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Margaret Sanger, Reproductive Rights, and the Eugenics Movement:

Navigating the Tensions between Feminist Advocacy and Scientific Racism

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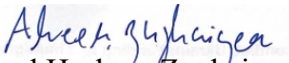
Declaration:

I clarify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and that this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed: 
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Abstract

This thesis explores the life and contributions of Margaret Sanger, a key figure in the early birth control movement, to investigate the conflicts between the struggle for reproductive rights and the impact of eugenic ideology in the early twentieth century. Sanger's advocacy was groundbreaking; she challenged oppressive laws, established clinics, and founded organizations that enhanced women's access to contraception. In doing so, she propelled feminist battles for bodily autonomy and contributed to the groundwork for contemporary reproductive rights. However, Sanger's legacy is complicated by her association with the eugenics movement. At a time when eugenic concepts heavily influenced public health and social policy, she frequently presented birth control as a method to better society while also empowering women. This strategy enabled her to forge political alliances and obtain resources, but it also linked her movement with racial and class-based disparities. For many African American communities and other marginalized groups, this raised worries that birth control was less about individual choice and more about controlling their populations and regulating their reproductive rights. By examining Sanger's writings, public addresses, and academic works, this thesis emphasizes both the liberating and exclusionary aspects of her efforts. It posits that Sanger's legacy cannot be viewed simply as either a feminist achievement or eugenic involvement; rather, it embodies a complex convergence of both. Her narrative demonstrates how movements for social change can both challenge and perpetuate the inequalities of their era.

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Chapter One

1.1 Introduction

Margaret Sanger, a trailblazer in the field of birth control, championed women's reproductive rights. However, the birth control and contraceptive methods later became intertwined with the troubling practice of involuntary sterilization, particularly affecting poor women and women of color. The following narrative illustrates how these methods, rather than safeguarding women's reproductive rights, sometimes led to their erosion. I begin my research by sharing the story of a Black woman named Fannie Lou Hamer, who was the granddaughter of an enslaved person. She was born into a low-income family, and she was the twentieth child in a family of six girls and sixteen boys. Her family worked as sharecroppers on a plantation in Sunflower County, Mississippi, 30 miles from the Mississippi River, where she carried between 300 to 400 pounds of cotton for just one dollar a day. Her family was doing pretty well after her father rented land and bought mules and a cultivator. However, this did not last long after their cattle got poisoned. Fannie said, "That poisoning Knocked us right back down flat. We never did get back up again. That white man did it just because we were getting somewhere. White people never like to see Negroes get a little success" (quoted in DeMuth, 1964). At the age of twelve, she had to drop out of school to help her parents, who were getting old and sick. They lived a tough life as sharecroppers and there were many nights with little food, which was barely enough to silence their hunger. "No one can honestly say that Negroes are satisfied. We have only been patient, but how much more patience can we have ?" (quoted in DeMuth, 1964).

Hamer was intelligent and loved reading; however, as a dark-skinned, poor, uneducated woman, she faced immense challenges, which made her "a recipe for failure in rural Mississippi" (Washington, 2006, p.218). In adulthood, Hamer continued the life of a sharecropper, tied to the plantation system that kept Black families in debt and dependence on white landowners. In 1944, she married Perry “Pap” Hamer, a fellow sharecropper, and together they worked on a plantation in Sunflower County, Mississippi, for nearly two decades. The couple longed to have children, but after years of trying, Fannie Lou discovered she had a fibroid tumour that made pregnancy difficult. In 1961, she was hospitalized for surgery to remove a tumour in her uterus. However, she later discovered that her white doctor had performed a hysterectomy without her consent, a procedure that deprived her of the ability to have children. After the surgery, Fannie returned to work on the plantation,

oblivious to the fact that she would never become a mother. The plantation owner's wife, who was a cousin of the doctor who performed Fannie's surgery, gossiped about the incident to the cook. This gossip eventually reached Fannie's cousin, while Fannie herself was the last to learn about her own traumatic story. Afterwards, Fannie confronted the doctor and asked him why he had done such a thing to her. However, he had nothing to say to her. In her own words, she said, "He did not have to say nothing—and he did not. If he was going to give that sort of operation, then he should have told me. I would have loved to have had children" (Washington, 2006, p.218).

