HISTORICAL SIGNIFICANCE OF CONTRACEPTION

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ABSTRACT

The idea of contraception is as old as humanity. Evidence from ethnic and anthropological literature confirms that primitive societies were aware of the positive checks like infanticide and abortion to limit population. Some of the African, South American, North American, Fizi and New Ireland tribes used herbs like curcuma and cowbane, to limit population, which was deemed essential to reduce pressure on resources of nature.

Preliterate people were not aware of contraception, but had realised its necessity. Petri or Kahun papyrus of 1850 B.C. and Papyrus Ebers (1550 B.C.) point to a variety of techniques like vaginal pessaries etc. Ovariectomy also appears to have been known to them.

Accounts from Bible and Talmud show awareness and practice of contraception techniques. Greeks and Romans were advanced in contraceptive knowledge. China, India and Japan preferred large families. China did not think much about contraception. India has rich literature on erotics. Love was elevated to the level of art and a few contraceptive recipes are available. Rhazes and Avicenna mentioned number of contraceptive measures like safe period, rhythm method, spermicides, herbs etc.

Catholic church condemned birth control as a sin. St. Aquinas condemned birth control vehemently. His doctrines are recognised as doctrines of Catholic church. Inspite of all these, church could not succeed fully in preventing the application of contraceptive knowledge.

After renaissance, social diffusion of knowledge took place. Francis Place (1771-1854) published articles like "Illustrations and Proofs of the Principles of population" centering his appeal around prevention of poverty and raising living standards. His campaign undertaken in 1823 to publicise his ideas on birth control did not bring any immediate results.

Robert Dale and Charles Knowlton created an impact in U.S.A. and England and birth control was gradually adopted. Though

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Charles Knowlton was prosecuted, Mrs Annie Besant and Charles Bradlaugh continued their efforts towards population control.

By 1868, medical profession started taking interest. Lord Amberley and Arthur Alburt advocated small families. Radicals in America were interested only in 'Voluntary Parenthood'. American medical profession was not in favour of contraception. However, trials of Bradlaugh, Besant and Edward Truelove (1877-79) had quick impact on public mind. Besant’s publication of 'Law of population' was a great success.

In 1916, Margaret Sangers opened a birth control clinic in Brownsville in America. She published a magazine 'The Woman Rebel'. In 1921, Marie Stopes opened a birth control clinic in London; she had talent for publicity and prophetic zeal. Church and medical profession were influenced by Lord Dawson’s speech.

The movement of birth control reached international levels through conferences held in London (1922) and Geneva (1927). Family planning movement got a new impetus.

India, introduced family planning in 1951 and provided incentives. Mass sterilisation brought down the Government. It taught India to view family planning as a part of total concept of positive health and to be pursued together with relevant sectors of human welfare like nutrition, food, shelter, safe drinking water etc. Today many choices for contraception are available and continued research is undertaken.

The survival of contraception concept with the desire to limit families all through remote times prove the statement of Lippert "Power in history of idea or desire is determined in no small degree by its universality".

The antiquity of the idea of contraception reaches so far back into the dim past that it is not exactly possible to historically date, but yet it would perhaps be appropriate to say it is as old as humanity. Contraception is one form of a social practice of greater historical antiquity with greater cultural and geographical universality than commonly supposed by medical and social historians. To gain proper perspective into the social significance of contraception, it is necessary to delve into the conception of historical development through ages. Evidence from ethnic and anthropological literature points to existence of awareness of positive checks by primitive societies for limiting population. The natural calamities like floods, cyclones, famine and factors that limit food supply and war, human sacrifice and feuds and deliberate killings besides epidemic conditions were a few that played a significant role. Infanticide was generally a tribal practice adopted to limit population. Abortion was another birth limiting check practised in primitive societies.
African tribes appear to have magical and rational means of controlling conception. Some of the tribes make efforts to avoid pregnancy by using certain magico-medico materials and herbs which are expected to act as contraceptives and to produce abortions. North American tribal girls were said to drink the juice of a certain herb to prevent conception. Some of the American Indian tribes believe that sterility can be artificially induced. Cherokee women belonging to an aboriginal tribe desiring to remain sterile chew and swallow the roots of spotted cowbane (Cicuta maculata) for four consecutive days and this keeps them permanently sterile. South American natives also have herbals of their own for contraception. Negro women of Guiana use a douche solution containing lemon juice. Preliterate societies of Australasia while have magical contraception also practice abortion. It will be interesting to note that the women of preliterate society knew that too rapid increase endangered support, which of course was exactly the thesis of Malthus. Malthus essay was only to be taken as inductive proof of the thesis understood and acted upon since long. Fiji women use local herbals to prevent conception. New Ireland natives too use certain leaves to make the woman sterile. The reason on the part of women in most of these areas is that they could not carry their children about and their 'belly' is no good, nor shoulders (to carry children). This indicates of the native's reason on bearing children. The ethnological clues, nevertheless, will point to some useful information regarding contraception. Use of curcumá areca along with a kind of local tree bark is expected to have contraceptive potentiality. Achehnese, according to Julius Jacob are said to differentiate two techniques, one to prevent fruitful coitus and the other to induce abortion. Another practice related to contraception is subincision, a mutilating operation performed on male. Its advocates consider this as a ceremony and traditional practice that differentiates a boy from man. Eugenic motive is also attributed. It is considered that this extraordinary and inexplicable custom must be having a great tendency to prevent the rapid increase of population. It will be interesting to note the following observations of Semon which in unequivocal terms spell that the ultimate purpose of population control is achieved.

'If the hordes of a tribe are to live near each other in peace and amity, it is necessary that the number of the population remains stationary. Provided the hordes increase, it would grow impossible for all to exist upon the yields of hunting and fishing and upon the produce of the wild growing plants. As things are, the land is able to nourish only a scanty populace, so that we must regard it as a fitting accommo-
dation if the Australian tries by artificial means to prevent the growth of the tribe and thus render the population stationary. Some tribes attain this by exposing or killing a certain number of new-born infants. Others castrate the number of the youths as soon as they are grown up and before they enter the class of adults or render them infertile by slitting the urethra."

The contraceptive practices were rare among preliterate peoples when compared with abortion and infanticide. These are the primitive substitutes for conception control. Rational and magical anti-conceptional techniques were seen in tribes and they varied with geographical location. Magical rites, potions, herbal recipes and formulations invariably form the measures in practice. Tampons of roots, sea weeds, chopped grass and rags were used by certain tribals of Africa. Among tribals and other primitives also there was realisation that it was easier on them and more economical of their energy to prevent pregnancy than to abort at the cost of pain, discomfort and health. This only brings to forefront that contraception desire for control is neither time or space bound; it is a universal characteristic of social life.

