, How-Martyn should “leave the tropics to the tropical people and the temperate zone to temperate people.”⁵²

Birth control opponents also attacked the middle class nationalists and black feminists who supported How-Martyn. Letter-writers to the *Gleaner*, for example, called out Jamaica Welfare Limited for funding the tour and speculated that this policy was driven by the interests of United Fruit and Standard Fruit, two American companies which provided regular financial grants to the JWL.⁵³ As one “Genesis” argued, the organization “may as well be called Foreign

⁴⁸ HM Watson, “Letter,” *Daily Gleaner*, 2 February 1939, 12.

⁴⁹ Edith How-Martyn, “Letter,” *Daily Gleaner*, 4 February 1939, 12.

⁵⁰ Old Timer, “Lecture,” *Daily Gleaner*, 10 February 1939, 12.

⁵¹ J.J. Hallinan, “Lecture,” *Daily Gleaner*, 26 January 1939, 12.

⁵² Josh B. Phillips, “Letter,” *Daily Gleaner*, 2 February 1939, 12.

⁵³ Jamaica Welfare Limited was funded by the UFC and Standard Fruit, who agreed to donate one cent to a local development organization for every nine bunches of Jamaican bananas exported from the island (Post, *Arise Ye Starvelings*, 89).

Fruit Corporation's Welfare Unlimited."⁵⁴ *Negro World* journalist J.A.G. Edwards also did not mince words in describing his opinion of How-Martyn's supporters in the Women's Liberal Club. As he wrote:

These Ladies seem to be stupefied in the belief that Mrs. Howe-Martyn, that notable English Social worker, cannot be wrong in her propaganda ideas in support of Birth Control—these Ladies have failed to realise that what might be considered morally right from the English ladies point of view in England, cannot always, or in everything be right to the Negro lady of Jamaica, because everything racially, socially, politically, and economically are at two extreme points to both ladies.⁵⁵

Edwards thus called on the Women's Liberal Club to "avoid making themselves childishly sympathetic in thoughts and acts, because such childish sympathies tend more to destroy our Race."⁵⁶

How-Martyn responded to these critiques by quickly working to create distance between herself and British rule, pointing out that she too had faced persecution by the British government, having been imprisoned during the suffrage movement.⁵⁷ How-Martyn also sided with local nationalists in openly calling out metropolitan neglect as a root cause of "the disgraceful economic and social conditions existing in the island."⁵⁸ Her responses to religious leaders, however, proved the most creative. Indeed, at one public meeting in Brownstown, How-Martyn's clever comeback to a local Roman Catholic priest left the chairman of the Parochial

⁵⁴ Genesis, "Letter," *Daily Gleaner*, 23 January 1939, 12.

⁵⁵ J.A.G. Edwards, "As I See The Negro World," *New Negro Voice*, 18 July 1942, 2.

⁵⁶ *Ibid.*, 2.

⁵⁷ "Mrs. Morris-Knibb Honoured for Blazing Trail for Women in Political Life of Island," *Daily Gleaner*, 20 March 1939, 16.

⁵⁸ Gwen Edwards, "Mrs. How-Martyn Tells About Her Mission On Birth Control Here," *The Daily Gleaner*, 31 May 1939, 13.

Board in such stitches that, she recorded, “we thought...[he would] have had an apoplectic fit he laughed so much.”⁵⁹ As she wrote to fellow British advocate Olive Johnson:

The origin of the fun was that 2 R.C. [Roman Catholic] American priests attended to show the townspeople how such people as I am shd. be put down. However as my hostess (who when she saw them walk in was very depressed) said "You have made them the laughing stock of the town". Of course one's replies don't sound the same in writing but here is one you will appreciate. The priest with a very superior air [said] "I suppose Mrs. H.M. you agree that 2 & 2 make 4" Oh! said I innocently I am not quite sure (incredulous surprise) you see if you put them side by side they make '22.⁶⁰

How-Martyn's response to the sober priest (who, she noted, “managed to keep a straight face—tribute to his training”⁶¹) apparently led to a solid 45 minutes of laughter among the crowd.⁶²

Won over by her humor and audacity, the Chairman moved a vote of thanks giving her wholehearted support, which was seconded by “a delightful young missionary doctor who offered to give B.C. advice” and the enthusiastic crowd who, the Chairman noted, “had not enjoyed anything so much for 10 years.”⁶³

Bailey, Manley and other black middle class nationalists also did not shy away from defending How-Martyn, and themselves, from accusations of colluding with imperialists. In his opening speech for How-Martyn at the Ward Theatre, for example, Manley argued that contrary to what might be insinuated by “mischief makers who delight to see their anonymous letters in the press and who have not got the courage to put their names to them,” the JWL's support for How-Martyn had nothing to do with the American fruit company backers, which “have not initiated this programme...[and] have not got any control whatever over our activities.”⁶⁴ Birth

⁵⁹ Edith How-Martyn to Olive M. Johnson, Letter, 1 February 1939 (PP/EPR/D.1/4, Eileen Palmer Collection, WL), 1-2.

⁶⁰ *Ibid.*, 1-2.

⁶¹ *Ibid.*, 2.

⁶² *Ibid.*, 1-2.

⁶³ *Ibid.*, 1.

⁶⁴ “Mrs. How-Martyn's Lecture on Birth Control at Ward Theatre,” *Daily Gleaner*, 2 February 1939, 21.

control was also hardly a “trick” of foreign and upper class actors meant “to deceive the lower classes;” as Manley pointed out, those elites already used birth control themselves, and were motivated by a belief that “the poor were entitled possess the same knowledge as those who were better off.”⁶⁵ When directly attacked following How Martyn’s speech at the Ward theatre, Bailey also kept her cool. As she recalled:

[R]ight after the meeting I was standing outside the Theatre and I heard a group of two or three men talking. One of them said, “Hm, dat Amy Bailey, dat Amy Bailey, she is a traitor to dis country—she is a prominent black woman and now she bring a white woman to kill off black people!” I went across and introduced myself. I asked him how many children he had. “About seventeen, m'am,” “How can you afford to look after so many?” He confessed that he could not and I explained that we were not trying to kill out black people we were trying to help everyone. He wasn't convinced but I certainly had him thinking.⁶⁶

As Honor Ford-Smith points out, middle class black women like Bailey were used to being criticized from all ends as they attempted to balance a “careful pattern of identification and difference between themselves and lower-class women”⁶⁷ and maintain allegiances with both white feminist women and black nationalist men.⁶⁸

Bailey, Manley and others also pointed out that How-Martyn had been an outlaw herself during the suffragist movement in Britain, and had “won her way to freedom by passing through the prison doors of England.”⁶⁹ As Manley argued, being imprisoned for standing up for political rights differentiated How-Martyn from imperialist Britain, and was something “I would be proud to be able to say of myself.”⁷⁰ Bailey also added that How-Martyn had shown “no narrow-mindedness or pettiness of race, colour or creed” and praised her for standing beside her

⁶⁵ “Mrs. How-Martyn's Lecture on Birth Control at Ward Theatre,” *Daily Gleaner*, 2 February 1939, 21.

⁶⁶ “Amy Bailey Great Family Planning Pioneer,” *JFPA News*, 1. 1, December 1970 (J2235, NLJ), 6.

⁶⁷ Ford-Smith, “Unruly Virtues of the Spectacular,” 32.

⁶⁸ *Ibid.*, 33.

⁶⁹ “Mrs. Morris-Knibb Honoured for Blazing Trail for Women in Political Life of Island,” *Daily Gleaner*, 20 March 1939, 16.

⁷⁰ “Mrs. How-Martyn's Lecture on Birth Control at Ward Theatre,” *Daily Gleaner*, 2 February 1939, p. 21

“sisters” engaged in similar struggles abroad.⁷¹ In a farewell speech for How-Martyn at the Esquire Restaurant on March 18, Mayor of Kingston Dr. Oswald Anderson argued that How-Martyn was a “tribute to white people” and

the type of link they wanted with England and Jamaica. It was a link not so much connected with monthly pay cheques or the Colonial Office, but it was one of culture and Jamaica would always welcome her again (hear, hear).⁷²

If anti-birth controllers (and, more recently, scholars of birth control movements) tended to collapse the distinction between colonial and non-governmental foreign interventions, for many nationalists in 1939 there was thus a clear and important difference between tapping into the resources provided by international activist networks and submitting to colonial rule.

How-Martyn’s tour also appears to have had some broader support beyond that of the middle class activists who brought her to the island. Her trip attracted large and, it seems, enthusiastic crowds throughout the island. Indeed, as How-Martyn recorded in her diary, to the “astonishment” of local organizers, nearly all of her public talks were “overflowed” with people far exceeding expected attendance.⁷³ In total, How-Martyn spoke to over 1700 people (including an audience of 250 in one sitting in Christiana, a remote rural town) during her time in Jamaica.⁷⁴ As she noted, these audiences were composed not only of teachers, lawyers, doctors, and nurses, but included several meetings which were “majority working women and only a small sprinkling

⁷¹ “Mrs. Morris-Knibb Honoured for Blazing Trail for Women in Political Life of Island,” *Daily Gleaner*, 20 March 1939, 17. Bailey’s faith in women’s solidarity reflects, as Putnam argues, an enthusiasm “typical of the international feminist circles” Puntam, “Illegitimacy and Self-Government,” 31.

⁷² “Mrs. Morris-Knibb Honoured for Blazing Trail for Women in Political Life of Island,” *Daily Gleaner*, 20 March 1939, 16.

⁷³ Edith How-Martyn to Margaret, Letter, 20 January 1939 (“Great Britain,” Box 23-24 Reel 16, Margaret Sanger Papers, LOC), 1. How-Martyn also reported cases where 120 would turn up when 30 or 50 expected. See Edith How-Martyn to Olive M. Johnson, Letter, 23 January 1939 (PP/EPR/D.1/4, Eileen Palmer Collection, WL).

⁷⁴ Calculations based on numbers listed in Edith How-Martyn to The Directors of Jamaica Welfare Ltd., Brief Report of Meetings, 17 March 1939 (3/24/1284, Jamaica Social Welfare Commission papers, NAJ).

of middle class.”⁷⁵ How-Martyn also received inquiries by mail. As a letter addressed to her on January 1, 1939, from a woman in Kingston, explained:

I have noticed your letter in The Gleaner re: Birth Control... I am a mother of eleven children. Five are dead. They nearly took my life. When I found I was expecting another I fretted ever so much. Dr.’s advised I should not have any more babies but I can not find the real preventative. The little baby is only two months old. I have one every year.⁷⁶

How-Martyn also received a petition in early March, signed by thirty seven interested “Supporters, and Parents” of Pedro Plains, including carpenters, labourers, domestics, midwives, fishermen, and stockbreeders, who promised their “full support in your campaign of Birth Control, and welcome a lecture or Lectures whenever you find it possible to arrange same.”⁷⁷

Beyond lecturing and responding to letters, How-Martyn also served the local movement in more practical ways, using her vast experience, for example, to help draft the principles of the Jamaica Birth Control League. The idea of creating such an association to organize advocacy and make practical moves towards distribution to the poor had, in fact, been under discussion by several local advocates in Jamaica since July of 1938.⁷⁸ On March 15, 1939, How-Martyn joined Varma, McCulloch and others in a preliminary meeting.⁷⁹ Letters were sent around and a diverse group of directors assembled, including planters, politicians, drug manufacturers, and

⁷⁵ Edith Clarke to Frank Brown, Assistant Colonial Secretary, Letter, 28 February 1939 (CO 950/279, NAUK), 1.

⁷⁶ Letter #87 (4/108/645, May Farquharson Collection, NAJ). As How-Martyn wrote in a letter to Sanger shortly after: “as always we find the women are ready for it.” Edith How-Martyn to Margaret, Letter, 20 January 1939 (“Great Britain,” Box 23-24 Reel 16, Margaret Sanger Papers, LOC), 2.

⁷⁷ L.A. Honeyghan to Jamaica Welfare Limited, Letter, 8 March 1939 (4/108/1364, May Farquharson Collection, NAJ), 1.

⁷⁸ This idea seems to have originated in a letter from Jai Lal Varma to Sir Arthur Farquharson in July of 1938 (at a high point in the campaign following the labour rebellion), in which he suggested that interested Jamaicans should join together to form a “Society” for the provision of birth control clinics, along the lines of those he had seen in recent trips to England and India. See J.L. Varma to Sir Arthur Farquharson, Letter, 5 July 1938 (4/108/1444, May Farquharson Collection, NAJ), 1. Over the following months, Sir Arthur and May Farquharson got in touch with family planning organizations in the United States and England for guidance on how to do so. (A.W. Farquharson to C.B.C and N.B.C.A., Letter, 11 July 1938, 4/108/1453, May Farquharson Collection, NAJ).

⁷⁹ Jamaica Birth Control League, “Minutes of Preliminary Meeting,” 15 March 1939 (4/108/764, May Farquharson Collection, NAJ).

social and child welfare workers,⁸⁰ and on the final day of the Women's Conference, the formation of the Jamaican Birth Control League (JBCL) was announced.⁸¹

How-Martyn's interactions with the movement did not end with her departure from the island that March. In fact, she and her colleague at the BCIC Olive Johnson continued to write to Amy Bailey and Maymie Aiken in the following years. How-Martyn also developed a close and enduring correspondence with May Farquharson, a white elite Jamaican social worker and lecturer who had become an enthusiastic advocate in the wake of How-Martyn's tour and would play a prominent role in the JBCL's first clinic through her role as Honorary Secretary.⁸² Throughout the 1940s, How-Martyn and Farquharson wrote letters back and forth discussing the operations of the clinic, in which Farquharson pointed to problems and How-Martyn offered advice and pamphlets on operating the clinic, as well as putting her in touch with various American and British pharmaceutical companies for inexpensive products.⁸³ How-Martyn and Johnson also attempted to represent the interests of Jamaican advocates in Britain over the following years, meeting with interested Jamaicans in London and calling on the Colonial Office on their behalf.⁸⁴ In doing so, however, How-Martyn and Johnson took pains not to overstep their boundaries and to prevent other British advocates from becoming too interventionist. For example, when population control advocate J.P. Brander (a retired officer of the Indian Civil Service) approached Olive Johnson in 1942 for information on Jamaica's family planning campaign, she elected to give him only the most minimal amount of information out of respect for Farquharson's privacy and so as not to appear that she was "butting in" on other people's

⁸⁰ "Birth Control League Registered as Company," *Daily Gleaner*, 30 June 1939, 6.

⁸¹ "Mrs. Morris-Knibb Honoured for Blazing Trail for Women in Political Life of Island," *Daily Gleaner*, 20 March 1939, 16.

⁸² "Birth Control Clinic," *Daily Gleaner*, 28 August 1939, 5.

⁸³ See Olive Johnson's records at PP/EPR/D.1/6, WL and May Farquharson's letters to How-Martyn, especially at 4/108/1315, May Farquharson Collection, NAJ.

⁸⁴ Edith How-Martyn, "Scrapbook on Jamaica Tour," 1939 (PP/EPR/C.5, WL), 1.

territory.”⁸⁵ How-Martyn and Johnson were particularly suspicious of Brander, both for his “populationist” rather than “feminist” approach,⁸⁶ and because they felt his aggressive letters in the press and association with the Eugenics Society jeopardized the more subtle approach taken locally.⁸⁷ As Johnson related in a letter to How-Martyn in January of 1943: “Entre nous, I wish J.P.B. would leave Jamaica alone. He had far better leave the matter to M.F. [May Farquharson] and the others interested,”⁸⁸ for there were “plenty of competent people” locally.⁸⁹

Jamaican advocates, for their part, seem to have respected and appreciated the approach taken by British feminists. Farquharson, in particular, worked almost exclusively with these women in the 1940s, rejecting help from the likes of Margaret Sanger and other American activists.⁹⁰ Farquharson also used her considerable family wealth to support How-Martyn’s *New Generation* magazine through subscriptions and donations,⁹¹ as well as by having editions distributed by her hairdresser and other friends.⁹² How-Martyn and Johnson, in turn, ensured that space was regularly devoted to West Indian movements in the magazine.⁹³ As Susan Klausen argues in her study of similar interactions between South African and British birth control advocates in the 1930s, these interactions demonstrate the “mutually constitutive nature

⁸⁵ Olive M. Johnson to Edith How-Martyn, Letter, 25 February 1942 (PP/EPR/D.1/6, WL), 1.

⁸⁶ Edith How-Martyn to Olive Johnson, Letter, 16 December 1941 (PP/EPR/D.1/6, WL), 1.

⁸⁷ Olive M. Johnson to Edith How-Martyn, Letter, 7 January 1943 (PP/EPR/D.1/7, WL), 1. See also Olive M. Johnson to May Farquharson, Letter, 30 June 1942 (PP/EPR/D.2, WL).

⁸⁸ Olive M. Johnson to Edith How-Martyn, Letter, 7 January 1943 (PP/EPR/D.1/7, WL), 1.

⁸⁹ Edith How-Martyn to Olive M. Johnson, Letter, 20 October 1950 (PP/EPR/D.1/8, WL), 1. Similarly, in writing to advise Beth Jacobs on case cards, Rachel Conrad of the British FPA was careful to note that while she could offer suggestions, ultimately Jacobs should decide what was best as “You [k]now the local conditions and we do not.” Mrs. Rachel Conrad to Mrs. Jacobs, Letter, 20 October 1952 (SA/FPA/A21/16, WL), 1.

⁹⁰ Farquharson seemed to have a personal conflict with Sanger, stemming from a letter in which Sanger seemed to chastise local advocates for not doing enough. See Maragaret Sanger to Miss May Farquharson, Letter, 9 February 1954 (4/108/1392, May Farquharson Collection, NAJ), Stony Hill Fort George to Violetta, Letter, 5 March 1954 (4/108/1936, May Farquharson Collection, NAJ), Stony Hill Fort George to Mrs Houghton, Letter, 1954, 13 March (4/108/2103, May Farquharson Collection, NAJ).

⁹¹ For example, see Olive M. Johnson to May Farquharson, Letter, 29 September 1941 (PP/EPR/D.2, WL).

⁹² Edith How-Martyn to Olive M. Johnson, Letter, 4 February 1939 (PP/EPR/D.1/4, WL), 1. Olive M. Johnson to Edith How-Martyn, Letter, 5 December 1944 (PP/EPR/D.1/7, WL).

⁹³ Edith How-Martyn to Olive M. Johnson, Letter, 9 January 1942 (PP/EPR/D.1/7, WL), 2.

of relationships between the metropole and the periphery,”⁹⁴ which relied on continuing exchanges of information, trust, and loyalty to survive over the years.

To recognize the back-and-forth in these relationships and the skill with which How-Martyn straddled the line between interventionism and support, however, should not lead us to imagine her as some sort of anti-imperial heroine. Like many other British feminist/social reform activists,⁹⁵ How-Martyn’s critique of the empire and advocacy of local groups went only so far. If she recognized and respected the competence of Farquharson, Bailey, Manley, and other local actors, she also repeated stereotypes about the Jamaican masses’ “superstitions” and supposed lax morality in her reports back to Britain and stressed the need for British guidance in the region.⁹⁶ Indeed, her political positions seem to have fit most clearly with those British feminists and social reformers advocating for a “more ethical imperialism,”⁹⁷ who affirmed the legitimacy of Britain’s rule but asked it to rule in a better, more humanitarian way.⁹⁸ As with Sanger in Bermuda, however, How-Martyn’s interactions with the Jamaican movement took on a different meaning locally than they did abroad. Just as Sanger was seen by some black activists in the United States as colluding with racist eugenicists and at the same time by the editor of the *Recorder* as promoting a “new form” of birth control *differentiated* from racist eugenics in Bermuda, How-Martyn could be an imperialist at home and still represent a “different kind of link” with Britain from the perspective of Jamaicans. As Nancy Leys Stepan argues in her study

⁹⁴ Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 9.

⁹⁵ Barbara Bush, “Britain’s conscience on Africa: white women, race and imperial politics in inter-war Britain,” pgs 200-219 in Clare Midgley, ed. *Gender and Imperialism*), 203-5.

⁹⁶ Birth Control Worldwide, 1939. *India, Jamaica, East and South Africa—Report October 1938-September 1939* (4/108/1310, May Farquharson Collection, NAJ).

⁹⁷ Burton, *Burdens of History*, 149. See also Bush, “Britain’s conscience on Africa,” 203-5, on “progressive” imperialism.

⁹⁸ As How-Martyn wrote to Violet Allwood in 1942: “Not only in Jamaica but all over the Empire & India the results of insufficient study of local conditions & attempts to apply results of experiences in far more highly developed countries can be seen everywhere.” Edith How-Martyn to Mrs. Allwood, Letter, 9 June 1942, (4/108/614, May Farquharson Collection, NAJ), 2.

of the unique nature of Latin American eugenics movements, this should not be seen as a misunderstanding or misinterpretation, but rather as evidence of how local actors drew on the resources and ideas provided by international activists and reshaped them to fit their own local political and social projects.⁹⁹

Just as the meaning of such international advocacy was determined locally, so was the extent of its reach. Although Jamaican advocates maintained contact with How-Martyn for years after her visit, Wilkinson allowed Sanger to play only a more limited, temporary role. Indeed, the two lost touch until 1944, when he again called on her office to send someone to reinvigorate the local movement.¹⁰⁰ Visits by foreign advocates were also not always as effective in stirring interest as Sanger's and How-Martyn's had been. Attempts by English nurse and birth control advocate Cecile Burden to revive the movement in Barbados in 1940 and 1941, for example, led to only a handful of articles in the press and a preliminary meeting between advocates who expressed *interest* in forming a family planning association, but would not actually organize into one until 1955.¹⁰¹ An early clinic established by British advocate Cecile Walcott in British Guiana in 1942 also died out relatively quickly due to lack of local support.¹⁰² Foreign activism thus seems to have needed sufficient local interest and the right political and social context in order to gain traction. As How-Martyn herself noted:

I was extraordinarily fortunate in coming to the island when two important questions were coming to the fore—the question of birth control and the question

⁹⁹ Stepan, *The Hour of Eugenics*, 33.

¹⁰⁰ On Ethel Peters' visit, see The Honourable the Colonial Secretary to Colonial Treasurer, Letter, 18 August 1944 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, BA).

¹⁰¹ See Cecile Burden, "Birth Control: An Open Letter to The Women of Barbados," *Barbados Advocate*, 1 July 1941. "Birth Control Meeting," *Barbados Advocate*, 30 June 1941, 1.

¹⁰² As Farquharson wrote, "she says she started a clinic in British Guiana in 1942, and closed it after about a year as she could not tackle the Catholic opposition alone and unaided." (Miss) May Farquharson to Dr. Nicholson, Letter, 23 February 1950 (4/108/859, May Farquharson Collection, NAJ), 1.

of women's position in public life. In all my experiences I have never seen such progress in so short a time.¹⁰³

Sustaining these movements and transforming them into practical efforts to *distribute* contraceptives would also require a much greater commitment than foreign advocates could offer. If Sanger and How-Martyn's support and periodic visits proved valuable, the day-to-day work of the clinics would ultimately rest on the enthusiasm of local advocates and—as they would soon learn—those who worked with them to transform the idea of birth control into reality.

3.2 A POST I AM HEART AND SOUL WITH: STAFF AND THE SHIFTING STRUCTURES OF CARIBBEAN ASSOCIATIONS AND CLINICS, 1930S-50S

While early clinics formed in Bermuda and Jamaica had the support of a diverse population ranging from nationalist politicians to carpenters and domestics, their actual implementation was in early years funded and led primarily by white elites who had the money, time and social position required to initiate action. The clinic in Bermuda was supported by funds from the island's notoriously conservative and at times openly racist Legislative Council, while the JBCL was funded by wealthy sugar planter Sir Arthur Farquharson and contributions from other local elites who were offered shares at a hundred pounds each.¹⁰⁴ Both clinics were also, at least initially, largely headed by members of the small white elite on their respective islands. In Bermuda, the clinic formed by the Medical and Health Department in 1937 would be

¹⁰³O.M.J., "Birth Control Tour in Jamaica." 1939. ("Great Britain," Box 23-24 Reel 16, Margaret Sanger Papers, LOC), 1.

¹⁰⁴"Birth Control League Registered As Company," *The Daily Gleaner*, 30 June 1939, 6.

spearheaded and directed by Dr. Henry Wilkinson, who (as outlined previously) had played an integral role in initiating the campaign on the island by drawing attention to fertility and population growth rates in his annual medical reports and by organizing Sanger's trip. In Jamaica, the clinic opened in Kingston in 1939 would fall under the control of the somewhat diverse mix of medical professionals and businessmen that made up the Directors of the Jamaica Birth Control League, with additional support from Amy Bailey and Maymie Aiken.¹⁰⁵ Day to day operations however, largely fell under the purview of wealthy, London-educated social worker and lecturer May Farquharson, whose father provided the initial grant which made the clinic possible.¹⁰⁶

Both Wilkinson and Farquharson ascribed to many of the stereotypes and derogatory views towards black working class West Indians held by others of their class and social position. Wilkinson's letters are replete with comments about the "frivolously minded"¹⁰⁷ and "unfit" nature of "the bulk of our population,"¹⁰⁸ whom he described to outsiders as "seldom hard workers and, in general, lax in the sex code."¹⁰⁹ Farquharson, too, frequently complained to How-Martyn in her letters about the "irresponsible" nature of the island's black population,¹¹⁰ even going as far as to describe the "average" Jamaican as "so pitifully near the animal...too

¹⁰⁵ "Birth Control League Registered As Company," *The Daily Gleaner*, 30 June 1939, 6. As Bailey explained, she and others supported the movement when they could, but were too busy with other activities (in her case, the House Craft Training Centre) to take a more active role in services. "Amy Bailey Great Family Planning Pioneer." *JFPA News*, 1. 1, December 1970 (J2235, NLJ), 6-7.

¹⁰⁶ For a profile of Farquharson, see "She helped start it all: May Farquharson," *Family Planning News*, March 1972, 11 (F36, Rare Books, NLJ).

¹⁰⁷ Henry Wilkinson, "Medical Report on the Health and Sanitary Conditions of Bermuda," 1936 (Public Health: Annual Reports, 1934-1941, CS/6.4, 776/15, BA.), 17.

¹⁰⁸ Henry Wilkinson, "Medical Report on the Health and Sanitary Conditions of Bermuda," 1934 (Public Health: Annual Reports, 1934-1941, CS/6.4, 776/15, BA), 25.

¹⁰⁹ Henry C. Wilkinson, "Report on Bermuda," *Fifth International Conference of the International Planned Parenthood Federation*, Tokyo, October 1955 (CO 1031/1966, NAUK), 14.

¹¹⁰ Fort George, Stony Hill to How-Martyn, 15 May 1939 (4/108/1315, May Farquharson Collection, NAJ).

unambitious and indolent to take even the advantages that are offered to them.”¹¹¹ But neither seem to have ascribed wholeheartedly to the biological determinism of many of their peers, who saw these as racial characteristics which could not be changed (or at least, not in this lifetime). Indeed, Wilkinson frequently *defended* the island’s working classes to his counterparts in the Bermudian government, arguing that they were “not essentially irresponsible,”¹¹² and “can learn,”¹¹³ if provided with sufficient opportunities and support. Farquharson also vacillated back and forth between a defeatist frustration with the state of Jamaican society as a whole and a more optimistic faith in the fact that “our people” were “just as capable as any other of responding to opportunities of self improvement and social improvement.”¹¹⁴

This underlying belief in the power of community uplift led both actors to challenge the status quo and push for concerted social and political reforms, at times bringing them into conflict with their white elite peers and creating spaces for cooperation with middle class black activists and professionals. Indeed, Wilkinson was an enthusiastic medical reformer and was committed not only to reducing the fertility rates, but also the infant and general mortality rates among the black population.¹¹⁵ He thus served as one of the lone voices within the establishment pressing for the expansion of maternal health, child welfare services, education, and public housing to the black population in the 1930s,¹¹⁶ and at times openly criticized racial segregation,

¹¹¹ Fort George to How-Martyn, 17 June 1940 (4/108/1315, May Farquharson Collection, NAJ), 3.

¹¹² Senior Medical Officer Henry Wilkinson, “Report of the Medical and Health Department of Bermuda,” 1946 (Public Health: Annual Reports, C/6.4, 446/16, BA), 24.

¹¹³ Senior Medical Officer Henry Wilkinson to The Acting Colonial Secretary, Letter: 125, 1 May 1946 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA), 1.

¹¹⁴ “Competent Social Work Economy,” *The Daily Gleaner*, 26 July 1939, 16.

¹¹⁵ For example, Wilkinson argued that “the length of life of the coloured people has been increased about 12 years since 1866. It probably can be increased about as much more. That depends in turn on education more than any one health measure.” Henry Wilkinson to The Hon. The Colonial Secretary, Letter, 16 March 1945 (CS 6.4, 0776/016, BA), 2.

¹¹⁶ See Henry Wilkinson, “Medical Report on the Health and Sanitary Conditions of Bermuda,” 1934 (Public Health: Annual Reports, 1934-1941, CS/6.4, 776/15, BA), 25, Henry Wilkinson to The Hon. the Colonial Secretary, Letter, 22 March 1929 (Public Health: Infant Welfare, CS/6.4, 2745, location 822, BA), 1-2; Henry Wilkinson to

which he argued prohibited public health institutions from working for “the common good.”¹¹⁷ As well, to the great irritation of the white elite medical establishment, Wilkinson not only hired black nurses to work in the Medical and Health Department but made it his personal cause, repeatedly calling the island’s reliance on white, foreign nurses inefficient and arguing that “young coloured women...have the ability to make good nurses as the excellent coloured nurses we have here now demonstrate.”¹¹⁸ These views pitted him directly against directors of the King Edward Hospital as well as the Bermuda Welfare Society’s district nursing program, both of which preferred British nurses and discriminated fairly openly against local Afro-Bermudians.¹¹⁹

Farquharson similarly differentiated herself from other white elite “society ladies” in Jamaica by her self-proclaimed “spinster” status and more liberal social views,¹²⁰ her willingness to work and mingle with black activists like Amy Bailey,¹²¹ her support for Norman Manley’s

The Hon. Colonial Secretary, Letter: 27, 19 October 1936 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA) For an example, see Wilkinson’s critique of elite control over land: “The problem of housing is both economic and political. It is economic in that in this expensive colony building for the labouring family is no longer profitable; and political in that the franchise, as of old, rests upon the land, and the representation upon yet more land, a combination which may be expected to view public housing schemes and cheaper rents with considerable conservatism.” Director of Medical and Health Department Henry Wilkinson, “Medical Report on the Health and Sanitary Conditions of Bermuda,” 1938 (Public Health: Annual Reports, 1934-1941. CS/6.4, 776/15, BA), 17.

¹¹⁷ Henry Wilkinson, “Report of the Medical and Health Department of Bermuda for the Year 1941,” 1941 (Public Health: Annual Reports, CS/6.4, 446/16, BA), 22.

¹¹⁸ Henry Wilkinson to The Hon. the Colonial Secretary, Letter:4, 29 December 1926 (Petitions: The Bermuda Welfare Society, CS/6.4, 3602, Location 2243. 4 and 4a, BA), 3.

¹¹⁹ This exclusion was enforced by requiring qualifications at foreign schools which frequently discriminated against coloured girls in admission procedures. As pointed out in articles in *the Recorder* and by labour leader E.F. Gordon, however, even those who did manage to get the sufficient qualifications were still frequently denied local employment with these organizations (see Williams, *Care*, 95-97).

¹²⁰ As May wrote to a birth control manufacturing contact in 1940, “By the way you address me as “Mrs.” but I am or was, until I took up B.C. a highly respectable spinster!!” Fort George, Stony Hill to Mrs. Kennedy, Letter, 3 May 1940. (4/108/945, May Farquharson Collection, NAJ). See also “She helped start it all: May Farquharson.” *Family Planning News* March 1972 (F36, Family Planning News, Rare Books, NLJ), 11. Farquharson also mocked her colleague C.B. Facey’s concern over her social purity, noting to Edith How-Martyn: “C.B. Facey talking about “the loss of dignity” Mrs Palmer and myself would suffer, if we were exposed, as possibly might happen, to “mass ridicule!” Well, dignity has never been my strong suit, and I should be rather surprised if it is the kind of thing to worry Mrs. Palmer either, but I suppose Mr. Facey has the ideal of ‘sheltered womanhood!’” Letter, 29 December 1939 (4/108/1315, May Farquharson Collection, NAJ), 1.

¹²¹ See for example, “Amy Bailey Great Family Planning Pioneer.” *JFPA News*, 1. 1, December 1970 (J2235, NLJ), 6.

PNP nationalist party and the socialist cause,¹²² and her commitment of time and money to more controversial causes beyond the standard charity work popular among women of her social position at the time.¹²³ These views brought her into conflict with religious leaders on the island as well as her colleagues in the white elite Women's League, who backed away from supporting the JBCL's birth control clinic out of concern it would only further spread illegitimacy.¹²⁴ As Farquharson understood it, this timidity was a general reflection of the conservative nature of Roman Catholics (who she at one point described as "narrow minded beasts...no more"¹²⁵) and the shallow nature of charity work done by most elite women, who preferred to "yap round Committee tables" and engaged in "war work" as "an easy excuse for laziness and indifference and avoiding real, worth while jobs."¹²⁶ As she complained to How-Martyn, the Women's League was essentially characterized by "too many cocktail parties, and too much bridge, and time is limited!"¹²⁷ As she argued in the *Gleaner*:

The main point appears to be,—how genuine and how practical is the desire of the more fortunate to obtain for the poor and the underprivileged, better conditions, better opportunities, and better living? If the desire is sincere and genuine, it is next to impossible to ignore the part that birth control may play.¹²⁸

¹²² As she wrote in trying to convince Manley not to run for a position in the Federal government: "in the long run surely it will be better for the whole Federation and for this corner of the world, that we in Jamaica (half the Federation) should develop strong, sensible, balanced Socialist lines, which we will do, under you." May Farquharson to Hon. Norman Manley, Letter, 24 November 1957 (4/60/2B/18, Manley Papers, NAJ), 1.

¹²³ As related in an interview in 1972, Farquharson saw her family planning advocacy as a direct outcrop of her support for old age pensions, as she realized in the course of the struggle that "there just was no hope for the old people unless—as she puts it— 'the population tap was turned off a little bit.'" "She helped start it all: May Farquharson." *Family Planning News*, 1.1, March 1972 (F36, Family Planning News, Rare Books, NLJ).

¹²⁴ See Earle to Secretary R.H. Fletcher, JWL, Letter, 27 January 1939 (3/24/1284, Social Welfare Commission, Jamaica Archives), also replies to Women's League circular on birth control held at (4/108/1450, May Farquharson Collection, Jamaica Archives).

¹²⁵ Fort George to H.M., Letter, 31 January 1941 (4/108/1312, May Farquharson Collection, Jamaica Archives), 2.

¹²⁶ Fort George to How-Martyn, Letter, 29 December 1939 (4/108/1315, May Farquharson Collection, NAJ), 1.

¹²⁷ *Ibid.*, 1.

¹²⁸ F.M.G., "Birth Control The Economics," *The Sunday Gleaner* 25 May 1941 (Newspaper clipping, 4/108/1922, May Farquharson Collection, NAJ), n.p.

Wilkinson and Farquharson's approaches to birth control delivery were also shaped by the influence of foreign advocates, local doctors, and their astute recognition of the strength and dynamics of local opposition. These factors all played a part, for example, in the decision-making process behind selecting diaphragms and the sponge-and-foam powder method as the main contraceptives available at the early clinics on these islands. These methods were favoured by feminist advocates like How-Martyn and Sanger, since they were female contraceptives, temporary, and user-controlled, thus giving women the maximum amount of power over the birth control process, and both women trained local doctors and midwives in the use of these contraceptives while visiting the island.¹²⁹ It was not, however, a given that these methods would be used. Wilkinson, for example, had praised the sterilization proposals put forward by the 1935 Report on Unemployment,¹³⁰ and there is some incriminating evidence of possible unethical and/or involuntary sterilizations at Bermuda's Venereal Disease, located in the Cottage Hospital (the same building as the island's birth control clinic). The VD clinic's existence was part of an aggressive crackdown on venereal disease in the wake of high infection rates during WWII, which included legislation requiring anyone "suspected by the Board [of Health], on reasonable grounds, to be suffering from Gonorrhoea or Syphilis in a communicable stage" to submit to a medical exam and, if found to be carrying a venereal disease, compulsory treatment.¹³¹ Those who resisted were reported to the Board of Health by Dr. Henry Wilkinson; indeed four women each in 1941 and 1942 were prosecuted under this act, including one who was confined to the Nursing Home by Magistrate's orders and forced to have treatment and

¹²⁹ Schoen, *Choice and Coercion*, 28.

¹³⁰ Wilkinson called the recommendations "ahead of the general population" and evidence of "courage" and "good endeavours" among the Committee members. Henry Wilkinson, "Medical Report on the Health and Sanitary Conditions of Bermuda," 1935 (Public Health: Annual Reports, 1934-1941, CS/6.4, 776/15, BA), 22.

¹³¹ Section 76 (7) of the Public Health Act, 1937, in Governor Reginald Hildyard, Bermuda to The Secretary of State for the Colonies, Letter, 15 March 1938 (CO 318/429/6, NAUK).

another who was imprisoned.¹³² Wilkinson's 1946 Medical and Health report also recorded the sterilization of two "promiscuous women" by the VD clinic,¹³³ followed by the sterilization of "four promiscuous women" in 1947.¹³⁴ Although the sterilizations of "promiscuous women" at the clinic were later defended by Wilkinson (after being questioned by the Colonial Office following a condemnatory article in a British Honduran magazine) as being entirely voluntary, undertaken "on the authority of written applications signed by themselves,"¹³⁵ the nature of the clinic and its clear disregard for the human rights of its patients cast legitimate doubt on such claims.

Aggressive tactics were also taken by Dr. C.E. Pengelley, a Medical Officer in Manchester Parish, Jamaica who appears to have conducted sterilizations in somewhat questionable circumstances. As Pengelley related to May Farquharson in a letter in 1944, for example, the Kingston Public Hospital had been experimenting with sterilization of women by x-ray (with 70 women having "given in their names for this method"), which he saw as the only real remedy to "control the population."¹³⁶ He also noted that:

Of course, I am able to get sterilisation done by cutting the Fallopian Tubes when ever we do a Cesarean Section and at some operations when it is indicated. I wish we could get the public to believe that a girl who has a second illegitimate child is feeble minded and should be sterilised by the cauterization of the internal Fallopian openings when examination is made after delivery before they leave the hospital etc..¹³⁷

¹³² Henry Wilkinson, "Report of the Medical and Health Department of Bermuda for the Year 1941," 1941 (Public Health: Annual Reports, CS/6.4, 446/16, BA), 21. And Senior Medical Officer Henry Wilkinson, "Report of the Medical and Health Department of Bermuda for the Year 1942," 1942 (Public Health: Annual Reports 1941-1952, CS/6.4, 446/16, BA), 26.

¹³³ Henry Wilkinson, "Report of the Medical and Health Department of Bermuda," 1946 (Public Health: Annual Reports, C/6.4, 446/16, BA), 23.

¹³⁴ Senior Medical Officer Henry Wilkinson, "Report of the Medical and Health Department of Bermuda for the Year 1947," 1947 (Public Health: Annual Reports, CS/6.4, 446/16, BA), 18.

¹³⁵ William Addis to F. Kennedy, Letter, 15 December 1948 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA), 1.

¹³⁶ C.E. Pengelley to Miss May Farquharson, Letter, 9 February 1944 (4/108/1188, May Farquharson Collection, NAJ), 3.

¹³⁷ *Ibid.*, 4.

Although it is left unclear whether women consented to these post-Caesarean sterilizations, Pengelley's openly eugenic approach to birth control and desire to have it compulsorily enforced suggest the reproductive rights of women was not his top priority. Pengelley also promoted the more rudimentary "cottonwool-and-oil" method (quite literally, cottonwood dipped in oil to supposedly work as a barrier against sperm) in Manchester parish,¹³⁸ which was also pushed by more eugenic-influenced birth controllers abroad on the grounds that, although less effective than diaphragms, they would reach more people and thus have a greater overall impact on fertility.¹³⁹ Farquharson expressed sympathy towards these tactics in private correspondence,¹⁴⁰ and her father also inquired to Dr. Varma about using the cottonwool method in the clinic.¹⁴¹

However, both Wilkinson and Farquharson decided against promoting sterilization in the context of family planning clinics, recognizing that such efforts would be quickly and loudly opposed by those who would associate it with conservative, racist eugenics movements at home and abroad. As Farquharson wrote to fellow advocates in 1945, sterilization needed to be treated "quite separately from Family Planning", since "[p]eople will be more likely to accept family planning alone, on an entirely voluntary basis, if there is not the "veiled threat" of sterilization!"¹⁴² JBCL Director Dr. McCulloch was also strongly opposed to sterilization on ethical grounds; when a meeting of the Port Antonio Junior Chamber of Commerce turned into a discussion of eugenic sterilization, for example, he made clear that he "disagreed with the

¹³⁸ See C.E. Pengelley, Manchester to Miss May Farquharson, Letter, 26 June 1939 (4/108/1188, May Farquharson Collection, NAJ), 1.

¹³⁹ Ahluwalia, *Reproductive Restraints*, 69.

¹⁴⁰ As she wrote to Edith Clarke: "'and how I wish just as he does, that it was sterilization as well! But as Hitler does not appear to be coming here after all, there is no hope)? fear)? of that!'", Letter, 23 April 1944, 4/108/1371, May Farquharson Collection, NAJ), 1.

¹⁴¹ Sir Arthur Farquharson to Dr. Varma, Letter, 16 July 1938 and 30 July 1938 (4/108/1447, May Farquharson Collection, NAJ), 1.

¹⁴² M.F. to W.E. Woodley, Letter, 12 March 1945 (4/108/2151, May Farquharson Collection, NAJ), 1.

suggestion that any human being should be made sterile.”¹⁴³ Fellow Director Dr. J. L. Varma also opposed the use of the cottonwool and oil method, arguing that it was ineffective and “once the public has lost confidence in the method advised it will be hard to persuade them afterwards to try a better method. With the expensive method we will not be able to reach a very large number of patients but whatever is done will be more thorough.”¹⁴⁴ When Farquharson asked How-Martyn, she too advised against it, arguing that cottonwool was “just little removed from quackery & will fail much too often to make much impression on the pop.n.”¹⁴⁵ In the end, both Wilkinson and Farquharson decided to follow the lead of Sanger and How-Martyn, promoting diaphragms first and the sponge and foam/powder method second (for those who could not use the diaphragm due to medical reasons) in the clinics, followed by the condom. In a pamphlet mailed to women in the countryside, the JBCL did explain how to use the cottonwool and oil method (as well as the use of douching and homemade sponges), but clearly stated that these methods were “not so sure” as doctor’s methods, and thus advised all women to contact a doctor to get fitted for a diaphragm if at all possible.¹⁴⁶ Farquharson also provided interested women the names of doctors and nurses in their area who provided birth control advice.¹⁴⁷

The locations of early birth control clinics also reflected the competing factors influencing birth control campaigns. Farquharson, for example, pushed the League to open the clinic at 24 East Race Course Drive not only because it was in a working class district (and thus close to their target population), but also because the building was home to the personal residence of Maymie Aiken, who Farquharson pointed out “is well and favourably known to the

¹⁴³ “Birth control urged by Junior CofC,” *The Daily Gleaner*, 12 November 1952, 11 [11].

¹⁴⁴ J.L. Varma to Sir Arthur Farquharson, 24 July 1938 (4/108/1447, May Farquharson Collection, NAJ), 1.

¹⁴⁵ How-Martyn to May, Letter, 23 April 1939 (4/108/1315, May Farquharson Collection, NAJ), 2.

¹⁴⁶ See Pamphlet which was sent to the countryside: “Confidential: Advice to Mothers on Birth Control,” n.d. (4/108/1187, May Farquharson Collection, NAJ).

¹⁴⁷ See for example responses to letters #2, #66, #88, #157, #171, #220, #272 #306, #320, #367 (4/108/645, May Farquharson Collection, NAJ).

“Labour” section, and herself a keen birth controller... her presence and support will be valuable to the movement, and she is most kind and helpful.”¹⁴⁸ Wilkinson’s decision to open the clinic at the Cottage Hospital, an institution almost entirely patronized by the island’s black population, also reflected both his desire to bring the black birth rate more in line with that of the white population and to improve the health services available to Afro-Bermudians.¹⁴⁹ Indeed, while his calls for health services integration were ignored well into the 1950s, Wilkinson was at least able to use the creation of the birth control clinic in 1937 as an excuse to get some increased funding for the dilapidated Cottage Hospital and its underpaid staff of black nurses.¹⁵⁰ As Johanna Schoen points out in her study of birth control clinics in African-American communities, in unabashedly “targeting” black women for population control, these institutions thus also had the potential to “play a crucial role in levelling the playing field” by providing improved health services for traditionally neglected portions of the population.¹⁵¹

To what extent birth control clinics contributed to broader improvements in reproductive health care, however, depended in many ways on the degree to which this aspect was prioritized by personnel. In Bermuda, for example, Wilkinson’s clinic was fairly narrowly conceived, his second-in-command Dr. Emily Frazer worked actively to incorporate birth control into antenatal clinics and a broader scheme aimed at improving conditions for mothers and children, including

¹⁴⁸ Letter to Dr. Lightbourne, 15 July 1939 (4/108/857, May Farquharson Collection, NAJ), 1.

¹⁴⁹ As he wrote of his clinic: “The object is to bring the births, which are 210 white and 550 coloured a year, into closer accord with the deaths which are 120 and 210 respectively. The problem is with the coloured, and a quarter of their births are illegitimate. The illegitimate factor is unlikely to be much changed by the present birth control measures, but the other coloured births will, I feel fairly sure, be considerably reduced within five years.” Senior Medical Officer Henry Wilkinson to General Secretary [blacked out]—A.C. Clifford Smith, National Birth Control Association, Letter, 16 May 1939 (CO 859/62/16, NAUK; also in CO 1042/46 (with recipient not blacked out)), 1.

¹⁵⁰ General Board of Health, “Minutes of a meeting.” 13 November 1939 (“General Board of Health 1935-1960 Vols 4 & 5” Box, BA), 1.

¹⁵¹ Schoen, *Choice and Coercion*, 74, see also Gordon, *The Moral Property of Women*, 324.

state subsidies for milk for expectant mothers.¹⁵² A white woman born in Australia, raised in Bermuda and educated in London, Frazer had been hired for a temporary position in 1945 but would ultimately be kept on until she left the island in 1950.¹⁵³ Praised by Wilkinson for her enthusiasm, intelligence, and industry,¹⁵⁴ Frazer would also come to be known for her birth control advocacy, her support for black nurses, and her criticism of racial discrimination both in the U.K. and upon returning to Bermuda;¹⁵⁵ indeed, when she first tried to re-enter in 1951 the Chief Immigration Officer tried to have her barred for her “extremely broad views in respect of the racial problem.”¹⁵⁶ In Jamaica, the JBCL’s early clinic would be focus narrowly on distributing birth control devices, open three days a week for information with fortnightly doctors’ sessions for fitting of diaphragms.¹⁵⁷ But the mere process of fitting diaphragms necessitated a pelvic exam by clinic doctor Hyacinth Lightbourne; at a time when such services remained few and far between (in 1936, there were only 6.1 doctors per 100,000 people and 1.55 hospital beds per 1000 people, and maternal and child welfare clinics were only beginning to open around the island),¹⁵⁸ this was likely the first time many patients had such an examination. It may also have been the first time they were treated by a female doctor, still a relatively novel

¹⁵² Henry Wilkinson, “Report of the Medical and Health Department of Bermuda for the Year 1945,” (Public Health: Annual Reports, 446/16, BA), 21-23, General Board of Health, “Minutes of a Meeting,” 11 February 1947 (“General Board of Health 1935-1960 Vols 4 & 5” Box, BA), 3.

¹⁵³ Henry Wilkinson, “Report of the Medical and Health Department for the year 1950,” (Public Health: Annual Reports, CS/6.4, 446/16, BA), 2.

¹⁵⁴ Ibid., 16. See also Senior Medical Officer Henry Wilkinson, “Report of the Medical and Health Department of Bermuda for the Year 1945,” 1945 (Public Health: Annual Reports, 446/16, BA), 16.

¹⁵⁵ Frazer (who returned to her pre-marital name “Lidell” after her divorce from Simon Frazer) was also “the first woman in Bermuda to have a driver’s licence” and called for women and gay rights in the 1960s and 70s. “Funeral today for activist and pioneer Emily Liddell”, *Bermuda Sun*, 26 March 2008, accessed online.

¹⁵⁶ “Highly Confidential” Letter, Chief Immigration Officer to Acting Colonial Secretary, 10 April 1951, 1. Frazer’s re-entry also seems to have been barred by her divorcee, Simon Frazer, who re-married that year to Pearl Ming Goodfellow. See records at “Frazer, Simon and Emily Margaret.” 1945-1956 (IMM/03, Entry and Status Applications, 08503, Location 899, BA).

¹⁵⁷ “Birth Control League Registered As Company,” *The Daily Gleaner*, 30 June 1939, 6. “Birth Control Clinic,” *The Daily Gleaner* 28 August 1939. Letter, Roy Levy to The Colonial Secretary, 12 June 1953 (4/108/1503, May Farquharson Collection, NAJ), 2.

¹⁵⁸ Hering, “Health and the Politics of ‘Improvement,’” 54; expansion of child and welfare clinics took place to some degree in the 1940s (Altink, *Destined for a Life of Service*, 86-89).

experience despite some women's stated preferences for female medical professionals in matters of reproductive health.¹⁵⁹

The opening of the Bermuda clinic at the Cottage Hospital also created new opportunities for the black nurses employed there. Indeed, Wilkinson recognized the role of these nurses as crucial to the cause, and thus invested early on in the training of black nurse Sylvia Richardson in family planning methods.¹⁶⁰ The Jamaica Birth Control League also hired black nurses (Nurse Campbell and Nurse McIntyre) to do the daily legwork at the clinic. As May Farquharson herself recognized, since the movement had been painted by some quarters as “one directed against the poor and the black by the ‘rich’ and the ‘white people,’”¹⁶¹ birth control campaigns would be much more successful if brought to the masses by those of “their own colour.”¹⁶² The clinic's nurses, however, were no mere pawns or “token” black figures; in fact, both Wilkinson and Farquharson found that nurses and midwives were often enthusiastic birth control advocates in their own right, and for their own reasons.¹⁶³ As Nurse Campbell of the JBCL explained to May Farquharson in 1943:

Unless I am dismissed I really would not give up this post. You see its not a matter of merely working for money its a post I am heart and soul with. My mother had six of us in 11 years and my father died leaving a 5 month old boy...my mother was given by Govt only a 10/ per week pension even though my father was Sgt Major of Police...Mother worked so hard to help us that she will never be well again. Do you see that if there were less of us she at least would be well and strong?¹⁶⁴

¹⁵⁹ As Altink (*Destined for a Life of Service*, 116) notes, the medical profession was more open to women than the position of lawyer, but still restricted to only a handful of white elite Jamaican and foreign born women. On women's preferences, see Chapter Four.

¹⁶⁰ See Williams, *Cure*, 98-102.

¹⁶¹ May Farquharson to Lady Huggins, Letter, 23 January 1944 (4/108/213, May Farquharson Collection, NAJ), 2.

¹⁶² Letter to How-Martyn, 5 June 1939 (4/108/1315, May Farquharson Collection, NAJ), 1.

¹⁶³ As Wilkinson noted, this was true even though “their livelihood is in the high birth rate.” Senior Medical Officer Henry Wilkinson, “Report of the Medical and Health Department of Bermuda for the Year 1944,” 1944 (Public Health: Annual Reports, CS/6.4, 446/16., BA), 20.

¹⁶⁴ Letter, Campbell to May, 3 July 1943 (4/108/832, May Farquharson Collection, NAJ), 1.

Although Campbell recognized that in many ways the campaign was “too soon” for “our people must be better educated and housing conditions etc improved,” she still felt—based on her personal experiences as both a lower middle class woman and as a nurse—that birth control could play an important role both for individual families and for the uplift of the nation as a whole.¹⁶⁵ As she promised Farquharson, no matter what position she held she would “always continue to give of my best for B.C. and anything connected with it, because as I see it, it is Jamaica[’s] greatest salvation.”¹⁶⁶ As a member of the Women’s Liberal Club with connections to the nationalist People’s National Party and various labour leaders, Campbell was also no deferential pushover. She and Nurse McIntyre both defended their working class peers against Farquharson’s occasionally condescending comments (arguing, for example, that due to a lack of education “my people will take a little time to learn but they will in time”¹⁶⁷) and pushed for salary raises and better working conditions for themselves.¹⁶⁸

In doing so, Campbell and others identified themselves with an increasingly assertive cadre of black nurses present throughout the Caribbean more generally.¹⁶⁹ Although the profession had been dominated in the early twentieth century by British women, by the 1940s black women had begun to enter the nursing service in large numbers, seizing on opportunities created by WWII shortages, new training initiatives sponsored by the Colonial Office, and the

¹⁶⁵ Campbell to Miss May, Letter, 10 February 1945 (4/108/832, May Farquharson Collection, NAJ), 1.

¹⁶⁶ *Ibid.*, 1.

¹⁶⁷ Letter, Campbell to May, 8 August 1943 (4/108/832, May Farquharson Collection, NAJ).

¹⁶⁸ These links are discussed in correspondence between Campbell and May at 4/108/832, May Farquharson Collection, NAJ.

¹⁶⁹ Beckles, *Chattel House Blues*, 61-62, Hillary McD. Beckles, “Nursing Colonial Wounds: Nita Barrow and Public Health Reform after the 1930s Workers’ Revolution,” in Eudine Barriteau and Alan Cogley, eds. *Stronger, Surer, Bolder, Ruth Nita Barrow: Social Change and International Development* (Mona, Jamaica: University of the West Indies Press, 2001), Margaret D. Gill, “Nursing Politics and Social Change in the Caribbean,” pgs 49-74 in *Ibid.*; Debbie McCollin, “World War II to Independence: Health, Services, and Women in Trinidad and Tobago, 1939-1962,” in Juanita De Barros, Steven Palmer and David Wright, eds., *Health and Medicine in the Circum-Caribbean, 1800-1968* (New York: Routledge, 2009), 230-240.

general expansion of maternity wards, antenatal clinics, and preventative public health efforts.¹⁷⁰ These institutions offered three year training programs for nurses with low entry requirements and no fee except for uniforms, thus making them accessible to lower middle class and working class women.¹⁷¹ As scholars have noted, although nurses were chronically underpaid and frequently faced racial discrimination at the hands of their employers,¹⁷² nursing provided a space where women could “gain recognition for offering of public service as well as improve their collective conditions.”¹⁷³ Indeed, Caribbean nurses were assertive advocates of public health care, drew attention to the poor housing and living conditions of their patients, pressed superiors and governments for reform, organized themselves into nursing associations to enhance their own working conditions, and launched their own health education initiatives.¹⁷⁴ As well, although not in formal positions of power, these nurses were on the frontline of patient contact and thus played a critical role in shaping the delivery of health services.¹⁷⁵

Indeed, if doctors fit diaphragms in the beginning years, Jamaican nurses provided information on other methods and also did most of the outreach work to working class communities in Kingston and the countryside,¹⁷⁶ including one trip to Portland where “after crossing the Rio Grande by raft, and riding three miles uphill on mules, they spoke to about fifty mothers collected by a missionary of family planning.”¹⁷⁷ As this experience suggests, the

¹⁷⁰ McCollin, “World War II to Independence,” 230-235, Beckles, *Chattel House Blues*, 61-62, Altink, *Destined for a Life of Service*, 111, Beckles, “Nursing Colonial Wounds,” 35-7 on training of nurses in the UK under Colonial Development and Welfare funds.

¹⁷¹ Altink, *Destined for a life of Service*, 111, Eudine Barriteau, “Before WID, Beyond GAD: Caribbean Women Creating Change,” in Barriteau and Cobley, eds., *Stronger, Surer, Bolder*, 11.

¹⁷² Beckles, *Chattel House Blues*, 61, Beckles, “Nursing Colonial Wounds,” 28-9, Gill, “Nursing Politics and Social Change in the Caribbean,” 54-5.

¹⁷³ Gill, “Nursing Politics and Social Change in the Caribbean,” 52.

¹⁷⁴ Beckles, “Nursing Colonial Wounds,” 42-3, Gill, “Nursing Politics and Social Change in the Caribbean.”

¹⁷⁵ McCollin, “World War II to Independence,” 237.

¹⁷⁶ See for example Nurse Campbell, “Report on My Visit and Work at Spaldings From June 4th to the 13th 1945,” 4-13 June 1945 (4/108/832, May Farquharson Collection, NAJ), 1-2.

¹⁷⁷ “Notes on Family Planning Clinic,” 195? (4/108/1039, May Farquharson Collection, NAJ), 3.

nurses frequently found the communities they visited were already interested and local nurses had started to organize grassroots efforts to distribute birth control. While travelling through Spaldings, for example, Nurse Campbell met several parochial nurses “who said mothers have been asking...for B.C. Supplies”¹⁷⁸ and provided them with pamphlets, advice and devices.¹⁷⁹ She also met with the matron of the local hospital, who “promised to do all she can for us as soon as the hospital maternity cases start coming in, and asked that I return to teach her and the Nurses to do the fitting of the Diaphragms.”¹⁸⁰ Individual nurses, including Miss O’Gilvie of St. Thomas parish and a young Nita Barrow (who would go on to become a leader in public health advocacy internationally and Barbados’ representative to the United Nations) also gave talks on birth control for groups of women.¹⁸¹ Far from attempting to suppress or override these grassroots efforts, Jamaican birth controllers in the city encouraged them and sent supplies to aid in their work,¹⁸² while also granting them a greater role within the clinics. Indeed, Jamaica was one of the first places in the world where nurses were trained to fit diaphragms in the 1940s,¹⁸³ a practice which also spread to other islands. In some cases, nurses would even go on to assume roles in the management of clinics; when Farquharson closed the JBCL Kingston clinic

¹⁷⁸ Nurse Campbell, “Report on My Visit and Work at Spaldings From June 4th to the 13th 1945,” 4-13 June 1945 (4/108/832, May Farquharson Collection, NAJ), 2.

¹⁷⁹ *Ibid.*, 1-2.

¹⁸⁰ *Ibid.*, 3.

¹⁸¹ Barrow’s work extended throughout the Caribbean, including stints in Jamaica in the 1940s and 50s where she conducted health research and worked at the Kingston Public Hospital (see Gill, “Nursing Politics and Social Change in the Caribbean,” Barranteau, “Before WID, Beyond GAD,” Beckles, “Nursing Colonial Wounds,” 37. For her talk in Jamaica see “Y.W. Members Hear Discussions On Courtship, Marriage.” *The Daily Gleaner*, 28 January 1948, 11 [11]. On O’Gilvie, see: Medical Officer (Health) Dr. Bonner, St. Thomas to Miss M. Farquharson, Letter, 19 December 1949 (4/108/845, May Farquharson Collection, NAJ), 1.; also Violet to May, Letter, 26 November 1940, (4/108/614, May Farquharson Collection, NAJ), Marie Ogilvie to Miss May, Letter, 21 October 1949 (4/108/836, May Farquharson Collection, NAJ), 1.

¹⁸² See above.

¹⁸³ “Jamaica Family Planning League,” (4/108/1582, May Farquharson Collection, NAJ), 2. As Farquharson explained, nurses could easily do fittings in normal cases; in abnormal cases, they would be referred to a doctor. See response to letter #409 (4/108/645, May Farquharson Collection, NAJ).

temporary in the late 1950s due to lack of funds, for example, it would be reopened soon after by staff member Nurse McFarlane.¹⁸⁴

Along with nurses, black and Coloured doctors also became more deeply involved with birth control clinics over time. For example, although the directorship of the JBCL was initially dominated by white elites, by the 1950s it was composed of a much broader group of professionals including several of the island's rising black doctors.¹⁸⁵ The island's second clinic, opened in St. Ann Parish in 1953 would also be not only spearheaded, but directed and operated almost entirely by Coloured doctor and Howard University graduate Dr. Lenworth Jacobs and his wife Una Elizabeth, popularly known as Beth.¹⁸⁶ Like the nurses of the JBCL and Beckles, Aiken and Bailey before them, the Jacobs' envisioned their work as a sort of "community uplift" effort encompassing maternal and child welfare and incorporating a broader range of social and economic services. Indeed, the birth control clinic was at first envisioned of a branch of the popular St. Ann's Family Welfare Organization (SAFWO) in 1949, which operated through small donations from a wide variety of sponsors and combined charity work with educational and professional training scholarships, aid with job searches, and free maternal and child health services.¹⁸⁷ Even once it branched off, the Beth Jacobs' clinic offered a range of medical services for women beyond that of family planning; Lenworth Jacobs provided free maternal health advice for patients and fertility treatments for those who requested them, while Beth

¹⁸⁴ "Amy Bailey Great Family Planning Pioneer." *JFPA News*, 1. 1, December 1970 (J2235, NLJ), 7.

¹⁸⁵ See directors listed at "Memo for Meeting of Jamaica Family Planning League," 24 February 1956 (4/108/800, May Farquharson Collection, NAJ). See also "Brief Information about people expected to attend Private Meeting." 15 May 1955 (4/108/882, May Farquharson Collection, NAJ). Includes at least two religious leaders as well.

¹⁸⁶ For a biography of the Jacobses, see "'Beth' is Terrific." *Newday, Monthly Newsmagazine of the West Indies*. (May Farquharson Papers, SSC), 4.

¹⁸⁷ See "Annual Report of St. Ann's Family Welfare Organization, March 1953-March 1954," (4/108/1120, May Farquharson Collection, NAJ). See also "Voluntary Family Planning in Jamaica from 1939: From the Perspective of Beth Jacobs." *Forty Years of Saving Lives with Family Planning*, 1994: 24-33 (Una Elizabeth Jacobs Papers, SSC).

organized “Mother’s Club” meetings where mothers were “free to discuss the problems of Family Life and Child Care,”¹⁸⁸ while also holding a talk on “problems of adolescence” for 30 teenagers at the request of clinic mothers.¹⁸⁹

The increased presence of black and Coloured professionals in birth control associations reflected the increased presence of the black middle classes in political and social spaces more generally, fuelled by the rapid advance of nationalist and anti-racist movements across the region. Although white elites still dominated the economy and higher echelons of government, from the mid-1940s on the black middle classes (including some black middle class women) made significant strides in politics, the bureaucracy and the judicial system, seizing on opportunities presented by the expansion of education and constitutional reforms which made way for more elected members of legislatures.¹⁹⁰ As Linette Vassall demonstrates in her study of women’s organizations in the 1950s, black middle class actors also became more assertive within social reform movements, no longer willing to accept subordinate positions under white elite benefactors.¹⁹¹ As Vassall argues, although they often shared the middle class values of education and material advancement and stressed the importance of women’s role in the home, these black reformers were often more cognizant of issues of racial discrimination and economic inequality (having experienced them themselves and being only a generation or two removed

¹⁸⁸ St. Ann's Family Welfare Organization, “Annual Report: March 1956 to March 1957,” March 1957 (4/29/1/53, Sir Aldington Curphey Collection, NAJ). See also “Annual Report of the St. Ann's Family Welfare Organization (S.A.F.W.O.) March 1954 to March 1955,” 1955 (Una Elizabeth Jacobs Papers, SSC).

¹⁸⁹ St. Ann's Family Welfare Organization, “Annual Report of St. Ann's Welfare Family Organization and The Beth Jacobs Clinic Ltd. March 1959-March 1960,” 9 August 1960 (SA/FPA/A21/16, WL), 6.

¹⁹⁰ See Linden Lewis, “The Contestation of Race in Barbadian Society,” 149, Altink, *Destined for a Life of Service*, 110-132, Rupert Lewis, “Reconsidering the Role of the Middle Class in Caribbean Politics,” 127-143 in Brian Meeks and Folke Lindahl, eds., *New Caribbean Thought*, 131. As Brereton argues, education was critically important to this advance, as “It offered a chance, however limited, for mobility, for an escape from the harshly restricted world of the manual labourer, and this was an opportunity that was grasped by coloured and black families.” Brereton, *A History of Modern Trinidad*, 122.

¹⁹¹ Vassall, “Voluntary Women's Associations in Jamaica,” 170-173, 202-207.

from poverty) and tended to use their familial and community connections towards a more grassroots approach to welfare work.¹⁹²

Indeed, while certainly not the “average” Jamaican couple (the family had a cook and a car) and definitely ascribed to middle class gender roles and societal expectations,¹⁹³ the Jacobses do seem to have adopted a more sympathetic approach towards their target population. As Beth explained to an interviewer who asked her whether there was “ignorance” surrounding family planning: “I don’t like the word ignorant. I would say that they lacked knowledge...they were uninformed.”¹⁹⁴ As she realized, although both words could be used to describe a lack of awareness, the former (“ignorant”) connoted condescension while the latter (“uninformed”) acknowledged the inequality of access to information and thus implied understanding. The Jacobses also appear to have been more sensitive to the realities of economic hardship and racial discrimination.¹⁹⁵ In fact, the couple had attracted international headlines after the “Nassau incident of 1955,” when they were rejected from a hotel and “given the Jim Crow treatment” while traveling in the Bahamas.¹⁹⁶ Public outcry following the incident, including a blistering piece written to the *Daily Gleaner* by Beth, helped prompt legislation against discrimination in public places in the Bahamas.¹⁹⁷

¹⁹² Vassell, “Voluntary Women's Associations in Jamaica,” 10.

¹⁹³ See: “‘Beth’ is Terrific.” *Newday, Monthly Newsmagazine of the West Indies*, 4, 2, February 1960 (May Farquharson Papers, SSC), 44. The Jacobses home reportedly revolved around the “master of the house”, for Beth believed that “It is much more fun to share the delights of one's home and the companionship of one's family than going to a club or making yourself believe that social clubs are important. A woman is happiest with a home background where she can express her particular talents at homemaking, but on the other hand, far too many women use the home as an excuse not to do anything.”

¹⁹⁴ “Beth Jacobs on Family Planning,” *The Jamaica Family Planning Association presents: “Pepper” The Musical*, 18 August 1989 (Una Elizabeth Jacobs Papers, Sophia Smith Collection, Smith College, Northampton, MA), 6.

¹⁹⁵ Beth even argued that she understood why poor women might steal, considering the difficulties of raising large families of children in poor economic conditions. See *Ibid.*, 3.

¹⁹⁶ “‘Beth’ is Terrific.” *Newday, Monthly Newsmagazine of the West Indies*, 4, 2 February 1960 (May Farquharson Papers, SSC), 44.

¹⁹⁷ *Ibid.*, 44.