Fannie's resilience in the face of such injustice is truly admirable. She was not just an ordinary woman; she always had political inspiration and became one of the influential leaders in the Southern civil rights movement. Her political inspiration was sparked in 1962, when she attended a meeting organized by the Student Nonviolent Coordinating Committee. At that meeting, she learned for the first time that Black people had a constitutional right to vote. That same year, she attempted to register to vote, facing violent backlash, intimidation, and eventually losing her job on the plantation where she had worked for 18 years. Instead of silencing her, these experiences solidified her commitment to activism.
From that moment, Hamer became deeply involved with the civil rights movement, working closely with SNCC. She was, too, a women's rights activist and always spoke of her"Mississippi appendectomy," which left her unable to reproduce. She always spoke in sadness about the children that she never had. The term "Mississippi Appendectomy" coined by Hamer, and it refers to the medical surgery that was applied on black women in the South who were deemed unfit to reproduce. According to Kidi Tafesse,

> Practices such as birth control, sterilization, and other forms of contraception have been a means to control and choose the functions of our reproductive organs for decades. However, it is important to remember that everything has a background history that may not paint as pretty a picture as one would like to think. Birthed from the eugenics movement, practices of contraception are still a controversial matter as they carry with them the history of states in the U.S targeting and deciding who was allowed or desired to reproduce; the targets, of course, were more often than not black women whose economic standing in society served as a tool to subjugate them to such situations (Tafesse, 2019)

The establishment of eugenics dates back to England in 1883, when Sir Francis Galton, a first cousin of Charles Darwin, coined the term "eugenics" from the Greek word "eugene," meaning "good at birth." Galton was fascinated by the idea of improving human genes and believed that social traits and intelligence are inherited. However, he argued that only "higher" races could successfully achieve this improvement. His theories on human evolution and enhancing the gene pool appealed greatly to the American upper class, particularly during a time when the United States was experiencing an influx of immigrants from various races.

According to Alonso, "At the turn of the century, the US faced an influx of immigration from Eastern and Southern Europe and the migration of African Americans from Southern

to Northern American cities, which caused societal shifts and anxiety for the white American population" (p.1). The Anglo-Saxon population feared social disorder and "race suicide," especially at a time when the reproductive rates of immigrants were rising dramatically, which posed a threat to white dominance and supremacy.

As a result, eugenics was embraced by various influential American figures, including scientists, politicians, judges, clergymen, professors, and social activists. Together, they played a significant role in shaping and legalizing the American eugenics movement in the twentieth century. Eugenics gained popularity at prestigious American universities. Cohen (2016) noted, "Universities were quick to embrace eugenics and give it their intellectual imprimatur. Eugenics was taught at 376 universities and colleges, including Harvard, Columbia, Berkeley, and Cornell. Prominent professors, such as Earnest Hooton, the chairman of Harvard's anthropology department, warned that educated Americans were selling their 'biological birthright for a mess of morons' and called for a biological purge" (p.10). Additionally, Eugenics was taught in American schools through George William Hunter's *Civic Biology*, a book published in 1914, which was a standard high school biology text for at least a decade in the United States. The book played a key role in spreading Eugenics in American schools by embedding eugenic ideology directly into the biology curriculum used by thousands of students across the country. The book ranked humans by race, placing Caucasians at the top, and promoted Eugenics, suggesting that human improvement could be achieved through selective breeding, similar to livestock. It outlines the evolution of humans from primitive beings to civilised society, describes the classification of the five races of man, and highlights Charles Darwin's concepts of natural and artificial selection. The text also emphasises the potential for improving the human race through hygiene and selective mating. It discusses the controversial eugenics movement, citing the "Jukes" and "Kallikak" families as examples of the consequences of inherited defects.In the early 20th century, eugenics was also based on the belief that individuals who were feebleminded, epileptic, or disabled were unfit for society. According to Castles (2002), "Between the 1910s and the 1930s, twenty-nine states enacted and implemented laws permitting the involuntary sterilization of the 'feeble-minded,' as well as the mentally ill, the epileptic, and sometimes criminals" (p. 850).

The list of unfit and undesirable people progressed to include ethnic minorities, targeting women of colour in the first place. This ideology resulted in the involuntary sterilization of women of colour, including Native Americans, Black women, and Latinos. These eugenic laws disproportionately affected women of colour, leading to thousands of involuntary sterilizations that continued into the 1970s. Scholars have connected these practices of involuntary sterilization to xenophobia and pan-ethnic racism. The use of stereotypical images associated with Black women and Native Americans—such as the "Welfare Queen," "Jezebel," and "Squaw"—has been a tool of the eugenics movement and justified the sterilization of these vulnerable women.

