The Long History of Birth Control

If we have convictions, and cannot express them in words, then let us act them out, let us live them!

Margaret Sanger (1929)

Man, like all other animals, has two main functions: to feed his own organism, and to reproduce his species. Ancestral habit leads him, when mature, to choose himself a mate ... If this profound impulse is really lacking to-day in any large part of our race, there must be some correspondingly profound and adequate reason for it.

Grant Allen (1894)

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INTRODUCTION

In 1800 the average American had seven offspring. “Every log cabin is swarming with half-naked children,” wrote an English traveler on the Illinois frontier. “Boys of 18 build huts, marry, and raise hogs and children at about the same expense.” Farms and streets teemed with children. The young republic’s expanding population, thought Benjamin Franklin, Thomas Jefferson, and George Washington, guaranteed its security and expressed its citizens’ health, wealth, and happiness.

A century later Americans were having half as many children, on average. “There are regions of our land, and classes of our population, where the birth-rate has sunk below the death-rate,” President Theodore Roosevelt warned Congress in 1906. The trend seemed to be spreading. “Willful sterility,” Roosevelt chided, “is ... the one sin for which the penalty is national death, race death; a sin for which there is no atonement.” The president’s warnings went unheeded. By the mid-1930s the

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average American had just over two children, well below the period’s rate of replacement.4

This steady decline in family size took place over a period when there were no major advances in contraceptive technology and very few outspoken advocates for reproductive rights. What changed, instead, were Americans’ ideas about the place of childrearing in a good life. In order to understand that change, this book examines the ethical sensibilities of several thousand Americans (mostly white and middle class) who participated in America’s first mass civic debates over fertility control. The central question is: how did birth control gain popularity and legitimacy in America?

Answering this question means investigating a topic, reproductive decision-making, that is at once universal, essential, and nearly invisible. Virtually all adults are forced to make decisions about their reproductive potential, and those decisions tend to feel important. But the reasons we make them can be hard to articulate to ourselves, much less to others.

Americans discussing birth control in the early twentieth century were no different. Reproductive questions’ emotional charge and social volatility made them difficult to address. So did their complexity: for many Americans, the values relevant to reproductive action seemed so wide ranging, and the moral questions so abstract and deeply held, that it was difficult to capture the trend towards smaller families in any but the most sweeping terms. “The cause is multiplex,” wrote a Baltimore editorialist in 1904, “lying partly in the material and partly in the spiritual and intellectual environment of our time.”5

The struggle to explain the spread of family limitation has since passed to sociologists, demographers, and historians. Many theories have emerged. Traditionally, these have emphasized major social-historical shifts such as women’s emancipation, urbanization, industrialization, mass education, and better access to contraceptive technology. Sometimes these shifts are lumped together as “modernization.” “Almost anything that distinguishes traditional from modern societies has been considered relevant to the explanation of the fertility decline,” as one demographer notes.6

Important as such factors have been in creating an environment favorable to smaller families, none of them – alone or in combination – has been shown to be necessary for fertility decline or sufficient to explain when and why people limit their families. Fertility has dropped precipitously among illiterate Bulgarian peasants, remained stubbornly high in industrial England, and risen mysteriously as contraceptive technology
improved in mid-twentieth-century America. Often it has seemed that the brighter the lights aimed at fertility behavior, the darker the shadows. Some scholars have responded by declaring the causes of fertility decline to be irreducibly plural and local: too variable across place, time, and class for generalization. Yet the hunt for shared qualities continues, if only because it seems unlikely that hundreds of broadly simultaneous fertility transitions, across every corner of the world, would not share some common characteristics.⁷

That search continues, too, because low fertility has become a truly global phenomenon. Around half the world’s people now live in countries where fertility is below replacement level, and that proportion is growing. It includes wealthy parts of Europe and North America where the trend was first perceived, but also countries from Brazil to Morocco, Korea to Colombia, and Thailand to Russia. Where birthrates remain above replacement they are generally trending downward, and within a century we are likely see a broad-based, voluntary end to human population growth, perhaps even a decline – events which seemed unfathomable fifty years ago. The benefits of these trends are obvious at the global level; locally, however, they threaten welfare states with bankruptcy and nations with the destabilizing politics of cultural extinction.⁸

Understanding fertility decline is above all a question of understanding subtle changes in the acting ideas of people with no special interest in birth control as a social cause. It is a question of half-articulate principles that span the borders between popular commonsense and abstract moral philosophy. In America, those ideas pertained above all to relationships of economy to morality, self to society, worldliness to transcendence, human to cosmic orders, and modernity to eternity.

A grand civic debate over these principles emerged in America in the wake of Roosevelt’s denunciation, in 1903, of “race suicide” among “the average men and women who make up the nation.” The U.S. birthrate’s apparent trajectory towards zero, warned the young president, promised to extinguish the American experiment. “A new race ... will take your place,” he thundered, “because you will have shown that you are not fit to cumber the ground.”⁹

Roosevelt’s words struck a nerve – not just for their discordant pessimism, but because Americans were unaccustomed to hearing heads of state address such earthy topics. In the subsequent controversy, which lasted many years and grew to include counterarguments by Margaret Sanger and other pro-birth control activists, millions of Americans asked
themselves, “Under what circumstances is it acceptable to avoid childbearing?”

Open debate ultimately encouraged many Americans to come to terms with birth control’s immense private popularity – accepting semisecret practices as facts of life and even public virtues. Along the way, however, countless Americans wondered if a virtuous and sustainable society could publicly condone birth control. Would people continue to have children if family limitation were publicly acceptable? Would the liberalization of reproduction fatally alienate American democracy from God and nature?

Most parties to the debate came from America’s numerically and politically dominant culture – white, native-born, nonindigent – and concerned themselves with the reproductive future of their own kind. This frame of reference was obvious to them. Few evinced much thought or care for groups living beyond the civic pale: “new” immigrants, the destitute, and African-Americans, who together constituted around a quarter of the country’s population. Perhaps those groups would multiply and inherit the land; or perhaps they too would vanish after adopting the small-family norm. Some middle-class whites worried about the former scenario; some black or immigrant Americans worried about the latter. But vastly more words were spilled on self-examination by the enfranchised majority. Debate centered on inward-looking questions of moral order in a virtuous and sustainable society. Much of the commentary was mystical, introspective, and uncertain.10

This debate over reproductive ethics has much to teach us about the roots of birth control’s legitimation in America. Each chapter of this book accordingly focuses on several hundred Americans’ views on fertility control, as recorded in a variety of media: newspapers, letters, field reports, and responses to a radio program. This approach – using bulk qualitative sources to uncover the views of ground-level actors – bridges the gap between the two dominant approaches to birth control history, historical demography and narrative history.

Demographers see fertility control’s spread as a “revolution without generals” conducted by ordinary women and men responding to socioeconomic and other structural factors. But this sort of data alone, most demographers now believe, cannot provide a complete account of fertility motivation. We also need research into “cultural factors.” “Fertility decline is now the stuff of history,” as one demographer writes. Efforts to explain it rely “more on qualitative argument and less on the elaborate statistical modeling.”11
Qualitative argument is the stock in trade of narrative history, but historians of birth control have largely focused on a small corps of outspoken activists – despite “the systematic divergence,” in the words of three demographic historians, “between popular values and practices and those of the tiny minority in the intelligentsia who made birth control and sexuality their business to discuss, investigate, and legislate.”

Though that divergence was strong, the stories of dedicated advocates like Sanger – who in 1914 launched a feminist campaign to legalize, legitimize, and distribute birth control – remain essential to birth control history. Activists delivered contraceptive services to hundreds of thousands of neediest cases, shifted the terms of public debate, and successfully prompted community leaders to forthrightly acknowledge their private support for fertility control. Activist stories underscore the role of human agency in big-picture social reform, reminding us that change derives from living and breathing moral action, not ghostly trends and averages.

Still, just as historical demographers have been unable to write a grand formula for fertility decline, traditional historians have been unable to establish the importance of any particular individual or organization to birth control’s de facto legitimation, a process which was largely complete by the time activists gave it voice. If there is more to the birth control story, it seems to lie somewhere between history and demography, in the applied ideas of millions of Americans who were able to justify birth control to themselves, their families, and communities.

Like the collapse of Prohibition, the rise of birth control is best understood as the product of a sprawling mass movement. If no leader or group was central to the movement, nor any single structural trend, then local people acting in small, interconnected groups were collectively indispensable. In kitchens, foundries, bars, churches, and picnic grounds, Americans observed and enacted new reproductive codes, judging and rejudging themselves and their peers. Often they were uncertain. “Having to live and rear a child or children in two or three rooms, and oftentimes in the rear of a store, is enough to break the spirit of the stoutest heart,” wrote a Midwestern woman, Ruby Poley, in a characteristically ambivalent 1927 letter. “Our boys should be taught (and our girls too) that parenthood is not all hardship and that only in building for the future on a good foundation can happiness be found.”