The seeds of modern sterile period theory with no comprehension of theory seem to exist in the practice of the Isleta Indians of New Mexico wherein intercourse is omitted for nine days after menstruation. If one has seen an astonishingly interesting scene regarding prevention of pregnancy or conception control among prehistoric ancestors, it is no wonder if one meets a greater indepth knowledge and understanding among civilizations of antiquity. When we turn to contraceptive techniques of Egyptians, ancient Hebrews and early Christians, we find a variety of methods and measures, practices and procedures which can be of great interest even today. Petri or Kahun papyrus of 1850 BC is considered the oldest extant work containing prescriptions for the prevention of conception. The analytical study into these prescriptions and procedures of use point to a variety of techniques. Idea of a pessary for insertion into vagina or irrigation of vagina with honey and native sodium carbonate and use of gum like substance for insertion in the vagina represent pessaries, douches and jellies of modern days. Another papyrus, known as Papyrus Ebers (1550 BC), a compendium of medical writings also mentions of a medicated lint tampon to prevent conception. This consists of triturating tips of Acacia with honey, and a lint is moistened with this and placed in vulva. Under fermentation lactic acid anhydride is liberated which in water dissolves and liberates lactic acid. It will be interesting
to note that jellies in which lactic acid is active agent was used in birth control clinics in England and U.S A. This was sometimes smeared over cervical rubber caps or vaginal diaphragms to prevent spermatozoa from swimming around the edge.

Berlin Papyrus (1300 BC) was another early Egyptian papyrus containing eight sections dealing with contraception, diagnosis of pregnancy, sterility and sex of the unborn children.

A method practised in Egypt for contraception contains internal use of castor seed on the day after the child is born. Egyptians believed, reasonably so, that prolonged lactation reduced fertility.

Methods like female castration to avoid offspring as a consequence of sexual orgies of the people were in use in Egypt. Ovariotomy appears to have been known to Egyptians.

The look into the recipes and techniques point to their centering around female than male. As one who bears the burden of child bearing, the woman has to have the control in her hands. Contraceptive techniques were recognised in Egyptian medicine but the knowledge did neither diffused nor democratised. The needs and the motivation for family planning in Egypt may well have been rather different from ours today. The preservation of beauty rather than resources seems to have been of key importance. Accounts from Biblical and Talmudic works and interpretation show awareness and practice of contraceptive techniques. Mosaic laws relating to menstruation were specifically introduced by Moses as a way of controlling the size of population. These laws forbid sexual intercourse around the time of menstrual flow, called as time of uncleanness. This is the period of fertility too. Jews, it is said are able to control their own fertility. Contraceptive techniques as coitus interruptus, the intravaginal use of spongy substance, practice of violent movements which involves twisting oneself and making violent movements after cohabitation and use of potions in order to become sterile were known. There appears to be a desire to avoid both excessive fertility and sterility. Ancient Greek attitudes to life were in complete contrast to the Jewish ideas. Ancient Sparta is notable for an almost total absence of family life. The marriage existed in Spartans only for providing adequate supply of young citizens. Spartan fathers with three or four sons were rewarded. Newly born who were sick or deformed were simply left to die. The contraceptive knowledge was much advanced
by Greeks and Romans. Population problem including limitation was also discussed by Aristotle, Plato, Polybius and other writers. The Greek gynaecological thought and contraceptive medicine found its culmination in the work of Soranos, the greatest of all classical physicians. Aristotle and his wife Pythias worked and studied together. They were interested in all aspects of biology. They even deduced a theory of generation. Aristotle recommended the use of oil to cover cervix and coat the inside of vagina. This reduces the motility of sperms and if it also blocks, it will be difficult for the sperm to gain access. Lucretius, Pliny the Elder, Dioscorides, Soranos, Oribasios are a few names of importance among the Greeko-Roman writers. Soranos distinguished between abortifacients and contraceptives. Indications and contra-indications of abortion were also mentioned. Soranos though referred to potions, kept reliance on occlusive pessaries, vaginal plugs, plugs impregnated with gummy substances such as honey, cedar gum etc. Use of astringent solution which causes constriction of Os and makes impregnation less likely was another. A long list of anti conceptional pessaries was given by St. Jerome.

Despite so much of knowledge regarding anti-conceptional measures it can be said that it might not be as diffusively as it ought to be. The decline of Roman hegemony has nothing to do with birth control which sadly too often alluded. Roman imperialism withered due to its economic dependedness and thoughtless application of military force.

The evidence available indicates contraceptive ignorance due to poverty of diffusion and was largely confined to medical lexicographers and physicians. Wider use of contraceptive knowledge had to wait for a democratizing revolution, such changes as industrialisation, loosening of religious bonds, urbanisation, industrial and agricultural revolutions, the rise of preventive medicine. rubber vulcanisation (needed for condom manufacture, cervical caps, vaginal diaphragms etc.) as these required for operation of knowledge were not available in that age.

China, India and Japan are the three great oriental civilizations presenting a more or less similar mental outlook, social organization and cultural tradition. The development of contraceptive medicine is influenced by the social organisation. The doctrine of filial piety and the family communism was so entrenched in China and Japan that large families were preferred to small. Confucius saying that to have no sons is unfilial, and the Chinese subscribed to this. High death rates due to
mortality inducing dangers had to allow high birth rate. Perhaps guided by Confucian dictum, Chinese seem to have not thought much on the lines of contraception. There were a few prescriptions for abortion. The situation in China today is much different from what it was in ancient times. Small family concept and its consequential advantages are now realised by Chinese and they have resorted to use of devices for limiting the families. Birth control clinics have been set up at Shanghai, Beijing and other important cities.

India has rich literature on erotics. The works mention means and measures to maximise sexual enjoyment—love being elevated to the level of art. Of the works in this field, Vatsyayana's Kamasutra is the magnum opus. Kautilya taught that everything was fair in the war and Vatsyayana held that everything was fair in love.

The other works of interest in this field are Ratirahasya of Kokkoka, Jayamangala of Yasodhara Indrapada, Anangaranga of Kalyanamalla and Panchasayaka of Kavisekhara.

A few contraceptive recipes are available. A number of potions for internal use and formulations for smearing inside the vagina are mentioned in these works. Vaginal fumigation as a contraceptive method is also mentioned. The use of recipes by prostitutes to prevent pregnancy is also mentioned.

Information on contraceptive measures and devices in use in earlier days in Japan is very meagre. Use of Kabutogata or helmet (for the glans) made of tortoise shell to prevent conception is mentioned in erotic books of Japan. Prostitutes of Japan are said to apply discs of oiled paper to cervix to prevent conception.

