

### **Controlling Birth: Johannesburg, 1920-1960**

Yes, I knew about something which is like contraception. I had a boyfriend ... but there were strict rules in the community... Well, when we met with these girls who came straight from Johannesburg, well, they fell pregnant. They did, and we knew it was because they were not doing the right thing. We, from the rural areas, we also had boyfriends, but it was not sexual intercourse. It was interfemoral, that is, in-between the thighs. We call it *ukusoma* in Zulu and it is *ukumetsha* in Xhosa.<sup>1</sup>

[In this city the] materialistic forces and the downward pull of a cheap, vulgar familiarity with sex questions is very serious.<sup>2</sup>

[Sex before marriage in Johannesburg] is equally rife in all classes but... the better classes are able to protect themselves from the consequences... [what is to blame] is the new idea in psychology that sex is a natural appetite and should not be restrained. ... European girls and boys of sixteen upwards are... living together using preventatives and waiting to marry until they have the means. In Johannesburg ... There is an increasing unrest and experimentation in the realm of sex, by both married and unmarried women.<sup>3</sup>

It seems to the Department that there might be a need in Johannesburg for the development of an Outpatient Gynaecological Clinic where mothers needing advice on physical health matters, both of nature and nurture might be assisted. Such an institution, under...skilled supervision could receive minor gynaecological cases, deal with some forms of post-natal aftercare, accept responsibility for counseling mothers of subnormal physique or mentality, give advice on contraceptive methods where medically needed... Under all circumstances the Minister would depreciate the establishment of a clinic having as its sole object **the advocacy of artificial contraception...**

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<sup>1</sup>Interview: Patience Tyalimpe, Johannesburg, November 22 1992, Transcript 1 All interviews were conducted and transcribed by the author unless other wise stated. The use of "..." indicates that a small section of commentary has been omitted while ".../..." indicates that a question asked by the author has been omitted.

<sup>2</sup> Miss Higson, Anglican church social worker and member of the British Social Hygiene Council, in her report on her visit to South Africa in 1932. She noted that Marie Stopes' several books and Bertrand Russell's book *Marriage and Morals* were best sellers in South Africa and the impact of their books was everywhere changing attitudes towards sexuality for the worse. University of the Witwatersrand: Historical Papers Collection (UWHPC), FAB329, "Confidential Report of Miss Higson's Tour" 1932.

<sup>3</sup> Dr Mary Gordon cited by Louise F. Freed to support his own point, in *The Problem of European Prostitution in Johannesburg: A Sociological Survey* (Cape Town: Juta, 1949), p. 316; and Gordon's evidence to "Social Hygiene Committee, 9 June 1926", South African Institute of Race Relations Collection, AD 834. My emphasis.

### **Introduction: Sex in the City**

The history of individual women and men's attempts to prevent or stimulate the conception of children is one of the most powerful themes in our common humanity. Unraveling this urge, dream, nightmare, duty, fate (depending on time, place and point of view) from the coils of human sexuality goes to the heart of the study of society and history itself. The study of conception and contraception is soaked with the exigencies of money, food, power, war, and death. The demographic patterns that have emerged from the tangled sheets of intimacy and individuality around human fertility rates—the amalgamation of millions of moments of conscious and subconscious planning of reproductive lives—is as crucial to the Wealth of Nations at the start of this new millennium as it was in the life and times of Malthus, Smith, Marx, Sanger and Stopes. Until the 1970s women and men (outside of the realm of divine exception) were unable to conceive at all without engaging in heterosexual intercourse, usually penetrative—although legends about athletic sperm wash through folk and family memories. No child thus conceived had parents other than the woman who birthed the child, and the man whose sperm mingled *in situ* with the fruit of her ovaries. Of course the trajectory of human reproduction since the 1970s has altered the “natural facts” that many of our ancestors relied upon as part of the skin and bones of their humanity for all their pasts, and although the great majority of children are still conceived of and born in the same way that their grandparents were, the future of gestation and birth will move our destiny in ways we can hardly anticipate now.

Cities and urban life, the reordering of rural agricultural and pastoral worlds, the pressures of the kinds of modernities that swept South Africa, and many other regions of the world over the last 150 years, have cradled the transformations in the region's reproductive interests and capacities. The outcomes of millions of acts of sexual exchanges, some purposeful, some unplanned, some filled with passion, or desperation,

or pain, some romanticized, some commercialized, could easily have been in the mind of Marx when he wrote about the weight of individual life courses versus the weight of material and social context, and the weight of dead generations on the living. Women and men make their own love, he could have said, but they do not make it just as they please; they do not make it under circumstances chosen by themselves, but under circumstances directly encountered, given, and transmitted from the past.<sup>4</sup>

Laura Longmore, a sociologist teaching at the University of the Witwatersrand understood some of this when she finally found a publisher for her monograph titled *The Dispossessed: A Study of the Sex Life of Bantu Women in and around Johannesburg* in May 1958. Working and gathering data over 2 decades in a rapidly growing African city deeply stratified and layered with all of the class, gender and racial inequities that a generation of South African historians have written about so vividly (Brink, Bonner, Eales, Koch, Glaser, Sapire, Van Onselen, and others), Longmore chose to write about one aspect of this transformation. She cited the late 18<sup>h</sup> century through to the mid 19<sup>th</sup> century era of rural capitalization and urban industrialization England, and the impoverishment, the violence of every day life, the urban squalor, disease, and the social chaos emerging from this. She described the long road towards human betterment, what she often termed “civilization”, emerging from this “vortex”. The evidence of another country was cited in her text as proof of the generality of her study, despite the peculiarities of segregation and then Apartheid South African state and society. Her argument was racially predicated throughout: though she notes and even analyses the changes in white gender relations and their sexual dimensions, in urban families and in the cultures and discourses of reproduction, health and moral life around her work, her detailed case study of Eastern Native Township (ENT) is directed in its focus: a warning of the impending crisis in the lives of one group of the city’s inhabitants: “Bantu”

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<sup>4</sup> With apologies to K. Marx, this is adapted from *The 18<sup>th</sup> Burmair of Louis Bonaparte*, (New York: International Publishers, 1987 Edition) p15.

women. In the book women of African descent across the city, and in ENT in particular, are the objects of her analysis and “European” (sometimes “white”) women and men, Chinese, Indian and Coloured women and men, these demographically described groups of people in the city at the time, move into the background. This makes Longmore’s book unusual despite its narrow and racist purpose, methodology and objectives. Her study argues that the kinds of change and dislocations in Johannesburg in the first 80 years of its life, were producing “types” of people. Their sex lives, as she terms all aspects of human interaction and culture involving some aspect of sexual exchange, were the fulcrum of social ill-health. She acknowledged that this was true for many immigrant settler and labouring communities and individuals, and for people of mixed continental descent, but focuses on women and men with African ancestors. These new types of sex-dispossessed women embodied particular characteristics: they were alienated from their parents’ rural worlds, but not yet born into newer “civilizations” and civic urban roles; they were careless of safety and decorum; immoral; fatalistic; obsessed with rapidly consumed commodities; fetishizing of individual sensual pleasures over community integrity; without a saving work ethic and without purchase on the nation state as a whole. Indeed, with few exceptions, they were part of, and producing, a “lost generation”.<sup>5</sup> Like anthropologists publishing a decade or more before her study (such as Isaac Schapera’s *Married Life in An African Tribe* [1941], and Monica Hunter’s *Reaction to Conquest* [1936]) as well as her colleagues and peers in clinical psychology (such as Louise F Freed *The Problem of European Prostitution in Johannesburg* [1949]) her study argued that the rural idyllic—patriarchal, with ordered and regulated fecundity, community sanctioned fertility, social rather than individual moral hierarchies, was ending across South Africa and the world at large. While capital and labour were important engines, women were the agents of present decay, and the potential heroes of resistance to “sex dispossession”.

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<sup>5</sup> Laura Longmore *Dispossessed: A Study of the Sex Life of Bantu Women in and around Johannesburg* (Great Britain: Jonathan Cape, 1959 and London: Corgi, 1966).

Since the publication of her account there has been no single study of the history of sex in any city or region of South Africa. In the last 5 years studies of sex contexts, sex partnering, sexual practices, sex education, and discourses of sex have been undertaken by many groups and individuals—especially those connected with the health sciences (though this is changing now) as part of the wider transmission belt of HIV/AIDS research and planned treatment and intervention.<sup>6</sup> In many monographs and edited collections, journal articles and theses on the social history, sociology and anthropology of the Southern African region; in works on health and healing; in poetry and prose; in many works of art and performance; in musical creation and in film; as well as in demographic and economic surveys and works, the themes of fecundity, fertility and reproduction have played a central role. But these have not been gathered and analyzed in relation to one another. In these works pre-colonial migrations; colonial dispossession and the privatization of property in the hands of a few; waged labour; large scale migrations and rearrangements of households and family lineages and ways of life; new tensions in gender and age dynamics; new pressures on human physical capacity and the emergence of new psychological and dialogical selves, have been described and analyzed, and in these accounts sexuality has sometimes been alluded to, but seldom discussed as a subject in itself.

This paper is a start at mapping one aspect of sex history and practice in one city of the region. It fits into a book (I hope it does—let us see what you think) about birth labour and reproduction in the city, a book which is also in part about women in particular and their men-folk within a broader story of urban migration story; the emergence of new

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<sup>6</sup> See the excellent edition of papers in *African Studies* published in July 2002, and edited by Liz Walker and Peter Delius which arose from the WITS workshop “AIDS in Social Context” in 2000. An excellent recent monograph on sexually transmitted diseases in South Africa by Karen Jochelson is a useful starting point. Her book, *The Colour of Disease: Syphilis and racism in South Africa, 1880 to 1950* (London: St

urban cultures and practices—including new spaces for conception, pregnancy, birth lactation and contraception and, within this, the powerful role of medicalization of many aspects of women's lives. The impact of the anonymity of the big city in the experience the new arrival, and the way people surge to create communities out of what they can from this urban world, are pervasive themes in literature across the world. The moralizing discourses of late Victorian and early 20<sup>th</sup> century city managers, religious and other social leaders, authorities, professionals, intellectuals, and various city-based civic groups, all present in the history of Johannesburg. These did not arise in a vacuum.