Yet clear patterns of change mark the reflections of people like Poley. Americans wandering the ethical and emotional minefields of human
reproduction expressed new doubts, new aspirations, and new visions of the past and future. Seeing birth control through their eyes, as the gradual, furtive, decentralized movement of women and men who were not necessarily outspoken, feminist, progressive, or politically engaged, helps us understand the birth control movement’s enduring foundation of support. It helps us understand Americans’ reproductive interests as they understood them, and the potential connections of everyday moral action to profound historical consequence.

The Outlines of Legitimacy

Few domains of human experience escaped the attention of citizen-moralists pondering reproductive ethics. Money, time, divinity, nature, health, self-fulfillment – these topics and many others continually bubbled to the surface. Boundaries between them were indistinct. Observers contradicted themselves or settled on sweeping moral-historical shorthands. “Don’t ask me why they practice birth control,” declared one population expert in 1935, “but they do.”

For all that, a definite core of ideas concerning economic self-interest, spiritual alignment with divinity or nature, and self-placement in cosmic and historical time underpinned Americans’ gradual justification of ever-greater family limitation. Popular adoption of more material, this-worldly, present-minded, and self-consciously modern outlooks formed the essential basis for the birth control movement’s success. Other priorities – notably women’s pursuit of physical and mental well-being – were also important, but no class of legitimating ideas was as essential as the interlocking triad of economic, spiritual, and temporal modernism, applied by men and women alike. Over the course of the nineteenth and early twentieth centuries, Americans considering childrearing assigned progressively greater moral priority to rewards they could see and enjoy in their own lifetimes. Their motives for family limitation were not simply “selfish”; the welfare of living children was an essential point of concern. But the erosion of binding transcendent and eternal orders was indispensable to birth control’s legitimation.

In terms of sheer frequency, moralists found two points on the triad – spiritual intuition and economic calculation – more relevant to explaining fertility decline than all other factors. Economic explanations were especially common. In reality, though, economic and “cosmic” explanations together dominated Americans’ thinking. Because all parties assumed
reproductive decisions were of basic moral and existential importance to any adult, speakers rarely viewed those decisions as merely rational or adaptive. Instead, economic self-interest was inextricably bound up with spiritual and emotional judgment. Whether fertility limitation was rational *per se* was less important than whether personal and cultural norms would allow for such rational action.

But this moral economy of birth control was closely bound up in observers’ ideas about the third point on the triangle, modern historical time. Recognizing family limitation as a long-term trend, many citizens spoke as amateur historians, measuring their own generational norms against those of their parents and grandparents. The reweighting of economic and moral priorities formed part of an irresistible historical logic. Recent history seemed to *want* smaller families. How much one resisted or accommodated this telos was a matter of acute relevance for individual reproductive outcomes. Should one adopt the old ways, with their worldly inconveniences but clearer view of eternal and natural orders? Or did recent flux demand a new “modern” approach? In asking these questions, moralists used history to make history, acting within intergenerational narratives of their own making.

Notably less important to American commentators were many of the ideas that animated outspoken activists, such as egalitarian feminism, eugenics, sexual liberation, and access to contraceptive technology. Though all those issues concerned Americans living during the fertility transition, they were considerably less prominent than moral-economic questions, and sometimes took a back seat to issues like mental health and landlord discrimination that have received little attention in the birth control story.

The significance of the citizen commentary, however, lies less in fixing an exact hierarchy of motives than in understanding these categories together, as they might have appeared in the mind of someone deciding on a course of reproductive action. Americans did not go to chalkboards to diagram their family size preferences, dividing and rank-ordering motivations from, say, “economy” down to “natural order” and “health.” Their acting ideas were hazy and impressionistic. Collectively, however, they shared many ideas – or clusters of ideas – about the place of birth control in a good life. Those patterns of thought never amounted to a unitary mentality, but they allow us a better understanding of modern Americans’ ethical worlds and the changing place of childrearing within them.
Birth Control Methods

The term “birth control” was coined in 1914 by the journalist Otto Bobsein and popularized by Margaret Sanger. From the start it has meant two things: first, specific technologies for controlling fertility before conception, such as condoms or diaphragms; second, the broader phenomenon of controlling births. These twin meanings create confusion. Many people equate the phenomenon with the technology, and vice versa. We often assume that birth control’s story is one of growing access to revolutionary devices and techniques, culminating in “the pill.”

The story is actually much older and more complex. A 4,000-year-old Egyptian papyrus recommends “crocodile’s dung cut up on ayt-paste” as a means of preventing conception. Another ancient scroll suggests lint tampons saturated with honey and “tips of acacia.” Early Jewish rabbis permitted the use of “cup of roots” and mokh; some even recommended coitus interruptus despite God’s slaying of Onan for that sin. Ancient Greeks “anoint[ed] that part of the womb on which the seed falls with oil of cedar, or with ointment of lead or with frankincense, commingled with olive oil,” noted Aristotle, and the early gynecologist Soranos of Ephesus wrote at length on contraceptives and abortifacients. Family limitation was sufficiently common among the Romans that multiple laws sought to encourage childrearing. Lex Papia Poppaea (9 A.D.) allotted tax breaks, promotions, and better theater seats to citizens with three or more children.

Methods of family limitation need not be technically sophisticated to be effective. Early twentieth-century anthropologists found women using seaweed (Easter Island), seed pods (Suriname), grass (East Africa), tannic acid (Sumatra), and half-lemons (the Caribbean) as means of preventing sperm from reaching the ovum. Men across many places and times have practiced withdrawal, and couples around the world have long understood the family-limiting effects of periodic abstinence, noncoital sex, and prolonged breastfeeding.

This is not to say that cheap modern contraceptives such as latex condoms or the pill have failed to make fertility control safer, simpler, and more reliable. Among the many “folk” techniques prevalent before the twentieth century were ineffective and sometimes dangerous amulets, potions, and spells. When magical or unreliable methods failed, millions resorted to risky abortions or infanticide. Birth control has gained
popularity, in part, as it has become surer and less dangerous, and tech-
nical innovation has lowered rates of unintended pregnancy, maternal
mortality, and child neglect.

Yet the spread of birth control is far from a story of technical progress
catching up to latent demand. The U.S. fertility transition was a half-
century old by the time it was assisted by any significant technological
advance (in the form of rubber condoms, which gradually replaced ani-
mal-membrane “skins” over the course of the late nineteenth century).
There were sporadic advances later in the century: diaphragm design
improved, for example, and scientists gained a better understanding of
spermicides. But these advances neither revolutionized the contraceptive
marketplace nor dislodged older techniques such as withdrawal, periodic
abstinence, and the use of abortifacients. Nor have new technologies made
contraception an exact science. Even today about half of all pregnancies
are unplanned.19

For Americans mulling family size, in other words, technological leaps
were less decisive than moral and motivational ones. Like other peoples,
Americans with strong motives to control reproduction typically found
ways of doing so, even in the absence of advancements in contraceptive
science. Fertility outcomes hinged less on techniques than norms and
motives.20

The importance of any particular technique was minimized, too, by the
fact that many Americans used multiple methods in tandem or sequence,
ever knowing for certain which method or combination of methods was
ultimately effective. Partly as a result of this practice, moral and practical
distinctions between methods were often blurred. This was true even of
abortion. Though late-term abortions carried a strong stigma throughout
the nineteenth and early twentieth centuries, Americans did not consist-
tently distinguish between pre- and postconception methods of fertility
control. Women self-administered abortifacient drugs and herbs after
a missed period, or used them as precautions in the event that other
methods (like withdrawal) failed. “Bringing on the menses” in this way
was generally considered no more (or less) objectionable than other
common methods.21

More fundamentally, the veil of privacy over reproductive decisions,
the awkwardness of discussing them, and the hypocrisy surrounding them
made it difficult for moralists to know who controlled fertility and by
what means. Americans’ judgments concerning birth control’s status
therefore tended to focus on the general acceptability of family limitation
rather than on the legitimacy of any one method. Though abstinence was
considered noble in moderation and abortion frequently demonized, amateur moralists were less interested in methods than motives. Whatever the exact means of control, more important was the result in terms of numbers of children, born to whom, under what moral pretexts. A common assumption was that as one method gained acceptance, so would all the others.22

This book therefore uses “birth control” to mean any deliberate effort to prevent unwanted childbearing, regardless of method – and including abstinence and abortion unless otherwise specified. Birth control activists used (and still use) a narrower definition, excluding abstinence, abortion, withdrawal, and other folk methods. This definition reflected abstinence’s difficulty and abortion’s stigma, danger, and illegality. It suited activists’ future-facing goal of distributing reliable, legal contraceptives, and their rejection of “unscientific” methods. But understanding birth control’s rise to popularity and legitimacy requires a broader and longer-term view. The movement’s success was built in consciences more than laboratories.

