

# Global Histories

A Student Journal

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DOI: <http://dx.doi.org/10.17169/GHSJ.2025.686>

Source: Global Histories, Vol. 10, No. 2 (December 2025), pp. 87–107  
ISSN: 2366-780X

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### Publisher information:

*Global Histories: A Student Journal* is an open-access bi-annual journal founded in 2015 by students of the M.A. program Global History at Freie Universität Berlin and Humboldt-Universität zu Berlin. *Global Histories* is published by an editorial board of Global History students in association with the Freie Universität Berlin.

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# **The Development of Birth Control Campaigns in a Colonial Context (1920–1967)**

## **ABSTRACT**

In the twentieth century, birth control became a widespread topic in both imperial and colonised countries. In line with global concerns about a rising population in the Global South, demographers, neo-Malthusian thinkers and eugenicists campaigned in favour of birth control, especially amongst poorer populations. This paper explores the extent to which the practices and laws around contraception in Britain and metropolitan France influenced the development of birth control campaigns in three of their colonies in the Caribbean: Jamaica and the French West Indies (Martinique and Guadeloupe). While each case has been studied individually, no comparative research has been done yet. Combining the historiography of these five territories highlights the transnational nature of birth control campaigns as ideologies and practices spread across borders. This article argues that early birth control advocacy began in imperial countries and based itself on eugenicist and neo-Malthusian views on demography. However, in each of the studied countries, the campaigns developed at their own pace, both for legal and political reasons, but also in response to the different reactions and initiatives by local actors.

**BY**

**Greta Marie Stripp**

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Greta Marie Stripp graduated from the Vrije Universiteit Amsterdam with a BA in history and international studies. She is currently enrolled in a law bachelor at Paris 1 Panthéon Sorbonne. Her research interests lie in legislative history, focusing on the colonial context in which birth control campaigns developed in the twentieth century.

## Introduction

In 1925, the Cambridge Women's Welfare Association was formed with the aim of opening a birth control clinic. An English journalist writing for the *Eugenics Review* documented this event and praised the presence of scientists on the association's Council, as it would ensure the improvement of contraceptives. This last part seems of particular importance to the author who, in a statement with clear eugenic undertones, highlights that "it is unfortunately true that the existing methods are often beyond the competence of just the stupidest and therefore the most undesirable members of society."<sup>1</sup> He was far from the only one with this view. In Britain and across the world, birth control advocates combined eugenic, neo-Malthusian, and arguments in favour of women's liberation. When looking at their discourses, a complex history of birth control emerges, at the intersection of racial and class biased demographic concerns and feminist campaigns for women's liberation.

Using the case of two European colonial powers (Britain and France) and three Caribbean islands (Jamaica, Martinique and Guadeloupe) from the 1920s to the 1960s, this paper studies birth control in a colonial context. This comparative approach allows me to highlight the discrepancies between the discourses and campaigns surrounding birth control in the metropole and their Caribbean colonies. On one hand, this research argues that, even though Britain and metropolitan France had different laws and attitudes towards birth control, both the British and the French colonial authorities shared similar stances when it came to birth control in their colonies. On the other hand, this paper highlights that the pace at which the measures promoting birth control were implemented depended on the practices in the respective metropolises, and the response by local actors to the pro-birth control arguments.

During the early twentieth century, birth control was illegal both in imperial countries and their colonies. The time frame for my research spans from 1920, when the first law against anti-conception propaganda was passed in France, to 1967, when birth control was legalised in both France and Britain. Using legislative changes as a time frame highlights that even though the legalisation of birth control happened at the same moment in France and Britain, the extent to which the anti-birth control laws were applied in the decades preceding the legalisation differs. It is therefore necessary to look at cultural and political factors which could explain the difference in the pace at which the campaigns developed. Britain was one of the first European countries to publicly engage with the birth control debate and, even though illegal, contraceptives became

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1 "Cambridge Women's Welfare Association," *Eugenics Review*, 3 (1925):188–195. <https://pmc.ncbi.nlm.nih.gov/articles/PMC2942719/?page=8>. (accessed May 8, 2024).

widely available and the bans on distribution unenforced. France, on the other hand, was marked by restrictive laws, encouraged by a strong pro-natalist mindset. The pro-natalist ideology, which advocates for a higher birth rate in response to a declining population, was present in France from the nineteenth century on, but grew stronger after World War 2 and the publication of demographic studies showing the decline of the French population.<sup>2</sup> The debates around birth control therefore only started in the 1950s, three decades after Britain.

However, in their colonies in the Caribbean, both countries strongly encouraged the spread of birth control, convinced that overpopulation was the main reason behind the islands' economic problems. This view was in line with concerns about a rising population in the Global South, arguments which were put forward by demographers, neo-Malthusians and eugenicists of imperial countries.<sup>3</sup> Neo-Malthusianism is an actualisation of the eighteenth-century writings by Thomas Malthus, who defended the idea that the world population is increasing at a faster pace than available resources.<sup>4</sup> Eugenics was employed to defend the belief that behavioural characteristics are inheritable. In the context of birth control advocacy, this meant that the fertility of those who were considered "unfit" needed to be limited. The "fit" were mainly considered to be the White elite, while the poor and non-White population were referred to as "unfit."<sup>5</sup> These two schools of thought were dominant amongst the elite of imperial countries.

For this study I will focus on three colonies in the Caribbean. Firstly, Jamaica, which was the largest British colony in the Caribbean and a place where birth control campaigns expanded early and at a fast pace. Secondly, Martinique and Guadeloupe, which were under French control and part of the island group often called the French West Indies. Even though both islands have their own history, context, and set of actors, all laws that were passed applied to both islands and most of the primary sources and secondary sources used in this article address them jointly, I will therefore do the same. These three islands were chosen for their size, geographical proximity and the amount of data and research available on them. The findings reached in this paper can only be applied to the above-mentioned places. Further research could focus on other French and English colonies in order to draw broader conclusions.

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2 Melanie Latham, *Regulating Reproduction, a Century of Conflict in Britain and France* (Manchester University Press, 2002), 27.

3 Nicole Bourbonnais, *Birth Control in the Decolonizing Caribbean: Reproductive Politics and Practice on Four Islands, 1930-1970* (Cambridge University Press, 2016), 9.

