Reproductive Restraints. Birth Control in India, 1877-1947, Sanjam Ahluwalia

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plus globale de la question. Elle permet notamment l’analyse des « facteurs structurels et des motivations macro/micro personnelles (familiales) pour le mariage transfrontalier par les collectivités d’origine du delta » (p. 23). Ensuite, Ratana Tosakul, met l’accent sur la synergie des cultures locales etmondiales à travers les mariages interculturels des femmes des villages du nord-est de la Thaïlande avec des hommes occidentaux et souligne les relations global/local qui produisent « l’hybridité transculturelle et l’ambivalence biculturelle » où les groupes ne sont plus enfermés dans un espace délimité et culturellement homogène. La contribution de Yu-Ching Yeh porte à la fois sur la catégorie sociale des migrants hommes et femmes à Taïwan et sur la comparaison des migrants en provenance d’Occident (Américains et Européens) et de ceux d’Asie du Sud-Est et de Chine. Les conclusions montrent que l’origine ethnique joue un rôle clé dans l’acculturation des migrants et que le degré d’acculturation a une faible corrélation avec l’éducation des migrants et leur sexe. Pour terminer, Shuko Takeshita aborde plusieurs questions, qui sont sous-étudiées actuellement, sur les mariages transnationaux de Pakistanais avec des épouses japonaises, et les stratégies éducatives concernant les enfants de ces couples. Cette enquête met en avant que la priorité de ceux-ci est la formation d’une identité musulmane familiale, autant pour les épouses japonaises que pour leurs enfants, et que la seconde est l’enseignement en anglais. Bien que le questionnement soit intéressant, cette étude traite plus des mariages transnationaux que des mariages transfrontaliers arrangés, comme par exemple l’alliance entre des hommes de pays riches tels que le Japon, la Corée du Sud, Taïwan, Hong Kong et des épouses de pays économiquement moins développés comme le Viêt Nam, la Chine ou encore la Thaïlande. Il est à noter que les trois dernières contributions dépassent ce cadre des mariages transfrontaliers pour aborder la question des mariages transnationaux. Enfin, il est dommage qu’il n’y ait pas eu de contribution concernant la Malaisie, l’Indonésie et Singapour, et plus encore, que l’ouvrage ne comprenne pas d’index.

**Références**


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This book, written by historian and feminist Sanjam Ahluwalia, provides a comprehensive account and solid analysis of the heterogeneous colonial and nationalist discourse of the reproductive and birth control debates in India at the end of the colonial period (from 1877-1947). Over the course of five well-balanced chapters, the author exposes the underlying dynamics of the birth control and reproductive policies of India from colonial times up until
the country’s Independence in 1947. She underlines how Malthusian and eugenic models shaped the perspectives of not only the colonial leaders but also those of Indian nationalist elites.

In the first chapter, Ahluwalia focuses on the narratives of Middle-Class birth and reproductive control advocates in India from 1877-1947 and demonstrates how the growing population in India went from being perceived as a “resource” to a “concern”, or even threat, for the development of the nation. Some middle class male advocates of birth control in the early period (late 19th, early 20th) proclaimed that population growth among the lower classes was at the root of India’s poverty. Managing the demographic explosion and reproductive practices of men and women (particularly of lower classes) became public and political domain. In this chapter, Ahluwalia gives voice to male Indian advocates of birth control who, defining themselves in opposition to those lower than themselves, proned birth control in order to better control the Indian population, and also, following a eugenic agenda, to ensure the birth of the best elements for the nation. For these male advocates, contraceptive responsibility was placed on women.

The second chapter takes a step back to put the birth control debate into an international perspective through the figures of some western birth control advocates. Rather than viewing history as a simple west-non-west or European-colonial divide, the author calls for more of an interactional approach proving that the history of reproductive practices in colonial India was more of a collaborative endeavor. Indeed, both Indian and Western advocates corresponded regularly. Ahluwalia shows how Western supporters of birth control involved in India selectively interacted with Indian political and social figures. She also demonstrates how, like their Indian counterparts, these Westerners targeted the elite classes, thus avoiding political debates and lower classes. She carefully demonstrates how they imposed their imperial feminist sentiments about liberating women from unwanted pregnancies through the birth control technologies they proposed. The competing technologies of these foreign advocates met opposition in India, where the Indian woman was perceived as sexually passive.

Chapter 3 turns to the role of Indian feminists in the birth control debate. The author clearly explains that the Feminist movement involved in the birth control debates at this turn of the century was not a movement for all women in India, but that of elite women imposing their agenda and vision of the Indian woman. Interestingly, the Indian woman was portrayed as repository of national traditions, but also as the embodiment of modernity in an emerging nation. It was not as easy for these female Indian advocates of birth control as for their foreign counterparts to openly oppose the Gandhian model of abstinence and sexual control. Those who were supportive of birth control and contraceptive measures rather emphasized medical reasoning and the need to preserve the health of women and children, directly linking high maternal and infant mortality rates to frequent childbirth. Only a select few stressed the benefits of sexual well-being. These middle-class female advocates of reproductive policies carefully navigated between the dominant social structure of Indian patriarchal values and practices and their own critiques of this same system.