In this paper the issue at stake is not the detail of whether or not people were imagining and exchanging new or old forms of sex with people they related to in new or old ways, in new or established times and spaces—that awaits a massive project of research.<sup>7</sup> Instead in this paper state, city, hospital records as well as oral histories, news papers, reports, published and confidential accounts are used to map out a picture of the history of contraception. The data is full of lacunae, silences and puzzles. This is a starting point: The only reason to employ a method or device or form of sexual practice to prevent conception is because conception is a possible outcome of heterosexual fluid- exchanging sex between male and female sexually fertile persons Of course then the study of contraception is not complete without a study of heterosexual sex in all its forms, let alone the wider cornucopia of sexual possibilities. It is possible to start with the former rather than the latter because the effort to prevent birth after conception, or to prevent conception at all, has left more traces in the extant record than its obverse.

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Anthony/ MacMillan Series, 2001), is country-wide in scope and does have many interesting things to say about sexual practices and ideas, though this is not the focus of the book.

<sup>7</sup> A small group of researchers has begun mapping out a large study of the Sexual Histories of women and men in their 80s across South Africa. I will speak to this if I have time.

### **Debates over the “the advocacy of artificial contraception” versus “natural contraception” in Johannesburg.**

In his "Communication of Advice" to the fledgling Race Welfare Society of Johannesburg in 1931, Edward Thornton (Acting, and later, Secretary for Public Health) underlined three key points: birth control *per se* was not yet a unanimously accepted public good; any clinic with this as its intention would have to embed its purpose in a range of other services and advice; and any such venture would have to come under strict medical supervision. The subjects of these early Department of Health endeavors (as described in the work of Jochelson and in Susanne Klausen's work in detail) were settler and immigrant English, Afrikaans, Greek, German Czech, Dutch, Polish, Russian and Portuguese-speaking working class women congregating in Johannesburg slums in the period before and after the Depression.<sup>8</sup> At first they made up the majority of city dwellers, but by the 1930s women of African descent began to swell into the city in greater numbers.

Patience Tyalimpe, interviewed in 1992 in her offices as a Family Planning professional, remembered her first exposure to urban born women when she started her nurse training in the mid 1950s. While she and her friends knew about and practiced "sweethearting"<sup>9</sup>, or non-penetrative intercourse with their male lovers, and had done so since the time of their first menstruations, their urban peers did not, and according to Patience Tyalimpe, this was a major cause of the unplanned conceptions of many urban born women, and

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<sup>8</sup> Jochelson *The Colour of Disease* and Susanne Klausen "For the sake of the Race: Eugenic Discourses of Feeble Mindedness and Motherhood in the South African Medical Record, 1903 to 1920" *Journal of Southern African Studies*, 23, 1 (1997) and in recent unpublished paper Introductions to her monograph.

<sup>9</sup>This phrase was used by Monica Hunter in her detailed ethnography of Mpondo society, and is a loose translation from the Xhosa into English of the word "ukumetsha". Patience Tyalimpe had read and heard this English term, and used it several times in the interview. See M. Hunter, *Reaction to Conquest: Effects of Contact with Europeans on the Pondo of South Africa* (London: Oxford University Press, 1936).

their search for abortions and for contraceptive methods which would accord with penetrative heterosexual intercourse. As a teenager, Patience Tyalimpe had been instructed by her elder sisters, and by her grandmother at the time of her first menstruation, in matters concerning sexuality and the behaviour expected of a grown, but not yet married young woman. Her first lover had to obtain permission from her aunts and eldest sister to "sweetheart" with her, as did subsequent partners. But, Patience Tyalimpe recalled that at the age of twenty or so, when she first met up with nurse probationers from towns across the Eastern Cape and Natal and then Johannesburg, her young women peers either had no knowledge of this conception preventing skill, and its related form of directed sexual expression, or eschewed its practice on the basis that this form of sexual expression was unsophisticated and a sign of parochial society. This fact that her urban counterparts did not practice *ukusoma* in the 1950s represented a shift in behaviour and knowledge. These and other compelling assertions by Patience Tyalimpe led me into investigating the themes of fecundity versus fertility and related practices of heterosexual sexuality during my interviews with women who had lived in, and given birth in, Johannesburg in the 1920 to 1960 period.<sup>10</sup> Tyalimpe's views and analyses echoed throughout the interviewing and reading work I undertook for my thesis research. It was clear that her specific and detailed information was a complex mixture of self generated material, based on her own personal experiences, but also material which grew out of a conscious effort on her part to glean information from her peers as a younger women, an interest which led her to the specialize in "Family Planning" Nursing in her later career. Her interest also formed the basis of her subsequent reading of anthropological and historical material on the social life of black South Africans in the late nineteenth and early twentieth century. Her reading of several monographs from the

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<sup>10</sup> Catherine Burns "Sex: Lessons from the Past" in *Agenda: A Journal of Women and Gender*, Autumn, 29: 1996 and see C. Burns "Contraception" *The South African Women's Health Book*, edited by Margaretha Goosen and Barbara Klugman Cape Town: Oxford University Press, 1996.



1930s and 1940s confirmed for her that various forms of premarital sexual expression were widely practiced and taught among Nguni, Tswana and Sotho speaking communities across Southern Africa.<sup>11</sup> In her several interviews with me she reflected upon the impact that early missionary, as well as subsequent urban church-based Christian teachings which prohibited sexual expression by unmarried people and offered a narrow vision of married sexuality, had on undermining local practices regarding adolescent sexuality, without providing viable alternatives. She expressed her view that one result was the anxieties and repressions which settler and indigenous people began to share, although they were expressed across a range of practices and ideals. Her account, backed up by the work of M. Hunter, Schapera, Mayer, Hellman, Longmore, and missionary activists such as Philips writing in the 1940s, claimed that by the 1920s town based women and men were condescending about rural customs and practices, although many were Christians, when they did engage in sexual relations outside of marriage this was usually penetrative heterosexual intercourse without contraceptive protection. In her exegesis, Patience Tyalimpe reported many similar observations to those contained in the ethnographic material of Philip and Iona Mayer, material gathered in the late 1950s and 1960s in the Eastern Cape, particularly the towns of East London and Grahamstown, and the rural hinterland surrounding them.<sup>12</sup> Unlike the Mayers, Schapera and Hunter, Tyalimpe spoke both from personal experience, as well as from observation and reading of written sources. She ended her interview sessions by calling for a return to many practices of generational and peer based sexual socialization of adolescents, and the recognition of the sexual needs of young men and women. Besides making modern contraceptives, especially condoms, more widely available, she advocated teaching

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<sup>11</sup>Patience Tyalimpe had read Monica Hunter's aforementioned monograph, as well as Isaac Schapera's *Married Life in An African Tribe*, in the 1970s, obtaining these text from the library of Planned Parenthood of South Africa. See Interview: Patience Tyalimpe, Johannesburg, November 22 1992, Transcript, 3 and 5.

<sup>12</sup>P. Mayer, and I. Mayer *Townsmen or Tribesmen* (London: Oxford University Press, 1974) 217, 254, 255.

young people forms of sexual expression and play other than penetrative intercourse.<sup>13</sup>

Some months after I completed my interviews with Tyalimpe I interviewed a group of nurses including Wilhemina Madiba, who described mentors in their lives who had played the kind of role Tyalimpe embodied:

She spoke to us as a mother... Then she would tell us all the disadvantages of being in love during training, "No well, some of you started training with boyfriends already. I would like to give you a tip. Never ever go out with your boyfriend at night, because definitely, you are definitely going to be involved in sex, and that's when you go off"... And the others would say, "No I am in love, and then left him and told him 'I am going to train'. The minute that I tell him I cannot go out with him, he'll think I'm playing tricks". So, it was then that she taught us about contraception.<sup>14</sup>

I asked her what contraception meant and what practices it entailed. Madiba's replies echoed Thornton's: artificial contraceptives included pessaries, inserted uterine devices, creams, sponges and later hormonal pills and injections. Natural contraception included penis withdrawal and external ejaculation, inter-crurial sex and penetrative sex at times of a women's fertile cycle which were least likely to result in conception. Madiba and her peer cohort, whom I interviewed in 1992, were all living and making love and practicing nursing in Johannesburg when Longmore's study was undertaken. In the interviews elderly women recalled their sex partners and sex histories alongside histories of birth, waged work and professional careers, and although I focused on the history of childbirth and their role in it in my questions, their interest in "the problem of contraception" was a recurring theme. They wanted to present nurses in two ways: as exemplars of the best of African womanhood, and as full of the contradictions of being "in betweeners" and first generation urban women, lovers, wives and mothers themselves.<sup>15</sup> Longmore's book, unconsciously, captures these contradictions. In some chapters nurses are portrayed by

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<sup>13</sup>Interview: Patience Tyalimpe, Johannesburg, November 22 1992, Transcript, 11 and 17. She did not, however, suggest any form of non-heterosexual sexual expression.

<sup>14</sup>Interview: Wilhemina Madiba, Alexandra Township, July 2 1992, Transcript, 3.

Longmore as women who eschewed all forms of artificial contraceptives because there were perceived as abnormal and harmful. On the other hand, and in other places in the text, nurses were the major conduits of illegal abortions and the passing of abortifacants from the stores of biomedical pharmacology. In her own collected evidence nurses and waged women in factories and in domestic service were amongst the major users of contraception services in city clinics and hospitals.<sup>16</sup> Both directions of her evidence were no doubt based on worthy evidence. As a young black nurse-trainee, Wilhemina Madiba was first counseled about methods of contraception by her Nurse Tutor, herself a married black woman with children. Recalling that no instruction about contraception was included in either general nursing or midwifery instruction in South African training institutions until the late 1960s, and certainly not when she trained, Madiba's recollections were of an informal meeting, initiated by their trusted tutor, who was concerned that young unmarried woman would lose their chance to qualify if they became pregnant. The tutor recognized that many trainees were engaged in sexual relationships, and offered advice, both moral and pragmatic. Years later, these moments were recalled as part of a discussion about the sexual and reproductive lives of African women before the 1960s. Wilhemina Madiba reported that unlike all of her peers in the room (from the Eastern Cape, Zululand, Free State and Swaziland) coming as she did from a very religious Christian family in the Northern Transvaal to Johannesburg for midwifery and nurse training, she had not received any sexual instruction from her family members, and had no prior knowledge of contraception-preventing sexual techniques or practices.<sup>17</sup>

It is clear that in order to understand the history of Birth Control in South Africa, we need to track back to the period before the 1930s, and through the decades when the subjects

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<sup>15</sup> Noble's paper on Nurses and June Webber and my paper in JSAS.