But, we must also ask how the eugenics movement affected the reproductive health and rights of American women, which had been a significant concern among women and feminists. My thesis focuses on the notable feminist and activist Margaret Sanger.

Sanger was a pioneering figure in the birth control movement and was the first to coin the term "Birth Control." Sanger promoted several birth control methods, including diaphragms and spermicides, and she was a controversial figure for her advocacy of more effective means of contraception, such as the hormonal pill developed later in the 1960s. She played a crucial role in making contraceptive pills accessible to women and wrote extensively about women's reproductive health and rights during her career as a nurse.
Margaret Sanger lived during a time when the eugenics movement was flourishing in the United States. Scholars and researchers, however, are divided in their opinions on whether Margaret Sanger should be regarded as a genuine feminist, a eugenicist, or maybe both. The debate about her legacy is complex and unresolved.
In this research, I will examine Margaret Sanger's role in women's reproductive health and her connections to the eugenics movement. Additionally, I will investigate whether Margaret Sanger exploited racial stereotypes to reduce the fertility of African Americans or if she was genuinely motivated by feminist ideals to assist the most vulnerable and disadvantaged women by advocating for birth control and enhancing their reproductive health. The aim is to explore Margaret Sanger's life, her contributions as a feminist, and her involvement in eugenics. Thus, I want to explore the tension between feminist advocacy and scientific racism.

Research questions

The American eugenics movement thrived in the United States, evolving from its origins in England, but the movement gained significant traction in America during the first and second decades of the 20th century. The primary aim of eugenics was to promote the breeding of individuals deemed "fit" and to eliminate those considered "unfit," based on Galton's theories of heredity.

The American eugenics movement often misused scientific principles for political ends. Advocates of eugenics successfully convinced the public that individuals labelled as feebleminded or epileptic should be sterilized for their benefit. Additionally, due to a significant influx of immigrants to the U.S., the definition of "unfit" expanded to include many immigrants—particularly those from Eastern and Southern Europe—who were also considered feebleminded. This prejudice led to the denial of entry for many immigrants during parts of the 20th century. The list of individuals deemed unfit became extensive and included criminals, alcoholics, poor white individuals, women of colour, and others. Women of colour were among the most unfortunate groups who suffered due to methods and medications aimed at regulating their reproductive health, such as sterilizations, IUDs, Norplant, Depo-Provera shots, and the birth control pill.

The movement has faced criticism for influencing women's reproductive choices in several ways. One theory suggests that the eugenics movement fundamentally depended on birth control, which involves planning and limiting reproduction. This raises the question of Margaret Sanger, who coined the term "birth control," and her connection to the eugenics movement.

Key figures in the American eugenics movement included scientists, social reformers, and politicians who advocated for sterilization laws, marriage restrictions, and immigration control. In this context, I will discuss the role of Margaret Sanger, who founded the first birth control clinic in the United States in 1916 and later established the American Birth Control League, which eventually became Planned Parenthood.

Sanger's advocacy for women's reproductive rights was revolutionary at the time, as it challenged societal norms and legal restrictions surrounding contraception. She believed that women should have control over their own bodies and reproductive choices, which marked a significant departure from the prevailing attitudes of her era. Sanger argued that women would never be free until they had control over their bodies. Her writings reveal her as a passionate defender of women's reproductive health, and she actively encouraged the use of birth control methods, such as diaphragms, spermicides, and douches. Sanger endorsed the invention of the birth control pill, considering it the first step toward women's freedom.

Her career as a nurse allowed her to share stories of unfortunate girls and women who were unaware of their bodies and reproductive health and were subjected to societal pressures, ultimately leading them to endure difficult lives. However, she often connected the use of birth control to the idea of improving the human race, a notion that aligns closely with the beliefs held by eugenicists of her time.

Sanger's legacy is complex and somewhat controversial. While she made significant contributions to women's rights, some of her views, particularly those related to eugenics, have drawn criticism. There is a theory that suggests Sanger supported eugenic policies aimed at improving the genetic quality of populations, which raises important discussions about the intersection of the reproductive rights movement with issues of race and social justice.
In this research, I will delve into Margaret Sanger's thoughts and goals regarding women's reproductive health, and I will examine the extent to which she endorsed eugenics and whether she saw any compatibility between eugenic ideas and her mission. Additionally, I will explore whether Sanger aligned herself with figures in the eugenics movement solely for support or if her actions reflected deeper beliefs.