Japan of today has taken up suitable birth control measures and there is a well conducted movement for the propagation of birth control already in existence and this is to continue in an atmosphere of traditional opposition.

Islamic civilization was influenced by Greek culture. Avicenna and Rhazes are the two names that illuminated medical literature. Rhazes brought out his work The quintessence of experience or The Book for Almansur. Rhazes mentions of means of preventing conception. He starts with discussion why contraceptive methods should be used and also echoed Soranos when he said that it is most important to prevent
semen entering womb when pregnancy endangers life. Medical indications of birth control were known to Greeks and Islamic physicians. A large number of methods and techniques were described and resorting to abortion was suggested if contraceptive methods fail. It was said that abortion in skilled hands causes no harm, but is disastrous in unskilled hands. Induction of abortion by use of drugs either internally or externally was mentioned. Violent movements with vigorous intercourse till menstrual flow returns was also mentioned. Rhazes referred to orally active substances as well as substances which inhibit sexual desire.

Another name in Islamic world is that of Avicenna who immortalised himself with his encyclopaedic work Canon of Medicine. Medical indication of birth control as well as other details mentioned by Soranos and Rhazes also find place in his work. He mentioned safe period. Rhythm method, use of spermicides, potions and herbals that kill the desire were mentioned.

One finds from evidence available that practice of contraception was a cultural element present in Arabic or Islamic civilization. Islamic religious law differs fundamentally from Christianity in its attitude towards employment of anti-conceptual measures. In Islam foetus is not considered as human being till a definite form is developed.

A few of the works of Islamic medicine touching on this subject are Quintessence of experience of Rhazes, The Royal Book of Ali bin Abbas, Canon of Avicenna or Ibn Sina, Treasure of Medicine of Ismail al Jurjani and the book of right conduct by Ibn al Jami. A variety of procedures and measures like use of suppositories, pessaries, tampons, anointing penis with certain drugs and oils, oral remedies safe period, violent movements etc. can be seen.

Catholic church refers to birth control as among the sinful actions. The use of sterilising potions was condemned. Works of St. Augustine say of sinfulness of birth control. Pope Gregory mentions that if anyone to satisfy his lust or in meditated hatred does something to a man or a woman or gives something to drink so that he cannot generate or she conceive, or offspring be born, let him be held a homicide. Use of magical methods and witchcraft and sorcery were condemned as it is in the realm of devils and demons. The middleages have seen not only the flowering of the knowledge of contraception but also its decline. One name of importance of the period in Europe during that period is Albert the
great Dominican philosopher and theologian who cultivated medicine as a necessary adjunct of monastic education. His contribution to history of contraception is worth a passing mention.

Use of drugs, gems and stones was also in vogue in middle ages.

Reference to Catholic Church is invariably necessary when this subject is touched. One can see it through St. Aquinas. Aquinas virtually a no name either in the field of scientific inquiry or in medical history; yet since he happened to reinterpret Aristotle and in reconciling the Muslim knowledge with Christian dogmatics, his name was considered and only to say that he cannot be expected to have the open mind of Scientist. He did not do any faithful interpretation of Aristotle. He condemned birth control on the ground that it was against nature and therefore, morally wrong. The doctrines Aquinas came to be recognised as doctrines of Catholic Church. Naturally the attitude of Catholic mediaeval and modern writers will be in consonance with Aquinas's doctrines which came to be incorporated with the doctrines of Catholic Church.

Inspite of all this one cannot say that the Church fully succeeded in preventing the application of contraceptive knowledge. There has been use of the techniques in rigorously selected cases. It can be said the use was determined by various factors affecting natality and mortality independent of attempts to artificially control conception.

As in any other field, one comes across folk making their contribution—their beliefs and tradition even in this area of contraception. A wide range of methods and prescriptions flowed out and they include oral medication. use of seeds, leaves of fruitless trees, use of beeswax intra vaginally as suppository, use of sponge soaked in lemon juice as vaginal tampon and stuffing the vagina with cloth or linen rags. The remedies so handed through folk beliefs and oral tradition is again a proof that human race in all ages and locations desired to control its fertility.

Stepping into the sixteenth century and onwards one finds landmarks in the development of many areas of human knowledge. The sixteenth century was a century of awakening. New routes to East and new continents in the West were discovered by the explorers Cabots, Columbus, Drake etc. Arts, Science and Philosophy flourished. Trade and manufacture boomed. Printing was invented. The fetters of poverty,
misery, ignorance and superstition were needed to be broken, but in an aristocrats – dominant society, this will take more than normal time as the policies were authored by them. Population policy was also one that went before them.

From this century onwards one finds efforts towards diffusion of knowledge. Chemistry of contraception involving use of chemical agents in douches or soluble pessaries and study to find chemical spermicides were in process.

Thomas Malthus with his famous essay on the principles of population made an impact on the people and policies in all areas of life. The idea is not new. Even Plato favoured population control in his ideal state, and so it was Sir Thomas More who had population firmly in check in Utopia. The climate of the times after renaissance was changed with industrialization, urbanization, lessened ecclesiastical authority and improved diffusion and communication channels. Social diffusion of knowledge was possible due to the advances in the century. It would be appropriate to say that the birth control movement which is largely ascribed to Sangers and Stopes had its beginnings in eighteen twenties with the propaganda on birth control by Francis Place (1771-1854). He distributed surreptitiously propaganda material among the working populace. Francis Place rightly deserves to be called a pioneer of the movement and must occupy a position in social education on contraception that Malthus was given in the history of general population theory. In 1822 Place published his Illustrations and proofs of the Principles of population the first treatise on population in English to propose contraceptive measures as a substitute for Malthus' "Moral restraint". Francis Place called the attention of statesmen, working class leaders, newspaper editors and other who matter to the need for contraceptive instruction. The hand bills recommended methods like use of coitus interruptus and sponges. Economic indications were given greater stress. The appeal was centred around the prevention of poverty and raising the standard of living of the masses. Place believed that moral restraint advocated by Malthus has little place as the revolutions like industrial and agriculture have brought tendencies for early marriage instead of postponement. He felt postponement led to vice and prostitution. By adopting contraception universally, early marriages became more; general sexual diseases also would get reduced. Place, being himself from working class, felt large families were a cause of child labour. In 1823, Place embarked on his campaign to publicize his ideas about birth control.
He wanted to explain that there were reliable and harmless methods of contraception and limiting the family size may be improved. He published a series of leaflets which became known as "The Diabolical Hand Bills". Use of vaginal tampons is stressed as a reliable method of contraception. The leaflets never made a mention to condom, an omission that is significant. Francis Place, with the help of Richard Carlile, a physician carried out his propagation. The work of Place did not produce any immediate or measurable effect on the English society, but this idea was revitalised through cross fertilization with sociology, economics and philosophical radicalism. The concept of contraception or rather desire to control conception is very old. What was new was using contraception as an effective instrument is novel. The propagation boldly of a subject less talked of in societies was new. This has made contraception a democratized social institution. With the passage of the Reform Bill in 1832 and the new Poor Law in 1834 and with the death of Malthus in the same year, there had been changes in the economic situation and the social reform launched had a set back. During this time the American scene was also witnessing a movement similar to what was created by Place which virtually can be said as a result of the Work of Place. Robert Dale Owen and Dr. Charles Knowlton indirectly influenced social diffusion of contraceptive knowledge in England. Robert Dale Owen's work Moral Physiology which contained information on Birth Control had impact in USA and England. It was a largely circulated booklet. Robert Dale Owen laid stress on coitus interruptus mainly and considered sponge method as physically disagreeable. Owen considered condom inconvenient. His work triggered the movement of gradual adoption of birth control.