4 Ibid.

5 Ibid.

Comparing French and British colonies allows me to explore the extent to which colonial relations shaped birth control campaigns in the Caribbean. In both cases, the initial pro-birth control campaigns were encouraged by the colonial administration. However, the local context and the agency of local actors should not be undermined, as the way in which they responded to the birth control campaigns strongly influenced the pace at which they would be implemented.

This paper connects existing research about birth control campaigns in the early twentieth century in France, Britain, Jamaica and Martinique and Guadeloupe. While there have been studies of each individual case or combining two of them, there has been no joint study, a gap this paper seeks to address. With the aim of writing a legislative history of birth control in its colonial context, this research combines the historiography of these places in order to show how ideologies and practices spread across borders. Comparing the different cases reveals similar patterns and highlights elements which have so far been understudied. This comparative approach gives a more accurate understanding of the several factors — such as the dominant views on natality, the influence of the Church as well as the reactions by local actors — which influenced the development of birth control campaigns across the world. For this study I mainly rely on a wide range of secondary sources which I integrate within a comparative discussion. Primary sources are analysed for illustrative purposes, but I do not draw new conclusions from them.

The historiography on birth control campaigns in Britain is wide, and includes research on the ties between birth control advocates and eugenic societies as well as a transnational perspective on them, even though the existing literature mainly focuses on comparisons between Britain and other English-speaking countries.<sup>6</sup> The French campaigns have also been thoroughly studied, from a legal and ideological perspective.<sup>7</sup> Finally, Melanie Latham compared the case of France and Britain by studying the context and actors

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6 On this topic see Richard A. Soloway, “The ‘Perfect Contraceptive:’ Eugenics and Birth Control Research in Britain and America in the Interwar Years,” *Journal of Contemporary History* 30, no. 4 (1995), <http://www.jstor.org/stable/261086>; Jane Carey, “The Racial Imperatives of Sex: Birth Control and Eugenics in Britain, the United States and Australia in the Interwar Years,” *Women’s History Review* 21, no. 5 (2012), <https://doi.org/10.1080/09612025.2012.658180>.

7 On this topic see Janine Mossuz, “La régulation des naissances: les aspects politiques du débat,” *Revue française de science politique* 16, no. 5 (1966), <https://doi.org/10.3406/rfsp.1966.392962>; Virginie de Luca Barrusse, “The ‘Denatality Complex:’ The Demographic Argument in the Birth Control Debate in France, 1956-1967,” *Population (English Edition)* 73, no. 1 (2018), <https://doi.org/10.3917/popu.1801.0009>; Maude Anne Bracke, “Family Planning and Reproductive Agency in France: Demography, Gender, and Race, 1950s-1970s,” *French Historical Studies* 45, no. 4 (2022), <https://doi.org/10.1215/00161071-9933021>.

who influenced the laws around contraception.<sup>8</sup> However, none of the above research mentions the colonies. This paper seeks to address this gap by comparing the literature about the metropole with the work on the birth control campaigns in the Caribbean.

The evolution of Britain's views on family structures and demography in Jamaica, from the abolition of slavery until the 1930s, has been studied by a variety of authors, showing how these topics influenced policies passed in the 1930s.<sup>9</sup> The emergence of birth control campaigns from the 1930s on are studied by scholars such as Jill Briggs and Nicole Bourbonnais who conducted extensive research and analysis of primary source documents.<sup>10</sup> The historiography on the colonial relation between metropolitan France, Martinique and Guadeloupe since 1946 is wide. Scholars have studied the way in which the *départementalisation* process unfolded, the shifts in policies and the dissatisfaction of locals.<sup>11</sup> The colonial nature of family welfare and family planning programs are thoroughly studied by several authors, as well as the legal and ideological background of the birth control campaigns.<sup>12</sup>

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8 Melanie Latham, *Regulating Reproduction, a Century of Conflict in Britain and France* (Manchester University Press, 2002).

9 Laura Putnam, "Global Child-Saving, Transatlantic Maternalism, and the Pathologization of Caribbean Childhood, 1930s-1940s," *Atlantic Studies* 11, no. 4 (2014), <https://doi.org/10.1080/14788810.2014.935638>; Joan French, "Colonial Policy Towards Women after the 1938 Uprising: The Case of Jamaica," *Caribbean Quarterly* 34, no. 3 (1988), <http://www.jstor.org/stable/40653706>; Karl Ittmann, "The Colonial Office and the Population Question in the British Empire, 1918-62," *The Journal of Imperial and Commonwealth History* 27, no. 3 (1999), <https://doi.org/10.1080/03086539908583073>.

10 Jill Briggs, "'As Fool-Proof as Possible': Overpopulation, Colonial Demography and the Jamaica Birth Control League," *The Global South* 4, no. 2 (2010), <https://doi.org/10.2979/globalsouth.4.2.157>; Nicole Bourbonnais, *Birth Control in the Decolonizing Caribbean*.

11 In 1946, four French colonies transformed into *départements*, a process through which they gained the same legal and political status as the *départements* in the metropole; Elise Lemercier et al., "Les Outre-mer français: Regards ethnographiques sur une catégorie politique," *Terrains & Travaux* 1, no. 24 (2004), <https://doi.org/10.3917/tt.024.0005>; Jacques Dumont, "La quête de l'égalité aux Antilles: la départementalisation et les manifestations des années 1950," *Le Mouvement Social* 1, no. 230 (2010), <https://doi.org/10.3917/lms.230.0079>.

12 Kristen Stromber Childers, "Politique familiale aux Antilles en 1946: Etudes démographiques et stéréotypes raciaux," *Mondes* 4, no. 2 (2013), <https://doi.org/10.3917/mond.132.0145>; Arlette Gautier, "Les politiques familiales et démographiques dans les départements français d'outre-mer depuis 1946," *Cahier de Sciences Humaines* 24, no. 3 (1988), <http://pascal-francis.inist.fr/vibad/index.php?action=getRecordDetail&idt=11776277>; Stephanie Condon, "Continuité coloniale et gestion démographique des Antilles françaises, 1950-1980," *Migrations Société* 32, no. 182 (2020), <https://doi.org/10.3917/migra.182.0043>; Michelle Zancarni-Founrel, "Contraception et avortement dans les Antilles françaises (Guadeloupe et Martinique, 1964-1975)," *Clio. Femmes, Genre, Histoire* 50, (2019), <https://doi.org/10.4000/clio.17067>; Francis Sanseigne, "L'Etat contre lui-même: Contraception et illégalismes d'Etat de la métropole aux DOM," *Genèses* 4, no. 121 (2020), <https://doi.org/10.3917/gen.121.0052>.