One important area of investigation is whether Margaret Sanger held racist views, particularly regarding her focus on women of color, including Black women. This raises questions about the placement of several birth control clinics in predominantly Black neighborhoods and the true intentions behind the Negro Project, which aimed to improve the reproductive health of Black women. There is concern that Sanger may have been influenced by stereotypical and racist perceptions of women of color, potentially leading to the regulation of their reproductive health and rights through various means, including involuntary sterilization and birth control.

The development of stereotypical racist images of women of colour has had a detrimental impact on their reproductive health, particularly in the context of racism and xenophobia. These stereotypes have been employed as a means for eugenics to undermine the self-esteem and self-image of women of colour, ultimately aimed at maintaining the dominance

of the white race.The concepts of "Jezebel" and "Squaw" exemplify the harmful stereotypes that white Americans held about African American and Native American women. Historically, "Jezebel" has been used to depict Black women as hypersexual and promiscuous. In contrast, "Squaw," a term referring to Native American women, carries derogatory implications, suggesting subordination and a lack of agency.

These stereotypes have shaped societal perceptions and influenced policies, including forced sterilization practices. In the context of the eugenics movement, women who conformed to these stereotypes were often deemed "undesirable" for reproduction. This perspective justified the sterilization of individuals labelled as unfit, disproportionately impacting women of colour, the impoverished, and those with disabilities. Such forced sterilizations constituted a violation of their reproductive rights, rooted in a desire to exert control over population growth among groups perceived as undesirable.

Methodology

To address the questions related to my research, I will utilize a variety of primary and secondary resources that aim to clarify some of the confusions surrounding the eugenics movement in general, and Margaret Sanger in particular.

Some of my primary sources will include the legacy of Margaret Sanger as conveyed through her books and articles. In her 1938 memoir, *Margaret Sanger: An Autobiography*, she shares her experiences growing up in a challenging environment with a progressive father and a suffering mother, alongside ten siblings, in the late 19th century. Her autobiography recounts her work as a nurse in impoverished neighborhoods, where she witnessed firsthand how the absence of contraception resulted in unsafe abortions and maternal deaths. Sanger's memoir also highlights her struggle against societal norms that opposed contraception and reproductive freedom, illuminating her journey from the inception of the birth control movement to the establishment of Planned Parenthood.

I will refer to The Margaret Sanger Papers Project, a historical editing initiative initially sponsored by the Department of History and later by the Division of Libraries at New York University. Founded by Dr. Esther Katz in 1985, the project aims to locate, arrange, edit, research, and publish the papers of the renowned birth control pioneer.

In this project, I will examine primary writings by Margaret Sanger from 1911 to 1933. These works include "To Mother—Our Duty," "Comstockery in America," "Morality and Birth Control," "Birth Control and Racial Betterment," "Fewer and Better Babies," and "My Way to Peace." I will explore Sanger's views on women and motherhood by analyzing her texts and identifying any similarities between her tone and the language used by eugenicists.

Dr. Katz has also suggested additional resources and articles that I can use to better understand Margaret Sanger's life and work. For instance, there is an article published by Planned Parenthood titled "Oppositional Claims About Margaret Sanger," as well as an-

other article by JSTOR featuring Alexander Sanger, Sanger's grandson. In this article, he notes that his grandmother would have been categorized as "unfit" by the eugenicists of her time, having been born into a poor Irish immigrant family. Nevertheless, Alexander Sanger uses this article to defend his grandmother against any ties to eugenics and to justify her actions that aimed at regulating the population of the poor.

I will refer to the historical study by Daniel Okrent, *The Guarded Gate* (2019). In this book, Okrent sheds light on the rise of the eugenic movement in America and its influence on the migration policy in the late 19th and early 20th centuries. The book will help in explaining my research question of the relationship between eugenics and the belief that there are inferior races and how eugenists abused science for political reasons. Okrent's book examines how pseudo-scientific ideas about racial hygiene and genetic superiority led to discriminatory laws that restricted the immigration of southern and eastern Europeans and favoured immigration from northern and western Europe. Okrent's book will help me explore the connection between white supremacy and white's fear of "race suicide" and how the eugenic laws were developed from restrictions of immigration to restricting the reproductivity of women of colour.