The other figure Dr. Charles Knowlton brought out a publication "Fruits of Philosophy", anonymously which had a very large circulation. This, like Owen's had filled an immediate need. His work was more detailed. He laid reliance on douching with solution of Alum and other astringent herbals. A variety of douches were mentioned keeping in view the local clinical problems. This method keeps the control on the woman. Others who delved into this field through publication include Notes on the Population Questions (1841) of Anti-Marcus and Elements of Social Science (1854) by George Drysdale. The former mentioned methods using sponge dipped in tepid water, withdrawal, the sheath, injections after intercourse and a sterile period, and the latter mentioned combination of sponge and douching with tepid water and sterile period. Charles Bradlaugh cooperated closely with Drysdale. It will be interest-
ing to note that the publisher of "Fruits of Philosophy" was prosecuted and naturally so when the country considered even an anatomical diagram of genitals an obscene picture. Bradlaugh and Mrs. Annie Besant grew indignant and they brought out a new edition "honestly believing that on all questions affecting the happiness of the people, whether they be theological, political or social, fullest right of free discussions ought to be maintained at all hazards." Lord Chief Justice observed that a more ill advised and injudicious prosecution was never instituted and criticised the Solicitor General who had led the prosecution and who by doing so imputed that the defendants had harboured improper motives. This, and the trial of Edward Truelove generated lot of public interest and the proceedings could be said to have been responsible for making public to be eager to learn more on birth control literature and practices. Annie Besant brought out a book Law of Population discussing safe period, condom and douche. Sponge mentioned in her earlier work was later omitted; soluble pessary and cervical cap were mentioned as preferable even when they became available.

By 1868 the medical profession could not ignore, Lord Amberley, father of Bertrand Russel having read and appreciated Drysdale’s book spoke at a public meeting in favour of small families. The incident caused an uproar and scandal. There were criticisms and disapprovals, and described the methods as 'beastly contrivances' and 'filthy expedients for the prevention of conception'. In 1879, Dr. C. H. F. Routh condemned calling them as baneful and abominable practices and a disreputable work. It was at this time the previously disbanded Malthusian League began its work. A medical and scientific branch was established to gain support of medical profession. The British medical opinion was not favourable. Dr. Arthur Albutt who worked with Drysdale took a leading part in the Medical branch brought out a book 'The Wife’s Hand Book' which contained information on matters of general hygiene, prenatal care and the management of babies with a chapter on 'how to prevent conception when advised by the Doctor'. He described safe period, withdrawal, douching, diaphragm, cervical cap, Rendell’s pessaries, artificial sponge with a friable capsule having acidulated quinine solution. The book was sold for six pence. Dr. Albutt’s name was struck off the medical register.

The Malthusian league approached with simple creed 'over-population is the cause of poverty' and used this statement and described a host of social ills. Birth control subject was taken up by free thinkers and
radicals at USA also. Americans did not consider birth control as an aspect of Malthusianism. They were primarily interested in sexual reform of which voluntary parenthood was simply an aspect. Marriage guides and lectures on chastity appeared in USA. In 1847 AM Mauricean produced a volume titled Marriage Woman's medical companion. The work appears to be largely a plagiarised edition from Robert Dale Owen's work. In 1873, the dissemination of any information about birth control became illegal. The Comstock Bill, was stressed as a measure for the suppression of trade in and circulation of articles for immoral use. Anthony Comstock got the bill through by contacts with Congress men and other influential persons and showing them disgusting publications; he had chosen pornographic material which has nothing to do with birth control.

As in Britain, American medical opinion also was not in favour of contraception. The use of carbolic acid was cited by the physicians with a horrid picture to support their opposition. It is strange they did not consider the idea of offering any other safer form of contraception. Dangers of contraception became the topic in the medical journals, authored by British and American doctors. Thomas Dolan of Halifax opposed contraception on religious grounds with verbose and moralizing arguments. In 1882, Dr. O.E. Herrick said that the medical profession is to be concerned of the hygienic aspects rather than the moral aspect. He ridiculed the moral arguments. He also explained in clear terms that the so called ailments following contraception were none other than congestion of organs during intercourse. To prevent a woman who is not willing to be a mother, contraception is a better remedy than abortion. In 1890 the President of the American Gynaecological Society spoke on the limiting of child bearing among the Married and in 1899 President of the American Association of obstetricians and Gynaecologists gave address on 'The Rights of the Unborn'. Both papers were in defensive tone.

It will be relevant to note that the social effect of the two trials i.e. Bradlaugh - Besant trial (1877-79) and Edward Truelove (1878-79) upon the public mind was quick and profound. These former trials went far to make legal the general and free distribution of contraceptive knowledge and established a situation different from what it was in America. Besant's Law of population treated contraception thoroughly on Malthusian way; it was sound both as regards elucidation of Malthusian principles and discussion of the tendency of population pressure to cause poverty, misery, low wages, child labour etc. After elaborating
these she stressed on family limitation, naturally after preaching family limitation there is no meaning concealing means whereby such limitation may be effected. The publication went through a number of editions. The impact and influence of this work was remarkable; 12 years after the first issue 175,000 copies were sold. This was reprinted in America and attempts to proscribe failed. This work was translated into Germany, Dutch, Italian, French and perhaps also in other languages. The end of this work came with Besant becoming a theosophist and temporarily renouncing her neomalthusian views. Fruits of philosophy in a period 1876–91 went to sale mark of 410,000. Owen’s Moral physiology also did have the sale boost with the trial. The Bradlaugh prosecution led to founding of Malthusian league in 1878 and of its journal "Malthusian" (1879–1922). Malthusian discussed family limitation from the economic standpoint. In 1922, the periodical Malthusian became New Generation. In 1927, the league was disbanded.