Methods nevertheless varied significantly in their popularity, reliability, risk, and the extent to which one sex or the other could control them; and these variations helped shape the popular movement. Abortifacients were among the most popular “female” methods, especially in the nineteenth century. Some recipes were dubious, such as those recorded by folklorists in Adams County, Illinois: “nine rusty nails in some whiskey and senna tea”; “a half glass of sweet milk and two teaspoonfuls of black gunpowder.” But the real abortifacient properties of common herbs and fungi such as savin, tansy, pennyroyal, cotton root, apioI, and ergot were widely known. From the colonial period onward, would-be birth controllers gathered these plants themselves, obtained them from midwives, or bought extracts in pharmacies. Women used them at considerable risk, since the active chemicals induced miscarriage by poisoning the whole body, not just the uterus. Large doses could be fatal. Despite the risk, herbal remedies were widely and even casually used. Even in rural, high-fertility areas such as the early twentieth-century Missouri Ozarks, tansy was a “well-known abortifacient” and women brewed “character sp’ilin’ tea” more or less in the open. Some smoked pennyroyal pipes. By the mid-nineteenth century these home remedies competed with a growing variety of commercial abortifacients – sometimes packaged as medicines designed to clear menstrual “obstructions” – sold in stores and by mail order.23

Assisted abortions, meanwhile, were available from midwives and doctors. Some practitioners limited this procedure to conditions that threatened the mother’s life, while others operated on a more commercial
basis. These surgical abortions generally carried a greater stigma than self-administered abortifacients, and operations were performed in secret. All types of abortion or deliberate miscarriage, however, were considered more defensible if they occurred before “quickening” – the moment at which the mother begins to feel fetal movement. Perhaps a third of all early-term pregnancies were terminated in the early twentieth century.24

Another prevalent female-controlled method was postcoital douching. After sex, women immediately sought to rid themselves of live sperm using a wide variety of solutions, from untreated water to citric acid to Lysol. Studies conducted in the early twentieth century found douching to be very widespread but less effective, on average, than similarly popular methods like condoms and withdrawal. More reliable but less popular were suppositories, commercial or homemade – the most common of which used a base of cocoa butter and quinine. Later, in the first few decades of the early twentieth century, fitted rubber pessaries and diaphragms became more prevalent as “regular” doctors and dedicated clinics began to play a larger role in contraceptive provision. Finally, many women sought to space their pregnancies with prolonged breastfeeding and the rhythm method.25

Unreliable as some of these methods were – even in combination – they could be controlled by women, and women’s social networks were important in disseminating them. Knowledge passed between mothers and daughters, midwives and patients, neighbors, friends, and coworkers. “Usually when a girl was going to be married ... old ladies would tell them,” recalled a Leadville, Colorado, woman who married in 1907, noting that Leadville’s women “used Vaseline a lot,” as well as rock salt, the rhythm method, and prolonged lactation. Women tended to feel the need for adequate control more acutely than men, since their bodily and mental health – not just economic standing or personal freedom – could be jeopardized by unwanted childbearing. Often women took the lead in family limitation.26

Birth control was not, however, widely considered the natural and exclusive domain of women, as it would be in later decades. Not only did men possess strong motives to control fertility – notably the economic burden of a large family – husbands or lovers were often more comfortable obtaining contraceptive products and services on the grey market, asking for information from friends, and suggesting those methods to their spouses. Men pursuing better birth control techniques were apt to be considered virile and street smart. Women performing the same task risked seeming prurient and calculating.27
Crucially, too, popular birth control relied heavily on three methods – withdrawal, condoms, and periodic abstinence – that demanded strong male commitment. This commitment is sometimes framed as “cooperation”: the husband acceding to his wife’s naturally greater interest in controlling fertility. But there is little reason to suspect that American men were mere accessories to the widespread adoption of birth control.

In the case of withdrawal, indeed, men had to remember their contraceptive intent exactly at the moment of climax. This inconvenience did not prevent withdrawal from maintaining its age-old popularity in America. “I fucked her once, but I minded my pullbacks,” protested a Massachusetts man fighting a paternity suit in 1771. Withdrawal appealed “due to its simplicity,” as the sex researcher Havelock Ellis observed in 1913. “It requires no forethought or preparation, and it costs nothing.” Ellis’ fellow sexologists agreed that it was “the commonest of all methods.” In polls conducted in the 1920s and 1930s coitus interruptus was consistently among the three most common techniques used by U.S. couples, alongside condoms and (female-controlled) douching. Beneath the surface of polite discussion, it was laughingly euphemized: in France one would “leave the dance before it’s over”; in Sicily, “go in reverse gear”; and in Scotland, “get off at Paisley” – the station before Glasgow. Coitus interruptus remains popular throughout the world today, and can be highly effective.\(^2\)

Condoms enjoyed a similar popularity, particularly after “rubbers” became cheaper and more reliable in the late nineteenth century. The major obstacle to condoms’ popularity was their association with prostitution, which inhibited husbands and wives from suggesting their use. That taboo was weakened by military antiveneral disease campaigns during the First World War, and by sheer availability and ease of use. By the early twentieth century, condoms’ effectiveness over time was comparable to withdrawal and significantly better than douching: one 1935 study showed a “ratio of effectiveness” of 83 percent for condoms, 72 percent for withdrawal, and 52 percent for douching over a nineteenth-month period, as compared to a baseline of couples who used no recognized birth control technique.\(^2\)

Whatever the merits of withdrawal, condoms, abortifacients, or other common methods, the idea of either male or female “control” over family limitation can be misleading. Most techniques would have been subject to conjugal discussion and some level of mutual consent. A wife might insist that her husband practice withdrawal, or a husband that his wife induce
abortion. Concealing contraceptive intent from a spouse was virtually impossible for men, and difficult for women.\textsuperscript{30}

In the case of a final popular method, indeed, mutual willpower often had to be quite strong. Periodic abstinence was sure, simple, and, crucially, did not necessarily mean going without sexual gratification. Abstinence could be sporadic, meant to space children or reduce their likelihood, not foreclose their possibility. And the inconveniences of avoiding sex with one’s spouse could be eased by masturbation, noncoital sex, or visits to prostitutes – all additional means of separating sexual gratification from reproduction.\textsuperscript{31}

Where abstinence differed most from other methods, however, was that it was publicly acceptable – even laudable – in many forms. Other methods allowed for the expression of unrestrained passion. Abstinence demanded self-restraint – republican civilization’s foundational virtue. Virtually no American objected to a mid-sized family carefully spaced and limited through abstinence. Husbands were expected to “protect” their wives by abstaining from sex when a pregnancy might be injurious. Unmarried men were supposed to remain chaste until they could support a household. Poor men with large, hungry families were disparaged for their lack of “self-control.”\textsuperscript{32}

To some Americans, then, the debate over birth control appeared to be a referendum on the legitimacy of sexual pleasure for its own sake, not family limitation. Could men and women set out to achieve bodily pleasure and not return to an animal state? At the intellectual poles of debate, conservatives and radicals sparred over this question with great force. Popular moralists, however, were less concerned with the abstract value of sexual expression than with end results in the form of children. All but fanatics could accept great sexual ardor so long as it was discrete, spousal, and suitably reproduced families and communities. Americans took sexual desire for granted, used the fertility control methods they could justify in private, and assumed their peers did the same. Given low expectations for exact compliance with sexual norms and the difficulty of knowing how one’s fellows controlled fertility, the key questions became: are the right number of children being born? Was a given couple exercising too little reproductive control? Too much? Did their decisions make appropriate contributions to the future of humanity, family, clan, nation, and moral community?\textsuperscript{33}

The partisans of chastity accordingly worked within narrow limits. Lifelong singletons of both sexes were patronized, ridiculed, and even legislated against, despite their presumed purity. Celibacy was “false to
God, false to country, and false to self.” The marginalization of the chaste hardened in the decades around 1900 as many middle-class men, and some women, began to see primal sexuality as an antidote to “over-civilization” rather than a threat to civility. “Self-control” took on shades of sexlessness, domestication, and impotence. Even before that hardening of masculine ideals, however, middle-aged bachelors and old maids faced contempt as weaklings and egotists, as did many well-off parents of just one “spoiled” child. How one avoided unwanted children was persistently less important than why one did so.  

Regulating Birth Control

By the mid-nineteenth century, deliberate fertility control was approaching universality in American households. Devices and information were available on the open market. This state of affairs struck some observers as obscene – notably Anthony Comstock, a vice crusader who devoted his life to uprooting sexual impropriety. Comstock had been raised on a farm in Connecticut, the son of a devout mother who died when he was ten years old. As a garrison soldier during the Civil War he was shocked by the behavior of his fellow troops. He boldly scolded them, preached to them, and made himself unpopular by pouring his ration of whisky on the ground rather than passing it to the regiment’s readier drinkers. After the war, working as a clerk in New York City, Comstock was scandalized anew by the city’s open vice markets. He began moonlighting as a volunteer enforcer of the state’s obscenity law, eventually gaining the attention and support of prominent local citizens. They supported his formation, in 1873, of the New York Society for the Suppression of Vice, and in the same year Comstock persuaded Congress to pass a national anti-obscenity statute that outlawed (among other things) mailing or importing contraceptive devices and information. Most U.S. states passed similar laws around the same time.  