Although Bermuda—where public spaces remained racially segregated—continued to lag behind in such political and social advances, the island did see the historic election of nine coloured members to the House of Representatives in 1953 and some limited efforts to address racial segregation and inequality through the formation of a Select Committee on Racial Problems.¹⁹⁸ Two of the House’s most prominent Coloured members, Dr. Eustace Cann and Edward T. Richards, would also join the government’s “Population Committee,” created in 1955 to re-invigorate the birth control movement on the island.¹⁹⁹ Their involvement allowed the campaign to confront the conservative and racist elements of its history more directly. In a speech before the Somerset Cricket Club in Bermuda, for example, Cann staked his reputation on the integrity of the movement, noting that “I am coloured and I am on the committee. If I had had the slightest suspicion the campaign was directed maliciously at us you would have heard so much noise you could have heard me from London.”²⁰⁰ While defending family planning, however, they also continued to stress—like David Tucker and E.F. Gordon before them—the need for broader investments to create opportunities and education for the black working classes.²⁰¹ Cann, for example, called on the government to also address “over-population” and unemployment by tightening the immigration law to prevent “English girls” (most likely, English nurses) from “coming in and taking jobs which could be filled by coloured girls of education and culture.”²⁰² Richards similarly stressed the importance of education and

¹⁹⁸ Williams, *Care*, 122-3. The Committee hesitantly suggested greater incorporation of coloured people into the civil services and training of coloured nurses at King Edward Hospital (although they were to remain separate from white nurses in housing), but shied away from any real attempt to fight segregation in private businesses, the military, or school systems. Expectedly, the report was praised by the white *Royal Gazette* and blasted by the *Recorder* for being “weak, evasive and almost completely negative.” Williams, *Care*, 119-129.

¹⁹⁹ See files at Illegitimacy: Population Committee, CS/6.4, E.179/D, BA.

²⁰⁰ “Immigration and Emigration Problems Here,” *The Royal Gazette*, 15 March 1957, 1-2.

²⁰¹ *Ibid.*, 2.

²⁰² *Ibid.*, 2. Cann also made this critique more directly in the Legislature: “Over-Population and Illegitimacy Legislative Council: Health Department Proposals Approved,” *Royal Gazette*, 14 July 1956, 11.

maintained that the defiance among young coloured people was understandable considering the discrimination they faced in society. As he noted: “They are young and you cannot say to them, ‘You’re not pulling your weight in the community’ because they can answer, ‘The community is not pulling its weight with us.’”²⁰³ In recognizing *both* the legitimacy of anti-racist movements *and* the value of birth control, Cann and Richards created space for a more nuanced family planning campaign. Like the Jacobses, Cann also challenged the obsession with illegitimacy to some extent, pointing out to his colleagues in the Legislative Council that illegitimacy existed “in all communities” and that the system (namely, “our racial difficulties”), rather than illegitimacy, was the main cause of the problems and “over-population” on the island.²⁰⁴

The formation of a family planning association in Barbados in the mid-1950s would also reflect the shifting social and political landscape in the region during this decade. Formed in 1954 following a meeting spearheaded by the Children’s Goodwill League under early birth control advocate John Beckles,²⁰⁵ the Barbados Family Planning Association (BFPA) was dominated by black middle class health and social work professionals from the outset. The organization’s membership included black social worker Madame Ifill,²⁰⁶ Sanitation Inspector G.L. Gittens, Mrs. Violet Lynch (employee of the Barbados Workers’ Union), Miss Eunice Gibson (Secretary of the Barbados Nurse Association), and Nurse Mrs. G.W. Marshall.²⁰⁷ Like the Jacobses’, the BFPA’s funds came from forty or fifty members each paying dues of \$5 a

²⁰³ “Two Clerics Challenge Basis of Population Control Drive.” *The Royal Gazette*, 27 March 1957, 7.

²⁰⁴ “Over-Population and Ilegitimacy Legislative Council: Health Department Proposals Approved.” *Royal Gazette*, 14 July 1956, 10-11.

²⁰⁵ “Family Planning Association Formed,” *Barbados Advocate*, 25 March 1954, 1.

²⁰⁶ Ifill had studied nursing in the U.S. and worked closely with Beckles in social work in Barbados from 1935 on. She also created an innovative bus company to address poor public transport. “Obituary: Madame Ifill-Barrow,” *Barbados Advocate*, 19 August 1974 (“Ifill-Barrow, E. Madame”, Biographies He-K, BNA).

²⁰⁷ Field Consultant Naomi J. Thomas, “Barbados, British West Indies,” 1954 (Planned Parenthood Federation of America Records, SSC), 7. Indeed, of the 8 members, only Mr. W.W. Reece, a white lawyer, would be considered a member of the island’s “elite.”

year,²⁰⁸ making it a somewhat more grassroots effort than the early JBCL. In April of 1954, Gittens published a pamphlet entitled “Why Birth Control?: The Need for Planned Parenthood by the Family and the Island” which spelled out the approach of the Association and was clearly influenced by Beckles’s social welfare and family economy-focused strain of birth control advocacy.²⁰⁹ Although the pamphlet opened with a brief discussion of Malthus’ theories, the majority of the text focused on the benefits of planned parenthood for maternal and child welfare and as a public health measure. For Gittens, the “benefit to society is obvious if parents enjoy greater ease and children, the citizens of tomorrow, are better trained and cared. The world would surely be better if all children were wanted.”²¹⁰

The growing influence of middle class black social welfare activists in birth control campaigns did not, however, mean that white elites and/or foreign advocates ceased to play a role in Caribbean movements. In fact, the Jacobses' clinic in Jamaica received a significant grant early on from wealthy American philanthropist Charles Marsh. A patient of Lenworth’s while living in the United States, Marsh provided the grant “for any specific social problem for which the Jacobs[es] might initiate a solution,”²¹¹ leaving the cause, staffing, and approach completely open to the Jacobses' discretion; this grant allowed them to provide contraceptives for free not only at their clinic, but to supply several other local doctors as well.²¹² Family planners in Jamaica also cooperated eagerly with a research study conducted over the course of 1955-56 by American social scientists J. Mayone Stycos and Kurt Back. Farquharson met with Stycos in

²⁰⁸ Hagood, “Report to the Government of Barbados,” 9.

²⁰⁹ G.L. Gittens, “Why Birth Control?: The Need for Planned Parenthood by the Family and the Island,” Advocate Co., Ltd. 1954 [?] (Pamphlet A 1158, BNA).

²¹⁰ Ibid., 2-3.

²¹¹ “Voluntary Family Planning in Jamaica from 1939: From the Perspective of Beth Jacobs,” *Forty Years of Saving Lives with Family Planning*, 1994 (Una Elizabeth Jacobs Papers, SSC), 1.

²¹² V.H., “International Report—No.3. British West Indies,” 1951, 04 (The Margaret Sanger Papers (unfilmed), SSC).

April of 1954 to discuss the project and provided him with statistics on the clinic for use in his study,²¹³ and Dr. Lenworth Jacobs served alongside several other prominent supporters on the board of the “Population Research Foundation of Jamaica,” a non-governmental organization created to oversee the study.²¹⁴

Members of the BFPA also reorganized in 1955 to include white Legislative Council Member Frank C. Hutson as President and several doctors and other “persons of influence” on the Association’s Executive Committee.²¹⁵ This included nationalist politician Grantley Adams’ wife, Lady Adams, as vice president, a move which likely enhanced their political legitimacy and helped them gain the support of Adams’ government in 1955 (as discussed further in Chapter Six). They also willingly accepted larger grants from local white elite Jack Dear,²¹⁶ as well as former British MP Ronald Tree, who spent a great deal of his time in Barbados and had declared himself prepared to give time and money “for the furtherance of prosperity of the Caribbean.”²¹⁷

The BFPA used Tree’s grant, in particular, to fund a visit from Naomi J. Thomas, an African-American Field Consultant for the Planned Parenthood Federation of America. While on the island, Thomas gave 13 lectures attended by over 1600 persons, ranging from nurses and

²¹³ “Report for Thirtythird Meeting of Directors for period July 1st 1953 to March 31st 1954,” 6 April 1954 (4/108/1732, May Farquharson Collection, Jamaica Archives).

²¹⁴ “Draft Press Notice: Population Research Foundation of Jamaica,” 8 June 1956 (CO 1031/1967, NAUK). The full membership of the Foundation included: Lady Allan, Mr. Edwin Allan, M.H.R., Mr. Eddie Burke, Mr. Harold Cahusac, Miss Edith Clarke, Mrs. D.T.M. Girvan, Mr. R.D.C. Henriques, Mr. Willie Henry, Dr. Lenworth Jacobs, Mrs. Edith Dalton James, Mr. Winston Jones, M.H.R., The Reverend Cannon R.O.C. King, Dr. Roy Levy, Dr. Muriel Manley, Mr. L.G. Newland, The Reverend Leo Rhynie, The Reverend Hugh Sherlock, Mr. Harold Watson, Dr. Michael Smith, Mr. T.A.D. Smith, Mr. Ken Sterling and Professor David Stewart, with joint Secretaries Mr. H.D. Campbell, Mr. Richard Ashenheim, Mr. Roy Webster and Mrs. H.R. Ford. May Farquharson was notably absent from this list. For more on the Population Research Foundation, see Chapter Five.

²¹⁵ R.H. Arundell, Barbados to Lord Lloyd, Letter, 28 November 1955 (CO 1031/1969, NAUK), 1.

²¹⁶ Jack Leacock, “Jack Dear & the F.P.A.,” *Family Magazine*, May 1997 (SRL 624, BNA), 29.

²¹⁷ Lord Lloyd to Mr. Wallace, Minute, 28 June 1955 (CO 1031/1969, NAUK), 1. Ronald Tree was also known for having a particularly liberal approach to colour, as he and his wife frequently mingled with the black population, something that Governor Arundell noted “most white Barbadians and many visitors won't do.” R.H. Arundell, Barbados to Lord Lloyd, Letter, 28 November 1955 (CO 1031/1969, NAUK), 2.

students to the general public.²¹⁸ Thomas stressed the importance of family planning to maternal and child welfare, arguing that it must be voluntary and would not alone “solve” the “problem of overpopulation,” but rather provide one of the “tools” to help developing countries.²¹⁹ This approach fit particularly well with the direction the local movement was headed, and was praised by both the editor of the *Advocate* and even reporters of the more radical *Barbados Observer*.²²⁰ The editor of the *Advocate* also commended Thomas’ personal character, particularly the skill with which she (like How-Martyn before her) handled her role as a foreigner on an island experiencing the rise of a nationalist movement. As he wrote:

[A]ll have been impressed by one qualification which she possesses which neither academic degrees nor experience can give. In many respects Barbadians are a suspicious people and are opposed to behaviour which savours of a patronising attitude. Miss Thomas has succeeded in gaining the sympathy and affection of the Barbadian people because she does not seek to patronise those with whom her work brings her in contact. She will see, and indeed she has already seen, aspects of Barbadian life which Barbadians would prefer to keep among themselves. Her approach, however, is a constructive one and she will have access to the minds and hearts of the people in a way which few foreigners have gained in so short a time.²²¹

For her part, Thomas found the positive coverage of her visit in the *Barbados Advocate* “both amazing as well as encouraging,” and evidence of “the apparent acceptance of the public to the

²¹⁸ Field Consultant Naomi J. Thomas, “Barbados, British West Indies,” 1954 (Planned Parenthood Federation of America Records, SSC), 7.

²¹⁹ “Planned Parenthood—All Levels Should Be Educated,” *Barbados Advocate*, 19 August 1954, 5.

²²⁰ Editor, “Editorial: “Miss Naomi Thomas,”” *Barbados Advocate*, 22 August 1954, also “Family Planning in Barbados,” *Barbados Observer*, 11 September 1954, 2.

²²¹ “Editorial: “Miss Naomi Thomas,”” *Barbados Advocate*, 22 August 1954, 8.

idea of birth control.”²²² As Thomas respectfully noted, however, the fate of the campaign “would in the end be left to the citizens of the island.”²²³

Indeed, although campaigns in Jamaica, Bermuda, and Barbados changed significantly in structure and outlook over the course of the 1940s and 50s, the essential importance of local conditions in influencing their fate would remain the same. This would prove true even in the case of Trinidad, despite the fact that British and American advocates not only supported, but actually opened the first clinics on the island. In doing so, they provided the first challenge to a long historical silence on birth control provoked by the island’s unique history, and paved the way for a broader-based movement.

3.3 BOTH IMPOSSIBLE AND IMPRACTICABLE?: THE RISE OF A BIRTH CONTROL MOVEMENT IN TRINIDAD

The entry of Trinidad into the realm of birth control campaigning in 1956 came years after Jamaica, Barbados, and Bermuda, but also earlier than other islands in the region, and much earlier than most observers at the time expected. Birth control debates had not gained much traction in Trinidadian newspapers in the 1930s, and in 1945, Trinidad’s Governor stated firmly that there was “not the slightest chance of Government moving in that direction”²²⁴ on the island. As observers repeatedly argued, birth control would be political dynamite on an island like

²²² Field Consultant Naomi J. Thomas, “Barbados, British West Indies,” 1954 (Planned Parenthood Federation of America Records, SSC), 8. See for example, “welcome” to Thomas by “Married Man”, Letter to the Editor, *Barbados Advocate*, 20 August 1954, 4; also “Planned Parenthood—All Levels Should Be Educated,” *Barbados Advocate*, 19 August 1954, 5. The Trinidad *Clarion* was less enthusiastic: see “Family Planning Endorsed By Labour Government,” *Barbados Observer*, 25 September 1954, 1.

²²³ “Family Planning in Barbados,” *Barbados Observer*, 11 September 1954, 2.

²²⁴ “No Birth Control Plan By Trinidad Government,” *The Daily Gleaner*, 17 October 1945, 1 [1].

Trinidad due to its considerable (30%) population of Catholics, descendant from French creoles and their slaves who had settled the former Spanish colony centuries earlier, before it was taken over by the British in 1797.²²⁵ This prediction had certainly proved true in 1950, for example, when an off-hand comment about birth control by Professor (and future Prime Minister) Eric Williams provoked an uproar in the influential *Catholic News* paper.²²⁶ Birth control was also routinely opposed by Roman Catholic doctor Roderick Marcano, the head of the Public Health department of Port of Spain, in his annual reports throughout the 1940s and 50s.²²⁷ As a result, by as late as 1955 the island's Governor was confident in asserting that any hope for family planning in Trinidad was "at present quite out of the question."²²⁸

Only a year later, however, this moratorium on birth control would be broken by Dr. Beric Wright and his wife Joyce, two professionals who brought a long history of family planning experience with them when they arrived in Trinidad. The son of well-known British birth control advocate Dr. Helena Wright,²²⁹ Beric had worked as the Director of the Family Planning Association Pregnancy Diagnosis Laboratory in England in the 1950s and had opened a small birth control clinic in Borneo in 1952 while working as a doctor at Shell Oil's local hospital.²³⁰ Upon learning he would be transferred to Point Fortin, Trinidad—"the town that oil built"²³¹—in 1956, Wright immediately began plans for a similar clinic on the island. In order to

²²⁵ Meighoo, *Politics in a 'Half-Made Society*, 4-5, Brereton, *A History of Modern Trinidad*, 9-16.

²²⁶ See Chapter Six for more on Williams and Roman Catholic opposition to birth control.

²²⁷ Dr. Roderick Marcano, "Administration Report of the Public Health Department of the City of Port-of-Spain For The Year 1949," 31 December 1949 (A3 Public Health Department 1945-1957, Box 18, National Archives of Trinidad and Tobago, Port of Spain, Trinidad, hereafter "NATT"), 10.

²²⁸ E. B. Beetham to Philip Rogers, Colonial Office, Letter, 19 September 1955 (CO 1031/1969, NAUK), 1.

²²⁹ As he wrote, he had been exposed from an early age to "the controversies that always surrounded his mother's family planning ideas." "25 Years of Family Planning in Trinidad and Tobago," *FPA Bulletin*, 5 September 1981, (WI Serial HQ766.5 T8 A1 F796 B9/C, West Indiana Collection, AJL), 1-2.

²³⁰ Beric Wright to Miss James, Letter, 25 January 1953 (SA/FPA/A14/201, WL).

²³¹ Brereton, *A History of Modern Trinidad*, 203. Point Fortin moved from a forest clearing with a few huts to a modern town of 30,000 from 1907-1957.

protect Shell from controversy, they planned to open the clinic (in a building which formerly held the Church of the Nazarene, of all places)²³² under Joyce's name. Although technically a veterinary surgeon, Joyce had also taken the training course in contraceptive techniques in England and studied under Helena Wright, and thus was both qualified and enthusiastic in her role at the clinic.²³³

The Wrights had been warned in advance that the clinic would be “opposed root and branch by the Church” and even that it would ultimately prove “both impossible and impracticable to open a clinic in Trinidad.”²³⁴ In response, they tried to work quietly, sending around a short circular in advance to members of the community they believed would be supportive.²³⁵ This plan backfired, however, when one of the circulars happened to fall into the hands of a Roman Catholic parishioner, who then passed it on to his priest, Canon McNamara. McNamara made the clinic the topic of his sermon that Sunday and called on members of his Church to vocally oppose the endeavour.²³⁶ The Wrights also faced early opposition from Ranjit Kumar of the populist Butler Party,²³⁷ who argued the clinic was part of a neo-Malthusian scheme of Shell Oil to control the fertility of the poor.²³⁸ These objections quickly lead to a round of articles and letters in the *Trinidad Guardian*, *Trinidad Chronicle* (later the *Port-of-Spain Gazette*), and the *Catholic News*, and even inspired one anonymous writer to pen a poem

²³² “Parenthood Clinic For Point Fortin,” *Trinidad Guardian*, 30 August 1956, 9.

²³³ Vera Houghton to Mrs. Sanger et al., Letter, 10 May 1956 (Planned Parenthood Federation of America Records, SSC), 1.

²³⁴ “First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957,” 1957 (CO 1031/2788, NAUK), 3.

²³⁵ *Ibid.*, 4.

²³⁶ “RCs warned: Boycott birth control clinic,” *The Trinidad Chronicle*, 30 August 1956, 1. “Outlaw Birth Control Clinic,” *The Trinidad Chronicle*, 31 August 1956, 1.

²³⁷ On Butler see Brereton, *A History of Modern Trinidad*, 170-4, Singh, *Race and Class Struggles in a Colonial State*, 163-5.

²³⁸ Ranjit Kumar, “Letter to the Editor,” *The Trinidad Chronicle*, 8 September 1956, 6.

entitled “A Lament on the Establishment of Trinidad’s First Birth Control Clinic at Point Fortin,” which harshly indicted the Wrights. As the author of the poem mused:

God said: "Increase and multiply;"
But you in churlish pride,
By pagan plan of parenthood
Cry out: "Subtract; Divide!"
Alas, my country; woe is come;
How much I grieve to see
A slaughter-house is built to kill
Our lawful progeny.²³⁹

The Wrights quickly responded to these attacks by making the objectives of their organization more clear. Replying to Kumar in a letter to the *Trinidad Chronicle*, Joyce Wright denied ever having been interested in such neo-Malthusian concerns as “over population,” arguing the clinic was created solely to help individual families provide better education and opportunities for their children and to assist mothers burdened by uncontrolled pregnancies.²⁴⁰ She pointed out that the clinic was connected to Shell only in the sense that her husband was also an employee there, and that the clinic had been opened at Point Fortin simply because “I happen to live here,” and that “if it is any consolation....I am sure that the rich of St. Clair can afford the fare to Point Fortin.”²⁴¹ Indeed, although they were most interested in helping “the poorer members of the community who can not afford private doctors...or retail chemists' prices,” she assured the *Chronicle*’s readers that “the doors of the clinic will be open to any member of the community who cares to visit.”²⁴² In opening their doors, however, the Wrights also made clear that they were not forcing anyone to enter them. As Wright wrote:

²³⁹ “HAIL THE FIGHTER: The Trinidad Story,” *News of Population and Birth Control*, No. 49, November 1956, (SA/FPA/A10/20, WL), 1.

²⁴⁰ John Grimes, “Family Planning Aims At Stability,” *Trinidad Guardian*, 30 September 1956, 14.

²⁴¹ Joyce Grant Wright, “Letter to the Editor,” *The Trinidad Chronicle*, 13 September 1956, 6.

²⁴² “First Birth Control Clinic For Trinidad,” *The Trinidad Chronicle*, 29 August 1956, 1.

We are not attempting to impose our views on anyone. We are merely making a facility available to those who want it. In return we would ask for reasonable tolerance from those who do not consider the use of birth control essential to happy married life, and would ask them to refrain from interfering with the ordinary liberties of people with different views.²⁴³

The latter, of course, was a dig at the Catholic clergy, who Beric Wright took on more forcefully in a follow-up letter to the *Trinidad Chronicle*. He began by describing the plight of a patient of his, a 40 yr-old Catholic woman with 15 children whom she was unable to support.²⁴⁴ Although he assured readers that family planning “does not necessarily mean small families,” it could at least allow women like this to have the number of children they wanted and could support.²⁴⁵ Wright concluded by lambasting the Catholic-accepted rhythm method on both medical and feminist grounds, arguing that “not only is it unreliable it is unnatural and hence harmful, because it confines the woman’s sexual experience (a fundamental biological urge), to a time when she is normally sterile and her urge is minimal or absent.”²⁴⁶

The Wrights did not shy away from their “foreignness” in defending the clinic. The circular sent out by the Wrights, for example, openly challenged Trinidad to get in line with “other civilized communities,” claiming the island “lags seriously behind the rest of the Caribbean, and in fact the rest of the world, in not having birth control clinics.”²⁴⁷ When the Roman Catholic priests threatened to send a petition to the Colonial Secretary, Wright responded by asserting that “the world-wide publicity, which we will give to the petition and to this medieval behaviour will only expose Trinidad to ridicule at a time when it is trying to establish

²⁴³ “Birth control clinic for Trinidad,” *The Daily Gleaner*, 31 August 1956, 14 [13].

²⁴⁴ Dr. H. B. Wright, “Letter to the Editor: “What of the other Lincolns, Einsteins?,”” *The Trinidad Chronicle*, 12 September 1956, 6.

²⁴⁵ *Ibid.*, 6.

²⁴⁶ *Ibid.*, 6.

²⁴⁷ “First Birth Control Clinic For Trinidad,” *The Trinidad Chronicle*, 29 August 1956, 1.

its coming of age for federation.”²⁴⁸ In a letter to the *Trinidad Guardian*, Wright further claimed that “one of the touch-stones by which the civilization or development of a community may be judged is the way in which it benefits from the experiences and failures of other communities, and the rapidity with which it is able to use advances in scientific knowledge for the benefit of its members.”²⁴⁹ By presenting birth control as a standard bearer of modernity, the Wrights thus posited their clinic’s existence as pivotal to Trinidad’s hopes of being recognized as a legitimate nation-state on the international stage.

The Wrights’ approach seems to have worked. As Beric Wright reported to Vera Houghton of the Planned Parenthood Federation of America, “the international aspect of the work seems to go down well.”²⁵⁰ Indeed, most objections to the clinic centred on the religious and class implications of birth control campaigns rather than the Wrights’ background. In any case, according to Wright, this opposition was overshadowed by the several letters of *support* they received.²⁵¹ In fact, Wright claimed in a letter to fellow British advocate Vera Houghton that “locally we have had far more praise than calumny” and that “by standing up to the R.C.s and outwitting a most unscrupulous attempt to turn us out of the building we have shown them that there is not a hope in ‘the appeal to public opinion approach.’”²⁵² Indeed, when the clinic finally did open its doors on September 23, 1956, it proved relatively anti-climactic, attended only by potential patients without an opponent in sight.²⁵³

²⁴⁸ “No stopping birth control clinic,” *The Trinidad Chronicle*, 1 September 1956, 1.

²⁴⁹ Joyce Grant Wright, “Letter to the Editor,” *Trinidad Guardian*, 19 June 1956, 6.

²⁵⁰ Beric Wright to Vera, Letter, 9 March 1956 (Planned Parenthood Federation of America Records, SSC), 1.

²⁵¹ See for example: Vincent A. Harnamji, “Letter to the Editor,” *The Trinidad Chronicle*, 6 September 1956, 6. E. Joseph, “Letter to the Editor,” *The Trinidad Chronicle*, 8 September 1956, 6.

²⁵² Beric Wright to Vera, Letter, 9 March 1956 (Planned Parenthood Federation of America Records, SSC), 1.

²⁵³ “25 Years of Family Planning in Trinidad and Tobago,” *FPA Bulletin*, 5 September 1981 (WI Serial HQ766.5 T8 A1 F796 B9/C, West Indiana Collection, AJL), 1.

The ease and speed with which Wright's clinic moved from controversy to acceptance hinted at an already-existing network of support for birth control. Indeed, although not as noticeable as in Jamaica, Barbados, and Bermuda, several sources suggest that support for birth control had been growing among social workers and doctors on the island since at least the early 1950s.²⁵⁴ The Wrights also seem to have had little trouble finding local volunteers to work at the clinic,²⁵⁵ including two Afro-Trinidadian nurses (one of whom was a mother of six herself).²⁵⁶

As the Wrights argued, the success of the Point Fortin clinic showed that:

one or two people with the "know how" can, given people such as trained nurses, social workers and normally intelligent interested women, produce a staff who can run an efficient and friendly Family Planning Clinic. If it can be done in Trinidad it can be done anywhere else. All that is required is firstly the intention, secondly a minimum knowledge of the technical side of running a Clinic, thirdly minimal financial support and premises and fourthly the realisation that the Public will support the movement and the opposition, although noisy, cannot halt the march of progress.²⁵⁷

Building on this optimism, the Wrights dedicated their efforts next to assisting with the opening of a second clinic in Fyzabad in 1957,²⁵⁸ followed by a further network of clinics in Chaguanas, Fullerton, Cedros, San Juan and St. Augustine in the following years.²⁵⁹

The fate of these clinics, however, would speak to the limits of this "march of progress," which ultimately relied not only on a lack of opposition but also a certain level of local initiative. Indeed, all but the Point Fortin clinic closed within a few years due to lack of community

²⁵⁴ As Health Director Dr. Roderick Marcano noted in 1949: "This fact [the high birth rate] is a source of anxiety to social workers as tending to the further worsening of economic conditions." Dr. Roderick Marcano, "Administration Report of the Public Health Department of the City of Port-of-Spain For The Year 1949," 31 December 1949 (A3 Public Health Department 1945-1957, Box 18, NATT), 10. Although Marcano was against birth control, he repeated this assertion in "Administration Report of the Public Health Department of the City of Port-of-Spain for the year 1950." 31 December 1950 (A3 Public Health Department 1945-1957, Box 18, NATT), 11.

²⁵⁵ "The Crowded Caribbean," *News of Population and Birth Control*, 26 February 1958 (SA/FPA/A10/20, WL), 3.

²⁵⁶ Joyce Wright to Dr. Helena Wright, 9 April 1956 (Planned Parenthood Federation of America Records, SSC).

²⁵⁷ "First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957," 1957 (CO 1031/2788, NAUK), 5.

²⁵⁸ *Ibid.*, 9.

²⁵⁹ Joyce Yee and Mrs. Ian McBride, "A History of The Family Planning Association of Trinidad and Tobago and A Survey of Activities in Selected Fields of Clinic Service," *The Family Planning Association of Trinidad and Tobago*, 1968 (Pam 613.943 WI Yee, NLJ), 2.

involvement.²⁶⁰ It would take until 1959 for the island to see birth control campaigns reach the organizational level and stability of movements in Jamaica, Barbados, and Bermuda. This process was fuelled in part by the efforts of American nurse Cevella Knick (“Nicky”) McBride, who brought together a group of wives of local and expatriate businessmen to open a second clinic in Port of Spain in that year,²⁶¹ which would eventually join with Wright’s clinic into the Family Planning Association of Trinidad and Tobago and open another clinic in San Fernando.²⁶² Nicky had first come to Trinidad for a year in 1944 with the Anglo-American Commission to work at new venereal disease clinics, and had returned in 1946 to marry Mr. Ian McBride. Once on the island, she began doing volunteer work with the YWCA, Child Welfare League, and American Womens’ Club, as well as getting involved in Wright’s clinic. By 1959, she had acquired the knowledge and connections needed to organize a clinic in Port of Spain. Like the Wrights, McBride clarified that she in no way thought family planning was “the panacea for all the ills brought about by rapid population growth” but was rather one tool in the fight, and in fact a right of the poor; as she argued, there was no reason why family planning should be “the exclusive prerogative of the wealthy.”²⁶³ McBride was perhaps speaking not only as a nurse but from personal experience; she herself was a member of a family of 16 children.²⁶⁴

The Family Planning Association of Trinidad and Tobago came to encompass a particularly diverse mix of white, black, and Indo-Trinidadians medical professionals, nurses and

²⁶⁰ Yee and McBride, “A History of The Family Planning Association of Trinidad and Tobago,” 2. Roberts, “Family Planning Policy and Development Discourse in Trinidad and Tobago,” 6.

²⁶¹ Run by a Committee of Ladies and board of trustees including Ian McBride, Mr. Edwin Lee Lum and Mr. Bahudasingh. Patricia Mohammed, “A History of the Family Planning Association of Trinidad and Tobago,” 1986. (“Family Planning” File, Center for Gender and Development, UWI St. Augustine, Trinidad and Tobago), 3.

²⁶² *Ibid.*, 7.

²⁶³ “25 Years of Family Planning in Trinidad and Tobago,” *FPA Bulletin*, 5 September 1981 (WI Serial HQ766.5 T8 A1 F796 B9/C, West Indiana Collection, AJL), 3. See also Mohammed, “A History of the Family Planning Association of Trinidad and Tobago,” 4.

²⁶⁴ *Ibid.*, 3.

social workers who, like McBride, Nurse Roberts, and other clinic workers, were attracted to the birth control cause more out of personal experience than concern for “over-population.”²⁶⁵ Local doctor Dr. Elizabeth Quamina, for example, regularly drove from her work at the San Fernando Hospital to the Port of Spain clinic to volunteer in the 1960s.²⁶⁶ As she explained:

I used to see mothers coming in pregnant and when we spoke to them we realised this was their fifth or sixth pregnancy and these women were all around the age of 22. I saw the women die from anemia, I saw them die from [a] ruptured uterus and I realised that even though family planning services existed, no one knew.²⁶⁷

A FPATT nurse similarly described her experience attending a delivery of a woman who lived with her eight children and husband in a home with “one room, with one mattress on the floor for a bed and one flambeau lighting the whole room.”²⁶⁸ Nurses who worked in the hospital—including the infamous “Ward 15” in Port of Spain, where cases of women suffering complications from self-induced abortions were taken—also began getting involved, splitting shifts to work at the clinic and referring their patients.²⁶⁹ As in Jamaica and Bermuda, these nurses served as powerful conduits to spread the birth control cause. Indeed, family planners recalled that although at first the Port of Spain clinic had trouble acquiring clients, once nurses at the hospital got involved, “news of the services being offered spread quickly by word of mouth [and] [v]ery soon the clients to the clinic became too much for the two half days on which it was open.”²⁷⁰ As McBride herself recognized, it was these local advocates, along with staff at the

²⁶⁵ See for example those profiled in: “Celebrating 50 years of Service: 50th Anniversary Commemorative Booklet (1956-2006) & Annual Report 2005,” Family Planning Association Trinidad and Tobago, 2006 (Nicky McBride Information Resource Centre, Family Planning Association of Trinidad and Tobago Main Office, Port of Spain, Trinidad, hereafter “NMIRC”).

²⁶⁶ “Celebrating 50 years of Service: 50th Anniversary Commemorative Booklet (1956-2006) & Annual Report 2005,” 5.

²⁶⁷ *Ibid.*, 5.

²⁶⁸ Mohammed, “A History of the Family Planning Association of Trinidad and Tobago,” 6.

²⁶⁹ *Ibid.*, 7-8.

²⁷⁰ *Ibid.*, 7.

clinics (the majority of whom worked on a voluntary basis from 1956-1968)²⁷¹ that kept the clinics alive.²⁷²

3.4 CONCLUSION

The experience of birth control campaigns in the Caribbean in the 1930s-50s looks somewhat more complicated than the image of hegemonic, top-down reproductive management presented by some scholars. Although foreign advocates certainly played a key role in transforming family planning debates into practice by funding, helping plan and, in the case of Trinidad, even creating the first clinics, they did so only to the extent that local actors invited and/or allowed them. Their influence was also tempered throughout by local opposition, which kept all birth control advocates on the defensive and forced them to adapt their approaches to fit the local context. Clinics were also not solely controlled by elites on the ground, but rather incorporated a diverse mix of local medical professionals, social workers, nurses, and volunteers, who brought their own objectives, played a more direct role in the actual delivery of birth control services through their interactions with patients, and played an increasing part in directing clinics over time. These complex and shifting dynamics were influenced by the diverse appeal of birth control (which, as we saw in Chapter One, fit a wide range of projects) and the increasing assertiveness of middle class and upper working class professionals over the the course of the 1940s to 50s.

²⁷¹ During this period, 80% of the work at the FPA was done by volunteers. See Jack Harewood, "Recent Population Trends and Family Planning Activity in the Caribbean," *Demography* Vol. 5, No. 2 (1968), 886.

²⁷² Yee and McBride, "A History of The Family Planning Association of Trinidad and Tobago," 3.

This experience may be unique, reflecting the Caribbean's early entry into birth control campaigning, at a time when the the international movement itself was more informal and decentralized (before the consolidation of the population establishment in 1950s and 60s).²⁷³ The timeline of birth control movements also coincided with a unique historical moment in which challenges to elite and hegemonic power on a broader scale forced reforms and enhanced the position of many black middle class actors.²⁷⁴ However, the difference between my findings here and those of the broader literature may also be a matter of perspective, and sources. Elites and foreign advocates often appeared more prominent—and racist/elitist—when writing to each other, or to their peers in other countries. But when one looks more closely at the actual processes of birth control delivery on the ground (by utilizing local newspapers and family planning papers), elite and foreign actors appear less omnipotent. Although undoubtedly at the top of the clinic hierarchy, these actors were part of a longer chain of advocates, and their influence was mediated by a broad range of allies as well as opponents. It would also, as we will see in the next chapter, be critically mediated by the varying resistance and engagement of those who were targeted by the clinic: working class West Indian men and women.

²⁷³ For example, Ahluwalia describes this period as a “contested arena” (Ahluwalia, *Reproductive Restraints*, 65). As Klausen notes, a variety of advocates were available to be called on and connections survived more through personal relationships and shared reading material than through formal organization (Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 9-10). However, as we will see in Chapter Six, even as the international movement became more centralized and powerful in the 1950s and 60s, West Indian family planning associations would see little change in the nature of their relationships with those abroad.

²⁷⁴ See Chapter Two.

4.0 BIRTH CONTROL CLINICS AND WORKING CLASS FAMILIES, 1936-1964

The Jamaica Birth Control League's first patient was a 23 year old laundress with four children.¹ She had been pregnant every year since her marriage, and she and her husband, a store clerk in and out of employment, found it nearly impossible to support their family on their meagre income. They had been forced to appeal to a local charity organization for help; it was there that she first met JBCL Secretary May Farquharson and learned of the existence of the island's first birth control clinic.² After an exam and fitting by Dr. Hyacinth Lightbourne, the patient was given a size 80 diaphragm and jelly.³ Four other women also received diaphragms that day, followed by sixteen new patients and two re-visits at the next session.⁴ By the end of the first year, the JBCL's clinic had attended to 335 patients,⁵ as well as receiving some 521 letters from women in the countryside. As Farquharson noted, in fact, these patients and letters came "a good deal too fast, because we are not ready to deal with them."⁶

Birth control advocates on other islands in the Caribbean were similarly overwhelmed by the response of local women to the opening of clinics. In Bermuda, Dr. Henry Wilkinson noted that they had seen dozens of women in the first few months of birth control services in 1937 and

¹ "She helped start it all: May Farquharson," *Family Planning News*, March 1972 (F36, Rare Books, NLJ), 11.

² Letter, Edith How Martyn to May Farquharson, 8 February 1939 (4/108/1315, May Farquharson Collection, NAJ), 1.

³ "She helped start it all: May Farquharson," *Family Planning News*, March 1972 (F36, Rare Books, NLJ), 11.

⁴ Letter to Mrs. Kennedy, Messrs. Holland Rantos Company, Inc, 3 June 1939 (4/108/950, May Farquharson Collection, NAJ), 1.

⁵ "Monthly Attendance at Clinics," (4/108/2001, May Farquharson Collection, NAJ).

⁶ Stony Hill Fort George to Violet, Letter, 18 January 1940 (4/108/614, May Farquharson Collection, NAJ), 1.

“inquiries & interest are increasing healthily”⁷ despite little or no advertising on the part of the Medical Department.⁸ The half day clinic established at the Speightstown Health Centre in Barbados in 1955 was getting anywhere from fifty to seventy-five women per session within a few months of opening, requiring them to set up additional hours.⁹ Women also traveled from as far away as Hanover, Westmoreland, St. James, Trelawny, St Catherine, St Mary, and Clarendon to attend the clinic opened at St. Ann’s Bay, Jamaica in 1953.¹⁰ Even in Trinidad, where the 1956 opening of the clinic at the Shell Company medical centre had been fraught with controversy, birth control advocates met an enthusiastic reception. As Dr. Beric Wright noted on opening day:

The oil company was concerned that there might be a minor riot. In fact all that happened was that the interested ladies, some of whom had come from Port of Spain, queued up to be photographed as the first patient!¹¹

As family planners across the islands noted, nearly all the women who approached the clinics were “most anxious to hear more and get down to business”¹² and even “begged time to come in.”¹³

Although certainly welcome, this enthusiastic response surprised even the most optimistic of birth control advocates and stood starkly in contrast to widely-held assumptions

⁷ Henry Wilkinson to Mrs. Sanger, Letter, 9 July 1938 (“Bermuda, 1933-1938” Foreign File, Box 17 Reel 11, Margaret Sanger Papers, Manuscript Division, LOC).

⁸ As the Acting colonial Secretary explained: “It is believed that this method of disseminating birth control knowledge, although slow, will be more thorough and will succeed better in the long run than would a more aggressive policy entailing publicity and persuasion.” Bermuda Acting Colonial Secretary to the Colonial Secretary, Jamaica, Letter, 31 August 1938 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA), 1.

⁹ Naomi J. Thomas to Dr. William Vogt, Letter, 13 July 1955 (Planned Parenthood Federation of America Records, SSC), 1.

¹⁰ St. Ann's Family Welfare Organization, “Annual Report of St. Ann's Welfare Family Organization and The Beth Jacobs Clinic Ltd. March 1959-March 1960,” 9 August 1960 (SA/FPA/A21/16, WL), 5.

¹¹ “25 Years of Family Planning in Trinidad and Tobago,” *FPA Bulletin* September 1981 (WI Serial HQ766.5 T8 A1 F796 B9/C, West Indiana Collection, AJL), 1.

¹² Evan Donaldson to Mr. Fletcher, Letter, 27 November 1938 (3/24/1284, Jamaica Social Welfare Commission papers, NAJ), 1.

¹³ Nurse Campbell to Miss May, Letter, 11 March 1944 (4/108/832, May Farquharson Collection, NAJ), 1.

about working class reproductive behaviour. Indeed, throughout the birth control debates of the 1930s-50s, numerous commentators had claimed that regardless of whether it was moral or just or not, spreading access to contraceptives would inevitably be a lost cause. To “wean the peasant girl” from production of children was “utterly hopeless,”¹⁴ according to commentators, for the lower classes “do not care one jot whether they have one or fifty illegitimate children—it does not matter a row of pins to them.”¹⁵ Others claimed that “to tell the average man—who incidentally, is responsible for most of the waifs and strays—to control himself, is reminiscent of ‘King Canute and the waves.’”¹⁶ Even those who saw birth control as essential were sceptical. As Mr. H.C. Watson of the Barbados Sugar Producers’ Association argued before the Moyne Commission in 1939:

There is a tendency here among the people to object to birth-control...because, as a matter of fact, one of the motives of union between the sexes is the desire on the part of the male for reproduction...I think it is very often the case that where you have a race of people, or animals, (and after all human beings are only one form of animal) who are living under severe and hard economic circumstances, there is always a strong desire for reproduction.¹⁷

These beliefs were given further credence by anthropologists in the 1940s and 50s, who almost unanimously stressed the importance of reproduction to working class family life, pointing to stigmas against infertility among women and citing various “superstitions” that women must have her “lot” or “due” number of children (determined by God or by the number of knots on their first babies’ naval) to be healthy.¹⁸ As social scientist Thomas Simey recorded

¹⁴ W.F. Tyler, “Jamaica’s Impending Tragedy,” *The Daily Gleaner*, 18 October 1941, 8 [8].

¹⁵ Jamaican, “Letter to the Editor: Economic & Social Problems,” *The Daily Gleaner*, 21 December 1943, 4 [4].

¹⁶ “Letter to the Editor,” *Barbados Advocate*, 13 May 1952, 4.

¹⁷ West India Royal Commission, “Fourth Session Held at Bridgetown, Barbados. Witness: The Sugar Producers’ Association,” 20 January 1939 (CO 950/919, NAUK), 51-52.

¹⁸ See Barrow, *Family in the Caribbean*, 397-8, Hagood, “Report to the Government of Barbados,” 10, Lowenthal, “The Population of Barbados,” 494.

in his influential 1946 tract *Welfare and Planning in the West Indies*, written for the Colonial Office in the aftermath of the labour rebellions:

More or less promiscuous sex relations are regarded in the West Indies as normal behavior, and the procreation of children as the following of the laws of God and 'nature'; sexual abstinence on the part of a woman may be considered as the avoiding of a divinely imposed obligation to bear children, and, on the part of a man, as the cause of ill health. The desire to beget children is widespread and compulsive in women, the desire to avoid the burden of rearing children rare. Sterility is considered a burden the weak or sinful have to support as best they can, and a childless woman is an object of pity if she is not scorned and subjected to ridicule.¹⁹

According to demographer Malcolm Proudfoot (writing in 1950), a birth control campaign would thus "run counter to very deeply entrenched behavior patterns" among working class men and women "who for generations have had diametrically opposite standards, [and] will not overnight be persuaded by the value of 'family planning.'"²⁰ Edith Clarke's 1957 study of family life *My Mother Who Fathered Me* also stated quite conclusively that there was "no incentive for either men or women to avoid parenthood...on the contrary, it is the hall-mark of adulthood and normal, healthy living."²¹

Since the late 1950s onward, however, a number of studies utilizing social science methods and statistical analysis have challenged these claims. In the mid-1950s, for example, American social scientists J. Mayone Stycos and Kurt Back organized the "Jamaica Family Life Project," commissioning a team of Jamaican caseworkers to interview 1368 working class women and conduct a broader questionnaire in an attempt to quantify not only the reproductive *behaviour*, but the reproductive beliefs, attitudes, and desires of working class women. Published as *Family Structure in Jamaica* by Judith Blake in 1961 and *The Control of Human*

¹⁹ T.S. Simey, *Welfare and Planning in the West Indies*, 84-5.

²⁰ Proudfoot, *Population Movements in the Caribbean*, 39.

²¹ Clarke, *My Mother Who Fathered Me*, 96.

Fertility in Jamaica by Stycos and Back in 1964, these studies argued that Jamaican women in fact desired much smaller families than they had and were more favourably disposed to birth control than previously assumed. In fact, the authors claimed, the essential barriers to family planning were not the “cultural” beliefs or “superstitions” of the people, but practical barriers such as lack of awareness of and access to suitable birth control methods.²² Although Stycos and Back’s study was admittedly limited, surveys of other countries and analysis of family planning programs and demographic trends in the 1960s and 70s supported their basic claims, while also providing further insight into the nature and limitations of birth control demand among the West Indian working classes.²³

Long before these studies were published, however, these lessons (and many more) were learned in the clinics and on the streets by Caribbean birth control pioneers. This chapter thus combines studies from the 1950s and 1960s with a range of other sources (including clinic records, unpublished and published reports by doctors, nurses, and family planners, correspondence of birth control advocates, and letters and stories from working class West Indians themselves) in order to expand our understanding of the practice of birth control among working class families and their engagement with middle class/elite-led clinic services from the late 1930s to early 1960s. I begin by looking at the characteristics of women who attended and/or wrote to clinics, exploring the diverse backgrounds and demands which drove them to seek help from these institutions. I then look at some of the very real barriers which stood in the way of sustained birth control practice during this period. Indeed, if women “begged time to

²² Stycos and Back, *The Control of Human Fertility in Jamaica*, Blake, *Family Structure in Jamaica*.

²³ See for example: Hagood, “Report to the Government of Barbados,” Tietze, *The Family Planning Service in Barbados*, Ebanks, “Social and Demographic Characteristics of Family Planning Clients in Barbados,” Harewood and Abdullah, “What Our Women Know, Think and do About Birth Control,” Slavin and Bilborrow, “The Barbados Family Planning Association and Fertility Decline in Barbados,” Ferguson, Alderman and Collins, “Evaluation of a Family Planning Clinic in Rural Jamaica,” T.R. Balakrishnan, “A Cost Benefit Analysis of the Barbados Family Planning Programme,” Nevadomsky, “Changing Conceptions of Family Regulation.”

come in” to the clinics, they did not always walk away satisfied, nor did all birth control *seekers* become sustained birth control *users*, for a variety of reasons that family planning associations became increasingly aware of over time. Finally, I look at how clinics adapted and expanded their services to address these barriers, as well as how women negotiated with doctors and nurses to bring middle class and elite birth control projects closer in line with their own needs and desires.

4.1 WE HAVE FIVE TOO MANY: DEMAND FOR BIRTH CONTROL AMONG WEST INDIAN WOMEN

In the first few years of their inception, clinics in Kingston and Bermuda saw an average of 200-300 new patients a year.²⁴ Although these numbers may seem small, they spoke to the limited capacity of these clinics (which were open select nights of the week and could only accommodate 16 patients per session in early years) and in fact compare favourably to leading clinics from London to Johannesburg in the 1930s, which also saw around 250 new patients a year.²⁵ These numbers were lower (around 100 new patients a year) during WWII, when clinics faced supply shortages and had to let go staff and reduce hours to cope with financial constraints.²⁶ New acceptances increased in Jamaica in the 1950s, however, and by December of

²⁴ “Monthly Attendance at Clinic,” 1939-1945 (4/108/2001, May Farquharson Collection, NAJ). For Bermuda: H. Wilkinson to The Honourable Colonial Secretary, Letter: 136, 21 February 1954 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA), 1.

²⁵ Klausen, *Race, Maternity, and the Politics of Birth Control*, 92.

²⁶ For Jamaica, see “Monthly Attendance at Clinic,” 1939-1945 (4/108/2001, May Farquharson Collection, NAJ). For Bermuda, see H. Wilkinson to The Honourable Colonial Secretary, Letter: 136, 21 February 1954 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA).

1957 the JBCL had seen some 7000 new patients, with the new clinic in St. Ann's adding an additional 677.²⁷ Although exact numbers are not available, sources also noted a jump after 1957 (when the two clinics joined together) to some 1500 new patients annually in the following years.²⁸ Numbers of new acceptors also grew on all islands following 1964, when IUDs and oral contraceptives became widely available, as seen in the table below.

Table 3: New Acceptors at Birth Control Clinics, 1955-1964²⁹

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	Total
Trinidad	n/a	400	not available	not available	162	377	545	421	611	1966	4482
Barbados	282	668	868	1,020	820	1,204	1,112	796	952	3,148	10870
Bermuda	200	200	209	250	170	178	152	not available	233	252	1844
Total	482	1268	1077	1270	1152	1759	1809	1217	1796	5366	17196

Added to numbers from Jamaica and early periods in Bermuda, these figures suggest that Caribbean clinics saw an estimated 35,073 women in the period from 1937-1964.³⁰

Clinical records and reports, as well as anecdotal evidence from family planners, provides us with some idea of what type of women were most likely to seek birth control from these clinics. The vast majority were of lower middle-class and working class status,³¹ with domestic

²⁷ See analysis of first 7,000 patients to December 16, 1957, "Statistical Tables," (4/108/2001, May Farquharson Collection, NAJ). On the St. Ann's clinic see Annual Report of the St. Ann's Family Welfare Organization (S.A.F.W.O.) March 1954 to March 1955," 1955 (Una Elizabeth Jacobs Papers, SSC), also St. Ann's Family Welfare Organization, "Annual Report: March 1956 to March 1957," 1957 (4/29/1/53, Sir Aldington Curphey Collection, NAJ), 4.

²⁸ "Evolution of a Family Planning Movement in Jamaica," *Family Planning News*, 4 January 1972, 11.3 (F36, Family Planning News, Rare Books, NLJ), 3.

²⁹ Figures for Barbados are from Slavin and Bilsbarrow, "The Barbados Family Planning Association," 325-332. For Trinidad, see Yee and McBride, "A History of The Family Planning Association of Trinidad and Tobago," 10. For Bermuda, see annual Medical and Health Reports (Public Health: Annual Reports 1934-1941 and 1942-1962, CS/6.4, 776/15 and 446/16, BA) and "Birth Control in Bermuda," *The Recorder*, 10 February 1954, 3.

³⁰ This figure would include the new acceptors for the chart, plus 7,677 for Jamaica before 1957 and an estimated 9000 in the years after (a low estimate based on the above reported figures of 1500 a year), as well as 1200 for Bermuda for the years 1937-1955 (estimated at 150 new acceptors per year).

³¹ Jamaica Birth Control League to Mrs. Clifford Smith, The Family Planning Association, Letter, 6 August 1939 (4/108/1461, May Farquharson Collection, NAJ), 2. For Trinidad, see Yee and McBride, "A History of The Family Planning Association of Trinidad and Tobago," 9. In Trinidad, for example, of first 443 patients, about 23% lived

workers and homemakers particularly dominant.³² A 1957 analysis of seven thousand patients by the JBCL, however, hints at the diversity that existed among clinic clientele. Although domestics and homemakers made up over half, patients also included dressmakers, clerks, stenographers, teachers, nurses, factory workers, higglers/sellers, laundresses, cigar-makers, and more.³³ Their partners held an even wider range of jobs, from mechanics to soldiers to fishermen to bartenders, with artisans ranking highest followed by clerks/civil servants and labourers/cultivators.³⁴ Similar statistics were recorded in Barbados, where a sample of records of BFPA patients taken in 1969 showed the majority to be lower-class women with primary school education, working as housewives (45%) and domestics (29%), with smaller proportions employed in clerical, skilled, semi-skilled, and unskilled labour.³⁵ In Trinidad, analyses of incomes suggested early clinics attracted women from a large cross section of income groups “except perhaps the very poorest and the upper professional groups,”³⁶ a trend which was similarly noted in Barbados. As family planners remarked, although the latter group (upper professionals) were assumed to practice birth control, they likely could afford to purchase it from

on less than \$15 B.W.I. per week, around 36% made between \$16-25 per week (the average for an Oilfield or government service labourer) and 17% between 26-\$30 (the average for a clerical worker). The remaining quarter made over \$30 a week, including 14% making over \$41. “First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957,” 1957 (CO 1031/2788, NAUK), 17. Wilkinson also described clients in the late 1930s as mostly “financially poorer married women.” Henry Wilkinson, “Medical Report on the Health and Sanitary Conditions of Bermuda,” 1938 (Public Health: Annual Reports, 1934-1941, CS/6.4, 776/15, BA), 18.

³² These two categories made up half of clients in Jamaica (see “Women’s Occupations, 7000”, 1957 (4/108/2001, May Farquharson Collection, NAJ)), and totalled 60% of the BFPA’s clients. See Slavin and Bilsborrow, “The Barbados Family Planning Association,” 327.

³³ “Women’s Occupations, 7000,” (4/108/2001, May Farquharson Collection, NAJ).

³⁴ “Men’s Occupations, 7000,” (4/108/2001, May Farquharson Collection, NAJ). The JBCL also had at least one reverend’s wife enquiring about birth control. Beryl Cox (Mrs) to Miss Farquharson, Letter, 125 April 1949 (4/108/1241, May Farquharson Collection, NAJ).

³⁵ Ebanks, “Social and Demographic Characteristics,” 393.

³⁶ “First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957,” (CO 1031/2788, NAUK), 17-18.

private doctors or pharmacies and thus did not need to rely on the services of family planning clinics.³⁷

In Barbados, Jamaica, and Bermuda, clinic patients were mostly Afro-Caribbean in heritage and identified as members of a variety of Christian denominations. In Jamaica, the largest number (32%) were Anglican, with Roman Catholics second at 18%, and Baptists at 12%,³⁸ but others listed everything from 7th Day Adventists to Brethren to “Ethiopian” and Christadelphian.³⁹ In Barbados, 59% of women who recorded a religion in a sample study were listed as Anglican, with 11% Protestant, 7% Catholic, and “Others” at 22%.⁴⁰ Of the first 443 patients seen in Trinidad, 36% were Roman Catholic, 46% “other Christian,” and 18% Hindu. The latter figure, of course, pointed to attendance at the clinic of East Indian women in Trinidad, who made up approximately 20% of clinic patients in the early years.⁴¹ As family planners noted, these numbers were roughly proportional to the incidence of these various groups in the general population,⁴² suggesting that birth control held relatively equal appeal to women across religious and ethnic lines throughout the islands. This may have been particularly surprising in the case of Roman Catholics (whose leaders were among the most vocal critics of the movement) and Indo-Trinidadians (who were popularly believed to have particularly strong cultural pressures encouraging reproduction).⁴³ As Beric Wright pointed out in his report on the Point Fortin clinic’s first year in 1957, these statistics made it apparent that “in matters of importance to everyday life of the citizen the Hierarchy exercises much less influence than it so proudly

³⁷ Ebanks, “Social and Demographic Characteristics,” 393.

³⁸ “Religions of Clinic Patients, 7000,” (4/108/2001, May Farquharson Collection, NAJ).

³⁹ Ibid.

⁴⁰ Ebanks, “Social and Demographic Characteristics,” 394.

⁴¹ “First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957,” (CO 1031/2788, NAUK), 10.

⁴² Ibid., 10.

⁴³ Mohammed, “A History of the Family Planning Association,” 100-103.

proclaims,⁴⁴ an experience which replicated that in other areas of the world. Indeed, clinics across Europe and the Americas in the 1930s-50s had noted with interest the high proportion of attendances of Catholic women at their clinics, suggesting women found ways to reconcile religious dogma with the practical circumstances of their lives.⁴⁵ Or, as Dr. Pengelley of Jamaica put it: “We find that the poor persons who are Roman Catholics in this parish are just as willing to get Birth Control advise as those who are members of any other church, all they do, is not to mention it to their Priest.”⁴⁶

As discussed in Chapter Two, many religious leaders had been particularly anxious about birth control out of fear it would be used by the large portion of the population known to have sex (and children) out of wedlock. Interestingly, however, the majority of early clinic attendees across the islands seem to have been (as Wilkinson put it in Bermuda) the “married and careful women” rather than the so-called “unmarried promiscuous girls.”⁴⁷ An analysis of the first thousand patients in Jamaica, for example, revealed that 71% were married and 29% were unmarried.⁴⁸ The BFPA’s 1958 analysis of 555 clinic patients similarly found that 62% were married and 38% unmarried, the reverse of the pattern among mothers in the general population (of whom about 38% were married and 62% unmarried).⁴⁹ As academics Stycos and Back

⁴⁴ “First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957,” (CO 1031/2788, NAUK), 10.

⁴⁵ Lopez, *Matters of Choice*, 48, 80. As Nancy Scheper-Hughes put it: “women cooperated with God and Catholic morality, but only to a certain point in which “womanly pragmatics” takes over. Nancy Scheper-Hughes, *Death without Weeping: The Violence of Everyday Life in Brazil* (Berkeley: University of California Press, 1992), 337.

⁴⁶ C.E. Pengelley to Miss May Farquharson, Letter, 8 August 1940 (4/108/2006, May Farquharson Collection, NAJ), 1.

⁴⁷ Henry C. Wilkinson, “Report on Bermuda,” *Fifth International Conference of the International Planned Parenthood Federation*, Tokyo, October 1955 (CO 1031/1966, NAUK), 16. Indeed, over time Wilkinson admitted that the clinics were likely to have little impact on the illegitimacy rate for “Planned Parenthood is the resort of worried people. It is almost divorced from the illegitimacy problem and its careless promiscuous girls,” (H. Wilkinson to The Honourable Colonial Secretary, Letter, 21 February 1954 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA), 1.

⁴⁸ Jamaica Family Planning League, “Marital Status of Patients,” October 1942 (4/108/2107, May Farquharson Collection, NAJ).

⁴⁹ Tietze, *The Family Planning Service in Barbados*, 5.

noted, this possibly reflected the fact that early family planners openly promoted marriage among the working classes, which might have “tended to keep unmarried women away” or led to a “bias in reporting marital status.”⁵⁰ However, the higher proportion of married patients may also have been a reflection of the tendency of Caribbean women to marry later in life and after bearing several children,⁵¹ which happened to coincide with the age/stage of life in which women frequently sought birth control services.⁵² Indeed, the majority of women who attended clinics were well into their child-bearing years, in the age group 25-35 and having over 3 children, with an average of 5.2 births per mother.⁵³ As well, if women were often married when they visited the clinic, family planners pointed out that this did not necessarily mean they had all of their children within the structure of Christian marriage. In Trinidad, for example, although 84% of the first 443 clinic patients were married at the time of attending the clinic,⁵⁴ a third of these married women had pregnancies outside of wedlock in the past.⁵⁵

Married or unmarried, the reproductive histories provided by clinic patients paint a vivid picture of the weighty load of child-bearing on these women’s lives. Not only did they have many children in rapid succession throughout their reproductive years, they started young. Indeed, 56% of Afro-Trinidadian and 92% of Indo-Trinidadian patients at the Point Fortin Clinic recorded having their first child under the age of 19, including 19% of Indo-Trinidadian women who began childbearing at age 14 or under.⁵⁶ And this was not just one pregnancy; of patients under 20 at the time of attendance at the clinic, the majority had already had 3 or more

⁵⁰ Stycos and Back, *The Control of Human Fertility in Jamaica*, 67.

⁵¹ *Ibid.*, 85.

⁵² In Trinidad, for example, 79% of the first 443 patients were over the age of 25. “First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957,” (CO 1031/2788, NAUK), 13. In Jamaica, 65% were 26 and over “Analysis of 7000 Patients (New Patients to Dec. 16, 1957),” (4/108/2001, May Farquharson Collection, NAJ).

⁵³ Tietze, *The Family Planning Service in Barbados*, 5.

⁵⁴ “First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957,” (CO 1031/2788, NAUK), 11.

⁵⁵ *Ibid.*, 12.

⁵⁶ *Ibid.*, 14.

pregnancies, with one having had 6 pregnancies by age 20.⁵⁷ At age 25, patients in Trinidad had experienced an average of 5 pregnancies each; those in the 26-30 age group had experienced an average of 6,⁵⁸ with older women having an average 8 pregnancies.⁵⁹ In Jamaica, clinic patients seem to have started somewhat later, having an average 3 pregnancies by age 25 and 4 by age 30, but by age 40 they too had experienced an average of 9 pregnancies.⁶⁰ Forty four women who wrote to the JBCL clinic from the countryside in the first year also recorded having 8 or more, with one woman having experienced an astonishing 17 pregnancies.⁶¹

Letters written to the JBCL by four hundred and ninety eight individuals (mostly women, but also some men) from 1939-1941,⁶² which have been preserved at the National Archives of Jamaica, provide a unique window onto the expectations of women who sought clinic services during these years. These letters were written in response to an ad placed in the “Wanted” section of the *Daily Gleaner* by the League, which announced the location of the clinic and invited “[a]ll mothers wishing information on spacing of children...to call or write.”⁶³ Letters came from across the island, and even from women living as far away as Panama and Trinidad.⁶⁴

⁵⁷ “First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957,” (CO 1031/2788, NAUK), 16. Professionals in Barbados also noted the high number of mothers in the 15-19 age group as particularly disconcerting. See Joseph P. O’Mahoney, “Annual Report of the Director of Medical Services for the Year 1954-55,” (Srl 12, BNA), 11.

⁵⁸ “First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957,” (CO 1031/2788, NAUK), 16.

⁵⁹ *Ibid.*, 17.

⁶⁰ “Analysis of 7000 Patients (New Patients to Dec 16., 1957),” (4/108/2001, May Farquharson Collection, NAJ).

⁶¹ #75 (4/108/645, May Farquharson Collection, NAJ). Signatories of a petition to How-Martyn from Pedro Plains also recorded having fifteen, sixteen and even twenty one children, crammed into small homes the majority of which had only 2-3 rooms (4/108/1364, May Farquharson Collection, NAJ). In Barbados, the majority of patients at the BFPA had between 1-5 pregnancies, but an additional 19% had seven or more. Ebanks, “Social and Demographic Characteristics,” 397. Of course, as Stycos and Back noted in their study in 1964, those who turned to family planning clinics tended to have above average fertility rates, but not that much higher. Most women came to the JFPL clinic in Kingston, for example, after having 4.5 pregnancies, while the 1953 sample census of population suggested the average mother of completed fertility in the metropolitan area had 4.1 live births (Stycos and Back, *The Control of Human Fertility in Jamaica*, 66).

⁶² Some men and women wrote multiple letters to the League, following up on methods or requesting others, such that 498 individuals produced a total of 521 letters held at the Archives.

⁶³ “Wanted,” *The Daily Gleaner*, 19 December 1939, 20.

⁶⁴ #387 (4/108/645, May Farquharson Collection, NAJ).

Although it is impossible to know exactly the socio-economic backgrounds of these women, letter content and writing styles suggest that the majority were lower middle class or working class, fitting roughly with the general clientele of the clinics. Most letters indicate a basic level of literacy,⁶⁵ a not uncommon characteristic on the island, where 75% of the population in 1943 reported having at least a primary school education.⁶⁶ However, several letters were written by friends, family members and local community authorities (including reverends, parochial nurses and employers) on behalf of local women,⁶⁷ suggesting even those who were not literate themselves found ways to communicate their needs and demands to the League. As we will see below, women themselves also frequently attested to their poverty and low economic status in their letters.

Across all backgrounds, the most predominant theme in the letters is concern over the frequency with which pregnancies arrived and the feelings of powerlessness they incurred. Women repeatedly spoke of how overwhelmed they felt by having children “so quickly”⁶⁸ and “in such short time.”⁶⁹ Indeed, many had been pregnant every year for several years of their lives.⁷⁰ As evidenced in the following excerpts, these concerns came from those both at the beginning and in later stages of their reproductive lives. As women wrote:

I respectfully beg to ask you to help me as I am rather worried over the state of affairs. Am a young girl of 19, who got married 18 months ago to a Chap of 22.

⁶⁵ Most women seem to have both read and understood the League’s advertisement and were able to articulate themselves, although with varying levels of spelling accuracy and grammatical correctness.

⁶⁶ Calculations based on Table 2.5 in Sonja A. Sinclair and Barbara Boland, “Characteristics of the Population,” 11-23 in *Recent Population Movements in Jamaica*, (Cicred Series: Kingston, Jamaica, 1974), 17. Literacy rates were also listed in the 1921 census as 52% for the island, and 79% for Kingston, with much higher levels among British West Indian migrants abroad. See Lara Putnam, *Radical Moves: Caribbean Migrants and the Politics of Race in the Jazz Age* (University of North Carolina Press, 2013), 128-129.

⁶⁷ See for example #72, #158, #191, #195, #227, #418, #463, #464 (4/108/645, May Farquharson Collection, NAJ).

⁶⁸ #1 (4/108/645, May Farquharson Collection, NAJ).

⁶⁹ #2 (4/108/645, May Farquharson Collection, NAJ).

⁷⁰ See for example #412 (4/108/645, May Farquharson Collection, NAJ).

I gave birth to a girl baby 10 months old now, and to my great disappointment expecting another baby at present.⁷¹

---*Letter from Duanvale, 7 November 1940*

I am 30 yrs. old & I have five children three alive & two die. The man I have them for gone away to Kingston, & I am not hearing from him. I am afraid of making new ventures as I am a breeding woman. Things is extra hard with me, & I don't know what to do.⁷²

----*Cascade, 23 December 1940*

Please I am a Mother of eleven. 11. Children an I am only 35 years of age an beside that Sir I am not in good health an every year I have a baby...⁷³

--- *Port Maria, 14 May 1940*

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.⁷⁴

--- *Anchovy, 18 February 1940*

I am blessed or cursed with the talent of having children one after the other, which is really too often...⁷⁵

--- *St. Thomas, 26 December 1940*

I am in need of sum Help and I believe you people can help me in my case I am tied down with children and I saw in the gleaner wear I can rite to Jamaica Birth Conthrol and I will get som help I would like to stop from having any more children because I am worn-out I would be thankful of getting sum advice.⁷⁶

--- *Ulster Spring, 22 January 1940*

Along with those who spoke of being worried, disappointed, “tied down,” a “slave to child-bearing” or “cursed,” other woman described themselves as being a “victim”⁷⁷ of conception or “afraid”⁷⁸ of pregnancy, clearly illustrating the sense of despair and helplessness many women felt in the face of uncontrolled reproduction. As an observer in Barbados similarly recorded, in discussing birth control with a 43 year old woman who had 11 children (of whom two died):

⁷¹ #264 (4/108/645, May Farquharson Collection, NAJ).

⁷² #289 (4/108/645, May Farquharson Collection, NAJ).

⁷³ #147 (4/108/645, May Farquharson Collection, NAJ).

⁷⁴ #412 (4/108/645, May Farquharson Collection, NAJ).

⁷⁵ #293 (4/108/645, May Farquharson Collection, NAJ).

⁷⁶ #31 (4/108/645, May Farquharson Collection, NAJ).

⁷⁷ #432 (4/108/645, May Farquharson Collection, NAJ).

⁷⁸ Stycos and Back, *The Control of Human Fertility in Jamaica*, 120.

“She said that the children were coming so fast she got afraid. At the beginning of one year a child, and at the end of the next another, year after year.”⁷⁹

The loss of pregnancies or of children in infancy and early childhood appears as a particularly predominant feature of these women’s reproductive lives. Women described themselves, for example, as “a mother of eleven children. Five are dead,”⁸⁰ or explained that they “have five children three alive.”⁸¹ These losses were also reflected in overall infant mortality rates on the islands, which remained high well into the twentieth century, particularly in Barbados.⁸² Indeed, medical officers on the islands had long lamented this “serious wastage of human life,”⁸³ stressing that the vast majority of deaths could be easily prevented through the establishment of modern maternity and health services and provision of contraceptive methods to help women better space and care for their children.⁸⁴ The fact that women almost universally referred to these lost children in letters using the present tense (saying they “*have* five children three alive” or were a “*mother* of eleven children” though five were dead) perhaps points to the ever-present nature of these lost children in women’s lives.