Before proceeding further, it will be appropriate to mention the names of those American writers who made contribution in this field. Mauricean who moved to New York from France wrote Married Women’s Private Medical Companion (1847) which contained information on prevention of conception. There were other names like Soule, John Cowan, Trak, John Humphrey, Noyes, Edward Bliss Foote who played role in one form or other through their works to the subject of contraception in the middle of the nineteenth century. There were authors like Herrick and W. P. Chunn who published papers on the subject in the medical journals.

The subject of contraception was not subject for discussion in polite society but it has come to occupy a respectable place due to the long struggle in the area of family planning. Significant parts were played by doctors, ecclesiastics, politicians, local councillors. Family Planning used to be called birth control. The Phrase was coined by Margaret Sangers in 1914 to convey to the public the social and personal significance of contraception together with its liberating possibilities for women. Birth control was conceived and defined as “the conscious control of the birth rate by means that prevent the conception of human life”.

The year 1921 represented a turning point for the birth control movement, Marie Stopes opened the first birth control clinic in London on 17th March, 1921. The Malthusian league established a centre for contracep-
tive instruction on 19th November, 1921. Lord Dawson, the King's physician outspokenly supported birthcontrol in an address to the lay church congress. This had influenced Church and medical profession which were for long hostile. Marie Stopes (1880-1958) by her speculative activities shattered the great public silence on birth control. Married love was published in 1918. Another book Wise parenthood was also later published. She recommended a small well fitting rubber cervical cap preferably combined with a small quinine pessary or a small wet sponge whose pores were filled with powdered soap or a pad of cotton wool smeared with vaseline. Objections were made to the condom (largely harmful) withdrawal (bad for nervous system) douching and 'safe' period – the conception was leastly to occur (unreliable). The success of wise parenthood led Marie Stapes to pioneer sex education and to open a birth control clinic. Marie Stapes was supported by her husband Humphrey Roe (1878–1949) in these ventures. The first birth control clinic was opened on 17th March, 1921 at 61, Marlborough Road, Holloway; in 1925, the clinic was shifted to 108, Whitefield street. It was run from 1961 by Population services. Radiant motherhood was published in 1920; it refers to improving the race. Marie Stapes maintained trained nursing staff rather than gynaecologists in her clinic. Involvement of para medical staff was one of the instances which make Marie as a lady with ideas and vision far in advance of her time. Marie Stapes had talent of campaigner – talent for publicity and prophetic zeal.

Margarete Sangers fought for birth control in America; she played a role similar to that of Marie Stapes in the British. Sangers like Stapes was a good campaigner and worked hard. Her contribution sprang partly from compassion and partly from radicalism. She began to publish in 1914 a magazine called, the 'Woman Rebel'. It dealt on rights of women and was aimed to stimulate working women to think for themselves and build up a conscious fighting character. Sangers brought out a pamphlet Family Limitation. This pamphlet as well as the magazine brought by her attracted Comstock who was the Secretary of the Society for the suppression of Vice. A day before trial she fled to London where she met Drysdale, Havelock Ellis and Marie Stopes. During the period when Sangers was absent from America other radicals and members of the birth control movement continued the work. Emma Goldman was another enthusiastic lady who started discussing openly on contraception. Another pamphlet why and how the poor should not have many children also was circulated. She was fined and imprisoned for circulating the birth control
The movement of contraception/birth control moving from national to international level:

A number of Conferences were held to provide as much information as possible on the subject of contraception and birth control. World Population Conference (1927) in Geneva, International Neo Malthusian Conference (1922) in London, gathering of birth controllers (1925) are a few which had role in the subject under discussion.

National Committee on Maternal Health was started in 1923 at the instigation of Mrs. Gertrude Minturn Pinchot. Birth control naturally formed a subject in this Committee. The Committee brought out the following books—Seventy birth control clinics by Rolinson, Control of Conception by Dickinson and Louis Stevens Bryand, The Chemistry and physics of contraception by Voga, Time of Ovulation in Women by Hartman, Sterilization; Medical aspects of the subject by H. C. Taylor (Jn). Mrs. Sanger's efforts by and large were responsible for removal of Comstock laws. Her revolutionary learning, noisy law-breaking emotional statements and appeals had some effect. Many cooperated with voluntary Parenthood league. It will be interesting to note that one of the judges in a certain instance commented "the question to whether we have the most intelligent law on this subject we might have......I believe we are living in an age of ignorance, which at some future time will be looked on aghast".