Both state and federal laws tended to be enforced sporadically or not at all, however. Enforcement of the federal statute fell largely to Comstock himself, operating as a deputy U.S. postal inspector. What prosecutions he was able to pursue often ended up being thrown out by unsympathetic courts in his home state of New York. Meanwhile the national market for contraceptive products thrived. Manufacturers of patent abortifacients and douching solutions largely ignored the “Comstock laws,” selling their products under lightly euphemized titles such as “French powder.” The ubiquitous Sears catalog displayed “ladies’ cup-shaped silk sponges”
next to an array of douches. Peddlers sold contraceptives door to door. Doctors and pharmacies remained largely exempt from the restrictions, or unaware of them. One observer of the condom market in 1890s New York predicted that if the trade ever suffered, it would be due to glut rather than effective suppression. “A very large amount of knowledge is already abroad among the people,” as one contraceptive advocate wrote in 1886, “and the general complaint is not a lack of knowing some way, but a desire to know which way is least objectionable.”

Methods such as withdrawal and abstinence, meanwhile, remained policeable only in the realm of conscience, which was where a large and growing share of Americans thought birth control decisions should reside. Comstock’s New York Times obituary, in 1915, noted that he had been the subject of frequent ridicule, particularly after 1906, when he seized 1,000 copies of an art students’ gazette depicting five nudes. George Bernard Shaw referred to “Comstockery” as “the world’s standing joke at the expense of the United States.”

Courts began formally voiding the Comstock laws in the 1930s. The federal anticontraceptive statute was largely nullified in 1936 when an appellate court ruled that mailing birth control devices and information was not inherently obscene, and legitimate when done by physicians. The following year the American Medical Association released a qualified endorsement of birth control.

These developments have been hailed as watershed moments, but in practice few Americans had been intimidated by the Comstock laws. In thousands of letters soliciting contraceptive advice from activists like Sanger – advice which was illegal to mail – only a handful of petitioners evinced any knowledge of the ban, or their addressees’ efforts to overturn it. Legal restrictions had little discernible effect: by the 1920s, Americans reported contraceptive use rates of 70–95 percent (excluding methods respondents did not consider “birth control”). Barriers to birth control’s spread were not primarily legal, material, or public. The significance of the Comstock laws lay in the informal stigma they expressed.

Population Thought in America

Public concern over reproductive control, however, had a very long history among elites prior to the emergence of a broad popular debate in America. “This evil grew upon us rapidly, and without attracting attention,” complained the Greek historian Polybius in the second century B.C., “by our men becoming perverted to a passion for show and money and the
pleasures of an idle life, and accordingly either not marrying at all, or, if they did marry, refusing to rear the children.” Tacitus excoriated his fellow Romans in a like manner. Polemics of this kind circulated among classically educated Americans, and few historical topics evoked more interest in this group than the decline of ancient empires. Many civic leaders took for granted – with Polybius, Tacitus, and other ancient moralists – that sexual virtue and civilizational integrity were closely tied up in one another.40

Early American colonists took pronatalism for granted, leaving largely unspoken the assumption that “a fruitful progeny” was desirable. Colonial New Englanders saw their large families and related territorial expansion as a sign of divine favor. “Children are a heritage of the Lord,” read a widely repeated Bible verse, “and the fruit of the womb is his reward.” A small brood was a “personal and social misfortune” through the time of the American Revolution and after. Rapid natural increase reflected America’s prosperity, geopolitical destiny, and the fundamental superiority of republican government. “If in Europe they have but four Births to a marriage,” boasted Ben Franklin in his Observations Concerning the Increase of Mankind (1751), “we may here reckon eight.” With land cheap, young men “not afraid to marry,” and the population doubling every twenty years, Americans could look forward to a continental destiny.41

As early as 1843, however, George Tucker, a professor at the University of Virginia, detected a decrease of “nearly 10 percent” in the country’s ratio of children to women of child-bearing age. This decline, traceable in the censuses of 1800 and 1820, boded poorly for population increase – “the surest index of the nation’s present abundance and comfort.” So did the growth of cities and wealth, which brought “other checks to natural multiplication, those arising from prudence or pride.” “It is even probable,” Tucker wrote, “that these checks operate sooner in this country than they have operated in other countries, by reason of the higher standard of comfort with which the American people start, and of that pride of personal independence which our political institutions so strongly cherish.”42

What Tucker detected was initially a northeastern phenomenon, and a mild one. But as early as the revolutionary era, various “forerunner” groups had begun consciously limiting their families: Quakers in Nantucket, farmers in New England’s interior, Virginia gentry. By the early nineteenth century that trend had become substantial enough to affect national averages. The United States then became, alongside
France, one of the first two modern nations to enter sustained fertility decline.\textsuperscript{43} This trend inspired reflexive condemnation in most of the social critics who became aware of it. Two freethinkers nevertheless took up birth control as a cause in the 1830s. One was Robert Dale Owen, better known for his utopian colony in Indiana, the other Charles Knowlton, a country doctor from Massachusetts. Each man authored a euphemistically titled tract (\textit{Moral Physiology; Fruits of Philosophy}) defending family limitation and providing practical advice on methods. Both works circulated widely, and Knowlton’s efforts resulted in an obscenity case which aroused considerable local interest. Neither tract, however, became a national sensation or ignited widespread civic debate. This was partly because Americans were reluctant to discuss sexual topics in the public forum. But it was also because medical manuals and some almanacs – the second and third books literate Americans typically acquired, after a Bible – already supplied similar information.\textsuperscript{44}

Even the more sensational trial of two English reformers, Annie Besant and Charles Bradlaugh, for distributing Knowlton’s manual in England in 1877, failed to ignite much popular interest in the United States. In public consciousness reproductive shortfalls remained an abstruse and foreign phenomenon: largely the domain of the decadent French, whose lax sexual mores and low birthrates, it seemed to many Americans, had played a key part in the country’s humiliation and territorial loss in the Franco-Prussian War. Americans’ own falling fertility remained “scarcely perceptible” to them, one population theorist complained in 1883, even as French depopulation was “well understood.” Mass public debate over American population trends was around the corner, but it awaited improved vital statistics, decreased sexual reticence, and increased public concern, all of which converged at the turn of the twentieth century.\textsuperscript{45}

Improvements in local record-keeping after the Civil War gradually made the American demographic picture clearer, and sociologists grew increasingly alarmed. Their alarm concerned not only the small-family trend itself, but the parallel growth of large-scale immigration from all corners of Europe. Critics measured the fertility of “new” immigrants against that of “old stock” natives, finding to their dismay that immigrants had considerably larger families. There was “no increase of the strictly native population” in most parts of New England, the demographer Nathan Allen deduced in 1868. Only “a large foreign element” that was “wonderfully prolific, having nearly three times as many children as the Americans,” staved off population decline. The implications were
obvious: if native New Englanders – “the best stock that the world ever saw” – did not soon renounce “single life . . . it is evident that the native stock must rapidly diminish and, at no distant day, comparatively must run out!”

Partly in response to these pronatal alarms, a counter-current of “voluntary motherhood” activism arose in the 1870s. Respectable middle-class feminists painted smaller families as emblems of enlightenment and progress, particularly for women. They affirmed a wife’s right to deny sex when a pregnancy might threaten her health or her family’s welfare, grounding their claims in a noncontroversial, caretaking “motherhood mystique.” Women would always bear and nurture children, but honoring that sacred role required practical control over family size. This message was warmly received by America’s growing women’s rights movement. Like the period’s population alarmists, however, voluntary motherhood advocates ultimately found themselves marginalized in the wider civic forum – not just by popular indifference but by the fact that they were women.

By the 1890s, as successive censuses confirmed the long-running trend towards lower fertility among the old stock, elite discussion grew broader and more sophisticated. Francis Amasa Walker, a census superintendent, economist, Civil War hero, and president of the Massachusetts Institute of Technology, wrote a widely noticed article arguing that America’s “vast numbers” of poor immigrants were collectively causing falling native fertility. Native-born Americans, “increasingly unwilling to bring forth sons and daughters who should be obliged to compete in the market for labor and in the walks of life with those whom they did not recognize as of their own grade and condition,” were not bringing them forth at all.

Walker’s “shock theory” rejected other writers’ instinct to blame the native-born for their own demographic demise, preferring to frame low fertility as an unfortunate but understandable means by which prudent, independent Americans maintained their dignified living standards in the face of competition from ignorant and indigent Europeans. Walker made this point defensively, however, and most writers continued emphasizing Americans’ own moral failings. There had been a “great increase in the use of things which were formerly considered as luxuries,” opined John S. Billings in 1893, “but which now have become almost necessities.”