<sup>16</sup> Longmore Insert pages references from 1956 text.

<sup>17</sup> Interview: Wilhemina Madiba, Alexandra Township, July 2 1992, Transcript, 3 and 5.

of state contraceptive provisions were represented as married white poor women, through to the 1950s when the definition of "those in need" shifted to black women, many of them unmarried, and thence into the 1960s, when the South African State devised a formal Family Planning programme, aimed at women of colour, especially urban women.

The history of "birth control" in South Africa suggests fertile questions concerning the wider history of the social and reproductive lives of women in this region. Scholarship in the 1980s on this topic in the work of Brown and others began to map out the period after 1968, when the South African State developed an explicit "population policy".<sup>18</sup> Brown's argument, relying in the main on published works, called attention to the didactic and explicit policies of the State in their attempts to manipulate and bolster the numerical ratio of white South Africans. The state's agenda, she argued, charged as it was by an overarching racial capitalism, contained specific weapons: a history of forced segregation and controls over housing and the movement of people; immigration campaigns designed to attract white settlement; gross inequities in the financing of social and basic primary health care facilities for black people in both rural and urban areas; and most particularly, explicit attempts to manipulate the fertility of black women through state-sponsored "birth control" schemes. Brown's contribution helped to re-frame key issues in the history of race and class in South Africa: in what way did the history of Apartheid planning and strategy affect women in particular; and what happened to an understanding of the pillars of segregationist legislation (the Land Act, the Urban and Group Areas Acts, Influx Control Legislation, the Immorality and Mixed Marriages Acts and so on) when these are seen as elements of an evolving "population" control scheme with black

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<sup>18</sup> B. Brown, "Facing the Black Peril": The Politics of Population Control in South Africa" in *Journal of Southern African Studies* 13:3 (1987). Recently, the Women's Health Project of Wits University, particularly Barbara Klugman, has inaugurated a massive interview survey of contraceptive use and knowledge among South African women from a wide array of economic, social, ethnic and language groups. This project will provide new insights into state contraceptive planning after 1960. See the work of Barbara Klugman on post 1960s state policies: "The politics of Contraception in South Africa", *Women's Studies International Forum* 13:3 (1990). Also bring in Julian Brown and Mandisa Mbali's these here.

women at the centre? These questions have to be percolated through an understanding of the history of social hygiene, birth control and other social movements in the region, the actions of local governments, as well as a history of the body of contraceptive knowledge available and utilized in South Africa through the first half of the century. The velocity of the state's agenda after 1960, as well as the critiques its actions engendered, cannot be fully understood without this history. Just as importantly, the rich history of late nineteenth century ideas about conception and fertility and how these shifted over time, is crucial to any understanding of ordinary women's ideas about their relationships, their lives as women, mothers, lovers and daughters. Finally, the alliances, movements and institutions which emerged from this history contribute to a wider project interested more broadly in the histories of reproduction and gender in the region.<sup>19</sup>

The past twenty years of historical scholarship in European and North American settings on families, gender relations, the history of science and medicine, and sexuality, has moved our attention to new technologies concerned with the human body which gained currency in the eighteenth and nineteenth centuries.<sup>20</sup> These studies have demonstrated that the professionalizing practices and rhetoric associated with these shifts were fraught with inequity, interest and moralising visions. This scholarship has unseated an easy epic of teleological human progress.<sup>21</sup> But questions of 'progress', or questions of the

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<sup>19</sup> The arguments and evidence in this section are drawn from materials in the Central Archive Depot (CAD), (including records of the Departments of Public Health, Social Welfare, Native Affairs, and Treasury); Johannesburg Municipality Archives (IAD) (including records of the Public Health Department, the Superintendent of Locations, the records of several townships including Alexandra Township); Records of the Bridgman Memorial Hospital, the Rheinnalt Jones Collection and the Institute of Race Relations at the Historical Papers Collection (HPC) of the University of the Witwatersrand, as well as interviews conducted between January and December, 1992 in Johannesburg, Alexandra, Atteridgeville and in Tabankulu region of Pondoland.

<sup>20</sup>See: L. Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Wisconsin: University of Wisconsin Press, 1989); O. Moscucci, *The Science of Women: Gynaecology and Gender in England 1800-1929* (1990, Cambridge: Cambridge University Press, 1993).

<sup>21</sup>This field is large, and diverse, but certain key texts include: E. Fee, "Science and the Woman Problem:

development of different historical actors' understanding and knowledge, and the political struggles which emerged in conversation with these, still remain. Concerned to demonstrate the objectification of women particularly, in contexts wherein their power and social agency was constrained, scholars have often fallen prey to a vision of women as victims of male power, begging questions of contradiction, dialectic and struggle which surely provide the seedbeds of change. Eschewing an approach which describes medical knowledge and technological improvements as closed system--implicated, totalizing and disempowering--this chapter seeks to examine the ambivalence, curiosity and at times imperatives with which men and women in South Africa approached the study and use of contraceptives. In early twentieth century South Africa, neither white nor black women exercised or enjoyed equivalent authorities or rights in relation to men-folk from their own households, and white women, even after gaining the vote in 1930, were still the focus of decades of social engineering schemes. Black women (with allies that at times included males from their own households, and at times white women and men such as reformers and medics), fought for rights of access to public health care and social services. In this context, the idea of medicine, clinics, and medical professionals as constitutive of "total institutions", or of the technology of birth control devised as yet another form of oppression designed to control women's socially and biologically reproductive lives, misses several crucial issues this work hopes to address.

The first is that very differently positioned actors took their cue during early contraception debates. The uneasy and at times contradictory alliances which formed around these newly available medical technologies of fertility control were not unique to

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Historical Perspectives" in S. Teitelbaum (ed) *Sex Difference: Social and Biological Perspectives* (New York: Doubleday, 1976); A. Oakley, *The Captured Womb*, (Oxford: Basil Blackwell, 1984); C. Gallagher, and T. Laqueur, (eds) *The Making of the Modern Body* (Berkeley: University of California Press, 1987); E. Martin, *The Women in the Body* (Boston: Beacon Press, 1987); M. Poovey, *Uneven Developments* (Chicago: University of Chicago Press, 1988).

South Africa. In Britain and the USA in the late teens and early 1920s, feminists, progressive health professional, liberal reformers, socialists, and conservatives battled against legal and social prohibitions, and often each other, to define their project. Some regarded contraceptive technologies as part of a new liberatory moment for women, others, as a way to halt the degeneration of social stability and maintain the perceived collapsing norms and values of working class family life.<sup>22</sup>

In South Africa, these alliances were represented in the early teens by such figures as Olive Schreiner and fellow socialist feminists, as well as liberal segregationists such as Winifred and R. A. Hoernle.<sup>23</sup> White English-speaking middle class women made up the ranks of the clinic organisers in the 1930s, but by the 1940s, many Afrikaans women, after successfully petitioning the organs of the Dutch Reformed Church, began forming clinics and lobbying local governments for aid. Regional differences soon developed. In Natal and the Cape first, and later Johannesburg, women of colour were included in the clientele of clinics originally envisaged as provided for the needs of poor city women, and until the 1930s, black women were not regarded as having substantial permanent presence in cities. At just the time that these clinics were being established, local and central state officials expressed increasing alarm over the numbers of black women moving into the cities from the impoverished reserves. At first concerns over the poverty of the reserves prompted anxiety over the detrimental effects this would have on a future

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<sup>22</sup>For the history of Sanger and Stopes's contributions to these debates see: J. Rose, *Marie Stopes and the Sexual Revolution* (London: Faber and Faber, 1992); D. M. Kennedy, *Birth Control in America: the Career of Margaret Sanger* (New Haven: Yale University Press, 1970); and N. E. Himes, *Medical History of Contraception* (New York: Gamut Press, 1963). Add here Klausen and others.

<sup>23</sup>For an interesting example of Schreiner's feminist theorising see *Women and Labor*, (New York: Frederick Stopes Company, 1911). This volume became a key document for South African as well as British and American feminists. The complexities of the liberal, and then increasingly segregationist, thinker, R A Hoernle, an Afrikaans-speaking philosophy Professor, and after 1934, head of important liberal organization, (the South African Institute of Race Relations), have been examined in P. Rich, *White Power and the South African Liberal Conscience: Racial Segregation and South African Liberalism, 1921-1960* (Manchester: Manchester University Press, 1984. Add here Saul Dubow's recent paper on this.

male labor force.<sup>24</sup> By the Second World War, an increasingly common theme, especially in the cities, was the "overpopulation" of slums and working class areas, and African men and women became the focus of studies into both "African family life" and its perceived breakdown, and high rates of illegitimacy and teenage sexuality.<sup>25</sup> These anxieties, in turn, spawned new alliances, including black men and women who formed part of a local Christian-inspired purity movement, as well as white social workers. Thus, in order to understand how, by the mid-1960s, we can speak of an official South African state policy of birth control, it is imperative that we take seriously the struggles which Acts of Parliament, cast in the masonry of Grand Apartheid, attempted to freeze without complete success. Which is why, as in other regions of the world, local endeavours to control human fertility contained both liberatory and prescriptive agendas. Methods of contraception, and access to them, and the "population" policies of state and welfare agencies, continue to this day to animate debates, cooperations and struggles between women and men.

### **A Brief History of Contraception**

Contraceptive technologies introduced to a wider audience from the 1930s onwards were not the earliest attempts of people on the southern tip of the continent to control their fertility, fecundity, progeny and sexual lives. Local knowledge was itself not static. The very context wherein practices such as adolescent interfemural sex had developed, were undergoing massive shifts, as the migratory male labor system, land dispossession, increased taxation and the cumulative effects of droughts, permanently altered the

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<sup>24</sup> F. Fox, and B. Back, *A Preliminary Survey of the Agricultural and Nutritional Problems of the Ciskei and Transkei Territories, with Special Reference to their Bearing on the Recruiting of Labourers for the Goldmining Industry*, (Pietermaritzburg, 1941) and see A. Jeeves, *Migrant Labour in South Africa's Mining Economy: The Struggle for the Gold Mines' Labour Supply, 1890-1920*, (Johannesburg: University of the Witwatersrand Press, 1985).