In 1923 New York Birth Control Clinical Research Bureau was opened as a Department of the American Birth Control League. This was later known as Margarete Sangers Research Bureau. Around this time Robert Latou Dickinson published a long article 'Contraception, a medical review of the situation'. The standard work on contraception for many years was his 'Control of Contraception'; his studies on 'A thousand marriages' and 'The Single Woman' broke new ground. Dickinson advocated sex education and produced drawings and models for teaching. He published 'Human sex anatomy' at the age of 73. Gradually there was a change in attitudes of people and the climate of opinion in America was becoming liberal. Sangers no longer had to face the uphill task. She travelled extensively addressing meetings and visiting influential people. She became the President of Birth Control International Information Centre, a
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body with Headquarters in London. Gerda Guy and Edith How-Martyn gave their time and money for this centre to promote birth control. Birth control no longer was a subject timidly discussed; clinics were organised, Conferences were held. World Population Conference of 1927 held at Geneva was organised by Sanger. The Conference attracted scientists and demographers. There was admiration for the work of Mrs. Sanger and this Conference became a prelude for formation of two new organisations i.e. International Medical Group for the investigation of contraception and International Union for the Scientific Study of Population. A Conference was arranged at Zurich in 1930 which was attended by Birth controllers and an enthusiastic international group discussed the current situation. Contraception and birth control clinic concept began invading different parts of the world like Ceylon, Germany, India. The dynamic and zealous work of Mrs. Elise Ottensen-Jensen helped to alter both legislation and public attitude. Annual Conference was held in 1946 in Stockholm as a post war step towards International birth control organisation. Family Planning Association in England around this period was engaged in establishing clinics. Family Planning movement got new impetus from the problems of population growth. Population explosion became a talking point soon. Acceptability for birth controllers increased. Demographic and Eugenic arguments were advanced besides Sanger’s and Stopes philosophy of its existence as one of the rights of women. The family planning programmes were viewed as necessities but at the same time inhibitions and fears were expressed considering the cultural patterns and environment as well as religious grounds. Gradually the scene changed in almost all countries giving place to liberalism. India introduced family planning in 1951, and went to the extent of providing incentives to those who got sterilised. This incentive system might appear peculiar in contrast to Western liberal opinion. Whatever it is, one finds all over and in India too the need for family planning if one has to cope with resources. Maternity and child welfare was given importance alongwith this. Since the Governments were involved, the countries do not face any problem in getting appropriate contraceptive. No one contraceptive is ideal for every individual. There are more choices today than anytime previously. Vasectomy, sterilization, hormonal pills, intra-uterine contraceptive device (IUCD), jellies and numerous others are available. Continued research in this area is on to discover ideal and acceptable contraceptive which is simple to use. The significance of contraception can only be understood if one imagines a picture of population explosion, consequential depletion of resources and
wrecked health of mother and child, malnutrition and the accompanying problems, ill-fed large families, economic erosion of the family with consequential effects on education, living etc. India has changed its approach from family planning to family welfare thus making a package programme including maternity and child health care. India went to the extent of saying development is the best contraceptive and in action instead of ‘development’ launched mass sterilization. The experience revealed that such policy may not do much to bring down birth rate but might bring down Government as had happened. The Government in the light of the experience worked out a strategy ‘Minimum needs programme’ with a view to make a frontal attack on the citadels of poverty etc. India felt that to solve India’s population problems mere family planning was not enough and India cannot afford to wait for the development approach as the percolation and diffusion efforts take long time, personal rights to be kept in abeyance and with this view went on mass sterilization spree. The experience was costly and tragic and it taught that family planning has to be viewed as part of the total concept of positive health and pursued together with the programme in other relevant sectors of human welfare. At the same time to find a meaningful integration with other welfare programmes, viz. nutrition, food, clothing, shelter, availability of safe drinking water, education, employment and women’s welfare. Recent Mexico Conference also made a dispassionate plea towards the subject of population limitation. Programmes are to be extended and accelerated so that there can be maximisation of benefits.

In the long sojourn from the remote past to today or rather from pre-literate society to ultramodern society, the underlying idea—the desire to control conception—can be seen as a long single thread reflecting universal cultural trait. Knowledge of contraception in some form or other has been present in primitive societies as well as Greek, Roman, Islamic, and oriental settings. The subject of contraception was not discussed in polite pre 1921 society and efforts made to help diffusion and dissemination of knowledge faced uphill task due to hostility of church and medical profession even at the end of 19th century. In the environment, charged with prejudice towards birth control, Stopes and Sangers naturally had to swim against the currents to popularise and democratise the movement. The Malthusian theory and the problem of population growth had brought socio-economic arguments to favour contraception as a measure to check. Medical indications of contraception followed suit. Gradually contraception has come to be regarded as a necessity for all round progress and development of the nation and
country. This opened the doors to introduce rationally tested contraceptive practices and techniques mentioned in the earlier workers besides being an impetus for research. Hormonal pill, IUCD, sterilization, vasectomy, sheaths, etc. are available providing a choice of practices/techniques. Rightly late Norman Himes, author of Medical History of contraception said “Men and Women have always longed both for fertility and sterility; each at its appointed time and in its chosen circumstances. This has been a universal aim, whether people have always been conscious of it or not”, for obtaining what was longed or desired, the means is judicious application of contraceptive knowledge. Lippert said that the power in history of idea or desire is determined in no small degree by its universality. The very fact that concept of contraception together with desire to limit family survived and travelled all through since remote times, despite hurdles and hostilities goes to prove the statement.

APPENDIX
HISTORICAL SIGNIFICANCE OF FAMILY PLANNING-INDIAN CONTEXT

Fertility is considered as one of the important factors contributing to population change and India being the first country in the world to launch a nation-wide Family Planning Programme with full Governmental support and involvement. It will be necessary to look into the saga of historical evolution of ante-natal programmes and policies to appreciate the population policy pursued. The tale of evolution of concept of population control through family planning measures can be looked into under four heads identifiable through distinct periods i.e. the pre-independence period, period from 1951–75, the period of emergency (1975–77) and the period following the lifting of emergency (post 1977 period).

Pre-independent period saw an upsurge in the family planning movement started by a handful of well meaning individuals. It can be said that the British Government neither had intention to formulate any population policy for India nor they favoured birth control movement. British Government measured prosperity of their rule to some extent by the magnitude of the net addition to India’s population. As regards disinclination towards birth control movement, it might have stemmed up out of controversy it had been facing at England and also perhaps due to British considering it as an intrusion into the traditions and beliefs of the Indians.

Pyare Kishen Wattal published in 1916 ‘the population problem in India’ wherein he advocated family planning. In 1925, Raghunath
Dhondo Karve, a Professor of Mathematics of the local college run by Christian Missionaries opened the first birth control centre in Bombay and his orthodox Christian employers dismissed him for this. Radindranath Tagore wrote to Margaret Sangers appreciating the birth control movement and mentioned it not only saves women from enforced and undesirable maternity but also lessens the surplus population pressure on food, shelter etc. Government of Mysore on June 11, 1930 opened the first Government Birth Control clinic in the World. In 1931, Senate of the University of Madras accepted the proposal to impart instruction in methods of conception control. Government of Madras in the following year agreed to open birth control clinics in Madras Presidency. The awareness of importance of birth control can be deciphered from the fact that All India Women’s Conference at Lucknow in 1932 recommended that men and women should be instructed in methods of birth control in recognised clinics.

Indian National Congress in 1935 discussed on population as a basic issue in national economic planning and referred to improvement of quality of population and standard of health. As a measure to tone up social economy and family happiness and national planning, family planning and limitation of children was considered essential. Raising the marriage age and discouragement of polygamy were also considered to be a measure in this direction. Sterilisation was also suggested a measure for consideration under Eugenic programme to prevent transmissible diseases, insanity, epilepsy etc.

A society for the Study and Promotion of Family Hygiene was founded with Lady Cowasji Jehangir as its President. Training Courses in birth control were conducted. Birth control clinics were started in 1939 by “Birth Control Worldwide” of Uttar Pradesh and the Matru Seva Sangh in Ujjain, Madhya Pradesh. A resolution was moved by P. N. Sapru in 1940 in the Council of States for establishing birth control clinics. About this time, Shrimati Ranu Datta extensively toured with the objective of organising birth control campaigns on behalf of the Family Planning Association of London. The Society for the Study and Promotion of Family Hygiene was renamed as Family Planning Society incorporating the Birth Control Clinic of Bhaguni Samaj in Bombay.