Elite alarm reached a crescendo in the years immediately before Roosevelt’s pronouncements. Edward A. Ross, an influential sociologist, strongly endorsed Walker’s anti-immigrant position. Americans would be either “displaced” or impoverished if they did not stem the tide of poor
migrants. Writing from California in 1901, he was particularly concerned about Asian immigration:

The American farm hand, mechanic and operative might wither away before the heavy influx of a prolific race from the Orient, just as in classic times the Latin husbandman vanished before the endless stream of slaves poured into Italy by her triumphant generals. For a case like this I can find no words so apt as “race suicide.” There is no bloodshed, no violence, no assault of the race that waxes upon the race that wanes. The higher race quietly and unmurmuringly eliminates itself rather than endure individually the bitter competition it has failed to ward off from itself by collective action.⁵⁰

This sort of pronouncement helped shift elite attention from low fertility among the native-born middle classes to high fertility among the immigrant poor. Walker, Ross, and others would bolster doubts about America’s assimilative powers and help lay the foundations for strict immigrant restriction laws.

But as the new century dawned, reproductive habits within America’s dominant culture still inspired the most vigorous examination. In particular, a 1903 study of Harvard graduates’ fertility commissioned by the college’s president, Charles Eliot, drew wide attention. Eliot’s statistics showed that six classes of Harvard men from the 1880s had fallen 28 percent shy of reproducing their number. This figure, announced with scorn by a widely respected public intellectual, touched off a small furor of its own. Scholars and newsmen conducted follow-up studies and found similar results at Yale, Princeton, Brown, and Bowdoin (men’s colleges); Holyoke, Bryn Mawr, and Vassar (women’s colleges); and among other classes at Harvard. The Chicago Tribune went so far as to publish the names of eighty-nine randomly selected members of the city’s elite University Club alongside the (generally low) numbers of children they had fathered. Susan B. Anthony and other proponents of voluntary motherhood protested the crudity of the whole exercise.⁵¹

Just days after Eliot’s warnings, Roosevelt (a Harvard graduate and father of six) began beating the same drum. Appropriating Ross’ term “race suicide,” the president began painting a vivid picture of near-term civilizational death. The fate of democracy and progress, he argued, rested on present citizens’ willingness to raise enough children to perpetuate themselves and their values. Intentionally “shirking” one’s reproductive debt to society was not just selfish; it betrayed a profound spiritual myopia – a “failure to appreciate aright the difference between the all important and the unimportant.” Roosevelt’s campaign lasted throughout his presidency and life, raising uncomfortable moral questions about
the relationship of private reproductive behavior to the public good and personal fulfillment.  

Power in the Birth Control Movement

As essayists and professors weighed family limitation’s causes and consequences across the nineteenth century, quieter moral action gradually undermined the large-family ideal. Eventually this “quiet revolution” gained prominent spokespeople with the arrival of Margaret Sanger and allies in the 1910s and 20s. To many Americans these activists heralded a new day. They would give voice, at last, to deep and broad sentiments that had long gone unspoken.

To some extent activists served that role, effectively representing the citizen movement. Activists helped push birth control onto the public agenda and established an unapologetically reformist wing in debates over reproductive ethics. They initiated test cases against the Comstock laws, lobbied doctors and lawmakers, and provided practical contraceptive services to the neediest Americans. Their efforts, however, ultimately complemented a mass movement that greatly exceeded the activist movement in age, scope, and power. Though each movement helped the other expand and gain legitimacy, only the citizen movement was indispensable to making America safe for birth control.

This disparity of power is rooted in the peculiar political dynamics of birth control. Unlike other social movements in whose image it has been cast, like suffragism or civil rights, birth control’s ultimate success required virtually no access to police power or public space. Key decisions could be made behind closed doors, by otherwise powerless people, for closely-held reasons that were awkward for outsiders to inquire about, discuss, or surveil. Restricting “folk” and grey-market methods of family limitation was nearly impossible. Birth control was thus able to gain great popularity and widespread tacit legitimacy with hardly a public word spoken on its behalf or a public deed committed in its name. The foundation of its support, and most of the superstructure, was built in an environment where no leaders formulated demands, no advocates represented aggrieved parties, and no policies changed.

While the physical privacy of reproductive decisions made them difficult to police, their universality and intimate importance made them difficult to influence. Nearly all adults must act on their ideas about the reproductive good, and these acts tend to feel significant. They form identities. They have definite near-term ramifications outside the realm
of principle. As a result they resist easy suasion. “Most men can manage to live without ever attempting to decide for themselves any fundamental question about business or politics,” as Walter Lippmann wrote in 1929,

But they can neither ignore changes in sexual relations nor do they wish to. It is possible for a man to be a socialist or an individualist without ever having to make one responsible decision in which his theories play any part. But what he thinks about divorce and contraception, continence and license, monogamy, prostitution, and sexual experience outside of marriage, are matters that are bound at some point in his life to affect his happiness immediately and directly.

“The affairs of state may be regulated by leaders,” Lippmann concluded, “But the affairs of a man and a woman are inescapably their own.”

Whatever the abstract strengths of “bottom-up” or “middle-out” history, then, birth control demands investigation that reaches below even “grassroots” activism and into everyday assumptions about how to live a good life. Walled off literally by bedrooms and figuratively by reticence and privacy, citizens who wished to limit their families neither required nor developed a strong central leadership. There was no tangible, public-world objective to unite them with leaders, no space to conquer, and little need to confront state power. People who wanted to limit their families did not even necessarily require basic freedoms of body, movement, and speech, as Caribbean slaves’ sub-replacement birthrates suggest. Instead, would-be family limiters required a minimum of folk knowledge, a willing spouse in most cases, and a motive drawn from their own peculiar moral worldview.

Birth control, in other words, was a radically social social movement, but not a simple adjustment to vast structural changes. Leaderless as it was in a traditional political sense, it was composed of millions of moral agents with self-consciously new and shared ideas. Though units of influence were small – often no larger than a few acquaintances or family members – these units were connected endlessly to other small cells, and to common moral clearinghouses such as gossip networks, religious communities, and eventually the press. Private observation of reproductive behavior, meanwhile, afforded limiters a conscious sense of agency in social change. Keeping the family small, relative to past generations, was the mark of modern and forward-thinking people, for better or worse. A small family seemed well adapted to chancy times. It eased worldly concerns. The new ethic could be easily observed and discussed. After 1900, it could even be read about in newspapers, debated on stages, and discussed at kitchen tables. Centerless as this moral shift was, its agents acted on similar ideas,
at similar times, in self-consciously modern and innovative ways. Ultimately they formed the decisive force in one of recent history’s fundamental upheavals.\(^5^6\)

Birth control’s privatized politics limited the reach of family limitation’s enemies as well as its friends. Though critics like Roosevelt spoke from a position of time-honored respectability, pronatalists were no more capable of convincing any wide public to prioritize transcendent reproductive duties over more immediate and worldly concerns. “No doubt every one in society discussed the subject,” Henry Adams recalled of the race suicide controversy, “and the surface current of social opinion seemed set as strongly in one direction as the silent undercurrent of social action ran in the other.”\(^5^7\)

Rather than suffragism, antislavery, or civil rights, the birth control movement is better analogized to the folk movement that effectively nullified prohibitions on alcohol. Prominent Americans organized an Association Against the Prohibition Amendment (AAPA) in 1918, lobbying lawmakers until the U.S. repealed its alcohol ban in 1933. But we tend to remember Prohibition’s failure as a more popular phenomenon – a de facto nullification rooted in mass action. Birth control’s path to power was much more gradual, but broadly similar. Indeed, the two mass movements’ shared qualities were not lost on Americans during the interwar years. Birth control’s enemies, one newspaper reader complained, possessed “a psychology akin to the drys during prohibition.”\(^5^8\)

For prospective leaders of all descriptions, power in the birth control movement was maddeningly dispersed. It had no location, no offices, no central ideology, and virtually no hierarchy outside tiny spheres of indirect local example and influence. Reproductive action seemed poised to sway the destiny of nations, and perhaps to dignify human freedom, or demonstrate freedom’s fragility – and yet there was no specific person or body to address. Even close friends and family members would do as they pleased. None of this dissuaded leaders from approaching birth control as a political question. But obstacles to their effectiveness were formidable. In the birth control movement, political power was cultural power, and more fundamentally, individual existential power vested in basic ideas about the worthiness of human life over time.

**The Story of Birth Control: Historians and Gender**

The challenge of birth control history is to expand the story beyond the most visible activists without losing sight of individual moral action. This
challenge has been met, in part, by historians of nineteenth-century America’s sprawling contraceptive marketplace. The “tale of physicians, lawmakers, and political activists,” as Andrea Tone writes, conceals the dominance of informal commerce in meeting contraceptive needs, “irrespective of the legal and medical status of birth control.” Historians of contraceptive supply have not, however, set out to explain the sources of contraceptive demand. “What changed the motivation and attitudes of . . . couples or individuals remains mysterious and complex,” Janet Farrell Brodie writes, “perhaps more in the realm of the poet or novelist than the historian.”