<sup>25</sup>Key texts included: H. Gluckman, *Report of the National Health Services Commission*, (Pretoria: Government Printer, 1944); South African Institute of Race Relations, *Minutes of the Conference on Urban Native Juvenile Delinquency 1938*, Johannesburg: Church of the Province Archives; and E. Hellman, *Problems of Urban Bantu Youth* (Johannesburg: South African Institute of Race Relations, 1940).



economic and social landscape of the region.<sup>26</sup> The history, therefore, of the decades before modern contraceptive techniques were available to the majority of women in the region, is complex in itself, and only a brief account will be evinced here. Helen Bradford has begun to map-out the history of abortion in South Africa, demonstrating that before the end of the nineteenth century in this region, as in other contexts, illegality was not at issue in relation to induced abortions. These were considered part of the repertoire available to many women in their efforts to control their reproductive lives. Before women detected foetal movement, many utilized menstrual "activators", herbs and douches, as part of a regime of bodily control available within family oral accounts, recipe books, and among local specialists and herbalists. My work on Louisa Mvemve has referred to some of these "Women's Helpers".<sup>27</sup> {add in here new work on advertising patent "women's helpers"} In the late 1920s new contraceptive techniques designed to prevent pregnancy (although, in the case of certain loops and coils inserted into the cervix, conception could take place, with the intention that the fertilized ovum would not develop beyond this point) were introduced to South Africa, through chemist shops, a handful of gynaecologists and small networks of women who had spent time overseas. Small numbers of women before the Second World War, had access to the resources and connections necessary to visit the few private gynaecologists who could provide them with both the contraceptive advice of the day, and their story is not addressed in this work. {add in Karen flint's work here} Women who did not have access to private gynaecologists, and for whom the services offered at clinics (which included gynaecological care in some cases, as well as referrals to midwives when women were pregnant, and to social and charitable agencies) were in fact the target of the work of

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<sup>26</sup>P. Mayer, and I. Mayer *Townsmen or Tribesmen* (London: Oxford University Press, 1974), 217, 254, 255 and Chapter 16 "Sexual Partnerships" in particular.

<sup>27</sup> H. Bradford, "Herbs, Knives and Plastic: 150 Years of Abortion in South Africa" in T. Meade, and M. Walker, (eds) *Science, Medicine and Cultural Imperialism* (New York: St Martin's Press, 1991). Here Bradford skillfully draws attention to similarities and divergences between Southern African and other histories of abortion.

"family planning".

After 1930, when "birth control" devices such as cervical caps, sponges, foaming tablets, spermicides and their analogues were introduced through clinics, the initial intention was to control the fertility of white working class, married women, perceived as enfeebled and increasingly regressive in their social profiles. Men were not the subjects of efforts at family rehabilitation, limitation and planning.<sup>28</sup> Even during World War II, when international campaigns concerning sexually transmitted diseases had opened chinks in the arguments walling-off men and women's mutual contribution to conception, "family planning" was not regarded as the responsibility of the male partner by either social agencies, clinicians or the state.<sup>29</sup> However, many men and women no doubt agreed to mutual strategies and shared responsibility.<sup>30</sup> Furthermore, evidence exists that certain pharmacists and other traders did sell condoms in particular, and they undoubtedly drew on a clientele who found it impossible or difficult to pass as married and monogamous.<sup>31</sup>

On the other hand, despite a constant mantra on the part of clinics, that they provided for married women's genuine and respectable needs, very little evidence exists in clinic records or reports for any "checking" mechanisms, such as requiring marriage certificates. This point is crucial: as black women began to seek out contraceptive advice, particularly in urban centres such as Cape Town, Pietermaritzburg, Port Elizabeth

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<sup>28</sup> I do not mean to suggest here that white men did not figure at all in reformers analysis, prescriptions and campaigns. They were subjects of work-crew plans, protected employment schemes and certain social programs aimed at recreation and self-improvement. See the suggestions of the Carnegie Report cited below.

<sup>29</sup>K. Jochelson, "Patterns of Syphilis in South Africa, 1880-1949", South African Research Seminar, Oxford University, 1989 and her book.

<sup>30</sup> See for example testimony about mutual responsibility in Interview: Wilhemina Madiba, Alexandra Township, July 2 1992, Transcript, 3-11.

<sup>31</sup>See R. Philips, *The Bantu in the City*, (Cape: Lovedale, 1938) and see the references to the sale of condoms to 'Natives' by chemists in: *Report of the Commission of Inquiry into Advertisements of Proprietary Medicines and Medical Appliances* (Pretoria: Government Printer, U.G No 19, 1936).

and Johannesburg, it was increasingly difficult to argue that 'only married women' were receiving contraceptive advice. Many women were either married under jurisdiction designated "customary", some under both customary and civil writ, others under religious licence, and many others not married under any of these descriptions. At the same time debates, centred upon the "illegitimacy rate" and the sexuality of young women in particular, occupied great attention, a point addressed later in the argument. Thus the contradictions encoded in the parallel tracks of Customary and Civil Law not only undermined African women's claims for equality with their men-folk before the an increasingly iniquitous law, they also had the less unhappy result of frustrating the efforts of many local authorities and administrators in enforcing Housing and Urban Areas Acts, and later Pass and Influx Control legislation.<sup>32</sup> However, before black women began presenting themselves at local clinics for advice and contraceptives--clinics which if not hostile to their presence (and many of them were)--at least initially did not regard them as appropriate clients, other women of colour paved the way. Particularly in the Cape Town and Pietermaritzburg, there was a greater ambiguity from the start about the potential patient. Here an early recognition that the "poor white" problem could be named the "coloured problem" reoriented the work of the Cape clinics. Among these women were many who were non-Christians and whose Hindu or Muslim marriages were not accorded equal treatment to Judaeo-Christian or civil marriages. Here too the notion of marriage as a black box of rights and duties, and that which accorded legality and sanctity, was undermined. Thus, except in the few rare cases which occasionally appear in the files of the Health Department marked "Sterilization of the Unfit", where questions were raised about sterilizing both men and women deemed insane or retarded, there seems to be no

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<sup>32</sup> H. J. Simons, *African Women: Their Legal Status in South Africa* (Evanston: Northwestern University Press, 1968); D. Shropshire, "Report of an Investigation Concerning Bantu Marital Unions" presented to the South African Institute of Race Relations, (1940); E. Hellman, *Rooiyard: A Sociological Study of an Urban Slumyard* (Oxford: Oxford University, 1948); M. Brandel-Syrer, *African Women in Search of God* (London: Lutterworth Press, 1962) and "The Needs of African Women" manuscript held by the Church of the Province Archive, University of the Witwatersrand L. Longmore, *The Dispossessed: A Study of the Sex Life of Bantu Women in and Around Johannesburg* (London: Jonathan Cape, 1959).

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evidence before the 1960s for contraception aimed at male subjects.<sup>33</sup>

The experts and social reformers spearheading these campaigns were drawn from an uneasy alliance of progressive and profoundly reactionary actors. To make a case for the either the necessity for contraception (from either a eugenic, malthusian, social-control, preservation-of-the-family, or feminist viewpoint) involved convincing legislators, clergy, journalists and other public interlocutors, as well as "the moral public" that social order would be served. This often centred around reinforcing testimony that the sanctity and legal bonds of marriage would be upheld, with sexuality contained by writ if not be deed within this relationship. A great deal of ink was spilt, and a great many voices hoarsened by 1940, to these ends, despite their complete lack of salience for many women. The same vigilance was not maintained in the daily operations of the newly opened clinics. Originally begun with private moneys, once established and able to provide evidence that their existence had not confounded social order, these clinics gradually received support from Municipalities and local institutions. That these clinics gradually began passing on contraceptive advice more to a category they deemed "needy", and bothered less with the category "respectable", is not surprising.

A more muddied issue, and one requiring careful explanation, concerns why it was that the largest hospital for the maternal and gynaecological care of women of colour in the subcontinent, the Bridgman Memorial Hospital, provided no official curriculum for training in contraceptive or "family planning" techniques for nurses, midwives or physicians throughout the 1930s, sending women who did specifically ask for this advice to the clinics in the centre of Johannesburg as late as the 1940s, or passing women into an internal network of nurses "known" for their expertise. According to midwives trained in that institution, right up to its forced closure in the early 1960s, no provisions were made

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<sup>33</sup> See "Sterilization of the Unfit, Genetics and Birth Control, 1929 - 1939" CAD/GES 2281 85/38 Deel 1.

for teaching contraceptive techniques, or any theory or practice of "birth control", to the probationer midwives. However, it is less clear to what extent women who came to the Bridgman as maternity patients, or the tens of thousands of women outpatients who attended the Hospital for ante and post natal care, and also for child immunization programs, treatment of sexually transmitted diseases, gynaecological complaints, and motherhood and hygiene training classes, received contraceptive advice.

The Bridgman opened its doors just as the contraception debate was to erupt into public life in South Africa. The founding of this institution, as indicated in earlier chapters, focused on two key principles: (1) concern about maternal and infant mortality and morbidity, which mitigated against arguments for limiting birth, at a time when the numbers of black children attaining adulthood was seen to be in crisis; and (2) the perception that harnessing the benefits of western biomedicine to this cause would not only be a worthy and human endeavour, but also, and as crucially, train-up an army of black nurses and midwives who would carry the torch of Christian-inspired civilisation, and by didactic methods as well as example, train in turn generations of "new mothers". Along the way the experimental and scientific work of medicine was to be served as well, not only in the training of medical students, but also through the funding and support of clinical research in the hospital. Two decades later anxieties about the overpopulation of the cities, and the "masses" of black men and particularly women crowding in from the impoverished reserves had altered the terms of at least part of the earlier debate about "population". On the eve of the National Party's slim parliamentary victory in 1948, which promised the deployment of an armoury of social engineering to halt these and other "threats" to minority rule, the Bridgman and other missionary hospitals and training institutions do not seem to have altered their curricula or training. At the same time, the Bridgman and other urban hospitals recorded high levels of induced abortions (illegal until 1996, unless authorised according to very narrow constraints) and could not have been oblivious to the debates raging around them about illegitimacy and the issue of

unwanted pregnancies. The tensions and debates which circumscribed a full engagement on the part of the Bridgman Memorial Hospital with the project of 'birth control', included religious, moral and political considerations, and will be addressed in the final part of this paper. Here consideration will be given to the debates and events which preceded a decision by the Cabinet in 1964 to sponsor a specific program of action, called in headlines: *Gesinsbeplanning by die Bantoe*, or "Family Planning for the Bantu", which by 1966 received financial authorization from the Treasury.