When that was the way the individuals and some agencies were working towards the family planning issue. Woodhead Commission, also known as Famine Enquiry Commission of 1943 stated that the practice of
birth control among the mass of population is impracticable and a fall in birth rate will tend to follow rather than precede economic development. Health Survey and Development Committee set up by Government of India in 1945 under the Chairmanship of Sir Joseph Bhore recommended that the birth control services should be provided for the promotion of the health of mothers and children.

Gandhiji accepted the need for birth control and he wanted it to be pursued only on ethical and moral grounds and that would improve the moral fibre and the physical health. Brahmacharya or abstinence was the method which was supported by Gandhiji. Another method which appealed Gandhiji was the rhythm method; it was based on avoidance of sexual union during the unsafe period. Gandhiji advised to follow this to suspend bringing forth heirs to the existing slavery.

The period from 1951 to 1975 assumes particular significance in the history of family planning. It was in 1951, Government of India published the first plan making a specific mention on 'Population pressure: Its bearing on development'. The plan document reiterated 'the pressure of population in India is already so high that a reduction in the rate of growth must be regarded as a major desideratum'. The second five year plan (1956–1961) reaffirming the earlier one mentioned that 'a high rate of population growth is bound to affect adversely the rate of economic advance and living standards per capita'.

An effective curb on population growth was mentioned as an important condition for rapid improvements in income and in levels of living. The need for curbing the birth rates was accepted. "This highlights the need for a large and active programme aimed at restraining population growth, even as it reinforces the case for a massive development effort". The third five year plan (1961–1966) stated 'the objective of stabilising the growth of population over a reasonable period must therefore be at the very center of planned development'.

The fourth five year plan (1969–1974) viewed population both from the point of view of economic development and also from that of social change. This was again viewed from the angle of control of population growth. The limitation of family became an essential and inescapable ingredient of development. Stress on population control based on demographic projections from the plan period was laid in the draft fifth five year plan (1974–79). The final version of the fifth plan was published
in 1976 spelling out National Population Policy. 'The policy envisages a series of fundamental measures including the raising of age of marriage, female education, strengthening of research in reproductive biology and contraception, incentives for individuals, groups and communities and permitting State Legislatures to enact legislation for compulsory sterilisation.' The Government that was voted into power in March, 1977 made it clear that it was committed to population control and the question of compulsion does not arise. The subsequent plans pursued the policy with regard to population control laying stress on overall development.

To achieve the objectives spelt in the five year plans since 1951, efforts were made to suitably structurise the organisational set up and work out strategies to approach and implement the family planning programme as well as adoption of family planning methods. Ministry of Health was made responsible for the programmes since inception. A family planning cell in the Planning and development Section of the Director General of Health Services was created in April, 1952. In March, 1956, an Officer on Special Duty was appointed to be incharge of the Programme; his designation was changed to Director of Family Planning. At state level, Planning Officers were appointed for implementation of the programmes. During the second five year plan High Level Family Boards were set up at the Centre and State levels. In 1966, a full-fledged Department of Family Planning was established within the Ministry and the name of the Ministry was redesignated as Ministry of Health and Family Planning with a Minister of Cabinet rank. A Cabinet Committee headed by Prime Minister and later by Finance Minister was constituted at central level. Its main function was to give proper direction and policy clearances and to review the progress of programme. The other members of the Cabinet Committee included Minister for Information and Broadcasting, Minister for Food and Agriculture, Minister for Labour and Employment, Deputy Chairman of the Planning Commission and the Minister for Health and Family Planning. Similar Committees were constituted at State levels to review and monitor the programme. The Central Family Planning Council with Minister for Health and Family Planning as Chairman was set up in 1966. The Council has a standing Committee. Similar Councils were set up at State level. The Council consisted of experts and representatives of Government, Voluntary Organisations, Industry, Plantations etc. A Commissioner for Family Planning with the rank of Director General was appointed in 1966 with a view to keep this programme high enough in the administrative hierarchy. The
Department was looked after by Secretary of Health and Family Planning till 1973-74 assisted by Additional Secretary for administrative wing and Commissioner for the technical wing. The Commercial distribution of Nirodh was done by a marketing executive. The activities were planned so as to reach rural and other grass root levels through a network of district bureaux. At the rural level, the Primary Health Centre functioned as Headquarters. Family Planning Units of different patterns were set up for Public Sector Undertakings and those of Ministries of Railways, Post and Telegraphs Department, Ministry of Defence based on size of the population to be covered.

The First United Nations Advisory Mission which visited India in 1955 felt that the effective methods of contraception required medical supervision and cooperation and hence it should remain with Ministry of Health.

The programme started continuously with emphasis on research to identify values, norms, customs and beliefs concerning child bearing. Rhythm method considered to be natural method of family planning, was propagated.

India was the first country in the World to officialise and democratise the family planning programme. It had no model to adopt or copy except the Planned Parenthood Organisation of the West which was not suitable in Indian setting since it leaned in favour of services for women rather for couples besides on medical personnel. This approach known as clinic approach does not seem to reach a wider circle and in a developing country like India it may not be suitable. The Extension approach which envisages educational approach to bring about changes in the knowledge, attitudes and behaviour, acceptance of the power of the group and to approach the society through identified influential format and informal leaders in different sub groups of the population. The programme aims at popularising the small family norms among the group. The responsibility is shifted on to such groups as Panchayat Samitis. The operational approach outlined in the report of the Director of Family Planning for 1962-63 aims to bring the birth rate as expeditiously as possible to 25 per 1000 population. The success of the operational approach is based on group acceptance knowledge about family planning and easy availability of supplies and services. Socio-psychological factors, complete knowledge right from prevention of conception, methods of contraception and the availability of supplies and services influence the success of the operational aspect of the extension programme.
Another approach considered during the second plan period known as integrated approach was also thought of during the second plan period. This approach involves integration of family planning services with maternity and child health work and nutrition services. The philosophy behind this approach is that it would not be appropriate or possible to talk of limitation of family when infant and child mortality rate is high. This approach is expected to instil confidence into parents that the children have scope to go to adulthood. The programme under maternal and child welfare include immunisation of expectant mothers against tetanus, prophylaxis against nutritional anaemia, immunisation of infants and preschool age children and prophylaxis against blindness caused in children due to Vitamin A deficiency. In 1973 multi-purpose workers were appointed for delivery, health, nutrition and family planning services. By the end of the fifth five year plan period, it was expected to cover the whole country with two workers, one male and one female at the sub-center level to provide comprehensive health and family planning care. Another aspect under the integrated approach is the post partum programme which is restricted only to hospitals where women are enrolled either for delivery or for abortion. The rationale behind the programme is that when women go to hospital for delivery, they are in a frame of mind which would accept family planning education and would even accept the family planning method like sterilisation.