Major surveys of birth control history have hazarded explanations for birth control’s underlying popularity: a “women’s rebellion”; “social ambition,” and an “increasingly manipulative attitude toward nature”; a “modern confluence of scientific confidence with romantic optimism.” These assessments are asides, however, in works focused on the words, deeds, and influences of birth control’s would-be leaders and representatives. We do not know much about the social history of these ideas, or others like them.

To the extent that historians have paid attention to the popular movement, many have framed it as an extension of the women’s movement. Family limitation gained popularity, in this view, as women asserted a right to equality and self-determination. The birth control and feminist movements progressed in tandem and complemented one another. Whether feminists worked within the prevalent gender norms as maternalist reformers, or outside them as egalitarians and radicals, the spread of birth control relied on their growing assertion of a right to be free, secure, and well.

This emphasis reflects the greater urgency with which women pursued birth control and the prominence of women among birth control activists—but also, inevitably, latter-day concerns. History is a moving dialogue between past and present, and antifeminists’ ongoing threats to reproductive self-determination have encouraged historians to examine birth control as a women’s issue. At times, however, this initiative has flattened family limitation’s history into what Kate Fisher, a historian of birth control, calls “a teleological progression from the 1870s through to the 1960s,” in which “the era of the Pill becomes the end point in a narrative of women’s desperate attempts to control their own bodies and divorce sex from reproduction.” The connection between reproductive control and women’s agency has become so naturalized that many scholars of birth control assume they are addressing a women’s issue before formulating research questions.
Fisher’s research suggests that women, as a sex, were of less singular importance. In several hundred interviews with elderly men and women, Fisher uncovered an unambiguously “male-dominated culture of contraception” in early twentieth-century England. “Both husband and wife saw contraception as part of the male world, and a man’s duty.” Husbands determined why and how the couple would use birth control in most households. Wives shied away for fear of appearing immodest. “It was husbands, not wives, who rooted out birth control information, framed contraceptive strategies for the family, and put these into practice,” Fisher writes. “Women were not incrementally taking control of contraception.”

Early twentieth-century Americans lived in a similar world. Contraceptive exchanges were at least as much male as female domains. Though women were often physically desperate for birth control information, men feared and resented their breadwinner’s responsibility to provide for additional children, and longed for sex without consequences. They blamed themselves when their families suffered as a result of failed attempts to control births, and half-jokingly ridiculed their wives’ desire for children.

That said, Americans did not live under a truly male-dominated culture of contraception. Women were much more likely than men to solicit contraceptive advice by mail, and many argued fervently that birth control should be considered a women’s issue, even when it was male-controlled. Women bore the day-to-day strain of risky pregnancies, overcrowded homes, or childrearing in poverty. Women spoke of birth control in a more urgent tone. All this suggests that in households where both spouses were ambivalent about additional children – as was often the case – women may have done more to push for family limitation.

This is not to say that ordinary Americans saw birth control as a women’s issue to the same extent as activists and their historians. Instead both men and women, and amateur social critics of all political stripes, tended to frame birth control as a world-historical phenomenon driven by moral changes that transcended gender. Pronatalists rarely blamed women for popularizing birth control. Liberalizers rarely singled women out as an essential constituency. Commentators routinely failed to designate either women or men as primary initiators or beneficiaries of contraceptive action, even in passing. If gender was a dominant nexus of concern in fertility limitation, a large majority of commentators neglected to mention it, despite widespread contemporary debate on the rights and duties of women and men.

Rather than drawing lines from “woman” to demand for birth control to legitimation, as activists often did, amateur critics tended to see gender as a messier tangle of motives and sex-specific natures. Men might be vectors of
birth control’s popularity not just because of their economic responsibility or privileged access to contraceptive exchanges, but because masculine “nature” seemed amenable to family limitation. Men were morally pragmatic, selfish, footloose, lusty, and greedy, pronatalists complained. They were rational and attuned to societal progress, affirmed birth control’s defenders. Women, meanwhile, had their own strong and particular reasons for seeking birth control: vanity, covetousness, ostentation; or attention to the welfare of the young and to their own health and sanity. At the same time women possessed a stronger sense of childrearing’s immaterial rewards, and a stronger resistance to the heartless ethics of the market.

All these gendered variables might influence birth control decisions, but none of them appeared so singularly essential as to rise above the cross-currents in gendered motivation, or overshadow larger questions about a good life. As a result, for Americans surveying the reproductive scene, sex-specific characteristics rarely rose to the fore. More important were moral and spiritual questions that challenged “us,” “souls,” or “folks,” rather than men or women as such.

In a more abstract and mystical sense, however, gender was an important concern to American reproductive moralists. As a “natural” and even divine binary that united men and women and imposed on them the shared burden of sexual reproduction, gender difference was an important category among nonactivists. Strong or “animal” feelings of manhood or womanhood predisposed people to relatively large families, for better or worse. But as a divider of reproductive motivation, gender difference did not appear uniquely significant in explaining the small-family trend. Gender – in the sense of women or men acting and thinking as women or men, constrained by norms of femininity or masculinity, and challenging those norms – was one issue in a crowd, certainly not a trivial factor in the minds of observers surveying their communities, but just as certainly not a dominant one. This sidetracking of gender issues in popular debate does not invalidate the prevailing gender-based approaches to birth control history, which focus on the roles of women and feminists. But it does suggest that historians have partly mistaken the importance of birth control to women and feminists for the importance of women and feminists to birth control.

The Story of Birth Control: Demographers and Modernization

As historians have told one story of birth control, demographers have told another. For generations of demographers explaining historical fertility
decline has been a central preoccupation – a sort of holy grail. In America the quest focused initially on explaining domestic “depopulation” in Theodore Roosevelt’s time. After the Second World War demographers redoubled their efforts, hoping that improved understanding of American and Western fertility declines would allow social engineers to defuse the world’s ticking “population bomb.” From this effort emerged “demographic transition theory,” which attributed lower fertility to a broad array of modernization indicators drawn from the American and European experience. “Development” was the best contraceptive: as people moved to cities, became wealthier and better educated, eschewed religious fatalism, competed for social position, relied less on their children for labor, trusted that more offspring would survive into adulthood, and generally abandoned premodern pronatalist and patriarchal customs, they would have fewer children.\(^{67}\)

No sooner had demographic transition theory become the dominant paradigm, however, than demographers began to question its predictive power. The United States provided a key foil. Early nineteenth-century Americans were not “modern” by any indicator except perhaps literacy. Even in the 1860s, 80 percent of Americans lived in rural areas, child mortality rates ran around 20 percent, secondary education was rare, and churches and patriarchs remained strong. Further complicating matters was the mid-twentieth-century U.S. baby boom, which inexplicably persisted even as the postwar demographers wrote, defying America’s superlative modernity.\(^{68}\)

From this conundrum emerged a linchpin idea in U.S. historical demography: the so-called “land availability hypothesis.” A nation of farmers might lead the world in fertility decline because farm parents’ fondest wish, typically, was to establish their progeny on nearby farms. As land prices rose along the Atlantic seaboard, fertility declined alongside fathers’ optimism about their sons’ prospects. In the west, where land remained cheap, fertility remained high. Later studies confirmed this correlation, but scholars also found variables such as ethnicity that appeared more predictive of differential fertility than land prices. Ultimately, land availability appeared to have been important, if not singularly important, in determining Americans’ desire for children.\(^{69}\)

Other scholars focused on urbanization. Children who had been economic assets on farms became liabilities in growing towns and cities. In the words of one demographer, wealth flowed “up” from children to parents on farms, but “down” from parents to children in cities. Both farm and city parents responded rationally to children’s economic status.\(^{70}\)
But even after setting aside the question of whether farm parents assessed children’s value in rational, future-oriented terms, the U.S. fertility transition is hard to explain in this way. Children have not always been obvious “assets” on farms – even the family farms of nineteenth-century America, where population density was low, hired hands expensive, and labor-saving machinery rudimentary. The economist Lee A. Craig, seeking to put a figure on the labor value of antebellum American farm children, sampled 20,000 rural northern households in 1860 and determined that an average child’s net economic worth at birth was between -$100 and -$200. Young children, after all, not only required food and lodging, they needed care from an otherwise productive adult. Worse, older children typically left home just as they became fully capable farmers, and adult children were not reliable income sources in old age. The economic demographer Ronald Lee, in a study of studies, concluded that net transfers between generations in agricultural societies are “invariably downward from older to younger when we consider the whole life cycle.” This is true even after accounting for the care children might provide their parents in old age. “On average,” Lee writes, “a parent recovered in old age about one tenth of the net cost of raising a child.” Non-economic values appeared to be in play.71

Partly as a result of the continuing lack of any empirical consensus on the origins of fertility decline, demography as a discipline began to move away from rational-actor models over the course of the 1970s and especially the 1980s. At the center of this shift was the Princeton European Fertility Project (EFP), which saw dozens of demographers analyze over a century’s worth of socioeconomic data for several hundred European provinces. Seeking to isolate underlying factors in fertility declines across time and space, researchers discovered none: not literacy, urbanization, religious affiliation, economic development, mortality rates, nor any other measurable metric of modernization. Fuller explanation of fertility decline awaited research into “cultural factors.”72