In this paper, I mainly reference primary sources, including legislative texts, governmental and non-governmental (for example from family planning clinics and associations) reports, newspaper articles, journals, and auto-biographies by local actors, in order to illustrate and clarify some of the arguments made. While there are numerous databases online that allow easy and open access to a multitude of resources, I encountered two key limitations. Firstly, the lack of access to certain key sources, for example records of the colonial office kept in the United Kingdom National Archives or the records from *La Maternité Heureuse* stored by the French association *Archives du Féminisme*, which were only accessible on location. In order to take into account this material, this research relied upon the work of scholars who travelled to the locations to access these archives. Secondly, the archives accessed online are curated, either by contemporary curator but also by historical figures themselves or people who worked closely with them. This is the case of Edith How Martyn's travel journal in which she gathered newspaper clippings and pictures of her travel to Jamaica. Her journal, and other writings and correspondence were guarded by Eileen Palmer, who worked closely with Edith How Martyn and later published the curated collection after her death. Thus, this journal should be regarded in order to study of How Martyn, as a Western feminists, perceived herself within the birth control movement.<sup>13</sup>

Comparing the different regions allows for a more nuanced understanding of the several factors which influenced the internationalised development of birth control campaigns. The stance imperial countries had on birth control influenced the way the process would unfold in the metropole, but the agency of local actors, religious and political figures as well as women's rights activists, also influenced how birth control campaigns spread in the early twentieth century. In this paper, I follow Albert Bandura's definition of agency, and more precisely collective agency. Bandura names four key properties of human agency: intentionality, forethought, self-reactiveness and self-reflectiveness.<sup>14</sup> Collective agency describes the collective action of together skills, knowledge and resources in order to work towards a common goal as a group.<sup>15</sup>

This paper is divided in three parts, each focusing on a specific region. Firstly, I will focus on Europe, comparing France and Britain in order to show how the practices and reactions towards birth control unfolded at a different pace due to different ideologies and attitudes towards natality. Secondly, I will

13 Bethan Holt, "'Round the World for Birth Control: Imperial Feminism and the Birth Control Movement, 1930-1939," (Undergraduate diss., University of Bristol, 2019), [https://www.bristol.ac.uk/media-library/sites/history/documents/dissertations/2019\\_Holt.pdf](https://www.bristol.ac.uk/media-library/sites/history/documents/dissertations/2019_Holt.pdf).

14 Albert Bandura, "Toward a psychology of human agency," *Perspectives on Psychological Science* 1, no.2 (2006), 164-165, <http://www.jstor.org/stable/40212163>.

15 Ibid., 165.



concentrate on the case of Jamaica in order to show how, even though Britain encouraged the debate about birth control, it had only a limited influence on the later steps of the campaigns. Finally, the third part focuses on Martinique and Guadeloupe. Even though the islands did not hold the formal status of colonies anymore, the differential approach to birth control compared to the metropole reveals an ongoing colonial relation. The conclusion will highlight the discrepancies in the attitudes towards family planning in imperial countries and their colonies and the impact they had on the spread of birth control.

## **Birth Control Campaigns in Britain and France (1920s–1967)**

In France, in 1921, Jeanne Humbert was condemned to two years of prison for having violated the law of July 1920, which forbade the dissemination of any information about birth control.<sup>16</sup> The same year, Marie Stopes opened the first birth control clinic in Britain, without any repercussions, even though the law forbade the distribution of contraceptives just as in France. How can these differences in attitudes towards birth control between France and Britain be explained? Answering this question is key to understanding how the differential approaches in the metropolises would influence the development of approaches to birth control in the Caribbean colonies.

In 1917, American birth control activist Margaret Sanger was sentenced to thirty days in prison for running the United States' first birth control clinic, thus breaking the law which forbade the sale and advertisement of contraceptives. Sanger appealed this case on the basis that "the law is unconstitutional," a claim which the Court of Appeals rejected.<sup>17</sup> Even if this judgment was a loss for Sanger, it resulted in a legal victory for the overall pro-birth control movement as the ruling stated that doctors were exempt from certain laws and could, therefore, advise and provide contraception for health-related reasons.<sup>18</sup> In response to this judgment, Sanger opened another birth control clinic, this time with doctors as part of the staff.<sup>19</sup> These pioneering steps brought much attention to the birth control movement and led to the spread of ideas and practices on an international scale, in particular through the international conferences Sanger organised. While she spent her early years working with anarchist and feminist movements, the conferences marked a shift as most attendees were part of

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16 Jeanne Humbert, *Le Pourrissoire (Saint-Lazare): Choses vues, entendues et vécues* (Editions Prima, 1932), 17.

17 *New York v Sanger*, 222 NY 192, 118 N.E. 637 (Court of Appeals 1917).

18 *Ibid.*

19 Wardell Mlitt, "Margaret Sanger," 741.



neo-Malthusian and eugenic societies.<sup>20</sup> Throughout the 1920s and 1930s, the debates about birth control became closely associated with the ones about demography, as a generalised fear of overpopulation started to grow in the academic and political circles of the western White elite. These worries were based on research conducted by demographers across Western countries, often incomplete and marked by a strong racial bias, which argued that the White population was declining, and the poor Black population increasing.<sup>21</sup> Birth control therefore became a more widely and publicly discussed topic, but the early feminist arguments in favour of women's right to control their own bodies were replaced by arguments in favour of "racial progress."<sup>22</sup>

Building on Sanger's pioneering steps, the first birth control clinics opened in Britain in the 1920s. While there was no law explicitly forbidding them, the law against immorality and obscenity was applied in certain cases in order to prohibit the spread of information about contraception. For example, a pamphlet by Sanger on birth control was considered obscene and prohibited.<sup>23</sup> Throughout the 1930s, laws were gradually passed that extended the usage of birth control in cases where the pregnancy would be detrimental to women's health (1931 Memorandum by the Ministry of Health), or even mental health (1938 *R. v. Bourne* judgment). These cases made birth control increasingly accessible as it confirmed that doctors were exempt from certain laws in cases where women's (mental) health was endangered. The next major legislative shift occurred in the 1960s. In 1961 the National Health Service (NHS) made the hormonal birth control pill available to married women on therapeutic grounds, and in 1964 private clinics extended this availability to social grounds. Finally, in 1967 the National Health Service Act was passed; legalising birth control without any restrictions on grounds of age or marital status was achieved.<sup>24</sup>