I will also refer to the thinking of 19th-century scientists in eugenics and how it changed in the 20th century for the sake of controlling the population of the inferior race and gender. *The Black Stork* by Martin Pernick (1996) shows the difference in eugenic thoughts between scientists and historians in the 19th and 20th centuries. However, a shared belief from the two centuries continued to take effect, although it was not yet scientifically proven. For example, 19th-century eugenics believed in maternal impressions and how mothers were held responsible for the birth of defective babies as a divine punishment or witchcraft. It means that if a mother experienced fear, shock, or moral weakness, it was thought that these feelings could cause her baby to be born “defective.” This reflected older traditions that linked disability or illness not to biology but to moral or spiritual failings, sometimes even interpreting it as divine punishment or, in some communities, a form of witchcraft. When eugenics emerged in the 20th century, it dropped the overt superstition of maternal impressions and replaced it with the “scientific” language of heredity and biological determinism. Yet, the underlying logic remained the same: women were still held responsible for the future health of the nation. As a result, eugenicists pushed policies like forced sterilization, birth control campaigns, and “race betterment” programs that targeted women, especially poor women, immigrant women, and women of color as the primary transmitters of defectiveness. This is just a thought that is related to superstitions that influenced 20th-century eugenics and targeted primarily women of color for being the inferior race and gender. This is a powerful idea which explains the invention of stereotypical images that shaped an inferior status of women of colour and abused their reproductive health.

Furthermore, I will lean on Dorothy Roberts's book, *Killing the Black Body*, which meticulously traces the historical trajectory of the reproductive health of Black women, a topic that has always piqued the interest of white society, from the days of slavery to the contemporary era. Roberts's book is a poignant reminder of the history of the exploitation of Black bodies, vividly illustrating how Black reproductivity was actively encouraged during slavery for the financial gain of white masters. However, the narrative changes after the

abolition of slavery, with Black reproductivity being systematically controlled and restricted through birth control and coerced sterilization, because Black children were perceived by White Americans as a burden on the social welfare system.

Roberts also wrote extensively about the darker aspects of birth control, including Margaret Sanger and her alliances with black leaders, as well as her work in establishing the Negro Project and the Harlem clinic. She also addressed the eugenic interests in the black community. Her book offers a comprehensive picture of Margaret Sanger and her movement, helping to clarify various aspects of Sanger's life and work.

Chapter 2:

Literature Review

In addition to the scholarly works mentioned above, and to Margaret Sanger's own writings, I consider other works that bear on my research question. In *Beyond These Walls,* Tony Platt (2019) investigates how criminal justice reforms in the United States have frequently done more harm than good, especially when they are founded on misguided beliefs about human behavior. In Chapter Six, entitled "The Perils of Reform," he delves into the history of the eugenics movement, which was once regarded as a forward-thinking and science-driven method for social enhancement. Advocates of this movement claimed that it was possible to decrease crime, poverty, and mental illness by preventing individuals deemed to possess "undesirable" traits from reproducing. This resulted in policies that led to forced sterilizations and long-term institutionalization. Such practices disproportionately targeted marginalized groups, including the poor, people of color, immigrants, and those with disabilities, highlighting significant racial and class prejudices. Platt highlights the impact of American eugenics not just on domestic policies but also on the troubling basis it provided for Nazi racial ideology. He claims that the United States was "a pioneer in compulsory sterilization" and that German scientists in the 1920s and 1930s closely examined American policies and research. By associating the language of "human betterment" and the "heavy lifting of civilization" with coercive state practices, Platt illustrates how reformist science in the U.S. set the stage for its extreme application abroad. He asserts that Nazi race hygiene laws were "built upon American foundations" and that the intellectual exchange between American eugenicists and German racial theorists was intentional and significant; it formed part of a shared agenda that utilized biology as a means of social engineering.

In her book *Medical Apartheid*, Washington discusses the concept of being "well-born," which has a double meaning: it refers to individuals who are both wealthy and healthy. The eugenics movement often conflated biological heredity with race and class. Well-educated individuals from affluent social classes supported positive eugenics, while negative eugenics was linked to those who were uneducated, poor, feebleminded, criminals, immigrants, and Black individuals. Positive eugenics, which was the foundational philosophy of Galton, advocated for promoting reproduction among individuals who were intellectually,

mentally, and physically healthy and fit. This philosophy was prominent in Britain. In contrast, negative eugenics sought to prevent the reproduction of those deemed "unfit" physically, mentally, or intellectually through means such as institutional segregation or sterilization. This approach was chiefly employed in the United States, Nazi Germany, and some Scandinavian countries. The Anglo-Saxon population viewed themselves as superior, believing they possessed "positive" genes, while they deemed those associated with negative eugenics as inferior due to undesirable social traits.