The EFP has since been criticized for working at too wide an angle to detect small-scale socioeconomic variation. But the broader importance of “culture” has not been challenged, and has inspired new research into issues like religious sentiment, media and kin influence, and the diffusion of moral innovation. Second Demographic Transition (SDT) theory, a benchmark scheme for explaining historical fertility decline, brings many of these strains together, emphasizing moral shifts in attitudes towards the family, money, and self-fulfillment.73

Even after this cultural turn, however, historical demographers still struggle with “vexing problems of absent quantitative data,” and with the
complexity of the data that does exist. Cultural analysis has brought more variables to an already daunting list. As a result, fertility transition has “perhaps too many formal theories, none of which seems wholly satisfactory,” as Karen O. Mason writes, and many demographers have decided to forsake grand theories entirely, arguing that causation is too variable to be intelligibly theorized. The resulting “trend toward particularistic explanations” has led to “confusion” – even “epistemological crisis” – within historical demography, as findings have piled up in isolation from one another. “One may argue that the more we know about the past the less we can say about it,” one demographer observes.74

The American birth control debate suggests ways of integrating some of this profuse data from a more existential perspective: from the vantage points of people forced to act on complex information without categorizing and scrutinizing every detail. No demographer would confuse the birth control debate’s documentary record for a traditional data set. But that record offers connective tissue for demographic data, and a reasonably diverse and detailed view of fertility change from the perspective of several thousand people who witnessed and enacted it.

FERTILITY AND IDEAS ABOUT TIME

Subjective Modernization

For decades, making sense of popular fertility control meant gathering all possible causes under the big tent of “modernization.” Every change associated with the West’s long industrial age seemed to favor small families. Even today – as modernization theories have fallen from favor due to presumed sidelining of human agency and privileging of recent Western experience as the moving endpoint of world-historical progress – scholars who have jettisoned the formal language of modernization struggle to find another explanatory rubric. “Nearly all … theories treat demographic transition as a consequence of modernity under some guise.”75

The American case suggests a new way of understanding the role of macrohistory in fertility change. “Modernization” was never just an analyst’s retrospective category; it was also a central idea to Americans making reproductive decisions during the fertility transition. In 1905 or 1935, in Chicago or Santa Barbara, to have a small family was to be modern. Embracing modern reproductive logic was “forward-thinking” or “progressive” to some. To others it was “decadent” or “unnatural.”
For a majority it was somewhere in between. This moral-historical grayscale – to what extent was modernity good or bad, and to what extent were smaller families part of that goodness or badness? – exercised a direct influence on Americans’ attitudes towards family limitation. Far from being a remote abstraction, modernization was a lively, front-of-the-mind presence in Americans’ acting ideas about reproduction.

A sense of open-ended social and economic change made challenging eternal orders easier. If people were fundamentally reorganizing and subjugating their worlds – vanquishing diseases, stringing railways across continents, reforming politics and culture, and creating new uncertainties and opportunities in the process – was it wrong to reexamine the claims of timeless orders? Though divine or natural law was a real enough presence in the lives of Americans living in the industrial age, so too were the risks and responsibilities of new human mastery. The modern world seemed to punish trust in providence, or even community. It rewarded individual control, skepticism, economic rationality, and careful risk mitigation. Children born under the new regime were best considered individual material responsibilities, rather than a sort of spiritual property held jointly by parents, the community, and the cosmic order. Even Roosevelt conceded that the “tendencies of the times . . . unavoidably discourage large families,” objecting only to the “regrettable disposition to yield too much to them.”

Reproductive dispositions, American moralists thought, tended to draw on the whole spirit of a person and his or her age. They were existential rather than categorical – shaped by sweeping changes in moral conventions across the generations. Birth control had become popular because of shifting views on life’s final purposes; the spirit of modernization and that of family limitation were hard to separate. Though a person might yet denounce the logic of modernity and raise “the good old-fashioned family,” progressively fewer parents did so as it became more apparent that abundant procreation put one outside the main stream of relentless social development. One’s most modern-seeming neighbors and friends all seemed to have small families, by past generations’ standards. Birth control appeared to have time on its side.

Acting on this sort of historical vision required no special interest in history or factual knowledge about the past. As humans we continually construct and reconstruct meaning-giving narratives for our lives without recalling life events systematically or even accurately. In the same way, intergenerational memory shaped acting ideas about reproduction.
“Progress may be slow” as a Kansas man wrote of birth control in 1927, “but changes must come.”

Rather than consciously calculating pros and cons, virtues and transgressions, better birth control methods or worse, three children or four, Americans tended to form acting reproductive ideas in an existential haze – acting on intuitively blended moral, economic, and spiritual ideas without really examining them individually or developing a clear endgame. What many had, instead, was a feeling – often a strong feeling – for what was right in the present moment, based on personal and community ideals that were difficult to articulate but nonetheless real. Because those ideals were very often rooted in ambient attitudes about the course of social history, the degree to which people embraced or rejected modernization had an acute effect on reproductive action.

There is no reason to suspect that this subjective modernization influenced fertility behavior more strongly in the United States, in the early twentieth century, than other places and times. In Kenya’s Nyanza province, for example, a large family was long associated with wealth. Over the course of the twentieth century, however, small families gradually came to be seen as “progressive” – associated with wealthy British expatriates in Nairobi, upward mobility via urban migration, education, and with other markers of a new social order. Migrants returning to Nyanza from the growing cities “stimulat[ed] those who had remained at home to imagine the ‘possible lives’ that were now available and to consider how they might be achieved.”

Among Palestinian women in late twentieth-century Israel, similarly, “the discourse that sorts people as reproductively modern or primitive is unmistakably dominant” and “arguments for and against modernization define, shape, and limit the debates on gender, nation, class and religion.” Victorian-era English couples adopted gender roles and educational expectations that “offered their children explicitly ‘modern’ advantages,” while Sicilian artisans “characterized French people as più evoluto (more evolved) than Italians, and France as ‘orienting Italy’ toward the small family.” A “unique form of Bengali ‘modernism’” allowed parents “to question the old ways”; educated Cameroonian women “characterize their rigorous management of motherhood as an expression of their modernity, discipline, and honor”; Bangladeshis attribute smaller families to “change over the last few decades or the previous generation.”

Subjective modernization does not comprehensively explain recent global fertility decline. Great modernizing changes have occurred without...
corresponding declines in fertility. England’s industrial and agricultural revolutions, for example, recreated that country’s social order but preceded its fertility transition by a half-century and more. And historical self-perception may also favor larger families, as perhaps occurred during the early European settlement of North America or the mid-twentieth-century baby boom. Lags between broad-gauge social change and local action, meanwhile, make it difficult to definitively establish links between social history and demographic shifts.  

Nevertheless, Americans’ acute feeling for modernity’s demands appears to have been a singularly potent force in legitimating family limitation. Allusions to modern change saturated their observations on the small families in their midst, regardless of the speaker’s opinion of reproductive control. Birth control’s friends viewed this sensibility as their greatest ally. Activists who appealed to “modern” pragmatism evoked enthusiastic responses. Contraceptive advice-seekers sensed that “progress” entitled them to greater control over reproductive circumstance. The semblance of sweeping, open-ended change allowed ordinary people to tie together countless worthy but not quite self-evident challenges to eternal orders – like economic need, health risk, or higher expectations for happiness – into a dense, intuitive nugget.  

Reproduction is far from the only field where “reflexive” modernity has allowed people to “use history to make history.” Self-conscious “historicity” is “intrinsic to the processes which drive modern social life away from the hold of tradition.” More than other domains, though, reproductive ethics invited non-intellectuals to use history to make their everyday lives. For washerwomen, ranchers, or doctors across America, questions about the goodness of birth control and modernity existed in tandem. Because the causes of the small-family trend were considered so disparate, slow-moving, and reflective of recent moral history, the birth control debate was also a modernity debate. Judgments of one invited judgments of the other. The debate opened windows not only on reproductive ethics but on the meanings of modernity for people who did not ponder it for a living.  

“Developmental idealism,” as the social demographer Arland Thornton terms it, has been especially powerful in shaping family norms. It has created a self-consciously modern family in which pride of place is given to “individualism, mature and consensual marriage, independent living, personal freedom, high status for women, and controlled fertility.” This developmental idealism “may be the single most powerful explanation for many family changes in many places inside and outside...
northwest Europe” over the past two centuries. Thornton traces this ideal to the Enlightenment, early industrialism, and especially the age of exploration, when European thinkers encountered foreign peoples who they quickly judged materially and morally inferior. Having placed Europe at the “pinnacle of history,” men like Hobbes, Locke, and Rousseau assumed that non-Europeans’ ways of life approximated those of the primitive European past. By “reading history sideways” in this way, they established a durable paradigm where Europe’s present represented other places’ future. The paradigm reached its fullest extent in the post-1945 decades, as mass education, media, and various agencies carried a Euro-American development ideal to all corners of the world. Giddens sees the postwar period similarly, arguing that modern historicity then became “global in form with the creation of a standardized ‘past’ and a universally applicable ‘future.’”