### **Race Welfare:**

...the Race Welfare Society is eugenic in its intention... its main purpose is to secure the physical and mental betterment of the race. To achieve this aim the most practical course appears to lie in the wise direction of the birth control movement. In the past birth control has been mainly practised by the relatively well-to-do. ... the inevitable result has been that the natural growth of the Union's population has come increasingly from the sections least capable of providing their children with healthy bodies, proper nourishment and suitable homes. The recognition of this unnatural condition of affairs was responsible in 1931 for the formation of birth control clinics in the two chief centres of the Union.... designed to give instruction to the very poorest, and especially to discourage births among the physically or mentally unfit.

The subjects of this extracted paragraph, "the very poorest", and "the physically or mentally unfit", were white, usually Afrikaans-speaking women and their families in South Africa in the early 1930s. Excerpted from the Annual Report of the Race Welfare Society of Johannesburg, these lines point to the complex and layered history surrounding the definitions of race, gender and class, emerging in South Africa in a moment of international and local crisis. At the opening of the 1930s, South Africa began to feel the pinch of the world-wide depression. The early confidence of Prime Minister Barry Hertzog who boasted that South Africa would not "feel the slump", was soon overshadowed by falling wool and maize prices, and by 1931, wage-rates across the

country plunged. The severe drought of 1932-3, kindled the already besieged rural reserves and both African peasant farmers, and hundreds of thousands of people, black and white, who laboured with varying degrees of security within relationships of sharecropping and tenancy on richer capitalised farms, faced unprecedented hardship, many forced to migrate to the nearest towns, and then larger cities in search of wages and work. In the early 1930s, a new juncture was achieved in the complex politics of class, race, ethnicity and region. With malthusian energy, a reform movement, led by urban Afrikaans and English-speaking white middle class women and men and aided and abetted by a cast of influential supporters from the ranks of professionals (academics, physicians, nurses, social workers, lawyers and even magistrates), burst onto the South African stage in 1931. Under the banners of racial welfare and race-purity, and employing the language of eugenics and social darwinism, these societies held meetings, produced pamphlets and articles and established clinics aimed at poor, respectable married white women. Their particular zeal was kindled by the developing classification and analysis of what was termed "the poor white problem" in South Africa in the mid 1920s and 1930s, which culminated in five volumes of research, sponsored in part of the Dutch Reformed Church of South Africa and the Carnegie Corporation of New York. This was also a moment when middle class women, long active in social, religious and missionary movements, had achieved adult suffrage for white women, and their entry into the echelons of legislative power was on the basis of social issues such as women's health and support for family-life.

In the late nineteenth century the small organized medical profession in South Africa, still tied by an umbilical cord to its parent societies in Britain, set itself up in opposition to the realm of home-remedies, women's cures and herbalists which continued to provide the mainstay for people's everyday health needs into the twentieth century. Earlier papers have indicated the complexity of this professionalising history, which in certain measures mimicked the trajectory of medicine and health care in Britain and the USA. Local

physicians had not only to counter the pervasive knowledge and utilization of cures carried on within families or communities, they also competed with established healers whose knowledge of the herbaria of southern Africa, as well as indigenous languages and local customs, underwrote their remedies and prescriptions. Bradford and Berman have begun trace the hostility of the medical profession in the late nineteenth century to abortifacients and contraceptive technologies which circulated among and between women in particular. But their work does not indicate the presence of contemporary opposition to these positions on contraception among prominent publicly employed physicians such as J. A. Mitchell and E. R. Thornton, who later became Secretary for Public Health and Chief Health Officer for the Union, respectively. In the late nineteenth century, as medical knowledge about conception developed, reactions on the part of physicians to this were contradictory. The main body of physicians regarded the language of "prevention" as gross, irreligious and unnatural, and consequently led campaigns to banish it from public access. As early as the 1780s, European physicians wrote accounts of contraceptives, linking their use to prostitution and unnatural acts. Commercial advertising for condoms grew from the 1860s, along with religious and legal opposition, and the passage of the 1873 Comstock Law in the USA, designed to prevent the dissemination of birth control information was an example of this. It took until the First World War for the work of Margaret Sanger in the USA and Marie Stopes in the UK, among others, to challenge the notion of "unnaturalness" and "debauchery" associated with contraception. But physicians in Southern Africa, as well as elsewhere, were also founder-members of organizations designed to demolish anti-contraceptive legislation.

The impact of Darwinian-inspired theories on the origin of the human species, combined with the genetic investigations of scientists such as Dalton, Mendel and Weismann cannot be overemphasised in terms of their invigorative effect on debates concerning human fertility. The Race Welfare Society, formed in Johannesburg in 1931, was explicit



in its references to eugenic science as a useful tool for social ills. To try and understand the resonance of these theories in 1930s South Africa, and we need first to examine their antecedents in the history of eugenics in Europe and the USA. In South Africa the strands of explicitly eugenic thought were undermined by the late 1930s, as in the west. However the rhetoric of social engineering gained widespread salience in race-based political discourse, and extended many familiar arguments of religious and anthropological accounts of human development produced in Southern Africa in the early decades of the century. This body of social theory contributed to the state's legitimation of its moves in the 1950s and 1960s to control the landscape of human reproduction in South Africa.

Recent scholarship on the history of genetics and its relationship with the eugenics movement has revealed the dangers of summarizing and homogenizing complex political positions and scientific investigations and theories. In a recent study, these complexities were illuminated:

Historians of science have been struck by the coincidence of the rise of genetics and eugenics after 1900. Genetics underpinned techniques of family reconstruction, which were deployed for the screening of population groups. Areas of social policy, such as the prediction of potential criminals and other types of social deviancy relied on eugenic rationales. This poses intriguing problems concerning the extent to which genetic research was motivated by eugenic ideals, particularly in the field of human genetics. At the same time it is important to recognize that eugenics was a heterogeneous agglomeration of sciences: in addition to genetics, a prominent place was taken by anthropology, clinical medicine, statistics, and psychology. These diverse constituents were welded together by cultural and social movements peculiar to respective national contexts.

With this caveat in mind, we can nevertheless approach an understanding of key elements in this movement by the beginning of the twentieth century, which impacted on Southern African debates. The work of Harwood, Ludmerer, Barker, Rafter and others has shown that by the 1920s many geneticists were distancing themselves from the radical formulations of eugenics, and returning to questions of socialization and social context as

key indicators of, for example, personality formation. Nevertheless, despite six years of explicitly Nazi eugenic theories, by 1939 delegates at the Edinburgh 7<sup>th</sup> International Congress of Genetics, signed a Manifesto which did not renounce eugenics, but instead attacked "Nazi racist hygiene, while endorsing a version of reform eugenics". Larson has traced the close association between Eugenics and Genetics, in an explicit form until the late 1920s, and demonstrated that a "reformed" strand of eugenic theory emerged in competition with the older form, in the 1930s. His arguments about the importance of the status of scientific arguments in different settings links up with research working on histories of North America and other European countries. Of great interest to historians of this branch of science has been the genealogy of theories of racial purity behind National Socialist ideologies and practices in Germany in the 1930s and early 1940s. Here the work of Weindling and Procter has been instructive. The history of eugenics in the USA is also particularly relevant for an understanding of the South Africa eugenic movement. In the late nineteenth-century, research conducted in pine regions of rural America, on 'hillbilly' families, established the family-study approach which was influential in eugenic studies into the twentieth century. Two better known texts, which classified family-based communities as eugenically impaired, were the 1877 study by R. L. Dugdale, titled *The Jukes*, and the 1912 study by H. Goddard, *The Kallikak Family*. Arguing that the language used to describe these rural families, as "tribes" and "bestial" was part of a process of racializing class, Rafter calls attention to conceptions of "the other" (black ex-slaves in the Americas, the Irish, Highlanders, native Americans etc.) and categories of deviancy and normal, based on social darwinist theories of race and ethnicity.

In South Africa in the early 1930s, both strands of the eugenics movement, the radical view (advocating the state's involvement in restrictive measures focusing on degenerate families, particularly 'poor whites'), and the more limited form (concentrating on both environmental and hereditary factors), were apparent at the end of the 1920s. In late 1930, when the Race Welfare Society came together in Johannesburg, its explicit eugenic

aims were at first more obvious than its interest in setting-up birth control clinics. Here the "race welfare" aims were more obvious than in Cape Town, Port Elizabeth, East London, or Pietermaritzburg, where eugenics movements were from the start encompassed by a focus on birth control. The reasons for this Transvaal emphasis were complex: firstly, and most crucially, it was the cities of the Transvaal, such as Johannesburg, which had experienced the first effects of the movement of indigent whites off the land. Secondly, the powerful mix of liberal reform movements in this city, combined with the growing organization of Afrikaner Nationalists (women's organizations, the rising cohesiveness of the covert Afrikaner Broederbond, and the efforts among poor whites of the Arme Blanke Verbond or Poor White Alliance), produced sort periods of alliance around issues such as this "threatened population".