At least some of the women who attended early Caribbean clinics had experimented with birth control methods in the past. A survey of patients at the Point Fortin clinic in Trinidad in 1957, for example, showed that 42% of them had used some method of contraception previously,

⁷⁹ Michael Young, “Family Planning In Barbados: Notes for the Institute,” 22 March 1962 (SA/FPA/A13/31, Family Planning Association Papers, WL), 18.

⁸⁰ #87 (4/108/645, May Farquharson Collection, NAJ).

⁸¹ #289 (4/108/645, May Farquharson Collection, NAJ).

⁸² Some such as research Hans Lehfeltd, speculated that some of these deaths might point to “a veiled form of infanticide”, claiming that physicians “tell of malnutrition in children whose parents appear well-fed, and of dying infants fed on barley water instead of milk.” Lehfeltd, “Family Planning in Barbados,” 2.

⁸³ H.D. Weatherhead, “Annual Report of the Chief Medical Officer for the Year 1944-45,” (Srl 12, BNA), 14.

⁸⁴ See for example: “Annual Report of the Chief Medical Officer for the Years 1939-40 and 1940-41,” (Srl 12, BNA), 6-7.

although rarely with success.⁸⁵ Of the first one thousand patients in Jamaica, 23% of married women and 4.8% of the unmarried had tried birth control methods before, the higher rate among married perhaps reflecting the tendency of these couples to cohabit (thus increasing the incidence of intercourse and childbearing risk).⁸⁶ Among Jamaicans, the most popular modern methods tried were condoms and “Rendell’s” (a quinine and cocoa-nut butter suppository),⁸⁷ both of which were sold at pharmacies in the 1940s or could be ordered by mail, and were thus probably most easily accessible.⁸⁸ A smaller percentage had used other methods such as douching, diaphragms, cervical caps, jellies, and the rhythm method.⁸⁹ Traditional methods such as prolonged nursing and withdrawal were also recorded by patients in Jamaica, Barbados, and Trinidad,⁹⁰ the latter frequently alluded to with the saying: “My husband is careful.”⁹¹

Although most women denied ever having had an abortion and publicly condemned the practice,⁹² clinic records do suggest that women were aware that abortion, although illegal and underground, was an available option. At least six women writing to the JBCL from the countryside seem to have been requesting abortions, although they did not use that term

⁸⁵ “First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957,” (CO 1031/2788, NAUK), 18.

⁸⁶ Barrow, *Family in the Caribbean*, 53

⁸⁷ Jamaica Family Planning League, “Marital Status of Patients: First 1000 Patients” and “Patients 5001 to 6000,” (4/108/2107, May Farquharson Collection, NAJ).

⁸⁸ According to the JBCL’s pamphlets, condoms also went for 3/- per dozen “at most chemists, certainly in the bigger towns” Confidential: Advice to Mothers on Birth Control,” (4/108/1187, May Farquharson Collection, NAJ), 6-7. Advertisements for “Rendell’s” suppositories also appeared in the *Daily Gleaner* in the 1940s. See for example: “Safety First in Married Life - Rendells.” *The Daily Gleaner*, 7 July 1943, 7 [7].

⁸⁹ Jamaica Family Planning League, “Marital Status of Patients: First 1000 Patients” and “Patients 5001 to 6000,” (4/108/2107, May Farquharson Collection, NAJ).

⁹⁰ G.L. Gittens, “Why Birth Control?: The Need for Planned Parenthood by the Family and the Island,” 1954 [?] (Pam A1158, BNA), 7-8. Jamaica Family Planning League, “Marital Status of Patients: First 1000 Patients” and “Patients 5001 to 6000,” (4/108/2107, May Farquharson Collection, NAJ). Withdrawal was also the most popularly cited method in Stycos and Back, *The Control of Human Fertility in Jamaica*, 70.

⁹¹ A Committee of the General Council, “People’s National Movement: Report on Family Planning,” 31 March 1965 (National Library of Trinidad and Tobago, Port of Spain, Trinidad, hereafter “NLTT”), 26.

⁹² Stycos and Back, *The Control of Human Fertility in Jamaica*, 79.

specifically, instead asking for means to “prevent,” “banish,” or “space” the child they were currently pregnant with.⁹³ As one woman wrote:

I am a mother of nine (9) children and I would like to stop having any more children. If you could help me by giving me all information how to stop I would be very glad. I am in the way again about one month old. I don't [know] what to do for I am a poor family. Could you help me banish this one coming. Waiting for a early reply.⁹⁴

Another was even more explicit:

I am a mother and is desirous of knowing more of spacing my offspring. My Menses should have appeared on June 10th, but has not so I am pregnant and would not like this one to developed, so what is your advice to me since it is so young? Should I take medicine and pass of the germ-of-life (foetus)? If so can you supply me with the medicine, or tell me what kind to get, and from where?⁹⁵

Requests for abortions were also recorded by family planners in Trinidad, who noted that they came in particular from mothers of five or more children “who literally cannot see how they can care for another child.”⁹⁶ Indeed, patients in Barbados and Jamaica were able to list a number of herbal bush teas believed to have abortifacient properties.⁹⁷ In a report for the Planned Parenthood Federation of America in 1952, for example, May Farquharson described a range of methods related by the clinic’s nurses and Farquharson’s own servants which were believed to have abortifacient properties, including boiling Ram Goat Rose, Penny Royal, Pepperelder, or Rice Bitters with or without rusty nails.⁹⁸ Some of these herbal abortifacients (as recent studies

⁹³ For letters requesting “birth control” methods to stop a pregnancy already underway, see #38, #105, #148, #235, #369, #414, in (4/108/645, May Farquharson Collection, NAJ).

⁹⁴ #38 (4/108/645, May Farquharson Collection, NAJ).

⁹⁵ #414 (4/108/645, May Farquharson Collection, NAJ).

⁹⁶ Katherin Fewster, “Time for Government to Take Action,” *Trinidad Guardian*, 17 December 1963 (Newspaper clipping, Family Planning Trinidad and Tobago 1963-1969 Folder, Family Planning Vertical File, Heritage Library, NLTT).

⁹⁷ G.L. Gittens, “Why Birth Control?: The Need for Planned Parenthood by the Family and the Island,” 1954 [?] (Pam A1158, BNA), 7-8.

⁹⁸ See Letter, May Farquharson to M. Houghton, 27 May 1952 (4/108/2102-3, May Farquharson Collection, JA).

have shown) had been carried over from Africa and used by women as far back as the days of slavery in the Caribbean.⁹⁹

The prevalence of abortions by physical force or mechanical means (ie. the insertion of an object into the uterus) was also, according to family planners, widely known, and a frequent cause of hospital admissions across the region.¹⁰⁰ As one Hans Lehfeldt reported to the Planned Parenthood Federation of America after a visit to Barbados in 1957:

At Barbados General Hospital alone there were days when as many as 17 women sought hospitalization for incomplete abortion, some of the cases with evidence of an abortifacient solution injected into the uterine cavity (the German Heiser paste or some similar preparation). In the local slang this condition is described by the woman as having had a “slip,” an ambiguous expression which may mean either that something was injected or “slipped” into her to provoke abortion, or that the miscarriage was accidentally produced by slipping.¹⁰¹

A study of admissions to the General Hospital in Trinidad in 1954 by Ralph Hoyte also stressed the exceptionally high incidence of pregnancies ending in miscarriage (at 34.6% as compared to the rates of 10-12% in most countries), which he argued “strongly suggests a high level of criminal interference” and that “many of these women are using abortion as a method of family limitation.”¹⁰² A later study would also find that 12.8% of 1234 women who aborted were from outside Trinidad and Tobago, suggesting a high incidence among migrants.¹⁰³ Although in ideal conditions abortions could be conducted relatively safely by the early twentieth century,¹⁰⁴

⁹⁹ Jennifer Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia: University of Pennsylvania Press, 2004), 113-114, Barbara Bush, “Hard Labor,” in David Barry Gaspar and Darlene Clark Hine, eds., *More than Chattel: Black Women and Slavery in the Americas* (Indiana University Press, 1996), 203.

¹⁰⁰ Field Consultant Naomi J. Thomas, “Barbados, British West Indies,” 1954 (Planned Parenthood Federation of America Records, SSC), 8.

¹⁰¹ Lehfeldt, “Family Planning in Barbados,” 2-3.

¹⁰² Ralph Alan St. Clair Hoyte, “An Analysis of Abortion at the General Hospital, Port of Spain,” *Fourth Conference of the International Planned Parenthood Federation, Western Hemisphere Region*, San Juan, Puerto Rico, 19-27 April 1964 (“Birth Control Reports; Papers on Family Planning” Folder, Health and Welfare Box 9, BA), 3.

¹⁰³ Ralph Alan St. Clair Hoyte, “An Analysis of Abortion at the General Hospital, Port-of-Spain,” *Caribbean Medical Journal*. XXVI no. 1-4 (1964), 73.

¹⁰⁴ McLaren and McLaren, *The Bedroom and the Empire*, 35-37.

doctors pointed out that self-induced or illegally procured abortions frequently led to complications that were costly in terms of both medical services and individual health.¹⁰⁵ They could even be deadly. A newspaper article in Trinidad in 1954, for example, recorded the death of one Mildred Smith due to a botched abortion performed by Cyril Smith, a “parlour-keeper and one-time drug store owner.”¹⁰⁶ A 34 year old store clerk of Laventille, Mildred had been four months pregnant when she was found dead in Cyril’s parlour of an air embolism.¹⁰⁷

Although family planners in the 1930s-50s often sympathized with these women, they were aware of the already controversial nature of their birth control distribution efforts and hesitated to teeter into the issue of abortions. As such, they made it clear to their patients that the clinics would not provide abortions and could only help women once the child was born, excepting extreme medical circumstances (such as tumours) in which they would recommend them to the hospital for a therapeutic abortion.¹⁰⁸ In any case, most women who approached the clinics seem to have been interested in prevention rather than abortion. The majority of those who wrote to the JBCL, for example, asked for “birth control” or “child spacing” in order to increase the interval between children and/or “rest off for awhile.”¹⁰⁹ Indeed, some had very specific time frames in mind, seeking to delay child-bearing for “1 or 2 years” or “2 or 3 years,” until they were ready.¹¹⁰

Forty percent of those who wrote into the JBCL also gave a reason and/or a combination of reasons for their desire for birth control, providing a window into the nature of birth control

¹⁰⁵ Hoyte, “An Analysis of Abortion at the General Hospital, Port of Spain,” 3.

¹⁰⁶ “Attempted Abortion,” *Barbados Observer*, 6 March 1954, 1.

¹⁰⁷ *Ibid.*, 1.

¹⁰⁸ See #54, #369 (4/108/645, May Farquharson Collection, NAJ). Farquharson did advise one man whose wife had a tumour to go to a doctor “who may be able to recommend your wife for a therapeutic abortion.” #369 (4/108/645, May Farquharson Collection, NAJ.)

¹⁰⁹ #48; see also #25, #44 (4/108/645, May Farquharson Collection, NAJ).

¹¹⁰ See for example #106, #142, #215 (4/108/645, May Farquharson Collection, NAJ).

demand during these years. Of these, poverty and economic issues were cited most frequently. Women described themselves as “poor people”¹¹¹ who could not “maintain”¹¹² their children by providing sufficient food and clothing.¹¹³ As one woman with six children wrote: “we have five too many for our meagre salary of £180 per annum!”¹¹⁴ Another stated that “We are poor and unless I cease childbearing now, to help work for these children then the plight will be a sad one.”¹¹⁵ Some women directly connected their poverty to their large load of children. As one woman wrote:

...have seen your advertisement in Saturdays paper to which I was very glad. I am a married woman with 11 children & through that my husband is very poor and my circumstances is very very bad, so I am begging & asking you please to help me by stopping me having any more children.¹¹⁶

This woman was not alone in her desperation; one woman with seventeen children, for example, explained that “some of them have not even clothes to wear,”¹¹⁷ and another confessed that bringing any more children into the world in her situation would be “a trouble to the public.”¹¹⁸

But birth control seekers in the Caribbean were not solely concerned with survival. Indeed, several women described their frustration at their inability to provide social mobility for their children, to bring them up “how children ought to be brought up”¹¹⁹ and particularly to provide them with a proper education.¹²⁰ As one woman who described herself as having to work like a “slave” just to keep five of the seven in school wondered: “what’s the use of having

¹¹¹ #6, #2, #11, #23, #37 (4/108/645, May Farquharson Collection, NAJ).

¹¹² #11 (4/108/645, May Farquharson Collection, NAJ).

¹¹³ #75 (4/108/645, May Farquharson Collection, NAJ).

¹¹⁴ #411 (4/108/645, May Farquharson Collection, NAJ).

¹¹⁵ #6 (4/108/645, May Farquharson Collection, NAJ).

¹¹⁶ #231 (4/108/645, May Farquharson Collection, NAJ).

¹¹⁷ #75 (4/108/645, May Farquharson Collection, NAJ).

¹¹⁸ #204 (4/108/645, May Farquharson Collection, NAJ).

¹¹⁹ # 52 (4/108/645, May Farquharson Collection, NAJ).

¹²⁰ See for example #2, #75, #1, #161, #336 (4/108/645, May Farquharson Collection, NAJ).

them and can't afford to bring them up in a proper way."¹²¹ In Barbados, as well, family planners claimed that the desire to have children educated was "the strongest drive of all" for birth control among the working classes and that few arguments could overcome "the almost universal desire of parents to provide well for their loved ones and help them to a better life."¹²² Indeed, as Henrice Altink argues, lower class Jamaican families placed a high value on rearing children who had the ability to contribute to the community and advance socially, particularly through education.¹²³ As she argues, however, the hierarchical social and economic structure on the island and expense of secondary education—compounded with large family sizes—made this goal particularly difficult to obtain.¹²⁴

After economic concerns, the second most frequently cited reason for requesting birth control among letter-writers in Jamaica was health issues.¹²⁵ Women described suffering during and after their pregnancies from the physical strain of pregnancy and general exhaustion, and several had been told specifically by their doctors not to have any more children due to kidney disorders or other health issues.¹²⁶ The fear inspired by such threats is apparent. As one woman wrote:

I am a poor woman age 34 and have got 8 children and is expecting another I am 7 months in the family way. And I am suffering greatly with all these last children and three different Dr advise me to stop have children but I never have the money to do so, And I would like if God should spare my life to get over this to be the last one so I write to you in time for a help.¹²⁷

¹²¹ #2 (4/108/645, May Farquharson Collection, NAJ).

¹²² Sir Grantley Herbert Adams, "Underdeveloped Countries: Their Race with Population," in *37th Annual Luncheon of the Planned Parenthood Federation of America*, 17 October 1957 (Planned Parenthood Federation of America Records, SSC), 6-7.

¹²³ Altink, *Destined for a Life of Service*, 82-83.

¹²⁴ *Ibid.*, 86, 90.

¹²⁵ Health concerns were mentioned by at least one third of letter-writers (my analysis).

¹²⁶ See for example #22, #31, #67, #91, #308, #444, #469 (4/108/645, May Farquharson Collection, NAJ).

¹²⁷ #469 (4/108/645, May Farquharson Collection, NAJ).

Many women also referred to the impact frequent child-bearing left on not only their physical, but also their mental health. Women described themselves as having a “rundown system and brain,”¹²⁸ being “scared stiff” of having another child,¹²⁹ and suffering from “nerves.”¹³⁰ One woman had a nervous breakdown about six weeks after her child was born,¹³¹ and another described herself as “so depressed, that I find sometimes that life is not even worthwhile living.”¹³²

The anxiety in these letters was particularly apparent among women with several children already, who made up the majority of clinic patients across the island. But birth control advocates also noted the attendance of young women seeking to plan ahead and prevent the onset of child-bearing. In Barbados, for example, Lady Adams claimed that from the start of the BFPA clinic many young women attended, partly out of a desire to seize on the opportunities provided by emigration. As she noted: “these young girls wanted to leave [and] [h]aving too many children made it difficult for them.”¹³³ Young women in Jamaica also pointed to their desire to plan ahead for their futures; indeed, some letter-writers had not had any children at the time of writing. As one woman explained:

I am 22 years of age and got married recently. I do not wish to have any children immediately for several reasons. Foremost amongst them being the expense attached. I have discussed this matter with my husband and he is in agreement with me. I would greatly appreciate whatever assistance and advice you can give me on this subject as it is of great importance to me.¹³⁴

¹²⁸ #295 (4/108/645, May Farquharson Collection, NAJ).

¹²⁹ #69 (4/108/645, May Farquharson Collection, NAJ).

¹³⁰ #91 (4/108/645, May Farquharson Collection, NAJ).

¹³¹ #472 (4/108/645, May Farquharson Collection, NAJ).

¹³² #235 (4/108/645, May Farquharson Collection, NAJ).

¹³³ Miller, “Barbados,” 6.

¹³⁴ #132 (4/108/645, May Farquharson Collection, NAJ).

These younger women also cited their mothers' experience or urging as incentive to avoid childbearing.¹³⁵ Indeed, many mothers warned their daughters against sexual experimentation, attempted to restrict them from social situations that could lead to intercourse, and/or punished them for becoming pregnant at a young age.¹³⁶

Whatever the reason, as clinic workers were keen to point out, the assertiveness with which women sought out birth control services stood in stark opposition to popular assumptions that family planning was a method solely of interest to the middle and upper classes. As Violet Allwood of the JBCL argued in letters to the *Gleaner* the attendance of lower class women at the clinic suggested that they too were "most anxious to avail themselves of the knowledge to plan the number of their children according to their means."¹³⁷ Dr. Beric Wright in Trinidad similarly argued that the popularity of the clinic proved there "really is an overwhelming need"¹³⁸ among working class women for family planning services, contrary to the statements of religious leaders and elite naysayers. To say that working class women shared an interest in birth control with middle class and elite advocates, however, should not lead us to assume that interest was of the same nature. As Trinidadian demographer Jack Harewood noted in a study of fertility, contraceptive use and attitudes on the island, women were rarely motivated to use birth control out of concern over the population problems of the country or other such abstract national concerns that were prioritized by some sections of the family planning movement.¹³⁹ Stycos and Back similarly noted that the issues of demography, religion and politics rarely came up in

¹³⁵ #238 (4/108/645, May Farquharson Collection, NAJ).

¹³⁶ Clarke, *My Mother Who Fathered Me*, 97-100, Stycos and Back, *The Control of Human Fertility in Jamaica*, 162-4, Altink, *Destined for a Life of Service*, 26-27.

¹³⁷ Violet Allwood, "Letter to the Editor: The Population Problem," *The Daily Gleaner*, 30 October 1940.

¹³⁸ "First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957," 1957 (CO 1031/2788, NAUK), 9.

¹³⁹ Roberts, "Family Planning Policy and Development Discourse in Trinidad and Tobago," 10-12.

interviews, despite their dominance in press debates over birth control.¹⁴⁰ Rather, as evidenced above, women most frequently cited personal-level concerns over the physical, emotional, and financial well-being of themselves and their families in seeking birth control services. Perhaps unsurprisingly, their interest aligned more closely with the type of “family welfare” birth control advocacy promoted by the likes of Maymie Aiken, John Beckles, and the many nurses who worked most closely with poor populations, and were themselves only a few generations removed from poverty.

This interest in birth control also did not necessarily entail a disavowal of cultural norms stressing the importance of fertility and motherhood. Many women who wrote to and/or came to the clinic had already had several children and were asking for birth control not to prevent motherhood altogether, but to control it. Only 11% of Jamaican women interviewed by Stycos and Back stated “one or none” as the ideal number of children for a woman to have; the greatest percentage (39%) wanted three or four, followed by two (at 26%).¹⁴¹ Later studies in Trinidad also pointed to three to four as the ideal number of children as expressed by most women interviewed, with no discernible difference amongst religious groups.¹⁴² However, as family planners and working class women themselves recognized, a desire to have *some* or even *many* children did not necessarily lead to a desire to have an unlimited number of children in rapid succession.¹⁴³ As one woman explained to the JBCL:

¹⁴⁰ Stycos and Back, *The Control of Human Fertility in Jamaica*, 316.

¹⁴¹ *Ibid.*, 21, 33.

¹⁴² A study by Norma Abdulah and Jack Harewood in 1972, for example, showed that 34% of women preferred two to three and 40% four children. See Harewood Abdulah, “What Our Women Know,” 7.

¹⁴³ As Stycos and Back pointed out, in assuming lower class women were strongly motivated to have a large number of children, “the desire to have some children is confused with a wish to have many.” Stycos and Back, *The Control of Human Fertility in Jamaica*, 18. UNTA consultant to Barbados Margaret Hagood also pointed out that although many pointed to a value system that “requires that a woman bear a child to prove her womanhood”, it was not clear “how much this factor operates in having additional children after the first” (Hagood, “Report to the Government of Barbados,” 1099).

I would like to have my lot of children, but not so quickly. My husband can't afford to care us as he would if I am to have one every year. I would be very thankful to you, if you would inform me how to practice the spacing of my babies having one every three or four years.¹⁴⁴

Another clarified that "It is not a matter that I do not love children but its much of a strain on me."¹⁴⁵ Women thus clearly found ways of reconciling birth control with values on fertility.

And yet, many more did not seem to find such justifications necessary. Sixty percent of women who wrote to the JBCL simply asked for information on birth control, without explaining why or reaffirming their commitment to reproduction. As evidenced above, some even spoke of fertility in an openly disparaging way, describing their "disappointment" in becoming pregnant or their fertility as a "curse," or stating their desire for no children. One woman claimed that "life will practically become intolerable if I am to continue child bearing"¹⁴⁶ and another described her "disgust of having children so often."¹⁴⁷ Later studies also suggested that, although many women recognized the high value placed on fertility and feared being labelled a "mule" for not having children or having only one, others openly recognized it as an advantage for a woman to have few or even no children.¹⁴⁸ Of course, the experiences of women who attended clinics and/or answered surveys are no more representative of the entire population than those who spoke to anthropologists in the 1940s or 1950s. But they should at the very least lead us to take pause before claiming that among working class West Indians there was "no incentive for either men or women to avoid parenthood"¹⁴⁹ or that birth control was essentially "anathema"¹⁵⁰ to Caribbean society because of the cultural value attached to childbearing or the high birth rates

¹⁴⁴ #44, see also #215, #468 (4/108/645, May Farquharson Collection, NAJ).

¹⁴⁵ #127 (4/108/645, May Farquharson Collection, NAJ).

¹⁴⁶ #130 (4/108/645, May Farquharson Collection, NAJ).

¹⁴⁷ #109 (4/108/645, May Farquharson Collection, NAJ).

¹⁴⁸ Stycos and Back, *The Control of Human Fertility in Jamaica*, 19-20.

¹⁴⁹ Clarke, *My Mother Who Fathered Me*, 96.

¹⁵⁰ Heuring, "Health and the Politics of 'Improvement,'" 316.

among these populations. As family planning advocates soon learned, there were plenty of reasons—including, but not limited to cultural beliefs—why working class people might avoid or give up on birth control.

4.2 ALL KNOWN METHODS ARE TROUBLESOME AND EXPENSIVE: BARRIERS TO FAMILY PLANNING PRACTICE IN THE 1930S-50S

As clinic records clearly indicate, writing a letter to the JBCL or attending a clinic did not necessarily commit a woman to birth control for life. In fact, as in other areas of the world,¹⁵¹ clinics in the Caribbean in the 1930s-50s frequently lost half their patients after the first visit. An analysis of the JBCL's patients in 1955, for example, showed that of the clinic's first four thousand visitors 57% never returned to check in with doctors or refill supplies, and 15.5% returned only once.¹⁵² Early clinics in Trinidad charted similar rates, with approximately half of their patients disappearing after first attendance,¹⁵³ and BFPA staff in Barbados consistently noted that the major problem was "not attracting clients, but retaining them."¹⁵⁴ Family planners also found it hard to expand beyond their initial base of highly motivated birth control seekers.

¹⁵¹ The retention rates at Caribbean clinics in these years were comparable to those at Sanger's Research Bureau (Stycos and Back, *The Control of Human Fertility*, 69) and at early clinics in South Africa, where 50% never returned (Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 93).

¹⁵² Jamaica Family Planning League, "Perseverance in Attendance at Clinic, Kingston, May 5, 1939 to May 9, 1955," (4/108/2106, May Farquharson Collection, NAJ).

¹⁵³ Just over 50% in Point Fortin and 37/45 patients in Fyazabad returned after the first year. "First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957," 1957 (CO 1031/2788, NAUK), 19. In 1957-58 Second Annual Report, of 178 patients seen, 38% paid return visits at Point Fortin and of 111 at Fyabad, 64%. "Trinidad." *News of Population and Birth Control*, No. 75, May 1959 (SA/FPA/A10/20, Family Planning Association Papers, WL), 2. In Barbados, two thirds of new patients returned for check-up, but only one quarter for a third. Tietze, *The Family Planning Service in Barbados*, 6.

¹⁵⁴ Barbados Family Planning Association, "Survey of Lower-Income Women in Barbados and the effects of the Family Planning Association on Their Lives," 1971 (Pam B331, BNA), 10.

As Wilkinson noted in Bermuda, although in attempting to reach out to communities nurses found the women they approached were “all interested,” it was often “not easy to get a great number of women, even when they have had several children, to attend a clinic.”¹⁵⁵ In fact, the JBCL temporarily abandoned outreach visits to working class Kingston communities in 1949, after discovering that only 6% of the mothers approached ended up coming to the clinic.¹⁵⁶ Follow-ups with patients also found that a number had either stopped using birth control or used it unsuccessfully, such that they had become pregnant mere months after visiting the clinic.¹⁵⁷

Early birth control advocates were unsure of how to explain this gap between attitudes and practice. At times, they simply fell back on stereotypes about working class families, referring vaguely to the “general indifference” or “superstitions” of the people who believed they had to have their “lot” of children.¹⁵⁸ They also frequently attributed women’s inconsistent use of birth control to the oft-cited “irresponsibility” of West Indian men; according to country nurses in Jamaica, for example, “the women themselves want to use birth control, but they are hindered by the men, who like to be able to produce one baby per annum and are apt to discard the woman if she doesn't stay in production!”¹⁵⁹ Indeed, Barbadian advocate G.L. Gittens wrote an entire novel (*A Matter of Pigment*) exploring the plight of “simple working class wives with intransigent husbands with respect to family planning.”¹⁶⁰ Family planners also claimed that

¹⁵⁵ Letter, Wilkinson to Acting Colonial Secretary, 1 May 1946 (Public Health; Birth Control, 1934-1961, BA).

¹⁵⁶ R.D.K. Levy, “History of Birth Control in Jamaica,” 18 March 1955 (CO 1042/244, National Archives, United Kingdom), 2.

¹⁵⁷ See for example: “List showing clinics visited, names of persons seen and remarks regarding their condition,” 3 September to 12 December 1941 (4/108/744, May Farquharson Collection, NAJ).

¹⁵⁸ See for example Stony Hill Fort George to Lieut. Colonel B.L. Raina, Letter, 23 August 1952 (4/108/1067, May Farquharson Collection, NAJ), 1.

¹⁵⁹ May Farquharson, “Report on Volpar Foaming Tablets,” 1955? [n.d.] (4/108/812, May Farquharson Collection, NAJ), 1.

¹⁶⁰ G.L. Gittens, “A Matter of Pigment,” 1976 (Pam A 1401, BNA). Gittens opened the story with a discussion of the life of Millie and her husband Charles, a lorry driver who was harshly against birth control use, telling his wife that “only people out fuh a time an’ whores need that: not decent people” (4). Millie receives similar rejection from her priest, who advises her to abstain from sex if she does not want to have any more children, leading her to think

working class people had blindly accepted the claims of labour leaders and religious leaders that birth control was sinful or meant to “kill black people.”

Such concerns were indeed recorded, to some extent, by men and women targeted by family planners. A couple of women writing to the JBCL, for example, worried about the health consequences of not having their “lot,” asking the clinic “if I can stop without I get sick after I stop having any,”¹⁶¹ or “if I stop having children, I would like to know if I would sick later on.”¹⁶² Some women also expressed their concern that birth control was sinful or, in the case of condoms in particular, was something used mainly to prevent venereal disease and thus associated with prostitutes. As Patricia Mohammed reported in Trinidad: “the story is often repeated of a woman of the middle class who was trying to encourage a working class mother to using [sic] condoms only to be told at the end of her pains: ‘Madam, that is all right for you, but I am a decent woman.’”¹⁶³

Working class people across the region also appear to have been particularly on guard against possible involuntary sterilization, abortion, or infanticide plots that might be disguised as family planning or general health services. A group of people invited to film screenings by caseworkers for the Jamaica Family Life Project, for example, expressed concern that the movie projector and generator might in fact be machines meant to sterilize them.¹⁶⁴ Anthropologist Fernando Henriques also reported in 1953 that in one village in Jamaica “the children refused to be inoculated against typhoid as their mothers had told them that if they were they would be

to herself that “we have the children: not you men,” and if her husband was going to abstain from her, he would not from other women (5). As such, Gittens’ heroine decides to use birth control anyway, for “she intended to educate the children as well as they could take it” and “she couldn’t visualize doing this if instead of two there were four children” (27). Millie persists even when her husband catches her and beats her (26-27).

¹⁶¹ #115 (4/108/645, May Farquharson Collection, NAJ).

¹⁶² #209 (4/108/645, May Farquharson Collection, NAJ).

¹⁶³ Mohammed, “A History of the Family Planning Association of Trinidad and Tobago,” 1.

¹⁶⁴ Stycos and Back, *The Control of Human Fertility in Jamaica*, 211.

unable to have children when they grew up!”¹⁶⁵ Such rumours apparently spread across the region. The Governor of the Windwards related in 1955 that hundreds of Grenadian children had been kept from school by their parents for two or three days “because a vile story had been put about that a series of secondary B.C.G. vaccinations then being carried out were in reality ‘inoculations with black castor oil’ designed to render the children sterile and so ‘reduce the number of black bodies.’”¹⁶⁶ These rumors, of course, were not completely unfounded. As documented in Chapter Two, legislatures across the Caribbean had considered compulsory sterilization and even castration proposals targeting black populations in the 1930s and 40s, and doctors in both Jamaica and Bermuda conducted some seemingly unethical sterilizations. Sterilization was not, however, the method being promoted by most family planners; in fact, birth control clinics in Bermuda did not offer sterilizations until the late 1950s (as we will see), and clinics in Kingston, St. Ann’s, Barbados, and Trinidad did not offer them until the 1970s.

If the confusion over sterilization and eugenics made people legitimately suspicious of birth control advocacy, however, researchers and family planners repeatedly noted that these concerns were rarely insurmountable. Once it was made clear that they were promoting voluntary and temporary methods such as diaphragms and condoms, objections of many working class people faded away. For example, although 37% of women interviewed by the Jamaica Family Life Project at first stated they were opposed to “birth control” in general, after interviewers explained that this meant having “a longer time between each child” or “to put off having children,” this number shrank to 15%.¹⁶⁷ Stycos and Back also noted that once they reassured people that the film project was *not* advocating sterilization, respondents in the

¹⁶⁵ Henriques, *Family and Colour in Jamaica*, 88.

¹⁶⁶ Wallace Macmillan, Grenada, to P. Rogers, Colonial Office, Letter, 23 June 1955 (CO 1031/1969, NAUK), 2.

¹⁶⁷ Stycos and Back, *The Control of Human Fertility in Jamaica*, 47-49.

community mentioned above quite quickly changed their attitudes towards it.¹⁶⁸ That even the most sceptical of islanders could be convinced is evidenced in a similar anecdote related by May Farquharson in a letter to fellow birth control advocate Violet Allwood. Apparently, while visiting Jones Pen with JBCL Nurse Foster, they had come up against two women who claimed they were “out to destroy the black people.” As Farquharson wrote:

One was old, and left the car to march down the street in a state of high dudgeon, then went to a grocery shop and held forth to the lady behind the counter and to some customers about our iniquities. Foster, who was watching the furor from a discreet distance, followed her down there, went in to the shop and said "What is the old lady quarrelling about?" and explained to the people about B.C. and its objects. Upshot, the old lady gave her the address of her daughter for us to go and see! The other irate female remained with me, very much on the defensive, but finally consented to come and sit in the car and see the models, and hear the story. She calmed down...and said she had had quite the wrong idea, and that if her own youngest was not 18, she would come to the Clinic herself!¹⁶⁹

Later studies in Jamaica also suggested that although fear that birth control was an attempt to “kill black people” was occasionally voiced, it was not as significant a factor in practice as it was in the realm of politics. In fact, only a miniscule percentage (2%) of those few women who opposed birth control in a study in Jamaica in 1968 cited “racial objections” as their main concern, and these were the most easily overcome by information.¹⁷⁰

Family planners and researchers also discovered over time that “religious” and “superstitious” objections to birth control, although present, appeared to be much less prohibitive factors than they had originally assumed. Indeed, follow-ups of clinic patients and demographic studies consistently ranked religion, superstition, and/or “apathy” as among the least significant

¹⁶⁸ Stycos and Back, *The Control of Human Fertility in Jamaica*, 218.

¹⁶⁹ Stony Hill Fort George to Violet, Letter (4/108/614, May Farquharson Collection, NAJ), 2.

¹⁷⁰ Jamaica Family Planning Association, “Report on the Seminar on Family Planning Held at the Jamaica Hilton Hotel,” 28 December 1968 (Pam 301.426 Ja. Sem., NLJ.), 26.

factors cited for discontinuing or avoiding birth control.¹⁷¹ In following up with 191 Barbadian women who stopped using the diaphragm after a year, for example, not a single woman expressed any form of religious or moral objection.¹⁷² Stycos and Back also noted that religion was rarely mentioned by the women they interviewed. When asked if they would take a contraceptive pill if available, for example, only 10% of those who objected did so because it would be “sinful.”¹⁷³ As well, although many women they interviewed claimed to ascribe to the belief that one must have their “lot” of children to avoid becoming sick, after watching a film in which a medical professional discredited this belief, sample groups immediately rejected it as well.¹⁷⁴ Thus, as Stycos and Back argued, even when such beliefs and fears existed, they were voiced much less frequently than predicted and tended to break down surprisingly easily “once people are put in a position of examining it critically.”¹⁷⁵

Family planners' concerns over male objection to birth control appear to have been somewhat more on point. Thirty-nine of 191 women interviewed by the BFPA in 1957, for example, reported that they stopped using the diaphragm because their partners objected,¹⁷⁶ and clinic workers recorded numerous stories of women having their diaphragms taken away by their husbands.¹⁷⁷ Women writing to the JBCL from the countryside also complained that their husbands would not use birth control despite their pleas,¹⁷⁸ with one woman claiming her man saw it all as a “joke” and that “he think I am just a fool.”¹⁷⁹ Indeed, clinic workers in Trinidad found male objections to be such a serious problem that they had to develop policies to protect

¹⁷¹ Stycos and Back, *The Control of Human Fertility in Jamaica*, 212-213.

¹⁷² Tietze and Alleyne, “A Family Planning Service in the West Indies,” 262.

¹⁷³ Stycos and Back, *The Control of Human Fertility in Jamaica*, 60.

¹⁷⁴ *Ibid.*, 25.

¹⁷⁵ *Ibid.*, 25.

¹⁷⁶ Tietze and Alleyne, “A Family Planning Service in the West Indies,” 262.

¹⁷⁷ Lehfeldt, “Family Planning in Barbados,” 13.

¹⁷⁸ #245 (4/108/645, May Farquharson Collection, NAJ).

¹⁷⁹ #336 (4/108/645, May Farquharson Collection, NAJ).

women's privacy. These systems were not foolproof, however, as Nancy Montano and Nurse Roberts of the FPATT related:

One day a new clinic clerk came to work and she had not yet been trained...That same day one woman whose husband was violently against her using birth control...came to collect her supply. A few hours after she left a very irate man came in asking whether his wife had been in here earlier and of course the green clerk, not knowing any better said yes, she had. Later that night she was admitted to the General Hospital suffering from severe bruises and wounds caused by chops from a cutlass.¹⁸⁰

More than just prohibitive, then, male objections could be near-fatal.

Such horrifying accounts should not, however, be taken as a universal rejection of birth control among Caribbean men. In fact, family planners were impressed to note that some working class men were among their most enthusiastic clients. One of Bermuda's first patients, for example, was a "coloured bell boy,"¹⁸¹ and at least sixteen letters written to the JBCL from the countryside were written by men.¹⁸² As one Jamaican man related:

My wife... has been ill for 3 years and I have been trying to help her. The Doctor says she wants rest. She has four children two of whom are dead and she is now looking out for another. My appeal is that you will instruct me how to avoid giving her another baby during the time she should rest. I belong to the laboring class, but I am a small settler and not in a position to consult a medical man at this time but anything or any advice from you along the lines indicated will help.¹⁸³

Women also described discussing the matter with their partners and finding them supportive:

I talk the matter over carefully with my husband, he is glad that I went to you and has requested me to inform you that being up in the country and not being able to go up to Kingston often, he has decided to use the "cap for men", so I would like to know if you have those in stock for sale, or if I could get some through the League and price.¹⁸⁴

¹⁸⁰ Mohammed, "A History of the Family Planning Association of Trinidad and Tobago," 12.

¹⁸¹ Letter, Henry Wilkinson to Mrs. Sanger, 19 June 1937 ("Bermuda, 1933-1938" Foreign File, Box 17 Reel 11, Margaret Sanger Papers, Manuscript Division, LOC), 2.

¹⁸² #2, #17, #322 (4/108/645, May Farquharson Collection, NAJ). Another 5 letters from the countryside were signed jointly by married couples, and several women mentioned discussing their decision with their husband before writing in, and/or having experimented with male contraceptive methods in the past.

¹⁸³ #95 (4/108/645, May Farquharson Collection, NAJ).

¹⁸⁴ #17 (4/108/645, May Farquharson Collection, NAJ).

American birth control advocate Naomi Thomas, in her 1954 visit to Barbados, similarly recalled visiting the two room house of a seasonal worker in the sugar industry, who discussed his desire for birth control:

He talked of what he would like to do for his family, but obviously could not. He felt he was letting them down -- he felt terribly guilty. When he and his wife learned that there really was a kind of birth control that works, there was no question of acceptance— the question was simply, ‘Where do we go and how can we get it?’¹⁸⁵

As Stycos and Back pointed out, such findings pointed to “a greater sense of responsibility than is usually attributed to the lower class”¹⁸⁶ male, who was too often dismissed by many middle and upper class West Indians as “an irresponsible procreator of hordes of illegitimate children.”¹⁸⁷ In addition, a study by Roberts et al in the 1960s found that nearly one third of women interviewed who started using birth control did so on the recommendation of their partners,¹⁸⁸ suggesting that men could play a role not only in discouraging women from using birth control, but also encouraging them. According to Farquharson, her own chauffeur was “a keen Birth Controller, and, in fact, holds discussions with chauffeurs and policemen and so on whenever he has to wait for me anywhere!”¹⁸⁹

In any case, as advocates came to realize over time, whether supported by their partners or not, women might well find that the basic circumstances of their lives were enough to make sustained birth control practice difficult.¹⁹⁰ Working class women played an active role in the

¹⁸⁵ Field Consultant Naomi J. Thomas, “Barbados, British West Indies,” 1954 (Planned Parenthood Federation of America Records, SSC), 9.

¹⁸⁶ Stycos and Back, *The Control of Human Fertility in Jamaica*, 280.

¹⁸⁷ *Ibid.*, 280.

¹⁸⁸ Roberts, Cummins and Alleyne, “Knowledge and Use of Birth Control in Barbados,” 590.

¹⁸⁹ Letter, Fort George, Stony Hill to Mrs. How Martyn, 10 February 1939 (4/108/1315, May Farquharson Collection, NAJ), 1.

¹⁹⁰ Letter, May Farquharson to Dr. W.E. McCulloch, 13 April 1952 (4/108/1434, May Farquharson Collection, NAJ), 2.

economic life of the island, as domestics, agricultural workers, laundresses, and the main distributors of fish, fruit, and vegetables at markets across the islands.¹⁹¹ They were also frequently raising several children at the same time and often in poor health as a result of their combined productive and reproductive labours.¹⁹² Finding time to attend a clinic could thus be a daunting challenge, duly enhanced by the lack of sufficient childcare and health services in most areas of the islands.¹⁹³ A follow-up survey done by the JBCL in 1940, for example, found that many women had not returned to the clinic because they were “too busy,” “sick with cold” or their children were sick.¹⁹⁴ High bus fares, tropical rain showers, and lack of public transportation services also made trips to the clinics even more cumbersome.¹⁹⁵ This was particularly noted in Trinidad, where advocates reported that the distance to the Point Fortin clinic from major population centres and expensive bus fares were among the biggest prohibiting factors cited by clients.¹⁹⁶

Attending a clinic regularly was also made difficult by the general instability of working class life and their long tradition of migration in search of work, either to other countries or to other parishes within the islands.¹⁹⁷ As clinic workers in Jamaica noted, many clients would “disappear into the blue, change their rooms and so on, and there is no finding them.”¹⁹⁸ Indeed, even the JBCL’s first eager patient, the 24 year old laundress, was lost for a while after changing

¹⁹¹ See Altink, *Destined for a life of Servitude*, 119-135. As Chamberlain reports based on figures from the 1921 census of Bermuda, 21% of the population was plantation labourers, of which 62% were female; the second largest group were domestic workers (16%), 88% of which were female; the third largest—hawkers and peddlers were 94% women. Chamberlain, *Empire and Nation-Building in the Caribbean*, 51

¹⁹² Naomi J. Thomas, “Barbados, British West Indies,” 1954 (Planned Parenthood Federation of America Records, SSC), 4.

¹⁹³ Letter, May Farquharson to Dr. Lightbourne, 5 April 1954 (4/108/1092, May Farquharson Collection, NAJ), 1.

¹⁹⁴ “JBCL Ltd to June 30th, 1940,” (4/108/2001, May Farquharson Collection, NAJ), 1.

¹⁹⁵ Stycos and Back, *The Control of Human Fertility in Jamaica*, 210-11.

¹⁹⁶ “First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957,” (CO 1031/2788, NAUK), 19.

¹⁹⁷ As Henrice Altink records, between 1871 to 1921, some 26,400 women and 23,300 men changed parishes in Jamaica (Altink, *Destined for a life of Service*, 15).

¹⁹⁸ Fort George Stony Hill to Violet, Letter, 9 January [1941] (4/108/614, May Farquharson Collection, NAJ).

her address three times, with the last update stating simply that she was “gone to the country.”¹⁹⁹ This mobility could also be driven by poor conditions of land tenure. As African American family planner Naomi Thomas recorded, houses in Barbados were deliberately constructed with cheap materials and designed to last only 15-20 years in order that they could be easily moved should a house’s owners be evicted from the land on which it stood. As she explained: “Most of them are put up on rented land and since there is little security of tenure of a plot of ground, a house that can be moved is the only answer.”²⁰⁰ Under these conditions, maintaining a consistent relationship with any institution, such as a clinic, was undoubtedly difficult.

Women’s need for birth control also fluctuated with their partners’ work, migratory, and conjugal practices. As May Farquharson related in 1941 to contacts in Britain:

we have found that a very considerable percentage of those who have not returned for check-up have discontinued the use of B.C. [birth control] because their husbands have gone to work in Panama. ...Over 2600 of the better type of workman have got work down there in the last couple of years, and as a majority of our patients' husbands come under that category, it is quite probable that a fair percentage of them have gone.²⁰¹

Similarly, a 1959 study of BFPA clients showed that in almost half of the cases in which women described themselves as “no longer needing” birth control after the clinic’s first year, the reason was that their partners had emigrated to the United Kingdom.²⁰² As well, family planners speculated that the tendency for many Caribbean women to have children outside of marriage

¹⁹⁹ Fort George Stony Hill to Edith How-Martyn, Letter, 10 March 1940 (4/108/1315, May Farquharson Collection, NAJ), 1.

²⁰⁰ Field Consultant Naomi J. Thomas, “Barbados, British West Indies,” 1954 (Planned Parenthood Federation of America Records, SSC), 5.

²⁰¹ Fort George to Mrs. Kennedy, Letter, 31 May 1941 (4/108/944, May Farquharson Collection, NAJ). Another woman, after being chided by Farquharson for not returning for supplies, explained that her husband was in the USA, and hence had not needed contraceptives. See (Nurse) Rhoda Meeks to Miss May Farquharson, Letter, 9 March 1950 (4/108/1231, May Farquharson Collection, NAJ), 2.

²⁰² Tietze and Alleyne, “A Family Planning Service in the West Indies,” 263. Migrating may have simply shifted the location of the birth control demand. In 1958, for example, family planners in the U.K. noted that their clinics were “being crowded out with West Indians,” an issue which created conflict for the London FPA as few of these women could produce the required marriage certificates. “Report received from Mrs. Pyke of her conversations with Islington Branch—Mrs Maedawaer and Mrs Brook,” 15-16 July 1958 (SA/FPA/A21/26, WL), 1.

and to not cohabit with their partners (even when they remained on the island) could decrease the regularity of intercourse and their need for family planning services. As Farquharson related, even some of the clinic's most "conscientious birth controllers" did not return regularly because they were "not leading normal married lives" and did not need birth control at all times.²⁰³

The most consistent factor prohibiting women from sustained birth control practice, however, appears to have been the very nature of contraceptives themselves. In a report of JBCL nurse visits to 67 non-returnees in 1941, for example, the majority of those who gave explanations for their lack of perseverance in birth control use said they were disappointed with the method they were given, finding it "uncomfortable" to use and/or reporting that it had failed and they had become pregnant again.²⁰⁴ One third of 555 women interviewed in Barbados in 1957 who stopped using the diaphragm similarly quit because they got pregnant, with additional proportions quitting out of discomfort or fear of injury.²⁰⁵ The majority of contraceptives available at the time were indeed difficult to use effectively. Diaphragms were, at their best, believed to be around 87% effective, but they needed to be covered in spermicidal jelly first and inserted fairly precisely over the cervix before sex, removed not less than eight hours after intercourse and washed, dried, and powdered, thus requiring a fair amount of planning and access to clean water.²⁰⁶ They also decreased in efficacy among women who had had multiple pregnancies (like most West Indian women) and lived in tropical climates (like all West Indian

²⁰³ May Farquharson to Mac, Letter, 4 May 1955 (4/108/889, May Farquharson Collection, NAJ), 1.

²⁰⁴ "List showing clinics visited, names of persons seen and remarks regarding their condition," September 3 to December 12, 1941 (4/108/744, May Farquharson Collection, NAJ).

²⁰⁵ Tietze, *The Family Planning Service in Barbados*, 6. The incidence of pregnancy among these women was, in fact, quite high, at 17 per 1000 years compared with rates of about 4-13 in the continental U.S. Tietze and Alleyne, "A Family Planning Service in the West Indies," 267.

²⁰⁶ Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 97.

women).²⁰⁷ Family planners in Jamaica found that the rubber on the diaphragms sent to them perished rapidly in the Jamaican climate, leading them to put them in an ice box,²⁰⁸ a tactic which the distributor warned would decrease their efficacy even further.²⁰⁹ Other methods available at the time also had their problems. Suppositories such as Rendell's were greasy and one had to wait 5-10 minutes for them to harden, spermicidal foam tablets did not dissolve if the woman was not moist enough,²¹⁰ spermicidal pastes expanded and burst out of their tubes in hot rainy weather,²¹¹ and the condoms imported by local pharmacists were known for being "very poor" quality and frequently came with "no instructions whatever" such that "the chances are they are wrongly used."²¹² Other methods, such as douching or the cottonwool-and-oil method recommended to women in country areas of Jamaica, also required access to clean water and privacy that would have been luxuries for many.²¹³ As PPFA field consultant Naomi Thomas related in her report on her trip to Barbados in 1954:

The average house has only two small rooms and there is much over-crowding and extremely poor living conditions. Sanitary conditions are poor and 90% of homes have no bath. Many women have to walk a half mile to the nearest stand pipe for water.²¹⁴

²⁰⁷Schoen, *Choice and Coercion*, 28. See also Dr. W.E. McCulloch's memorandum to Jamaica Welfare Limited, "Birth Control-Contraception," 27 July 1938 (3/24/1284, Jamaica Social Welfare Commission papers, NAJ).

²⁰⁸Stony Hill Fort George to Mrs. Kennedy, Letter, 3 June 1939. (4/108/950, May Farquharson Collection, NAJ).

²⁰⁹ Anne Kennedy to Mrs. May Farquharson, Letter, 13 June 1939 (4/108/950, May Farquharson Collection, NAJ), 2.

²¹⁰ G.L. Gittens, "Why Birth Control?: The Need for Planned Parenthood by the Family and the Island," Advocate Co., Ltd. 1954 [?] (BNA, Pamphlet A 1158), 11-23.

²¹¹ Jamaica Family Planning League to Messrs Gilmont Products Ltd, Letter, 18 June 1958 (4/108/1712, May Farquharson Collection, NAJ), 1.

²¹² May Farquharson to Charlie [Pengelley], Letter, 21 September 1940 (4/108/2006, May Farquharson Collection, NAJ), 1.

²¹³ May Farquharson to Gen. Secretary Family Planning Association Miss Irene James, Letter, 28 April 1952 (May Farquharson Collection, NAJ), 1-2.

²¹⁴ Field Consultant Naomi J. Thomas, "Barbados, British West Indies," 1954 (Planned Parenthood Federation of America Records, SSC), 6.

Stycos and Back similarly noted that of the 1400 women in their sample, only 12% of urban homes and not a single rural household had interior plumbing, with most living in houses averaging three per room.²¹⁵

Practising birth control effectively under these conditions would have been a great challenge for any woman; this challenge was undoubtedly made even more difficult for those without literacy and/or access to even the most basic sex education. As Farquharson recognized “most of the poorest are either illiterate or read so badly that they cannot understand the simplest pamphlet,”²¹⁶ and other family planners complained that standard pamphlets often “presupposed a knowledge of anatomy”²¹⁷ that was not there. Indeed, oral histories, such as those collected by the Sistren Theatre Collective in Jamaica in the 1960s, attest to women’s often complete lack of awareness of the fundamentals of sex and childbearing.²¹⁸ As one woman recalled:

It never mean notten to me when me miss me period. Me used to keep to meself, not even have no friend fi tell me notten. Me maada never tell me bout sex or dos tings...²¹⁹

Me feel seh me life mash up tru me never understand bout sex and men. Me never know what me could a do bout di problem. Me say is everyday problem. It cyaan change.²²⁰

As this woman’s story attests, this lack of awareness about one’s body could lead to a sense of helplessness and resignation in regards to reproductive control.²²¹

²¹⁵ Stycos and Back, *The Control of Human Fertility in Jamaica*, 14.

²¹⁶ Miss May Faquharson to Lieut col. Raina, 26 August 1952 (4/108/1067, May Farquharson Collection, NAJ).

²¹⁷ “Family Planning Can Cut Population Rise,” *Barbados Advocate*, 4 July 1951, 3.

²¹⁸ Sistren, with Honor Ford Smith, Ed. *Lionheart Gal: Life Stories of Jamaican Women* (London: The Women's Press Ltd. 1986), xix, 22, 48, 58.

²¹⁹ *Ibid.*, 147.

²²⁰ *Ibid.*, 151.

²²¹ Indeed, as Johanna Schoen points out in her own study of women seeking birth control in North Carolina: “Clients whose lives and livelihoods had traditionally been controlled by forces beyond their reach—be they landlords, banks, or nature—frequently lacked confidence in their own ability to control such major events as conception and pregnancy.” Schoen, *Choice and Coercion*, 54.

Family planners were not always sensitive to these issues, to say the least. As Jill Briggs argues in her study of the JBCL in the 1930s and 40s, for example, elite family planners tended to view their clients as “culturally and intellectually backwards” and thus frequently blamed failures on inconsistent use of the method by uncommitted or apathetic patients.²²² Indeed, early advocates such as Farquharson and Wilkinson, socially and economically distant from their clients, repeatedly complained in correspondence in the 1930s and 40s that clients failed to practice birth control properly because they were lazy, “incorrigibly careless,”²²³ or “simply forget to do what they are told.”²²⁴ But at other times, these same leaders did recognize women’s complaints as legitimate. In 1952, for example, Farquharson admitted to other family planners that “all known methods of birth control are troublesome and too expensive, and require privacy which our women have not got.”²²⁵ Therefore, as she argued, the clinic could not hope to achieve too much until “scientists really get busy over easy and cheap methods. As they have invented all these atom bombs, surely a simple contraceptive cannot be beyond the wit of man.”²²⁶

These early advocates were likely pushed towards recognizing the real barriers in working class women’s lives through their own experiences in the clinics over time, as they gained more contact with their targeted population.²²⁷ They were also helped along by the lobbying of nurses, who were closer to patients in socio-economic status and often more

²²² Briggs, “As Foolproof as Possible,” 169.

²²³ See for example: Stony Hill Fort George to Dr. Pengelley, Letter, 8 March 1940 (4/108/2006, May Farquharson Collection, NAJ), 1.

²²⁴ Letter, Wilkinson to Acting Colonial Secretary, 1 May 1946 (Public Health: Birth Control, 1934-1961, BA), 1.

²²⁵ Letter, Miss May Faquharson to Lieut Col. Raina, 26 August 1952 (4/108/1067, May Farquharson Collection, NAJ).

²²⁶ May Farquharson to J.H. Westermann, Letter, 26 October 1955 (4/108/1052, May Farquharson Collection, NAJ), 1.

²²⁷ Klausen records a similar experience in South Africa. *Race, Maternity, and the Politics of Birth Control in South Africa*, 125.

sympathetic from the outset. Nurse Campbell of the JBCL, for example, consistently defended her fellow Afro-Jamaicans to Farquharson, arguing that “my people will take a little time to learn but they will in time”²²⁸ and stressing the need for better education and housing conditions.²²⁹ The second generation of birth control advocates starting out in the 1950s, such as those at the Barbados, Trinidad, and St. Ann’s clinics, also seem to have been somewhat more inclined to give women the benefit of the doubt. Jamaican family planner Beth Jacobs, for example, departed from many of her middle class peers in refusing to use the word “ignorance” to describe working class women. Katherine Fewster in Trinidad echoed this statement, arguing that visiting families in the countryside had convinced her that “they are not stupid people, they are neither prejudiced nor apathetic, it is simply that, through no fault of their own, they have not had the benefit of advanced education.”²³⁰

Although at times subtle, these differences in attitude could be critical in determining the success of birth control advocacy in working class communities. Family planners in the Caribbean in the 1930s-50s could not make their patients use birth control when their partners objected, when their practical circumstances made it an overwhelming task, or when the methods were inadequate or unsatisfactory. If they wanted to truly increase access to and use of birth control, then, *advocates* would need to listen to women and adapt to *their* needs instead. As Susan Klausen argues in the case of South African clinics, ironically enough, “the service providers needed users more than users needed the birth-control clinics.”²³¹

²²⁸ Campbell to Miss May, Letter, 8 August 1943 (4/108/832, May Farquharson Collection, NAJ).

²²⁹ Campbell to Miss May, Letter, 10 February 1945 (4/108/832, May Farquharson Collection, NAJ)

²³⁰ Katherin Fewster, “Time for government to take action,” *Trinidad Guardian?*, 17 December 1963 (Newspaper Clipping, Family Planning Trinidad and Tobago 1963-1969 Folder, Heritage Library, NLTT).

²³¹ Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 104.

4.3 NEGOTIATING REPRODUCTIVE CONTROL: CHANGING STRATEGIES OF PROVIDERS AND PATIENTS

Clinics' success at attracting and maintaining clients depended on their ability to recognize the significant barriers women faced and come up with solutions that could effectively overcome these constraints. From the beginning, family planners experimented with a wide variety of strategies aimed at enhancing the appeal of birth control in general and the clinics in particular, primarily by making their services more accessible, responsive, and effective. Patients themselves also participated actively in this process, pushing clinics one way or the other by stating their approval of or opposition to one strategy or method or another. They also constantly kept clinics in check through their most basic bargaining chip—their attendance at the clinic—often voting with their feet when the clinics failed to meet their needs.

As family planners recognized through their interaction with communities, one of the most significant barriers to spreading birth control was the fact that many people either did not know what “birth control” really was or associated it solely with more controversial methods such as abortion, infanticide and eugenic sterilization. As a result, from the 1940s on, family planners began to make more efforts to explain the voluntary and temporary nature of the methods they were promoting. In 1941, for example, the Jamaica Birth Control League changed its name to the “Jamaica Family Planning League” (JFPL) to counter the apparent “offensiveness” of the term “birth control,”²³² and added a few lines to Dr. McCulloch’s “Parenthood by Choice and not by Chance” pamphlet explaining that the methods they were advocating were not abortion nor infanticide, could be stopped at any time with no harmful

²³² Stony Hill Fort George to Doctor, Letter, 4 March 1941 (4/108/1416, May Farquharson Collection, NAJ), 1.

effects, and would not prevent future pregnancies “if the woman desires them.”²³³ Violet Allwood also wrote a number of letters to the *Gleaner* stressing that these measures were always entirely voluntary, and that “no one need use it, or hear of it, if they do not want to.”²³⁴ G.L. Gittens of the Barbados Family Planning Association similarly stressed in his pamphlet “Why Birth Control?” that despite popular belief, birth control did not mean sterilization or abortion; in fact, he argued, “birth control reduces the dangerous practice of abortion, which sometimes ends fatally or impairs the health.”²³⁵ As FPATT member E.H. Chilcott wrote in 1960: “The choice of accepting family planning must be an individual decision, and we have no intention of trying to force our views on those people who are against it, but rather hope that as the movement grows more and more people will see the wisdom of family planning.”²³⁶ Family planners also made efforts to counter claims that they wanted working class families to stop having children altogether or did not value children, most notably by beginning to see infertility cases in addition to those seeking birth control. As members of the BFPA noted, perhaps the best way to combat concerns over birth control was “to live up to its title of Family Planning in the fullest sense” by also treating those who wished to—but could not—have children.²³⁷ As Farquharson echoed to the *Gleaner* in 1952, the JFPL’s motto was: “Have as large a family as you really want to have, but let each child be properly spaced, planned for, and provided for.”²³⁸

²³³ “What is Birth Control? Parenthood by Choice and Not By Chance,” n.d. (4/108/760, May Farquharson Collection, NAJ), 3.

²³⁴ Violet Allwood, “Letter to the Editor: Birth Control,” *The Daily Gleaner*, 4 September 1950, 8 [8]. May Farquharson also stating that “there can be, and there should be no compulsion in such a matter” (May Farquharson, “Letter to the Editor: Birth Control for Jamaica,” *The Daily Gleaner*, 22 August 1952, 8 [8]).

²³⁵ G.L. Gittens, “Why Birth Control?: The Need for Planned Parenthood by the Family and the Island,” Advocate Co., Ltd. 1954 [?] (BNA, Pamphlet A 1158), 4.

²³⁶ E.H. Chilcott to Mrs Clifford Smith, Family Planning Association, Letter, 11 February 1960 (SA/FPA/A21/27, WL, London, UK) Similar insistence on it not being sterilization seen here: Patrick Leach, “Population must be controlled,” *The Sunday Gleaner*, 11 February 1962, 9 [9].

²³⁷ Lehfeltdt, “Family Planning in Barbados,” 12.

²³⁸ May Farquharson, “Letter to the Editor: Cost of Living,” *The Daily Gleaner*, 7 March 1952, 8 [8]. G.L. Gittens similarly made a point of recognizing the joy that could come from having children, but suggested that: “The feeling

Middle class and elite family planning advocates also began to reach out more actively to unmarried mothers, apparently acknowledging to some extent that their own biases and moralizing of Christian marriage and nuclear families might be hurting their cause. Thus, although clinics in Bermuda, Barbados, Trinidad, and Jamaica at first stressed that their services were for women in marriages or at least committed relationships, they also provided birth control to unmarried mothers quietly at the start, and then openly as time went on.²³⁹ As Farquharson explained:

we cant hope to do much good if we follow strictly the example of the Birth Control societies in England, and only make information and help available to married people. Here we are out to help the poorer "mothers".²⁴⁰

The St. Ann's clinic operated by Beth Jacobs also stated in its "aims" that the welfare organization was set on "accepting all children already born so that they grow into adjusted citizens, whether man labels them legitimate or no."²⁴¹ These changing approaches seem to have had some effect; clinic data in Barbados and Jamaica, for example, showed a growing proportion of unmarried women attending in the 1950s.²⁴² By the 1960s, a study by Ebanks affirmed that in Barbados "the public family planning facilities are serving women in all types of union."²⁴³

of pleasure in having offspring is replaced by a feeling of oppression as the family increases beyond two or three children." G.L. Gittens, "Why Birth Control?: The Need for Planned Parenthood by the Family and the Island," Advocate Co., Ltd. 1954 [?] (BNA, Pamphlet A 1158), 6.

²³⁹ For Trinidad: "First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957," 1957 (CO 1031/2788, NAUK), 11. For Barbados see J.S.B. Dear, "Twenty-Five Years," *Family: The Newsletter of the Barbados Family Planning Association*, 2. 1979: (SRL 624, BNA), 1; for Jamaica see "Analysis of I.P.P.F. 46." 1958. (SA/FPA/A10/3, WL), 4. For Bermuda see "Record of Meeting held in the Council Chamber at 4:00 p.m. on Saturday, May 26th, 1956," (Illegitimacy: Population Committee, BA).

²⁴⁰ Hon. Sec. Jamaica Birth Control League to Dr. Curphey, Letter, 23 April 1939 (4/108/847, May Farquharson Collection, NAJ), 1.

²⁴¹ "PROJECT for St Ann 1950," (4/108/1069, May Farquharson Collection, NAJ), 1.

²⁴² An analysis of JBCL patients numbered 5001 to 6000, for example, listed only 54% of patients as married and 46% as unmarried (as compared to 71% and 29% in the case of the first 1000 patients, as recorded above). Jamaica Family Planning League, "Marital Status of Patients: First 1000 Patients" and "Patients 5001 to 6000," (4/108/2107, May Farquharson Collection, NAJ). In Barbados, a sample taken in 1969 showed that 48.3% of patients were married, 51.7% unmarried (Ebanks, "Social and Demographic Characteristics," 395).

²⁴³ *Ibid.*, 395.

Family planning advocates also recognized that limited publicity in early years meant that many islanders were still unaware of the existence of clinics and availability of birth control services. This was particularly true in Bermuda, where the Medical Department under Wilkinson had eschewed advertising in an effort to avoid controversy. The new directorship of Dr. Simon Frazer (who took over the Medical and Health Department in 1955) and creation of the Population Committee the same year, however, would lead to the launching of a massive publicity campaign starting in 1957. Over the course of several months, birth control pamphlets and posters were issued, mailing lists for a monthly newsletter were created and a fifteen minute radio program on “Bermuda’s Future and Yours” was developed and ran for thirteen weeks (with planned parenthood radio “reminders” continuing until 1969).²⁴⁴ By March of 1957, ten public and private meetings had been held and newspaper coverage had reached 1600 inches of 80 columns.²⁴⁵ Prominent local businessman and Population Committee chair Edmund Gibbons also began a planned parenthood “counter” in one of his most popular stores, where nurses educated customers on the basics of birth control and made referrals to public health clinics.²⁴⁶

The Jamaican Birth Control League also began to experiment with radio advertisements from 1953 on. One of the most popular ones was described as follows:

The "flash" began with the sound of a baby crying. Then a Jamaican woman's warm (important detail) voice announced: "The Family Planning Clinic, 63 Barry Street, Kingston, is open daily from nine to one for approved medical advice on family spacing, at charges well within your means. Go to the Family Planning Clinic, and you will get sound advice and all the help you need for modern and intelligent family planning."²⁴⁷

²⁴⁴ “Family Planning—Population Control,” Executive Council Memo No. 658/71, Memorandum by the Member for Health and Welfare,” 26 November 1971 (Family Planning: Population Control, 1971/0658, BA).

²⁴⁵ Population Committee, “Regular meeting held in the Bank of Bermuda Board Room at 2.15 p.m. on Tuesday, March 5th, 1957,” 5 March 1957 (Illegitimacy: Population Committee, CS/6.4, E.179/D, Location 2332. 96, BA), 1.

²⁴⁶ “Bermuda.” *News of Population and Birth Control*, 20 December 1935 (SA/FPA/A10/20, Family Planning Association Papers, WL), 3.

²⁴⁷ “Jamaica,” *News of Population and Birth Control*, Vol 23, 1954 (SA/FPA/A10/20, Family Planning Association Papers, WL).

According to family planners, this method was particularly effective in Jamaica since “nearly all the Kingston shops keep their radios going all day.”²⁴⁸ Indeed by the mid-1950s, half of patients who approached the clinic recorded hearing about it through the radio ads.²⁴⁹ These ads, family planners noted, particularly brought in women from the countryside who otherwise might not have heard of the services.²⁵⁰ The success of these efforts was praised by the International Planned Parenthood Federation’s *News of Population and Birth Control* magazine for being particularly innovative and “a useful suggestion for others, particularly in Britain, Europe and the U.S.A.”²⁵¹

Birth control advocates also revived and/or initiated efforts to reach out directly to communities in the 1950s. Before even opening their clinic, for example, Beth and Lenworth Jacobs gave over 20 sex education talks around St. Ann’s to get people thinking about the matter.²⁵² The Jamaica Family Life Project (JFLP), under the directorship of Stycos and Back, also launched an experimental program in September of 1956 to test the effectiveness of varying methods aimed at increasing awareness of the value of birth control.²⁵³ These techniques included individual case visits, distribution of pamphlets, and group meetings showing a film entitled “Too Late.”²⁵⁴ Both the pamphlets and film tracked the story of two young West Indian couples of similar socio-economic status whose life paths departed significantly

²⁴⁸ “Jamaica,” *News of Population and Birth Control*, Vol 23, 1954 (SA/FPA/A10/20, Family Planning Association Papers, WL).

²⁴⁹ “Analysis of 7000 Patients (New Patients to Dec 16., 1957),” 4/108/2001, May Farquharson Collection, NAJ.

²⁵⁰ Naomi J. Thomas to Dr. William Vogt, Letter, 22 August 1957 (Planned Parenthood Federation of America Records, SSC).

²⁵¹ “Jamaica,” *News of Population and Birth Control*, Vol 23, 1954 (SA/FPA/A10/20, Family Planning Association Papers, WL).

²⁵² “PROJECT for St Ann 1950,” (4/108/1069, May Farquharson Collection, NAJ).

²⁵³ Kurt W. Back and J. Mayone Stycos, *The Survey Under Unusual Conditions: The Jamaica Human Fertility Investigation* (Ithaca, NY: Society for Applied Anthropology, 1959).