For Americans debating birth control, however, modernity’s relevance was more local and organic: rooted as much in informal observation and intergenerational folklore as cross-cultural comparison or global vision. Of key importance for reproductive ethics were quasihistorical vernaculars that compressed community memory into actionable ideas. Modernization provided a shorthand for the observable moral and socio-economic changes that appeared to demand smaller families than in generations past. The “old-time” families were noble, perhaps, but also careless and innocent.

Understanding modernization’s subjective importance to family limiters does not permit a simple revival of objective modernization theory. Nor does it provide a substitute for existing theories of fertility transition. Moral-economic factors can be important outside any shared vision of historical flux. A woman might avoid a third child because she feared another pregnancy would kill her, or the child would go hungry – never reflecting on her place in any larger scheme. But so prevalent were compressed modernization narratives in Americans’ discussions of birth control that this sense of flux would have been hard to avoid even for the most isolated and least reflective Americans. Part of what made hedging against a dangerous third pregnancy justifiable was the backdrop idea that new circumstances demanded new responses.

Ultimately subjective modernization opens up a variant of the “multiple modernities” paradigm in which modernity-as-actor’s-category defines and shapes a new kind of modernity-as-analyst’s-category. It furnishes a loose, flexible, individual-level way of tying together the profusion of moral-economic changes that, mixed by degrees, allowed
be more powerful when entwined with the others, intuitively and emotionally, in death-defying orders that dignified short and suffering lives.\textsuperscript{86}

Other means of self-transcendence existed, of course, such as religious asceticism, social service, learning, or the pursuit of beauty. But the sanctified biological continuum had a unique universality, both in the sense that it was an act of self-transcendence available to all – and expected of full community members – and in the sense that it appeared to offer anyone a connection to the fundaments of the universe. Reproduction commanded universal moral attention and allowed every person, no matter how humble, to act as caretaker of an immortal body. Insofar as Americans felt themselves strongly, rightfully, and inevitably sublimated in these eternal chains, birth control faced a long road to legitimacy.

This vision of sanctified continuum did not simply perish in nineteenth- and twentieth-century America. If anything, its apparent peril made it seem more valuable, and inspired impassioned defenses of the eternal community. But these defenses reflected weakness: whatever the poetic value of the eternal chain, other priorities made greater gains in the domain of action. Worldly, progressive, and pragmatic approaches to reproductive ethics eclipsed otherworldly, infinite, and mystical ones.

Those gains happened first in the realm of private morality – in the acts people could justify to themselves and their immediate communities – as birth control gained popularity across the nineteenth century and beyond. Then came a mass public reckoning with this private acceptance, mostly in the decades after Roosevelt’s campaign. These two phases – popularization and legitimation – worked on different timescales and at different levels of
visibility, but shared similar themes. They overlapped and cross-fertilized, so that the story of either one substantially echoes that of the other. In both cases, the essential underlying questions had to do with the immediacy of one’s moral vision: did one award moral priority to welfare in the present material world – in the “modern” way – or did one stand with the old and eternal?

It is tempting to think of birth control’s popularizers and legitimi-
zers as defiant revolutionaries confidently unclasping the dead hand of the past. But more often they were uncertain and ambivalent. Because most people respected, by degrees, both eternal orders and modern prerogatives, only a small minority of America’s citizen-moralists were categorically for or against birth control. Staunch opponents could imagine cases where limitation was justified; diehard supporters could imagine cases where it was abused. The real dispute was between moderates over the definition of moderation. Should a worthy citizen have as many children as God or nature sent? If not, how much willful action was too much? Should one only have as many children as one could reasonably feed, clothe, and shelter? If so, what standard of living was reasonable? Should a good person aim for a specific number of children? Or simply err towards having more rather than fewer? And under what specific circumstances might one excuse oneself, entirely or partly, from that standard?87

In the American case, only ideas as capacious as modernity or imme-
diacy offered credible challenges to similarly commanding ideas about divine, natural, or eternal orders. Later in the twentieth century, many Americans would assume without much re-
fl
lection that childrearing was preeminently a question of moment-to-moment adult tastes and prefer-
ences. But in the early twentieth century, children were more likely to be seen as community and cosmic property. If life was worth living, it was worth perpetuating, and excusing oneself from the chain of life – even partly – required a reckoning with some higher power. One was born into reproductive debt. Against this logic, modernization provided an exemp-
tion. Birth control gained popularity and legitimacy as the claims of history superseded those of eternity.88

Note on Parameters and Methods

Fertility control remains as contentious an issue today as it was a century ago. No topic so effortlessly renders the personal political and the political personal. Every adult feels qualified to speak from experience on
reproductive ethics, and we struggle to address the subject dispassionately. “Vital processes are the true playground of moral systems,” one observer writes. 89

Within this context it is important to note that this study was not conceived or written with a political lesson in mind. Though I support reproductive rights and believe I have personally benefited from the legitimation of birth control, I did not set out to demonstrate anything in particular about the historical foundations of that legitimacy. My initial inquiries into this topic, indeed, were motivated less by specific interest in birth control than a general interest in the intersections of philosophical principle with everyday action. Birth control in America provided a window on the social history of ideas.

Any study of popular ideas opens questions of knowability and representativeness. “Getting at the interior thought of a friend, or a spouse, or one’s own child is hard enough; trying to catch the mood of strangers in the present . . . is harder,” as Andrew Delbanco writes. “But retrieving something as fragile and fleeting as thought or feeling from the past is like trying to seize a bubble.” In the case of reproduction, this difficulty is compounded by secrecy, emotion, and kneejerk moralism. How much can we know about Americans’ inner lives based on the dashed-off words of a few thousand literate citizens? I am optimistic: with appropriate circumspection I believe we can know a lot, and I believe this study offers an unusually close view of Americans’ working ideas about the reproductive good. A few limitations nevertheless warrant brief discussion. 90

First, these are amateurs’ voices: observers based their conclusions on fragmentary information they could gather quickly or summon intuitively, acting briefly as sociologist-historian-moralists before resuming life as newspaper editors, housewives, doctors, or farmhands. Their assumptions about reproductive motivation were not always carefully considered, nor their conclusions sophisticated. If we indiscriminately trusted this group’s conventional wisdom, we might learn that myriad physical ailments could be cured by dry air and mineral baths, that some European “races” were inherently superior to all others, or that anarchist infiltration posed an existential threat to the United States.

That said, amateur observers made few outlandish claims in light of recent historical and demographic research. And “experts” were hard to distinguish from amateurs in the early twentieth-century’s birth control debates. The universality, secrecy, emotional resonance, and existential importance of reproductive action tended to blur that divide. Many Americans rejected, with some reason, the idea that better-credentialed peers might possess any
special claim to understanding the complexities of reproductive motivation. “Everyone is an authority in this field,” as one columnist wrote. 91

Second, because observers tended to see birth control’s liberalization as a complex moral-historical process, decades or centuries in the making, their perceptions of the past were subject to distortions of collective and individual memory. “The old ways” became a conveniently flat baseline: either a golden age of abundant, vital, simple, happy families or a dark age of ignorance, repression, squalor, and unwanted children. “Memory is knowledge from the past,” Avishai Margalit observes. “It is not necessarily knowledge about the past.” For the most part, this book treats Americans’ memories as knowledge from the past – fungible, quasihistorical ideas intended to shape or comment upon the present. But I also assume some basic underlying validity in Americans’ memories of earlier reproductive codes. In early twentieth-century America, moralists of all stripes tended to agree on a basic historical narrative in which previous generations, for better or worse, had been more communitarian, less willing or able to master arbitrary nature and risk, and more impressed with transcendent bodies and cosmic mysteries – all with definite consequences for family size. I accept this general outline without claiming that descendants remembered past generations’ values with the same fidelity as latter-day historians – though those two groups’ viewpoints often intersect. 92

Finally, many commentators discussed only abstract public ideals, not specific private actions. They operated in the realm of moral-emotional intuition, middlebrow cultural criticism, and practical self-justification. Their comments rarely allowed for direct correlations between professed ideals and actual behavior. But reproduction blurs the rhetoric-reality divide. Even when citizens did not live up to the ideals they professed, those ideals helped set the conditions of their action, and social action around them. Community idealism helped determine paths of least resistance for citizens contemplating the reproductive good.

This study’s strengths and drawbacks tend to invert those of better-established historical approaches. Most demographers favor wide cross-sections, and many historians prefer to deal in distinctive personalities and events. I do not dispute the relative advantages of demography in statistical replicability or narrative history in storytelling. But both approaches have limitations, and on the question of why past people have had children or not, I believe those limitations are great enough that neither approach offers a full complement to the other. So I have tried to open a new window on an old question, mining the sprawling richness of both traditions while also seeking to venture between and beyond them.