In France the laws were stricter than in Britain, and the evolution towards the acceptance of birth control advanced at a much slower pace. In 1920, a law was passed which made supplying information about contraception a criminal offence, without any exemption on grounds of maternal health.<sup>25</sup> This law was repeatedly enforced and remained widely unquestioned until 1956, when French gynaecologist Marie-Andrée Lagroua Weill-Hallé created the association *Maternité Heureuse* (Happy Motherhood) where she openly distributed

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20 Myriam Paris, "'Nous qui versons la vie goutte à goutte': Féminismes et économie reproductive: une sociohistoire du pouvoir colonial à La Réunion" (PhD diss., Université Paris 1 Panthéon-Sorbonne, 2018), 289, <https://doi.org/10.4000/sdt.42238>.

21 Ibid., 291.

22 Carey, "The Racial Imperatives of Sex," 747.

23 Latham, *Regulating reproduction*, 25.

24 Ibid., 34.

25 Ibid., 27.

information about contraception, starting a wider discussion within France's political and public sphere.<sup>26</sup> Finally, after years of political campaigns, the *Loi Neuwirth* was passed in 1967, making contraception legal. However, the law was still more restrictive than the one passed the same year in Britain as "anti-natalist" propaganda remained illegal and the law included the production of an annual report on the demographic situation in France.<sup>27</sup>

One major influential factor explaining the differences in Britain and France is each country's stance regarding natality rates. Dominated by eugenic societies, Britain's main worry in the 1920 was *race deterioration*, as statistics of that time were showing that working class women gave birth to more children than the elite. The elite thus claimed that uncontrolled working class fertility would lead to social problems.<sup>28</sup> France on the other hand had a strong pro-natalist policy, motivated by the fear of population decline, a rhetoric which had become increasingly prevalent since the end of the first world war and its high human casualties.<sup>29</sup> As a result, the government implemented strict anti-birth control laws, but also pro-natalist family policies such as increased family allowance and compulsory teaching in schools about the "demographic problems" in France, meaning the declining natality rates,<sup>30</sup> this difference in attitude towards natality rates would influence how the birth control campaigns would unfold in the colonies. Indeed, the measures the government pushed for had to be consistent, or at least seem consistent to the general public, with the laws and ideologies that shaped the discourse in the metropole.

A second important actor is the Church, as both in Britain and France the Catholic Church was firmly opposed to birth control. Even though a minority in Britain, the Catholic Church played an important role in influencing individual's opinions about sexuality and birth control.<sup>31</sup> However, the position by the Church of England, who had more members, differed from that of the Roman Catholic Church. As early as 1930, a Church of England report declared that birth control should be used amongst married women if it could lead to the

26 Mossuz, "La régulation des naissances," 925.

27 France, Assemblée Nationale, *Loi relative à la régulation des naissances et abrogeant les articles L. 648 et L. 649 du code de la santé publique*, Loi n° 67-1176, 28th of December 1967, article 5 and article 8, <https://www.legifrance.gouv.fr/loda/id/JORFTEXT000000880754/1967-12-31/>.

28 Soloway, "The Perfect Contraceptive," 639, 641.

29 de Luca Barrusse, "The "Denatality Complex," 14.

30 Latham, *Regulating Reproduction*, 28; France, Assemblée Nationale, *Code de la famille et de la natalité françaises*, Décret loi, 29th of July 1939, article 142, [https://www.legifrance.gouv.fr/download/securePrint?token=@oMEyvEsax\\$WMeiEkzef](https://www.legifrance.gouv.fr/download/securePrint?token=@oMEyvEsax$WMeiEkzef)

31 Alana Harris, "Reframing the 'Laws of Life:' Catholic Doctors, Natural Law and the Evolution of Catholic Sexology in Interwar Britain," *Contemporary British History* 34, no. 4 (2020): 537, <https://doi.org/10.1080/13619462.2020.1780125>.

reduction of abstinence and the protection of women's health.<sup>32</sup> In France, on the other hand, the Roman Catholic Church still held considerable power and influence and condemned "all artificial methods of contraception" as it "endangers the human person."<sup>33</sup>

Due to the difference in attitudes towards natality, as well as the limited influence of the Roman Catholic Church, tolerance towards birth control in Britain emerged two decades earlier than in France. As a result, contraceptives were distributed and discussed in Britain, while any mention of it was severely reprimanded in France, even though both countries had laws forbidding it. These differences in attitudes in the metropole would influence the way birth control campaigns developed in their colonies in the Caribbean.

### **The Emergence of a Birth Control Movement in Jamaica (1938–1940s)**

Colonised by the British Empire in 1655, Jamaica developed an economy which relied heavily on the production of sugarcane, and thus, the work of enslaved people on the plantations. While little importance was given to birth rates during the eighteenth century, as plantation owners relied on the slave trade to gain more workers, a shift occurred after 1807 and the abolishment of the Atlantic slave trade. From this moment on, plantation holders relied solely on enslaved women's fertility in order to maintain the economy. However, despite their efforts, birth rates remained low.<sup>34</sup>

The abolition of slavery in 1838 brought a new challenge to the Jamaican plantation-based economy, which almost entirely relied on field workers. British officials expected that freed slaves would continue working on the plantations, but most freed people either started cultivating their own land or emigrated.<sup>35</sup> The economic concerns caused by the declining working population led the British colonial officials to have the first debates about demography and reproduction, and to conduct the first population census.<sup>36</sup> These early efforts of population control would shape the way birth control debates unfolded during the early twentieth century.

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32 Latham, *Regulating Reproduction*, 62.

33 Bracke, "Family Planning and Reproductive Agency in France," 687; "Family Planning Organisation, Correspondence and Papers," The Times: "Birth control aids condemned," <https://wellcomecollection.org/works/gms8vmzx/items?canvas=18>.