Scholars have explored the terms "negative eugenics" and "positive eugenics," noting that these concepts facilitated the eugenics practices that targeted the reproductive health of marginalized populations. Eugenic theories frequently demeaned African Americans, claiming supposed physiological evidence of their inferiority. This movement portrayed Black women as sexually promiscuous and unfit mothers, arguing that their biology led them to bear defective children. Although the negative stereotypes of Black parents have deep historical roots, twentieth-century eugenicists sought to legitimize these views through biological claims. They asserted that Black people's supposed sexual promiscuity and inadequate parenting were traced back to their hereditary makeup. Consequently, the eugenics movement intensified scrutiny of the sexual behaviour and reproduction of African Americans, resulting in disproportionate pressure for both temporary and permanent sterilization.

Similarly, Martin S. Pernick, the author of *The Black Stork*, illustrates how contemporary understandings of heredity differ from those of the nineteenth century regarding “breeding." In *The Black Stork*, Martin Pernick explains how ideas about heredity changed between the 19th and early 20th centuries, shaping the rise of eugenics. Nineteenth-century scientists tended to see heredity in a broader way, taking into account both inherited traits and the influence of environment and society, and they didn’t assume human qualities were fixed. For example, A "well-bred" child was characterized by politeness, which stemmed from a combination of inherent gentility and proper upbringing. Thus, "good breeding" refers to both good ancestry and a positive social environment. By the early 20th century, however, many scientists had adopted a much more rigid view influenced by Mendelian genetics, treating traits like intelligence, “feeblemindedness,” or moral character as biologically determined and largely unchangeable. Pernick shows that this new, deterministic way of thinking made eugenic ideas seem scientific and necessary, encouraging social reforms that aimed not just to help people but to control who could reproduce.

Both Washington and Pernick discuss Dr Harry J. Haiselden's role in eugenics, emphasizing how he gained wealth and fame by exploiting the tragic situations of Black mothers. Dr. Haiselden was the head of Chicago's German American Hospital when one of his patients, Anna Bollinger, gave birth to a baby with severe abnormalities. Although surgery could have saved the baby's life, Dr Haiselden convinced Anna's parents to forgo the procedure, arguing that their child would suffer from both physical and mental deficiencies. The parents agreed, and tragically, the baby died just five days later.

In the same year, Dr Haiselden admitted that he had secretly allowed many babies he deemed "defective" to die. He was notorious for practising negative eugenics publicly. Be-

tween 1915 and 1920, he permitted the deaths of five additional babies at the Chicago German American Hospital, justifying his actions with the belief that these infants were "genetically inferior."

Martin S. Pernick quoted Dr. Haiselden, who posed the question: Which is better—six days of baby Bollinger or seventy years of the Jukes family? This reflects the disturbing notion that many babies died in the name of eugenics, under the belief that only the healthy deserve to live.

Castles (2024), in his article "Quiet Eugenics," adds that during the first two decades of the twentieth century, many people in the United States believed that mental disabilities were hereditary. The eugenics movement aimed to link mental disabilities with other undesirable traits, such as criminal behaviour and epilepsy, as part of a larger argument about hereditary unfitness. Individuals considered unfit for reproduction often underwent involuntary sterilization.

On a different understanding of the aim of eugenics, Stubblefield (2007) wrote in her article "Beyond the Pale: Tainted Whiteness, Cognitive Disability, and Eugenic Sterilization" that in the early twentieth century, the concept of "feeblemindedness" emerged as an umbrella term that linked "off-white" ethnicity, poverty, and perceived moral character deficiencies. According to Stubblefield, this understanding of feeblemindedness served as a signifier of tainted whiteness. Elite whites feared that off-white individuals would compromise their pure whiteness due to mixed marriages and the higher birth rates of these groups. Consequently, those who identified as pure whites used the concept of feeblemindedness to associate various marginalized groups—often categorized as impure or off-white—with poverty and a supposed lack of civilization-building skills.