²⁵⁴ Stycos and Back, *The Control of Human Fertility in Jamaica*, 197-8.

depending on the number of children they had; although the small family of two ended up happy, well-fed, and “nicely dressed,” the larger family that did not practice birth control ended up ragged, poor, and destitute.²⁵⁵

Such efforts did not always get the response family planners were hoping for. Some villagers were suspicious of the intentions of family planners, took offense at the public discussion of such private affairs and the condescending tone of some propaganda materials, or were simply uninterested.²⁵⁶ As Stycos and Back related, however, both communities and family planners found ways to explore and test each other’s characters. For example, in one area where a few years earlier a man disguised as a nurse had apparently visited the district and tricked several villagers out of their money, Jamaica Family Life Project caseworkers were met by:

...a hostile mob which practically manhandled them. They were of course extremely frightened, but two of the case-workers managed to talk privately to one couple. Suspecting that they might have been men disguised for some nefarious purpose, the woman examined them in a manner which left no doubt in her mind as to their sex. Gradually the workers were permitted to explain their mission, and all visits were successfully completed.²⁵⁷

Efforts in Bermuda to reach out to communities also did not always go quite as expected. As one social worker recorded:

Whilst doing tour of duty as a social worker in the garrison town of Dover, I attended a lecture given to a group of unwed mothers (camp followers). The lecturer ended her talk by telling these girls that just for an hour's pleasure each now had the responsibility of bringing up a fatherless child. “Now girls. Any questions?” she asked. “Yes miss, how do you make the pleasure last that long.”²⁵⁸

²⁵⁵ CO 1031/1967, NAUK, also in 4/108/1898, May Farquharson Collection, NAJ.

²⁵⁶ Back and Stycos, *The Survey under Unusual Conditions*, 6-7.

²⁵⁷ Stycos and Back, *The Control of Human Fertility in Jamaica*, 217.

²⁵⁸ Another Voice of a Woman, “Letter to the Editor,” *The Royal Gazette*, 21 January 1963.

In other cases, however, villagers *themselves* requested to have a birth control meeting held in their district.²⁵⁹ Indeed, family planners repeatedly noted the wide range of attitudes towards birth control films and pamphlets both between and within communities. While some “giggled self-consciously and catcalled the emotional bits” while watching the films, others were seen “nodding their heads” and “whispering to their neighbours that it wasn't right to have so many children.”²⁶⁰ At the very least, family planners noted, these meetings could serve as a starting point to open up discussions about birth control and pique their interest;²⁶¹ indeed, Bermudian family planners noted that whatever the content of films or other literature, “it is the question period afterwards that is of most value.”²⁶² The BFPA thus commissioned Thelma Thomas, a Coloured social worker from Jamaica who had served as a field supervisor for the Jamaica Family Life Project, to travel through villages in Barbados showing the Project's “Too Late” film in 1958.²⁶³ Physicians in Jamaica recorded that women who approached them for birth control continued to mention these films and pamphlets years after they were distributed.²⁶⁴

In reaching out more broadly, birth control advocates also began to expand their scope beyond women and attempt to include men more actively in family planning efforts. As Barbadian advocates like Gittens stressed as early as 1954, although “the matter of birth control

²⁵⁹ L.A. Honeyghan to Jamaica Welfare Limited The Secretary, Letter, 8 March 1939 (4/108/1364, May Farquharson Collection, NAJ).

²⁶⁰ Vera Houghton, “West Indian Journey,” *Family Planning, London*, Vol 7.9 (June 1958), 16-18. (CO 1031/2781, NAUK), 17.

²⁶¹ Indeed, Stycos and Back noted with interest that follow-ups with women showed that the pamphlets, meetings, and video screenings seemed to hold roughly equal in terms of provoking women to experiment with birth control, and that even the interviews conducted for the study themselves could have the same effect, suggesting that contact itself, rather than the techniques used, were most important (Stycos and Back, *The Control of Human Fertility in Jamaica*, 288). As Linda Gordon notes in her study of the United States, meetings themselves—in opening up space for women to discuss issues—could quickly become more radical than their instigators intended (Gordon, *The Moral Property of Women*, 268).

²⁶² Director of Health Services to (Bermuda) The Hon. the Colonial Secretary, Letter: 103, 3 February 1965 (Subject: Illegitimacy, CS/6.4, 1279, Location 2126, BA), 1.

²⁶³ On Thelma Thomas' work in Barbados, see: Robert G. Snider to Philip Rogers, Assistant Under-Secretary of State, Colonial Office, Letter, 12 March 1958 (CO 1031/2788, NAUK), 4.

²⁶⁴ Stycos and Back, *The Control of Human Fertility in Jamaica*, 215.

has been stressed mainly from the woman's angle...it is equally important to the male...It is equally his concern not to start a new life without taking its future into account. This is a matter in which he should insist."²⁶⁵ Family planning clinics thus began to offer condoms in addition to diaphragms,²⁶⁶ (with the Population Committee in Bermuda even distributing condoms to bars and clubs in the late 1950s)²⁶⁷ and targeted men for sex education meetings and literature. Although some men resisted these efforts, family planners noted that many were more favourably disposed than they had anticipated. As Amy Bailey noted, for example:

When I taught at a technical school there was a great need for sex education but the teachers were afraid. One day at staff meeting I announced that I was going to talk to the boys and I did. I was surprised with the response they gave me—not even a snigger, and they only laughed when I made a joke. I really got through to them.²⁶⁸

Naomi Thomas also noted that when men attended her public meetings, rather than objecting or discrediting the cause, they “usually took the initiative on asking questions.”²⁶⁹ Later studies by the BFPA would indeed claim that “the over-whelming majority of men in the sample felt that both men and women should be responsible for the practice of birth control,” which challenged the assertion that all Bajan men were essentially “promiscuous and carefree.”²⁷⁰ Condoms would

²⁶⁵ G.L. Gittens, “Why Birth Control?: The Need for Planned Parenthood by the Family and the Island,” Advocate Co., Ltd. 1954 [?] (BNA, Pamphlet A 1158), 24.

²⁶⁶ At first, the JBCL had not even bothered with condoms, for as Farquharson claimed, “they are for use by the man, and very often the man does not want to bother about Birth Control, because, as everybody knows, in this country unfortunately fathers do not readily accept responsibility of their children.” Letter to Mrs. Chung, 12 November 1939 (4/108/645, May Farquharson Collection, NAJ.)

²⁶⁷ Population Committee, “Regular Meeting held in the bank of Bermuda Board room at 2.15 pm on Tuesday, February 5th, 1957,” 5 February 1957 (Bermuda Archives, Illegitimacy: Population Committee, CS/6.4, E.179/D, Location 2332. 77), 1.

²⁶⁸ “Amy Bailey Great Family Planning Pioneer.” *JFPA News*, 1.1, December 1970 (J2235, NLJ), 8.

²⁶⁹ Sir Grantley Herbert Adams, “Underdeveloped Countries: Their Race with Population,” *37th Annual Luncheon of the Planned Parenthood Federation of America*, Hotel Roosevelt, New York City, 17 October 1957 (Planned Parenthood Federation of America Records, SSC), 9.

²⁷⁰ Barbados Family Planning Association, “Survey of Lower-Income Women in Barbados,” 8.

also eventually become popular in many areas (even surpassing the pill as the most used method in Jamaica in recent years).²⁷¹

This support from men in the community could be particularly powerful. An observer from the Institute of Community Studies who accompanied members of the BFPA into several communities, for example, noted the prominent role played by one male advocate who, after having heard and been convinced by a speech by Clyde Gollop, had taken it upon himself to encourage contraceptive usage in his community.²⁷² Family planners also recognized the importance of incorporating other community leaders into their program. As the nurses at the Barbados Family Planning Association noted, they would often find “that in one row [of houses] people would be negative, in another positive”, which they attributed to the importance of having “a handful of locally influential people... on their side.”²⁷³ As a result, some also began to reach out to grandparents and other community figures beyond the nuclear family. As Beth Jacobs argued:

Communities like ours blanket the birth of a child with layers of love. The parents’ grandmother soon assumes a parent role...Grandparents have proved that they are a powerful source of energy that family planning programmes can tap.²⁷⁴

But birth control advocates also found that community-level proselytizing and group meetings could be a turn off for some women, who found them too obnoxious and loud,²⁷⁵ or

²⁷¹ In 2002 in Jamaica, the pill fell to second place after condoms. Dawn S. Chin-Quee, Carmen Cuthbertson and Barbara Janowitz, “Over-the-Counter Pill Provision: Evidence from Jamaica.” *Studies in Family Planning* Vol. 37, No. 2 (June 2006), 100.

²⁷² Michael Young, “Family Planning In Barbados: Notes for the Institute,” 22 March 1962 (SA/FPA/A13/31, WL), 16-17.

²⁷³ *Ibid.*, 17.

²⁷⁴ Beth Jacobs, “Ten Minute Presentation at Opening Session,” *International Union for the Scientific Study of Population*, Americana Hotel, Ocho Rios, Jamaica, 10 April 1985 (Una Elizabeth Jacobs Papers, SSC), 3.

²⁷⁵ Frances D. Lowe, “Barbados Acts to Control Population Growth in Solving Island's Problems,” *ProQuest Historical Newspapers Atlanta Daily World: 1931-2003*, 10 December 1961, 1.

were unwilling to have their interest in birth control “known to the whole community.”²⁷⁶ In response, they developed efforts such as the “Encouragement Visitors” program in Jamaica, in which men and women were sent to villages without badges or uniforms, to talk on a one-to-one basis with the motto “I use contraceptives—that can help you too.”²⁷⁷ Clinic workers in Barbados and St. Ann’s Bay, Jamaica, also found door-to-door visits by nurses to be more welcome in many communities, and particularly useful for women “who have no one to leave their children with during the days, and those who have heard of the clinic but did not know that they too could come.”²⁷⁸ According to reports, visits in Barbados went like this:

They just knock at every house, ask if there are any children there, and then ask for the mother if she is at home. ‘I am a nurse, from the Enmore Health Centre, from family planning. Have you joined?; Then they get into conversation and ask for the number of children. If this is large, they suggest advantages of spacing.’²⁷⁹

In Bermuda, home visits were facilitated by the granting of “motor-assisted bicycles” for nurses,²⁸⁰ and by 1955 every new Bermudian mother was being visited by a family planning trained nurse.²⁸¹

As with community talks, these visits were not always as warmly received as clinic workers hoped. Family planners noted that some women were “rude” when approached or

²⁷⁶ Lehfeldt, “Family Planning in Barbados,” 6. One 17 year old girl in Jamaica, for example, waited until late at night to approach the family planning mobile clinic in her town as “She was afraid the other women might know.” See “Family Planning Unit Tours Brown's Town Area,” *The Daily Gleaner*, 18 June 1960, 7 [7].

²⁷⁷ “Voluntary Family Planning in Jamaica from 1939: From the Perspective of Beth Jacobs,” *Forty Years of Saving Lives with Family Planning*, 1994: 24-33 (Una Elizabeth Jacobs Papers, SSC), 6. See also review of this program by Nadia Ramzy, “Family Planning on the North Coast of Jamaica,” *Transactions of the Kansas Academy of Science (1903-)* Vol. 71, No. 1 (Spring 1968): 1-6.

²⁷⁸ “Family planners' silver anniversary,” *Sunday Advocate-News*, 13 May 1979, 14.

²⁷⁹ Michael Young, “Family Planning In Barbados: Notes for the Institute,” 22 March 1962 (SA/FPA/A13/31, WL), 16.

²⁸⁰ “Minutes of a Meeting,” Board of Health, 15 March 1953 (“Board of Health—Meetings 1948-1961” Folder, Health and Welfare Box 3, BA), 1.

²⁸¹ Wilkinson, “Report on Bermuda.” *Fifth International Conference of the International Planned Parenthood Federation*, October 1955 (CO 1031/1966, NAUK), 19.

attempted to avoid or hide from clinic workers, suggesting they found the visits intrusive.²⁸²

The caseworkers for the Jamaica Family Life Project also found that some women objected to being asked about their conjugal activities and birth control usage. For example, one interviewee noted:

I am glad you are not coming back to ask me these questions again. I feel no one should go around asking people these out-of-the-way things.²⁸³

But others were grateful for the experience. One woman told her interviewer that their talks had been “helpful” and others seemingly found the experience empowering. As interviewers recorded, women made comments such as:

When the first lady came I did not understand what she was telling me, but it was after I got the two books from the other lady that I get a full understanding of what they were doing by helping us to have a smaller family and not to have children too quickly. The people in the district had all kinds of things to say that them coming to stop us from having children, and showing the girls to throw away belly [have an abortion]. I am very sorry that you are not coming back for I have been enlightened out of my darkness.²⁸⁴

My husband told me that what we are talking is good talk and nobody has ever spoken to them like that before and made them feel like human beings instead of cattle.²⁸⁵

Nurse, I am so happy you came to talk with me. For years I have wanted to talk my mind to someone like you!²⁸⁶

As in the case of community meetings, pamphlets, and films, then, birth control advocates found that the reception they got was as diverse as the women and men they approached.

Reactions to such personal approaches could also depend intimately on the approach of personnel, which made those on the front lines most important. Not all medical professionals

²⁸² “List showing clinics visited, names of persons seen and remarks regarding their condition,” 3 September to 12 December, 1941 (4/108/744, May Farquharson Collection, NAJ).

²⁸³ Stycos and Back, *The Control of Human Fertility in Jamaica*, 222.

²⁸⁴ *Ibid.*, 223.

²⁸⁵ *Ibid.*, 287.

²⁸⁶ Stycos and Back, *The Survey under Unusual Conditions*, 14,

were supportive, as potential clients knew well. Indeed, Stycos and Back noted that many women they interviewed, especially in rural areas, were hesitant to approach male physicians, who were expected to charge them too much or were known for being “rough” with women.²⁸⁷ Complaints about doctors were also noted in several letters written to the JBCL. Women noted that “The Dr. Is always busy and to get here by the Bus you have to be quick to catch the 9 o’clock Bus,”²⁸⁸ or that the doctors flat out refused to give them birth control when requested.²⁸⁹ These concerns suggest that both the physical and socio-economic distance between doctors and patients may have made it difficult for women to assert their needs. This reluctance may have been further enhanced by gender differences. One woman, for example, wrote to the JBCL that she “felt a bit ashamed[d]” to ask a male doctor and that she “often wish[ed] it were a woman Dr. I would tell her, but just can[’t] go in and explain to a man same things.”²⁹⁰

Along with requesting women doctors, women made known their preference for female nurses. As one interviewee in the Jamaica Family Life Project explained, she would:

Rather to buy the tablets from the drug store for when you go to the doctor for them you have to be too obligated and they only have you going and going to them and still not get it. If the district nurse had them I would quicker go to her for birth control.²⁹¹

Family planners also noted that district nurses—who had longer and more holistic relationships with women—seemed to be the best vessels “to gain the confidence of the people so that they can be educated on the vital importance of limiting their families to their means.”²⁹² As Wilkinson noted, the “moral support” these nurses offered was one of the most important factors

²⁸⁷ Stycos and Back, *The Control of Human Fertility in Jamaica*, 219-220.

²⁸⁸ #320, 4/108/645, May Farquharson Collection, NAJ.

²⁸⁹ #272, 4/108/645, May Farquharson Collection, NAJ.

²⁹⁰ #320, 4/108/645, May Farquharson Collection, NAJ.

²⁹¹ Stycos and Back, *The Control of Human Fertility in Jamaica*, 220.

²⁹² C.E. Pengelley to Miss May Farquharson, Letter, 26 June 1939 (4/108/1188, May Farquharson Collection, NAJ).

contributing to sustained birth control practice,²⁹³ such that “the better the personnel of the clinic the better the work done there.”²⁹⁴ In fact, Wilkinson personally credited the work of Afro-Bermudian nurse Sylvia Richardson for a rise in attendance in 1951.²⁹⁵ Indeed, as evident in Table 3 above, nearly all of the clinics saw their numbers steadily rise each year, with the late 1950s and early 1960s being particularly well attended.

Even the most sympathetic and flexible family planning association, however, could not make an ineffective or unsuitable method work. Thus, one of the central ways that family planners attempted to enhance the appeal of their clinics was by increasing the selection of methods on offer. In addition to diaphragms and condoms, clinics across the region began to stock cervical caps,²⁹⁶ as well as a wide variety of products containing spermicidal chemicals, including Volpar pastes and foaming tablets, Emko and Durafoam sprays, and Preceptin and Ortho-Gynol creams which entered the market in the 1950s.²⁹⁷ Many of these methods are now known to be ineffective and had not been subjected to rigorous scientific testing in advance; in some cases their provision was part of a formal trial, although participating women were not always informed of the fact. As a result, such efforts have been widely criticized by scholars of birth control for “exploiting poor women as research subjects.”²⁹⁸

²⁹³ Wilkinson, “Report of the Medical and Health Department for the year 1950,” (Public Health: Annual Reports, 1942-1962, CS/446/16, BA), 23.

²⁹⁴ Letter, Wilkinson to Acting Colonial Secretary, 1 May 1946 (Public Health: Birth Control, 1934-1961, BA), 1.

²⁹⁵ Wilkinson, “Report of the Medical and Health Department for the year 1951,” (Public Health: Annual Reports, BA), 14.

²⁹⁶ These were similar to diaphragms but smaller and more rigid, and could stay in place longer (Lehfeldt, “Family Planning in Barbados,” 7).

²⁹⁷ For lists of stocks see: Unknown to “Willowbank” General A.R. Glancy, Letter with List of Contraceptives, 23 February 1953 (“Pre-Natal. Technical” Folder, Health and Welfare Box 1, Bermuda Archives), 1. Also: “Analysis of I.P.P.F. 46,” 1958 (SA/FPA/A10/3, Family Planning Association Papers, WL), 6-7. On these methods, see Schoen, *Choice and Coercion*, 29-30.

²⁹⁸ For an overview of these arguments, see Schoen, *Choice and Coercion*, 30.

There does, indeed, seem to be evidence of poor ethical practices in clinics in the Caribbean. Farquharson, for example, in acquiring samples of Volpar foaming tablets from British Drug Houses, confided that: “It would not I think be wise to tell such patients that the new method is more or less experimental.”²⁹⁹ The Kingston clinic’s report on the tablets in 1955 also showed that the vast majority (332 of the 366) of the women supplied with foam tablets were new patients, who were likely less aware of the other options on offer and thus more vulnerable to being misled. Twenty four women had also apparently “wished for other methods” but were given the tablets, suggesting some degree of coercion with potentially dramatic consequences (two of these women became pregnant).³⁰⁰ Bermuda’s new Medical and Health Department director Simon Frazer also developed a somewhat overstated faith in the Emko foam-and-applicator method in 1961. As advertisements he placed in the local paper claimed:

NOW,
at last, here is a simple and harmless way to have your babies when you want them
EMKO is a new birth control method for mothers, approved by the Medical and Health Department after a year of careful study.
EMKO is quick, easy and pleasant to use, and it comes in an attractive, instant-foam bottle with its own applicator and complete directions.
DOCTORS have tested EKO [sic] in many countries, and they say it is more effective than other methods when properly used.
WOMEN who use EMKO say it is more acceptable because of its instant foaming action and specially designed applicator.
EMKO is distributed by the Medical and Health Department. Every bottle contains 75 applications and costs just 9/9 everywhere. This is less than 3d. per application.
Be smart. Ask for EMKO at any store where drugs are sold.³⁰¹

²⁹⁹ May Farquharson to British Drug Houses, Letter, 30 March 1953 (4/108/1099, May Farquharson Collection, NAJ), 1.

³⁰⁰ May Farquharson, “Report on Volpar Foaming Tablets,” (4/108/812, May Farquharson Collection, NAJ), 2.

³⁰¹ “Emko Ad.” *The Recorder*, 9 December 1961, 2. See also “New Birth Control Campaign Sponsors Cheap New Product.” *The Royal Gazette*, 23 November 1961, 1. By December, some 100 women reported to be using it. The Medical and Health Department, “An Open Letter to Parents,” *The Royal Gazette*, 3 December 1961, 9.

Other clinics, however, made the trial nature of these contraceptives more explicit. Beth and Lenworth Jacobs' clinic in St. Ann, for example, openly acknowledged that the foam tablets were part of a "research" project. As a poster distributed around the community advertised:

WANTED
500 MOTHERS
--- BETWEEN THE AGES OF ---
18 TO 30 YEARS OF AGE
--- TO ATTEND REGULARLY ---
once every month at
The Beth Jacobs Clinic
St. Ann's Bay.
To Enable St. Ann to lead the way in
A RESEARCH PROJECT
IN BIRTH CONTROL
Help us find out which methods of
BIRTH CONTROL are most effective
In Jamaica
Any Mother or Father whatever their age, will be welcome also.³⁰²

Other family planners also made efforts to verify that the test products they were offering reached at least some standards. After being given samples of the Japanese "Sampoon" contraceptive foam tablet, for example, Farquharson wrote to the British FPA first to make sure it was "recommended" by the group before considering distributing it.³⁰³ She also refused to experiment with the American method of Fomos cream "UNLESS and UNTIL we had received reliable information as to its efficacy and suitability," feeling this was her "obvious duty as Secretary of such an organization."³⁰⁴

Indeed, both foreign birth control advocates and local medical professionals at times helped restrain the craze over new methods. Replying to a letter about supplying EMKO for

³⁰² 4/108/1137, May Farquharson Collection, NAJ.

³⁰³ May Farquharson to Miss James, Family Planning Association, Letter, 20 March 1952 (SA/FPA/A21/16, Family Planning Association papers, WL), 1.

³⁰⁴ May Farquharson to The Directors of Jamaica Family Planning League, Letter, ? March 1956, (4/108/1283, May Farquharson Collection, NAJ), 2.

free, for example, American birth control advocate Dorothy Brush warned Trinidadian family planners that Mr. Sunnan (the maker of Emko) was “a millionaire self-made who did not go past the third grade and has very little respect for such matters as testing products. Unless I am mistaken he has refused to have Emko tested since he himself is certain it is so good.”³⁰⁵ Frazer’s aggressive Emko advertising campaign in Bermuda was also aborted after only a few days, after facing immediate protests from a teachers’ association,³⁰⁶ the Bermuda Drug Company (which called the promotion of one method “both unethical and highly irregular”³⁰⁷), and several members of the House including former “Population Committee” member Dr. Eustace Cann, who argued that “the method has left a lot to be desired.”³⁰⁸

Experimentation with different techniques thus existed on a continuum from coercive to voluntary, rather than falling entirely into one category or the other. As well, as historian Johanna Schoen points out, “to dismiss the trials as exploitative is to fail to explain the appeal they held for the many women who decided to participate in them.”³⁰⁹ Many of those who lived too far away to attend clinics, had given birth too many times to use the diaphragm, or found it uncomfortable or ineffective seized on the opportunity to try something new, and some were happy with the results. According to the St. Ann’s clinic, 416 women responded to the poster advertising the new foaming tablets,³¹⁰ and after six months they purportedly had not heard “one

³⁰⁵ To My Dear Elliott, Letter, 2 September 1960 (Dorothy Hamilton Brush Papers, SSC).

³⁰⁶ “Letter to the Editor,” *The Royal Gazette*, 20 December 1961, 6.

³⁰⁷ The Bermuda Drug Company to Colonial Secretary, Letter, 18 December 1961 (Public Health: Birth Control 1934-1961, E. 178, location 2331, BA), 1.

³⁰⁸ “Birth Control Campaign Hit in Upper House,” *The Recorder*, 20 December 1961, 1. See also “Meeting of Executive Council,” 18 December 1961 (Public Health: Birth Control 1934-1961, E. 178, location 2331, no. 146, BA), 1.

³⁰⁹ Schoen, *Choice and Coercion*, 30.

³¹⁰ A.W., “Family Organisation records achievements,” *The Daily Gleaner*, 30 June 1955, 6 [6].

adverse comment from any user.”³¹¹ Doctors in Port Antonio similarly claimed the tablets were “liked and results continue to be good.”³¹² In Barbados, women responded to a trial of cervical caps initiated by the Planned Parenthood Federation of America’s researcher Hans Lehfeldt so enthusiastically that he was put in the position of trying to *temper* their optimism, warning them that “the cervical cap, like any other contraceptive method, has its shortcomings and limitations.”³¹³

Many West Indian women persisted even when these methods proved difficult or failed. After becoming pregnant while on the foam method, for example, one woman told Farquharson that “I am not discouraged, [and] as soon as the baby comes, and I am able to get out I will come to Kingston and visit the Clinic” and thanked her again for “your very usefull [sic] advice all during this time.”³¹⁴ Patient No. 3055, as documented by Farquharson in 1955, similarly returned for more after having experienced a pregnancy:

Took Foam Tablets, and also Condom & Volpar jelly Oct. 28th 1953. Reported back to Clinic that the tablets had not dissolved, the condom had broken, and she had therefore become pregnant, but had an abortion in August 54. Took more Volpar and condom Oct. 54.³¹⁵

Women also seem to have combined clinic methods with traditional methods, including abortion, in an effort to secure as much control over reproduction as possible. Although in the above source the patient may have been referring to a miscarriage (which sources sometimes referred to as “abortions”), family planners in Trinidad noted that many women continued to turn to

³¹¹ “Annual Report of St. Ann’s Family Welfare Organization, March 1953-March 1954,” (4/108/1120, May Farquharson Collection, NAJ), 1.

³¹² May Farquharson, “Report on Volpar Foaming Tablets,” (4/108/812, May Farquharson Collection, NAJ), 5.

³¹³ Lehfeldt, “Family Planning in Barbados,” 15.

³¹⁴ #1, #2649 (4/108/645, May Farquharson Collection, NAJ).

³¹⁵ May Farquharson, “Report on Volpar Foaming Tablets,” (4/108/812, May Farquharson Collection, NAJ), 3.

mechanical and herbal methods to end a pregnancy when contraception failed.³¹⁶ They also reported the continued use of the withdrawal method among patients, which was less effective than other methods but had the advantage of not requiring supplies from a store.³¹⁷ Some women thus seem to have seen “modern” methods as an additional resource to be drawn on, rather than a wholesale replacement for more “traditional” methods.³¹⁸ As Henrice Altink argues in her study of Jamaica, working class women generally engaged with state and voluntary organization health and maternal welfare services “selectively... using only some of its services and not implementing all the advice given”³¹⁹ but rather “mixing and matching” what they received at the clinics with advice and services offered in their own communities by midwives and healers.³²⁰

Women also passed on their experiences—both positive and negative—to other women, creating networks that extended well beyond the clinics. Indeed, family planners noted that even those women who were too shy to discuss the issue directly could hear of the products and “find different ways of getting their birth control appliances,”³²¹ and observers noted that women could be found sharing birth control pamphlets with one another, reading aloud to those who were illiterate.³²² Women who had discussed birth control ahead of time seem to have been somewhat more empowered to take on a proactive role in clinic engagements. Farquharson noted, for example, that women who had been informed of the clinics by friends often came with

³¹⁶ Yee and McBride, “A History of The Family Planning Association of Trinidad and Tobago,” 8. See also Harewood and Abdulah, “What Our Women Know, Think and Do about Birth Control,” 34.

³¹⁷ Stycos and Back, *The Control of Human Fertility in Jamaica*, 231.

³¹⁸ See also Stacey Leight Pigg, “‘Found in Most Traditional Societies’: Traditional Medical Practitioners between Culture and Development,” in Cooper and Packard, eds., *International Development and the Social Sciences*, 281.

³¹⁹ Altink, *Destined for a Life of Service*, 93.

³²⁰ *Ibid.*, 91.

³²¹ “Annual Report of St. Ann's Family Welfare Organization and The Beth Jacobs Clinic Ltd., March 1960 to March 1961,” (4/108/2375, May Farquharson Collection, NAJ), 7.

³²² Nurse Campbell, “Report on My Visit and Work at Spaldings From June 4th to the 13th 1945,” 4-13 June 1945 (4/108/832, May Farquharson Collection, NAJ)

“preconceived ideas that they were going to get a Diaphragm,”³²³ and thus would refuse the experimental methods of the 1950s. After receiving a pamphlet on “homemade methods”, one woman from the Jamaican countryside also wrote back to Farquharson enclosing five shillings and making her desire more clear:

A married friend of mine who have been to the Clinic personally in town showed me the ring or cap and jelly, said it was very good so I would like to have one of same instead of the cotton wool.³²⁴

As Farquharson noted in the 1950s, volpar foam tablet trial participants in Kingston had also apparently “talked among their friends” since several women had come in explicitly “asking for the tablets.”³²⁵

In this way, as Johanna Schoen notes in her own study of family planning in North Carolina, many early birth control patients acted not as passive recipients of services but as “educated consumers...complaining about side effects, comparing contraceptives, and demanding one birth control method over another.”³²⁶ Other women simply abandoned the clinic altogether when their needs went unmet. As Farquharson noted in the case of “patient #3136”:

Took Foam Tablets Jan. 12th 1954, and returned for Volpar & Applicator Jan. 25th. Reported in March period 15 days overdue. Says tablet did not dissolve. Miscarried in May, after all, and took further supply Foam Tablets May 27th. Not returned since then.³²⁷

³²³ Letter, May Farquharson to British Drug Houses, 30 March 1953 (4/108/1099, May Farquharson Collection, NAJ), 1.

³²⁴ #272 (4/108/645, May Farquharson Collection, NAJ).

³²⁵ Letter, May Farquharson to British Drug Houses, 24 October 1953 (4/108/1095, May Farquharson Collection, NAJ), 1.

³²⁶ Schoen, *Choice and Coercion*, 39. Indeed, as consumers these women were even receptive to marketing in making their birth control choices; as Farquharson informed one pharmaceutical company, “Our women do not like your packaging as all other supplies are put up in a more attractive way, & when shown varieties of paste, yours is the last they would choose from its appearance.” Sect. Jamaica Family Planning League to Gilmont Products Ltd, Letter, 18 June 1958 (4/108/1712, May Farquharson Collection, NAJ).

³²⁷ May Farquharson, “Report on Volpar Foaming Tablets,” (4/108/812, May Farquharson Collection, NAJ), 3.

Indeed, of 231 new patients offered Volpar foam tablets in Kingston, only 74 returned even once to check in (18 of whom had become pregnant),³²⁸ making the report essentially inconclusive.³²⁹

Women's engagement—or disengagement—with clinics in these ways could have a significant impact on what strategies family planners used and how methods were offered. The JFPL stopped ordering a particular brand of foam applicator after a couple of years, for example, noting that only 2 of 62 women kept up use of them and that the trial had therefore been a “waste of time and money.”³³⁰ Trials of foaming tablets in Trinidad were similarly abandoned prematurely after 12 of the 20 first patients reported back complaining of burning and/or a feeling of insecurity or of pregnancy. As Dr. Waterman reported, “none of these patients were willing to go on with the tablets and the doctors in charge decided to discontinue the trial which they felt—humanitarian considerations apart—was giving a bad name to the clinic.”³³¹ Emko foam also eventually abandoned. Although the BFPA gave the method to two thirds of its patients in 1962 and 1963 after having been given a free four year supply from the Sunnen Foundation, by 1964 Emko accounted for less than a third of the methods distributed.³³²

Family planners continued to keep up on the newest trends in the contraceptive market in an ongoing effort to find the “right” method. Caribbean family planners and medical professionals tracked the development of the contraceptive pill and various IUDs in the 1950s very closely, and Jamaican women participating in a trial in 1962 were among some of the first in the world to gain access to the modern sponge method (often favored by feminists for its user-

³²⁸ May Farquharson, “Report on Volpar Foaming Tablets,” (4/108/812, May Farquharson Collection, NAJ), 3.

³²⁹ *Ibid.*, 5.

³³⁰ Letter, May Farquharson to Dr. Levy, 3 September 1952 (4/108/1485, May Farquharson Collection, NAJ), 1.

³³¹ James A. Waterman, “Annual Report of the Family Planning Association of Trinidad and Tobago,” *Fourth Conference of the International Planned Parenthood Federation, Western Hemisphere Region*, San Juan, Puerto Rico, 19-27 April 1964 (The Margaret Sanger Papers (unfilmed), SSC), 3.

³³² *Ibid.*, 3.

controlled, low-risk benefits).³³³ Uniquely in the region, Bermuda also revived sterilization as a contraceptive method.³³⁴ As noted above, family planners had spent considerable effort distancing themselves from this method in the 1940s and 50s because of its association with racially charged eugenics movements both abroad and at home, and did not offer the procedure at birth control clinics. In 1956, however, the island's Population Committee began to press the main hospital (King Edward VII Memorial Hospital) to create more beds for voluntary sterilizations and offer them at reduced cost.³³⁵ In June of 1956, the hospital's chair committed to seeing two cases weekly,³³⁶ and the Nursing Home (which also housed the Medical Department's birth control clinic) made three beds available for post-operative sterilization patients.³³⁷ Doctors agreed to a reduced fee of 20 pounds per operation, but the Committee also assured them that "if a patient was unable to pay, the Government would make a partial or whole payment to cover costs."³³⁸ By March of 1957, the hospital had performed nineteen sterilizations of women referred by the Board of Health, of whom seven purportedly suffered from "mental or physical diseases" and were granted for "eugenic" or "health" reasons and twelve additional for "economic reasons."³³⁹

³³³ Patricia McCormack, "Successful Birth Control Test in Jamaica Also Cheap," *ProQuest Historical Newspapers Atlanta Daily World, 1931-2003*, 9 August 1962, 2.

³³⁴ Not on offer through family planning in Barbados until 1980. Barbados Family Planning Association, "30th Anniversary 1955-1985," 1985 (WIC Pamphlets S281, West Indies Collection, Main Library, UWI Cave Hill, hereafter "ML"), 19.

³³⁵ "Immigration and Emigration Problems Here," *The Royal Gazette*, 15 March 1957, 2.

³³⁶ Medical Superintendent W.E. Talbot to The Hon. the Colonial Secretary, Letter, 7 June 1956, (Illegitimacy: Population Committee, CS/6.4, E.179/D, Location 2332, BA), 1.

³³⁷ Board of Health, "Minutes of a meeting," 19 June 1956 ("Board of Health—Meetings 1948-1961" Folder, Health and Welfare Box 3, Bermuda Archives), 1.

³³⁸ Population Committee, "Special Meeting of Committee held in the Bank of Bermuda Board Room at 2.15 p.m. on 19th, January, 1957," 19 January 1957 (Bermuda Archives, Illegitimacy: Population Committee, CS/6.4, E.179/D, Location 2332. 66.), 1.

³³⁹ A representative of the Board of Health claimed: "up to now...[there had been] no point publicizing" the services because of a lack of sufficient facilities. "300 Women For Voluntary Sterilisation," *Royal Gazette*, 11 April 1957 (Newspaper clipping, Illegitimacy: Population Committee, BA).

This turn towards sterilization quickly provoked controversy, conjuring up memories of the 1935 Report on Unemployment, which had called for compulsory sterilization of mental defectives, venereal disease patients and parents of illegitimate children (the latter widely recognized as targeting Afro-Bermudians).³⁴⁰ Population Committee members, however, were quick to point out that the sterilizations conducted at King Edward Hospital in the late 1950s were not compulsory and had been done in response to requests. According to public relations manager Park Breck, “each patient volunteered for the operation”; in the case of mental defectives, “their parents often approached us first, and the patients fully understood the purpose and result of the operation.”³⁴¹ Indeed, the Committee claimed the program had started in *response* to the high number of outstanding requests for sterilization which had been filed with the Health Department. According to their records, the Department had some 200 cases outstanding in November of 1955³⁴² and 300 by January of 1957.³⁴³ As Park Breck argued, although shocking, these numbers reflected the desperation of women “worn with childbirth and haunted by fear of pregnancy”³⁴⁴ and unable to pay for the expensive procedure themselves. Breck further reassured Bermudians that he and the rest of the Committee were “against compulsory sterilisation”³⁴⁵ and did not see voluntary sterilizations as a replacement for other birth control methods. In fact, he pointed out, the procedure was only available for women who

³⁴⁰ For the 1935 Report on Unemployment, see Chapter Two. For accusations of this nature in the 1950s, see: “Immigration and Emigration Problems Here,” *The Royal Gazette*, 15 March 1957, 1-2.

³⁴¹ “300 Women For Voluntary Sterilisation,” *The Royal Gazette*, 11 April 1957, 1 and 8.

³⁴² “Meeting of Committee Held in the Council Chamber at 10.00 A.M. on The 5th November, 1955,” (Illegitimacy: Population Committee, BA).

³⁴³ Population Committee, “Special Meeting of Committee held in the Bank of Bermuda Board Room at 2.15 p.m. on 19th, January, 1957,” 19 January 1957 (Illegitimacy: Population Committee, CS/6.4, E.179/D, Location 2332. 66, BA), 1.

³⁴⁴ “300 Women For Voluntary Sterilisation,” *The Royal Gazette*, 11 April 1957, 1 and 8.

³⁴⁵ *Ibid.*, 1.

had over four children and some other extenuating circumstances which made an end to childbearing the best option.³⁴⁶

Lacking access to case files, it is hard to know for certain whether these women made fully informed and entirely voluntary choices to undergo sterilization, particularly in the case of those listed as “mental defectives.” Considering the conservative tradition and hierarchical nature of Bermudian society and its history of racially targeted birth control plots, it is quite possible that some poor, black women may have been coerced into choosing this more permanent method over others. On the other hand, the restrictions placed on Bermudian sterilizations (only provided for those with four or more children)³⁴⁷ and the comparatively small number sterilized (20 or so per year, as compared to rates as high as 65% of the child-bearing population of women in Northeast Brazil)³⁴⁸ certainly do not indicate a wide scale eugenics campaign. As well, as several scholars studying sterilization programs in Brazil, Puerto Rico and North Carolina have pointed out, even “eugenic” sterilizations were at times requested by women themselves, who could see no other way to secure the procedure.³⁴⁹ Thus, while poor and minority women worldwide were certainly more vulnerable to sterilization abuse, we should not assume that all women who underwent sterilization were victims of such abuse, or that programs which did not offer sterilizations were somehow more empowering. As Schoen argues, it was “not the technology of sterilization itself that determined whether women saw the operation as repressive or liberating, but the context in which the technology was embedded.”³⁵⁰

³⁴⁶ “300 Women For Voluntary Sterilisation,” *The Royal Gazette*, 11 April 1957, 1.

³⁴⁷ For example, in Brazil regulations were not introduced until 1997, and even then it was only restricted to those above 25 years old with 2 living children, who were told to wait a period of 60 days between request and surgery. See Daalsgard, *Matters of Life and Longing*, 106-7.

³⁴⁸ *Ibid.*, 108-9.

³⁴⁹ Schoen, *Choice and Coercion*, 76-77, 84-86, 113-115. See also Lopez, *Matters of Choice*, Dalsgaard, *Matters of Life and Longing*.

³⁵⁰ Schoen, *Choice and Coercion*, 78.

Indeed, it is not unlikely that many Bermudian women *did* actively seek out sterilizations, as the Population Committee recorded. Women on other West Indian islands certainly did. Nearly one fifth of those who wrote to the JBCL in the late 1930s/early 1940s — mostly those who had many children — expressed their desire to stop having children permanently.³⁵¹ As one woman underlined (literally), she was interested “not merely in ‘spacing,’ but in permanently ceasing to produce.”³⁵² In Trinidad, as well, family planners noted that many women who had already had multiple pregnancies expressed their desire to “stop” rather than to “space” their families,³⁵³ and the BFPA would notice a considerable demand for sterilizations when they began to offer them at the hospital (and later, at clinics) in the 1970s and 80s.³⁵⁴ As scholars have noted, although the permanent nature of sterilization could cause regret for those who changed their minds later in life,³⁵⁵ for those who were certain they had finished their reproductive lives, it was one of the few methods available from the 1930s-1950s that was almost 100% reliable.³⁵⁶

The introduction of the pill and newer IUDs (both of which were temporary but over 99% effective) onto the market in the early 1960s, of course, had the potential to change this entire dynamic, and Caribbean family planning associations (like those in other areas of the world) seized on them eagerly. In 1963, the first Marguiles spiral IUD was inserted in Barbados by Dr. Jack Leacock of the BFPA,³⁵⁷ and by the late 1960s Barbados had become a recognized centre in

³⁵¹ My figures, based on analysis of the letters held at 4/108/645, May Farquharson Collection, NAJ.

³⁵² #269 (4/108/645, May Farquharson Collection, NAJ).

³⁵³ “First Annual Report of the Point Fortin Family Planning Clinic, 1956-1957,” (CO 1031/2788, NAUK), 13.

³⁵⁴ “Family planners’ silver anniversary,” *Sunday Advocate-News*, 13 May 1979, 14.

³⁵⁵ Dalsgaard, for example, notes high rates of sterilization regret in Brazil. See Dalsgaard, *Matters of Life and Longing*, 30.

³⁵⁶ Schoen, *Choice and Coercion*, 78.

³⁵⁷ Clyde Gollop, “The TOUGH days of the sixties,” *Family: The Newsletter of the Barbados Family Planning Association*, 2, 1979, 8-9. (SRL 624, BNA), 8.

the Caribbean where other professionals went to train in IUD insertion and pap smears.³⁵⁸ Representatives from Trinidad, St. Vincent, Grenada, Montserrat and Guadeloupe all came to be trained in Barbados,³⁵⁹ and the BFPA made headlines as one of the first areas in the world to train midwives to insert the IUD.³⁶⁰ The Family Planning Association of Trinidad and Tobago also inserted 2,286 free Lippes loops from June 1964 to May 1965.³⁶¹

But the IUD campaign quickly proved problematic. As in other areas of the world,³⁶² women experienced numerous problems with the method, including pain and bleeding, pelvic inflammatory disease, and anaemia. A follow-up on 724 women who had trial loops inserted in Trinidad found that 29.4% had experienced pain, 30.7% expulsion, 19.5% bleeding, and 23.4% discharge in addition to other complaints.³⁶³ These side effects were made worse by the fact that, as Trinidad family planners noticed, there was no effective treatment or follow-up campaign or centres to address women's concerns.³⁶⁴ As in the past, Caribbean women expressed their dissatisfaction by dropping out of the program, having the IUDs removed, and/or requesting to be switched to another method.³⁶⁵ Indeed, medical professionals noticed an increasing assertiveness among Caribbean women (and men) in the 1960s. As family planners in Trinidad noted:

³⁵⁸ "Barbados Expands Premises and Programme," *International Planned Parenthood News*, 155, January 1967 ("Birth Control Reports; Papers on Family Planning" Folder, Health and Welfare Box 9, Bermuda Archives), 6.

³⁵⁹ Clyde Gollop, "The TOUGH days of the sixties," *Family: The Newsletter of the Barbados Family Planning Association*, 2, 1979, 8-9. (SRL 624, BNA), 9.

³⁶⁰ "Barbados Expands Premises and Programme," *International Planned Parenthood News*, 15 January 1967 ("Birth Control Reports; Papers on Family Planning" Folder, Health and Welfare Box 9, Bermuda Archives), 6.

³⁶¹ Yee and McBride, "A History of the Family Planning Association," 9.

³⁶² On problems with IUDs, see Gordon, *The Moral Property of Women*, 333-334. Most infamously, the Dakon Shield caused at least 20 deaths in US, hundred of thousands of severe infections and injuries, leading to a class action lawsuit and the removal of most IUDs from the American market by the 1980s.

³⁶³ Yee and McBride, "A History of the Family Planning Association," 13.

³⁶⁴ *Ibid.*, 9.

³⁶⁵ A follow-up of patients in Trinidad, for example, found that only 48.6% of those given IUDs persisted, with 9% switching to other methods and 14% stopping birth control altogether; the remaining patients did not return to the clinic and so were not tracked, but family planners noted that many went to their own doctors to get the loops removed, Yee and McBride, "A History of the Family Planning Association," 13, 9.

The new patients have some ready knowledge of what type of contraceptive they would like to use. The men too are attending for the supplies for their wives, and are quite “au fait” as to the menstrual periods and starting dates for the oral pills.³⁶⁶

As in the past, family planners responded to patient demands and began to promote the pill over the IUD. While in 1966 38.5% of FPATT patients used the IUD and 44% oral pills, within a year IUDs had declined to 23.7% and pills increased to 63.46%.³⁶⁷

Indeed, by the early 1970s the pill had become resoundingly the most used method in the region, and remains so to this day, while the IUD has not become popular.³⁶⁸ But the pill, too has had its problems. Almost immediately after it became available, women around the world began noticing side effects such as weight gain, nausea, and headaches, and by 1961 the first reports of deaths from blood clots were recorded in the United States.³⁶⁹ This led to a popular outcry against the possible health effects of the pill which also carried over to the Caribbean.³⁷⁰ Although initially ignored or dismissed as statistically irrelevant, by the late 1960s these reports had provoked hearings on the safety of the pill which would force companies to include inserts on risks in drug packages, reduce dosages of hormones, and adopt other measures which have helped ensure the pill’s safety.³⁷¹ Recent studies in Jamaica, however, have shown that the side effects of the pill continue to serve as barriers to its use, especially when women are not properly

³⁶⁶ Yee and McBride, “A History of the Family Planning Association,” 2.

³⁶⁷ *Ibid.*, 5.

³⁶⁸ For Jamaica, see “Women in Five Caribbean Countries Have Small Families, are likely to use Modern Contraceptives,” *International Family Planning Perspectives* Vol. 12, No. 2 (June 1986), 50. On the decline of IUD/popularity of pill in Barbados see Daniel, “Barbados,” 9. On Bermuda, see “Women and Fertility—1980 Census,” (The Statistical Department, Ministry of Finance, Stacks, Bermuda National Library (hereafter “BNL”)), 3.

³⁶⁹ Gordon, *The Moral Property of Women*, 332:333.

³⁷⁰ A Family Planning Association Doctor, “So You’re Afraid to Use the Pill.” *Trinidad Guardian*, 5 July 1970 (newspaper clipping, Family Planning (1961-1971) File Folder, Heritage Library, NLTT), “THE PILL: Doctors Warned of a New Danger,” *The Recorder*, 1971, 11.27.

³⁷¹ Gordon, *The Moral Property of Women*, 332-333.

informed or supplied and so switch between dosages or take several pills at once.³⁷² These studies suggest the continued importance of enforcing ethical standards and medical supervision of pill use. Feminist activists and scholars have also stressed the need to pursue research aimed at developing new methods and/or making non-hormonal barrier methods—such as the diaphragm, sponge and condom—more effective and appealing.³⁷³

Birth control clinics thus did not (and continue not to) provide women with complete or total reproductive freedom. As Iris Lopez argues in her study of Puerto Rican women in New York, even where women were not “coerced” in the traditional sense and where they actively engaged with family planning services,³⁷⁴ they did not necessarily see themselves as exercising “*complete* volition when it came to choosing methods of birth control and larger issues of reproduction.”³⁷⁵ Rather, poor and marginalized women’s choices about family planning were (are) inherently limited by the urgency of their economic, social, and personal circumstances; problems with birth control methods; gender subordination in personal relationships and other pressures.³⁷⁶ Thus, it is probably most accurate to describe the women who drew on clinic resources as neither completely controlled nor in complete control, but rather exercising “*degrees* of agency, resistance, and reproductive freedom.”³⁷⁷

At the very least, however, these clinics provided resources for some women who were able to successfully use the methods available. As JFPA head Dr. Roy Levy himself noted in assessing the role of the Kingston clinic in 1958: “if it did nothing else it did help in some way or

³⁷² See Sobó, “Bodies, Kin and Flow,” 63-64.

³⁷³ See Gordon, *The Moral Property of Women*, 337 for these arguments.

³⁷⁴ Lopez, *Matters of Choice*, xvi.

³⁷⁵ *Ibid.*, xii. My emphasis.

³⁷⁶ *Ibid.*, xix, 67, 126.

³⁷⁷ *Ibid.*, xix, My emphasis. A similar argument is made by Schoen, who claims the experience of birth control in North Carolina is “neither a story of the state or the medical profession exerting power over female patients nor a story of strong women rising above all odds” (Schoen, *Choice and Coercion*, 15).

other to provide the means of helping some 150 mothers per month, who, without that help would just have to get pregnant again whether they could afford or not to bring up their children in relative poverty.”³⁷⁸ That many women were indeed satisfied can be seen, for one, in the fact that some 10-20% of patients came based on referrals from other clinic patients, friends and partners.³⁷⁹ Others reported their appreciation directly to the clinics, informing family planners of how “proud”³⁸⁰ and “glad”³⁸¹ they were that the JBCL had taken the initiative in “forming such a clinic”³⁸² which was “a Boon to the Poor and destute [sic] Class of people,”³⁸³ and even asking if they could be a member of the association themselves.³⁸⁴ After tracking down the JBCL’s first clinic patient a year later, Farquharson found that, even though the woman’s husband was out of work and she had moved houses four times in the last year, she “looks ever so much better...I think largely because life is less hard,”³⁸⁵ and had taken it upon herself to promote birth control within her own community. As Farquharson related in a letter to Edith How-Martyn:

She told me she herself does all she can to spread the knowledge that B.C. [Birth Control] is available, and that it is quite true what we told her, that it is “cheaper than the cheapest baby”... She says she asked [sic] her priest what he thought of B.C., but did not tell him she was using it. He told her it was grievous sin...she says that she regards it as a much greater sin to produce children to starve, and she knows what they all went through.³⁸⁶

³⁷⁸ “Population pressure of the island,” *The Daily Gleaner*, 8 June 1957, 9 [9].

³⁷⁹ On Jamaica, see “Analysis of Patients Replies to Case Card Question “How did you hear of clinic?” (Statistical Tables, 1957, 4/108/2001, May Farquharson Collection, Jamaica Archives). See also letters to JBCL: #272, #316, #323, #314, #353 (4/108/645, May Farquharson Collection, NAJ). In Barbados see Roberts et al, “Knowledge and Use of Birth Control in Barbados,” 590

³⁸⁰ #244 (4/108/645, May Farquharson Collection, NAJ).

³⁸¹ #266 (4/108/645, May Farquharson Collection, NAJ).

³⁸² #53 (4/108/645, May Farquharson Collection, NAJ).

³⁸³ #2 (4/108/645, May Farquharson Collection, NAJ).

³⁸⁴ #235 (4/108/645, May Farquharson Collection, NAJ).

³⁸⁵ Letter to H.M., 10 March 1940 (4/108/1315, May Farquharson Collection, NAJ).

³⁸⁶ *Ibid.*, 1-2.

4.4 CONCLUSION

Working class West Indian women did not all seek birth control for the same reasons, nor have the same expectations or experiences when they encountered family planners. Some women wanted to stop having children permanently, others temporarily; some had the support of their partners and some did not; some welcomed the visits of family planners and some found them intrusive; some became loyal patients while others drew on clinic services more sporadically. The records of early Caribbean birth control clinics thus demonstrate, more than anything, the “the rich variety of individual experiences, even when women face similar constraints and live in the same community.”³⁸⁷ But many of the stories recorded at Caribbean clinics resonate strongly with those in other areas of the world, suggesting elements of a shared reproductive experience across time and space. The repeated stress on the financial, physical, and emotional cost of childbearing in letters to the JBCL, for example, is almost identical to letters sent to birth control providers as far away as Canada, South Africa, and India, and many of the objections to birth control (misinformation, concern over health problems, male resistance, lack of privacy) were recorded among working class women across the globe as well.³⁸⁸

These experiences should lead us to question the idea that West Indian women were uniquely unwitting, uninterested, or essentially uncommitted to family planning. As critiques of cultural essentialist scholarship point out, even the smallest of villages is never a homogenous entity, but rather a site in which cultural beliefs and practices are dynamically constructed,

³⁸⁷ Lopez, *Matters of Choice*, 148.

³⁸⁸ In Canada see McLaren and McLaren, *The Bedroom and the State*, 24-28, in the U.S., see Schoen, *Choice and Coercion*, 53-54 and Gordon, *The Moral Property of Women*, 220-228, for South Africa see Klausen, *Race, Maternity and the Politics of Birth Control in South Africa*, 93-99, 116-127.

challenged, re-constructed and/or deviated from on an ongoing basis by human activity.³⁸⁹ Thus, there are frequently gaps between stated cultural dogma and ideals and what is actually accepted and practiced by people in their daily lives.³⁹⁰ As well, resistance that that looks “cultural,” may, under closer inspection turn out to be informed by a lack of awareness, gender hierarchies, and economic barriers created by women’s working and family lives or insufficient methods.³⁹¹ As a result, “outside” interventions which may appear as intrusions to some, for others may provide an opportunity or expand the range of options available;³⁹² in this case, they offered at least some women a chance to exercise some limited control over their reproductive lives.

Indeed, as family planners consistently argued, the main problem facing their work was not that women were not interested, but that clinics did not have the human resources or infrastructure to reach all of those in need.³⁹³ As a result, in most areas birth control campaigns do not seem to have had a significant effect on birth rates until the mid-to-late 1960s, when the more effective pill and IUD were introduced and services were expanded across the region. Although birth rates declined somewhat in Bermuda and Barbados starting in 1955 (years in which both islands, notably, increased and/or initiated state funding),³⁹⁴ they actually rose in

³⁸⁹ Peter L. Berger, *The Sacred Canopy: Elements of A Sociological Theory of Religion* (New York: Anchor Books 1967), 84, Frederick Cooper and Randall Packard, “Introduction,” in Cooper and Packard, eds., *International Development and the Social Sciences*, 17-18, Pigg, “Found in Most Traditional Societies,” 259-290.

³⁹⁰ Raymond T. Smith, *The Matrifocal Family: Power, Pluralism, and Politics* (New York: Routledge, 1996), 53.

³⁹¹ Indeed, even Sobo notes that contraception in the village she studies was frequently misused (pills were switched frequently or not taken regularly, condoms often came in the wrong sizes, were damaged or outdated, and did not come with instructions), and some of the things she describes as “blood-flow problems”—such as hemorrhaging caused by improper dosages of birth control pills—seem like relatively universal health complaints rather than Jamaican particularities (Sobo, “Bodies, Kin and Flow,” 61, 63).

³⁹² Cooper and Packard, “Introduction,” 18.

³⁹³ As the Jacobses noted in St. Ann, for example, although they had quite a few requests from the remote area of Madras, bad roads made it difficult to respond with any regularity. “Annual Report of St. Ann's Family Welfare Organization and The Beth Jacobs Clinic Ltd., March 1960 to March 1961,” March 1961 (4/108/2375, May Farquharson Collection, NAJ), 6.

³⁹⁴ See Conclusion (Chapter 8) for a discussion of birth rates in the 1950s and 60s.

Trinidad and Jamaica in the 1950s, a fact which some have attributed to decreased childlessness as a result of health advances combating venereal diseases (a contributor to female sterility).³⁹⁵

As Stycos and Back noted, a handful of clinics in select areas of a country had never changed the face of reproduction on a countrywide scale. Such a project required a broader clinical network, sex education and a mass distribution program clearly beyond the scope of a small, privately-funded family planning association.³⁹⁶ Reliant on donors (with fundraising made all the more difficult by the controversial nature of the cause), these groups struggled even to pay basic clinic expenses, frequently having to cut back on staff and/or pay expenses out of their own pockets.³⁹⁷ As Farquharson herself noted:

If B.C. spreads, we would never be able to tackle the demand, from the financial point of view. All we can hope for is to have at most three or four Clinics of our own eventually, and to spread the general idea. The whole subject is really much too big for purely private philanthropy.³⁹⁸

Family planners thus recognized the crucial need for support from government bodies, and made efforts to lobby those in power. But these efforts were complicated by the fact that, until the 1960s, most of these islands had in fact *two* governments, one headed by officials in London and driven by imperial priorities, and one local and, in a context of political reforms and new universal suffrage, increasingly driven to respond to the local population. As we will see in the following two chapters, both contexts would create unique challenges for those dedicated to the cause of promoting more widespread access to birth control in the West Indies.

³⁹⁵ See for example J. Mayone Stycos, "Recent Trends in Latin American Fertility," *Population Studies*, Vol. 32, No. 3 (November 1978), 407.

³⁹⁶ Stycos and Back, *The Control of Human Fertility in Jamaica*, 219.

³⁹⁷ See for example: "Agenda: Meeting of Directors of Jamaica Family Planning League Ltd.," 27 March 1947 (4/108/790, May Farquharson Collection, NAJ), where the Directors considered closing the clinic temporarily; also in Trinidad, see Mohammed, "A History of the Family Planning Association of Trinidad and Tobago," 14.

³⁹⁸ Stony Hill Fort George to C.B. Facey, Letter, 2 January 1940 (4/108/991, May Farquharson Collection, NAJ), 3.

5.0 BIRTH CONTROL AND COLONIAL OFFICE POLICY, 1935-1964

On March 15, 1957, Bermuda's Colonial Secretary J.W. Sykes received a letter from the island's Attorney General expressing concern over an article in that morning's newspaper. In the article, Dr. Eustace Cann of the Population Committee had announced that the government would subsidize voluntary sterilizations for women on eugenic, therapeutic, and economic grounds.¹ As the Attorney General explained to the Colonial Secretary, since there was "some doubt whether sterilization was legal or not, even though voluntarily sought... Government should disassociate itself from the practice and should certainly not underwrite the cost."² In fact, the Attorney General felt the matter was "of such fundamental importance that we should seek the views of the Secretary of State."³ Colonial Secretary Sykes passed on these concerns to the local Executive Council and also drew attention to Population Committee letters discussing abortion,⁴ warning that the local campaign was "treading on very dangerous ground in considering these methods of stabilizing the population."⁵ The Committee, however, defended its activities in its report to Sykes on June 5, insisting that "there is no law prohibiting voluntary

¹ Attorney General-Bermuda to the Honourable the Colonial Secretary, Letter, 15 March 1957 (Illegitimacy: Population Committee, CS/6.4, E.179/D, Location 2332, BA).

² "Executive Council Meeting Minute," 27 March 1957 (Illegitimacy: Population Committee, CS/6.4, E.179/D, Location 2332, BA).

³ Attorney General-Bermuda to the Honourable the Colonial Secretary, Letter, 15 March 1957 (Illegitimacy: Population Committee, CS/6.4, E.179/D, Location 2332, BA).

⁴ See for example Telegram to The High Commissioner, 5 December 1955 (Illegitimacy: Population Committee, CS/6.4, E.179/D, Location 2332. 12, BA), 1. Also High Commission to Bermuda Governor's Secretariat, Letter, 6 January 1956 (Illegitimacy: Population Committee, CS/6.4, E.179/D, Location 2332. 23, BA).

⁵ "Executive Council Meeting Minute," 1 May 1957 (Illegitimacy: Population Committee, CS/6.4, E.179/D, Location 2332, BA).

or requiring compulsory sterilisation in any United Kingdom territory,” and claiming that they were in fact not going far *enough*.⁶

Unsure of what to do, Sykes turned to the Colonial Office in London, where he found metropolitan officials equally averse to a publicly funded sterilization campaign. Responding on June 5, Colonial Office official Fred Kennedy told Sykes that the Population Committee’s activities were indeed “rather disturbing.”⁷ Although Kennedy admitted that a past Colonial Secretary (Geoffrey Chaplin) had forwarded to the Colonial Office a report of the Bermuda Board of Health in 1955 which had discussed sterilization, he claimed that “there was no indication at that time that action in respect of sterilisation was contemplated” and London officials had been under the impression that these proposals “did not represent ‘the official view.’”⁸ Kennedy agreed that the Committee was treading on “dangerous ground” and stated that:

The personal views of the Secretary of State’s Medical Advisor are unequivocal. He would regard sexual sterilisation of a person of either sex, even at the request of both spouses, as an unethical procedure and of doubtful legality unless the operation was fully justified for reasons of undoubted therapeutic necessity.⁹

Kennedy also attached statements from the British Medical Association, Medical Defense Union, and Singapore Family Planning Association which reaffirmed the precedent that sterilization was only to be used for therapeutic and not eugenic, economic, or other reasons.¹⁰

⁶ “Report to Colonial Secretary on Activities of the Population Committee,” 5 June 1957 (Illegitimacy: Growth of Population, CS/6.4, 1279/D/02, Location 2126, BA), 2.

⁷ F. Kennedy, Colonial Office, to J.W. Sykes, Colonial Secretary, Letter, 5 June 1957 (Illegitimacy: Growth of Population, CS/6.4, 1279/D/02, Location 2126, BA).

⁸ Ibid. This was, indeed, the phrasing Geoffrey Chaplin had used in his letter: Government House Geoffrey Chaplin, Bermuda to Colonial Office Dr. Edith O. Mercer, London, Letter, 19 July 1955 (CO 1031/1966, NAUK), 1.

⁹ F. Kennedy, Colonial Office, to J.W. Sykes, Colonial Secretary, Letter, 5 June 1957 (Illegitimacy: Growth of Population, CS/6.4, 1279/D/02, Location 2126, BA).

¹⁰ Ibid.

This was not the first time the Colonial Office had been called on to restrain Bermuda's birth control campaign. Officials in London had, for example, followed the progress of the island's infamous May 1935 Report on Unemployment after receiving letters from various British personalities warning that its proposals would be "a "disgrace to the whole British Empire."¹¹ The Office had also contacted Bermudian officials in 1948 inquiring about the reported sterilization of "four promiscuous women" being treated for venereal diseases (which they had read about in a British Honduran newspaper),¹² but backed off after being assured the sterilizations were voluntary.¹³ Still, officials repeatedly expressed their concern that the local campaign was too aggressive and racist in intention, embodying the "rather unimaginative reactions of a dominant white community towards a subordinate coloured community."¹⁴

The Office's concern over events in Bermuda should not, however, be understood as a general aversion to population control or its eugenic undertones. Although officials worried about sterilization and at times chastised Bermudian elites for their open displays of racism, they too were concerned about the island's growing black population and just as frequently congratulated Bermuda for "tackling this problem of over-population"¹⁵ which, they argued,

¹¹ N. Astor to Malcolm Macdonald, M.P., Colonial Office, Letter, 1 August 1935 (CO 37/282/5, NAUK). See also Fitzalan to W. [illeg] Gore, Letter, 24 January 1937. (CO 37/285/5, NAUK).

¹² Colonial Office, London to William Addis, letter, 9 December 1948 (Public Health: Birth Control, 1934-1961, BA).

¹³ Ibid. Addis responded by assuring the Office that: "There is of course no compulsory sterilization in this Colony... The "four promiscuous women" referred to in the Report of our Medical and Health Department for 1947 were sterilised on the authority of written applications signed by themselves." William Addis to F. Kennedy, Letter, 15 December 1948 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA).

¹⁴ Mr. Luke to Mr. Webber, Minute, 1 January 1952 (CO 1031/953, NAUK). See also Geoffrey Caston, Minute, 28 December 1951 (CO 1031/953, NAUK), also R.J. Bray commenting that "One wonders whether the white population, despite its being far less concerned, would not protest at the idea of its unmarried mothers having to appear like those of the coloured population, before the Council and being subject to the supervision proposed." R.J. Bray to Dr. Mercer, Minute, 29 February 1956 (CO 1031/1966, NAUK).

¹⁵ N.L. Mayle, Minute, 31 December 1951 (CO 1031/953, NAUK). According to one official, Ellen Mercer, Bermuda's ability to act more aggressively on the matter of birth control and illegitimacy was "perhaps because the coloured population though well educated is less articulate politically," Edith O. Mercer, Minute, 1 November 1956 (CO 1031/1970, NAUK).

made the island in many ways “more progressive than the Legislatures of the over-populated British West Indian islands.”¹⁶ Indeed, by the 1940s officials in the West Indies Department had become equally obsessed with the idea that the growth of (black) working class populations across the region was “one, if not the main reason for the region’s economic problems”¹⁷ and that “some solution must be found.”¹⁸ This view was embodied in both published and unpublished reports, as well as in minutes and letters contained in over forty Colonial Office files opened on the topics of population, family planning, and birth control in the West Indies and the colonies as a whole from the 1930s to 70s. In these internal government files, officials repeated the patronizing and essentializing language of the most conservative of local elites, attributing poverty and economic under-development to the “indiscriminate, irresponsible breeding”¹⁹ of West Indians which grew out of the “disordered” Afro-Caribbean family and the “natural carelessness and lack of forethought of the people.”²⁰

As scholars exploring the intersections of gender, sexuality, and colonialism in the British Empire have argued, such stereotypes of hyper-sexuality and over-breeding had a long history and formed part of a larger discourse that justified imperial rule and validated metropolitan interventions into the intimate lives of colonial subjects. Placing the blame for the colonies’ woes on “backward” social and reproductive practices at once masked the role of imperial policies in perpetuating inequalities, asserted the inferiority of the culture of the colonized and paved the way for “enlightened” British agendas of reform ranging from legislation on age of

¹⁶ N.L. Mayle, Minute, 31 December 1951 (CO 1031/953, NAUK).

¹⁷ Reddock, *Women, Labour and Politics in Trinidad and Tobago*, 225.

¹⁸ Karl Ittmann, “Demography as Policy Science in the British Empire, 1918-1969,” *Journal of Policy History*, 15.4 (2003), 432.

¹⁹ Stewart Perowne, Barbados to The Right Honourable Arthur Creech-Jones, Secretary of State for the Colonies, Letter, 21 April 1949 (CO 1042/244, NAUK).

²⁰ Sir Alan Burns to Sir Cosmo Parkinson, Letter, 29 December 1939 (CO 318/445/5, NAUK). See also Seel, Minute, 29 November 1948 (CO 318/495/4, NAUK), Governor J.V. W. Shaw, Trinidad to The Right Honourable Arthur Creech-Jones, Letter, 30 June 1949. (CO 1042/244, NAUK).

consent in India to a campaign against clitoridectomies in Kenya to compulsory venereal disease treatment in Australia.²¹ At the same time, however, recent scholarship has pointed out that the metropolitan government was not a “Leviathan” state free to do whatever it wished.²² Held back by lack of political will, limited material resources, and, in particular, the resistance of colonial subjects, attempts by British officials to actually regulate and/or shape sexual and reproductive practices were frequently unsuccessful and at times provoked outright protest. Indeed, rather than *extending* the reach of colonial power into the “bedrooms of the empire,” these efforts could provide momentum to nationalist movements directly *challenging* colonial rule.²³

This chapter traces the attempts of the Colonial Office to initiate one such policy of sexual regulation: namely, the promotion of birth control in the West Indies (and beyond). As argued below, the perceived need for such a policy was driven by a range of influences, including the concerns of British activists over the threat of colonial population growth to white/imperial rule, the actions and demands of West Indians themselves, shifts in colonial policy from a “self-sufficient” to “development and welfare” approach, and an apparent lack of alternative options as various emigration schemes and economic reforms were discarded as costly, inefficient, or impracticable. Attempts to actively initiate or encourage family planning programs in the region, however, were repeatedly contained by both actual resistance and the

²¹ See for example: Cordell, Ittmann and Maddox, “Counting Subjects,” 60, Ahluwalia, *Reproductive Restraints*, 123, Ittmann, “Demography as Policy Science,” A. Davin, “Imperialism and Motherhood.” in Frederick Cooper and Ann Laura Stoler, eds., *Tensions of Empire: Colonial Cultures in a Bourgeois World* (Berkeley: University of California Press, 1997), L. Manderson, “Shaping Reproduction: Maternity in Early Twentieth-Century Malaya.” in K. Ram and M. Jolly, eds *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific* (Cambridge: Cambridge University Press, 1998), Philippa Levine, “Introduction: Why Gender and Empire?” pgs 1-13 in Philippa Levine, ed., *Gender and Empire*. (Oxford: Oxford University Press, 2004), Midgley, *Gender and Imperialism*.