34 Barbara Bush-Slimani, "Hard Labour: Women, Childbirth and Resistance in British Caribbean Slave Societies," *History Workshop* 36 (1993): 88, <https://doi.org/10.1093/hwj/36.1.83>.

35 De Barros, *Reproducing the British Caribbean*, 23.

36 Bourbonnais, *Birth Control in the Decolonizing Caribbeans*, 17.

In the years after 1838, Jamaica was shaped by strong economic inequalities. Even though the society was not formally segregated, racial discrimination still shaped everyday life, as most power was in the hands of British-appointed governors and a large part of the population did not have the right to vote as there were restrictions on grounds of age, literacy and income, which disproportionately affected Afro-Jamaicans.<sup>37</sup> This generated a wave of Afro-Jamaican led strikes and protests in 1938.<sup>38</sup> The West Indies Royal Commission started to investigate the causes of the unrest and asked local actors about their views regarding the social and economic situation on the island. The statements made by teacher and women's rights advocate Amy Bailey and the way they were interpreted by the Commission highlights the biases of the report. While she did state that illegitimacy rates and lack of education were a problem for Jamaica, she made sure to emphasise that these problems were caused by the economic situation, not vice-versa.<sup>39</sup> The West Indies Royal Commission report took into account the elements highlighted by the local actors, but its conclusion identified family structure as the main cause for poverty, the opposite of the conclusion put forward by Amy Bailey.<sup>40</sup> The British government thus followed the neo-Malthusian narrative that, in order to stabilise the Jamaican economy, the population size needed to be regulated through a government intervention within the domestic sphere.<sup>41</sup>

On what statistics or research did colonial officials rely when making these overpopulation claims? There was indeed a demographic shift in Jamaica beginning in the 1920s as the population increased due to various factors such as declining mortality and the repatriation of emigrants who had left Jamaica. It is important to note that the population statistics of that time should not be considered a fully reliable source, as they were mainly speculative estimates made by untrained colonial officials. These reports are therefore not an indicator of the actual demographic picture of the island, but an illustration of the lack of scientific support behind the claims that overpopulation was due to high-working class fertility.<sup>42</sup>

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37 Electoral Commission of Jamaica, *History of the Electoral Commission of Jamaica*, 2014, 7, [https://ecj.com.jm/wp-content/uploads/2017/06/ECJ\\_History\\_Report.pdf](https://ecj.com.jm/wp-content/uploads/2017/06/ECJ_History_Report.pdf).

38 Kirwin Shaffer, *A Transnational History of the Modern Caribbean: Popular Resistance Across Borders* (Palgrave Macmillan, 2022), 104.

39 Putnam, "Global Child-Saving," 502.

40 "West India Royal Commission 1938-1939." *Statement of Action Taken on the Recommendations*, London, His Majesty's Stationery Office, June 1945. From University of Florida Digital Collections <https://original-ufdc.uflib.ufl.edu/AA00089848/00001/2j> (accessed May 10, 2024).

41 Putnam, "Global Child-Saving," 508.

42 Bourbonnais, *Birth Control in the Decolonizing Caribbeans*, 53.

In 1938, shortly after the riots and the reports by the West Indies Royal Commission, birth control appeared within the public sphere as the only solution to the social, and therefore economic problems of Jamaica.<sup>43</sup> The different parties—such as government officials, doctors, and women rights’ advocates—expressed their views in letters to newspapers or editorials, or by organising conferences. Most agreed on the claim that birth control could be used to reduce social and economic problems and based their arguments on this premise. The arguments used in 1938 can be divided into three main categories. Firstly, some campaigners, mainly the Colonial Office and White Jamaican-born doctors, acknowledged that economic and social reform was necessary but that it could not be implemented as long as population growth was not under control.<sup>44</sup> Secondly, some birth control advocates used eugenic arguments and applied them to the Jamaican context. This can be seen in letters sent to national Jamaican newspapers. For example, in a letter sent to the *Daily Gleaner*, a reader expressed his fear that the high illegitimacy rate and the inability of the working class to control their reproduction would lead to, “the ignorant, the immature, the under-nourished, the criminal, the diseased and the feeble-minded” part of the population to outgrow the educated one.<sup>45</sup> In contrast, Jamaican feminists, such as Amy Bailey and Maymie Aiken, also joined the birth control debate and pushed to give “the right to every woman of voluntary parenthood” as it would allow women to attain a better socioeconomic position, and thus better the conditions of the children that were born.<sup>46</sup>

Even though the British Colonial Office wanted to publicise the campaign and pushed for its spread, it did not offer any practical forms of support out of fear that it would increase racial tensions. Pro-independence Black labour leaders, such as St. William Grant and J.A.G. Edwards, had already positioned themselves as opponents to birth control, arguing that it was an attempt to reduce the Black population.<sup>47</sup> The Colonial Office did not want to spark any further conflicts and offered little practical support to the setting up of birth control campaigns.<sup>48</sup>

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43 Ibid., 52.

44 Ittmann, “The Colonial Office and the Population Question in the British Empire,” 66; Briggs, “As fool-proof as possible,” 161.

45 Bourbonnais, *Birth Control in the Decolonizing Caribbeans*, 55.

46 Courtney Desiree Morris, “Becoming Creole, Becoming Black: Migration, Diasporic Self-Making and the Many Madame Maymie Leona Turpeau de Mena,” *Women, Gender, and Families of Color* 4, no. 2 (2016): 188, <https://doi.org/10.5406/womgenfamcol.4.2.0171>.