A key figure in the Johannesburg group was the philosophy professor at the University of the Witwatersrand, R. A. Hoernle. He embodied some of these uneasy contradictions between naming and focusing on "poor whites", and also working to secure certain reforms for black urban dwellers. During this period he became head of South African Institute of Race Relations, whose chief concerns were with the country's black majority, and later he headed a Committee supervising and advising residents of the black freehold area of Alexandra Township, arguing for its continued existence. By the late 1930s, Hoernle was thinking through his own liberal affiliations. In his study, Rich traces some of the strands of "trusteeship", "segregation" and "native self rule", ideas debated by members of the Institute during this period, and demonstrates that by the close of the decade certain individuals such as Hoernle were turning away from the notion of an integrated society. Rich describes this as a move towards "cultural idealism". Examining his thinking in relation to black South Africans, Rich misses perhaps the full importance of Hoernle's comments about segregation, which increasingly tied the "Native question" to his perception of the poor white problem by the late 1930s. Rich quotes Hoernle in a letter of April 1937:

..what I have criticised is the incomplete segregation, which is to me a mere sham.  
and adds in his own words

Heaton Nicholls's idea of 'keeping the Bantu race in its own reserves' had an attraction to Hoernle who was prepared to support it in its full 'literalness', especially if by total segregation there would be ensured the ending of 'the disruption of Native social and economic life' .... Hoernle undertook his rethinking of liberal ideology in his Phelps-Stokes lectures of 1939, 'South African Native Policy and the Liberal Spirit'. Here the cultural idealist arguments on the value of social communities as the essential basis of social control became linked, in Hoernle's analysis, with an interpretation of liberalism.... The static notion of a 'liberal spirit' thus became bound up with the preservation of 'culture' in the group-oriented sense of the cultural idealists...

The full ramifications of the Carnegie Commission's Report need further investigation, but their emphasis on the cultural, moral as well as physical atrophy of this group underwrote much of the thinking of social theorists such as Hoernle. The Commission calculated that out of a population of 1,8 million whites in 1931 (a million being Afrikaans-speaking) more than 300 000 were paupers. It gave some space to the high birthrate among whites, which it calculated had doubled in the period between 1904 and 1936, and pointed to this factor alone as having greatly contributed to overcrowding, disease and death. In sections on school children, it concluded that 'thousands were classified as retarded'. In the final Volume, devoted to the welfare of women and children, authored by the social worker and only woman on the commission, Mrs Rothman painted a scene of race-degeneracy. To make her case, she felt it compelling enough evidence to juxtapose images of poor white family life with that of rural black households. Her descriptions of Afrikaner women giving birth with the help of women of colour, on mats on mud floors, with children running naked outside with black playmates, relied for their power on the assumption that black women embodied, through their birth processes and mothering, primitive social formations. In this volume Rothman reveals much about the racial darwinism of her perceived readership, and she introduces oblique

references to the population problem, not fully envisioned by her Dutch Reformed Church colleagues. Through the early 1930s, Rothman and fellow Afrikaner women crafted an ultimately victorious strategy within the Dutch Church, ultimately winning the support of clergy for birth control methods for poor women, "in the case of threats to the mothers' health".

Women physicians and social workers, English and Afrikaans-speaking, were also key players in the formation of the Race Welfare Society. In 1930, before the investigations of the commission were even complete, the Society met and drafted a constitution and their first letter to the Union Health Department and other health authorities outlining their cause:

This Society owes its inception largely to considerations of the appalling nature of children born in the Union into conditions which doom them from the day of birth....The Society believes the time has come to tackle those evils at their origin. It proposes, in the first place, to collect and collate as much information on the subject as possible. Secondly, to secure the support of public opinion for the application of Eugenic measures. Thirdly, to convey education in "Birth Control" to those sections of the population where it is most urgently required and least practiced.

Thus, in its first inception, the Race Welfare Society was most explicitly eugenic in character, relegating contraception to a third level of priority. The final draft of the "objects" of the society, formalised in the Constitution, which was sent to the Union Health Department in December of 1930, did not even mention "Birth Control" at all. Instead, each clause referred to the eugenic intentions of the organization and its mission to "keep the subject of Eugenics, before the general public". Attention to the topic of "sterilization of the unfit" did produce articles in the *South African Medical Journal* through this period, and occasioned debates at medical congresses, but the emphasis in South African medical circles seems to have devolved onto "voluntary" sterilization. By

1931, less than a year after its inception, and possibly prompted by the stony silence with which its first letters to Health authorities were received, the Race Welfare Society began to turn its attention to the establishment of a birth control Clinic in the centre of Johannesburg. Never again did the Society (which dissolved into the Planned Parenthood Association and Municipal Birth Control clinics of the 1960s) offer explicitly eugenic principles as its chief reason for existence.

### **Contraception Clinics and the Origins of Planned Parenthood:**

E. H. Cluver (Assistant Health Officer, Union Health Department) and E. Thornton (Acting and later Secretary for Health), received the 1931 letters from the Race Welfare Society with more interest, but evinced grave caution at its expressed intention to start a Birth Control clinic, having as its sole intention "artificial contraception". Thornton's reply, which he composed on behalf of the Minister of Public Health, was the first in a series exchanges with the Race Welfare Society and the Cape Town Mothers' Clinic. By 1936 Thornton was the most powerful non-member of birth control organizations, shaping their unified constitution in 1936, suggesting fund-raising strategies, petitioning on their behalf within the Department for greater state and municipal funding, and lobbying religious leaders for their support, or at least not active opposition to the organization. His last act before retirement in 1938 was the preparation of a memorandum empowering and directing local authorities to support existing birth control clinics, and suggesting the establishment of clinics in areas without any services. In 1937 the clinics came together to form a National Council for Birth Control, inviting Thornton to their first Conference, where his suggestion to rename the group the National Council for Maternal and Family Welfare was resoundingly adopted.

With Thornton's support, "Mothers' Welfare" clinics were established in Johannesburg, Cape Town and Pietermaritzburg in particular, and by the late 1930s and early 1940s, the clinics in these three towns began remarking on the increasing numbers of "Indian,

Coloured and Native" women seeking birth control advice and devices. From 1933 to 1938 the birth control movement gradually gained wider acceptance, and received increasingly positive publicity in major news papers.<sup>34</sup> With the key support and advice of Thornton, the movement managed to attract Municipal and finally central state-aid by the eve of World War II. The notion of "race welfare" continued to be stressed, but the meaning of these terms began to shift: now contraception was spoken about in this period, in contradistinction to "abortion", which was termed "race suicide".<sup>35</sup>

While the local and central state was increasingly convinced of the need to control the fertility of working class and unemployed white men and women, they were less unanimous in their approach to the physical reproduction of black men and women. The organised bodies of the mining industry in particular was gravely concerned about the high infant and maternal mortality rates of the rural reserves, and they did not lend their support to any country wide movement to lower fertility rates among black men and women. {see paper on Childbirth History for fertility rates and Commissions, interventions, reports of the Mining Industry] However, their efforts at pro-natalist discourses and campaigns were uneasily received by municipal officials were increasingly anxious about the numbers of black women moving into the cities, and so when the Johannesburg City Council voted to provide grants to the locals "Mother's Welfare" clinics, they noted approvingly that black 'mothers' were also given contraceptive advice as well, and they urged Bridgman to include this advice in their

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<sup>34</sup>CAD/GES 2281 85/38 Deel 1 and 11, 1931 to 1947.

<sup>35</sup>In the period between 1915 to the late 1920s, influential medical journals in South Africa did not offer support to contraception or birth control, but this altered radically after 1930s. In a series of articles and Editorials in the *South African Medical Record* of 1916, it was argued that women who sought contraception (and the target for these discussions was always women), were not truly committed mothers and tainted in some form by their unwillingness to shoulder their responsibilities (see for example 27 May 1916 and 11 November 1916). But in the 1930s, the *South African Medical Journal* (which had absorbed the SAMR), began publishing articles and papers in support of contraception; for example E. Woodrow, "Contraception: Its Justification and Practice", *South African Medical Journal* (22 October 1932). However, they continued to publish articles lambasting abortion proponents, for example: C. C. Jarvis, "The Crime of Abortion" *South African Medical Journal* (8 August 1936).

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general post natal care.<sup>36</sup>

Throughout the 1940s and early 1950s no systematic attempts were made to create a national campaign or program to address population increase. Instead, local and central initiatives in the 1930s and 1940s, and country wide initiatives in the 1950s and 1960s after the passage of the Group Areas and Bantu Authorities Legislation, concentrated on a plan of population control through forced removals, racial classification and labor bureaux. The objective of these measures was to control the influx of black men and women into cities and towns, and to carve out designated Bantu Homelands where the elderly, young and those deemed economically unproductive from the point of view of the white state, could be partitioned off.<sup>37</sup> This was social engineering on a vast scale, but it did not yet contain a didactic contraception or fertility policy.

The seeds for just such a policy were being sewn, however, in the 1930s. In 1935 and 1936, the MOH from East London, P. W. Laidler, began writing a series of articles on fertility and "the population problem" in South Africa. A highly influential public health official, Laidler was keenly aware of the debates in the Race Welfare movement and had supported the creation of a Mothers' Welfare Clinic in East London.<sup>38</sup> However, his expertise was in "Native Health", and using his access to newspapers and scientific journals (cultivated after more than two decades of published research), and drawing on

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<sup>36</sup>CAD/GES 2281 85/38 Deel 1 and 11, "Minutes of Meeting", March, 1937

<sup>37</sup>Of course the state was not completely successful in any of these endeavours, many communities resisted these policies, many individuals managed to manoeuvre between the cracks of bureaucratic procedures, and there were internal contradictions at the heart of many policies, which further undermined their full application. For example, the needs of secondary industrialists for skilled and semiskilled categories of labor often prompted the relaxation of certain labor influx laws. See for example L. Platzky, and C. Walker, for the Surplus People Project, *The Surplus People: Forced Removals in South Africa* (Johannesburg: Ravan Press, 1985) and D. Posel, *The Making of Apartheid, 1948 to 1961: Conflict and Compromise*, (Oxford: Oxford University Press, 1991).