²² Cordell, Ittmann and Maddox, “Counting Subjects,” 6.

²³ *Ibid.*, 10, Ahluwalia, *Reproductive Restraints*, 138-9, Antoinette Burton, “Introduction: the unfinished business of colonial modernities,” in Burton, ed., *Gender, Sexuality and Colonial Modernities*, 1-3, Ann Laura Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkeley: University of California Press, 2002) 99, 206.

threat of possible resistance. Thus, by 1955 Colonial Office population controllers had largely given up on creating a policy of family planning promotion in the colonies, settling instead on an “indirect” policy entailing limited support for a handful of external demographic conferences and studies instead. As in other areas of the empire, these efforts fell far short of what most colonial officials hoped for while also fuelling a disconnect between the Office and local movements that frustrated local birth control activists looking for additional resources. The same disconnect allowed some islands, such as Bermuda, to go far beyond what the Office was comfortable with. Indeed, although the Colonial Office’s condemnation in 1957 quieted measures like the island’s expansive voluntary sterilization campaign, it did not end them; while references to such sterilizations do disappear from official reports for several years, later documents suggest they continued well past 1957.²⁴

5.1 CALLING SPADES “SPADES”: THE RISE OF BIRTH CONTROL ADVOCACY IN THE COLONIAL OFFICE

Interest in colonial population dynamics was preceded and undoubtedly influenced by the growth of a domestic birth control movement in Britain. As in other areas of the world, this movement included a mix of feminist, eugenic and neo-Malthusian ideologies. The latter stream dated back to the late nineteenth century, when several writers began to draw attention to the dramatic growth in the domestic population as well as the declining fertility among higher socio-

²⁴ In May 1966, Frazer reported to yet another “Illegitimacy Committee” that the Department had continued to sterilize some 100 cases per year, including a few men. “Minutes of the seventh Meeting of the Illegitimacy Committee,” (Social Welfare Board Minutes, CS/6.4, E.176/I, Location 1997, BA).

economic classes and corresponding disproportionately high reproduction among the lower classes. Concern over the presumed social and economic consequences of these trends led to the formation in 1877 of the Malthusian League (the world's oldest birth control organization), which helped fuel growing interest in family limitation.²⁵ As World War I approached, these neo-Malthusians were joined by British eugenicists who focused on the presumed heredity of social ills like alcoholism, criminality, and immorality and stressed the need to contain the fertility of "feeble-minded" individuals and the British underclass (identified in some reports as comprising up to 10% of the population).²⁶ According to historian Richard Soloway, although many of their theories would later be disproved, at the time these eugenicists gave the birth control movement a dose of credibility, as many were successful middle-class scientists, physicians, churchmen and other professionals.²⁷ The movement was also energized in the 1920s by Marie Stopes, a fervent birth control advocate who portrayed unlimited fertility as detrimental not only to society as a whole, but to individual romantic relationships and sexual fulfilment. Stopes penned a number of pamphlets and handbooks throughout the decade and her "Society for Constructive Birth Control and Racial Progress" opened the country's first birth control clinic in 1921 in London.²⁸ By 1930, Stopes and other birth control advocates had obtained a relative degree of local success, as the established church granted partial sanction to family limitation and the Ministry of Health allowed local welfare authorities to distribute contraceptives to women in need (within the context of marriage, and, they stressed, only for medical purposes).²⁹

²⁵ Soloway, *Birth Control and the Population Question in England*, xiv.

²⁶ Ahluwalia, *Reproductive Restraints*, 58.

²⁷ Soloway, *Birth Control and the Population Question in England*, xv.

²⁸ *Ibid.*, 208-232.

²⁹ *Ibid.*, xvi.

Although they focused primarily on domestic class relations, from the early 20th century certain British neo-Malthusians and eugenicists also began warning of the threat posed by racial mixing and/or the expansion of “nonwhite” races in the colonies, which could, they argued, jeopardize European imperial dominance and the racial world order it imposed.³⁰ White settlers and elites in Kenya and South Africa similarly expressed concern over their ability to maintain white rule and racial boundaries in the face of expanding black and “poor white” populations.³¹ These arguments, however, at first made only a limited impression on colonial officials, who were either indifferent or more concerned with *increasing* the size of the labour force in regions deemed too “under-populated” to produce or consume at the levels desired.³² This was particularly the case in Africa, which officials saw as “demographically stagnant” due to centuries of warfare, forced labor, polygamy and birth control practices such as prolonged breast-feeding.³³ In the Caribbean, as well, colonial officials bemoaned the lack of available workers in the 19th and early 20th century, which they attributed to ex-slaves’ flight from the plantations after emancipation and emigration to other locations in the circum-Caribbean.³⁴ As a result, colonial “population policy” well into the twentieth century was focused more on creating population growth through immigration schemes (including the transportation of indentured Indians to the Caribbean from 1844-1917) as well as limited efforts to improve health and reduce

³⁰ Ittmann, “Demography as Policy Science,” 426, Campbell, *Race and Empire*, 2-3 and 19-24, also Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 15.

³¹ See Campbell, *Race and Empire*, Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa*, 13-14.

³² Ittmann, “Demography as Policy Science,” 426-428.

³³ Karl Ittmann, “‘Where Nature Dominates Man’: Demographic Ideas and Policy in British Colonial Africa, 1890-1970,” pgs 59-88 in Ittmann, Cordell and Maddox, eds., *The Demographics of Empire*, 60-61.

³⁴ Holt, *The Problem of Freedom*, xxiii.

infant and maternal mortality.³⁵ Indeed, as late as 1922 officials were claiming, for example, that “there is in Jamaica room for much more than its present population.”³⁶

The growth of a birth control movement in Bermuda in the early 1930s thus met with mixed views within a Colonial Office lacking a clear policy on the matter. Officials in London claimed to know of “no other colony that has taken up the question”³⁷ and were hesitant to set any precedents.³⁸ The Office was also particularly unwilling to challenge Bermuda’s “ancient constitution,”³⁹ which allowed for considerably more local control over governmental affairs than in other areas of the empire. Spared from having to make a decision on compulsory sterilization by the removal of the proposals due to local opposition,⁴⁰ the Office made a decision not to intervene in the island’s more voluntary-based efforts, such as the clinic opened under the island’s medical department in 1936.⁴¹ Officials were careful, however, to specify that this was a “specific case” and they “should not add words to cover other colonies.”⁴² Indeed, in responding to a request for a birth control clinic within a colonial hospital in the Straits Settlements in 1937, officials claimed that Bermuda was unique as a non-Crown Colony, and they would discourage the colonial government in Malaya and other areas from taking similar initiative or devoting

³⁵ On Africa, see Ittmann, “Where Nature dominates Man,” 63-66, On the Caribbean see Segal, *Population Policies in the Caribbean*, 13-16.

³⁶ “Report of Committee on Child Welfare Development,” Jamaica Colonial Secretary to Colonial Secretary, Bermuda, Letter, 30 December 1922 (Public Health: Infant Welfare, CS 6.4/2745, location 822, BA), 1.

³⁷ As Beckett reported to Waddington, officials knew of “no other colony that has taken up the question.” H. Beckett to E.J. Waddington, Letter, 9 March 1934 (CO 37/280/8, NAUK), 1.

³⁸ This timeline is also backed by Ahluwalia’s study of India, where 1933 was deemed “too early” to embrace birth control (Ahluwalia, *Reproductive Restraints*, 123).

³⁹ Ormsby Gore to The Viscount Fitzalan, Draft Letter, 27 January 1937 (CO 37/285/5, NAUK).

⁴⁰ See Chapter Two, section one on local opposition.

⁴¹ H. Beckett to E.J. Waddington, Letter, 9 March 1934 (CO 37/280/8, NAUK).

⁴² See [Illeg] to Sir J. Shuckburgh, Minute, 27 January 1937 (CO 37/285/5, NAUK). Beckett similarly warned against addressing circulars on birth control to the Colonial Office as a whole, feeling that individual cases (including Bermuda and, it appears, Hong Kong) should be dealt with individually. H. Beckett to Sir C. Parkinson, Minute, 27 January 1939 (CO 37/285/5, NAUK).

public funds to birth control clinics.⁴³ As internal memos argued, the time had not come for the Colonial Office to create an all-encompassing policy on so potentially controversial a matter.⁴⁴

As historian Karl Ittmann has shown, it took the outbreak of unrest in the colonies in the 1930s to draw officials' attention more fully to the colonial "population problem."⁴⁵ Faced with the harsh conditions of the Depression and influenced by growing anti-imperialism across the globe, colonial peoples from India to Africa to the Caribbean organized strikes, protests and nationalist movements that demanded a more active response from the Colonial Office.⁴⁶ In the Caribbean, this would come in the form of the West Indies Royal Commission (also known as the "Moyne Commission") established by the Conservative-dominated British coalition government in the fall of 1938 and composed of a mix of Conservative and Labour MPs, representatives from major interested groups, and a variety of "disinterested" experts.⁴⁷ As discussed in Chapter Two, the written and oral testimonies submitted to this Commission would draw the Office's attention to the broad economic, political, and social grievances of West Indians, as well as to the specific issues of population and reproduction. The latter issues were, indeed, highlighted by several testimonies and a handful of actors (including leading local nationalists Grantley Adams and Norman Manley) took the opportunity to openly state their desire for a birth control program.⁴⁸

Several Commissioners revealed an obvious receptiveness to such arguments from the outset. After hearing several testimonies in favour of birth control in Jamaica (the first stop of

⁴³ Colonial Office to Straits Settlements Governor, Draft Letter, May 1937 (CO 273/633/9, NAUK), 1-4.

⁴⁴ J.J. Paskin, "Birth Control in the Colonies" 16 January 1942 (CO 859/62/16, NAUK).

⁴⁵ Ittmann, "Demography as Policy Science," 430-431.

⁴⁶ Ittmann, "Where Nature Dominates Man," 66-67.

⁴⁷ On the composition and purpose of the Moyne Commission from the Colonial Office's perspective, see Howard Johnson, "The Political Uses of Commission of Enquiry (1): The Imperial – Colonial West Indies Context, The Forster and Moyne Commissions," *Social and Economic Studies*, 27.3 (September 1978), 266-

⁴⁸ See Chapter Two, Section Three on the Moyne Commission and birth control in Barbados and Jamaica.

the tour), for example, various members of the Commission interrogated local clergymen for ten pages of recorded testimony, asking them if they “really think it would be easy to maintain the population of Jamaica” and if “you could sustain more than double the population?” or even “three, four or five times?”⁴⁹ When one Roman Catholic priest suggested that large families might grow up to support their parents, Commission member Sir Walter Citrine remarked sarcastically: “Or be unemployed for them.”⁵⁰ Similar lines of questioning were undertaken on other islands as the tour moved on, where witnesses were frequently asked: “Do you consider that the rapid growth in the population adds to the difficulties?” and (if not receiving an affirmative answer): “But the rapid growth of the population adds to your difficulties in various ways?”⁵¹ Commissioners Herbert Henderson (a professor and unofficial economic advisor to the government)⁵² and Sir Percy MacKinnon (a former director of British Airways and a representative for major financial interests)⁵³ were particularly adamant in pressing witnesses through such leading questions.⁵⁴ As MacKinnon complained before the St. Vincent Teachers’

⁴⁹ West India Royal Commission, “Seventh Session held in Jamaica, 10th November 1938,” 10 November 1938, (CO 950/98, NAUK), 13.

⁵⁰ *Ibid.*, 17.

⁵¹ West India Royal Commission, “Tenth Session. Witness: Mr. A.H. Hodges, Treasurer, and Chairman of the Board of Conciliation,” 12 November 1938 (CO 950/925, NAUK), 30. For similar extended lines of questioning, see: West India Royal Commission, “Twenty-Third Session held in Jamaica. Witness: Deputation from the Association of Elected Members of the Legislative Council of Jamaica,” 24 November 1938 (CO 950/927, NAUK), 35-38, West India Royal Commission, “Sixth Session Held in Castries, St. Lucia. Witness: The Non-Party Committee,” 22 November 1938 (CO 950/936, NAUK), 76-77, West India Royal Commission, “Eighth Session held at Castries, St. Lucia. Witness: L.A. Chase, Esquire, General Manager of the Barbados Land Settlement,” 23 December 1938 (CO 950/936, NAUK), 17-27, West India Royal Commission, “Witness:—The Grenada Union of Teachers,” 11 January 1939 (CO 950/935, NAUK), 54-56.

⁵² Howard, “The Political Uses of Commissions of Enquiry,” 271.

⁵³ *Ibid.*, 272.

⁵⁴ The Commissioners asked such leading questions about birth rates and over-population on all the islands, except Belize, where they were satisfied to hear of the diminishing birth rate. See West India Royal Commission, “Second Session held in Belize, British Honduras. Witness: Dr. R.L. Cheverton,” 29 November 1938 (CO 950/923, NAUK), 22. In Trinidad, Commissioners were particularly concerned about the rapid growth of the Indian population and comparative fertility rates between races. See West India Royal Commission, “Verbatim Report of Evidence given in private by Mr. J.D. Tyson at Port of Spain Trinidad,” 16 March 1939 (CO 950/934, NAUK), 11-20.

Association, it was shocking that no reference was made in their memo to the growth of the population or the high illegitimate birth rate because:

Q. It is outrageous that such things should be going on, yet you come to us—of course I do not mean you personally—and say that money should be spent on this and that, and all the while you are not endeavouring to remedy this terrible state of affairs. How can you expect the British taxpayer to hand over money when they know that this sort of thing is going on..... it is not money you want, it is moral determination.⁵⁵

This point was taken up further by Henderson in the same session, in which he stated:

Q: There are all sorts of things that are definitely wrong, but there seems to be a great tendency to attribute these deplorable conditions to some form of exploitation. Do you not think that public opinion in this Island should be made to see the economic problem in its right perspective, and that it is not right to have this rapid growth in the birth rate?⁵⁶

This questioning at times became so aggressive that Commissioner Morgan Jones (a Labour politician who did not share their core hostility to social spending)⁵⁷ accused his colleagues of openly engaging in birth control “propaganda.”⁵⁸

In discussing population growth and birth control, Commissioners did tap into the concerns of local advocates who, as we have seen, advocated contraception for a variety of social, economic, and political purposes. But Commissioners like Henderson and MacKinnon clearly sympathized in particular with the brand of birth control advocacy promoted by conservative elites (which emphasized the “cost” of working class fertility to economic and social order) over that of more reformist actors concerned broadly with maternal health, family

⁵⁵ West India Royal Commission, “Fifth Session held at Kingstown, St. Vincent. Witness: St. Vincent Teachers Association Delegation,” 3 January 1939 (CO 950/937, NAUK), 11-12.

⁵⁶ *Ibid.*, 15.

⁵⁷ Howard, “The Political Uses of Commissions of Enquiry,” 272.

⁵⁸ West India Royal Commission, “Twelfth Session held at Bridgetown, Barbados, 1 February 1939,” (CO 950/919, NAUK), 56.

life, and nationalist reform.⁵⁹ In attributing poverty solely to reproduction and dismissing the possible role of colonial exploitation, these commissioners ignored the more nuanced “over-population” arguments put forward by men like Adams and Manley, or the maternal and health concerns stressed by most family planners on the islands, displaying what Lara Putnam points to as “the partial ear through which commissioners selectively heard and synthesized the testimonials brought before them.”⁶⁰

The Commission’s report, completed in 1940, reflected this particular understanding of population and reproduction. Commissioners went into lengthy detail on the barriers to social progress created by “lack of family life,” high illegitimate birth rates and promiscuity which were presumed to be prevalent among “a people whose immature minds too often are ruled by their adult bodies.”⁶¹ Reforming the West Indian family to look more like the small, sexually controlled nuclear families of the British ideal was thus deemed essential to the future of the region and a pre-requisite for any sort of increased self-government.⁶² Working class fertility, and the population growth that resulted from it, was also singled out as the central cause of the poverty and unemployment underlying the riots. As the Report claimed, although some other factors (such as “the unfavourable trend of markets”⁶³) contributed,

Behind the various economic and social defects that have been described...the rapid increase of population is to be found, sometimes as a major cause, and

⁵⁹ As Campbell notes in her discussion of eugenics in Kenya, although metropolitan engagements with the colonies did provide spaces for various opinions, conservative usually “echoed disproportionately loudly” (Campbell, *Race and Empire*, 4).

⁶⁰ Putnam, “Illegitimacy and Self-Government,” 34.

⁶¹ *West Indies Royal Commission Report*, 221, see also 220-222.

⁶² Chamberlain, *Empire and Nation-Building in the Caribbean*, 1, 20; Vassall, “Voluntary Women’s Associations in Jamaica,” 25-27. French, “Colonial Policy Towards Women after the 1938 Uprising,” 39-40.

⁶³ According to the opening pages of the Report, it was the “rapid increase of numbers, coupled with the unfavourable trend of markets, [that] has given rise to a serious problem of unemployment and underemployment.” *West Indies Royal Commission Report*, 8. This rather simplistic understanding of unemployment and underemployment was repeated in the next chapter “Economic Position and Outlook,” which again forwarded the “Growth of Population” as the overriding issue.

almost always as an aggravating factor. It has contributed more than any other single influence to the formidable increase of intermittent employment in the towns and of under-employment in the country....⁶⁴

The Report thus dramatically warned that any proposals for economic reform “would prove only a superficial palliative, a mere postponement of the evil day, if the present growth of numbers continues unabated.”⁶⁵ Judging the outlook for either emigration or land settlement schemes not encouraging,⁶⁶ the Commission claimed that a reduction in birth rates was therefore “the most pressing need of the West Indian colonies.”⁶⁷ The report went as far as to argue (although noting that religious leaders would likely object) that when and where such public opinion was “in a mood to appreciate the importance of the question, it is possible that the establishment of birth-control clinics might fulfil a useful purpose.”⁶⁸

The Commission’s focus on working class reproduction and social practices rather than broader economic and political systems at least nominally diverted blame from both colonial policies and local social inequality. At the same time, however, the sheer volume of evidence presented by the report documenting the dire situation of the working classes was deemed so potentially incriminating that, out of fear that it would be exploited by Nazi propaganda, the

⁶⁴ *West Indies Royal Commission Report*, 242.

⁶⁵ *Ibid.*, 243. The Report repeated this mantra on the next page, claiming that: “The indefinite continuance of the present West Indian birth-rates would seriously endanger the maintenance of even the present standard of living, and might render nugatory any attempts to improve that standard.” (242).

⁶⁶ *Ibid.*, 242-244, 393. They were equally sceptical about the ability of land settlement (which was particularly popular among West Indian reformist witnesses) and industrial development to fully cope with the scale of the problem. *Ibid.*, 313. The Commissioners noted the particular popularity of such proposals in the colonies, where, they argued, people “expect from land settlement results and benefits which, in practice, would be found difficult or impossible to realize” (*Ibid.*, 313).

⁶⁷ *Ibid.*, 12, 245, 246, 440. Throughout the colonies; as the Report reminded its readers, high birth rates were not “a West Indian peculiarity,” but prevalent “so far as statistical evidence enables us to judge, in Africa, in India, in the East generally, and throughout the whole tropical and sub-tropical world” (245).

⁶⁸ *Ibid.*, 246.

British government decided not to publish the report in full until after the war.⁶⁹ In the meantime, in response to public demand, they released a preliminary list of recommendations which would push imperial policy far past the traditional understanding of colonial “self-sufficiency” (in which colonies could only have whatever services they could afford with local revenue), demanding a far greater commitment of metropolitan resources towards economic development and a variety of health, education, housing, and social programs.⁷⁰ In order to fulfil these demands, the British government passed the Colonial Development and Welfare Act of 1940, which committed five million pounds annually for twenty years for such projects not only in the West Indies, but in other areas of the Empire as well.⁷¹ This was the largest amount of aid for such services seen in the region to that point,⁷² and would become part of a larger plan to reinvigorate and re-legitimize colonial rule in the face of challenges from the colonies initiated by the Conservative government and carried on by the British Labour government when it assumed power in 1945.⁷³

Any mention of birth rates and/or population control, however, was noticeably absent from the list of recommendations and statement of colonial policy released in 1940,⁷⁴ in spite of

⁶⁹ Chamberlain, *Empire and Nation-Building in the Caribbean*, 153, Frederick Cooper, “Modernizing Bureaucrats, Backward Africans, and the Development Concept,” in Cooper and Packard, eds., *International Development and the Social Sciences*, 67.

⁷⁰ Chamberlain, *Empire and Nation-Building in the Caribbean*, Reddock, *Women, Labour and Politics in Trinidad and Tobago*, 213-14.

⁷¹ Chamberlain, *Empire and Nation-Building in the Caribbean*, 6, Beckles, *Chattel House Blues*, 64-73, Ittmann, “Where Nature Dominates Man,” 67.

⁷² Ittmann, “Where Nature Dominates Man,” 67.

⁷³ Cooper and Packard, “Introduction,” 7; Ittman, “Where Nature Dominates Man,” 66-67. As Cooper points out, this was also influenced by general growth in popularity of Keynesian economics in Britain, although he still maintains the most important factor was the disturbances in the colonies, particularly the West Indies (Cooper, “Modernizing Bureaucrats, Backward Africans,” 66). Although initiated by the Conservative government, this policy fit well with the Labour party’s stress on social and economic development, as already developed by the Fabian Colonial Bureau. See Paul Kelemen, “Planning for Africa: The British Labour Party’s Colonial Development Policy, 1920-1964,” *Journal of Agrarian Change* Vol. 7 No. 1 (January) (2007), 81-2.

⁷⁴ Attention was drawn to this fact in particular by J.P. Brander, a retired civil servant who had served for the Colonial Office in India. Brander wrote a letter to the editor of *The Spectator* printed on March 10, 1940, in which

the fact that the Commission apparently “felt very strongly on this particular subject.”⁷⁵ As documented in internal memos, this silence had been a deliberate decision made to avoid controversy in the region at a particularly tumultuous time.⁷⁶ The Commission’s report would, however, immediately kick off a move within the Office to study the issue more deeply, leading to an increase in files on the topics of “population control,” “birth control,” and “family planning” in the West Indies Department. As a result, by the time the full West Indies Royal Commission Report was released in 1945, officials in London had already reached a near-complete consensus that overpopulation was “the principal problem in the West Indies.”⁷⁷

This contention fit with an increasing concern amongst British officials over the threat of fertility across the empire and abroad more generally. In his note on “the Growth of Tropical Populations” in April of 1949, for example, official T.H. Davey argued that “some of the most pressing problems faced by the present day world are those originating in the rapid increase of population in tropical areas where a low standard of living obtains;” within the category of “tropical populations” he classified nearly every non-European population, including China, Japan, Indian, Egypt, West Indians, and even “American negroes.”⁷⁸ According to officials, however, such problems were “worst in the West Indies” due to high annual increases in

he called out the lack of a birth control policy in the WIRC’s recommendations and pointed to Bermuda as an example to be followed. Brander forwarded this letter to the Colonial Office along with a note pressing the issue further. See J. Brander to Lord Moyne, Letter, 16 March 1940 (CO 859/62/16, NAUK). See also J.P. Brander, “Letter to the Editor,” *The Spectator*, 10 March 1940. It was also covered by the Editor of the *Gleaner*, who supported Brander’s main argument, although believing that government clinics were still a long ways off in Jamaica (“Editorial: Birth Control,” *The Daily Gleaner*, 11 April 1940, 8 [8]).

⁷⁵ A.C.C. Parkinson to Sir Alan Burns, Letter, 1 January 1940 (CO 318/445/5, NAUK).

⁷⁶ As Lord Moyne explained in response to Brander’s inquiry: “The reduction of the birth rate in the West Indies is dealt with in the main Report of the Commission as one of the most urgent needs but it is unfortunately far too complicated a question for any such treatment as would have enabled any concrete recommendation in the short summary which the Government felt was the utmost that could be published in war time,” Moyne to J. Brander, Letter, 18 March 1940 (CO 859/62/16, NAUK).

⁷⁷ Colonial Office, “Population Problems in the West Indies: Memorandum by the Secretary of State for the Colonies,” 9 February 1949. (CO 318/495/4, NAUK), 4.

⁷⁸ Ittman, “Where Nature Dominates Man,” Ahluwalia, *Reproductive Restraints*, 115. Such concern was captured, for example, by T.H. Davey, “The Growth of Tropical Populations,” April 1949 (CO 859/154/6, NAUK), 1.

population, little possibility of physical expansion (as islands) and the supposedly overly high expectations of West Indian people which, they claimed, made it particularly difficult “for economic expansion to keep pace with demand.”⁷⁹ Officials thus argued that “it is sufficiently obvious that the theories of Malthus are here going to be put to an unpleasant trial.”⁸⁰ This situation, they claimed, jeopardized the entire project of colonial “development and welfare” reform, as all of the money being invested in the West Indies by “the British taxpayer” through the CDW fund would undoubtedly be “engulfed in the menacing rise of population.”⁸¹

As in other areas of the empire, a variety of population movement schemes were put forward to deal with this problem,⁸² the most significant being “The British Guiana and British Honduras Settlement Commission” (popularly known as the “Evans Commission”). Initiated at the request of the 1946 West Indian Conference (an annual meeting of Governors of the West Indies), the Evans Commission was created to study the economic potential of the mainland territories to prepare the way for settlement of migrant populations of West Indians from the “over populated” islands and possibly Jewish refugees from Europe after the war (the latter, as officials made clear, being a secondary consideration).⁸³ The Commission’s report, however,

⁷⁹ “Notes of the Address Given by Miss F.H. Gwilliam, O.B.E. Assistant Education Adviser to the Colonial Office on Population Problems in British Overseas Territories at the Council Meeting,” 12 April 1956 (CO 859/666, NAUK), 2. See also Mr. Monson to Sir H. Pynton, Minute, 16 January 1956 (CO 859/666, NAUK), and EC to Dr. Kuczynski, Minute, 15 June 1944 (CO 927/10/1, NAUK). Also included in this list of most threatened were Mauritius, Cyprus, Malta.

⁸⁰ Colonial Office, Letter, 2 March 1955 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA). Similarly described as “Malthusian” situation in Colonial Office, “Population Problems in the West Indies: Memorandum by the Secretary of State for the Colonies,” 9 February 1949 (CO 318/495/4, NAUK), 6. See also A. Creech Jones to Development and Welfare Organisation et al, Confidential Dispatch, 8 March 1949 (CO 1042/244, NAUK), 1.

⁸¹ Seel, Minute, 29 November 1948 (CO 318/495/4, NAUK). See also Earl of Listowel to Major-General Sir Hubert Rance, Barbados, Letter, 31 January 1949 (CO 1042/244, NAUK), 1. See also Simey, *Welfare and Planning in the West Indies*, 5,150.

⁸² For resettlement programs in Africa in 1942-46, see Ittmann, “Where Nature Dominates Man,” 71-73.

⁸³ West Indian Conference, “Report of Drafting Committee to the West Indian Conference Second Session,” 21 February 1946 (CO 1042/58, NAUK), 5. Officials worried that local opposition would arise if the interests of European refugees were seen to be put before those of Caribbean peoples (see for example Arundell to Seel, Dec 24

revealed the extent of poverty and under-development in these territories and difficulty of penetrating a British Guianese interior cut off by lack of transportation and communication,⁸⁴ warning that development and settlement would thus require “heavy capital and recurring expenditure.”⁸⁵ Although the Commission proposed that the bulk of this should be provided by the Colonial Development Corporation (CDC),⁸⁶ the CDC was not enthusiastic, arguing that the project was flawed and the financial commitment “grossly out of scale with the claims of other colonies.”⁸⁷ Governors on the islands also suggested that the plan promoted by the Commission (plantation-style agricultural settlements rather than small-holdings) would not be popular among West Indians (nor, presumably, would the Commission’s frequent complaints about the supposed inefficiency, apathy, and ignorance of West Indians),⁸⁸ while those in British Honduras and British Guiana stressed that local unemployment problems and the needs of residents of their territories had to come first.⁸⁹ In any case, as one official pointed out, the Commission’s

1946, CO 537/2260, NAUK)). Indeed, the House of Assembly in Barbados did express its “grave misgiving the announcement that the Commission will investigate the possibilities of settling displaced persons from Europe in these Colonies, and hopes devoutly that the needs of crowded West Indian territories will receive prior consideration and treatment.” Barbados Acting Governor to Secretary of State for the Colonies, Savingram with Address passed by House of Assembly, 22 January 1947 (CO 1042/53, NAUK), 1. The Commission was also criticized for not including any West Indian members and for its selection of Geoffrey Evans as head, as Evans was believed to have shown racial bias in the past (See [Unknown] to Mr. Ivor Thomas, Minute, 3 March 1947 (CO 1042/53, NAUK).

⁸⁴ Colonial Office, “Report of the British Guiana and British Honduras Settlement Commission,” His Majesty’s Stationary Office, September 1948 (CO 318/492/1, NAUK), 2.

⁸⁵ *Ibid.*, 6.

⁸⁶ Colonial Office, “Report of the British Guiana and British Honduras Settlement Commission,” His Majesty’s Stationary Office, September 1948 (CO 318/492/1, NAUK), 8.

⁸⁷ L. Trefgarne to The Rt. Hon. A. Creech Jones, Letter, 4 October 1949 (CO 318/492/2, NAUK), 1.

⁸⁸ See Acting Governor of Jamaica to The Secretary of State for the Colonies, Letter, 12 July 1948 (CO 318/492/3, NAUK). The commission itself had recognized that “the name ‘plantation’ in relation to the West Indies connotes in many minds the evils of slavery” but felt there was there was “no alternative,” and dismissed a more *laissez-faire* style of small-holdings as inefficient and impossible due to the lack of “pioneering spirit” among West Indians. Colonial Office, “Report of the British Guiana and British Honduras Settlement Commission,” His Majesty’s Stationary Office, September 1948 (CO 318/492/1, NAUK), 5.

⁸⁹ British Honduras Administrator to Secretary of State for the Colonies The Rt. Hon. A. Creech Jones, Letter, 10 August 1948 (CO 318/492/3, NAUK). Governor of British Guiana to The Secretary of State for the Colonies, Letter, 25 August 1948 (CO 318/492/3, NAUK). “Comments by Sir Gerald Hawkesworth (Lately Governor of British Honduras) on Section 3 of the British Guiana and British Honduras Settlement Commission Report,” 7 September 1948 (CO 318/492/3, NAUK).

suggestion that their schemes could at maximum involve transportation of 100,000 West Indians over a period of 10 years “barely scratches the surface.”⁹⁰ Ultimately, only preliminary investigations were conducted using Colonial Development and Welfare funds,⁹¹ and several years later no concrete actions had been taken by the CDC.⁹² Attempts to encourage emigration outside of the region were similarly unsuccessful. Local unemployment and racially discriminatory immigration laws closed off Latin American destinations, as inquiries throughout the 1940s confirmed.⁹³ A scheme to move some of the “poor whites” of Barbados to Australia in 1940 was also discarded when it was determined that these whites were of poor “standard”⁹⁴ (and, as Colonial Secretary Waddington reminded the Colonial Office, the “far larger coloured population” was the real problem).⁹⁵ Only Canada agreed to admit a small portion of West Indian domestic workers in 1955 “on an experimental basis” to work in the country.⁹⁶

Interestingly, while colonial officials expressed frustration with the barriers on immigration imposed by other countries, similar proposals aimed at facilitating migration of domestic and other labourers to Great Britain were also repeatedly stalled,⁹⁷ discouraged,⁹⁸ or

⁹⁰ L., Minute, 7 December 1948 (CO 318/495/4, NAUK). Colonial Office, “Report of the British Guiana and British Honduras Settlement Commission,” His Majesty’s Stationary Office, September 1948 (CO 318/492/1, NAUK), 2.

⁹¹ “Statement of Action Taken on the ‘Evans Commission,’” February 1951 (CO 318/511/9, NAUK).

⁹² C.W.W. Greenidge, “Over-Population in the British West Indies,” Labour Party, International Department: Commonwealth Sub-Committee of the National Executive Committee, 14 February 1951 (CO 318/511/9, NAUK), 4.

⁹³ See CO 1031/1964, NAUK for various letters from British embassies across South America. For a summary of responses: I.F.S. Vincent to G.K. Caston, Letter, 2 May 1955 (CO 1031/1964, NAUK).

⁹⁴ Malcolm Macdonald to Governor Sir John Waddington, Letter, 24 April 1940 (CO/318/444/35, NAUK).

⁹⁵ Governor Waddington to The Right Honourable Lord Lloyd of Dolobran, Letter, 6 June 1940 (CO/318/444/35, NAUK).

⁹⁶ G.G. Riddell, Canada House, London to R.C. Ormerod, Letter, 19 July 1955 (CO 1031/1964, NAUK).

⁹⁷ The Secretary of State for the Colonies to Sir R. Arundell, Repeated to Comptroller, Development and Welfare Organisation and all West Indian Governors, Telegram, 31 December 1954 (CO 1031/1964, NAUK).

⁹⁸ The Secretary of State for the Colonies to Barbados; Repeated to Officers Administering the Governments of British Guiana The Officers Administering the Governments of Jamaica, British Honduras, Trinidad, Leeward Islands, Windward Islands and the Comptroller, Development and Welfare Organisation, West Indies, Letter: Confidential, 8 August 1956 (CO 1031/1965, NAUK). The Secretary of State warned them that unemployment rates for West Indians in London higher than national average, which “justify my warning you that the prospects for immigrant workers are decidedly poorer at the present time than they have been in past years” (1) and thus

rejected outright,⁹⁹ due to fear that, as one colonial official put it in 1955: “the public were becoming very conscious of and in many cases hostile to the continued flow of West Indian immigrants.”¹⁰⁰ Indeed, migration of West Indians (Jamaicans in particular) had increased dramatically in the post-war period, as workers facing unemployment at home boarded ships for the motherland to seize on the opportunities created by a labour shortage in the U.K.¹⁰¹ From its inception, this migration had met with open resistance among officials, who deployed a range of tactics to contain the influx of black male workers from the West Indies despite the official open-door policy towards migration from the colonies.¹⁰² These efforts were not, however, able to contain public outcry against West Indian migration, enhanced by sensationalist press accounts painting migrants as criminal elements and/or impoverished stragglers reliant on public assistance.¹⁰³ The matter became so serious as to prompt discussion in the House of Lords in 1956, in which several representatives revealed their own elaborate series of prejudices against “coloured” West Indians (deemed culturally backward and diseased) and warned of the rising

suggested that they “request your Government to consider seriously what steps can be taken to slow down the flow of emigrants making for this country.” (2).

⁹⁹ The Secretary of State for the Colonies to Sir R. Arundell, Repeated to Comptroller, Development and Welfare Organisation and all West Indian Governors, Telegram, 31 December 1954 (CO 1031/1964, NAUK).

¹⁰⁰ J.D. Anderson, “Minute of meeting,” 28 January 1955 (CO 1031/1964, NAUK), 2. Similar concerns were expressed at The Secretary of State for the Colonies to Sir R. Arundell, Repeated to Comptroller, Development and Welfare Organisation and all West Indian Governors, Telegram, 31 December 1954 (CO 1031/1964, NAUK).

¹⁰¹ Clive Harris, “Post-war Migration and the Industrial Reserve Army,” in Winston James and Clive Harris, eds., *Inside Babylon: The Caribbean Diaspora in Britain* (London: Verso, 1993), 21-. Harris questions the extent to which this “labour shortage” was natural, pointing to various policies of the Labour government that enhanced the lack of sufficient labour for certain industries. By 1954, some 10,000 migrants were arriving from the West Indies each year. Bob Carter, Clive Harris and Shirley Joshi, “The 1951-55 Conservative Government and the Racialization of Black Immigration,” in James and Harris, Eds., *Inside Babylon*, 59.

¹⁰² Ibid., 21-33, Carter, Harris and Joshi, “The 1951-55 Conservative Government and the Racialization of Black Immigration,” 55-71.

¹⁰³ Reports during these years documented the poor conditions of arrival for West Indians which may have fuelled a descent into poverty for some, but also noted that these were exaggerated by the press and that claims that most were on public assistance were unsupported (Minister for Trade Mapp to His Excellency Sir Robert D.H. Arundell, Letter with Report, 9 March 1955 (CO 1031/1964, NAUK), 3. Indeed, one official suggested that the hostility to West Indian immigrants might disappear “if only the newspapers would drop the subject” and suggested that the Office use its influence to stem such articles (J.D. Anderson to Mr. Rogers, Minute, 4 February 1955 (CO 1031/1964, NAUK), although others warned that this idea was “too dangerous” to be taken (J.D. Anderson, Minute of meeting, 16 February 1955 (CO 1031/1964, NAUK).

threat of racial conflict and miscegenation in the United Kingdom.¹⁰⁴ As a result, by the mid-1950s, Colonial Office officials were predicting that the open-door policy to migration from the colonies was on its way out and were not eager to get involved in any schemes to promote it.¹⁰⁵

Even those who opposed West Indian migration to Britain, however, often acknowledged that the British government “must share the responsibility for the lack of foresight and imagination which led to the West Indies being treated as the Cinderella of the colonial territories”¹⁰⁶ and thus do something about the poverty in the region. As Sir George Seel (Comptroller of the Development and Welfare Organization) noted, West Indians “know, or at least vigorously claim” that:

this country has an obligation to do all it can to see that the West Indies get at least a minimum standard of living; and in fact unless we are to withdraw from the area, or to eat the fine words which we have been saying about improving the lot of colonial peoples, we have to help either by giving sufficiently attractive prices for agricultural products or by some form of charity.¹⁰⁷

Since the latter would only increase dependency, Seel suggested the Office “throw all our weight in support of the West Indian request for a ten-year undertaking from this country to purchase West Indian produce.”¹⁰⁸ Others argued (along the lines of many West Indian nationalists and

¹⁰⁴ See Her Majesty's Stationary Office, “West Indian Immigrants,” 20 November 1956 (CO 1031/1964, NAUK) 391-422. Lord Elton and Lord Middleton led these charges by claiming, for example, that West Indians had “no culture” of their own (393) and came to Britain “riddled with diseases, in particular tuberculosis and venereal disease” (398). The latter also claimed that conflict would be a natural outcome of this as black workers would compete with white workers for jobs (394). One member even pointed directly to the underlying fear of miscegenation, suggesting that “not every form of interbreeding is successful or desirable in every context and in every area.” (396). Such claims were notably objected to by the Earl of Lucan (404-5), Lord Milverton (406-9) and Lord Mancroft, who argued that West Indian migrants were in fact, for the most part, healthy and employed, that the threat was exaggerated, and that, in fact, West Indians “have proved themselves cheerful, sociable and very well behaved—indeed, many of them could give some of us a healthy lesson in good manners” (415).

¹⁰⁵ See for example: Hobden, Minute, 9 July 1956 (CO 1031/1965, NAUK). “I presume, however, that we should not wax too enthusiastic about this in our reply to Barbados since one can never be sure how long the policy over Caribbean emigrants will remain as at present.” (1)

¹⁰⁶ Her Majesty's Stationary Office, “West Indian Immigrants,” 20 November 1956 (CO 1031/1964, NAUK), 391-422.

¹⁰⁷ Seel, Minute, 29 November 1948 (CO 318/495/4, NAUK).

¹⁰⁸ *Ibid.*

activists on the islands) that land settlement and a focus on local food production might help keep the population fed,¹⁰⁹ and/or that investment in industry would lead to improved social and economic conditions that might themselves serve as a natural check on the birth rate.¹¹⁰ Most Colonial Office officials, however, were unwilling to significantly challenge the economic status quo in such ways and responded vaguely that land settlement was too slow of a process,¹¹¹ that the islands were “unsuited” for an industrial economy (for reasons never clearly given),¹¹² and/or that agricultural prices could never be made competitive due to the supposedly notorious “inefficiency” and lack of “personal and domestic ambition” characterizing West Indian labourers.¹¹³ In any case, officials argued, any efforts at economic reform and development were “likely to be useless unless other parallel measures are taken to check the birth rate.”¹¹⁴ Thus, as official after official claimed, the only practical, long term solution to over-population on the islands (and, incidentally, the “problem” of West Indian migration to the United Kingdom) was a reduction in birth rates.¹¹⁵ West Indians need to be encouraged “to accept personal responsibility for the size of their own families in order to avoid the poverty that will otherwise overtake them

¹⁰⁹ Labour Adviser F.A. Norman to Your Excellency, Letter with memo on “Population”, 25 April 1940 (CO 318/445/5, NAUK), 1.

¹¹⁰ Sealey’s memo, as described in Minute, 7 December 1948 (CO 318/495/4, NAUK).

¹¹¹ Labour Adviser F.A. Norman to Your Excellency, Letter with memo on “Population”, 25 April 1940 (CO 318/445/5, NAUK), 1.

¹¹² L, Minute, 7 December 1948 (CO 318/495/4, NAUK). See also Acting Governor Stewart Perowne, Barbados to The Right Honourable Arthur Creech-Jones, Letter, 21 April 1949. (CO 1042/244, NAUK), 1. See also Colonial Office, “Report of the British Guiana and British Honduras Settlement Commission,” His Majesty’s Stationary Office, September 1948 (CO 318/492/1, NAUK), 3.

¹¹³ *Ibid.*, 4.

¹¹⁴ P.Rogers, Minute, 12 May 1942 (CO 859/62/16, NAUK), 2.

¹¹⁵ See for example, Minute, 2 December 1948 (CO 318/495/4, NAUK), Colonial Office, “Population Problems in the West Indies: Memorandum by the Secretary of State for the Colonies,” 9 February 1949 (CO 318/495/4, NAUK), Letter, 2 March 1955 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA).

and their fellow West Indians.”¹¹⁶ As one official put it simply: “the only real answer is (let us call spades spades) birth control.”¹¹⁷

Such positions were encouraged by birth control advocates in Britain. For example, J.P. Brander, a retired bureaucrat from the Indian Civil Service and member of the British Family Planning Association and Eugenics Society, penned a number of letters to newspapers and directly to the Colonial Office throughout the 1940s pressing the need for a birth control policy in the West Indies.¹¹⁸ However, officials made it clear that they were not going to build a policy just because someone like Brander had “‘a bee in his bonnet’ on the subject of birth control.”¹¹⁹ The more powerful advocates for birth control policy instead came from within the office itself, including senior official Philip P. Rogers.¹²⁰ Rogers repeatedly urged the Office to take more active steps in “awakening public opinion” on the matter,¹²¹ and even went beyond the scope of the Moyne Report to suggest that the colonial government take the lead in setting up clinics in the territories.¹²² Rogers also felt that adult education, housing schemes, training in home economics, and community development policies should all be oriented towards the goal of family planning and Governors should be given information about the International Planned

¹¹⁶ Earl of Listowel to Major-General Sir Hubert Rance, Barbados, Letter, 31 January 1949 (CO 1042/244, NAUK), 2. The pamphlet on “Poverty and Population” further stressed that these were “not problems that governments by themselves can solve. They are problems of the people which can only be solved by the people... The people must learn to take more seriously their duties as parents and as heads of families.” “Pamphlet on the Population Problem of the West Indies, Annexure A (CO 1042/48, NAUK), 3.

¹¹⁷ [Illeg] To Mr. Seel, Minute, 26 November 1948 (CO 318/495/4, NAUK). L, Minute, 7 December 1948 (CO 318/495/4, NAUK). As he wrote: “May I make a plea for nomenclature? So many people who are shocked by “birth control” will swallow “family planning.”“

¹¹⁸ These are contained in CO 859/62/16, NAUK and CO 1042/46, NAUK.

¹¹⁹ Downie, Minute, 20 January 1942 (CO 859/62/16, NAUK).

¹²⁰ As Karl Ittmann points out, senior civil servants such as these had considerable autonomy and influence over policymaking (Ittmann, “Demography as Policy Science,” 420).

¹²¹ P.Rogers, Minute, 12 May 1942 (CO 859/62/16, NAUK).

¹²² Ibid., 2-3. Also [Illeg], Minute, 2 December 1948, and L., Minute, 7 December 1948, at CO 318/495/4, NAUK. In 1955, Rogers reflected on how his “youthful exuberant minute” had created a controversy within the department, but maintained that “Although I would today modify the way in which it is put forward, I must confess with respect to being unrepentant about the main issue. I have no doubt that this problem is quite the most serious with which we are faced in the West Indies and indeed overshadows almost every other problem.” P. Rogers to Sir C. Jeffries, Minute, 9 February 1955 (CO 1031/1969, NAUK).

Parenthood Foundation.¹²³ Labour Party Secretary of State from 1946-1950 Arthur Creech Jones similarly tried to push for a Commission of Enquiry in 1949 which would track population trends in the colonies in relation to standards of living and natural resources and include recommendations on family planning.¹²⁴ Creech Jones also supported the creation of a pamphlet on “the Population Problem of the West Indies” that same year which was intended to launch a publicity campaign to draw attention to the population problem.¹²⁵

Ultimately, however, none of these proposals would be carried through. A 1942 “statement of policy” advised, in direct opposition to Rogers’ pleas, that colonial governments should be discouraged from disseminating any information on contraceptives, leaving such a project instead to unofficial agencies.¹²⁶ The Commission of Inquiry promoted by Creech Jones was deemed “inopportune” and rejected by the Governors’ Conference of 1949,¹²⁷ and the “Population Problem” pamphlet project was abandoned in June of 1951 despite nearly two years of drafts and discussions.¹²⁸ The most active step that would be taken from 1933-1955 would, in fact, take the form of a “secret and personal” despatch to the Governors of the West Indies in 1955, which informed them of efforts taken in other colonies and rather timidly encouraged them

¹²³ “Family Planning in the West Indies: Note of a meeting in Mr. Rogers’ room on the 5th November, 1954,” 5 November 1954 (CO 1031/1969, NAUK).

¹²⁴ Colonial Office A. Creech Jones to Development and Welfare Organisation, et al, Confidential Dispatch, 8 March 1949 (CO 1042/244, NAUK). See also discussions with Listowel at Earl of Listowel to Major-General Sir Hubert Rance, Letter, 31 January 1949 (CO 1042/244, NAUK), 1-3. As the Earl of Listowel explained, this Commission might include West Indian laymen, local leaders of public opinion, English experts on economy and demography, and perhaps “an educated West Indian woman with a family” to lend it more legitimacy (3). See also Jones in “Extract from Official Report on Debate in the House of Commons,” 4 February 1949 (CO 318/295/5, NAUK).

¹²⁵ W.D. Sweaney, Minute, 19 August 1949 (CO 318/295/5, NAUK), 1. “Extract from Minutes of Meeting of Conference of British Caribbean Governors, 1949,” 04-11 November 1949 (CO 1042/48, NAUK), 11.

¹²⁶ Colonial Office Committee on Post-war Problems, “Extract from the Minutes of the 34th Meeting held on 19th March, 1942,” 19 March 1942 (CO 859/62/16, NAUK).

¹²⁷ “Extract from minutes of meeting of Conference of British Caribbean Governors,” 7 November 1949 (CO 1042/244, NAUK), 6.

¹²⁸ C.Y. Carstairs to C.A. Grossmith, Letter, 29 May 1951 (CO 1042/48, NAUK). See also C.A. Grossmith to C.Y. Carstairs, Letter, 14 June 1951 (CO 1042/48, NAUK).

“to consider the possibility of raising this privately” with local leaders.¹²⁹ The despatch made it clear, however, that “we do not think it would be either appropriate, or effective, for Government as such to take overt action to encourage birth control.”¹³⁰ Perhaps unsurprisingly, these vague and cautious suggestions received noncommittal responses from the colonies, and officials were forced to admit that the reaction to the despatch had been “on the whole negative and almost of no value.”¹³¹ The deep conviction within the Office that West Indian fertility was the principle problem and would hold back the entire “development and welfare” project was not, it seems, enough to spur major interventions into the sexual and reproductive lives of colonial subjects.

5.2 A DELICATE RELATIONSHIP: FORCES RESTRAINING COLONIAL POLICY

The Office’s inability to take more direct action on birth control and push through with the various commissions and pamphlets proposed was in part driven by a lack of agreement over how to frame such interventions, as well as a general feeling amongst bureaucrats that they did not have sufficient information upon which to stake their claims. The “Poverty and Population” pamphlet produced in 1949 by the Colonial Office, for example, was attacked for being too “chatty,” and addressing the wrong audience,¹³² as well as for making several inaccurate and “statistically untrue”¹³³ assumptions. Economic advisors consulted by the Office also criticized

¹²⁹ Colonial Office to Numerous Recipients, Letter, 2 March 1955 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA), 2.

¹³⁰ *Ibid.*, 2.

¹³¹ “Notes of the Address Given by Miss F.H. Gwilliam, O.B.E. Assistant Education Adviser to the Colonial Office on Population Problems in British Overseas Territories at the Council Meeting on 12.4.56,” 12 April 1956 (CO 859/666, NAUK), 3.

¹³² As Mr. Hewitt-Myring, Public Relations Adviser noted: “the man in the canefield is not going to read it in any case.” Minute, 22 February 1951 (CO 1042/48, NAUK).

¹³³ “Pamphlet on Population Problems in the West Indies,” annexure B (CO 1042/48, NAUK), 6.

the pamphlet's shallow understanding of "over-population," which was "not a function of numbers alone."¹³⁴ Indeed, as Karl Ittmann has shown, most population statistics in colonial times were "nothing more than educated guesses, made by colonial officials with little or no training in quantitative methods or demography."¹³⁵ Many actors at the time were well aware of this fact, and thus stressed the need for more research, and particularly, population statistics and demographic research, before they took active steps in the field of fertility control.¹³⁶

Far more significant in dashing the proposals of birth control advocates within the Office, however, was concern raised by other officials and governors over the political repercussions that might be brought on by intervention into the field of family planning and sexuality in the West Indies. As one J.L. Nicol noted, even if the Office was to succeed in producing a pamphlet "which could be regarded as impeccable in its content and approach," the political and social context of the West Indies would make it difficult for London to spearhead a publicity campaign.¹³⁷ As the Office's Public Relations Adviser noted, the topic was "absolute dynamite throughout the area," and "we could do the greatest possible harm throughout the B.W.I. [British West Indies] by the slightest slip in handling it."¹³⁸ This concern was in part informed by religious debates over contraception, as officials worried that if the British government took sides in so "highly controversial and morally fundamental matter,"¹³⁹ it would invoke the wrath

¹³⁴Maccoll also dashed the common assumption among officials that fertility control provided a more practical/immediate measure than larger-scale economic development. As Maccoll pointed out, a reduction in fertility rates starting now would not have an impact on total population make-up until the 1980s, and "won't provide the extra jobs which will be needed in the next couple of decades by the existing children of these parents." "Pamphlet on Population Problems in the West Indies," annexure B (CO 1042/48, NAUK), 6. Also Mr. Maccoll, Minute, 14 February 1951 (CO 318/511/9, NAUK). See also C.G. Beasley, Minute, 30 May 1949 (CO 1042/244, NAUK).

¹³⁵ Ittmann, "Demography as Policy Science," 432.

¹³⁶ Governor J.V. W. Shaw to The Right Honourable Arthur Creech-Jones, Letter, 30 June 1949 (CO 1042/244, NAUK), 2. See also Simey, *Welfare and Planning in the West Indies*, 151.

¹³⁷ Mr. J.L. Nicol, Minute, 4 April 1951 (CO 1042/48, NAUK).

¹³⁸ Mr. Hewitt-Myring, Minute, 22 February 1951 (CO 1042/48, NAUK).

¹³⁹ Downie, Minute, 26 May 1942 (CO 859/62/16, NAUK).

of religious leaders (particularly Roman Catholics) both in the colonies and at home. But officials also saw fertility control in the West Indies as particularly risky because of the racial dynamics of the region.¹⁴⁰ As a 1955 despatch to the Governors related:

...on racial grounds alone Governments could never take the initiative when they were thought to be under domination by Her Majesty's Government in the United Kingdom...any overt United Kingdom initiative would presumably at once run into racial difficulties i.e. it would be thought that this was an attempt by the white race to limit the numbers of the black and this would completely stultify the effect of any work that might be done to encourage birth control.¹⁴¹

As another official noted, “if spades really are to be called spades,” the office needed to recognize that birth control would undoubtedly “be represented as an attempt by white men to induce the black man to commit race-suicide.”¹⁴²

Such fears were based in part on the very real opposition on these grounds which had in fact arisen among several organizations and newspapers on the islands and had, to some extent, been tracked by the Colonial Office. Colonial Office files on birth control in Bermuda, for example, contain copies of Charles Alexander’s *Negro Worker* article of 1939 (which accused Bermuda’s birth control campaign of being “ANOTHER horrible chapter in the history of British imperialism’s oppression of the Negro people”¹⁴³) and an article in a British Honduran magazine which used Bermuda’s sterilization program as evidence for “why colonisation should cease in America.”¹⁴⁴ Articles were also sent to the Office following the Moyne Commission report in 1945 in which actors took offense to the Report’s birth control proposals, ranging from critiques

¹⁴⁰ S.A. Hammond to The Right Honourable A. Creech-Jones (Copies to Governors), Letter, 8 August 1949 (CO 1042/244, NAUK), 2. P. Rogers to Sir J. Macpherson, Minute, 23 January 1958 (CO 1031/2788, NAUK), 1.

¹⁴¹ Colonial Office to Numerous Recipients, Letter, 2 March 1955 (Public Health: Birth Control 1934-1961, CS/6.4, E. 178, location 2331, BA), 3.

¹⁴² [Illeg], Minute, 26 November 1948 (CO 318/495/4, NAUK).

¹⁴³ Charles Alexander, “Bermuda Government Plans to Sterilize Negroes,” *The Negro Worker* February 1937, 7.

¹⁴⁴ Colonial Office to W.Addis, Letter, 9 December 1948 (Public Health: Birth Control, 1934-1961, BA).

of the religious implications by the Bishop of Barbados and West Indies Synod,¹⁴⁵ to an editorial in British Guiana's *Daily Chronicle* which accused the proposals of being a "race suicide snare" put forward by people who "have a lot to fear in regard to personal interests from the increase of a non-white population."¹⁴⁶ The Colonial Office found similar accusations in articles by Archbishop of the West Indies Rev. Alan John Knight, who asked in 1957 whether there was "not something sinister in the fact that such plans for limiting the increase of world population are nearly always directed to **Colonial** peoples?"¹⁴⁷ Birth control advocates within the Office were particularly frustrated by Knight's statement, with one official noting: "This is very damaging and irresponsible, and its repercussions may not be confined to this particular matter. Now we know how Henry II felt!"¹⁴⁸

The threat of local resistance was also stressed by the Office's representatives in the colonies, including Governors, Colonial Secretaries and bureaucrats at the Development and Welfare Organization (DWO).¹⁴⁹ Although the Governors agreed that over-population was a problem and repeatedly highlighted the issue at their annual West Indian Conferences,¹⁵⁰ with some exceptions,¹⁵¹ most seemed to feel that birth control was too politically divisive a topic for the state to act on. A survey of governors and DWO personnel after the release of the West

¹⁴⁵ Acting Comptroller K.W. Blackburne, Development and Welfare Office to The Right Honourable A. Creech-Jones, and B.W.I. Gov.s, Letter: Confidential, 12 October 1946 (CO 1042/244, NAUK).

¹⁴⁶ "Race-Suicide Snare Exposed in W.I. Royal Commission Report," *The Daily Chronicle*, 10 October 1945, 1, 4 (CO 1042/244, NAUK).

¹⁴⁷ His Grace Criticises "Iniquitous Proposal for Systematic Birth Control in W.I.," *Daily Argosy*, 31 December 1957, 1, 4. See also: "No True Solution to W.I. Population Problem by Defying God's Law - Bishop Guilly," *Sunday Argosy*, 29 December 1957, 1, 6 (CO 950/945, NAUK).

¹⁴⁸ [Illeg] to Mr. Rogers, Minute, 9 January 1958 (CO 1031/2788, NAUK).

¹⁴⁹ Ahluwalia observes the same situation in India, where local viceroys had a better understanding of the limits of colonial ability to intervene in this area (Ahluwalia, *Reproductive Restraints*, 124-7).

¹⁵⁰ See for example Caribbean Commission Central Secretariat, "West Indian Conference: Third Session," December 1948 (CO 318/482/1, NAUK).

¹⁵¹ As seen in Chapter Two, early Bermudian governors were quite supportive of local family planning efforts. Hugh Foot also did what he could quietly in Jamaica, by speaking, for example, at an annual meeting of SAFWO despite acknowledging that "my praise for its work would not be popular with the Roman Catholics." Hugh Foot to Philip Rogers, Letter, 18 June 1955 (CO 1031/1969, NAUK).

Indies Royal Commission report, for example, revealed that nearly all were concerned over the “highly unfavourable comment on racial grounds in the West Indian press”¹⁵² regarding the birth control proposals and felt that the Colonial Office should back away from making any further public statements in regards to birth control.¹⁵³ Governors on the islands also reacted negatively to Creech Jones’ suggestion of a Commission, arguing that it would undoubtedly be seen as an attempt by the Colonial Office to check the increase of the black population, would offend religious authorities (particularly Roman Catholics), and would be sceptically received as “yet another” Commission which blamed economic problems on population rather than broader structures.¹⁵⁴ Governor R.H. Crowe of British Honduras also argued that West Indians could not fail to ascribe racial undertones to the glaring contradiction between the expansion of welfare policies in the motherland and an encouragement of population control in the colonies.¹⁵⁵ As he wrote in 1949:

I would advise strongly against any early consideration of birth control as a means of combating the problem. It will be misinterpreted as a deliberate attempt at racial strangulation and a subtle design by the white man to keep the rising power of the black man in check. It will not be easy to reconcile it with the policy adopted in England of granting family allowances to all sections of the community. It will be argued that the black man is made to sweat out his life in the West Indies in order to produce cheap crops to enable the white man to live, not only in social security, but in a way which encourages him to increase the size of his family and thus to maintain his racial dominance.¹⁵⁶

These feelings, Governors warned, would jeopardize political stability on the islands in general and the position of colonial representatives in particular. As Governor Sir Edward Beetham of

¹⁵² Acting Comptroller K.W. Blackburne, Development and Welfare Office to The Right Honourable A. Creech-Jones and B.W.I. Governors, Letter: Confidential, 12 October 1946 (CO 1042/244, NAUK).

¹⁵³ See replies at CO 1042/244, NAUK.

¹⁵⁴ Richards to The Right Honourable Malcolm Macdonald, Letter, 19 February 1940 (CO 318/445/5, NAUK), 2.

¹⁵⁵ After the Beveridge Report of 1942, the labour government in Britain ushered in welfare state to fill gaps in pre-war services and institutionalized concepts of national standards in health care, education and social security (Lacey and Furner, “Social investigation, social knowledge,” 50).

¹⁵⁶ Crowe to The Right Honourable A. Creech-Jones, Letter, 30 June 1949 (CO 1042/244, NAUK), 1-2.

Trinidad related, “strange as it may seem,” members of the local legislature “still believe that governors and Colonial Secretaries have a certain amount of intelligence and to raise this particular question at this particular time would strain that belief considerably!”¹⁵⁷

Indeed, colonial officials were intimately aware of the need to be cautious in the context of twentieth century colonialism, characterized by the growing strength of anti-imperial movements not only in the West Indies but across the empire. As officials recognized, any imputation of a racial or otherwise sinister motive behind colonial interventions could easily threaten “the rather delicate relationship which exists between the Secretary of State for the Colonies and the communities of overseas territories moving rapidly towards self-government.”¹⁵⁸ As a result, such accusations were taken very seriously throughout the Colonial Office. Indeed, the Office cited West Indian policy in responding negatively to an appeal from Dr. Julian Huxley to the Secretary of State in July of 1943 to address population growth in West Africa. As officials noted, the arguments made against birth control in West Indian files (namely that “it would be too easy for Colonial peoples to be led to believe that birth control was a trick of the white races to destroy the coloured peoples”) would “apply with equal force in West Africa.”¹⁵⁹ Appeals from the Colonial Advisory Medical Committee in 1952 to pursue medical research on birth control were similarly rejected with reference to West Indian files.¹⁶⁰ The opposition to birth control which arose in the West Indies thus played a powerful role in shaping metropolitan policy both within the region and in other colonies.

¹⁵⁷ E. B. Beetham to Philip Rogers, Letter, 19 September 1955 (CO 1031/1969, NAUK), 1.

¹⁵⁸ “Notes of the Address Given by Miss F.H. Gwilliam, O.B.E. Assistant Education Adviser to the Colonial Office on Population Problems in British Overseas Territories at the Council Meeting on 12.4.56,” 12 April 1956 (CO 859/666, NAUK), 1.

¹⁵⁹ Robertson, Minute, 6 August 1943 (CO 859/62/17, NAUK).

¹⁶⁰ D.L. Smith to Mr. Vernon, Minute, 4 March 1952 (CO 1031/1071, NAUK).

By 1955, these debates had reached such a stage that officials were forced to admit that their efforts to spearhead a proactive colonial family planning campaign had been “more or less stymied.”¹⁶¹ Still, some birth control hardliners within the Office like Philip Rogers were not prepared to fully abandon the effort. As a result, they suggested a shift to what they called an “indirect approach” of offering support to efforts made by organizations less clearly associated with imperial rule, rather than attempting to push for contraception from within the colonial government.¹⁶² This approach did prove less controversial, but also prohibited colonial officials from fully controlling the message of such endeavors or take them to the next level. As a result, the “indirect approach” proved only moderately more successful in satisfying the imperialist desire for control of colonial reproduction.

5.3 THE INDIRECT APPROACH: SUPPORT FOR EXTERNAL EFFORTS(?)

The indirect approach adopted after 1955 focused in particular on providing limited logistical and financial support for the growing body of academic work on West Indian fertility being produced by British, American and local demographers at the time. This policy fit with the Office’s general support of social and economic research in the 1940s and 50s,¹⁶³ but also sought to direct it more concertedly towards endeavours that focused on the problems of

¹⁶¹ R.E. Radford to Mr. Rogers (through Mr. J.K. Thompson and Mr. W.I.J. Wallace), Minute, 7 November 1955 (CO 1031/1969, NAUK), 1.

¹⁶² This approach is outlined in Minutes by various officials, 31 October to 14 November, 1955 (CO 1031/1967, NAUK) in a new file created to deal with the population problem in Jamaica “indirectly” by supporting “neutral” studies of fertility. As one official noted, although these studies would not deal with birth control directly, “such studies cannot help but bring into relief the need for some medical policy and to raise indirectly the question of family limitation.” Kendall, Minute, 14 November 1955 (CO 1031/1967, NAUK).

¹⁶³ See Ittmann, “Where Nature Dominates Man,” 66-67.

population growth and fertility control. The Colonial Office did so primarily through its role in helping organize the “Conference on the Demographic Problems of the Area Served by the Caribbean Commission” held in Trinidad from July 25 to August 2, 1957 and by providing a small CDW grant to the Jamaica Family Life Project conducted by the American-based Conservation Foundation from 1955-57.

Both endeavors reflected the growing penetration of American private and public actors into Caribbean affairs in the post-WWII era.¹⁶⁴ The idea for the conference, for example, had originally arisen out of discussions between American demographer Kingsley Davis and Jamaican academics at the University College of the West Indies. When approached by Davis to get approval for initiating such a conference in a region under Britain’s control, the Colonial Office suggested the conference be held under the auspices of the Caribbean Commission,¹⁶⁵ which had, in fact, been discussing the need for a population conference since at least 1952.¹⁶⁶ Originally formed in 1942 as a military partnership between Britain and the United States, by the 1950s the Caribbean Commission had become something of a “super agency” including representatives from British, American, French and Dutch colonies in the region and charged with the task of creating social and economic programs to benefit the region as a whole.¹⁶⁷ Although the Commission had been frequently criticized by West Indian nationalists for its

¹⁶⁴ See Horne, *Cold War in a Hot Zone*.

¹⁶⁵ See Kingsley Davis to Secretary Walter Adams, “Letter and Proposal for a Two-Week Institute on Population, Public Health, and Related Problems in the Caribbean,” 29 June 1954 (CO 1031/1971, NAUK), 1. Officials were initially unsure about Kingsley Davis and consulted Dr. Glass of the London School of Economics, who reported that Kingsley Davis was well-respected in his field although “not always liked by his colleagues and is sometimes a difficult man to work with because he indulges in “Empire Building” in rather a crude way.” See “Dr. Kingsley Davis’s Memorandum about the Possibility of a Caribbean Conference on Local Problems of Population and Public Health: Note of Meeting in Mr. Rogers’ room on 29th July, 1954,” 4 August 1954 (CO 1031/1971, NAUK), also W.F. Searle, Minute, 27 September 1954 (CO 1031/1971, NAUK).

¹⁶⁶ Timmy Luke to Philip Rogers, Letter, 16 December 1954 (CO 1031/1971, NAUK).

¹⁶⁷ Chamberlain, *Empire and Nation-Building in the Caribbean*, 11. Originally entitled the “Anglo-American Caribbean commission”, the commission was created to manage the American bases set up in British colonies during WWII but came to encompass much more.

ineffectiveness and imperialist tendencies,¹⁶⁸ the Colonial Office still seems to have felt it had enough legitimacy and was sufficiently independent from direct metropolitan interests to serve as a potentially fruitful arena for discussions of birth control.¹⁶⁹ As official Philip Rogers wrote in 1956:

I believe that it would be much more effective if we were to keep up pressure behind the scenes on this issue, and to possible means, such as the forthcoming Conference to give publicity to the whole range of circumstances, than if we were to make a formal approach which I fear would only result in a head-on collision at this stage with West Indian Governments and would make it more difficult for those who are likely to be helpful to take action rather than stimulate those who are disinclined to do so.¹⁷⁰

Although some questioned whether a Conference could really do much by way of spurring immediate action, officials were hopeful that at the very least it could “focus Caribbean attention on what was undoubtedly the most pressing problem.”¹⁷¹

The Colonial Office’s plans for the Conference, however, were challenged from the outset. When asked for their input, governors from the West Indies warned the Colonial Office that the Conference should not discuss birth control,¹⁷² while others claimed migration was

¹⁶⁸ These complaints were captured most notably in Eric Williams’ long, public resignation letter entitled “My Relations with the Caribbean Commission, 1943-1955.” According to officials, Manley had also announced that he had watched “the total failure of the Commission to produce the slightest impact on the inhabitants of the area”, by whom “it was regarded with cynicism when not with scorn.” S.A. Hammond to British Co-Chairman Sir Hubert Rance, Caribbean Commission, Letter, 23 June 1948 (CO 318/479/5, NAUK), 1). See also Chief Minister N.W. Manley to Comptroller Sir Stephen Luke, Letter, 4 June 1955 (CO 1042/404, NAUK).