47 Bourbonnais, *Birth Control in the Decolonizing Caribbeans*, 91-94.

48 Ibid.

The main efforts and initiatives were started by locals, and especially by Jamaican women. Alliances were created, as can be seen in the case of the Jamaican Birth Control League (JBCL) which was founded on the initiative of May Farquharson. The League was composed of both the Black middle class and the White elite, of which Farquharson was part of. This shows that, while this alliance marked an overcoming of racial boundaries, it did not surmount boundaries set by class, or gender-based boundaries.<sup>49</sup> Indeed, the creation of the JBCL and this unlikely alliance was due to the fact that some of the key aforementioned Black Jamaican women's rights activists, Amy Bailey, Maymie Aiken, and Alma La Badie, did not find support within their circles. All three were part of the *Universal Negro Improvement Association and African Communities League* (UNIA), a Jamaican born pan-Africanist organisation whose male members regularly expressed opposition to birth control as they considered it a strategy to decrease the Black population and distract the population from the actual causes of poverty.<sup>50</sup> Bailey, Aiken and La Badie maintained their involvements within the UNIA and kept responding to the arguments, which sometimes took the form of personal attacks, made by male members. The women's rights activists' responses mainly centered around the health and social conditions of women, thus putting emphasis on the issue of women's liberation instead of seeing it from a racial standpoint.<sup>51</sup>

Even though local women's rights activists were at the forefront, the indirect influence of British imperialism on the development of these campaigns should not be overlooked. The three-month long trip of British feminist Edith How-Martyn to Jamaica in 1939 is illustrative of the indirect ways in which British ideas infused the birth control debate in Jamaica. Her well documented travel, both by herself in the form of diaries and by Jamaican newspapers, is a showcase of a successful collaboration between White European and Black Jamaican feminists.<sup>52</sup> Still, her arguments in favour of birth control differed from those put forward by Black Jamaican women. Although she did not directly refer to eugenics or overpopulation, she showed a lack of recognition in regard to the role colonialism played in causing poverty. Instead, she promoted the idea of birth control as a tool to ensure "the preservation of civilisation" as it would create "better babies, a higher standard of life."<sup>53</sup> These arguments align with the eugenics-based ideology suggesting that population control is necessary in order to solve economic and social problems. Even though How-Martyn's practical contributions were minor, her visit attracted much attention

49 Briggs, "As fool-proof as possible," 166.

50 Bourbonnais, *Birth Control in the Decolonizing Caribbeans*, 63; Ibid., 69.

51 Bourbonnais, *Birth Control in the Decolonizing Caribbeans*, 71-72.

52 Wellcome Collection, <https://wellcomecollection.org/>, 'Edith How-Martyn: international birth control tours, Jamaica Tour' [PP/EPR/C.5].

53 Ibid., 25.



from Jamaican and British politicians and newspapers. This will to amplify the voice of a British feminist instead of one of a Black Jamaican advocate shows the attempts to undermine the voice and agency of local birth control campaigners. Even after her visit, British ideas continued to influence the JBCL and the overall birth control movement. JBCL leader May Farquharson, who herself studied and worked in London for several years, maintained close connections with How-Martyn and also British eugenics movements, which shaped her views on the campaigns in Jamaica.<sup>54</sup> This shows how, on one hand, certain racial barriers were overcome through the creation of an organisation whose members included both Black and White Jamaicans. On the other hand, the imperial context and racial inequalities continued to influence the views and motivations of different members, thus maintaining an ideological divide between the White elite and the Jamaican Black middle class, even within the organisation.

### **The Introduction of Birth Control in Martinique and Guadeloupe (1946–1967)**

In 1946 four French colonies, including Martinique and Guadeloupe, opted for the “*départementalisation*” of the islands: the transition from a status of colony to a *département*, which meant the adoption of the metropole’s laws and political administrative structures. Since the abolition of slavery in 1848, the inhabitants of Guadeloupe, Guyane, Martinique and la Réunion had already acquired French citizenship, but they did not have access to the same rights as metropolitan French citizens. When given the choice in 1946, *départementalisation* seemed to be an option which would improve the economic situation of these four islands due to the already existing colonial relation with France, but also the high levels of poverty on the islands.<sup>55</sup> However, the process did not bring the expected equality and social relief. After 1946 racial and class hierarchies remained entrenched in the departments which continued to be dominated by the wealthy and White inhabitants of the islands, while the indigenous population continued to live and work in precarious conditions.<sup>56</sup> In some cases, Martiniquean and Guadeloupean civil servants were replaced in their posts by civil servants from the metropole due to new rules which required qualifications that could only be acquired in the metropole.<sup>57</sup> The social welfare reforms too were not applied as promised, and the French government justified this choice with the overpopulation

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54 Briggs, “As fool-proof as possible,” 166-167.

55 Lemerrier, “Les Outre-mer français,” 13.

56 Dumont, “La quête de l’égalité aux Antilles,” 82.

57 Ibid., 90.



argument.<sup>58</sup> The head of the social security office came to state that, due to the fact that “the families of the départements have too many children,”<sup>59</sup> France would not be able to cover the costs of such demographic growth.<sup>60</sup> The focus therefore shifted towards birth control as a more cost-effective way to improve the economic situation on the islands.

As in Jamaica, population growth had always concerned French colonial officials. During the times of slavery and years directly following its abolition, the economy relied first on enslaved people and later on foreign workers, which led to a population increase.<sup>61</sup> It was only after the *départementalisation* that concerns about overpopulation started to emerge. Between 1957 and 1960, the *Haut Comité de la Population et la politique de population de la France* (High Committee on Population and politics of population of France) published a series of reports about the population in all the territories under French control. In line with neo-Malthusian views on population, these reports concluded that the rapidity of demographic growth in the West Indies was worrisome and would lead to pressure on the available land.<sup>62</sup>

The social uprisings in Fort-de-France (Martinique) in 1959 marked a turning point in the social and economic development policies in the West Indies.<sup>63</sup> The French government considered the uprisings a wake-up call in light of a disastrous economic situation. However, in a report published in 1965 by the *Commission centrale du Plan des DOM*, the working group on health and social action considered that “no valid solution could be proposed, no means of action considered, without weighing in the consequences the particularly alarming demographic factors will have upon them.”<sup>64</sup> Following a discourse similar to the one that had already been defended in Jamaica a decade before, the French government considered that overpopulation was the main obstacle to the implementation of any effective social or economic reform.<sup>65</sup>

58 Paris, “Nous qui versons la vie goutte à goutte,” 157-158.

59 Original quote in French: “les familles de ces départements faisaient trop d’enfants.”

60 Dumont, “La quête de l’égalité aux Antilles,” 86-87.

61 Lemerrier, “Les Outre-mer français,” 9.

62 Pierre George, “Review of L’évolution de la population dans les départements français d’outre-mer et dans les pays africains d’expression française: Rapports du Haut comité consultatif de la population et de la famille, Paris, La Documentation française, 1958-1960,” *Annales de Géographie* 71, no. 387 (1962): 533-536, <https://doi.org/10.3406/geo.1962.16265>.