<sup>38</sup>P. W. Laidler, "The Medico-Social Aspects of Population Density" *South African Medical Journal* (9 May 1936).



his own observations as well as the work of anthropologists such as Hunter and Schapera, he began making a series of arguments linking the need for population planning and public health, for the first time stressing the need to include urban "Natives" in any discussion of contraception. The target of his analysis was the pathology of poverty in dense urban settlements, and he advocated measures including redistribution of rural and urban people, the decentralisation of jobs and industries, as well as public education, health and contraception services as the only rational panacea for a looming national crisis. His remarks were picked up by the major newspapers, and occasioned a storm of letters and articles that raged into the next year.<sup>39</sup>

### **Urban Contexts, Black Women and Contraception in the City**

In cities such as Johannesburg at the same time, black men and women as well as white missionaries, social reformers, government officials, religious leaders, physicians and anthropologists began to name a "crisis" of illegitimate births, specifically represented as the births of young unwed black women, and called for a national response. Despite the work of Freud and Havelock Ellis and the impact of their theories in the early decades of the century, social activists in cities like Johannesburg continued to employ rigid constructs of "normal sexuality". As gatherings of black mothers in prayer groups, black ministers in church meetings, of white missionaries, administrators and philanthropists met to discuss the crisis of illegitimate births, they employed terms such as "promiscuous" to describe the sexual behaviours they ascribed to city life.<sup>40</sup> {add in here new material on the HELPING HAND CLUB for African Women} To attempt to unravel the web of assertions in the past (echoed repeatedly into the present) about southern African cities as sites of promiscuity, and attempt to understand both real changes in

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<sup>39</sup>See *Rand Daily Mail*, 1 October 1935; *Daily Dispatch* 8 July 1935; and *Star* 27 October 1936.

<sup>40</sup>The most important and useful material on this subject is in the work of Gaitskell. Her research has tracked the history of black women's prayer groups and Social Hygiene movements. See D. Gaitskell, "'Wailing for Purity': prayer unions, African mothers and adolescent daughters, 1912-1940" in S. Marks, and R. Rathbone (eds) *Industrialisation and Social Change in South Africa* (London: Longman, 1982).

people's organisation of sexual activity, as well as the fears and agendas of policy makers, social activists and ordinary men and women, is a herculean task. If, as Jeffrey Weeks, in his seminal book on sexuality argues, "sex... has been a transmission belt for wider social anxieties" then it makes sense that in the context of colonial conquest, massive economic and social change, urban migration and the impoverishment of the rural areas, communities in southern Africa experienced and wrought great changes in the most intimate areas of their lives.<sup>41</sup>

In the early 1930s local and central authorities began commissioning expert opinion on the urbanization of Africans, focusing on women in particular. The reports they elicited, and the debates which ensued in government chambers were presented in the language of concern for the effects of "detrribalization" and the "breakdown of the traditional family". The language of family breakdown and detrribalization was not confined to government-appointed ethnologists and "Native affairs experts". Throughout the 1930s and 1940s, there was a mounting production of anthropological research into the "customs of Southern African tribes". Academics such as Hunter, Schapera, Krige, Hellmann and later Longmore, bemoaned the desecrated state of family life, focused on the promiscuity of African women in the cities, and in doing so often valorized certain aspects of an idealised African past.<sup>42</sup> Two key anthropological monographs of southern African societies, written in the early decades of this century by Monica Hunter and Isaac Schapera, as well as research papers published by both authors in the early 1930s, addressed pre-marital sexuality, pregnancy and socialization, and the encroaching influences of both missionaries and 'town life' on sanctioned adolescent sexual

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<sup>41</sup> J. Weeks, *Sexuality and its Discontents* (London: Verso, 1989) 16.

<sup>42</sup>M. Hunter, *Reaction to Conquest: Effects of Contact with Europeans on the Pondo of South Africa* (London: Oxford University Press, 1936); Chapters by Eileen Krige and Ellen Hellmann and Isaac Schapera in I. Schapera, (ed) *The Bantu Speaking Peoples of South Africa: An Ethnological Survey* (London: G. Routledge and Sons, 1937) and Isaac Schapera *Married Life in an African Tribe* (New York: Sheridan House, 1941); and the entire collection of papers in Schapera's edition entitled *Western*

experimentation (especially *ukumetssha*, or non-penetrative heterosexual intercourse between the thighs) as central themes, and provided a vital academic contribution to this debate.<sup>43</sup>

Both Hunter and Schapera went to great lengths to provide detailed definitions of stages of marriage procedures, through bridewealth payments (termed, in Xhosa, "*lobola*", and in Tswana, "*bogadi*") and ceremonies spaced, in many cases, over years. Before their lengthy discussions of marriage and its definitions and changing meanings in the light of missionary influence, both authors spent considerable time developing an analysis of sexuality and its permutations in the societies they studied. What is most fruitful about Schapera and especially Hunter's discussions of sexuality, is the rootedness of their analyses in material life and historical change. Both of them provided complex insights into the sexual expression of young women, and instead of generalising about the sexuality of their informants, their analyses reflect great range between people, and most importantly, range over the whole spectrum of the life cycles of women in particular. They were both fundamentally interested in the changing meanings and transactions of material, symbolic and emotional capital bound up with forms of bridewealth, namely *lobola* and *bogadi*.

Hunter's work on pre-marital sexuality and married life is striking in its portrayal of the wider latitude and greater independence younger women enjoyed (despite the overarching constraints of gender differentiation, related especially to household and productive labor) in expressing their sexuality and choosing partners before the actual

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*Civilisation and the Natives of South Africa* (New York: Humanities Press, 1967) are emblematic.

<sup>43</sup> See for example how the missionary activist and moral reformer, Ray Phillips uses their research to describe the pathology of the urban world of black Johannesburg dwellers in *The Bantu in the City* (Cape: Lovedale Press, 1938).

marriage transactions and ceremonies took place.<sup>44</sup> It is clear that in marriage, with its powerful emphasis on reproduction of the household, especially the birthing of children, "sexuality" was not necessarily the key determinant, nor was marriage necessarily its key site, although Hunter does devote some analysis to the function of *lobola* in stabilising sexual unions, with its economic deterrent to desertion.<sup>45</sup> The emphasis on relative sexual freedom of expression in Hunter's section on pre-marital is juxtaposed with her exegesis on the meaningful transformations expected in a women's labor, conduct and sexuality after marriage. Her analysis poses useful questions about the impact of the migratory labor of men not only on physical reproduction of the household, but also on the consciousness and identification of married and unmarried women living apart from men and lovers for long periods. {Add in here new material on LACTATION TABOOS and their continuing presence in the cities from Longmore, Hellman, Ndaba and Hunter}

Hunter's work in particular suggests that in the 1930s and 1940s, adolescent experiences of sexual experimentation, flirtation, and more equally matched negotiations of opposite-gender sexual satisfaction would have existed in the recent past of many of the women who came to the city at this time, either in their own experiences or those of their mothers and fathers. These episodes might have provided crucial memory resources, skills and potentials choices for women living in a rapidly changing social, economic and political world. This information about "sweethearting", the entertainment and pleasure spaces allowed to young people and the practice of non-penetrative intercourse, provide interesting insights into the adolescent socialization of boys and girls before the intrusion of missionary influence and the debarring of these rites of passage by large numbers of practising Christians.

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<sup>44</sup> M. Hunter, *Reaction to Conquest* 181.

<sup>45</sup> M. Hunter, *Reaction to Conquest* 212.

These contemporaneous sources suggest that pre-marital sexual activity was not a new birthmark of urban life. Across wide regional differences in language and social life, forms of accepted and sanctioned sexuality outside of marriage were common features of late nineteenth century southern Africa. Their work suggests that in fact the locus of crisis and change was the impact of Christian views about appropriate sexual behaviour and training, and the context of urban life, where maintaining patterns of rural socialisation was untenable. Finally it is also clear that generational and gender patterns were undergoing profound shifts in the rural areas as well, and Schapera and Hunter, working in often non-Christian communities, were able to identify similar patterns of "breakdown".

Patience Tyalimpe's experiences as a young woman growing up in the Matatiele areas, near the border between present day Lesotho and the Transkei region, bear out many of the observations of Hunter and Schapera. While she learned and practiced sanctioned forms of sexual expression as a young woman, and brought this knowledge with her to Johannesburg, many of her urban born peers, or women from households of strict Christian converts, did not have any knowledge either of non-penetrative sex, nor of contraceptive use. Her experiences as a young nurse and midwife probationer, especially her recollection of the 'problem of unwanted pregnancy' among many of her peers, and her sense that teenage and youthful pregnancy rates have continued to increase since the 1950s in cities like Johannesburg, resonate with the fears and worries expressed by black men and women and white authorities and missionaries in the 1930s and 1940s. Remembering the benefits of her Granny and Aunts' sexual and bodily instructions, Patience Tyalimpe reflected:

When I look back to my childhood and how I grew up I see great wisdom.<sup>46</sup>

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<sup>46</sup>Interview: Patience Tyalimpe, Johannesburg, November 22 1992, Transcript, 3.

After several years working as a midwife, she decided to enroll for a diploma in public health nursing, and it was while she studied for this in the mid 1960s, that she first learned about chemical and barrier methods of contraception in any detail:

[CB: As your ideas about contraception developed, did you think to yourself that this was excellent, and that new contraceptives would help people? Or did you have a mixed feeling about the new technology?] No, I didn't have a mixed feeling at all. I thought immediately this is good. But, my strong BUT, was that it's only good if people are properly educated. They must be properly informed. Because they came here because they knew there must be something. There's something to help them, and long ago it was the interfemural sex, even when you are married if you got a small child. Yes, in those days of separate bedrooms and so on, the mothers could control the sex while they were breastfeeding, and not having full sexual experience 'til such time. But now here is a method, I thought. Here we are in this situation where there aren't many rondavels. You will have to share your bed with your husband. I thought that contraception was an excellent idea, but it should be explained fully.<sup>47</sup>

Patience Tyalimpe's views concerning contraception were widely shared by the Bridgman-trained midwives interviewed in Alexandra Township in 1992, most of whom were probationers before her in the 1930s and 1940s. None of them had received any official contraception instruction as trainee midwives, although Wilhemina Madiba and others had picked up information through formal and less formal channels, and passed information about vaginal pessaries, diaphragms and condoms onto fellow nurses.<sup>48</sup> It was only after they had graduated that any of them recall being involved with contraceptive work as midwives and clinic nurses. All of them, by the late 1960s, had had some experience with dispensing contraceptive birth control pills, and many had witnessed the administration of injectable contraceptives. All of these women, and Patience Tyalimpe herself, informed the author that they had used contraceptives themselves as married women, and several of the midwives testified to using contraceptives bought in chemist shops before they married or graduated in the 1940s and

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<sup>47</sup>Interview: Patience Tyalimpe, Johannesburg, November 22 1992, Transcript, 3- 4.