¹⁶⁹ “Dr. Kingsley Davis’s Memorandum about the Possibility of a Caribbean Conference on Local Problems of Population and Public Health: Note of Meeting in Mr. Rogers’ room on 29th July, 1954,” 4 August 1954 (CO 1031/1971, NAUK). See also Gordon Taylor to Dr. R. Lewthwaite et al., Minute, 17 August 1954 (CO 1031/1971, NAUK). Indeed, even the University College of the West Indies was deemed an unacceptable setting, apparently in part because of suspicion among Catholic circles in Trinidad of “the left wing tendencies of some of the staff.” E. B. Beetham to P. Rogers, Letter, 12 October 1955 (CO 1031/1971, NAUK).

¹⁷⁰ P. Rogers to Sir C. Jeffries, Minute, 28 April 1956 (CO 1031/1970, NAUK), 1.

¹⁷¹ “Dr. Kingsley Davis’s Memorandum about the Possibility of a Caribbean Conference on Local Problems of Population and Public Health: Note of Meeting in Mr. Rogers’ room on 29th July, 1954,” 4 August 1954 (CO 1031/1971, NAUK). See also P. Rogers to Sir C. Jeffries, Minute, 18 July 1955 (CO 1031/1971, NAUK).

¹⁷² E. B. Beetham to P. Rogers, Letter, 18 December 1954 (CO 1031/1971, NAUK).

equally as controversial.¹⁷³ The Preparatory Committee for the Conference (which seems to have been outside of Colonial Office control) apparently agreed, as birth control was left off of the Conference agenda. Officials in London were obviously disappointed, complaining that without a discussion of birth control the conference would be “like Hamlet with no Prince.”¹⁷⁴ However, the Office worried that an attempt to influence the Commission’s plans would look too interventionist,¹⁷⁵ and thus were left to hope that it would “arise spontaneously if not within then almost certainly outside the formal sessions of the Conference.”¹⁷⁶ To provide some additional insurance that this might happen, they were able to secure the invitation of British Professor Zuckerman, who was known as a birth control advocate and, it was argued, would likely “give a vigorous exposition of his views” if he were to attend the conference (although as an independent “observer” rather than a representative of the Colonial Office, which might have proved “embarrassing”).¹⁷⁷

In the end, birth control did come up in the conference, but not quite in the way hoped by officials. Contraceptives were mentioned only to be emphatically rejected by representatives from the French islands on religious and legal grounds,¹⁷⁸ and by the Netherlands Antilles on “moral and practical grounds.”¹⁷⁹ Even the delegation from the English-speaking Caribbean (which included local academics M.G. Smith, L. Braithwaite and G.E. Cumper as well as American demographer J. Mayone Stycos), although nominally supportive of programs to

¹⁷³ Hugh Foot to Philip Rogers, Letter, 31 December 1954 (CO 1031/1971, NAUK), and Kenneth Blackburne to P. Rogers, Letter, 12 January 1955 (CO 1031/1971, NAUK).

¹⁷⁴ R. Terrell, Minute, 15 March 1955 (CO 1031/1971, NAUK).

¹⁷⁵ See notes for February 11 and February 26 at (CO 1031/2096, NAUK).

¹⁷⁶ R.E. Radford, Minute, 31 May 1955 (CO 1031/1971, NAUK).

¹⁷⁷ Colonial Office H.T. Bourdillon to Winnifrith, Letter, 30 May 1957 (CO 1031/2096, NAUK), 1.

¹⁷⁸ Caribbean Commission, “Conference on the Demographic Problems of the area served by the Caribbean Commission, Port-of-Spain, 1957,” 25 July - 2 August 1957 (West Indiana Collection, AJL), 9.

¹⁷⁹ Caribbean Commission, “Report of the Conference on the Demographic Problems of the Area Served by The Caribbean Commission,” 25 July - 2 August 1957 (West Indiana Collection, AJL), 28.

increase family planning,¹⁸⁰ warned that “outlook in favour of the adoption of birth control practices” was not hopeful because:

The values in many of the areas (which are predominantly agricultural with a plantation economy and dependence on external trade) tend to be those of resignation and apathy. Caribbean societies as a whole have not been self-directing; and this has permeated the whole philosophy of life of the people.¹⁸¹

This statement, although in a sense repeating colonial tropes of West Indian “resignation and apathy” to explain fertility, in another sense turned them on their head, blaming colonial economic and political structures (the plantation economy, the dependence on external trade, and the lack of self-government) for fueling this “philosophy.” Indeed, the delegation’s recommendations stressed that “attempts at economic development should proceed hand in hand with social education in general, and education for family living and family limitation in particular,”¹⁸² and called for a serious commitment of funds for both.¹⁸³ These calls for an overhaul of the traditional economic system and for significant investment in the region could not have sat well within a Colonial Office emphatically committed to maintaining the economic status quo. In the end, the overall report produced by the Conference similarly emphasized the need for economic development of the region and investment in education and housing,¹⁸⁴ and avoided any declaration on family planning “since there was a difference of opinion on the acceptability of mechanical and chemical methods of birth control.”¹⁸⁵ Instead of a “Hamlet with no Prince,” the Conference thus turned out to be a Hamlet in which the Prince’s credentials were called into question: hardly the outcome desired by the Colonial Office.

¹⁸⁰ Caribbean Commission, “Conference on the Demographic Problems of the area served by the Caribbean Commission, Port-of-Spain, 1957,” 25 July - 2 August 1957 (West Indiana Collection, AJL), 10.

¹⁸¹ *Ibid.*, 6-7.

¹⁸² *Ibid.*, 7.

¹⁸³ *Ibid.*, 11.

¹⁸⁴ “Report of the Conference on the Demographic Problems of the Area Served by The Caribbean Commission,” Caribbean Commission, 25 July - 2 August 1957 (West Indiana Collection, AJL), 18-26.

¹⁸⁵ *Ibid.*, 35.

Officials had higher hopes for the Jamaica Family Life Project. The project's creators, American demographers J. Mayone Stycos and Kurt Back, had originally approached the Office in 1955 to ask for financial support to supplement that of their primary donors, the American-based Conservation Foundation.¹⁸⁶ Although some officials worried that such funding might be seen as a colonial imposition in local affairs at best and another racial attack at worst,¹⁸⁷ others argued that the study's focus on analyzing fertility patterns was relatively "neutral"¹⁸⁸ and not overtly in favour of birth control, and thus the Office could support it "without such money being regarded as being given in support of a direct campaign to spread knowledge about birth control."¹⁸⁹ After considerable debate and upon obtaining the approval of Jamaican Prime Minister Norman Manley,¹⁹⁰ the Colonial Office decided to commit seven thousand pounds of Colonial Development and Welfare funds to the project through the organ of the Colonial Social Science Research Council.¹⁹¹ The Office also helped arrange for funding from the London-based Nuffield Foundation, in part to balance the heavy American investment in the study (a not insignificant point, considering expanding American influence in the area during that period).¹⁹²

¹⁸⁶ See Colonial Social Science Research Council: Committee on Anthropology and Sociology, "Jamaica Family Life Project: Note by the Colonial Office," 1955 (CO 859/666, National Archives, Kew, U.K.), 1-4 and attached "Proposal for Human Fertility Research in Jamaica."

¹⁸⁷ See Advisory Council on Scientific Policy, "Minutes of a Meeting held in Conference Room 11, 2nd Floor, New Public Offices, H.M. Treasury, Great George Street, S.W.1., on Wednesday, 1st February, 1956 at 2.30 p.m.," 1 February 1956 (CO 859/666, NAUK). See also notes Dec 28 1955-Feb 2, 1956 (CO 1031/1967, NAUK). The Office also held specific concerns about Stycos, due to some references in his article "Further Observations on the Recruitment and Training of Interviewers in Other Cultures," (*the Public Opinion Quarterly*, Spring, 1955, Vol XIX No. 1, pgs 68-78.) which included a reference to the controversial theories of Alfred Kinsey; see W.F. Searle to Rogers, Letter, 6 March 1956 (CO 1031/1967, NAUK), J.K. Thompson to Mrs. S. Chilver, Letter, 9 March 1956 (CO 1031/1967, NAUK).

¹⁸⁸ Kendall, Minute, 1944, 11/14, 1955 (CO 1031/1967, NAUK), 1.

¹⁸⁹ J.K. Thompson to Mr. Bourdillon, Minute, 02/14/56 (CO 1031/1967, NAUK).

¹⁹⁰ Manley indicated that CDW funds would be fine as long as did not come from the Jamaica allotment. See Sir H. Foot to The Secretary of State for the Colonies, Telegram, 30 November 1955 (CO 1031/1967, NAUK).

¹⁹¹ Colonial Social Science Research Council, "Minutes of the 75th Meeting of the Council held on Tuesday, 20th March, 1956, at 2.30 p.m. in Room S. 763," 20 March 1956 (CO 1031/1967, NAUK).

¹⁹² As Professor Zuckerman pointed out, "It seemed to him essential that the United Kingdom should provide some money to assist the work in Jamaica, which should not be entirely dependent on U.S. money." As Zuckerman argued, if the money could not come directly from the government than "the best way would probably be for the

The Office made sure to specify, however, that CDW funds should only go towards expenses related to the first half of the scheme (the general sociological survey of fertility patterns) and not the second (experimenting in family planning propaganda),¹⁹³ and even tried to restrict publication of the sections on contraception.¹⁹⁴ The Office also suggested that the project attempt to involve West Indians as much as possible, by including a training program for West Indians in techniques of social science research and data collection.¹⁹⁵

As the Office soon discovered, however, the minimal funding they provided gave them only minimal control over the project. Officially, the operations of the project fell under the control of the “Population Research Foundation of Jamaica,” a non-governmental organization created to sponsor the study and composed of 23 local personalities from a range of fields including churches, education, agriculture, industry, social welfare, medicine, trade unions, and women’s organisations.¹⁹⁶ Although officials did attempt to influence the composition of the Foundation through Jamaica’s Governor Hugh Foot,¹⁹⁷ they were careful not to be too heavy-handed; in fact, at one point a bureaucrat in London noted that Foot’s correspondence with Manley read “almost as though Sir Hugh were the subordinate seeking from time to time the

Nuffield Foundation to put up the money and he was hopeful of this being done.” “Note of a Meeting Held in Professor Zuckerman's Room on Thursday, 17th November, 1955 at 2.45 P.M. to Discuss Population Control,” 17 November 1955 (CO 859/666, NAUK), 2. Similar sentiments were expressed by Professor Glass, see Colonial Social Science Research Council: Committee on Anthropology and Sociology, “Minutes of the 23rd meeting of the Committee held on Tuesday the 20th March 1956 in Room 763,” 20 March 1956 (CO 1031/1967, NAUK), 4.

¹⁹³ “Record of a Meeting at Nuffield Lodge on the 12th March, 1956, to discuss plans for Research into Family Attitudes in Jamaica,” 12 March 1956 (CO 1031/1967, NAUK), 3.

¹⁹⁴ S. Chilver to Kenneth Thompson, Letter, 10 March 1956 (CO 1031/1967, NAUK).

¹⁹⁵ Vice President Robert G. Snider, The Conservation Foundation to Philip Rogers, Undersecretary of State, , Letter with Proposal for Training Program, 31 October 1956 (CO 859/666, NAUK).

¹⁹⁶ “Draft Press Notice: Populatin Research Foundation of Jamaica,” 8 June 1956 (CO 1031/1967, NAUK).

¹⁹⁷ The Office itself made some suggestions (also making pains to agree with Snider’s assertion that McCulloch should “not be on the Committee.” Philip Rogers to Sir Hugh Foot, Letter, 16 March 1956 (CO 1031/1970, NAUK), 1. However, for the most part officials in London relied on Foot to approach Manley; see letters between Foot and Manley (CO 1031/1967, NAUK).

agreement of higher authority to proceed on such and such a course.”¹⁹⁸ The resulting committee represented “a motley crew” that Foot was not entirely comfortable with, as he worried that it might have trouble respecting the direction of its head (Colonel A.G. Curphey) and would probably “want to do much more than is expected of it.”¹⁹⁹ In any case, the nature of the project was still ultimately determined by Stycos and Back, who sent only occasional updates to the Colonial Office, reports which (as officials fretted) revealed that the study was going “considerably further than anything which we had previously understood would be the case.”²⁰⁰

The final report of the Jamaica Family Life Project met with similarly mixed reviews in the Colonial Office. Several officials questioned the merit of study, pointing in particular to the small size of the sample and the lack of interviews with men.²⁰¹ In addition, Rogers was particularly disappointed when the West Indian training program fell through due to lack of interest and an inability to secure CDW funds.²⁰² However, others saw the relative lack of large-scale opposition to the project on the island as evidence that it was “an outstanding success.”²⁰³ Indeed, some officials suggested that they should take the findings and “make the best use of this experience by continuing the work in the West Indies and applying it elsewhere, especially in Mauritius, Singapore and Fiji where it is most required.”²⁰⁴

As in the past, however, such enthusiasm was quickly dispelled. Higher-ups in the Colonial Office rejected any suggestion of committing government money to a “Population

¹⁹⁸ I. Wallace, Minute, 30 May 1956 (CO 1031/1967, NAUK).

¹⁹⁹ “Draft Press Notice: Population Research Foundation of Jamaica,” 8 June 1956 (CO 1031/1967, NAUK), 2.

²⁰⁰ P. Rogers to Sir C. Jeffries, Minute, 21 March 1956 (CO 1031/1967, NAUK), 1.

²⁰¹ See Minutes, 11 November 1957 to 20 November 1957 (CO 1031/2783, NAUK). Also Burton Benedict to Mr. Thompson, Letter with Comments on JFLP, 16 December 1957 (CO 1031/2783, NAUK), and Miss. Dora Ibberson to R.G. Snider, Letter, 15 March 1958. (CO 1031/2783, NAUK).

²⁰² P. Rogers to Robert G. Snider, The Conservation Foundation, Letter, 30 November 1956 (CO 859/666, NAUK).

²⁰³ M. McMullen, 13 January 1958, 1. Kendall, Minute, 11 November 1957 (CO 1031/2783, NAUK).

²⁰⁴ J.K. Thompson to Mr. Marnham, Minute, 13 January 1958 (CO 1031/2783, NAUK). Also P. Rogers to Dr. Snider, Letter, 20 January 1958 (CO 1031/2783, NAUK).

Trust” or other such organization to conduct studies along the lines of the American Conservation Foundation in other locales.²⁰⁵ Local governors across the West Indies also warned that the lack of opposition to a research study would not necessarily translate into wider support for a program to encourage people to adopt family planning techniques. As Trinidad’s Governor argued: “it is at this second stage that they may expect to encounter opposition on religious and ‘genocidal’ grounds.”²⁰⁶ Efforts to get CDW funding for West Indians and other colonial subjects located in London to attend a British Family Planning Association conference in 1959 were similarly rejected out of fear that “it would be awkward if it could be said that the aim was to limit population increase only among coloured races.”²⁰⁷ As officials explained, they could only support such efforts “if the Colonial Secretary is satisfied that there is a demand for such action from the coloured peoples of the Colonies themselves.”²⁰⁸

In one sense, such statements (and the lack of interventionism in the area of family planning in general) paint a picture of a Colonial Office that was responsive to the demands of colonial subjects and somewhat concerned with fitting their policy decisions within the context of local public opinion. But the Office’s understanding of “public opinion” and the demands of “the coloured peoples” was limited to that which they heard about through a scattering of newspaper articles (often the most radical and thus headline-grabbing ones) and the personal observations of their appointed governors and colonial secretaries on the islands. Indeed, for a body supposedly dedicated to promoting family planning through “local” efforts, the Colonial Office was remarkably out of touch with the campaigns that had risen organically on the islands

²⁰⁵ Colonial Office to The Rt. Hon. R.A. Butler, Letter, 15 February 1958 (DO 35/9103, NAUK), R. Terrell, “Brief for the Secretary of State’s Meeting with Sir Solly Zuckerman,” June 1959 (CO 859/1028, NAUK).

²⁰⁶ R.D.H. Arundell to P. Rogers, Letter, 24 March 1958 (CO 1031/2781, NAUK). For similar warnings see A. Emmanuel to Mr. Melville, Minute, 12 January 1956 (CO 859/666, NAUK).

²⁰⁷ Private Secretary to L.H. Brandes et al., Letter, 1 March 1960 (CO 859/1028, NAUK).

²⁰⁸ D.L. Cole to Derek L. Pearson, Colonial Office, Letter, 1 December 1959 (CO 859/1028, NAUK).

from the 1940s to 1960s. In 1955, for example, when responding to a Parliamentary Question on the status of birth control distribution, the Secretary of State for the Colonies admitted that “so far as I know, no Colonial Government has established any such system,”²⁰⁹ to which Bermudian officials responded by notifying him that contraception had in fact been part of the Public Health Department’s policy since 1936.²¹⁰ Bermuda’s head of the Medical and Health Department Dr. Simon Frazer also expressed outrage that the 1955 Colonial Office circular provided only one line on Bermuda’s planned parenthood services, remarking that “if there were something splendid in understatement and misconception, this is it,” and calling for recognition of Bermuda’s leadership in the area.²¹¹ The work of family planning associations in Jamaica, Barbados, and Trinidad also received little attention from the Office. Of the over thirty files on population control and family planning produced from the 1930s-50s, only a handful of reports and letters tracked the activities and/or involved communication with these organizations and their members.²¹²

This disconnection with local movements may have been a function of the usual gaps between levels of government and between governmental and non-governmental organizations. It was also likely fuelled by the preference of many West Indian organizations to engage with local, regional and international activists and organizations rather than colonial officials in

²⁰⁹ Secretary of State, “Savingram, Circular 162/55, C.O. Ref: SSA 171/01,” 14 February 1955 (Public Health: Birth Control, 1934-1961, BA).

²¹⁰ Dispatch to the Secretary of State for the Colonies, 25 February 1955 (Public Health: Birth Control, 1934-1961, BA).

²¹¹ Simon F. to Edward, Letter, 1956 (Illegitimacy: Population Committee, BA). This letter was forwarded to the Colonial Office by Bermuda’s Governor at the time, with an admission that it was probably his (the Governor’s) own fault, for he had been spending the majority of his time “doing the job and very little in writing reports to the Colonial Office about it.” Lt. Sir John Woodall to P. Rogers, Letter, 21 September 1956 (Illegitimacy: Population Committee, BA).

²¹² On the BFPA see J.M. Stow to Sir Kenneth Blackburne, Letter, 21 December 1959 (CO 1031/2784, NAUK). On the JFPA see Colonial Office, “Prime Minister’s Visit to the West Indies, Easter, 1961, Family Planning: Brief by the Colonial Office,” 21 March 1961 (CO 859/1444, NAUK).

promoting their struggle. But some local advocates did attempt to attract imperial resources towards their movements, to no avail. Jamaica Birth Control League Secretary May Farquharson, for example, asked Labour Adviser F.A. Norman (visiting from London) if he would be willing to make the existence of their clinic known to workers and others he came across in his work, to which he replied (in a way reflective of the government's policy as a whole):

So far as I am concerned I never hesitate to make known my view that the Unemployment position in this island is never likely to be otherwise than grave if the population increases at a greater ratio than the general productivity of the island. Indeed I have gone so far as to point out that the way we are going at present is likely to result in a lower standard of living rather than, as one might hope, a general improvement in conditions of life. When it comes, however, to the question of whether I or my Department can do anything to make known the facilities you offer at the Birth Control Clinic, I am afraid I have to call a halt. While I have sympathy with the work you are doing in this connection I can scarcely involve my Department or myself by coming out definitely as advertising agents for the Clinic.²¹³

Farquharson and JBCL President Roy Levy also made several pleas to Sir Frank Stockdale (the Comptroller to Development and Welfare) asking for financial and logistical support for the League's work and for training of nurses in Child Welfare work.²¹⁴ Although he expressed his private interest in birth control,²¹⁵ Stockdale (an official notorious for his cautiousness)²¹⁶ repeatedly turned down these requests on the grounds that CDW funds could only go towards programs put forward by local *governments*.²¹⁷ As Stockdale told Farquharson in private, it was also a matter of public opinion: the JBCL would need to "convert the island before there can be

²¹³F.A. Norman to Miss Farquharson, 14 May 1940 (4/108/1353, May Farquharson Collection, NAJ), 1.

²¹⁴ May Farquharson to Dr McCulloch, Letter, 17 September 1941 and May Farquharson to Comptroller Sir Frank Stockdale, Letter, 23 October 1941 (4/108/1418, May Farquharson Collection, NAJ).

²¹⁵ May Farquharson to Dr McCulloch, Letter, 17 September 1941 (4/108/1418, May Farquharson Collection, NAJ). F.A. Stockdale to Mrs. E. Palmer, Letter, 26 August 1940 (CO 1042/46, NAUK).

²¹⁶ See Chamberlain, *Empire and Nation Building in the Caribbean*, 64-67. Stockdale was also in more of an advisory rather than executive position anyway (Ibid., 59).

²¹⁷ See Letter, F.A. Stockdale to Miss May Farquharson, 2 July 1941 (4/108/2104), and Letter, A.G. Wood to R.D.K. Levy, 4 June 1952 (4/108/1491, May Farquharson Collection, NAJ).

any official support.”²¹⁸ Such claims from the “Development and ‘Welfare’ people” proved eternally exasperating to Farquharson, who noted that “[p]resumably we are to do this without money!”²¹⁹ Although herself a loyalist and frequent defender of the British government in public, in private such refusals led her to question “how much poppy cock and eye-wash there is in the present pretence that G.B. [Great Britain] really feels responsibility for the colonies!”²²⁰

An Aide Memoire sent to the Colonial Office by the Caribbean Council of the British Medical Association in April of 1952 explicitly calling for Colonial Development and Welfare Funds for clinics was similarly discounted.²²¹ This document had been an outcome of the first meeting of the Caribbean Council (chaired by noted Jamaican birth control advocate W.E. McCulloch), which was attended by nearly 500 medical practitioners representing every British colony in the area.²²² The Colonial Office, however seems not to have deemed this organization as representative enough of public opinion and did not respond to the organization. After further appeals by McCulloch, official J.W.P. Harkness explained that “the Comptroller is only able to consider applications which are submitted by Governments” and that “the funds at his disposal are reserved for regional schemes and for scholarships and training of personnel” and “for the most part are already committed for approached schemes up to 1956.”²²³ Again, it was argued that voluntary societies would first have to “bring public opinion to the stage that the projects which they advocate become eventually an accepted part of government policy.”²²⁴

²¹⁸ Letter, May Farquharson to Dr. McCulloch, 17 September 1941 (4/108/1418, May Farquharson Collection, NAJ).

²¹⁹ Ibid.

²²⁰ Letter to How-Martyn, 27 April 1940 (4/108/1315, May Farquharson Collection, NAJ), 1.

²²¹ Caribbean Council of the B.M.A. to Lord Munster, 7 April 1952 (CO 1031/775, NAUK), 3.

²²² Ibid., 3. Also included was a call to give the BMA the right to represent the Caribbean at the Branch and Council level and a number of specific measures such as hospital facilities for private practitioners and improved cancer treatment technologies (1-3).

²²³ J.W.P. Harkness to Dr. McCulloch, Letter, 25 April 1952 (4/108/1433, May Farquharson Collection, NAJ), 1.

²²⁴ Ibid., 1.

This promise of support when local governments committed funds, however, proved equally elusive. Requests for help from the Colonial Office from Bermuda, where the government had been funding family planning since 1936, fell on deaf ears.²²⁵ The decision of Barbados' government to provide a grant to the local family planning association in 1955 (as discussed further in the next chapter) also met with no accompanying CDW funds. Indeed, British policy towards funding family planning activities would not change until 1964, motivated more by a desire to keep up with American and U.N. policy than anything else.²²⁶ At this point, several islands in the Caribbean (as well as other commonwealth territories such as India) already had state family planning programs and/or vigorous non-governmental campaigns in place. As a result, a telegram sent out by the British government to its colonies and former colonies in March of 1964 announcing that the Department of Technical Co-operation would “entertain requests” for technical assistance in the field of family planning received only a handful of replies requesting help.²²⁷ Most of the countries in the region seem to have already found other, more suitable sources for financial and logistic support; indeed, even British

²²⁵ See for example D.M. Smith to Mr. Terrell, Minute, 2 October 1959 (CO 859/1028, NAUK), 2.

²²⁶ Official Sir Andrew Cohen of the Department of Technical Cooperation pointed out that family planning had become increasingly acceptable internationally and the U.S. had started to give increased support as had the UN, making the British policy outdated. Cohen argued that the government could avoid controversy by quietly informing governments that they would now “entertain requests in the field of birth control if these are put to us by an overseas Government: the onus of decision in any particular case would thus be entirely on the overseas Government and no one could say that we are doing more than following our usual practice of doing our best to meet requests put to us.” Sir Andrew Cohen to Sir Bruce Fraser, Letter, 3 May 1963 (CO 859/1791, NAUK), 3. After a year of discussions, this policy was agreed to by the Ministry of Health and welcomed by the Colonial Office. See Sir Andrew Cohen to Sir Hilton Poynton, Letter, 19 August 1963 (CO 859/1791, NAUK). See also A.H. Poynton to Sir Andrew Cohen, Letter, 30 September 1963 (CO 859/1791, NAUK).

²²⁷ Only Barbados seems to have been interested, asking specifically for some training of organizational workers from Barbados and better plastic for the manufacture of intra-uterine devices. See Governor to Secretary of State for the Colonies, Savingram, 30 June 1964 (CO 859/1028, NAUK). These requests, and later ones for research on a male pill were, however, rejected as it was “agreed that the problem was entirely one of “social medicine” and not one of medical research as we broadly define it, viz., research which “turns over new ground in medicine”“ J.J. Adie to Mr. Baxter, Minute, 4 February 1966 (OD 11/174, NAUK).

officials admitted that the UK had little technical advances or expertise to offer in the field.²²⁸ In preparing a presentation on family planning for a conference in Uganda in 1967, for example, bureaucrats in the Office of Overseas Development suggested calling on representatives from Trinidad and Tobago to take the lead since the U.K. was “as a Government relatively unknowledgeable and inexperienced.”²²⁹ The decision of the British government to get involved in family planning in the 1960s was, it seems, a classic case of too little, too late.

5.4 CONCLUSION

The Colonial Office’s approach to birth control in the West Indies demonstrates both the shared outlook of metropolitan officials and local conservative elites and the power of colonial subjects to shape and limit the actions of the colonial state. Although in internal discussions officials eagerly joined in on attempts to blame all West Indian poverty and social disorder on Afro-Caribbean sexuality and expressed a keen desire to regulate the fertility of their colonial subjects, they ultimately refrained from committing any significant resources to such an effort out of fear of local reaction. As Sanjam Ahluwalia points out (in exploring the Colonial Office’s nearly identical policy towards birth control in India in the 1930s and 40s), this draws our attention to the importance of looking not only at the construction of colonial rhetoric, but also at the “conflict and gap between colonial rhetoric and policy.”²³⁰ Paying attention to the “rifts” and “fissures” in such regimes, according to Antoinette Burton, need not lead us to ignore the

²²⁸ Ministry of Health, “D.T.C. Policy on Family Planning: Note of meeting in the Ministry of Health on the 2nd August, 1963,” 2 August 1963 (CO 859/1791, NAUK), 2.

²²⁹ Joyce Hotchkiss to Mr. Leach, Minute, 21 August 1967 (OD 11/274, NAUK).

²³⁰ Ahluwalia, *Reproductive Restraints*, 20.

repressive power of the colonial state, but can provide an entry into better understanding of “how power can operate, founder, and sometimes be reconsolidated in new historical forms.”²³¹

In engaging in such a project, however, Burton warns historians against slipping into mere “utopian” portrayal of colonial subjects’ “agency.”²³² Indeed, if colonial policy towards birth control in the West Indies points to the “agency” of certain colonial actors (black nationalist groups, religious leaders, certain editorial writers, and appointed representatives of the British government) to influence metropolitan decision-making, it also shows the failure of others (local birth control advocates, regional medical organizations, elected political parties, and women who desired access to birth control) to do the same. While the British government’s policy of “foot dragging”²³³ may have (as Karl Ittmann argues) been effective in providing space for private groups to pursue birth control while “allowing the British government to deny direct involvement,”²³⁴ it also proved frustrating to those who recognized that, in order to be effective on any significant scale, campaigns required funding and logistical support beyond that which they could raise through private donations and resources. Local actors thus criticized the British government not only for being *too* interventionist in some spheres, but also for its *failure* to intervene in others: in Ahluwalia's summation, the failure to “deliver on its 'civilizing mission' and to institute its much promised colonial modernity, particularly in the realm of public health and women’s rights.”²³⁵

Indeed, as the decades wore on, local observers grew increasingly disenchanted with the Colonial Office’s inability to provide for the basic needs of the population. As scholars have

²³¹ Burton, “Introduction,” 2.

²³² *Ibid.*, 2.

²³³ Ahluwalia, *Reproductive Restraints*, 20, 116-118.

²³⁴ Ittmann, “Where Nature Dominates Man,” 70.

²³⁵ Ahluwalia, *Reproductive Restraints*, 132.

noted, the Colonial Development and Welfare fund instituted in the wake of the riots and Moyne Commission report did lead to some improvements in education, infrastructure and public health, but for the most part fell short of its expressed goals and ambitious rhetoric.²³⁶ According to Mary Chamberlain, this was in part due to a poor understanding of development within the Colonial Office, as well as a lack of desire to really challenge local power relations, invest in infrastructure and industry, reshape economies, or build a progressive welfare state along the lines of that in Britain.²³⁷ As a result, overall their “development and welfare” attempts and cultural project to reform families and society “proved piecemeal and hasty and paid lip service to the needs of the region.”²³⁸ Indeed, by 1955, nearly a third of overall Colonial Development and Welfare funds remained unspent, while most of the development projects that had been taken part of were deemed ill-conceived, top-heavy and ineffective.²³⁹

It would take the devolution of self-government to the colonies to enforce a more concerted commitment to these goals. Aided by their more immediate connections with and awareness of local social movements, these governments would also ultimately prove more responsive to the arguments of family planners. Indeed, as will be seen in the next chapter, independent Caribbean governments would within a decade create state family planning programs that exceeded the hopes of even the most enthusiastic colonial officials.

²³⁶ Chamberlain, *Empire and Nation-Building in the Caribbean*, 6, Beckles, *Chattel House Blues*, 64-73, Singh, *Race and Class Struggle in a Colonial State*, 187-95.

²³⁷ Chamberlain, *Empire and Nation-Building in the Caribbean*, 59-70.

²³⁸ *Ibid.*, 12.

²³⁹ Cooper, “Modernizing Bureaucrats, Backward Africans,” 76-78.

6.0 STATE FUNDING FOR BIRTH CONTROL IN THE WEST INDIES, 1955-1968

Half of my voters are against it and half are for it and I'm with my voters.¹
- *Jamaican politician on birth control, 1958*

On July 5, 1955, the elected members of Barbados' House of Representatives voted "in the affirmative without division" to provide a grant of \$5000 to the Barbados Family Planning Association (BFPA).² The grant came on the recommendation of a Joint Committee appointed "to Examine the Question of Over-Population in Barbados," which called on the government to take action to reduce the rapid rate of population growth.³ Although providing grants for non-profit organizations was standard practice (on the same day the government renewed its \$2000 annual grant to the Salvation Army)⁴ and \$5000 hardly made a dent in the island's budget, the decision was considered monumental, for it placed Barbados in the company of only a handful of other governments around the world committed to spreading family planning services.⁵

¹ "Sir Grantley Adams tells Population parley: Birth control helps produce happier, independent families," *The Daily Gleaner*, 17 April 1958, 6 [6].

² "Supplement to the Official Gazette, Vol. 61, No. XC." 1 August 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1163.

³ "Report of the Joint Committee Appointed by the Two Houses of the Legislature to Examine the Question of Over-Population in Barbados and To Make Recommendations for Dealing with This Problem," Supplement to the Official Gazette, August 1956 (Pam C28, BNA), 1-7.

⁴ "Supplement to the Official Gazette, Vol. 59, No. XC." 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1143.

⁵ The creation of a national family planning program in India in 1952 is usually seen as the "world's first explicit policy of population limitation" (Connelly, *Fatal Misconception*, 168-70, Schoen, *Choice and Coercion*, 225). Great Britain and several states in the United States did offer birth control through health and welfare services but did not make this official policy or commit resources specifically to birth control until 1970.

Barbados' premier at the time, Sir Grantley Adams, had spoken out in favour of birth control as far back as 1938 and quickly embraced the island's new role as a world leader in national family planning.⁶ In 1957, he spoke at the annual luncheon of the Planned Parenthood Federation of America (PPFA) in New York, calling on the Pope and the United Nations to amend their policies to support birth control in under-developed countries.⁷ Adams' trip was praised by the PPFA, as well as by diverse news organizations such as the *Cleveland Call and Post*, which commended the steps taken by this "distinguished Negro leader."⁸ It also attracted the attention of American Hugh Moore, founder of the Dixie Cup Corporation and author of *The Population Bomb*, a widely distributed pamphlet warning that population growth in developing countries could fuel the spread of communism.⁹ In April of 1958, Adams was presented with the Hugh Moore Award for his "fearless advocacy of family planning to arrest the current population explosion which is retarding economic progress in underdeveloped countries."¹⁰ As Moore proclaimed in his opening speech:

So far not many politicians have shown the courage of taking an open stand on this issue. It is therefore all the more gratifying to have one political leader—and a very successful one—with us tonight.¹¹

Adams' family planning advocacy also had deeper repercussions closer to home, in an increasingly integrated Caribbean basin. Indeed, his receipt of the Hugh Moore Award came less

⁶ See Chapter Two for Adams' early advocacy.

⁷ "Barbados Premier Entreats Pope on Birth Control." *ProQuest Historical Newspapers New York Amsterdam News: 1922-1993*, 26 October 1957, 1, 34. "Underdeveloped Nations Need Population Growth Control Aid, Premier Says." *Proquest Historical Newspapers Atlanta Daily World: 1931-2003*, 20 October 1957, 6.

⁸ "Premier Reveals Birth Control Urged in Islands." *ProQuest Historical Newspapers Cleveland Call and Post (1934-1962)*, 2 November 1957, 1.

⁹ "The Population Bomb", published in 1954, eventually reached over 1.5 million people; Paul Ehrlich's later book would take its name from the pamphlet (Connelly, *Fatal Misconception*, 162). As Moore made clear in a visit to Bermuda "his interest in birth control was not so much of individual welfare and health as of the more global problems which over-population created." "Bermuda, Puerto Rico—Pilot Planned Parenthood Places," *The Royal Gazette*, 3 November 1961, 6.

¹⁰ Hugh Moore Fund, "Press Release." 4 April 1958 (Planned Parenthood Federation of America Records, SSC).

¹¹ "Sir Grantley Adams tells Population parley: Birth control helps produce happier, independent families," *The Daily Gleaner*, 17 April 1958, 6 [6].

than a month after the creation of the West Indies Federation, which tied the British Caribbean islands together politically, administratively, and economically in an unprecedented experiment in regional cooperation meant to ease the transition into Dominion status.¹² Adams himself would serve as premier of the new federal, bicameral legislature composed of appointed and elected members from across the islands.¹³ Barbados' family planning policy was thus followed particularly closely by West Indian politicians sympathetic to the cause, including Adams' colleagues within the West Indies Federal Labour Party (WIFLP), Jamaican Norman Manley, and Trinidadian Eric Williams.¹⁴ It also provided a beacon of hope for birth control advocates across the region, including family planning associations in Trinidad and Jamaica and a growing group of sympathetic medical personnel in Antigua, Montserrat, St. Kitts, Nevis, Anguilla, and the Virgin Islands.¹⁵ Adams fed these hopes by working openly with these advocates even when their local governments shied away. In 1957, for example, Adams travelled to Trinidad to attend the official opening of the island's first birth control clinic in Point Fortin,¹⁶ and in 1958 he

¹² Palmer, *Eric Williams*, 40-54. Duke, "Seeing race, seeing nation," 180, Chamberlain, *Empire and Nation-Building in the Caribbean*, 159. The creation of the Federation was fuelled in part by the British Colonial Government, which hoped to ease administrative problems and divulge itself of the islands in a timely manner. However, in his recent dissertation, Eric Duke points to the longer history of Federation proposals from political leaders and intelligentsia across the islands and amongst West Indians living abroad, who saw it as a way to give the Caribbean more presence on the international stage and serve as a beacon of black racial uplift (Duke, "Seeing race, seeing nation,").

¹³ The territories of the federation included the now-sovereign nations of Antigua and Barbuda, Barbados, Dominica, Grenada, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago, as well as several islands which became British overseas territories after the dissolution of the Federation: the British Virgin Islands, Anguilla, Montserrat, the Cayman Islands, and Turks and Caicos Islands. The Federation notably excluded Bermuda, The Bahamas and the mainland territories of British Guiana (now Guyana) and British Honduras (now Belize).

¹⁴ Although Manley's PNP was a full member of the WIFLP, William's PNM was described as an "associate" because it was not officially socialist. Palmer, *Eric Williams*, 44-47.

¹⁵ Star Correspondent, "Hopes For Birth Control," *The Star*, 13 April 1957, n.p., newspaper clipping (4/108/682, May Farquharson Collection, NAJ). On growing support among medical officers in Antigua, see: A. Williams, Antigua to P. Rogers, Letter, 15 August 1958 (CO 1031/2785, NAUK), and on other islands see Vera Houghton, "Why Family Planning?" 16 September 1959 (SA/FPA/A10/18, Wellcome Library, London, U.K.), 20.

¹⁶ Charles Herndon, "Catholics Accuse Sir Grantley Adams," *ProQuest Historical Newspapers New York Amsterdam News: 1922-1993*, 11 January 1958, 1, 5.

delivered the keynote speech at a meeting of the International Planned Parenthood Federation (IPPF) in Kingston.¹⁷

If family planning advocates saw the implications of Adams' leadership in the Federation, however, so too did the region's main birth control opponents. Roman Catholic leaders from across the islands immediately launched a "full-scale attack"¹⁸ on Adams as a result of his birth control advocacy. Members of the main opposition party, the Federal Democratic Labour Party (FDLP) also seized on the issue to criticize Adams and the WIFLP.¹⁹ FDLP member from Jamaica Alexander Bustamante questioned Adams' fitness for premiership based on "his avowed policy of supporting birth control, which is a most controversial topic among the freedom loving and Christian people of our islands,"²⁰ and the Secretary of Bustamante's JLP lamented the fact that "our embryo Prime Minister, would begin his Federal term without the blessing of the Christian church. What a sickening thought?"²¹ Newspapers in St. Lucia also called on the island's federal representatives to frustrate "any attempt which may be made to persuade their Party (that is, the Federal Labour Party led by Sir Grantley) to accept birth control"²² and Premier of Antigua Vere Bird stated simply that: "Birth control is for the white man, not for the black man."²³ Birth control debates thus quickly became embroiled in a Federal

¹⁷ "Sir Grantley Adams tells Population parley: Birth control helps produce happier, independent families." *The Daily Gleaner*, 17 April 1958, 6 [6].

¹⁸ "Sir Grantley flayed over birth control," *The Daily Gleaner*, 27 December 1957, 10 [10]. Charles Herndon, "Catholics Accuse Sir Grantley Adams," *ProQuest Historical Newspapers New York Amsterdam News: 1922-1993*, 11 January 1958, 1, 5.

¹⁹ Indeed, although well-respected in Barbados, Adams' leadership qualities were a major problem within the Federation, as he was frequently accused of being too conservative, a tool of the Colonial Office and prone to political missteps. See Palmer, *Eric Williams*, 51.

²⁰ M.G. Smith, "Political Realities Regarding Family Planning in Caribbean and Adjacent Areas," *Second Regional Conference of the IPPF Western Hemisphere*, Jamaica, 16 April 1958 (CO 1031/2788, NAUK), 8.

²¹ Jnr. D.C. Tavares, Secretary, JLP, "Letter to the Editor: "Sir Grantley Adams—'tool of a ruling collection...,'" *The Daily Gleaner*, 22 March 1958, 9 [9].

²² Vera Houghton, "Why Family Planning?" 16 September 1959, (SA/FPA/A10/18, Wellcome Library, London, U.K.), 20.

²³ Robert G. Snider to Philip Rogers, Letter, 12 March 1958, (CO 1031/2788, NAUK), 3.

political scene increasingly characterized by “a vicious exchange of charges of racialism that challenged notions of a transracial identity in the region.”²⁴ As a result, only a month after the formation of the Federation, several observers were ready to declare state support for birth control across the region a lost cause.²⁵

In the end, whether or not Adams and his colleagues could overcome these obstacles would ultimately be left unanswerable by the disintegration of the Federation itself. Clashes between the main political leaders, the ambiguous timeline for independence, conflicts over federal representation and powers, and a lack of financial commitment from the Colonial Office undermined the Federal project from the outset and by 1961 had led to a crisis situation.²⁶ On August 6, 1962, Jamaica seceded and declared independence from the British Empire on its own, followed by Trinidad later that month and the smaller islands in the following years, bringing an end to the region’s experiment in political unification, and any hopes of a Federal family planning policy led by Adams. And yet, as the leaders of the now-independent islands of the West Indies set out to form their own development programs, they too began to commit resources to birth control in response to significant public pressure from family planning advocates both outside of and within their governments, including some of the very religious leaders and political parties that had been most vocally opposed in the 1940s to 1950s. Indeed, in 1964 Bustamante’s own JLP announced its support for government birth control services in

²⁴ Duke, “Seeing race, seeing nation,” 203.

²⁵ As Jamaican sociologist M.G. Smith argued in April of 1958: “Under these conditions I fail to see how Sir Grantley Adams and his Federal Labour Party can possibly take any official action to support a Planned Parenthood campaign unless that Party commands an overwhelming majority in the Federal legislature at the same time that its affiliates dominate the territorial legislatures also. This combination of conditions is not likely to occur in the near future.” Smith, “Political Realities Regarding Family Planning,” 10.

²⁶ Palmer, *Eric Williams*, 42-75, Duke, “Seeing race, seeing nation,” 215, Ryan, *Race and Nationalism in Trinidad and Tobago*, 292-304. In that year, Manley caved to calls to hold a referendum on federation, in which 54% of the population voted for secession; this was followed by an electoral victory for Bustamante’s anti-federal JLP in 1962.

Jamaica, followed by Trinidad and Tobago in 1967. By 1974, nearly every former British colony in the region had declared its support for family planning.²⁷

The changing tides of birth control in the West Indies in the 1950s-1970s coincided with a renewed wave of activism on an international scale, driven in part by Cold War concerns over rising populations in the emerging “Third World,” perpetuated by self-proclaimed “population experts” like Hugh Moore. These decades saw the creation of a range of institutions focused on battling “over-population” in the Third World, supported by an expanding group of donors including, from 1965 onwards, the U.S. government (through USAID), the World Health Organization (WHO), and the United Nations (UN).²⁸ This massive growth of funding helped finance a wave of national family planning programs by newly-independent governments across Asia, Central and South America, and Africa. Although officially justified on the grounds of reducing poverty in these countries, these programs have been denounced variously for using coercive tactics to gain birth control acceptors, attempting to impose “Western” reproductive norms on people of other cultures, and/or diverting resources from other potential development initiatives (such as investments in education, health, and/or women’s programs).²⁹ As scholars argue, the belief among international and local birth control advocates that “only population

²⁷ At this point, only Bahamas, Belize and Guyana had not committed state funding to family planning. Segal, *Population Policies in the Caribbean*, 17.

²⁸ See Connelly, *Fatal Misconception*, Sharpless, “Population Science.” Indeed, as Aaron Segal reports, by 1970, a given government could negotiate with some ten to fifteen donors in seeking funding for a program. Segal, *Population Policies in the Caribbean*, 20-22.

²⁹ Specifically, scholars argue, population experts failed to recognize that high fertility rates were not the *cause* of poverty and distress, but rather a *symptom* of these conditions, a sign of the insecurity of societies lacking old age, employment and other social benefits (and thus reliant on large families to take care of and work for them) and a testament to the low status of women. Investments in improved living standards (and particularly, education of women), they argue, would have thus gone much further in reducing fertility rates than any explicit birth control program, for—as the now-popular saying goes—“development is the best contraceptive.” See: Gordon, *The Moral Property of Women*, 283, Hartmann, *Reproductive Rights and Wrongs*, xx, Connelly, *Fatal Misconception*, 23, Roberts, *Killing the Black Body*, 102, Sharpless, “Population Science,” Ahluwalia, *Reproductive Restraints*, 24-25.

control could save the world”³⁰ led to a focus on distribution of contraceptives as a technological quick fix, “substituted for social justice, and much needed reforms—such as land redistribution, employment creation, the provision of mass education and health care, and the emancipation of women.”³¹

This chapter explores these issues by closely analyzing the factors leading up to government promotion of family planning on three islands in the Caribbean: Jamaica, Trinidad, and Barbados. On the surface, the experience of these islands seems to follow that of other areas of the decolonizing world. The rise of national family planning programs coincided roughly with the rise of the international population establishment, quickly received support from international organizations and USAID, and was often officially justified (as in the report inspiring Barbados’ grant to the BFPA in 1955) on the grounds of addressing “overpopulation.” A closer look at the timing of events, actors involved, and arguments made, however, challenges this narrative. Indeed, although drawing actively and strategically on the international movement, family planning in this period gained acceptance primarily because of the constant pressure placed on officials by local advocates accompanied by changing social and political dynamics. The arguments of these actors were also not fully motivated by an uncritical acceptance of international “over-population” discourses. Rather, facing constant critiques from political and religious opponents across the region, family planners acknowledged the flaws with this argument from early on, interpreted it in different ways, rooted it more firmly in local conditions, and also promoted birth control on other grounds: as a health concern, as a human right, and even as a woman’s reproductive right. As a result, the West Indian experience was the outcome primarily of the local and regional birth control advocacy that preceded the 1960s, as

³⁰ Connelly, *Fatal Misconception*, x.

³¹ Hartmann, *Reproductive Rights and Wrongs*, 37.

shaped by the particular flavour of local politics and social change in the wake of Independence. Throughout, international actors and discourses played merely a supporting—if important—role.

6.1 A “POSITIVE PROGRAMME”: GOVERNMENT SUPPORT FOR BIRTH CONTROL IN BARBADOS

In 1951, as part of a general wave of constitutional change in the British Caribbean, Barbados held its first elections to the House based on full adult suffrage.³² The newly formed Barbados Labour Party (BLP) took the elections easily,³³ making Grantley Adams the island’s first premier with executive power and also seeing the election of two other known birth control advocates, Dr. H.G. Cummins and H.A. Vaughan.³⁴ As those in favour of birth control on the island recognized, the election of these men to the House and the lack of an organized opposition to their rule created an unprecedented political opening for the birth control cause. Mere months after the BLP came to power, F.C. Hutson (a member of the Legislative Council and a future president of the BFPA) seized this opportunity, giving a speech in favour of birth control and calling for a committee to investigate the matter of over-population.³⁵ While referring somewhat vaguely to the impact of high fertility on unemployment in India and Jamaica, Hutson also cited practical experiences closer to home. As he explained before the House:

³² The Executive Committee was also now formed by the person who could command house and three people nominated by him, rather than by an appointed Governor. Beckles, *Chattel House Blues*, 260-264.

³³ Composed primarily of members of the Coloured middle class/intelligentsia, the BLP had its roots in the Barbados Progressive League (BPL), an organization which had testified before the West Indies Royal Commission in 1939 calling for a far-reaching socialist program including the nationalization of the sugar industry and land reform. Beckles, *A History of Barbados*, 260-271.

³⁴ See Chapter Two for Cummins and Vaughan’s birth control advocacy.

³⁵ “Family Planning Can Cut Population Rise,” *Barbados Advocate*, 4 July 1951, 3.

During the short period that I have been a member of the Housing Board, it has been brought home to me very forcibly that however much we are spending on housing and whatever the efforts of the Board and its staff, we are only scratching the surface. Far from being able to clear slums, we are unable to keep pace with the increase of population and when it comes to such things as schools, they are too small before they are finished being built.³⁶

While he argued that housing schemes, improvements in sanitation and medical advances were necessary and programs he “agree[d] with wholeheartedly,” the government should also “give a lead in this very serious state of affairs” and consider establishing voluntary clinics in health institutions throughout the island.³⁷ Hutson’s call was supported by the majority of the House, leading to the creation of a Joint Committee “to Examine the Question of Over-Population in Barbados and To Make Recommendations for Dealing with This Problem” in March of 1952.³⁸

The Committee’s report submitted to the House on July 20, 1954, served as the first extended analysis of the Barbadian population “problem.” Although brief, the report reflected a wealth of research collected by the Committee, which had spent the course of 1953 interviewing a variety of institutional representatives including the leaders of the main churches, social welfare and agricultural advisors, the census officer, and Jamaican demographer George W. Roberts, who was in Barbados as the Vital Statistics Officer to the Development and Welfare Organization (DWO).³⁹ Drawing on the statistics provided by Roberts and the census officer, the report opened by noting that the natural increase from 1946 to 1952 was approximately 30,000 people, which exceeded the total number of people (25,350) employed in the sugar industry at the time.⁴⁰ Future increases of the same degree, they warned, would only worsen the already existing unemployment and under-employment on the island and pose a strain on already

³⁶ “Family Planning Can Cut Population Rise,” *Barbados Advocate*, 4 July 1951, 3.

³⁷ *Ibid.*, 3.

³⁸ *Ibid.*, 1.

³⁹ “Report of the Joint Committee,” 1.

⁴⁰ *Ibid.*, 1.

inadequate Government services, leading to “consequent misery for everyone.”⁴¹ Although fully recognizing that improvements in the standard of living in general would likely bring a drop in the birth rate (as it had in other areas of the world and among the higher income groups in Barbados),⁴² the Committee argued that it was “manifestly impossible for the Island to feed, house, clothe, educate and provide work for eleven additional people every day, year after year.”⁴³ Whatever the future might hold, at the present moment, the Report warned: “the resources of the Island cannot catch up with the population.”⁴⁴

If the report adopted the language and many of the basic assumptions behind theories of “over-population,” however, it also acknowledged the value—rather, the necessity—of wider reforms. The report posited investment in family planning as a complement to, rather than a replacement for, broader health services. Indeed, during its years in power the BLP would gain recognition and popularity for instituting key health reforms, including a preventative health campaign, government health centres, a rural sanitation programme, and public housing campaign, all of which contributed to rapid declines in the infant mortality rate and infectious/parasitic diseases as well as dramatic increases in life expectancy over the course of the 1950s.⁴⁵ As the Committee argued in 1954:

The advent of Health Centres provides a perfect opportunity for starting family planning. The ultimate purpose of these Centres is not merely preventative treatment and the saving of lives but to contribute to the long range well being of the entire population. This cannot be achieved in any better way than by bringing about a drop in the birth rate, thus assuring the Island of fewer but healthier citizens living in greater economic security.⁴⁶

⁴¹ “Report of the Joint Committee,” 2.

⁴² *Ibid.*, 3.

⁴³ *Ibid.*, 5.

⁴⁴ *Ibid.*, 5.

⁴⁵ As Massiah notes, although the mortality decline had begun earlier, after 1950 the rate of decline jumped to 3.2% per annum, more than twice the rate of preceding periods, due to improved economic conditions and a more concerted public health program. Massiah, “The Population of Barbados,” 334-338.

⁴⁶ “Report of the Joint Committee,” 4.

More specifically, the report argued, a birth control program initiated by the Director of Medical Services could reduce maternal health problems caused by botched abortions and help in the battle against infant mortality by ensuring all children were “wanted” and could be properly cared for.⁴⁷ Expanding its scope beyond fertility control, the report also called on the government to address the population-resource imbalance from the other end of the equation and reviewed opportunities for investment in agriculture, fishing, and the tourist industry.⁴⁸

If the report moved past a “quick fix” solution to the population problem and considered the need for broader social and economic investment, however, critics argued that it did not go far enough. In particular, the report was attacked for failing to give due consideration to the possibility of emigration and/or industrialization programs. The report had suggested the outlook for both was dim and that the island would likely remain an agricultural country with few emigration options.⁴⁹ As Committee members Dr. A.S. Cato and Wynter A. Crawford argued in two “Notes of Reservation” attached to the report, this stance was unduly conservative. Although both agreed generally with the report, Cato felt that the island should also call on the Her Majesty’s Government to provide financial aid for pioneer industries and to facilitate emigration to other parts of the British Commonwealth.⁵⁰ Crawford seconded Cato’s arguments, while also arguing that Barbadians should follow the example of Puerto Ricans, who offset their high annual population increase by emigrating to the United States in large numbers.⁵¹

Cato and Crawford’s notes of reservation highlighted a number of increasingly important political divisions provoked by the Adams government’s approach to economic reform.

⁴⁷ “Report of the Joint Committee,” 4.

⁴⁸ *Ibid.*, 2-4.

⁴⁹ *Ibid.*, 3-4.

⁵⁰ *Ibid.*, 6.

⁵¹ *Ibid.*, 7.

Although Crawford (editor of the radical *Barbados Observer* newspaper in the 1930s and 40s) had himself been a founding member of the BLP in 1938, he and a handful of others split with the party early on and formed the oppositional West Indian National Congress Party in 1944. Crawford's party did not pose a serious threat to the BLP in the 1950s (which held a relatively tight hold on the House), but Crawford served as one of the government's most vocal critics in the House.⁵² By 1954, a growing group of politicians from *within* the BLP had joined in, criticizing Adams' purging of radicals and the BLP's movement away from earlier socialist goals. In particular, critics called out the government's relatively conservative economic program, which continued to rely on agriculture and service industries while other nearby islands—such as Puerto Rico and Trinidad—invested in industrial development to diversify their economies and enhance their self-sufficiency.⁵³ Adams' failure to obtain any official commitment from the British government to facilitate and protect emigrants from Barbados to the U.K. was also seen as an example of his weakness and over-anxious loyalty to the Colonial Office.⁵⁴

These conflicts would eventually change the shape of Barbadian politics, as several of the BLP's key members split with the party in 1954, going on to form the oppositional Democratic Labour Party (DLP) under Errol Barrow in 1955.⁵⁵ Although the DLP would not pose a serious challenge to the BLP until the late 1950s, Barrow's frustration with the government came through clearly in the House debate over the Committee's report in October of 1954. While Barrow noted that he was "not necessarily opposed" to birth control, he accused Adams'

⁵² "Crawford: Notes of a life," *Barbados Advocate*, Feature, 9 Sept 2001, 19.

⁵³ Beckles, *A History of Barbados*, 264-70.

⁵⁴ On these concerns, see for example: Bill to P. Rogers, Letter, 14 December 1954 (CO 1031/1964, NAUK).

⁵⁵ Beckles, *A History of Barbados*, 264-70.

government of using it—and the discourse of “overpopulation”—to divert attention from the issues.⁵⁶ As he stated:

I consider, the problem of unemployment, to be the paramount problem of this island; and the problem of population, is only ancillary to the unemployment problem. I do not accept the neo Malthusian concept, that human beings are ever a problem. The problem of this island, is one of ineptitude on the part of the persons who have it in their power to make our economy a dynamic one; and it is that ineptitude, which causes one to try to disguise the real problem in campaigns about over-population.⁵⁷

Barrow also joined Cato and Crawford in calling on the government to embark on a serious program of industrial development, pointing to the economic theories of St. Lucian Arthur Lewis and Trinidadian Eric Williams as models to follow.⁵⁸

These arguments were also taken up by the head of the Progressive Conservative Party, E.D. Mottley, a staple in Bridgetown politics for many years known for his patronage and populist brand of politics.⁵⁹ In debates over birth control held in the House in October of 1954 and again in July of 1955, Mottley accused Adams’ government of using “over-population” as an “excuse” in order to “defraud the people” of the real problems in the country, namely the need for development of local industries and emigration opportunities to the U.K.⁶⁰ Mottley and Crawford (who took a more aggressive stance against birth control in the House than he had in his note of reservation to the report) also added a race-based element to this critique, portraying the debate over birth control as a reflection of the cultural divide between the black poor and the

⁵⁶ “Supplement to the Official Gazette, Vol 85, LXXXIX.” 25 October 1954 (Supplements to the Official Gazettes, 1937-1955, BNA), 79.

⁵⁷ *Ibid.*, 87.

⁵⁸ *Ibid.*, 87-93.

⁵⁹ “Obituary: Ernest D. Mottley.” *Advocate*, 30 April 1973, Albert Brandford, “Mottley The City Father”, *The Nation*, 1 June 1 1979, 19 (newspaper clippings, “Mottley, Ernest Deighton,” Bigraphies Mo-R, Shelves, BNA). See also Lewis, “The Contestation of Race in Barbadian Society,” 159 for Mottley’s role in the Barbadian black power movement.

⁶⁰ “Supplement to the Official Gazette, Vol 85, LXXXIX,” 25 October 1954 (Supplements to the Official Gazettes, 1937-1955, BNA), 78.

rich white on the island. Crawford accused the (newly-formed) Barbados Family Planning Association of being a “small clique” of elite white folk and evidence of “the peculiar methods in which the leisure classes all over the world indulge in order to while away the enormous amount of time which they have on their hands.”⁶¹ As he argued:

Mr. Hutson, Mrs. Ronald Tree and a few other wealthy people on the St. James Coast who have a lot of time on their hands, time to invent all sorts of fancy notions, think that it would be a good idea if, when they are running about and driving about the streets of Barbados, they saw less people.⁶²

Mottley also claimed that family planning was mainly the project of white “multi-double-multi millionaires” who worried about “how many cocktail parties they can attend” while the majority of the population took pride in the sacrifices they made to rear their families, seen as a symbol of strength to the community.⁶³ Mottley thus claimed that any attempt by the government to “retard the healthy growth of the population” was nothing short of “racial supremacy or bigotry.”⁶⁴

Mottley and Crawford’s speeches before the House revived many of the arguments of black nationalist and labour leaders from debates over birth control in the region in the 1930s,⁶⁵ illustrating the continuing relevance of class and race inequalities to political conflicts even as black and Coloured actors assumed control of political institutions. But these critiques were somewhat more easily answered in the 1950s than in the 1930s, due to the shifting nature of the family planning project over the past decades. Responding to Crawford and Mottley, members of the House pointed out (quite accurately) that Hutson and Tree, although members, had not

⁶¹ “Supplement to the Official Gazette, Vol. 59, No. XC,” 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1149.

⁶² *Ibid.*, 1149.

⁶³ “Supplement to the Official Gazette, Vol. 59, No. XC,” 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1156.

⁶⁴ “Supplement to the Official Gazette, Vol 85, LXXXIX,” 25 October 1954 (“Supplement to the Official Gazette, Vol. 59, No. XC,” 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 79.

⁶⁵ See Chapter Two.

been the founders of the BFPA,⁶⁶ which had arisen instead out of the work of black social workers like John Beckles and Madame Ifill.⁶⁷ Although still in its infant stages at the time of the House's second debate in July of 1955, the BFPA's work also presented a direct challenge to Mottley and Crawford's claim that family planning was not of interest to the general population. As leader of the Opposition and member of the BFPA Fred Goddard pointed out, despite only minimal advertising, seventeen women had turned up on the first afternoon of the clinic. Nurses and midwives had also reported numerous requests for information from across the island.⁶⁸ According to BLP member Dr. H.G. Cummins, this was hardly surprising for

I see it day after day... From my practice, I can tell you, I have people who come to me and ask me what to do to prevent them from having so many children. If you doubt me you can go and ask any doctor, and doctors will tell you their experience in connection with this matter.⁶⁹

House Representative H.A. Vaughan also pointed to the widespread practice of illegal abortions on the island, which he argued provided vivid evidence that "there are hundreds and hundreds of women in the country who would like to have a knowledge of birth control."⁷⁰

Members of the House in favour of birth control also responded to Barrow and Cato's criticisms of the overpopulation thesis by distancing themselves from its more simplistic assumptions. As Vaughan pointed out, the Report "does not suggest that birth control is an immediate remedy to our social problems; it has not suggested that at all. It has suggested that birth control is one of the remedies to prevent an increasingly worse social condition in the

⁶⁶ "Supplement to the Official Gazette, Vol. 59, No. XC," 25 July 1955, ("Supplement to the Official Gazette, Vol. 59, No. XC," 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1157.

⁶⁷ See Chapter Three.

⁶⁸ Ibid., 1158. Goddard was a member of the Financial subcommittee in 1955; see Clyde Gollop, "A Look at Ourselves," *Family: The Newsletter of the Barbados Family Planning Association*, Issue 1. 1978: 5. (SRL 624, BNA).

⁶⁹ "Supplement to the Official Gazette, Vol 85, LXXXIX," 25 October 1954 (Supplements to the Official Gazettes, 1937-1955, BNA), 102.

⁷⁰ "Supplement to the Official Gazette, Vol. 59, No. XC," 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1153.

future.”⁷¹ Vaughan recognized that the population thesis was “conditional” and that improved living standards could eliminate the problem altogether, but pointed out that “[t]here is nothing in the theory of birth control which prevents any of the proposed remedies the Hon. Member [Crawford] has suggested from being used.”⁷² Indeed, R.G. Mapp of the BLP pointed out that Eric Williams, the Trinidadian academic Barrow had cited for his promotion of industrial development in the Caribbean, was himself in favour of birth control,⁷³ and Vaughan added that the Government of Puerto Rico subsidized birth control clinics.⁷⁴

Other Members of the House responded by distancing themselves from the Report’s overpopulation thesis entirely and stressing the value of birth control to health care and/or as a means to battle inequality. Dr. Cummins claimed, for example, that he was “not looking at it from the point of view of overpopulation at all,” but rather saw birth control as one tool to help lower the infant mortality rate, which “is caused sometimes from mothers having too many children.”⁷⁵ Adams also argued that it was meant to be a “positive programme—not merely the spacing of births, but the fighting of abortion, the production of healthier children, and healthier mothers, the steady growth of happier, more solvent, more independent families.”⁷⁶ As Cummins added, far from being an attack on the poor, the service would help *narrow* the gap

⁷¹ “Supplement to the Official Gazette, Vol. 59, No. XC,” 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1150.

⁷² *Ibid.*, 1150.

⁷³ According to Mapp, “when he talks about inviting Dr. Williams, because he is an economist of no mean repute, to tell us how to develop this island instead of advocating Birth Control, he should know that Dr. Williams himself advocated Birth Control in a colony which is far more developed and which has more potentialities than Barbados - Trinidad; and was attacked because of it.” (“Supplement to the Official Gazette, Vol 85, LXXXIX,” 25 October 1954 (Supplements to the Official Gazettes, 1937-1955, BNA), 95.

⁷⁴ “Supplement to the Official Gazette, Vol. 59, No. XC,” 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1151.

⁷⁵ “Supplement to the Official Gazette, Vol 85, LXXXIX,” 25 October 1954 (Supplements to the Official Gazettes, 1937-1955, BNA), 102. Interestingly, in 1955, Cummins defended birth control precisely on the grounds of overpopulation, demonstrating the malleability of birth control debates. “Supplement to the Official Gazette, Vol. 59, No. XC,” 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1143.

⁷⁶ “Sir Grantley Adams tells Population parley: Birth control helps produce happier, independent families,” *The Daily Gleaner*, 17 April 1958, 6 [6].

between the “well-to-do” mothers (who had access to birth control and were thus able to space their children and regain their health in between pregnancies) and those who did not.⁷⁷ Indeed, Vaughan claimed that as a “socialist and progressive,” he found it “abhorrent” and “dishonest” of the opposition to attempt to prevent people from using a method that they desired.⁷⁸

Birth control advocates in the government also distanced themselves from the more conservative versions of population control promoted abroad and in the region’s own past by pointing out that the program they envisioned would be offered on an entirely voluntary basis. As Cummins noted: “anybody who wants to get the advice can get it; those who do not want the advice need not go.”⁷⁹ In fact, in an odd reversal of the dynamics of the 1930s debates (in which labour leaders condemned birth control for its association with eugenic sterilization plots),⁸⁰ the only advocate of compulsory measures in the House was defender of working class culture and birth control foe W.A. Crawford, who suggested that while “the average healthy person in the community” should be provided with employment, there might be a need to reduce the birth rate “among the unfit” through sterilization of those suffering from “incurable, mental or other diseases.”⁸¹ Birth control advocates within the House quickly and clearly dissociated themselves from such measures, with Vaughan blasting Crawford for promoting such a “queer Hitlerite, sociological theory.”⁸²

Reaction to the debates in the *Barbados Advocate* revealed the continued salience of many of the religious and moral objections first raised in the 1930s and 40s, with letter-writers

⁷⁷ “Supplement to the Official Gazette, Vol. 59, No. XC,” 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1144.

⁷⁸ *Ibid.*, 1150.

⁷⁹ “Supplement to the Official Gazette, Vol 85, LXXXIX,” 25 October 1954 (Supplements to the Official Gazettes, 1937-1955, BNA), 102.

⁸⁰ See Chapter Two.

⁸¹ “Supplement to the Official Gazette, Vol. 59, No. XC,” 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1150.

⁸² *Ibid.*, 1153. Also by others, see *Ibid.*, 1157.

arguing that birth control was against God's wishes and/or would spread immorality.⁸³ Key Anglican leaders on the island also penned several letters to the editor in 1954 and 1955 objecting to a government program and urging self control and the use of the rhythm method over contraceptives.⁸⁴ For the most part, however, the debates received positive coverage, undoubtedly helped by the fact that birth control was supported by both the editor of the *Advocate* and its lead writer, Jack Dear (a member of the BFPA).⁸⁵ According to the editor, even if the government exaggerated the effect the birth control campaign might have on over-population, "the statement of Mr. E.D. Mottley that Barbados is not over-populated is difficult to take seriously"⁸⁶ and, in any case, "without the question of pressure of population arising at all, this service should be provided for the people."⁸⁷ The paper also criticized the Churches for not taking a "constructive" or practical attitude to the issue.⁸⁸ Indeed, as one letter to the editor pointed out, "[t]o plan a family of say three children by sexual control would involve in the average person an extraordinary effort of will, limiting sexual relations to only three occasions in a lifetime."⁸⁹ Family planning supporters also argued that those who claimed birth control would encourage sex outside of marriage were outdated. As Vaughan claimed: "the people who frown

⁸³ See Chapter Two.

⁸⁴ See "Letter to the Editor," *Barbados Advocate*, 13 May 1952, 4. F.C. Fenn, "Letter to the Editor," *Barbados Advocate*, 13 June 1954, 9. An Anglican Priest, Letter to the Editor, July 7, 1954, 6, *Barbados Advocate*. Various, "Letter to the Editor." *Barbados Advocate*, August 1954, 4. Religious authorities in other areas of the West Indies, such as Trinidad and British Guiana, also registered their opposition to Barbados' position. See for example "Bishop Gives Sermon On Birth Control." *Barbados Advocate*, 6 October 1954, 4. "Family Planning Endorsed By Labour Government," *Barbados Observer*, 25 September 1954, 1.