63 Zancarini-Fournel, “Contraception et avortement dans les Antilles françaises,” 90.

64 Original quote in French: “aucune perspective sérieuse ne pouvait être arrêtée, aucune solution valable proposée, aucun moyen d’action envisagé sans que soient pesés dans leurs conséquences, des facteurs démographiques particulièrement alarmants.” Quoted in Sanseigne, “L’Etat contre lui-même,” 63.

65 Sanseigne, “L’Etat contre lui-même,” 63.

In order to counter the problem of overpopulation, French officials started to study West Indian family structures and sexual practices. These topics were among the ones that had already been researched in the 1950s by French ethnographer Michel Leiris on behalf of UNESCO.<sup>66</sup> His report, the result of years of field work, offered a detailed and precise analysis of life and culture in Guadeloupe and Martinique, engaging with themes such as interracial relations and their impact on hierarchies within society.<sup>67</sup> However, these studies were widely ignored by French government officials, who instead made use of Anglo-American studies which did include a questioning on racial issues but, on the contrary, relied on racist stereotypes.<sup>68</sup> In addition, these studies applied to a totally different context and lacked the precision of Leiri's study. French government officials had strong prejudices concerning the sexual practices of the inhabitants of Martinique and Guadeloupe, which they believed led to the high birth rates and prevented them from fully integrating *French values*, even though they had obtained citizenship.<sup>69</sup>

These views paved the way for the French government to take on a differential attitude towards Martinique and Guadeloupe, in comparison to the metropole, concerning family and social policies, and eventually contraception. Due to the instability of marital unions and high illegitimacy rates, demographers and scientists concluded that it would not be appropriate to pursue the French pro-natalist attitude in the West Indies.<sup>70</sup> As a result, from the mid-1950s to the late 1960s, the French government experimented several strategies in order to address the overpopulation problem without compromising the natalist laws which were still enforced in the metropole. This included emigration campaigns which encouraged young men and women to permanently settle in the metropole.<sup>71</sup> However, the campaigns did not meet the expectations of the French government as they did not lead to a high enough population reduction and by 1965 it was decided that the focus should shift from migration campaigns to birth control campaigns.<sup>72</sup>

However, as discussed earlier, the 1920 law, which forbade any spread of information on birth control or the distribution of contraceptives still applied in the metropole. French officials had to find a way to circumvent it in the West Indies even though, since the *départementalisation* in 1946, laws had to

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66 Michel Leiris, *Contacts de civilisations en Martinique et Guadeloupe* (UNESCO-Gallimard, 1955), <http://dx.doi.org/doi:10.1522/030092220>

67 Stromberg Childers, "Politique familiale aux Antilles en 1946," 147.

68 Stromberg Childers, "Politique familiale aux Antilles en 1946," 146.

69 Ibid.

70 Ibid., 151.

71 Condon, "Continuité coloniale et gestion démographique des Antilles françaises," 48.

72 Sanseigne, "L'Etat contre lui-même," 63.

be applied equally in the metropole and in the DOM.<sup>73</sup> Several ministerial and inter-ministerial meetings happened between 1962 and 1965 in order to discuss ways to make birth control accessible in the DOM but not in the metropole. For example, in the confidential inter-ministerial meeting of March 1965 a legislative approach was taken, as the cabinet of the Prime Minister asked for the publication of a decree making contraceptives accessible in pharmacies. This proposal was eventually rejected as the risk of questioning the 1920 law in the metropole was too high.<sup>74</sup> Eventually, no public statement was made and it was decided to send internal notes to customs ordering them to let modern, and illegal, contraceptives pass the borders.<sup>75</sup> Even though there was a proposal for an early application of the 1967 law in the DOM, it was rejected by the prefects as they feared local opposition. Contraception therefore became legal and openly available only from 1967 on, when the *Loi Neuwirth* passed and legalised birth control in France, despite efforts by the government to allow birth control distribution from earlier on in the DOM, in contradiction with French law.<sup>76</sup>

How did the locals in Martinique and Guadeloupe react to the attempted family planning campaigns? Both islands received the same instructions from the French government to set up family planning associations, but their response differed. Guadeloupeans set up private initiatives while the associations in Martinique worked closely together with the prefecture.<sup>77</sup>

In 1964, the *Maternité Consciente* (Conscious Maternity) was founded in Guadeloupe with a board composed of Guadeloupean doctors and teachers, both men and women. The organisation distributed contraceptives, such as the hormonal birth control pill. However, the distribution of birth control, or even sharing of information about it, stayed limited to hospitals. This is reflected in a fictionalised autobiography by the Guadeloupean midwife and co-founder of the “Maternité Consciente,” Jacqueline Manicom who describes how the director of the hospital she worked in strongly opposed her talking about contraception to patients.<sup>78</sup> Another obstacle was the lack of resources. Although local actors played an important role in setting up the first family planning organisations, their impact stayed limited due to the difficulty in accessing contraceptives. This changed in 1966 through the unofficial collaboration with the prefect,

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73 Ibid., 62.

74 Sanseigne, “L’Etat contre lui-même,” 64.

75 Ibid., 65.

76 Zancarini-Fournel, “Contraception et avortement dans les Antilles françaises,” 94.

77 Gautier, “Les politiques familiales et démographiques,” 393.

78 Jacqueline Manicom, *La Graine: Journal d’une sage-femme* (Presses de la Cité, 1973), <https://excerpts.numilog.com/books/9782258187719.pdf>.

Pierre Bolotte, who supervised the import of illegal contraceptives himself.<sup>79</sup>

In Martinique on the other hand, the prefect, Pierre Lambertin, was less willing to encourage the creation of clinics and the spread of contraceptives as he feared that the religious, social and political opposition would be too strong.<sup>80</sup> Nonetheless, early initiatives were set up by local doctors. In 1965, Dr. Yoyo, a pro-independence doctor politically affiliated with the socialist party, founded the *Centre d'Etude, de Documentation et de Formation* (Centre of Study, documentation and training), the first family planning association in Martinique. Dr. Yoyo argued not wanting to limit, but rather regulate births.<sup>81</sup> French officials did not engage with this association in the long-term but rather encouraged the creation of a family planning clinic at the maternity ward of Fort-de-France in 1967, directed by Dr. Fouché, who received training and supplies of contraceptives from the metropole.<sup>82</sup> This shows how, even though there was some sense of agency from local doctors who set up their own clinics, their scope of action depended on the willingness of the French government to provide support. Pro-independency doctors were pushed aside, replaced by others who accepted the collaboration with the metropole. This was a way for the government to ensure that family clinics would stay under indirect government control.