<sup>48</sup>Interview: Wilhemina Madiba, Alexandra Township, July 2 1992, Transcript, 11.

early 1950s.<sup>49</sup> However, unlike Patience Tyalimpe, none of the other women midwives interviewed had practised intercrural sex, although several of them had heard about this form of sexual expression. Letta Mosikatsana explained that her family was very religious and eschewed many practices which they considered to be heathen and immoral.<sup>50</sup> {bring in material here on Church groups and different groups of women; new material on domestic workers from the HHC records as well as factory workers] Why was it that the Bridgman did not provide the midwives they trained, especially after the mid 1930s when it is clear that many black urban women were beginning to seek contraceptive advice, with contraceptive instruction?<sup>51</sup>

The records of the Johannesburg City Public Health Department indicate that many Bridgman patients were referred to the municipal contraceptive clinic, cosponsored by the Race Welfare society, in the late 1930s.<sup>52</sup> But after World War II, the number of Bridgman referees dropped markedly. When this seeming anomaly was put to the Bridgman-trained midwives, they provided the following analysis: the Bridgman was a missionary hospital, concerned in the main with the training of midwives, the health of pregnant women, and the birth of healthy babies. To raise money, to gain the trust of their patients and to promote their sincere aims of "healthy birth", they did not publicise any contraceptive services, nor did they provide any contraception teaching to the trainee midwives. But, with their huge outpatients department, where they treated many women for sexually transmitted diseases and where they examined women for their post-natal check-up, there was ample opportunity for the dispensing of contraceptives once this policy became widespread. After the War, they surmised, most women who requested

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<sup>49</sup>These comments are drawn from individual interviews conducted from February 1992 to September 1992; and from the Group Interview: Alexandra Clinic, February 6 1992, Transcript, 5, 8 and 17.

<sup>50</sup>Interview: Letta Mosikatsana, Alexandra Township, February 6 1992, Transcript, 18.

<sup>51</sup>Another useful source, indicating the increasing numbers of black women seeking contraceptive advice and services is: C. P. Anning, "Sterility and the Falling Birth Rate: The Public Health Aspect", in the *South African Medical Journal* (24 July 1937).

<sup>52</sup>IAD/ JPHD 35 2/25/2 "Birth Control", 1931 to 1960.

contraceptive advice would probably been advised at the Bridgman itself. Finally, the Bridgman would have been wary about appearing to support in any way a decrease in the fertility of black women, especially because, as these midwives remembered, infant mortality and deaths under one year remained major issues throughout their periods of training and beyond.<sup>53</sup>

This analysis helps to add another intriguing piece to the puzzle concerning how and when the Bridgman provided contraceptive services. Although, as mentioned, the Bridgman records do not speak about contraception services, or specify any Hospital policy on the matter, in 1935 the Medical Superintendent of the Bridgman, Dr Hope Trant, wrote an extensive article on the subject of contraception. This article was published in the same journal which had published many of P. W. Laidler's letters and papers on the subject, and which was to publish his address on 'population problems' to the 1935 Medical Congress a few months later.<sup>54</sup> In it Trant reveals that in 1933 she travelled in Europe visiting several birth-control clinics, and attended several conferences on the subject in England and Scotland. She then summarizes, in minute detail, the physiological and chemical explanations for conception, and follows this with pages summarizing and explaining recently published texts on the latest methods of contraceptive techniques. It would be very startling if someone so interested in, committed to and informed about the latest contraceptive techniques and theories did not put this knowledge to service in her daily work as head of the largest hospital for black women in southern Africa.

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<sup>53</sup>These comments arose out of a fifteen minute conversation centred on the questions asked by the author about whether or not the Bridgman had provided contraceptive services, something never explicitly referred to in the otherwise extensive outpatients records. Group Interview: Alexandra Clinic, February 6 1992, Transcript, 20- 21.

<sup>54</sup>See H. Trant, "Modern Contraceptive Methods" *South African Medical Journal* (22 June 1935); and see P. W. Laidler, "The Medico-Social Aspects of Population Density", *South African Medical Journal* (9 May 1936).



With pessaries, vaginal suppositories, douching, and diaphragms as the major contraceptives available for women's use in the 1930s to late 1950s period, any dispensing of appliances, creams and lozenges could have taken place on an outpatient basis. Throughout this long period there were no major breakthroughs in contraceptive technology. At the end of the 1950s, research into hormonal contraceptives resulted in the production of birth control pills and injectable contraceptives being mass produced for the first time.<sup>55</sup> This new technology became available in South Africa as the Nationalist Government was considering a new package of "population control" policies, and was not unconnected to the direction of the plan itself.<sup>56</sup> Whereas providing a diaphragm for a woman to insert before intercourse, or a pessary swabbed with a spermicide, required some communication with a woman on the part of the health professional, and often manual demonstration and fitting, the new technologies promised a high-tech approach, which would no longer be dispensable under the sole responsibility ordinary nurses and midwives because of their chemical and invasive qualities, and which demanded the involvement and authority of physicians, especially gynaecologists. The advent of these new technologies of contraception provided the material basis for the South African state's new didactic policy of population control, which was based on the injectable contraceptive, Depo Provera.<sup>57</sup>

The complex history of this chemical contraceptive and its continuing legacy in South Africa is addressed in great detail in the work of both Brown and Klugman and the

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<sup>55</sup>See the work of Linda Gordon on the history of these hormonal contraceptives, and the progressive and conservative political agendas that coalesced around these new technologies: L. Gordon, *Woman's Body, Woman's Right: Birth Control in America* (Harmondsworth: Penguin, 1990).

<sup>56</sup>CAD/TES 7240 56/231 6920 "Family Planning by the Bantu", see correspondence from 1961 to 1966.

<sup>57</sup>The Women's Health Project of Wits University, in 1992 inaugurated a massive study of contraceptive use and knowledge among South African women from a wide array of economic, social, ethnic and language groups, with a particular emphasis on use and experience with Depo Provera. This project provides new insights into state contraceptive planning after 1960. See the work of Barbara Klugman on post 1960s state policies: "The politics of Contraception in South Africa", *Women's Studies International*

publications from 1995 to 1998 of the Women's Health Project, whose research begins its focus on the period after 1965.<sup>58</sup> They have detailed how, in the late 1950s, the state began to define "Bantu birth rates" and the fertility of "Bantu" women as a serious long-term threat to white national interests, and so began designing programs to counter this. New state funding for the South African branch of Planned Parenthood, which had been formed in the mid 1950s out of the network of Race Welfare and Mothers' Welfare clinics started in the early 1930s, was forthcoming. In a series of reports, memoranda and eventually cabinet meetings, the government in the 1962 to 1964 period decided to allocate a large proportion of health resources for black women to contraceptive services. By the late 1960s, the state, working through the Department of Health, set up its own network of family planning clinics, and later, through the creation of puppet "Bantustan" health systems, through these networks as well. Although the Bridgman's records do not provide insights into how the Hospital adapted to new state policies in their last years of operation (the early 1960s) it is most interesting that the only occasion in which Rosina Kotane, who gave birth at the Bridgman four times from the late 1940s to the early 1960s, recalled receiving contraceptive services, was after her final pregnancy, in 1961. Her recollection of this experience was of a traumatic loss of power over her own body. Although her friends had told her that if she had "strong blood" the injection would not prevent conception, she blamed her inability to become pregnant again despite her efforts to conceive, on the injectable contraceptive she received from the Bridgman that year, just a few years before it was forced to close. Unlike Rosina Kotane's descriptions of her treatment at the Bridgman during her antenatal visits, and her memories of her successful birthing labors, she recalled this experience with a sense of anger:

They give me an injection in hospital! [CB: At the Bridgman?] Yes. They give me an injection. They say, "Maybe you will get the child after three years, or after

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*Forum* 13:3 (1990).

<sup>58</sup>B. Brown, "Facing the Black Peril".

four years". But if you've got the strong blood you can't stand that. In Bridgman, that time, whether you want or not, you given injection! [CB: Did you want that injection?] No, I didn't want that. But if you're strong, with that injection, you are still going to get a babies. I think. [CB: I see, so the nurse gave you the injection?] Mmm, yes. It stopped the blood.

The emphasis of Patience Tyalimpe on interaction and communication gains deeper meaning in the light of her own and other black women's experiences of ill-informed and ill-gotten consent that became the normal practice in many South African Hospitals in the late 1960s and 1970s. She said: "I thought that contraception was an excellent idea, but it should be explained fully."

The suspicion, anxiety and mistrust that surrounds contemporary contraception debates in South Africa, now powerfully connected to treatment and prevention campaigns around HIV/AIDs, is also the legacy of the post 1960s state planning.<sup>59</sup> But its roots lie in the language and analysis generated by both black and white missionaries, social reformers and authorities in the 1930s, around such issues as the race degeneracy of poor whites, borne in the bodies of white women, and the promiscuity of urban life, borne in the bodies of black women. It will take years of work, on the part of people such as Patience Tyalimpe (who now forms part of a newly reorganised contraception-providing service) and midwives such as the women at Alex Clinic, to reimagine and rethink practices of fertility control which express the desires and wishes of different South Africans. There is some irony in the fact that as the Bridgman Board began to recognize the imminent fate of the Hospital in the winter of 1962 and 1963, and drew up plans for the future of the funds that would be available after the forced sale of the buildings, and from the capital investments of the institution, they considered the work of Planned Parenthood in South Africa important enough to warrant investment consideration. In the late 1960s and 1970s the money from the Bridgman Memorial Foundation, set up in the wake of the Hospital's closure, was invested and grants were bequeathed annually to a variety of causes, such as

foster care provision and crèches for black children, and fees and tuition for the training of black nurses and black women doctors. As in the 1920s, the people who ran the Bridgman Memorial Foundation overlapped with those who ran the Helping Hand Trust, which had also been created in the wake of the forced closure and sale of that hostel for black women. In the 1980s, both trust funds donated large sums to the Planned Parenthood Association of South Africa.

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<sup>59</sup> Mbali again here and quote from her Intro.