⁸⁵ "Editorial: Family Planning," *Barbados Advocate*, 6 June 1954, 8. "Editorial: Family Planning," *Barbados Advocate*, 18 June 1954, 4. See also J.M. Stow to Sir Kenneth Blackburne, Letter, 21 December 1959 (CO 1031/2784, NAUK), 1.

⁸⁶ "Editorial: Family Planning," *Barbados Advocate*, 5 July 1955, 4.

⁸⁷ *Ibid.*, 4.

⁸⁸ "Editorial: Demography," *Barbados Advocate*, 19 August 1954, 4.

⁸⁹ Layman, "Letter to the Editor," *Barbados Advocate*, 14 July 1954, 4. Another pointed out that the advocacy of the rhythm method contradicted their focus on procreation, for "[i]f a man and woman perform the sexual act when they know or believe conception is not possible—they are copulating for pleasure, and the dear Father would have us believe the act is only for procreation." C.R. Holder, Letter to the Editor, *Barbados Advocate*, August 11, 1954, 4.

upon illegitimacy have been violently condemned. None of us are so senseless or intolerable as to look down upon illegitimate children; that is totally absurd.”⁹⁰

In the end, what religious objections did exist failed to prevent the government from expressing its support for birth control. Although the BLP backed away from initiating a government-run wide-scale birth control program to avoid undue controversy,⁹¹ it committed itself to supporting the private efforts of the BFPA in 1955 with a grant of five thousand Barbadian dollars,⁹² and by allowing it to operate out of maternity hospitals and government health centers.⁹³ In 1956, when Adams’ BLP was again elected with fifteen seats to the DLP’s four,⁹⁴ the government expanded the BFPA’s grant to \$12,000,⁹⁵ and by 1959 the organization was receiving \$20,000 annually.⁹⁶ If a dramatic increase, however, this grant does not seem to have entailed a significant diversion of funds from other areas. In comparison, for example, the same government in 1958/9 spent some \$3,419,000 on education and \$2,407,000 on health.⁹⁷ In the Development Plan for 1960-65, the BLP praised this program and reaffirmed its commitment to addressing population issues, noting that although “the available information suggests that as the standard of living rises families tend to become smaller...increasing population itself is an

⁹⁰ “Supplement to the Official Gazette, Vol. 59, No. XC,” 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1151.

⁹¹ J.M. Stow to Sir Kenneth Blackburne, Letter, 21 December 1959 (CO 1031/2784, NAUK), 1.

⁹² “Supplement to the Official Gazette, Vol. 61, No. XC,” 1 August 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1163.

⁹³ “Ninth Annual Report of the Social Welfare Department, 1st January, 1959—31st December, 1959,” 1959 (Srl 24, BNA), 37.

⁹⁴ Beckles, *A History of Barbados*, 270-1.

⁹⁵ R.H. Arundell to Lord Lloyd, Letter, 28 November 1955 (CO 1031/1969, NAUK), 2.

⁹⁶ The grant would stay at this rate until 1961. The Family Planning Association of Barbados, “Report for the Fourth Conference; IPPF Western Hemisphere Regions,” 18-27 April 1964 (“Birth Control Reports; Papers on Family Planning” Folder, Health and Welfare Box 9, Bermuda Archives), 1.

⁹⁷ Dame Billie Miller and Nicole Parris, “Capturing the Moment: The Barbados Experience of Abortion Law Reform—an Interview with Dame Billie Miller”, in Taitu Heron and Shakira Maxwell, eds. *Social and Economic Studies Special Issue: Women's Reproductive Health and Rights in Select Caribbean Countries*, 61.3 (September 2012), 48, table 4.

obstacle to the attainment of higher living standards” and thus the two needed to be addressed alongside each other.⁹⁸

As M.G. Smith argued in an analysis on family planning in the Caribbean in 1958, Adams’s ability to move even in the face of objections may have been aided by the fact that his government still held a strong position in the mid-to-late 1950s, facing only the beginnings of an organized opposition among disaffected BLP members.⁹⁹ But the fact that the BFPA grant was voted in 1955 “in the affirmative without division”¹⁰⁰ also suggests a relative consensus about the value of family planning across political divisions. Indeed, many of the objections to the 1954 report made by House members were more about pointing out the flaws in the “overpopulation” thesis, criticizing the BLP’s other policies, and/or warning against a coercive government program, rather than about preventing access to birth control altogether. Opposition leader Barrow himself clarified that his position was that “[a]nyone who wants to procreate or profligate over the face of the earth, or anyone who wants to limit the size of his family, should be free to do so,”¹⁰¹ and by 1959 his own wife, along with 1954 report objector Dr. A.S. Cato, were members of the Executive Committee of the BFPA.¹⁰²

Indeed, when the new Democratic Labour Party was eventually able to bring down Adams’ BLP in the 1961 elections and Barrow became Premier,¹⁰³ the second paragraph of the new government’s own Development Plan would echo that of its predecessor, pointing to the

⁹⁸ “Development Plan 1960-65,” Government Printing Office, 1960 (Srl 454, BNA), 5.

⁹⁹ Smith, “Political Realities Regarding Family Planning,” 11.

¹⁰⁰ “Supplement to the Official Gazette, Vol. 61, No. XC,” 1 August 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1163.

¹⁰¹ “Supplement to the Official Gazette, Vol 85, LXXXIX,” 25 October 1954 (Supplements to the Official Gazettes, 1937-1955, BNA), 88.

¹⁰² J.M. Stow to Sir Kenneth Blackburne, Letter, 21 December 1959 (CO 1031/2784, NAUK), 1. Even Mottley was willing to support sex education in schools. “Supplement to the Official Gazette, Vol. 59, No. XC,” 25 July 1955 (Supplements to the Official Gazettes, 1937-1955, BNA), 1154.

¹⁰³ Capitalizing on waning BLP support due to Adams’ preoccupation with Federation and failure to address a sugar crisis in 1958, the DLP seized 14 seats to the BLP’s 5. Beckles, *A History of Barbados*, 273-4.

growing population as one of the island's greatest challenges.¹⁰⁴ In addition, although Barrow's government at first reduced the BFPA allotment to \$15,000 for 1962-63, by 1965 they had increased it to \$25,000.¹⁰⁵ True to his criticisms in the 1950s, however, Barrow's government also pushed beyond Adams' limited focus on constitution and health reform, making inroads into industrialization and launching a wide-scale series of programs that included free and compulsory schooling, expanded education, school meals, overhaul of health care, maternity leave, and pre/post natal care, and the creation of an unemployment program, social security and health insurance.¹⁰⁶ For Barrow, then, acknowledging the possible effects of population growth and supporting birth control clearly did not lead him to abandon all other forms of social and economic redress.

The rapid advance of the family planning movement in Barbados in these years was thus facilitated by a relatively inclusive and flexible interpretation of "population control," the existence of advocates in key positions in the government, and a high degree of political consensus on the issue. Opposition to the program by religious leaders was also contained by the support of the press and—it would appear—the general public. A year after the grant was allotted, Adams noted that "there had been far less opposition to B.C. clinics than he had anticipated, so far as the Barbados public was concerned,"¹⁰⁷ and even claimed that when he visited homes in Barbados, "the husband or wife will thank me for the government birth control

¹⁰⁴ "Development Programme 1962-65," 1962 (Srl 454, BNA), 1.

¹⁰⁵ The Family Planning Association of Barbados, "Report for the Fourth Conference; IPPF Western Hemisphere Regions," 18-27 April 1964 ("Birth Control Reports; Papers on Family Planning" Folder, Health and Welfare Box 9, Bermuda Archives), 1.

¹⁰⁶ Chamberlain, *Empire and Nation-Building in the Caribbean*, 180.

¹⁰⁷ F.A. Norman to Miss Farquharson, Letter, 4 June 1956 (4/108/1047, May Farquharson Collection, NAJ), 2.

clinics.”¹⁰⁸ Government support also gave the BFPA access to additional international funding opportunities; in 1970, for example, a grant of \$74,200 from the Barbados government was supplemented by \$30,000 from the United Nations Development Programme (UNDP) and shipments of contraceptive supplies from USAID.¹⁰⁹ Barbados’s experience thus seemed to prove that the potential political payoff for supporting birth control could be more than the political risk, a fact which would be stressed in by family planners in Jamaica in the late 1950s, where state commitments to birth control would prove harder to obtain. Indeed, while the BFPA had received a grant from the government a mere year after forming, in 1955 Jamaican family planners had been organized for sixteen years without any government support, and it would take an additional ten years to obtain it.

6.2 WITHIN THE FRAMEWORK OF RELIGION: OVERCOMING THE OPPOSITION IN JAMAICA

Just a few months after Barbados voted to raise the BFPA’s grant to \$12,000 for 1956, Governor Sir Hugh Foot provided a succinct analysis of the starkly different political situation regarding birth control in Jamaica, despite the recent election of Norman Manley’s PNP after nearly a decade of rule by Alexander Bustamante’s JLP. As he related to the Colonial Office:

Neither of the two political parties has shown any signs of willingness to declare a policy on this vital issue. It would be contrary to Sir Alexander Bustamante’s

¹⁰⁸ Premier of Barbados Sir Grantley Herbert Adams, “Underdeveloped Countries: Their Race with Population,” *37th Annual Luncheon of the Planned Parenthood Federation of America*, Hotel Roosevelt, New York City, 17 October 1957 (Planned Parenthood Federation of America Records, SSC), 8.

¹⁰⁹ Barbados Family Planning Association, “Sixteenth Annual Report,” 31 August 1971 (Barbados Family Planning Association Annual Reports, B4675, NLJ), 8.

methods and inclinations to go out of his way to face up to a problem which arouses strong religious and racial prejudices, in which there is no general wish for action and which might raise a storm of unpopularity. Mr. Manley, on the other hand, understands the importance and seriousness of the problem, but he deliberately decided that in the first year or two at least after taking office he and his party would avoid any declaration or action which would raise the matter as an issue between the two parties or in any way stir up public controversy upon it. His argument has been that the first duty of his party is to make progress in carrying out its declared policy and thus to consolidate its position in public support, and that it might be political suicide to allow his political opponents to combine against him the powerful influence of the Roman Catholic Church and the ignorant prejudice of people who say that any measures of birth control are designed to reduce and weaken the negro race. Mr. Manley says in effect that there may come a time when he feels strong enough to tackle the problem but that that time has certainly not come yet.¹¹⁰

According to Foot, the very real attacks launched on Eric Williams in Trinidad that same year (as we will see below) based on his support for birth control only further validated Manley's hesitation, and might even give some the idea of "accusing Dr. Williams and Mr. Manley of having the same evil intentions."¹¹¹

While Foot was clearly biased in favor of birth control and against Bustamante, his analysis summed up the politics of birth control on the island fairly accurately. Almost twenty years after the debate that had produced the island's first clinic, the situation remained in a deadlock. Bustamante continued to attack the PNP on the basis of the party's supposed support for birth control, claiming that it was an attack on the poor and "absolutely against the principles of Christianity to teach young women how to prevent having babies by the use of abortive methods,"¹¹² while Manley continued to insist it was not something his government could take up at the moment. The lack of advance politically—despite the significant changes in the

¹¹⁰ Sir Hugh Foot, "Extract from a Report by Sir Hugh Foot on the Jamaican Political and Economic Situation," 1956 (CO 1031/1967, NAUK), 1.

¹¹¹ *Ibid.*, 1.

¹¹² "Busta Blasts Birth Control Says 'It's Un-Christian...Immoral,'" *The Voice of Jamaica*, 6 July 1957. See also Smith, "Political Realities Regarding Family Planning," 7. Alexander Bustamante, "Letter to the Editor: Birth Control," *The Daily Gleaner*, 3 June 1958, 10 [10]. Stony Hill Fort George to Beth, Letter, 8 February 1958 (4/108/1121, May Farquharson Collection, NAJ), 1.

character of the local family planning movement—proved eternally frustrating to birth control advocates on the island. Although observers recognized that Bustamante’s faith and his desire to identify with the reproductive values of the “common man” likely influenced his opposition to birth control,¹¹³ others accused him of being a political opportunist and a hypocrite, considering the fact that Bustamante himself was childless.¹¹⁴ As one letter to the *Gleaner* argued: “[Bustamante’s] advocacy of large families would have had more conviction if there were a few Alexander juniors to take up leadership throughout the West Indies when he puts down office.”¹¹⁵ Bustamante’s use of inflammatory language and continued reference to birth control as “abortion” and even “child-killing”¹¹⁶ also clearly misrepresented a family planning project which, in the 1950s, distanced itself from abortion and focused on provision of diaphragms and other temporary spacing methods. As May Farquharson speculated: “[h]e surely CANNOT be so stupid and ill-informed as to genuinely misunderstand the aims of B.C., so it must be for political purposes chiefly.”¹¹⁷

Whatever his motivations, Bustamante’s hard line stance on birth control put Manley in a difficult position. Despite his personal sympathies with the cause, as Manley confided to Hugh Foot, he worried that “any action on the part of the Government might well be seized upon by the Opposition as a stick to beat the Government and that if this happens any possibility of progress in dealing with the rising population will be gravely prejudiced.”¹¹⁸ Manley was also undoubtedly aware that an explicit move in favor of birth control could jeopardize the PNP in future elections by alienating the island’s Roman Catholic population. Although Roman

¹¹³ Unknown [but most likely Lenworth Jacobs] to Secretary General Sir Colville Devereil, IPPF London, Letter, 27 June 1964 (Una Elizabeth Jacobs Papers, SSC).

¹¹⁴ May Farquharson to Lily Mae, Letter, 12 June 1958 (4/108/237, May Farquharson Collection, NAJ), 2.

¹¹⁵ Douglas R. Miller, “Letter to the Editor: Birth Control,” *The Daily Gleaner*, 7 June 1958, 6 [6].

¹¹⁶ “Busta Blasts Birth Control Says ‘It’s Un-Christian...Immoral,’” *The Voice of Jamaica*, 6 July 1957, 1.

¹¹⁷ Stony Hill Fort George to Beth, Letter, 8 February 1958 (4/108/1121, May Farquharson Collection, NAJ), 1.

¹¹⁸ Hugh Foot to Philip Rogers, Letter, 1 September 1955 (CO 1031/1969, NAUK).

Catholics made up only ten percent of Jamaica's population, observers claimed that they were a "well-knit and organized community" that could be easily mobilized into a "voting bloc."¹¹⁹ Commentators were also unsure about the view held by working class Jamaicans. As we have seen, most anthropological studies produced before 1957 had argued that family planning was against the essential values of working class Jamaican culture, and slogans reading "Birth Control Plan to Kill Negro" began to appear painted on walls and bus shelters in several working class communities in the mid-1950s.¹²⁰ Although it is unclear who actually painted these slogans and how they were received by such communities, they certainly enhanced the fears of Jamaican politicians in both of the island's closely matched political parties. As M.G. Smith observed in 1958: "[w]ith political parties running neck and neck, as they do in Jamaica, neither side can afford to alienate the probable Catholic vote or the class vote [by] advocating or supporting planned population policies for this island."¹²¹

Family planners thus recognized that in order to change the outlook of birth control in Jamaica, they would first need to convince politicians that it was not only in the best interest of the island, but would be supported—or at the very least, not opposed—by the majority of the population. To this effect, family planners submitted memorandums to the government and gave speeches which pointed to the increasing number of governments (such as Barbados) which had come out in support of birth control without facing political downfall.¹²² Supporters also wrote letters to the press which outlined the eager desire for birth control expressed by patients of the

¹¹⁹ Segal, "Politics and Population in the Caribbean," 52.

¹²⁰ Stony Hill Fort George to Beth, Letter, 8 February 1958 (4/108/1121, May Farquharson Collection, NAJ), 1.

¹²¹ Smith, "Political Realities Regarding Family Planning," 10.

¹²² Star Correspondent, "Hopes For Birth Control," *The Star*, 13 April 1957 (4/108/682, May Farquharson Collection, NAJ). See also: Chairman Roy Levy, Jamaica Family Planning League, "Letter and Memorandum," 11 May 1954 (4/108/2149, May Farquharson Collection, NAJ), 5. This letter was submitted to the Committee of Inquiry into the Medical Services; in this case, the Committee appears to have revoked its invitation and not seen the JFPL. May Farquharson to Dr. Roy Levy, Letter, 16 May 1954 (4/108/2149, May Farquharson Collection, NAJ).

island's family planning clinics. As Violet Allwood of the Jamaica Family Planning League (JFPL) wrote to the *Daily Gleaner*:

It might interest your readers to know that the humblest women toilers (of the many I have discussed Birth Control with) are just as anxious as the "privileged" women of the world - to have no more children than their financial conditions can support adequately, even having in mind to "better" their children.

My experience with these humblest toilers would astound our politicians and, if seriously handled, would probably turn out the greatest vote-collecting they ever had.¹²³

This sentiment was echoed by Beth Jacobs in her first report for the St. Ann's clinic in 1955, which asserted that "[t]he Clinic is in some position to deny that Jamaican women won't take the trouble to learn and are not interested in family limitation."¹²⁴

Family planning activists and sympathizers also made full use of the publication of J. Mayone Stycos and Kurt Back's study *The Control of Human Fertility in Jamaica* in 1964. As discussed in previous chapters, Stycos and Back's study argued that Jamaican women desired fewer children than they had and were not essentially opposed to birth control when explained properly.¹²⁵ Although their work seems to be frequently forgotten in scholarship on the sociology of the Caribbean family,¹²⁶ Stycos and Back's study had an important impact on debates over family planning in Jamaica in the late 1950s and early 1960s, when it served as a lone academic voice positing that Jamaican women might actually be interested in birth control. The report received highly favorable coverage from the sympathetic *Daily Gleaner* newspaper, which barely mentioned the "population" concerns of the study, focusing instead on its

¹²³ Violet Allwood, "Letter to the Editor: "Population Pressure"," *The Daily Gleaner*, 12 March 1948, 10 [10].

¹²⁴ "Annual Report of the St. Ann's Family Welfare Organization (S.A.F.W.O.) March 1954 to March 1955," (Una Elizabeth Jacobs Papers, SSC)

¹²⁵ Stycos and Back, *The Control of Human Fertility in Jamaica*. See Chapter Four for a discussion of the approach of the Jamaica Family Life Project and Chapter Five for background on its funding sources.

¹²⁶ Stycos and Back's study is not mentioned, for example, in reviews of the literature on reproduction by Sobo ("Bodies, Kin and Flow," 51-52) and Huering ("Health and the Politics of 'Improvement,'" 316-317).

revelations about working class women. Headlines stated, “Women want small families,”¹²⁷ “High fertility not choice but ignorance,”¹²⁸ and “Among working class women: no strong opposition to family planning.”¹²⁹ These articles also directly addressed the opposition, pointing out that although “it is frequently said in Jamaica that the lower income group fears birth control as a weapon which the whites or upper classes would use to keep down the population and thus reduce the power of the blacks,” less than 2% of those interviewed by the study ascribed to this view.¹³⁰ The *Gleaner* thus argued that in spite of the “attempt to exploit the fears of people who may believe this,”¹³¹ the majority of women were “ready and willing” to learn more about birth control.¹³² The report was, of course, criticized by local opponents at the time on religious grounds;¹³³ local academics such as George W. Roberts also noted that the sample size was small and questioned some of the study’s methodology.¹³⁴ But the central tenet of Stycos and Back’s findings—that, whatever religious and labour leaders argued, the Jamaican *people* were not violently opposed to birth control—seems to have been generally accepted, and would reappear in nearly every memorandum produced by family planning advocates in the following decade.

Family planners also continued to draw on international birth control networks to promote the cause locally. In 1956, Jamaica hosted speakers from the IPPF meeting taking place in Puerto Rico that year,¹³⁵ and in 1957 the newly-consolidated Jamaica Family Planning

¹²⁷ “Women want small families,” *The Daily Gleaner*, 29 November 1957, 1 [1] and 12 [12].

¹²⁸ “High fertility not choice but ignorance,” *The Daily Gleaner*, 19 April 1958, 8 [8].

¹²⁹ “Among working class women: No strong opposition to family planning,” *The Daily Gleaner*, 18 April 1958, 14 [14].

¹³⁰ *Ibid.*, 14.

¹³¹ *Ibid.*, 14.

¹³² By A Correspondent, “High fertility not choice but ignorance,” *The Daily Gleaner*, 19 April 1958, 8 [8].

¹³³ Indeed, even a member of the Population Research Foundation resigned in protest shortly after the report was completed, on religious grounds. Harold Watson, “Letter to the Editor: Population report,” *The Daily Gleaner*, 30 November 1957, 8 [8].

¹³⁴ See George W. Roberts, “Review,” *The Milbank Memorial Fund Quarterly*, 43.3 (July 1965), 377.

¹³⁵ “Editorial: Planned Parenthood,” *The Daily Gleaner*, 14 May 1955, 8 [10].

Association (JFPA) joined associations in the U.S. and Puerto Rico to become the third member of the IPPF's Western Hemisphere Region (IPPF-WHR) division (with Bermuda and Barbados following shortly after).¹³⁶ Connections with the IPPF provided much needed financial resources¹³⁷ as well as opportunities for networking. Indeed, in April of 1958 local birth control advocates came together to host the annual meeting of the IPPF in Kingston, which included speeches by Grantley Adams, Rafael Menendez Ramos of Puerto Rico, and Jack Dear of Barbados, all of whom spoke specifically to the lack of popular resistance against government funding in their respective countries.¹³⁸ According to May Farquharson, the conference was even more successful than they anticipated, with an overflow of about 200 people standing outside and only "one little bit of heckling," despite the fact that someone had scrawled the slogan "Birth control plan to kill negro" on the wall of the Meeting Hall.¹³⁹ As Farquharson concluded, the conference was a sign of "a fresh wind blowing now through the West Indies, and one may hope all b.c. organisations will sail a bit faster."¹⁴⁰

Indeed, in a testament to the growing public support for the birth control campaign, the conference seems to have led to a boost in donations to the JFPA,¹⁴¹ and was followed soon after by a critical endorsement from the Jamaica Federation of Women (JFW), an umbrella organization for various women's groups across the country.¹⁴² The Federation had debated the

¹³⁶ "Family planners form association," *The Daily Gleaner*, 6 September 1957, 17 [17].

¹³⁷ Both the Kingston and St. Ann's clinic received twelve thousand pounds annually from the organization. Vera Houghton, "'Berlin to Jamaica': Speech made to U.K. F.P.A. Conference of Branches, London, 6th June 1958," 6 June 1958 (SA/FPA/A10/3, Family Planning Association Papers, WL), 2.

¹³⁸ "Press hear purpose of birth control: 'To fill a basic need for social stability,'" *The Daily Gleaner*, 15 April 1958, 9 [9].

¹³⁹ May Farquharson to Lady Foot, Letter, 27 April 1958 (4/108/238, May Farquharson Collection, NAJ), 1.

¹⁴⁰ Fort George, Stony Hill to Vera, 21 May 1958 (4/108/2103, May Farquharson Collection, NAJ).

¹⁴¹ "Extract from News of Population and Birth Control: High Wind," Vol. 67, September 1958 (CO 1031/2784, NAUK), 9.

¹⁴² Formed in 1944 under the Governor's wife, the JFW had branches across the island by the 1950s and brought together a variety of women's charitable, educational and social work groups. On the history of the JFW see French, "Colonial Policy Towards Women," 50-52, Vassell, "Voluntary Women's Associations in Jamaica."

issue of birth control for over a decade, during which time the organization's religious and conservative members continually staved off demands from more liberal middle class feminists for a change in policy.¹⁴³ After lengthy internal discussions among the executive,¹⁴⁴ however, on May 29, 1958 a resolution was passed by a large majority (with only two dissenting votes among the eight hundred women in attendance) committing the Federation to support family planning in its social work efforts.¹⁴⁵ The resolution remained in place even after it was blasted by Roman Catholic leaders and Alexander Bustamante.¹⁴⁶ Although the JFW had long ties with both the Catholic Church and the JLP,¹⁴⁷ Chairman Patricia Sharp remained firm, writing to the *Gleaner* that "the women of Jamaica want Family Planning desperately, and this organisation intends to help them in every possible way, with or without the blessing of Sir Alexander Bustamante."¹⁴⁸ Sharp argued that the "balance of forces"¹⁴⁹ between pro- and anti-birth controllers had changed; in a telling illustration of this point, although four associates resigned from the JFW in opposition to the resolution, six more joined precisely because of it.¹⁵⁰

As Linnette Vassell argues in her history of the JFW, although the organization was beginning to decline in membership in the late 1950s,¹⁵¹ it remained a key institution and its endorsement gave the birth control campaign considerable public acceptance.¹⁵² Also fundamental in keeping birth control on the public radar and pressuring politicians was the active

¹⁴³ Vassell, "Voluntary Women's Association's in Jamaica," 166-67.

¹⁴⁴ *Ibid.*, 218-222.

¹⁴⁵ Chairman Patricia A. Sharp, Jamaica Federation of Women, "Letter to the Editor: Birth Control," *The Daily Gleaner*, 6 June 1958, 12 [12].

¹⁴⁶ "Birth control controversy may hit JFW branch," *The Daily Gleaner*, 27 June 1958, 23 [23]. Alexander Bustamante, "Letter to the Editor: 'Birth Control'," *The Daily Gleaner*, 3 June 1958, 10 [10].

¹⁴⁷ Vassell, "Voluntary Women's Associations in Jamaica," 133-144, 168-174.

¹⁴⁸ Chairman Patricia A. Sharp, Jamaica Federation of Women, "Letter to the Editor: Birth Control," *The Daily Gleaner*, 6 June 1958, 12 [12].

¹⁴⁹ Quoted in Vassell, "Voluntary Women's Association's in Jamaica," 222.

¹⁵⁰ *Ibid.*, 223.

¹⁵¹ On the decline of the JFW after 1956, see *Ibid.*, 238.

¹⁵² *Ibid.*, 224-5.

lobbying of St. Ann's family planning advocate Beth Jacobs throughout the late 1950s and 1960s. Beth used her position as the first Coloured Jamaican woman to head the Child Welfare Association (CWA) and to be elected to the Upper House of the Legislative Council to give publicity to the cause, ensuring the CWA granted its endorsement and repeatedly speaking alongside other Council members on the need for family planning.¹⁵³ In the 1960s, Beth and her husband Lenworth Jacobs also spent several Sundays driving over the Blue Mountains to speak in person to Norman Manley and Alexander Bustamante and their respective wives on the matter.¹⁵⁴ The press and public joined in too. *Public Opinion* journalists called on West Indians to face the population problem "squarely in the face" and do something to protect the future of their children,¹⁵⁵ while the editor of the *Gleaner* claimed they had gotten to the stage where "government indifference...no longer represents a neutral attitude."¹⁵⁶ Letters to the press by a diversity of actors also called on leaders to put aside party politics and take action on family planning, thus become "statesmen and not politicians."¹⁵⁷

This public pressure and lobbying seems to have had a particular effect on PNP candidates, who began to speak out more openly about their individual support for birth

¹⁵³ See Vassell, "Voluntary Women's Association's in Jamaica," 224-5, also "Mrs. Jacobs, during Legislative Council debate: Family planning vital to nation's progress," *The Daily Gleaner*, 11 April 1960, 16. Jacobs was joined in this cause by several other members of the Legislative Council including Philip Sherlock, Sir Robert Kirkwood and Edith Dalton-James, who also called on the government to make birth control available in clinics and hospitals in the early 1960s. See: "Govt. urged to tackle problem of illegitimacy," *The Daily Gleaner*, 24 February 1960, 9, "State of the Nation surveyed by Legislative Council," *The Daily Gleaner*, 17 April 1960, 17 and 20, Sir Robert Kirkwood, "The outlook for Jamaica," *The Daily Gleaner*, 8 May 1961, 16, "Mrs. Dalton James says 'Family Planning A Wise Thing,'" *The Daily Gleaner*, 17 May 1961, 16.

¹⁵⁴ "Voluntary Family Planning in Jamaica from 1939: From the Perspective of Beth Jacobs," *Forty Years of Saving Lives with Family Planning*, 1994 (Una Elizabeth Jacobs Papers, SSC), 6.

¹⁵⁵ Ewart Seivright, "The Growth of Family Planning," *Public Opinion*, 8 February 1958, 7.

¹⁵⁶ "Editorial: 'Planned Parenthood'," *The Daily Gleaner*, 14 May 1955, 8 [10].

¹⁵⁷ Colin Gregory, "Of this and that," *The Daily Gleaner*, January 1963, 12. Colin Gregory, "Our biggest problem - birth control," *The Daily Gleaner*, 3 June 1962, 7 [7]. H. Orlando Patterson, "Our democratic dilemma," *The Daily Gleaner*, 6 July 1962, 14 [14]. "Editorial: Most Untimely," *The Daily Gleaner*, 16 July 1962, 12 [12]. "Politicians fearsome about tackling birth-control problems - Cargill," *The Daily Gleaner*, 20 April 1964, 20 [20], William Strong, "You Can Quote Me," *The Daily Gleaner*, 28 March 1964, 12.

control,¹⁵⁸ although sources suggest there were members of both parties that were in favour of birth control by the 1960s.¹⁵⁹ Local civil servants also began to lend support to the efforts of family planners without seeking approval from on high. The Director of Education in St. Ann's Bay, for example, gave Beth Jacobs permission to speak in schools on sex education,¹⁶⁰ and district medical officers in several parishes expressed their support for government birth control services.¹⁶¹ These demands were also highlighted in 1959, when Minister of Health Dr. Ivan S. Lloyd himself mentioned the need for birth control at the annual conference of government medical officers.¹⁶² Indeed, Cabinet papers suggest that Manley's government, on advice from the Central Planning Unit, had agreed "in principal" that the government should give support by way of a grant to the Jamaica Family Planning Association by early 1961.¹⁶³ Notably, the main articles considered in drafting this proposal were the Conservation Foundation's 1957 Jamaica Family Life Report as well as two memos from Dr. Roy Levy of the JFPA, demonstrating the importance of both local activism and international scholarship in policy-making.¹⁶⁴ On April 4, 1962, the JFPA was informed that the government was preparing a motion to consider financial backing for the JFPA in the 1962/63 budget.¹⁶⁵

¹⁵⁸ See for example: "Stuart: Education first in PNP plan," *The Daily Gleaner*, 26 March 1962, 4 [4]. Also Mr. R. M. Robinson, PNP representative for Westmoreland Western, "Government programmes criticized, defended," *The Daily Gleaner*, 14 April 1961, 24 [25].

¹⁵⁹ Beth Jacobs to Arthur, Letter, 12 January 1957 (Una Elizabeth Jacobs Papers, SSC). Beth wrote that "there are members on both sides, you will be glad to know, who approve." (1)

¹⁶⁰ The Director reportedly even snuck into the back of one of her meetings in order to get an impression of the "true reaction of the public." V.H., "International Report—No.3. British West Indies," April 1951 (The Margaret Sanger Papers (unfilmed), SSC).

¹⁶¹ "Support birth control, health men urged," *The Daily Gleaner*, 28 October 1960, 2 [2].

¹⁶² "Manley praises doctors for selfless service," *The Daily Gleaner*, 27 November 1959, 10 [9].

¹⁶³ Central Planning Unit, "Paper No. 12: Family Planning," 22 June 1961 (Pam 301.321 Ja Jam, NLJ), 179.

¹⁶⁴ *Ibid.*, 178.

¹⁶⁵ Mrs. I.C. Watt to Executive Secretary, Council of Voluntary Social Services, 4 April 1962 (4/108/1706, May Farquharson Collection, NAJ).

The election of Bustamante's JLP to power just six days later (winning 26 seats to the PNP's 19) would lead to the death of this proposal,¹⁶⁶ but would not prove as dire to the birth control cause as advocates feared. Although Bustamante remained opposed, observers reported that family planning was increasing in popularity among many members of the JLP, including several of Bustamante's ministers.¹⁶⁷ Indeed, when the JFPA sent a delegation to the new Minister of Health, Dr. Herbert Eldemire, on Dec 17, 1963 to convince him of the need for government support for family planning, they found that he was already sympathetic to the cause.¹⁶⁸ In fact, Eldemire—a Roman Catholic—would become one of the leading advocates within the government;¹⁶⁹ according to observers, at one point Eldemire actually “threatened to resign if Prime-Minister Bustamante [sic] refused to endorse population control.”¹⁷⁰ Birth control also had the critical support of a young Edward Seaga (a future prime minister himself). As the Minister of Development and Welfare in 1963, Seaga submitted a memo to the Cabinet in 1963 on the upcoming development program in which he insisted that “it is of great importance...that the problem of population pressure and population growth should be dealt with explicitly in the Programme, and that a clear and positive approach to the problem should be stated.”¹⁷¹

Like the report of Barbados' Joint Committee before it, Seaga's memo would make its case first by discussing the burden population growth placed on the island's schools and unemployment rates. Reflecting the changing international context of family planning, Seaga

¹⁶⁶ Frustrated and facing a dearth of resources, the JFPL's Kingston branch would be closed a few months later, only to be re-opened that October after a fundraising drive by Beth Jacobs and the JFPA. “Editorial: Most Untimely,” *The Daily Gleaner*, 16 July 1962, 12 [12]. “Beth Jacobs company to take over city clinic,” *The Daily Gleaner*, 15 October 1962, 17 [17].

¹⁶⁷ Segal, “Politics and Population in The Caribbean,” 53.

¹⁶⁸ “Report of Deputation,” 1963 (Una Elizabeth Jacobs Papers, SSC).

¹⁶⁹ Segal, “Politics and Population in The Caribbean,” 53.

¹⁷⁰ *Ibid.*, 53.

¹⁷¹ Edward Seaga, “Cabinet Submission: Population,” 14 March 1963, (1B/31/212—1963, NAJ), 6.

also added that other governments and foreign aid organizations were “already very much aware of Jamaica’s population problem and will be significantly influenced by the evidence of a determination on our part to deal with it,”¹⁷² and could possibly be tapped for resources to fund a government family planning program.¹⁷³ But, like the Joint Committee, Seaga was not solely concerned with population statistics or economic motivations. Perhaps reflecting his training as a sociologist, Seaga’s report contained an extensive discussion of the results of the Jamaica Family Life Project, which he argued showed “the desire for knowledge and help...[and] the crushing ignorance of most Jamaicans on the subject of child bearing and the possibilities of spacing or limiting the number of children.”¹⁷⁴ As Seaga argued:

The particular problems faced by Jamaican women in these circumstances should be emphasised. In the final analysis the best justification for the provision of education and assistance in family planning is the relief of the hardships suffered by women who would otherwise have more children than their health or their economic circumstances warrant.¹⁷⁵

Eldemire and Seaga’s efforts had some degree of success, reflected in the Five Year Independence Plan of 1963’s commitment to “seek to bring about a greater awareness of the implications of rapid population growth... [and] encourage the spread of information on the techniques for spacing or limitation of families for the benefit of those persons who desire them.”¹⁷⁶ The Plan did not, however, outline a program to do so, and Lenworth Jacobs reported to (now Opposition Leader) Norman Manley later that year that they continued to get little more than vague promises from Government ministers.¹⁷⁷ Manley used this information to chastise the government’s inaction and publicly challenged Bustamante to “let the House debate birth

¹⁷² Edward Seaga, “Cabinet Submission: Population,” 14 March 1963, (1B/31/212—1963, NAJ), 7.

¹⁷³ *Ibid.*, 7.

¹⁷⁴ *Ibid.*, 4.

¹⁷⁵ *Ibid.*, 6.

¹⁷⁶ Miller, “The English-Speaking Caribbean,” 3.

¹⁷⁷ Lenworth M. Jacobs to Hon. Norman Manley, Letter, 1 August 1963, (4/60/2B/28, Manley Papers, NAJ).

control for...the Opposition was ready for such a debate.”¹⁷⁸ Family planning advocates also continued to maintain pressure on the government, organizing a “Population Conference” for June 16, 1964 (supported with a \$2000 cheque from the American Population Council)¹⁷⁹ which brought together several radio and journalism personalities, representatives from various boards and associations, and leaders of the Jamaica Christian Council of Churches, Anglican Church and Roman Catholic Church.¹⁸⁰ The meeting led to a unanimous agreement on the need to address population growth,¹⁸¹ and the Conference report called on the Government to provide a grant to the JFPA to fund its work and take action in making family planning services available “in order that citizens of Jamaica may learn how to space their children while keeping within the boundaries of their religious beliefs.”¹⁸²

The attendance of these religious leaders at a conference put on by birth control advocates and their support for the JFPA was unprecedented, and reflected a concerted effort amongst family planners in the 1950s and 60s to accommodate rather than fight the churches. This strategy included, significantly, a more open attitude towards the only method of family planning accepted by the Catholic Church: the rhythm method. For many medical professionals this was undoubtedly a struggle as the rhythm method was known to be relatively ineffective; in 1939, for example, Dr. W.E. McCulloch had claimed that this method should not be advocated because the “safe period is not safe.”¹⁸³ But by 1950, even McCulloch was arguing that there

¹⁷⁸ “House Budget debate,” *The Daily Gleaner*, 15 May 1964, 14 [14].

¹⁷⁹ Beth Jacobs to Joan Swingler, Letter, 26 June 1964 (Una Elizabeth Jacobs Papers, SSC).

¹⁸⁰ Edward Seaga and Norman Manley also apparently agreed initially to attend, but backed out at the last minute when Bustamante returned from a trip abroad. Lenworth M. Jacobs to Edgar Berman, Letter, 28 June 1964 (Una Elizabeth Jacobs Papers, SSC).

¹⁸¹ Jamaica Family Plannign Association, “Resolutions Submitted For Seminar Consideration and Unanimously Approved at Closing Session 13/6/64,” 12 June 1964 (Una Elizabeth Jacobs Papers, SSC), 1.

¹⁸² *Ibid.*, 2.

¹⁸³ Dr. W.E. McCulloch, “BIRTH CONTROL—CONTRACEPTION,” 27 July 1938 (3/24/1284, Social Welfare Commission, NAJ), 2.

was no need for religious opposition since there “are methods that are accepted by all denominations.”¹⁸⁴ Beth Jacobs also stressed in speeches that the JFPA’s desire was not to press any particular method, but rather to ensure that “every citizen be given the opportunity of knowing how to space his family within the framework of religion.”¹⁸⁵ As she discovered in her sex education tour of St. Ann’s parish, this approach could be remarkably successful. As she reported to Vera Houghton of the Planned Parenthood Federation of America (PPFA):

What of the Roman Catholics? Last night I had one in my audience. I carefully stated that the Church that did not approve contraceptives, did approve of a form of it and suggested that they ask their doctor about rhythm. When the talk was over he got up and said—This sort of teaching is the most necessary thing in Jamaica today. I wish Mrs. Jacobs the very best of success.¹⁸⁶

This cooperation of the Catholic Church, along with continued pressure from family planning lobbyists and the general public, would eventually culminate in a historic statement by Health Minister Eldemire in July of 1964 that publicly committed the government to providing birth control services for those who voluntarily requested them.¹⁸⁷ The statement was preceded by a seeming change of heart by Bustamante, who approached Eldemire in February and asked him what he was doing “about this population problem.”¹⁸⁸ Apparently, Bustamante’s newfound interest had been informed in part by a letter he had received by Bishop McIntyre praising the Five Year Plan’s commitment to family planning and making it clear that if a state program “just provided materials and did not brainwash people, the Church would not cause any great

¹⁸⁴ W.E. McCulloch to Select Committee of House of Representatives, Letter, May 1950 (4/108/1426, May Farquharson Collection, NAJ), 1.

¹⁸⁵ “Mrs. Jacobs, during Legislative Council debate: Family planning vital to nation’s progress,” *The Daily Gleaner*, 11 March 1960, 16 [16].

¹⁸⁶ V.H., “International Report—No.3. British West Indies,” April 1951 (The Margaret Sanger Papers (unfilmed), SSC)

¹⁸⁷ “Voluntary Family Planning in Jamaica from 1939: From the Perspective of Beth Jacobs,” *Forty Years of Saving Lives with Family Planning*, 1994 (Una Elizabeth Jacobs Papers, SSC), 6.

¹⁸⁸ J. Mayone Stycos, “JMS Diary Notes: Interview with Minister of Health, Dr. Herbert Eldemire and Jeffrey Wilson, Acting Principal Medical Officer,” 4-6 February 1964 (#21/33/3171 Box 10, J. Mayone Stycos Papers, Division of Rare and Manuscript Collections, Cornell University Library, hereafter “CUL”), 60.

trouble.”¹⁸⁹ The attendance of religious leaders at the Population Conference that June—as reported to Eldemire by the Jacobses—also likely helped convince the government of this matter. According to Beth, however, in the end it was the activism of a local Parent Teacher Association (PTA) of a Senior School in Savanna-la-Mar that made all the difference. The PTA had sent her a request for an address on population growth in their community, which she sent along to Eldemire in June with a copy of the Population Conference’s Report. As she noted, the PTA ended up being “the key to forcing Dr. Eldemire—Min. of Health into a forthright statement.”¹⁹⁰ Indeed, Eldemire made his statement of support in direct response to the PTA, which challenged him on the matter of birth control in his visit to the area on July 24.¹⁹¹

Manley’s PNP, notably, elected not to oppose the government on this matter, leading to an “unofficial gentleman’s agreement” between the parties that would help ensure the political neutrality of the government’s expanding family planning program.¹⁹² In 1966, the government created the Family Planning Unit under the Ministry of Health,¹⁹³ which became the National Family Planning Board in 1967 under the Directorship of Dr. Lenworth Jacobs. As in Barbados, state support would allow Jamaican family planners access to both local funds and foreign aid that allowed it to embark on a massive propaganda and distribution campaign to spread birth control across the island.¹⁹⁴ As in Barbados, state support for birth control did not lead to sacrificing of other health programs; on the contrary, in 1966, Jamaica became one of the first

¹⁸⁹ J. Mayone Stycos, “JMS Diary Notes: Interview with Minister of Health, Dr. Herbert Eldemire and Jeffrey Wilson, Acting Principal Medical Officer,” 4-6 February 1964 (#21/33/3171 Box 10, J. Mayone Stycos Papers, Division of Rare and Manuscript Collections, CUL), 60.

¹⁹⁰ Headmaster Stewart to Dr. and Mrs. Lenworth Jacobs, Letter, 16 June 1964 (Una Elizabeth Jacobs Papers, SSC). (See Beth’s notes hand-written on the letter, re: Eldemire).

¹⁹¹ *Ibid.*

¹⁹² Segal, “Politics and Population in The Caribbean,” 54.

¹⁹³ *Ibid.*, 6.

¹⁹⁴ *Ibid.*, 6. Miller, “The English-Speaking Caribbean,” 5-18.

countries in the world to institute a national health service which made health care free to all citizens.¹⁹⁵

Although it came over ten years later, state support of family planning in Jamaica thus involved many of the same factors as Barbados: pressure from advocates both within and outside the government, evidence of the population's interest in family planning and a relative political truce. Efforts to convert the Churches to the cause, however, played a more significant role in Jamaica, where it was often taken for granted that Catholics would vote against a party that supported birth control if so commanded by their leaders. And yet, experiences in Trinidad—where Roman Catholics made up one third of the population—suggest this might not have been the case. Indeed, in 1956, the island would vote a known birth control advocate into office in the island's strongest electoral showing to date.

6.3 A WELFARE SERVICE TO WHICH THEY ARE ENTITLED: THE POLITICS OF BIRTH CONTROL IN TRINIDAD

Political conflicts over birth control came later to the Trinidadian scene than in Barbados and Jamaica, but then, so too did modern party politics. A Crown Colony ruled directly by the Governor until 1921 and then dominated by members appointed by the Governor after a legislature was introduced in 1925, Trinidad's political scene remained relatively quiet in the WWII period.¹⁹⁶ Post-war legislatures were also fractured and unorganized, featuring a wide variety of "broker politicians" acting independently of one another and relying on patronage for

¹⁹⁵ This would be expanded further under Michael Manley's government in the 1970s. Heuring, "Health and the Politics of 'Improvement,'" 374.

¹⁹⁶ Alexander, *A History of Organized Labour*, 297-323.

support. In 1950, Albert Gomes would dominate a quasi-ministerial system, but Trinidad still had no Chief Minister or Premier, and the legislature consisted of numerous small parties lacking coherence or unity. Changes to the constitution in 1956, however, would create a modern legislature with 24 electives, 5 nominated members, and 2 ex-officios, an Executive Council with seven ministers, and a Chief Minister. These changes would pave the way for majority rule by a political party as in Jamaica and Barbados, and, as we will see, for the entry of birth control onto the political scene.¹⁹⁷

The opportunities presented by the new constitution were seized on first and most formidably by historian, researcher, and university lecturer Eric Williams. A native Trinidadian, Williams had left the island in 1932 to attend Oxford and worked as a professor at Howard University in the United States for nearly a decade before returning to Trinidad in 1948 to work for the Caribbean Research Council of the Caribbean Commission. Known for his intelligence and quick wit, Williams (a.k.a. “the Doc”) attracted a growing following across the island as he organized study groups, published articles in the press and delivered a series of public lectures for the Teacher’s Educational and Cultural Association (TECA), a popular group of young, socially and politically conscious teachers who also pushed Williams to get involved in politics.¹⁹⁸ In January of 1956, Williams and a group of mostly middle class, black professionals officially announced the formation of the People’s National Movement (PNM), which was described as “a rally, a convention of all for all, a mobilization of all the forces in the community, cutting across race and religion, class and colour, with emphasis on united action by

¹⁹⁷ Brereton, *A History of Modern Trinidad*, 227-32, Meighoo, *Politics in a Half-Made Society*, 21-24, Ryan, *Race and Nationalism in Trinidad and Tobago*, 146-8.

¹⁹⁸ On Williams and TECA, see Palmer, *Eric Williams*, Brereton, *A History of Modern Trinidad*, 233-236.

all the people in the common cause.”¹⁹⁹ Modelled largely on the charter of the Jamaican PNP, the party called for self-government, Dominion status within five years, elimination of racial discrimination and political education for the people.²⁰⁰

The PNM formed just in time for elections in 1956 and became the first party on the island to run candidates for all available seats.²⁰¹ In a bitterly fought election, the PNM faced off against a host of small parties and independents, as well as the waning Trinidad Labour Party (TLP), Albert Gomes’ Party of Political Progress Groups (POPPG) (associated largely with business elites and the Roman Catholic hierarchy), and the newly formed People’s Democratic Party (PDP), established in 1953 by Bhadase Maraj and recognized as the political arm of Trinidad’s Hindu community.²⁰² As it turned out, however, Williams’ biggest challenge would come from the Roman Catholic Church itself. Although never naming the PNM directly, Catholic leaders made clear their disdain for the party and its leader in a virulent “war by innuendo”²⁰³ in sermons and the press from June to September 1956, based largely on Williams’ known opposition to denominational schools.²⁰⁴ As a June 2, 1956 article in the *Catholic News* implied, however, Catholic concern over the PNM was also rooted in a belief that Williams was a supporter of birth control. According to the *News*:

A certain prominent public figure in our midst has lately been accused of being “a believer in birth control.” This is a charge of a serious nature. The fact that the man concerned intends to stand for election to our Legislative Council gives to the charge a note of uncommon seriousness and gives a pressing urgency to the demand for a clarificatory statement by that person.

¹⁹⁹ From Charter, quoted in Brereton, *A History of Modern Trinidad*, 234.

²⁰⁰ Ryan, *Race and Nationalism in Trinidad and Tobago*, 120-127, Meighoo *Politics in a Half-Made Society*, 35-6.

²⁰¹ *Ibid.*, 37.

²⁰² Brereton, *A History of Modern Trinidad*, 236-7, Ryan, *Race and Nationalism in Trinidad and Tobago*, 128-148.

²⁰³ Ryan, *Race and Nationalism in Trinidad and Tobago*, 151-55.

²⁰⁴ As Williams argued in a speech for TECA in 1954, the island needed a system “designed to produce citizens of the West Indies, and not Catholics or Hindus.” Eric Williams, “The Educational Problems of the Caribbean in Historical Perspective,” 1954 (Folder #141, Eric Williams Memorial Collection, West Indiana Collection, AJL), 34.

For our part we would remind this man that birth-prevention is a sin that is as enormous in its heinousness as it is disastrous in its effects...
For that reason any candidate or any Party, which favours its promotion has no claim to the Catholic vote in this all-important, coming Election.
The believer in birth-control is no friend of the Catholic Church. Indeed, he is the enemy of all society. He is a public menace, and the people should mark him well.²⁰⁵

The following month, the Archbishop of Port of Spain echoed this sentiment, warning a group of Roman Catholic teachers not to lend their vote to any party supporting the “artificial limitation of birth” which was included among “crimes which invite the anger of God upon a people and are a threat to the stability of the State itself.”²⁰⁶

Although the PNM was not specifically mentioned, party members quickly recognized they were being targeted and attempted to discredit the idea that Williams was in favour of birth control.²⁰⁷ Speaking at Woodford Square on June 14, 1956, Williams dismissed the matter as “another case where our enemies claim to know our mind better than we do ourselves and seek to distract the attention of the public from their own policies.”²⁰⁸ In response, the *Catholic News*, the *Trinidad Guardian* and various religious leaders cited two papers Williams had presented before his days in politics.²⁰⁹ Indeed, Williams’ conflict with the Church apparently dated back to at least 1950, when *The Catholic News* editor cited Williams as saying that it was “a sign of social and cultural ascent of a people when family limitation is practised”²¹⁰ in a lecture before the Women’s Council of TECA. At the time, Williams had denied the claim and accused the paper of misquoting him, leading to a round of accusatory letters between the *Catholic News* and

²⁰⁵ Reprinted in Port of Spain Gazette: “RCs warned: mark that menace well,” *Port of Spain Gazette*, 2 June 1956, 1.

²⁰⁶ “Path to ballot box is path to peace,” *The Trinidad Chronicle*, 11 September 1956, 6. Local priests also warned parishioners to “have nothing to do with those organisations that are against the Church of God.” See: “Archbishop: Church Law Governs Political Life,” *Trinidad Guardian*, 14 August 1956, 2. “RC Voters Told: Seek Living Wage Guarantees,” *Trinidad Guardian*, 21 August 1956, 7.

²⁰⁷ Ryan, *Race and Nationalism in Trinidad and Tobago*, 151.

²⁰⁸ The 1956 speech was printed in full in 1965: “A Private Individual Matter,” *The Nation*, 11 June 1965, 1.

²⁰⁹ “Political Personalities—No. 3 Dr. ERIC WILLIAMS,” *Trinidad Guardian*, 5 August 1956, 14.

²¹⁰ Editor, “Is It To Be Birth-Control?” *The Catholic News*, 17 June 1950, 4.

Williams which undoubtedly laid the ground for future hostility.²¹¹ But Williams had also pronounced quite clearly in favour of birth control in a 1954 paper entitled “The Educational Problems of the Caribbean in Historical Perspective.” As Williams stated:

The opposition of certain people and groups to birth control is well known. Others of us oppose with equal fervour any reduction of the standard of living inescapable if the present population increase is maintained. No individual or group has the right to sacrifice the entire community to his or its own prejudices. One man's orthodoxy is another man's heterodoxy. No law can require people to practise birth control. Similarly no prejudice ought to be allowed to prevent the practice of birth control by those who wish to do it.²¹²

As the press revived these speeches in the 1956 elections, Williams and the PNM shifted tactics and attempted to create distance between Williams' personal views and party policy. Echoing Norman Manley in Jamaica, Williams stated that he felt birth control was “a matter of private judgment and not a political matter”²¹³ and that “as a democratic party, composing adherents of all faiths in the country”²¹⁴ including Catholics, the PNM would not promote a policy which went against some of its members' views.²¹⁵ This was followed in August by the PNM election manifesto, which stated that the “PNM considers the question of birth control a private and religious matter and it is absolutely false to say that the Movement has ever advocated birth control.”²¹⁶ Letters to the *Guardian* and *Trinidad Chronicle*, however, continued to question Williams' policy, pointing out that his statement still “would allow the P.N.M. to

²¹¹ According to Williams, he had not pronounced in favour of birth control or condemned large families, but merely cited a study on Puerto Rican families which showed that women with higher educational levels tended to have less children as a fact. Never one to back down from a fight, Williams ripped into the papers' integrity, noting that the *Catholic News* had not even sent a reporter to the lecture. He added that, while he encouraged “good” criticism, “when petulant, I ignored it” (3). Eric Williams to The Catholic News, Letter, 20 June 1950 (Folder #174, Eric Williams Memorial Collection, West Indiana Collection, AJL).

²¹² Eric Williams, “The Educational Problems of the Caribbean in Historical Perspective,” 1954 (Folder #141, Eric Williams Memorial Collection, West Indiana Collection, AJL), 31.

²¹³ “Dr. Williams Says Birth Control Matter Of Private Judgment,” *Trinidad Guardian*, 15 June 1956, 2.

²¹⁴ Speech reprinted in 1965 at: “A Private Individual Matter,” *The Nation*, 11 June 1965, 1.

²¹⁵ “Dr. Williams: Only 23 Industries Set Up,” *Trinidad Guardian*, 20 September 1956, 9. Ronald Williams, “PNM and Democracy,” *Trinidad Guardian*, 21 September 1956, 8.

²¹⁶ People's National Movement, “Election Manifesto,” 24 September 1956 (Folder #547, Eric Williams Memorial Collection, West Indiana Collection, AJL), 10.

provide birth control facilities for those who want them, being no ‘interference,’ but a ‘matter of private judgment’²¹⁷ and challenging the idea that Williams’ personal views could be separated from his party.²¹⁸ Politicians in other political parties also seized on the opportunity to attack Williams and sought to distinguish themselves based on their opposition to birth control. POPPG candidate Mr. Michael R. Pocock accused Williams of side-stepping the issue by failing to “state definitely, once and for all, that he was against the provision of birth control facilities, or that he had himself in the past forcibly advocated the provision of such facilities and had now changed his mind.”²¹⁹ In a speech before 1500 people in Chaguanas, PDP member Ashford Sinanan argued that *his* party had “never compromised on birth control or State control” and called on his audience to “vote the P.D.P. and not the godless Party which is preaching its irreligious doctrine in this island.”²²⁰ At a forum in August, the POPPG, TLP and Caribbean People’s Democratic Party, as well as several independent members, all stated their opposition to Government birth control clinics, followed by notable silence on the matter from the PNM.²²¹

By the end of August the debate over birth control had thus become a central topic in the elections, leading to “the most ear-splitting round of accusations and denials that the country has seen in many a year.”²²² This was only further enhanced by the establishment of the island’s first birth control clinic in Point Fortin in late August, as well as by the attention given to the conflict

²¹⁷ Peter D. Howard, “Letter to the Editor,” *Trinidad Guardian*, 24 June 1956, 8. See also: Francis Pittie, “Letter to the Editor,” *Trinidad Guardian*, 23 June 1956, 6. M. Moreau, “Letter to the Editor,” *The Trinidad Chronicle*, 14 August 1956, 6. Ronald Eustace, “Letter to the Editor,” *Trinidad Guardian*, 22 September 1956, 6. D.D., “Letter to the Editor,” *The Trinidad Chronicle*, 4 July 1956, 6. An unofficial pamphlet “For Catholic Supporters” released by one Mr. Stephen Scott in September also accused the PNM of being misleading on the question of birth control. “2 Issues Make PNM ‘Suspect’,” *Trinidad Guardian*, 22 September 1956, 7.

²¹⁸ Editor, “P.N.M. - Which is their real manifesto?” *The Trinidad Chronicle*, 16 September 1956, 6. Ronald Eustace, “Dr. Eric Williams And The Church,” *Trinidad Guardian*, 18 September 1956, 8.

²¹⁹ “PNM Merger Ruled Out, Says POPPG,” *Trinidad Guardian*, 4 July 1956, 1-2.

²²⁰ “We are not a godless party,” *The Trinidad Chronicle*, 31 July 1956, 10. See also “A Grim Battle Is On’,” *Trinidad Guardian*, 5 September 1956, 9. where Sinanan claimed “state control of schools and birth control in a nation had opened the pathway to many dictators”.

²²¹ “US Bases Treaty Should Be Revised,” *Trinidad Guardian*, 26 August 1956, 8.

²²² “First Birth Control Clinic For Trinidad,” *The Trinidad Chronicle*, 29 August 1956, 1.

by the island's main paper, the *Trinidad Guardian*, which was known to be anti-Williams.²²³ But Williams and the PNM found that their more flexible position on birth control attracted supporters as well as critics.²²⁴ The *Port of Spain Gazette* editor stressed that it was "high time that the problem of the unwanted child be faced squarely in the face and be tackled with the earnestness which it deserves,"²²⁵ and several letters to the paper accused the opposition parties of using birth control as "a vote-catching trick"²²⁶ and "grasping at straws."²²⁷ Several letters also criticized the Roman Catholic Church for getting involved in the election.²²⁸ As the anonymous "H.G." argued:

Never before in the history of the political development of the Colony has the Church taken such an active interest as it is now showing in the forthcoming September elections. Coercion and threats are being used to cow a certain section of the community into voting a certain way in order to ensure, it seems to me, the re-election of the Church's blue-eyed sons who occupy positions in the present Government...

The bogey of birth control...is the greatest piece of religious political hypocrisy ever to be foisted on a people as grounds for the rejection of an otherwise worthy candidate, or for that matter, for any other reason.²²⁹

Others pointed out that the Catholic Church did not have the best record in political matters, noting that Hitler had never been threatened with excommunication and the Queen of Italy received a Papal Award even after Mussolini's "rape of Abyssinia."²³⁰ They thus suggested that

²²³ Ryan, *Race and Nationalism in Trinidad and Tobago*, 155-157.

²²⁴ Voter, "Letter to the Editor," *The Trinidad Chronicle*, 31 August 1956, 6.

²²⁵ Editor, "Editorial: A social problem," *The Port-of-Spain Gazette*, 28 June 1956, 4. The newly created *Trinidad Chronicle*, which replaced the *Port of Spain Gazette* later that year, also carried a number of letters to the editor against the church, to the extent that it was accused of having an anti-Catholic bias. A Catholic, "Letter to the Editor," *The Trinidad Chronicle*, 19 July 1956, 6.

²²⁶ E. Joseph, "Letter to the Editor," *The Trinidad Chronicle*, 8 September 1956, 6.

²²⁷ B.D. Teemul, *The Trinidad Chronicle*, 7 September 1956, 6. For a similar argument see C.W.F. Trotman, "Letter to the Editor," *Trinidad Guardian*, 22 September 1956, 6.

²²⁸ H.G., "Letter to the Editor," *Trinidad Guardian*, 14 June 1956, 8. See also: S. Sam, "Letter to the Editor," *The Port-of-Spain Gazette*, 19 June 1956, 4., Ralph Parris, "Letter to the Editor," *Trinidad Guardian*, 10 August 1956, 8.

²²⁹ H.G., "Letter to the Editor," *Trinidad Guardian*, 14 June 1956, 8.

²³⁰ Voter, "Letter to the Editor," *The Trinidad Chronicle*, 11 July 1956, 6. See also Cecil Baptiste, "Letter to the Editor," *Trinidad Guardian*, 28 July 1956, 6.

the church “discontinue with its political propaganda and revert back to its old system and object, that of saving souls and helping sinners to repent.”²³¹

Commenting privately on the election from his base at the Point Fortin birth control clinic, British doctor Beric Wright argued that the debate over birth control thus gave voice to “a vast and as yet uncanalised anti-R.C. [Roman Catholic] feeling” on the island, and suggested that politicians might “win more votes by standing up to the R.C’s than by paying lip service to them.”²³² Indeed, in his analysis of the election, political scientist Selwyn Ryan points to a wave of anti-Catholic fervor amongst those who saw the Church as a defender of the old order and obstacle to social reform.²³³ Interestingly, however, even many Roman Catholics objected to the Church’s attack on Williams in 1956. A letter to the editor from “Faithful,” for example, reported on a sermon in which his parish priest had “indulged in a scandalous upbraiding and political harangue of the newly-organised People’s National Movement, of which my wife and I are pleased to be members.”²³⁴ Forced by the Church to choose between religious and political allegiance, “Faithful” chose the latter, walking out in the middle of the sermon.²³⁵ Austin M. Nolte, another Roman Catholic churchgoer, similarly expressed his dismay at hearing his priest’s diatribe against Williams, whom Nolte described as “an intellectual who in the short space of three or four months awakened the Political consciousness of the inhabitants of this Island and beyond.”²³⁶ As one Leo Garcia noted, Sunday mass had turned into “nothing short of a political

²³¹ Observant, “Letter to the Editor,” *The Trinidad Chronicle*, 17 July 1956, 6.

²³² Beric Wright to Vera, Letter, 9 March 1956 (Planned Parenthood Federation of America Records, SSC), 1.

²³³ Ryan, *Race and Nationalism in Trinidad and Tobago*, 151-55.

²³⁴ Faithful, “Letter to the Editor,” *Trinidad Guardian*, 13 June 1956, 8.

²³⁵ *Ibid.*, 8.

²³⁶ Austin M. Nolte, “Letter to the Editor,” *The Port-of-Spain Gazette*, 16 June 1956, 4.

meeting,” leading him to question: “Why must the Church in which I have lived and have loved for over thirty-five years calumniate the P.N.M.?”²³⁷

These testimonies suggest that the pushback against the Catholic Church during the birth control debate and the course of the election more generally, at least for some Trinidadians, was less about rejecting religion/Catholicism and more about enthusiasm for the PNM’s unifying nationalist message and its charismatic leader.²³⁸ Indeed, the widespread popularity of Williams and the PNM would be made readily apparent on election day, as the PNM captured 39% of the popular vote and thirteen out of twenty four seats, with the PDP gaining only five and the remaining seats split between numerous small parties and independents. The victory marked the first time a party had won a majority of seats in Trinidad, and the beginning of thirty years of unbroken rule by the PNM.²³⁹ That this was accomplished in 1956 despite the fact that Williams lacked support from the press, was in favour of birth control and was the Catholics’ “number one enemy”²⁴⁰ shocked observers locally and across the region,²⁴¹ and served as a profound challenge to the assumption that Catholic communities would vote strictly on the directives of the religious hierarchy. As the *Trinidad Chronicle* noted after the election: “[m]any Catholics insisted that they would support the PNM despite any utterances, official or otherwise. And the election results make it as plain as a pikestaff that they did just that.”²⁴²

If the election proved that a leader could get elected in Trinidad in spite of support for birth control and opposition from the Catholic Church, however, it did not immediately lead to

²³⁷ Leo Garcia, “Letter to the Editor,” *The Trinidad Chronicle*, 14 July 1956, 6. See also Disgusted Soul, “Letter to the Editor,” *Trinidad Guardian*, 19 June 1956, 6.

²³⁸ Meighoo, *Politics in a Half-Made Society*, 32.

²³⁹ *Ibid.*, 39-44.

²⁴⁰ Eric Williams to Mr. Manley, Letter, 18 January 1955 (Folder #039, Eric Williams Memorial Collection, West Indiana Collection, AJL).

²⁴¹ Ryan, *Race and Nationalism in Trinidad and Tobago*, 163; on the press, see *Ibid.*, 155-7.

²⁴² “Poll ‘Exposed False Catholics,’” *The Trinidad Chronicle*, 29 September 1956, 1.

state support for family planning services. On the contrary, the PNM avoided the topic for several years, perhaps in an attempt to mend relations with the churches.²⁴³ The PNM's hesitance may also have been influenced by the increasingly tense politics of race on the island in the aftermath of the 1956 elections, and the very real possibility that (as on other islands) birth control might become entangled in these politics. Indeed, in spite of the PNM's unifying nationalist charter, throughout the election members of the opposition had portrayed it as a primarily Afro-Trinidadian party hostile to the interests of the island's white and Indo-Trinidadian communities. These charges built into a long history of ethnic stereotyping fuelled by divisive tactics of colonial over-seers,²⁴⁴ and were enhanced by several inflammatory statements made by Williams and other PNM members during the campaign.²⁴⁵ In 1957, the three main opposition parties (the TLP, POPPG and PDP) united against the PNM to form the Democratic Labour Party (DLP) headed by Bhadase Maraj,²⁴⁶ which quickly became seen as the island's "East Indian" party, only further enhancing the link between race and politics.²⁴⁷ These tensions erupted in the 1961 elections, as both parties accused each other of being "one-race" parties and, in the summation of one scholar, manipulated ethnic symbols "sometimes subtly, sometimes quite unashamedly, in their pursuit of political advantage."²⁴⁸ Although the PNM again won (with 57% of the vote and 20 seats to the DLP's 10),²⁴⁹ post-election analyses

²⁴³ The PNM would, for example, compromise several of its key principles in education reform in 1960 in an attempt to accommodate the demands of religious leaders, suggesting they did not feel completely free to act without some degree of support from these bodies. Ryan, *Race and Nationalism in Trinidad and Tobago*, 2-7. Brereton, *A History of Modern Trinidad*, 241-3.

²⁴⁴ See Yelvington, *Trinidad Ethnicity*, 9-10.

²⁴⁵ Brereton, *A History of Modern Trinidad*, 237.

²⁴⁶ *Ibid.*, 238-9.

²⁴⁷ Alexander, *A History of Organized Labour*, 297-323.

²⁴⁸ Palmer, *Eric Williams*, 265. Ryan, *Race and Nationalism in Trinidad and Tobago*, 183-95, Brereton, *A History of Modern Trinidad*, 245-7.

²⁴⁹ Meighoo, *Politics in a Half-Made Society*, 55-57.

suggested that people had voted largely according to ethnic allegiance.²⁵⁰ In this context, as several observers at the time cautioned, a birth control program instituted by an “Afro-Trinidadian” government could easily be painted as an attack on the Indo-Trinidadian community (which was known to have higher fertility rates) for political reasons.²⁵¹

As in Jamaica, family planning advocates in Trinidad worked to counter these concerns by pointing to the success of government support for family planning in Barbados,²⁵² as well as by mobilizing clinic data to convince politicians that birth control was popular across various divisions in the population. The Family Planning Association of Trinidad and Tobago (FPATT), for example, redesigned its admittance cards to obtain data on the race, religion and marital status of patients. The resultant data demonstrated that Roman Catholic and Indo-Trinidadians attended in rough proportion to their representation in the general population.²⁵³ FPATT Clinical Supervisor Katherine Fewster also stressed the discrepancy between official faith and popular practice in conference papers and letters to the press. As Fewster argued in a letter to the *Trinidad Guardian* in 1963:

I think it as well to point out that, though Catholic leaders remain adamant on this matter, the very high proportion of Catholic patients attending our clinics, who refuse point blank instruction in the "rhythm method" and insist on a chemical or mechanical method because it is more reliable, indicates that many of the laity do not.²⁵⁴

²⁵⁰ Meighoo, *Politics in a Half-Made Society*, 55, Brereton, *A History of Modern Trinidad*, 247.