In addition, on both islands, the effectiveness of the locally set up family planning associations strongly depended on the willingness of the prefects to collaborate. Even though they were supposed to represent the French state, their choices were also influenced by actors, in particular religious ones, at the local level. The Catholic Church represented a strong opposition group, as it still played an important role in people's everyday life in France, and in particular in Martinique and Guadeloupe. This limited the prefect's power, as can be seen in a note sent in 1966, where Pierre Bolotte, prefect of Guadeloupe, declares not having been able to apply the family planning measures ordered by France because of the hostility of the bishop.<sup>83</sup> When an early application of the 1967 law was discussed, the Church presented strong opposition, which eventually led to the retraction of this plan.<sup>84</sup> Opposition voices highlighting the colonial nature of the birth control campaigns remained scarce in the West Indies, or at least poorly documented. There is record of statements by catholic doctors, and a catholic judge, who denounced the difference in family planning politics in the metropole and the DOM, and highlighted the need to tackle economic

79 Sanseigne, "L'Etat contre lui-même," 69.

80 Ibid., 70.

81 Zancarini-Fournel, "Contraception et avortement dans les Antilles françaises," 99.

82 Sanseigne, "L'Etat contre lui-même," 70.

83 Zancarini-Fournel, "Contraception et avortement dans les Antilles françaises," 87.

84 Ibid., 94.

problems.<sup>85</sup> However, these anti-colonial critics of birth control remained a minority, partly due to the fact that the French government published its decisions and intentions in circulars and internal communications, ensuring low publicity.

Even though Martinique and Guadeloupe formally became part of France in 1946, the differential approach to natality and measures surrounding birth control show that the colonial power dynamics persisted. While the French government was worried about a population decline in the metropole, it feared overpopulation in the DOM and thus proposed birth control as a solution. However, the birth control campaigns needed to be implemented in a way which would not challenge the French pro-natalist laws and attitudes. These legal obstacles, as well as opposition from local actors led to the fact that contraceptives were only spread on a small scale before 1967, despite prior efforts by both the French government and certain local actors to open family planning clinics.

## Conclusion

Through a comparative historiographical approach, this research has shown how, despite differing stances towards birth control, both France and Britain promoted it in their colonies in the Caribbean during the period preceding its legalisation in the metropole. Yet, the campaigns unfolded at a different pace, due to the respective laws and practices in the metropole, but also in response to the different reactions by locals.

Even though both France and Britain legalised birth control at the same time, in 1967, the level of acceptance in the years prior to this shift strongly differed. France's pro-natalist attitude and moral opposition, fuelled by the influence of the Catholic Church, contrasted with eugenic positions common in Britain, who feared that the birth rate of the poor would surpass that of the wealthy. As a result, laws were flexible in Britain, and birth control started to be freely distributed from the 1920s on, while in France it was still actively prosecuted.

While their views on natality differed in regard to the population of the metropole, both British and French colonial authorities shared similar concerns about the overpopulation of their colonies in the Caribbean. Both governments identified overpopulation as the main cause of economic problems and proposed birth control as the solution. In Jamaica, although the initial discourses were motivated by neo-Malthusian and eugenicist ideologies,

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85 Zancarini-Fournel, "Contraception et avortement dans les Antilles françaises," 96.

local feminists rapidly started to establish their own initiatives and were at the forefront of the first birth control campaigns. By 1939, the first birth control clinic was distributing contraceptives while this started only much later in the French territories of Martinique and Guadeloupe, in the 1960s. It would only be after the legalisation of contraception in the metropole that birth control clinics would be run on a large scale. This was not due to a lack of political will, as both the French government and local doctors set up initiatives throughout the 1960s in order to popularise contraceptives. However, the French pro-natalist attitude and the strict laws of the metropole limited the possibilities to take practical steps. Unlike in Jamaica, Guadeloupeans and Martiniqueans had gained the same rights as citizens of the metropole, and the French government was putting much effort into ensuring that they considered themselves as such.

This discrepancy in the way Britain and France saw the people in the Caribbean was a key element which influenced the pace at which the campaigns unfolded. In Martinique and Guadeloupe, birth control advocates and politicians had to ensure that the measures were, or at least appeared to be, aligned with the strict laws of the metropole. In contrast, the Colonial Office could implement specific regulations more freely in Jamaica. Still, in both cases officials feared local opposition and therefore opted for more discrete means of influence, leaving local actors at the forefront of the campaigns. British officials did not want to spur racial tensions, in a time when anti-colonial voices were becoming more widespread. In Martinique and Guadeloupe, the Catholic Church, as well as anti-colonial politicians, expressed their opposition to birth control, which delayed the implementation of practical measures. This shows how, even though the birth control campaigns started off from eugenic and neo-Malthusian discourses on overpopulation, the agency of local actors in the Caribbean cannot be undermined. The first birth control clinics emerged as a reaction by local doctors and women's rights activists to the need for women to be able to space out births. This would lead to an improvement of health, and, in combination with social reforms improve the overall economic conditions of the poor population. The first half of the twentieth century was a time when Britain and France saw their imperial power declining, as decolonial thought was spreading across the colonies. The worry about the increasing fragility of their power is visible in their reaction to oppositional voices. Aware of the influence of religious and political opposition leaders, both Britain and France distanced themselves from the population debate once it had been taken over by locals, limiting their interventions to written contributions without providing any practical support.

This paper has focused on three islands in the Caribbean: Jamaica, Martinique and Guadeloupe. While the comparison of these three islands gives an insight into the impact laws and practices in the metropole have had on their

Caribbean colonies, more detailed and accurate conclusions could be drawn by integrating the case of other places, including on other continents, colonised by France and Britain. Furthermore, it is notable that the amount of historical research undertaken on birth control in the British Caribbean far exceeds work focused on the French West Indies. An in-depth study of Guadeloupean and Martiniquean newspapers is still to be done, as well as research on the reaction of local women to the introduction of birth control. This could be done through the study of written sources, but also by conducting oral history interviews with women and doctors who experienced the opening of the first clinics and the introduction of the 1967 *Loi Neuwirth*.