Chapter 4 focuses on the disarticulation and ambivalency of the attitudes of the colonial authorities. At the end of British rule in India (especially after the 1857 revolt in India) the colonial state became more cautious of public opposition. British colonial power was not totalizing, as can be vehiculed by certain theories. In fact, regarding the birth control issue, the colonial authority was caught between need to
control population growth and its reluctance to implement birth control measures in fear of public opposition. Despite apprehension about public opinion, the colonial authorities did indeed intervene in the lives of their colonial subjects. Colonial censuses and other committees surveyed the Indian population, allowing for a "statistical colonial gaze" upon the country. The 1931 Census revealed what would be called the "population problem" (121). Both economic and Malthusian arguments were put forward to promote the need for birth control in the colony. But much like the disagreements and discord mentioned in the other chapters among Indian nationalists, the colonial authorities were far from unanimous concerning the solution to the population problem. Some encouraged restraint and caution, claiming that local authorities should tackle the problem. Others underlined the importance of colonial state intervention for public benefit in education about birth control and the dissemination of birth control propaganda through the mass media. At the end of the colonial period (1943-1946), the colonial authorities discourse remained divided, but the population problem became more attributed to a lack of development and modernization than a problem of education and birth control. At the end of this chapter, Ahluwalia questions whether the colonial authorities’ reluctance to take a solid stance in the birth control issue could be attributed to the decline of the colonial state, to the lack of support of local political figures, or more because of the general global discourse against birth control in other powerful nations at the time.

Chapter 5 presents the influence of medical systems on the “intellectual and political trajectory of birth control in colonial India” (143). Although different medical systems shaped the landscape of colonial India, none came to a consensus about the birth control issue in the early 20th century. This chapter addresses mostly the way in which the matter was dealt with by the biomedical field in India. The foreign advocates of birth control and birth control technologies present in India at the time sought the endorsement of biomedical professionals even though these may not have been fully trained in reproductive matters. Indian male doctors trained in biomedicine, like the birth control advocates of chapters 1 and 3, presented Malthusian and eugenic arguments for birth control – especially for the lower classes in order to control the population and improve the racial stock for the nation. Medical doctors did not embrace Gandhi’s stance for total abstinence or sexual relations only for procreative purposes. On the contrary, they argued that prolonged abstinence was not healthy. Focusing on the ‘healthy’ sexual needs of men, some male doctors promoted birth control technologies for married couples as a way of re-establishing harmony in the conjugal space thus lessening any recourse to prostitution. Women were perceived as sexually passive, but their reproductive health was nevertheless considered important as Indian women were seen as destined to bear healthy sons for the nation.

At the end of the 19th century, certain Western female physicians practicing in India, considering sex as natural (within moderation), promoted birth control as a way of ensuring maternal and infant health. Indian women were, for these doctors, “ideal subjects for receiving, controlling, and executing contraceptive knowledge” (156). While there was a more positive representation of women, other Indian female doctors opposed birth control technologies claiming that birth control would debase women, rendering them defenseless against men’s sexual demands. They also argued that birth control information should not be provided to elite middle class women who saw birth control as a way of controlling their bodies because they would not be performing their reproductive function for the nation. These biomedical pro-
professionals also sought to discredit the local untrained birth attendants (*dais*). Ahluwalia rightly points out that even though these professionals held the *dais* in disdain, they did possess a hold over the local populations in matters of reproduction and birth up until the 1960s, and thus some biomedical physicians associated with them in order to gain better access to the people. Sexuality and reproductive issues as well as the fact that the health of women and their role to produce a healthy nation were also vehicled by non-biomedical practitioners in the vernacular media. Reproductive Restraints provides a comprehensive historical study on a very important and still ongoing debate in India. Ahluwalia states in her introduction that she sought to provide narratives and counternarratives of this historical period in order to fill what she calls a gap for “historically nuanced narrative”. She does this quite well. Motivated by a frustration with archival sources, Ahluwalia went to the field in search of the subaltern voices she found lacking in the archives. Ahluwalia ends the book with an epilogue turned towards the experience of *dais* who were demonized by the colonial biomedical sphere as abortionists. For this, Ahluwalia turned to ethnographic methods of interviewing *dais* of a tribal block in northern India. For her, the narratives provided by these Jaunpuri women, even if recognizably limited, offer indeed counternarratives and a touch of “reality”. Ahluwalia found that even today these *dais* are recognized members and held in high esteem in their communities. Although this ethnographic epilogue represents an interesting turn for a historian, and even though the author does provide some elements to understand the plight of the *dais*, it would have been interesting to have an entire chapter devoted to this issue and also to put names on these women who provided their accounts to the researcher.

Although the historical exploration of a topic such as reproductive policies in India could have been dealt with in a cold and administrative fashion, Ahluwalia has indeed introduced voices, carefully choosing to present certain key figures of the birth control debate in colonial India. In this way, she puts names on the actors of the movements of the time and skillfully demonstrates that implementing birth control and reproductive policies in India was far from being unanimous and straightforward. She also achieves her aim of countering the assumption that birth control is necessarily empowering for all women across space and time (184), proving that the politics of birth control in India were controlled by elite voices imposing their opinions and ideas on the nation. This book reads extremely easily and will certainly be very useful for any student or scholar of contemporary India, but also those interested in public health and birth control movements across the globe.

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Par Damien Onillon *

Cet ouvrage est composé d’une introduction et de onze chapitres qui analysent à travers divers cas d’étude les aspects pratiques, méthodologiques et théoriques du travail des anthropologues impliqués dans l’aide publique et la coopération pour le développement. Édité par Sten Hagberg et Charlotta Widmark en 2009, il est issu d’une conférence intitulée « Anthropology in Practice: Theory, method and ethnography in Swedish development cooperation », tenue en 2006 à l’université d’Uppsala. L’idée principale qui a motivé la rédaction de ce livre est une réflexion qui doit permettre de révéler l’interface