Another approach adopted in the family planning programme is what is known as camp approach where mass vasectomy camps were held. The concept was given shape as early as 1961 by Government of Maharashtra holding a three day camp where 1400 men were sterilised. This perhaps is the first of its kind in the world. In November-December, 1970 a massive vasectomy camp was held in Ernakulam district for a period of a month where 15,005 vasectomies were performed. Encouraged by the response, another camp was held in July, 1971 on a much larger scale; 63,418 vasectomies were done. The success made the Department of Family Planning to allow states to organise such massive camps. 2.19 million vasectomies were done in 1971-72 and 3.12 millions in 1972-73. The camp approach concept demands tremendous efforts to organise involving interdepartmental cooperation and coordination and this will be at the cost of the developmental programmes of those departments. Any slight negligence on the part of the doctors in such a massive programme as has happened in Gorakhpur where eleven men died of tetanus can bring forth disastrous results. This can have serious counter-productive effect.
In 1973–74, the strategy of camp approach was not given same enthusiastic approach as in the previous year which resulted in decrease in number of vasectomies performed. Optimum utilisation of available resources to strengthen the normal programme was considered. The budgetary allocation was also reduced.

The year 1974 designated as World Population Year culminated in the World Population Conference at Bucharest wherein India played an important role by declaring its National Population Policy which says development is the best contraceptive. This was interpreted differently as mentioned by some that India is not interested in family planning and is going to wait till the development takes place and family planning will look after itself. The fact is that the development in the living standards only can raise the people above the poverty line and this can have impact on family planning. The population problem was being looked into as a subject which took into account some of the complex relationships between social, economic and political aspects of the population problem and included appropriate measures to tackle the problem—long term measures such as raising the age of marriage, improving the levels of female education etc. monetary compensations based on the number of living children at the time of sterilisation. The contributions to voluntary organisation were exempted from Income Tax. Group incentives were introduced to have greater involvement of the people. Multi-media motivational strategies involving utilisation of the available media channels and traditional folk media were to be used to encourage and sustain interest in family planning. The family planning was considered as center point not to be ignored by all the ministries while formulating their programmes. In whatever way they plan, the population issue was to be kept in mind. Population education as a supportive measure was to be introduced for the younger generations. Legislation for compulsory sterilisation after the couple having had a certain number of children was passed. States were given option to frame its own legislation if it thought it had the necessary infrastructure and other facilities to carry out a programme of compulsory sterilisation. The legislation made is to be applicable to all Indian citizens irrespective of caste or community, with preferential treatment in allocation of lands, houses etc. in case of those who had accepted the family planning.

In practice results of 1975–77 showed contradiction to statement of Indian delegate at Bucharest which contested the propriety of coercion in any form—personal, group, national or international. The achievements of
1975-77 were more than spectacular. In 1977, the installation of a new Government i.e. Janata Government announced that coercion would not be used to implement the population control programme. The Department of Family Planning was renamed as Department of Family Welfare. Preventive health services, provision of safe drinking water, sanitation in rural areas and production of inexpensive drugs and medicines along with other welfare programmes such as nutrition, food, clothing, shelter, education, employment and women's welfare were a few on which emphasis was laid. Community health worker who would be responsible for one thousand rural people was also appointed. He is selected from within the Community. It was felt he will be an effective functionary.

Methods of family planning that are available are offered to people in the country and the choice is theirs according to their interest, needs and thinking. This approach is said as Cafeteria approach with choice left to consumer/user. The methods available include the jelly, foam tablets, condom, intrauterine device, sterilization (male/female) and the pill. Other practices like Brahmacharya, abstinence, rhythm method were also encouraged. Research is going on in the country and elsewhere on Gossypol obtained from cotton trees, other herbals and vaccines to counter conception and in time to come it might be possible to bring forth a safe, cheap, acceptable non-steroidal contraceptive drug.

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गर्भ निरोध का ऐतिहासिक महत्व

गर्भ निरोध का विचार उत्तर दक्षिण भारतीय साहित्य के प्रमाण इस बात की पुष्टि करते हैं कि आदि कालीन समाज में शिशु हृदया और गर्भपात से जनसंख्या की सीमित करने की उचित जानकारी का ज्ञान था। अफ्रीका, दक्षिण अमेरिका, उत्तर अमेरिका, फिजी और न्यू आयरलैंड के कुछ आदिवासी कर्मचारी और काउंटी जेसी जहाँ-बूटी का उपयोग जन-संख्या को सीमित करने के लिए करते थे, जिसके कि प्रक्रिया के खोटों पर द्रव्य कम करने के लिए महत्वपूर्ण समझा जाता था। पूर्व शिक्षित लोगों का गर्भ निरोध के बारे में जानकारी नहीं थी लेकिन इसकी आवश्यकता को उन्हें अनुभव किया।

ई. पूर्व १८५० के पेट्री या कोहम और पहाड़ी पर टाइर्स इंडे (१८५० ई. पूर्व) ने एक प्रकार की तकनीक जैसे योगिक पेसरी (पिथा) आदि की ओर इगिन किया। इससे यह पता चलता है कि उन्हें विपणन के बारे में जानकारी थी।

बाइबिल और तालमुद से प्राप्त विवरण गर्भ निरोध तकनीक एवं अभ्यास को दर्शाता है। प्रीक्षा और रंग के लोग गर्भ निरोध ज्ञान में अपराध थे। चीन, भारत और जापान ने बड़े परिवारों को पंजाब किया। गर्भ निरोध के बारे में चीन ने अधिक नहीं सोचा। भारत में काम शास्त्र के बारे में समस्या साहित्य है, प्रेम का स्तर कला तक उच्च हो गया और कुछ गर्भनिरोधक नुस्के उपलब्ध हैं। रेजम तथा अविवाह ने गर्भ निरोध के अनेक उपाय यथा गुरुजंत्र अनुगत, विराम पद्धत शुद्धयुगानपूर्ण, जहाँ-बूटी आदि का उल्लेख किया। कैथोलिक चर्च ने जन्म निर्यन्त्रण एक पाप कहकर निदर्शन की सेट अनुप्रास ने जन्म निर्यन्त्र की तीव्र निदर्शन की। उनके सिद्धांतों को कैथोलिक चर्च के सिद्धांतों के रूप में जाना जाता है इस सत्र के होते हुए भी चर्च ने