²⁵¹ Segal, “Politics and Population in the Caribbean,” 61.

²⁵² “UWI to Aid Birth Control Gallup Poll,” *Trinidad Guardian*, 29 February 1964, p unknown (Family Planning Trinidad and Tobago 1963-1969 Folder, Heritage Library, NLTT).

²⁵³ Mohammed, “A History of the Family Planning Association of Trinidad and Tobago,” 10.

²⁵⁴ Katherin Fewster, “Time for government to take action,” *Trinidad Guardian*, 17 December 1963, n.p. (Family Planning Trinidad and Tobago 1963-1969 Folder, Heritage Library, NLTT).

Fewster also used Williams' own language, arguing that "to allow the opinions of a minority to deprive the rest of the population of a needed medical service is democracy gone mad."²⁵⁵

The work of the FPATT was enhanced by growing support for family planning from major press organs,²⁵⁶ as well as medical professionals. In particular, Dr. J.A. Waterman, an early supporter of the efforts of the FPATT, used his position as editor of the newly created *Caribbean Medical Journal* to promote the cause, dedicating entire issues to the topic.²⁵⁷ This included coverage in 1964 of a particularly influential study of (illegal) abortion by Dr. Ralph Hoyte. Analyzing hospital data, Hoyte claimed to have found a miscarriage rate of 34.6% which he argued, when compared to an expected proportion of about 10-12%, "strongly suggests a high level of criminal interference. It is impossible not to conclude that many of these women are using abortion as a method of family limitation."²⁵⁸ Building on this study, the FPATT also pointed out that over 4000 women in Port of Spain and San Fernando were treated each year for "incomplete abortion," haemorrhage sepsis or other complications following abortions. Since many more were likely unreported or camouflaged as miscarriages, the FPATT estimated that a possible 10,000 abortions were conducted annually on the island.²⁵⁹ Along with the loss of life and health of women, Hoyte and the FPATT highlighted the cost to the health care system of

²⁵⁵ Katherin Fewster, "Time for government to take action," *Trinidad Guardian*, 17 December 1963, n.p. (Family Planning Trinidad and Tobago 1963-1969 Folder, Heritage Library, NLTT). See also Mrs. Katharine Fewster, "The Family Planning Association of Trinidad and Tobago," *Fourth Conference of the International Planned Parenthood Federation, Western Hemisphere Region*, San Juan, Puerto Rico, 19-27 April 1964 (The Margaret Sanger Papers (unfilmed), SSC), 2-3.

²⁵⁶ For growing support from the *Trinidad Guardian*, see Karl Douglas, "Need for Birth Control." *Trinidad Guardian*, 28 July 1963, n.p. , and "Questions on Birth Control." *Sunday Guardian*, 4 August 1963, n.p.(Family Planning Trinidad and Tobago 1963-1969 Folder, Heritage Library, NLTT).

²⁵⁷ See for example *Caribbean Medical Journal*, XXVI. Nos. 1-4. 1964 (WI Serial R11.C3, West Indiana Collection, AJL).

²⁵⁸ Hoyte, "An Analysis of Abortion at the General Hospital," 74.

²⁵⁹ Katherin Fewster, "Time for government to take action," *Trinidad Guardian*, 17 December 1963, n.p. (Family Planning Trinidad and Tobago 1963-1969 Folder, Heritage Library, NLTT).

providing beds, staff and medication for these women.²⁶⁰ As Katherine Fewster wrote: “if the Planning Commission cannot be appealed to on humanitarian grounds, it surprises me that they are not moved when they consider the expense.”²⁶¹

Focusing on the health and economic costs of lack of access to birth control helped reformers make it seem like both a humanitarian necessity and financial good sense to invest in family planning. But some advocates also went further and portrayed birth control as a right which a liberal, democratic country like newly-independent Trinidad was required to fulfil. As Waterman argued at a conference of the IPPF, it was high time the government “provide for the families, from whose votes it has its power, a welfare service to which they are entitled.”²⁶² Waterman also linked birth control to a decidedly feminist agenda, advocating modern contraceptives as a means to liberate women to enjoy sex without fear of pregnancy. Waterman argued against the use of the rhythm method, for example, on the grounds that it required abstinence at the period of ovulation in which “desire is strongest”, thus leading to “frustration and depression” among women.²⁶³ He also argued in an editorial for the *CMJ* in 1962 that:

The majority of our women folk are considered as baby making machines. Now that we are entering on Independence should we not recognise the right of the married woman to seek Governmental aid in restricting her family to the number of children agreed upon by her husband and herself?²⁶⁴

In doing so, Waterman implicitly called on Trinidadians to consider women’s progress (defined in part by their ability to control reproduction and enjoy sex) as essential to national progress.

²⁶⁰ *Caribbean Medical Journal*, XXVI. Nos. 1-4. 1964 (WI Serial R11.C3, West Indiana Collection, AJL), 73.

²⁶¹ Katherin Fewster, “Time for government to take action,” *Trinidad Guardian*, 17 December 1963, n.p. (Family Planning Trinidad and Tobago 1963-1969 Folder, Heritage Library, NLTT).

²⁶² James A. Waterman, “Annual Report of the Family Planning Association of Trinidad and Tobago,” *Fourth Conference of the International Planned Parenthood Federation, Western Hemisphere Region*, San Juan, Puerto Rico, 19-27 April 1964 (The Margaret Sanger Papers (unfilmed), SSC), 1.

²⁶³ Waterman, “Annual Report of the Family Planning Association of Trinidad and Tobago,” 7.

²⁶⁴ James A. Waterman, “Introduction to,” *Caribbean Medical Journal*, XXIV. 1-4. 1962: 3-8. (WI Serial R11.C3, West Indiana Collection, AJL), 6.

Indeed, Waterman claimed birth control was a natural endpoint in the island's historical timeline, which he argued, had moved from physical emancipation from slavery in 1838 to political emancipation in 1962, and should now move on to the final stage: "sex emancipation."²⁶⁵

These advocates made their case not only in newspapers, medical journals, and international conferences, but directly to the government. In October of 1962, Waterman, Dr. Elizabeth Quamina, Nicky McBride and Fewster joined together to petition the Minister of Health for support. Although the delegation received an audience from the Minister, they were given no response.²⁶⁶ Family planners were also represented at a meeting headed by the Prime Minister to create the 1963 Five Year Plan; according to Waterman, the discussions over birth control "were among the most closely followed and arousing most lively interest during those four days."²⁶⁷ The lack of birth control services was also criticized by the Annual Report of the Medical Board of Trinidad and Tobago (for which Waterman served as Honorary Secretary) in its review of the Five Year Plan in 1963.²⁶⁸ Several civil servants, including the new head of the Public Health department for Port of Spain, Dr. H.J.P. Diggory, also began to stress the need to contain the high birth rate for health, housing and economic reasons.²⁶⁹

By 1965, it appears, these advocates had exerted sufficient pressure on the government to force the issue. At the General Council meeting of the People's National Movement in January of that year, the party established an ad hoc committee to consider and report on what the PNM's attitude to family planning should be. The Committee included notable family planning

²⁶⁵ James A. Waterman, "Illegitimacy in Trinidad and Tobago." *Caribbean Medical Journal*, XXIV. 1-4. 1962: 76-79. (WI Serial R11.C3, West Indiana Collection, AJL), 79.

²⁶⁶ Waterman, "Annual Report of the Family Planning Association of Trinidad and Tobago," 1.

²⁶⁷ *Ibid.*, 1.

²⁶⁸ "The Annual Report of the Medical Board of Trinidad & Tobago 1963-64," 31 December 1964 (A3 Medical/Health Reports, Box 26, NATT), 16-18.

²⁶⁹ Dr. H.J. P. Diggory, "Administration Report of the Public Health Department of the City of Port-of-Spain for the years 1963 and 1964," 31 December 1964 (Annual Reports, Public Health Department of The City of Port of Spain, 1939, 1944-1964, Box 28, NATT), 1.

advocates such as Waterman, and was chaired by Dr. Ada Date-Camps, a respected black female doctor who served on the Central Executive of the party.²⁷⁰ Over the following months, the group received memoranda from a number of bodies (including Constituency Groups from various towns, the Women's League of the PNM and the FPATT) and conducted interviews with religious leaders, the attorney general, and several doctors and family planners, including Fewster, Nicky McBride and Ralph Hoyte.²⁷¹ On March 31, 1965 the Committee submitted its report, which called on the PNM to give support to the FPATT and call a national conference as soon as possible "with a view to the possible introduction of a Family Planning Programme on a National scale to cater for the needs and desires of citizens of all religious faiths."²⁷²

The Report provided seventy pages of evidence to support this change in position, in what was undoubtedly the most thorough analysis of population and birth control produced by any government or political party in the region to date.²⁷³ As with reports in Barbados and Jamaica, the PNM's Report opened by making its case in terms of "socio-economic considerations," presenting demographic data and relying heavily on population theories adapted to the particular conditions of the island. It pointed out that the island's population had been growing at a rate of around 3% per annum, adding another 27,000 bodies the past year alone, almost entirely due to the natural increase (birth over death rates).²⁷⁴ Although the Committee acknowledged that a large and growing population could create a bigger market and could be a stimulus to production, they argued that it was a disadvantage in the particular context of

²⁷⁰ Reddock, *Women, Labour and Politics in Trinidad and Tobago*, 297-307.

²⁷¹ A Committee of the General Council, "People's National Movement: Report on Family Planning," 31 March 1965 (NLTT), 66.

²⁷² *Ibid.*, 65.

²⁷³ Indeed, Aaron Segal in 1969 argued that this "remarkable" document "deserves to be known throughout the Caribbean and its circulation should be considered by the IPPF" (Segal, "Politics and Population in the Caribbean," 64).

²⁷⁴ As the report noted, there has been only 383 immigrants over the past year. A Committee of the General Council, "People's National Movement: Report on Family Planning," 4-5.

Trinidad, which had a low industrial output, low rate of saving and investment, and high percentage of dependent children. If Trinidad hoped to provide a stimulus to its economy without becoming dependent on foreign investment, the Committee argued, they needed to follow the example set by India, Puerto Rico, Barbados, and (by this point) Jamaica, in tackling population growth through birth control services.²⁷⁵

As Dorothy Roberts argues in her analysis of the PNM's program, the demographic analysis on these pages followed that "espoused by U.S. population planners"²⁷⁶ and called on Trinidadian women "to reduce their fertility for the sake of economic progress."²⁷⁷ But the "socio-economic considerations" section made up only fourteen pages (or one fifth) of the seventy-page report. In comparison, eighteen pages were spent on health issues, undoubtedly reflecting the heavy presence of medical personnel and family planners both on the Committee and amongst those who were interviewed. These pages went into detail on the risks of anaemia, high blood pressure, and other illnesses related to multiparity and lack of spacing between births, as well as exploring the psychological effects on women, including depression and avoidance of intercourse due to fear of having more children. Drawing on research by Waterman, Hoyte and others, this section also provided charts demonstrating the increasing rates of abortion each year and pointing to the loss of health and life due to complications from abortions taking place outside of the recognized medical establishment.²⁷⁸ The Committee then went into detail on the different methods available through the FPATT, as well as pointing to the availability of *fertility*

²⁷⁵ A Committee of the General Council, "People's National Movement: Report on Family Planning," 5-7.

²⁷⁶ Roberts, "Family Planning Policy and Development Discourse," 7.

²⁷⁷ *Ibid.*, 3.

²⁷⁸ A Committee of the General Council, "People's National Movement: Report on Family Planning," 18-19.

treatments at the clinics, suggesting they were not solely interested in curbing population growth but committed more generally to reproductive health.²⁷⁹

The remaining forty-eight pages of the report focused on the moral, religious and political issues surrounding birth control. The Report stressed that family planning did not involve “the taking of life” and included a detailed medical description of sperm, eggs, and the mechanics of fertilisation.²⁸⁰ It then went into a lengthy discussion of the history of birth control and its position within various religions,²⁸¹ pointing out that Jewish and most Protestant leaders were in favour and that there were no clear proscriptions against it within Hindu and Muslim faiths,²⁸² thus concluding that much of the opposition on religious grounds stemmed from “ignorance of the views officially proclaimed by leaders of the various faiths.”²⁸³ The Report also claimed that even the Catholic Church had the matter under review and praised the opening of a Marriage Advisory Bureau in Port of Spain earlier that year which would provide advice on the rhythm method for families (despite the fact that several members of the Committee were sceptical about the method).²⁸⁴ In any case, the Committee argued: “there is no moral justification for withholding a welfare service from the community because that service is disapproved of by a section of it.”²⁸⁵ To do so, the Report argued, would be essentially undemocratic, for:

We believe that prohibitions against the imparting of family planning information and counsel violate the civil and religious liberties of all citizens while the right of

²⁷⁹ A Committee of the General Council, “People’s National Movement: Report on Family Planning,” 25. Indeed, the report pointed out that infertility could be just as damaging to a woman’s psyche as too frequent childbearing, possibly leading herself to channel her energies elsewhere; it argued that she might even have an affair or possibly cope by “surrounding herself with cats,” which the report specified, would hold “no stigma or blame attached, but certainly regarded as eccentric, or a matter for humour.”

²⁸⁰ *Ibid.*, 31.

²⁸¹ *Ibid.*, 32-34.

²⁸² *Ibid.*, 43-59.

²⁸³ *Ibid.*, 62.

²⁸⁴ *Ibid.*, 68.

²⁸⁵ *Ibid.*, 42.

any couple to means they approve in conscience does not infringe the rights of others to refrain from using such means.²⁸⁶

Indeed, its members essentially argued that it was a child's right to be planned, for "it is beneath the dignity of man to be conceived as the result of a biological accident."²⁸⁷

The Committee thus presented birth control services as critical to the PNM's self-proclaimed commitment to liberal and democratic politics. Still, the PNM hesitated to act immediately on its recommendations, instead releasing the Report's findings slowly, section by section, through the party's *The Nation* newspaper, in order to gauge public opinion.²⁸⁸ The Report was immediately attacked by Archbishop Ryan of the Catholic Church, as well as by several letter-writers who challenged the over-population thesis and argued the government should focus on developing the economy through industrial expansion instead.²⁸⁹ Yet, as elsewhere, the Report also found many supporters. As one "Interested" letter-writer to *The Trinidad Chronicle* argued:

This is a sham controversy. One needs to put all the ingredients into this pie to convert social leaders into the dangers of a high birth rate, so that the taboos and religious sanctions turn against it, instead of in its favour; to revise standards of living and education rapidly, so that women find it convenient to have fewer children; to make widespread propaganda about birth control techniques. Action is needed in all parts simultaneously.²⁹⁰

Mr. Daniel Reid, president-general of the Seaman and Waterfront Workers Trade Union also criticized the stance taken by the Catholic bishop, arguing that if it was a sin to use birth control, it was also a sin to bring children into the world just to suffer with depression, frustration and

²⁸⁶ A Committee of the General Council, "People's National Movement: Report on Family Planning," 63.

²⁸⁷ *Ibid.*, 36.

²⁸⁸ Segal, "Politics and Population in the Caribbean," 65-66.

²⁸⁹ L.F.A. Centeno, "Letter to the Editor," *Trinidad Guardian*, 27 June 1956, 6. M.K. Asgarali, "Letter to the Editor." *Trinidad Guardian*, 6 September 1956, 8.

²⁹⁰ Interested, "Letter to the Editor," *The Trinidad Chronicle*, 4 July 1956, 6.

unemployment.²⁹¹ Other letters made similar arguments, while also pointing out that “[t]he Archbishop[’s answer] is not the only Christian [answer], not even the only Catholic answer to this matter of life and death.”²⁹² In effect responding to this call, several Presbyterian and ministers of other religions spoke out in the following months on the need for family planning.²⁹³

Perhaps more than anything, however, the advance of state family planning in Trinidad was aided by the lack of strong opposition from the opposing Democratic Labour Party. The party had been suffering since the early 1960s due to internal divisions and non-participation, as well as mixed views towards its new leader Dr. Rudranath Capildeo, who alienated members by working to rewrite several of the party’s central tenets and disregarding formal structures.²⁹⁴ Capildeo also became infamous for his frequent absences from parliament due to illness and his work at the University of London, where he remained a professor despite his duties in Trinidad.²⁹⁵ Capildeo and other members of the party could easily have used the government’s impending birth control policy as a means to attack the PNM as an irreligious party (as the DLP’s predecessor, the PDP, had in 1956) or even accuse it of attempting to balance the demographic playing field by bringing Indo-Trinidadian fertility rates down to the level of Afro-Trinidadian rates. Instead, the leader of the DLP stated his support for birth control in August of 1965 and encouraged the government to take action in the area.²⁹⁶ Indeed, in her study of family

²⁹¹ “Birth control necessary says seaman union chief,” 3 May 1965, newspaper clipping (Family Planning Trinidad and Tobago 1963-1969 Folder, Heritage Library, NLTT).

²⁹² “Dr. Ryan Rapped On Birth Control,” *Daily Mirror*, 4 May 1965, 7., see also “Is family planning the road to doom?” *Daily Mirror*, 8 May 1965, p unknown; (1960s Scrapbook, NMIRC).

²⁹³ See “It’s not a sin says a pastor,” *Trinidad Guardian*, 3 July 1965, newspaper clipping, n.p.; “Birth & Bamboozle By a Pastor,” *Sunday Mirror*, 8 May 1966, 1. (1960s Scrapbook, NMIRC).

²⁹⁴ Meighoo, *Politics in a Half-Made Society*, 53-55.

²⁹⁵ By August of 1965, several key members of the party had left to join or form other parties, including Capildeo’s own brother and past leader Maharaj. *Ibid.*, 53-55, 63-67; Ryan, *Race and Nationalism in Trinidad and Tobago*, 1972: 251-6.

²⁹⁶ “Birth Control a must—Capildeo,” *Sunday Mirror*, 1 August 1965, 1. (1960s Scrapbook, NMIRC).

planning in Trinidad, Dorothy Roberts found no evidence of reference to racial fertility rates in any debates over birth control, despite the fears of some PNM members and onlookers.²⁹⁷

The DLP's silence on birth control in the 1960s perhaps highlights the somewhat ambiguous nature of Trinidad's so-called "ethnic politics." As scholars have pointed out, although both the PNM and DLP appealed to the public based on ethnic loyalty and spoke of the "Other's" community in essentialist terms in the context of elections, neither party actually saw *itself* as representing only one community, nor did either state any clear "ethnic goals" which it wished to pursue on the national stage.²⁹⁸ In fact, the DLP and PNM advocated remarkably similar social and economic policy programs throughout the 1950s and 60s,²⁹⁹ and Williams and Capildeo had a relatively cordial relationship.³⁰⁰ Several scholars have thus argued that the ethnic divide between the parties may in practice be more about competition over access to economic resources and political patronage, rather than evidence of a deep cultural and social divide between Afro- and Indo-Trinidadians who had, in fact, worked and lived together for the most part without serious social conflict.³⁰¹ As Kirk Meighoo argues, although "[t]he influence of race in politics is real...the extent of its significance is questionable,"³⁰² and "ethnic" loyalties can be "complicated, modified, and sometimes by-passed by political motivations based on class and other interests."³⁰³ Indeed, if the parties exploited the supposed divide between Afro- and Indo-Trinidadians at some points, they also declined to do so at other points—such as in the birth control debate in the 1960s—despite the possible political utility of doing so.

²⁹⁷ Roberts, "Family Planning Policy and Development Discourse," 24-25.

²⁹⁸ Meighoo, *Politics in a Half-Made Society*, 272.

²⁹⁹ Ryan, *Race and Nationalism in Trinidad and Tobago*, 263.

³⁰⁰ Palmer, *Eric Williams*, 274-6.

³⁰¹ "Meighoo, *Politics in a Half-Made Society*, 272, Palmer, *Eric Williams*, 255-58, Brereton, *A History of Modern Trinidad*, 113.

³⁰² Meighoo, *Politics in a Half-Made Society*, 272.

³⁰³ *Ibid.*, xxx.

Still, the PNM waited until its resounding electoral victory in the 1966 elections to act on the Report. In April of 1967, at a special convention of the PNM, a resolution in favour of family planning was moved by Senator Ada Date-Camps and seconded by Dr. Max Awon, the Minister of Health,³⁰⁴ leading to the creation of a new “Population Council” which launched a rapid expansion of clinics across the island, which by the of 1970 included eight FPATT clinics and twenty-eight government clinics.³⁰⁵ If the body’s name suggested a focus on demographics, its composition clearly reflected the local movement’s health- and women-centred orientation. The eleven members of the Council included six doctors (including Date-Camps, Hoyte, Waterman and Sukhbir of the FPATT), one health educator (Charles Zachary Bain), nurse Nicky McBride, and Miss Muriel Donawa, a social worker and member of the PNM’s Women’s League and Muslim Women’s Association. Indeed, only two of the members of the Committee—Trinidadian demographer Rupert Jackson Harewood and government economic planner William Demas—could be considered to focus on the “economic” aspects of the population problem.³⁰⁶ Williams’s Minister of Health, Dr. Max Awon, was also a long-time member of the FPATT, and continued to locate the movement primarily within the scope of family health and welfare.³⁰⁷

The Council was also multi-religious, with three Anglicans, four Presbyterians, a Methodist, a Muslim, and two Roman Catholic members.³⁰⁸ Indeed, by April of 1967, even the *Catholic News* had accepted in principle the existence of a government program, although

³⁰⁴ “PNM Wants Family Planning,” *Trinidad Guardian*, 24 April 1967, p unknown (Family Planning Trinidad and Tobago 1963-1969 Folder, Heritage Library, NLTT).

³⁰⁵ Mohammed, “A History of the Family Planning Association of Trinidad and Tobago,” 16.

³⁰⁶ “Population council will have quite a lot to say,” *Trinidad Guardian*, 25 June 1967, n.p., newspaper clipping (Family Planning Trinidad and Tobago 1963-1969 Folder, Heritage Library, NLTT).

³⁰⁷ For Awon’s early involvement with FPATT: Family Planning Association of Trinidad and Tobago, “Pioneers in Family Planning...40 years of empowering people: Annual Report 1995,” 1995 (West Indiana Collection, AJL), 1.

³⁰⁸ “Couple must use restraint, says RC priest,” *Express*, 28 June 1967, n.p., newspaper clipping (Family Planning Trinidad and Tobago 1963-1969 Folder, Heritage Library, NLTT).

stressing that such a program “should not imply a preference for any particular method of family planning.”³⁰⁹ To that end, the local Catholic Marriage Advisory Council pledged to work with the Council and provide a Catholic doctor to advise couples on the rhythm method in every parish, a move which was welcomed by the Council.³¹⁰ As Aaron Segal noted in his 1969 analysis of population policies in the Caribbean, this reflected a general shift in the approach of Catholic leaders in the region in the 1960s, which moved from vehement objection to a desire to work *with* government family planning programs to ensure the inclusion of Catholic values. While Segal attributed this change to the evolution of Catholic thought, demand from parishioners and changes in local church officialdom,³¹¹ it may also have been a result of the active efforts of family planners (such as those in Jamaica and Trinidad) to both pressure religious leaders and accommodate them by incorporating the rhythm method into their own programs. In 1968, the Anglican Provincial Synod of the West Indies followed the lead of local religious leaders and revoked its long-standing opposition to the family planning resolutions of the Lambeth Conference of 1930.³¹² By 1969, according to Dr. Ada Date-Camps, religious opposition was “largely a thing of the past.”³¹³

³⁰⁹ “Editorial: Birth And Coercion,” *Catholic News*, 22 April 1967, 6. Rev. Fr. K. Devenish, “Family Planning,” *Catholic News*, 27 May 1967, 7.

³¹⁰ R. Henry V. Massiah, “Calling All Catholic Doctors,” *Catholic News*, 24 February 1968, 6.

³¹¹ Segal, “Politics and Population in the Caribbean,” 20.

³¹² Ewart Rouse, “Family planning gets the support of WI bishops,” *Trinidad Guardian*, 9 February 1969, n.p., newspaper clipping (Family Planning (1961-1971) File Folder, Heritage Library, NLTT).

³¹³ “Answer Me That, Sen. Date Camps,” *Sunday Guardian*, 6 July 1969, n.p., newspaper clipping (1960s Scrapbook, NMIRC).

6.4 CONCLUSION

As in other areas of the decolonizing world, family planners in Barbados, Jamaica and Trinidad found that government approval, attained after long years of active lobbying, led to new opportunities for funding from abroad. This funding helped family planning associations and state health programs expand birth control clinics and more fully integrate new contraceptives (such as the pill and IUD) into their services. In 1965, for example, Jamaica's Minister of Health Dr. Eldemire was able to acquire an agreement for \$150,000 from the U.S. government to provide salaries for doctors involved in an IUD insertion project, with the devices themselves were provided for free from the New York-based Population Council.³¹⁴ Trinidad's new national family planning program also received support from USAID, the Population Council and the Pathfinder Fund, and was targeted for "special attention" from the IPPF in 1968.³¹⁵ New programs which spread across Antigua, Grenada, Montserrat, St. Kitts/Nevis, St. Lucia, and St. Vincent also found quick funding from the international population establishment, helping fuel a rapid expansion of family planning services across the region.³¹⁶ And yet, not every former British colony joined in; throughout the 1970s, the Bahamas, Belize, and Guyana did not seek out international aid for family planning, and so did not receive any.³¹⁷ Where family planning remained controversial locally, the ability of the international population establishment to enter into the birth control business was, it seems, inherently limited.

Indeed, although Caribbean governments were clearly aware of the availability of resources from abroad and eagerly seized on them when possible, the imperative for creating

³¹⁴ H.W. Eldemire, "Cabinet Submission: Family Planning—U.S. AID Assistance," 13 April 1966 (1B/31/314—1966, NAJ), 5.

³¹⁵ Roberts, "Family Planning and Development Discourse," 9.

³¹⁶ Roberts and Harewood, "Notes on the Population," 50-51.

³¹⁷ Segal, *Population Policies in the Caribbean*, 21.

family planning programs—at least in Barbados, Trinidad, and Jamaica—came largely from within. It was the result of pressure from local family planning lobbyists, the rise of socially progressive birth control advocates to key positions within post-colonial governments and efforts to build political and social consensus by accommodating religious and other diverging opinions. Although this process did not move in a linear fashion or involve all of the same actors on each island,³¹⁸ in all three cases it led to programs that were in many ways ahead of the international community in both timing and outlook. In fact, family planners in the West Indies in the 1950s frequently expressed their displeasure with the *lack* of political pressure from international organizations, particularly the WHO and UN, both of which shied away from advocating birth control until 1965 out of fear of alienating Catholic members or jeopardizing other projects by fuelling controversy.³¹⁹ As May Farquharson noted in 1955:

Alas, the United Nations will so far do nothing whatever for B.C [Birth Control]. So far as I know, there is no agency whatever connected with U.N. that will do anything! The British and American family planning organisations keep up the struggle, but cannot yet get backing. One fine day, it may come, but up to the present, all these organisations will only talk and chitterchatter about overpopulation in the world, and how to grow more food and so on... They are all so afraid of backing anything that may decrease their usefulness in other matters.³²⁰

In 1957, Adams also lamented “the enormous void of governmental inaction in most democratic countries and in the United Nations.”³²¹ Rather than looking like population imperialists

³¹⁸ Segal (“Population and Politics in the Caribbean,” 22-23) presents a more linear process for the acceptance of family planning. According to Segal, first advocates set up a service to demonstrate interest (requiring external financial support), next, they request indirect government support (duty free contraceptives and use of government facilities) open more clinics and rally public support, and then eventually call for a national government program. Although these activities took place on all three islands, they often did so at the same time, and in some places (such as Barbados), indirect support came almost immediately, and was not transformed into a full-scale public program.

³¹⁹ Connelly, *Fatal Misconception*, 146, 151-2.

³²⁰ Fort George to Dr. Whitbourne, Letter, 22 June 1955 (4/108/870, May Farquharson Collection, NAJ), 1-2.

³²¹ “Underdeveloped Nations Need Population Growth Control Aid, Premier Says,” *Proquest Historical Newspapers Atlanta Daily World: 1931-2003*, 20 October 1957, 6.

imposing their views on Caribbean societies, these institutions appeared—at least from the perspective of the Caribbean—to be lagging behind the times.

The work of demographers and other “population control” academics from abroad, on the other hand, played an earlier and more noticeable role in local movements. Theories about the effects of “over-population” on developing economies were frequently cited as justifications for family planning by local advocates, and some studies—such as Stycos and Back’s Jamaica Family Life Project—were particularly useful in reassuring politicians that support for birth control would not entail political downfall. But these studies and theories were not enough on their own. Rather, in all three islands, they were accompanied by local studies by medical professionals, government committees and family planning clinic workers,³²² and by arguments which posited birth control not only as an economic policy, but as a part of health services, as an essential welfare provision, and even as a right of citizens. West Indians did not accept metropolitan theories uncritically; instead they acknowledged their flaws, distanced themselves from the more conservative assumptions behind them, and adapted them to local circumstances.

Of course, it would be easy to accuse Caribbean politicians of doing so in order to provide something of a liberal veneer to cover more conservative goals, as clearly occurred in some other settings.³²³ However, it should be pointed out that birth control had been advocated on the grounds of health, welfare, and reproductive rights for decades in the Caribbean, by the very same advocates—like Beth and Lenworth Jacobs, Grantley Adams, and J.A. Waterman—who would go on to direct family planning programs in the region. The linking of these goals to

³²² Indeed, as Cooper and Packard point out in their analysis of critical development studies, those who view development as a “Western” or outside initiative often fail to give much credit to local researchers and actors (Cooper and Packard, “Introduction,” 27-28).

³²³ Some international population control advocates such as C.P. Blacker, for example, openly admitted to using a form of “crypto-eugenics”, in which “You seek to fulfil the aims of eugenics without disclosing what you are really aiming at and without mentioning the world.” Quoted in Connelly, *Fatal Misconception*, 163.

“population control” and the “over-population” thesis in the 1950s and 60s may thus point to the ambiguity and flexibility of the latter concepts themselves, equally if not more so than to the ambiguity of local birth control movements. As Frederick Cooper and Randall Packard argue in their re-consideration of the “development” concept, for example, in order to understand the appeal the concept had to citizens, we need to understand it less as a “discourse” and more as a “framework for debate,”³²⁴ thus capturing the more dynamic ways that language is understood, modified and mobilized to fit with particular contexts.³²⁵ As they argue: “[l]ocating power does not show that it is determinant or that a particular discourse is not appropriable for other purposes,”³²⁶ for “what at one level appears like a discourse of control is at another a discourse of entitlement, a way of capturing the imagination of a cross-national public around demands for decency and equity.”³²⁷ In similar ways, programs justified under the rubric of “population control”/“over-population” could encompass a broad range of social and political agendas.

Indeed, Caribbean birth control advocates like Eric Williams explicitly denied that birth control had to be judged as *either* a national population issue *or* an individual family issue. As he argued in 1968, population problems “constitute national problems precisely because they affect so many of the nation’s families.”³²⁸ As evidenced in the autobiography, *Inward Hunger*, published in 1969, this was something Williams had experienced personally, as one of twelve children in a Catholic family barely kept afloat through the combined incomes of his civil servant father and his mother’s small cake-selling business. According to Williams:

It would have been necessary for my father to audit the accounts of all the Friendly Societies on the island and for my mother to supply cakes and bread to

³²⁴ Cooper and Packard, “Introduction,” 4.

³²⁵ *Ibid.*, 1, 2-3, 9-10, 27.

³²⁶ *Ibid.*, 3.

³²⁷ *Ibid.*, 4.

³²⁸ “The Rt. Hon. Dr. Eric Williams,” *Trinidad Guardian*, 20 October 1968, 5.

the entire population of Port-of-Spain in order to meet the fundamental family problem—the steady and inexorable disproportion between population and resources. The salary of a postal clerk, auditing fees and cake sales were simply inadequate...The failure to control births meant an increasing inability to provide for the children after birth. This was my parent’s dilemma—to be faithful children of the Church or not to be poor parents. On my father’s salary they couldn’t be both.³²⁹

As Williams vividly demonstrated, even the most simplistic Malthusian “population versus resources” dilemma could be interpreted in quite meaningful, personal ways, brought down from the level of national economic planning or theory to the intimate space of one’s own home.

³²⁹ Eric Williams, *Inward Hunger: The Education of a Prime Minister* (Markus Wiener Publishers, 1969), 27.

7.0 CONCLUSION

“We, the several young women of the community, have been practising birth control in Trinidad long before Little Eric came on the scene.”

- 38 year old domestic worker, Trinidad, 1956.¹

7.1 THE IMPACT OF BIRTH CONTROL CAMPAIGNS ON REPRODUCTIVE PRACTICE AND POLITICS IN THE WEST INDIES

Over the course of the 1960s-80s, Caribbean countries experienced significant declines in their birth rates. This process happened first in Bermuda, which moved from a birth rate of 26.88 per 1000 in 1960 to 20.51 in 1966,² but most dramatically in Barbados, which moved from a birth rate of 33.7 in 1955 to 17 in 1977,³ as well as Trinidad, where rates fell from 38 in 1960 to 27 in 1970.⁴ Jamaica's decline was more gradual, falling from 36.2 in 1955 to 34.4 in 1970 to

¹ Pro Justice, “Letter to the Editor,” *The Trinidad Chronicle*, 31 August 1956, 6.

² “Success Story in Bermuda.” *International Planned Parenthood News*, 159. May 1967 (SA/FPA/A10/19, Family Planning Association Papers, WL), 1.

³ Masiah, “The Population of Barbados,” 438. See also “Family planners' silver anniversary.” *Sunday Advocate-News*, 13 May 1979, 14. Barbados' fertility decline was seen as a “guide and model” for the Western Hemisphere. Message From Dr. Hernan Sanhueza in Barbados Family Planning Association, “30th Anniversary 1955-1985,” (WIC Pamphlets S281, West Indies Collection, ML), 15.

⁴ Nevadomsky, “Changing Conceptions of Family Regulation,” 190.

24.3 in 1985.⁵ As demographers noted, these declines were influenced in some cases (particularly Jamaica) by high rates of emigration among women of childbearing age in the 1960s.⁶ But declines in the birth rate were also accompanied on most islands by real declines in total fertility (the total number of children born per woman). Total fertility declined in Barbados from 4.2 births per woman in the mid-1950s to 2.4 by 1970,⁷ to 2.6 in Bermuda in 1970 and then to 1.7 in 1980,⁸ and sat at between 1.6-2.6 on the islands of Antigua, Dominica, St. Lucia, and St. Vincent by 1986.⁹ By 1990, the Caribbean region as a whole was recognized as having had some of the most dramatic declines in total fertility in the world.¹⁰

On several islands, these declines correlated with increases in birth control acceptors at the expanding networks of state-funded clinics. In Barbados, for example, from 1955 to 1970 new acceptors increased from about 282 to 5,264 per year, and clinic attendance rose in general from 1,700 to 27,000 patients per year.¹¹ Surveys in Trinidad showed that the number of “new acceptors” remained steady at 450 from 1960 to 1962, grew to 2,770 in 1967 then skyrocketed in 1968 to 7,900 in FPA clinics and 4,760 in government clinics as result of the expansion of the national family planning program; by 1969, this program served a total of 15,620 patients

⁵ For 1955 see Roberts, *The Population of Jamaica*, 10, for 1970 see Jamaica Family Planning Association Ltd *JFPA News* 1.3, April 1971 (J2235, NLJ), 1

⁶ See Massiah, “The Population of Barbados,” 438-440, 501, Stycos, “Recent Trends in Latin American Fertility,” 412. See also Jerome McElroy and Klaus de Albuquerque, “Migration, Natality and Fertility: Some Caribbean Evidence,” *International Migration Review* Vol. 24, No. 4 (Winter 2990), 783-802.

⁷ “Women in Five Caribbean Countries,” 49-50.

⁸ “Women and Fertility—1980 Census,” 1.

⁹ “Women in Five Caribbean Countries,” 49-50.

¹⁰ Average children per woman in Trinidad, for example, had fallen by 43% from five in 1960 to three in 1990, in Guyana from 6 to 3.3, and in Jamaica, “considered a leader in family planning in the Caribbean”, from 6 to 3. “TT Records One of Sharpest Drops in Family Size in W. Hemisphere,” *Trinidad Guardian*, 9 March 1990, 3. On Bermuda see Dorothy K. Newman, “The Population Dynamics of Bermuda: A Decade of Change,” Statistical Office, Department of Finance, 7 December 1972 (Stacks, BNL).

¹¹ Massiah, “The Population of Barbados,” 434-435.

altogether.¹² The development and spread of more effective methods such as the pill and IUD also had a particularly notable effect. Bermudian family planners, for example, noted a rapid drop in the birth rate following the introduction of the IUD in 1965.¹³ Similarly, although birth rates began to decline in 1955 in Barbados, demographers mark 1964—the year clinics were significantly expanded and began to incorporate oral contraceptives and IUDs—as the “take-off year” in which the island experienced a dramatic surge in birth control acceptors and the initiation of a more rapid decline in birth rates.¹⁴ Ninety percent of new patients in Trinidad in 1964 also chose the pill or IUD.¹⁵

Of course, family planning clinics cannot claim sole responsibility for increased birth control usage on the islands. As noted in the quote opening this chapter, women have always had other means of getting birth control methods; condoms were available at pharmacies, some methods could be ordered by mail, and pills and IUDs could be obtained from some private doctors. Indeed, studies in the 1980s showed that the plurality of women in five Caribbean countries (from 33% in Antigua to 81% in Dominica) who started using the pill or other methods obtained them from private doctors or public health nurses rather than birth control clinics.¹⁶ On some islands, such as Trinidad, birth rates also began to decline *before* the expansion of state clinics. If not initiating or solely responsible for them, however, studies have argued that the advent of a state program—and the rapid increase in acceptors it facilitated—likely “sustained or

¹² Roberts, “Family Planning and Development Discourse,” 9. See also J.E. St. Cyr, “The Social Services of Trinidad and Tobago: A Preliminary Evaluation,” 1971 (West Indiana Collection, AJL), 115-119.

¹³ “Success Story in Bermuda,” *International Planned Parenthood News*, 159. May 1967 (SA/FPA/A10/19, Family Planning Association Papers, WL), 1.

¹⁴ Miller, “Barbados,” 9, Massiah, “The Population of Barbados,” 494.

¹⁵ *Ibid.*, 1.

¹⁶ See “Women in Five Caribbean Countries,” 50. More recently, some islands have also allowed women to acquire birth control pills over the counter at pharmacies. See Chin-Quee, Cuthbertson and Janowitz, “Over-the-Counter Pill Provision.”

accelerated”¹⁷ fertility declines on islands like Trinidad. Analyses of Barbados (where one third of women who used birth control in the 1960s obtained it from the BFPA),¹⁸ have been more confident in stressing the role of state-funded family planning, with one study estimating that at least half of the fertility decline in the 1960s was a result of averted births among present and past clients of the BFPA.¹⁹ Indeed Barbados’ program has been widely recognized as a family planning “success story,” with scholars pointing to early political acceptance, high rates of primary education, and the island’s small size as contributing factors which allowed investments in communications and public health to have fairly rapid results.²⁰

Indeed, the public debates, billboards, advertisements, and pamphlets initiated by family planning campaigns and open state support surely also had an indirect effect on contraceptive usage, by enhancing birth control knowledge and helping open up conversations about family planning practices. Studies in the 1980s, for example, showed high levels of awareness of birth control methods in five Caribbean countries, with some 75% of Barbadian women able to name six or more types of contraceptives.²¹ Scholars and laymen alike have also noted changes in public attitudes towards birth control usage. As a man in a small East Indian-dominated town in rural Trinidad related to anthropologist Joseph Nevadomsky in 1982:

I was very surprised to see a woman from the village, whom I know to be a very shy person, buying contraceptives in a pharmacy. I was there and she greeted me, then asked the clerk for Durex rubbers. A few years ago you could never get a woman to do that sort of thing. Very few people knew about birth control... a man who brought condoms home could pass them off as balloons if his children or

¹⁷ Stycos, “Recent Trends in Latin American Fertility,” 413.

¹⁸ Roberts, Cummins and Alleyne, “Knowledge and Use of Birth Control in Barbados,” 590-591, Segal, “Politics and Population in the Caribbean,” 46. The percentage of women who sought out the BFPA’s services was also measured at 10,000 women in 1970, or 20% of women of childbearing age. Balakrishnan, “A Cost Benefit Analysis,” 353.

¹⁹ For a review of studies of Barbados, see *Ibid.*, 414.

²⁰ Segal, *Population Policies in the Caribbean*, 7.

²¹ “Women in Five Caribbean countries,” 50; in Trinidad see Nevadomsky, “Changing Conceptions of Family Regulation,” 194-5.

wife happened to find them. Children used to bring them to school and blow them up.²²

Nevadomsky also noted that villagers would openly discuss birth control in mixed company, relating experiences and sharing complaints about side effects and other matters.²³ As Patricia Mohammed notes, by the thirtieth anniversary of the FPATT in 1986, family planning had moved fairly concretely from something “not mentioned in polite circles and unheard of in others” to “an accepted institution.”²⁴

To acknowledge the role of family planning campaigns in making contraceptives more widely available, enhancing birth control literacy and creating a more favourable climate towards family planning in general is not, however, to argue that women were convinced by the state or birth control advocates that they should have smaller families. As this dissertation has demonstrated, many West Indian women and men already wanted smaller families before the advent of birth control campaigns. This demand likely grew in the post-independence period as a result of improved living conditions, new economic opportunities, and expanding access to education for the population (and women in particular) on several islands,²⁵ all of which,

²² Nevadomsky, “Changing Conceptions of Family Regulation,” 194.

²³ Ibid., 194-195. For Jamaica see R. Ferguson and L.D. Collins M. Alderman, “Evaluation of a Family Planning Clinic in Rural Jamaica,” *Commonwealth Caribbean Medical Research Council: Nineteenth Scientific Meeting*, UWI, Mona, Jamaica, 1974. (Srl 404, BNA)

²⁴ Mohammed, “A History of the Family Planning Association,” 1. Ralph Hoyte similarly argued that “It was sensible and frank talk in the field that has been FPA's greatest achievement...to remove superstition and ignorance and encourage an air of decency about matters relating to sex and child bearing. Today it is a normal and decent thing to talk about sex and reproductive issues.” Family Planning Association of Trinidad and Tobago, “Pioneers in Family Planning...40 years of empowering people: Annual Report 1995,” 1995 (West Indiana Collection, AJL), 1. See also Roberts, “Family Planning Policy and Development Discourse, 12) and “Family planners' silver anniversary.” *Sunday Advocate-News*, 13 May 1979, 14.

²⁵ On these changes in Barbados, see Massiah, “The Population of Barbados,” 494-5. On Trinidad, see Meighoo, *Politics in a Half-Made Society*, 87-92, Patricia Mohammed, “Midnight's Children and the Legacy of Nationalism.” *Callaloo* 20.4, Eric Williams and the Postcolonial Caribbean: A Special Issue (Autumn 1997), 737-52.

scholars have shown, can provide incentives for having smaller families.²⁶ As Christine Barrow argues:

Caribbean family planning programmes... have been successful not as a result of moral pressure to have fewer children, but because the provision of contraception gave people options. Women, in particular, could redefine motherhood within the context of their own lives and choose whether or not they wished to spend the greater part of their adult lives bearing and rearing children.²⁷

In sum, birth control campaigns did not create birth control demand, but they certainly made it easier to fulfil.

They also did so, as Dorothy Roberts points out in her study of Trinidad, largely through “political discourse rather than state coercion.”²⁸ In this way, the Caribbean experience seems to depart from other areas where—scholars have argued—birth control campaigns explicitly targeted poor and/or black populations, were headed and funded by white elites with the backing of the international community, and were justified by reference to neo-Malthusian and eugenic discourses.²⁹ The Caribbean's distance from this pattern may reflect the unique historical moment at which birth control campaigns arrived in the region, a moment characterized by challenges to elite power, the mobilization of anti-racist, anti-imperial, and nationalist movements and the entry of the black middle classes more firmly into the political and social life of the islands. These factors likely helped fuel the widescale mobilization against more coercive proposals (such as the 1935 Report on Unemployment in Bermuda) and made that opposition particularly effective in restraining the power of both local conservative elites and the Colonial Office. The general enthusiasm and political and social activism of the period also helps explain

²⁶ See Nevadomsky, “Changing Conceptions of Family Regulation,” McElroy and Albuquerque, “Migration, Natality and Fertility,” 685-6, W. Penn Handwerker, *Women's Power and Social Revolution: Fertility Transition in the West Indies* (SAGE Publications, 1989).

²⁷ Barrow, *Family in the Caribbean*, 439.

²⁸ Roberts, “Family Planning Policy and Development Discourse,” 18.

²⁹ See Chapter One.

why so many people (from reformist elites to nationalists to nurses) got involved in the birth control cause, thus ensuring that family planning here became a more multifaceted movement serving a wider variety of agendas. But the “uniqueness” of the Caribbean may also, in some ways, be a matter of sources and approach. As scholars have noted in other contexts, birth control campaigns can often look more conservative on the surface than they are on the ground.³⁰ Indeed, it is by looking *past* the white elite donors, the most conservative advocates, and the most controversial moments of the campaigns that we are able to see the broader context of the family planning movement here, and understand how the Caribbean birth control experience was shaped over time by a very broad group of actors, including the working class men and women they targeted.

These sources also show that the expansion of contraceptive services facilitated by these movements was not natural or inevitable, but rather driven by the concerted action of many individuals acting on many levels. As more recent studies of reproductive health services in the Caribbean have shown, this process was also not complete or irreversible. Indeed, although living conditions improved across the region in the 1960s-70s due in part to the expansion of health care, education, and other services,³¹ the failure of middle class-led movements to institute larger economic reforms and the slashing of public services in the 1980s under structural adjustment programs has contributed to continuing—in some places, increasing—inequality between the rich and poor,³² such that many portions of the population lack access to health care in general, and birth control services in particular. As in the United States, teenage pregnancy

³⁰ See Chapter One.

³¹ Beckles, *A History of Barbados*, xv, Ralph M. Henry, “Notes on the Evolution of Inequality in Trinidad and Tobago,” in Kelvin A. Yelvington, ed., *Trinidad Ethnicity*, 56, 69-74.

³² Ryan, *Race and Nationalism in Trinidad and Tobago*, 6-8, Beckles, *Chattel House Blues*, 80-89.

rates across the region remain particularly high,³³ enhanced by high levels of non-consensual sexual intercourse.³⁴ Abortion also remains a politically divisive and legally ambiguous issue across the region,³⁵ with many islands continuing to abide by the British Offences Against the Person Act of 1865, which outlined harsh penalties for “unlawful” abortions but left unidentified when an abortion might be considered “lawful.”³⁶ Family planners did not openly support reform of this law until the 1970s (largely out of fear of losing the gains made in the birth control movement by associating themselves with the more controversial method),³⁷ and since then conversations on abortion in Jamaica and other islands have frequently been derailed by religious opposition and/or political hesitance.³⁸ As a result, although a handful of islands (including Barbados) have decriminalized abortions undertaken for health, social and economic reasons, across most of the former British colonies the law only explicitly permits abortion under narrow circumstances (mainly in cases of rape, incest or to protect the life of the mother).³⁹ Registered medical professionals are thus hesitant to perform the procedure, such that some 45% of abortions take place under unsafe conditions,⁴⁰ either conducted by non-professionals in

³³ Barbados Family Planning Association, “30th Anniversary 1955-1985,” 1985 (WIC Pamphlets S281, West Indies Collection, ML), 8. See also Miller and Parris, “Capturing the Moment,” 39-58 and Affette McCaw-Binns, et al, “Adverse Consequences of Uninformed Adolescent Sex in Jamaica,” 55. See also Jean Jackson, Elizabeth Eggleston and Karen Hardee, “Sexual Attitudes and Behavior Among Young Adolescents in Jamaica,” *International Family Planning Perspectives*, 25.2 (June 1999), 78.

³⁴ Eileen A. Yam et al, “Jamaican and Barbadian Health Care Providers’ Knowledge, Attitudes and Practices Regarding Emergency Contraceptive Pills,” *International Family Planning Perspectives*, 33.4 (December 2007), 160.

³⁵ Studies have estimated that abortion rates are as high as 35/1000 in the Caribbean (compared to 21/1000 in North America). McCaw-Binns, et al, “Adverse Consequences of Uninformed Adolescent Sex,” 159.

³⁶ Shakira Maxwell, “Fighting a Losing Battle? Defending Women’s Reproductive Rights in Twenty-First Century Jamaica”, in Heron and Maxwell, eds., *Social and Economic Studies Special Issue*, 98.

³⁷ A BFPA report in 1971, for example, calling on family planners to take a stance on abortion, arguing that legalizing it would help reduce deaths. See Barbados Family Planning Association, “Survey of Lower-income Women,” 12.

³⁸ Segal, *Population Policies in the Caribbean*, 20, Maxwell, “Fighting a Losing Battle?” 101-7.

³⁹ On the West Indies see Miller and Parris, “Capturing the Moment,” 40. On Bermuda see Celia Palmer. “A History of Women in Bermuda.” *The Ministry of Community & Cultural Affairs* (Heritage Exhibition, 1994), 59.

⁴⁰ McCaw-Binns, et al, “Adverse Consequences of Uninformed Adolescent Sex,” 159.

unsanitary conditions or induced at home through mechanical means or with new abortifacient drugs available on the black market.⁴¹

Public and political support for birth control more generally is also not complete or irreversible. For example, some leaders within Trinidad's "Black Power" movement in 1970 challenged the political consensus over family planning on the island, arguing once more that birth control campaigns were white, imperialist projects and stating their opposition to family planning. As feminist scholars have argued, this was connected in part to the gender and sexual politics of Black Power movements more broadly, which tended to marginalize women's issues within the movement and stress the importance of a numerically and physically powerful, heterosexual "black masculinity."⁴² But these claims were also part of a larger critique of persistent racial inequalities across the region, where the white elite continued to exercise disproportional economic (if not political) power, and where those with darker skin still faced discrimination and found it harder to move up the social ladder in spite of nationalist governments' commitment (at least discursively) to racial equality.⁴³ Although these critiques were not shared by all branches of the Black Power movement and did not lead to an overturning of state support for birth control in Trinidad,⁴⁴ they illustrate the continued contentiousness of reproductive politics wherever race, class and gender equality remain unfulfilled promises.

⁴¹ This includes Cytotec, a drug with serious side effects that can be ordered online. See Maxwell, "Fighting a Losing Battle?" 105.

⁴² See Victoria Pasley, "The Black Power Movement in Trinidad: An Exploration of Gender and Cultural Changes and the Development of a Feminist Consciousness," *Journal of International Women's Studies* Vol. 3, No. 1 (2001), 26-29, Alexander, "Not Just (Any) Body Can Be a Citizen," 14.

⁴³ As Rupert Lewis argues, for example, "[t]he upper classes in the Caribbean are now not as open in their contempt for the mass of the population as before but the ideological core of class and racial prejudices remains intact and has been transmitted down the generations" (Lewis, "The Contestation of Race in Barbadian Society," 136).

⁴⁴ Pasley also notes that several of the organizations that branched off of the Black Power movement—such as the United Revolutionary Organization and Youth Forces and Working Class Movement—did recognize the value of birth control (Pasley, "the Black Power movement in Trinidad," 29).

Nowhere is this made more apparent than by looking back once more to the case of Bermuda, where social tensions continue to find periodic expression through controversies over birth control, despite (or perhaps because of) the fact that the island was one of the first places in the region—and in the world—to have a state-funded family planning program.

7.2 GIVE BIRTH TO ANOTHER BERMUDIAN: CONTINUING CONTROVERSIES OVER REPRODUCTION

As we have seen, the birth control movements that gained political acceptance in Jamaica, Trinidad, and Barbados in the 1950s and 60s were significantly shaped by broader political and social transitions occurring at the time, including the advance of the black middle classes, the rise of nationalist movements, and the expansion of political independence across the region. In the 1950s, Bermuda too seemed headed in this direction. As outlined in Chapter Three, black Bermudians made new inroads into the legislature in the 1950s and several black doctors and parliamentarians became involved in the island's Population Committee in 1955, pushing it towards a broader conception of population issues.⁴⁵ In 1959, a collection of university students returning from the United States also launched a massively popular boycott in protest of racial segregation on the island. Within two weeks, the boycott had achieved its objective, as hotels, restaurants, theatres, and cinemas across the island retracted their age-old segregation policies once and for all. In 1961, the Bermudian government made this official policy, passing a law that banned discrimination in restaurants based on race, class, creed, or

⁴⁵ See Chapter Three.

colour. Black working class leaders also organized into the Committee for Universal Adult Suffrage (CUAS) and eventually the Progressive Labour Party (PLP) to press for integrated education, low-cost housing, economic equality, reform of voting laws, and national independence.⁴⁶

But these gains were not carried through on the same level in Bermuda as they were in the Caribbean proper. Although an act in 1963 granted the vote to all Bermudians over the age of 25, landowners were still allowed an extra vote. A 1966 Constitutional Conference would also reaffirm Bermuda's colonial status and the appointed governor's right to veto policy; in fact, Bermuda remains a British "overseas territory" to this day.⁴⁷ The local government also passed Prohibited Publications, Emergency Powers and Public Order Acts in the early 1960s which together allowed the governor to suppress any information deemed "undesirable," practice absolute power in the case of declared emergency, and request legal permission for any public gathering or demonstration.⁴⁸ According to historian Quito Swan, these acts were largely used to limit black political activism in the following years by banning Black Power publications,⁴⁹ and to suppress labour strikes which erupted into confrontations with the police in the mid to late 1960s.⁵⁰ Indeed, as Swan argues, official desegregation did not end racial tensions or discrimination, since "segregation was a symptom of racism, not the cause itself."⁵¹

The political and social tensions on the island were only further enhanced by the actions and proposals of state officials and leading politicians. Parliamentarians R.O. Outerbridge and

⁴⁶ Swan, *Black Power in Bermuda*, 14-23, Alexander, *A History of Organized Labour*, 105-6, Zuill, *The Story of Bermuda and Her People*, 201-3, Williams, *LOIS*, 18-23, 48-64.

⁴⁷ Swan, *Black Power in Bermuda*, 21.

⁴⁸ *Ibid.*, 18.

⁴⁹ For example, in 1965 the government used the Prohibited Publications Act to justify a ban on the Black Muslim paper *Muhammed Speaks*. *Ibid.*, 20.

⁵⁰ Swan, *Black Power in Bermuda*, 20-21, 26-27.

⁵¹ *Ibid.*, 17.

M.A. Gibbons, for example, continued to put forward proposals for compulsory sterilization to battle illegitimacy as late as 1965.⁵² The particularly inflammatory language and tactics of the island's Director of Health in the 1960s, Dr. Simon Frazer, also did not help. As we have seen, Frazer was the main force driving an aggressive campaign to increase use of Emko foam across the island in 1961 which attracted criticism from a number of quarters for its overly-ambitious claims and narrow focus on the method over all others.⁵³ Frazer also launched a series of radio talks on birth control that year which showed a clear disregard for the sensitive history of sterilization and reproductive politics more generally on the island. For example, in discussing the question of compulsory sterilization for parents of illegitimate children, he admitted that it was something "which probably today we would not even consider" but made a point of noting that "I do know from my own work that we do have a number of women who seem, to put it kindly, singularly stupid and who have produced [a] large number of children out of wedlock... no amount of persuasion or kindly talk or advice seems to effect them in any way at all."⁵⁴ Frazer's contempt for many of his female patients also came through in his resistance to introducing the birth control pill to his clinics once it became available on the island. As he explained in a radio broadcast in 1961: "I cannot imagine many women who will, in fact, take a pill 20 days a month, month after month, year after year, and I think to attempt this on people whose motivations are not very intense is, frankly, a waste of time."⁵⁵

⁵² "M.C.P.s Debate Ways of Curbing Illegitimacy Here," *The Recorder*, 16 January 1963, 1. "Call for Attack on Colony's Housing and Over-Population," *Gazette*, 8 June 1965.

⁵³ See Chapter Four.

⁵⁴ Dr. Simon Frazer, "Radio Medical Report #60," January 1961 ("Dr. Frazer's Speeches" folder, Health and Welfare Box 1, BA), 2

⁵⁵ Dr. Frazer, "Medical Report #67 (Weekly broadcast every Saturday evening after the News)," March 1961 ("Dr. Frazer's Speeches" folder, Health and Welfare Box 1, BA), 1. Frazer changed his position on the pill in December 1962 and allowed it to be offered at clinics ("There's No Use Pretending Says Doctor Frazer," *The Recorder*, 8 December 1962, 1), but still remained sceptical, noting that although they supplied them "I disbelieve that many ladies would take the pills as prescribed." "Unwanted Children," *Mid-Ocean News*, 13 March 1965, 3.

These statements attracted vocal criticism from the public, as letters to the press accused the Health Department of instituting “a vicious programme of sterilization as a population policy”⁵⁶ and linked present concerns over “population control” to Hitler’s “final solution.”⁵⁷ Commentators also used government concern over “over-population” as an entry point into critiques of racially discriminatory immigration policies on the island,⁵⁸ as well as the lack of sufficient public and social services; as one Mr. Mansfield Brock noted at a Franchise Meeting: “Government was also prepared to give free sterilization, but not prepared to give free education in secondary schools.”⁵⁹ The PLP’s only white candidate,⁶⁰ Dorothy Thompson, also criticized continued proposals for compulsory sterilization and the targeting of women by Frazer.⁶¹ As she argued:

I am heartily sick of members of the House constantly referring to "irresponsible" women. This is a community problem and maybe one which wealthy landowners cannot be expected to understand. The voice of women is more than ever necessary these days in Bermuda.⁶²

Dame Lois Evans of the PLP also accused Frazer of pressuring women to be sterilised. Although Frazer denied it,⁶³ Evans claimed she knew of at least one woman who had been urged to get sterilised and told there would be no charge.⁶⁴ A motion put forward by the PLP in 1963

⁵⁶ Roosevelt Browne, “Letter to the Editor,” (*The Recorder*, 11 January 1961, 2).

⁵⁷ Stentor, “Letter to the Editor,” *The Recorder*, 23 May 1962, 2.

⁵⁸ As members of the Legislature W.L. Tucker and A.A. Francois argued there was a contradiction between the easy entry of Americans and Europeans into the island while West Indians were restricted and the local black population was told to reduce its birth rates. “Praise and Blame for Birth Control Campaign,” *The Royal Gazette*, 5 December 1961, 1.-2. See also Roosevelt Browne, “Letter to the Editor,” (*The Recorder*, 11 January 1961, 2).

⁵⁹ See also earlier comments: “Franchise Meeting in Uproar Over Assertion About Marginal Men and Mixed Marriages,” *The Recorder*, 28 September 1960, 5. E.N. Hodgson, “Taxation and Policies.” *The Recorder*, 28 December 1963, 2.

⁶⁰ On Thompson, see Williams, *Lois*, 72-79.

⁶¹ Dorothy F. Thompson, “Letter to the Editor,” *The Royal Gazette*, 17 January 1963, 6.

⁶² *Ibid.*, 6.

⁶³ “Dr. Frazer Denies He Recommends Abortion.” *The Recorder*, 11 December 1963, 2, 6.

⁶⁴ “Birth Control Under Attack,” *The Recorder*, 4 December 1963, 2.

to censure Frazer by drastically cutting his pay, however, was defeated in the House of Assembly.⁶⁵

By 1967, these tensions would erupt into a full-fledged political controversy surrounding Evans and Frazer. At a political meeting in August of that year, Evans had launched into a general diatribe against Frazer, focusing at first on a statement he had made that marijuana was non-habit forming.⁶⁶ Evans argued that her experiences as a lawyer of young offenders suggested otherwise and also questioned Frazer's reputation in general by drawing the public's attention to his views on family planning, and particularly, his advocacy of the sterilization of young unmarried girls. How could Frazer be so loose on drugs, and yet such a stickler on illegitimacy? At the end, in an "off the cuff remark that would come back to haunt her for years to come,"⁶⁷ Evans (as the *Royal Gazette* reported) "urged young people not to get their kicks on 'C Street' but at political meetings such as the one last night. She then added that she didn't care if a young man even spent his time fornicating 'out in the grounds—[since] at least he is going to give birth to another Bermudian.'" ⁶⁸

The comment quickly gained traction in the press, where it "caused an uproar, setting off a public chain reaction"⁶⁹ and was used to attack the PLP in general. As one letter-writer claimed, her comments were an "exhortation to immorality and illegitimacy," and proved that "a

⁶⁵ "House of Assembly Budget Debate Nearing Its End Now," *The Recorder*, 4 December 1963, 1.

⁶⁶ Frazer actually said that marijuana was "not an addictive drug in some definitions of the world although it undoubtedly gets a hold on people who use it." Dr. S.M. Frazer, "Context of a Broadcast by Dr. S.M. Frazer, Director of Health Services, No. 255," 5 March 1966 ("Dr. Frazer's Speeches" folder, Health and Welfare Box 1, BA), 1.

⁶⁷ Williams, *Lois*, 139. Indeed, this story was repeatedly told to me while doing research on the island in 2010.

⁶⁸ "Devonshire Meeting: Workers Urged To Support PLP By BIU Officer." *The Royal Gazette*, 18 August 1967, 2. This story is also recounted by Williams (*LOIS*, 138-139) although he incorrectly identifies the date as 1963, and quotes her as saying fornicating "in the bushes" rather than "on the grounds."

⁶⁹ Williams, *LOIS*, 139.

vote for the P.L.P. is a vote for babies who are not only illegitimate but Communists also!”⁷⁰ Others suggested that the term “another Bermudian” really meant “another *black* Bermudian,” and that Evans was thus encouraging a “black population explosion,”⁷¹ perhaps to provide a voting base for the PLP.⁷² The *Royal Gazette* editor came to Evans’ defence, arguing that her intent had been to point out that “sexual immorality is better than taking marijuana.”⁷³ Evans herself later attributed the comment to a slip of tongue at the end of a long day.⁷⁴

Whatever her intentions, Dame Lois’s comment and her (and others’) general critiques of Frazer built on a long history of black activist resistance to birth control which called out the conservative motives behind birth control campaigns initiated from above and asserted the power of the black population to live and reproduce as they wished in the face of white elite economic and political control. This particular brand of resistance stretched back to the Jamaican branch of the UNIA in the 1940s, was echoed by E.D. Mottley in Barbados in the mid-1950s, and continued to hold for Black Power activists in Trinidad as late as 1970. But in denouncing birth control campaigns wholesale in order to critique elite power, these opponents at times failed to recognize the ways that access to birth control could also empower women and families. Indeed, as second-wave Afro-, Indo-, Coloured, and white feminists across the Caribbean would argue in the 1960s and 70s, just as analyses of birth control campaigns which ignored race and class differentials were essentially limited, so were critiques of race and class structures which ignored the value of birth control. These feminists pointed to the need to address both racial and class

⁷⁰ “GREAT SOUND”, “Letter to the Editor,” *The Royal Gazette*, 19 August 1967, 4. For similar criticisms, see “Canon Criticises Remark by M.C.P.,” *The Royal Gazette*, 21 August 1967, 1. AND DISMAYED FOR BERMUDA’S FUTURE DISGUSTED, “Letter to the Editor,” *The Royal Gazette*, 24 August 1967, 4.

⁷¹ Williams, *LOIS*, 139.

⁷² As one commentator wrote, “If the P.L.P. have found a way for both sexes to give birth to illegitimate children, they ought eventually to vote themselves into power forever.” PLEASE WITHHOLD NAME, “Letter to the Editor,” *The Royal Gazette*, 21 August 1967, 5.

⁷³ “Editorial: Contentious Statement.” *The Royal Gazette*, 23 August 1967, 4.

⁷⁴ Williams, *LOIS*, 140.

inequalities and reproductive inequalities together, rather than seeing them as an either/or equation.⁷⁵ In doing so, they too invoked a long tradition of Caribbean birth control advocacy—put forward by David Tucker, E.F. Gordon and Maymie Aiken as far back as the 1930s—which called for *both* economic reforms *and* access to birth control, and recognized that real reproductive freedom necessitated real reproductive options. As summarized by Trinidad’s PNM in 1965:

It has been said that birth control is not the business of the State but of the individual couple who wish or do not wish to use it. That such a choice should rest with the individual, and the State should in no way dictate on what is a personal choice, is indeed morally imperative. But if people are to be free to make a choice they must have a choice to make. There is no choice available to people who have never heard of contraception, or if they have heard do not know where to go to learn about it. There is no choice available to the poor in areas where no subsidised or free services are provided; and there is no choice available to the woman who is too shy or too afraid of the unknown to ask her doctor for advice if he does not offer it to her.....

It is certainly not the business of the State to force any of its citizens to use birth control, but while it does not offer it, it forces many of them not to use it.⁷⁶

⁷⁵ On feminism in 1960s/70s in Caribbean, see Reddock, “Women’s Organizations and Movements,” and Patricia Mohammed, “Towards Indigenous Feminist Theorizing in the Caribbean,” *Feminist Review* No. 59, Rethinking Caribbean Difference (Summer 1998), 6-33.

⁷⁶ A Committee of the General Council, “People’s National Movement: Report on Family Planning,” 40-41.

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Abbreviations

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BA - Bermuda Archives, Hamilton, Bermuda
BNA - Barbados National Archives, Lazaretto, Barbados
BNL - Bermuda National Library, Hamilton, Bermuda
CUL – Cornell University Library, Ithaca, NY, United States
LOC - Library of Congress, Washington, D.C., United States
ML – Main Library, UWI Cave Hill, Barbados
NAJ - National Archives of Jamaica, Spanishtown, Jamaica
NATT - National Archives of Trinidad and Tobago, Port of Spain, Trinidad
NAUK - National Archives of the United Kingdom, Kew, United Kingdom
NLJ - National Library of Jamaica, Kingston, Jamaica
NLTT - National Library of Trinidad and Tobago, Port of Spain, Trinidad
NMIRC - Nicky McBride Information Resource Centre, Family Planning Association of
Trinidad and Tobago Main Office, Port of Spain, Trinidad
SSC - Sophia Smith Collection, Smith College, Northampton, M.A., United States
WL - Wellcome Library, London, United Kingdom

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- Atlanta Daily World*
Barbados Advocate
Barbados Observer
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The Daily Gleaner (Jamaica)
Daily Mirror (Trinidad)
Express (Trinidad)
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The Nation (Trinidad)
New Negro Voice (Jamaica)

The New York Amsterdam News
The People's Voice (Jamaica)
Philadelphia Tribune
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