The term "tainted white" or "off-white" referred to individuals from Eastern Europe, the Mediterranean, and Ireland, many of whom were considered poor or lacking in such skills. The introduction of intelligence testing was a method employed to exclude these off-white individuals who did not meet the standards set by those deemed pure white. This exclusionist sentiment was further reflected in the 1924 Johnson-Reed Act, which restricted immigration from Eastern Europe and denied entry to Asians, as well as to those labelled as feebleminded, insane, chronic alcoholics, professional beggars, paupers, and vagrants.
In her essay, Stubblefield focuses on the sterilization of white women, as opposed to women of colour—who were also victims of eugenics during the twentieth century. She aimed to demonstrate that the sterilization of white women considered feebleminded offers profound insights into how the state-linked race, gender, and disability in order to regulate the reproduction of whiteness.

On the other hand, Volsho (2010) links racism and regulating reproduction to women of colour in "Sterilization Racism and Pan-Ethnic Disparities of the Past Decade". Volsho illustrates that Indian, Black, and Latina women have all faced accusations of being hyperfertile and sexually promiscuous, which target their bodies and unjustly blame them for their natural reproductive processes. Understanding the historical context of these reproductive narratives is crucial to unravelling the complexities of these issues. Women of col-

our have often been viewed as unfit for reproduction. Various racist stereotypes associated with Indian and African women have undermined perceptions of their ability to bear healthy children and be nurturing mothers. These controlling images have been prevalent in American mainstream media and culture.

Indian women are typically depicted as either "squaws" or "Indian princesses." The term "squaw" refers to a woman characterized as dirty, unattractive, subservient, alcoholic, and neglectful of her children. This stereotype extends to Indian men, suggesting they share similar vices, such as drunkenness and ignorance. African American women are frequently represented through stereotypes like "Jezebel," "Baby Mamas," and "Welfare Queens." The "Welfare Queen" stereotype portrays Black women as individuals who bear children primarily to exploit welfare benefits. These racist stereotypes have been used to control the reproductive health of women of colour, aiming to minimize or eliminate their reproductive activities.

Similarly, Dorothy Roberts noted in her book *Killing The Body (1*998), that “Black mothers have been thought to pass down to their offspring the traits that marked them as inferior to any white person” (p.8). Along with the notion of biological impairment, it was believed that Black mothers transfer a deviant lifestyle to their children, dooming each succeeding generation to a life of poverty, delinquency, and despair. A persistent objective of American social policy has been to monitor and restrain what is perceived as the corrupting influence of Black motherhood. Roberts further explained how such stereotypical images of Black women have affected the American psyche. These myths are not just fabrications; they are based on cultural perceptions of truth. The derogatory images of Black women—such as "Jezebel," "Mammy," "Tragic Mulatto," "Aunt Jemima," "Sapphire," "Matriarch," and "Welfare Queen,”—offend them and reduce them to being seen as nothing more than bearers of "incurable immorality,”.

Furthermore, Alonso writes in her essay, "Forced Sterilization of Women of Color in 20th Century United States", about the racist stereotypical images of Latinos, in particular, in California since that state has the largest Latino population among other states. She said that Latino women have historically been victims of xenophobia and racism due to their ethnicity. They often struggle to fit into White America because of differences in language, religion, and race. In California, Latino women experienced the highest rates of coerced sterilization, with a staggering 59% affected compared to other racial groups. Similar to Black women, Latino women were subjected to harmful stereotypes that portrayed them as inferior. Medical professionals often depicted them as sexually deviant, which further contributed to the stigma surrounding their bodies. Mexican immigrants and Mexican Americans were frequently labelled as hyper-fertile, while their children, derogatorily referred to as "anchor babies," were viewed negatively. This perception of undesirable traits among these minorities justified controlling their reproductive capacities to serve state interests.

Chapter Three

Margaret Sanger's Life and Work

In "The Mother of Mothers: Margaret Sanger," Misty Figueira expresses profound admiration for the legacy of Margaret Sanger, who coined the term birth control, and who published educational articles and pamphlets on sex, reproduction, and health; opened the first birth control clinic in the U.S. founded the Planned Parenthood organisation; and helped fund the development of the first oral contraceptive pill. Figueira writes, "A woman who particularly deserves more recognition and praise for her contributions to not only women's rights, birth control, the United States, but to the entire world, is Margaret Sanger, the author of *What Every Mother Should Know*, or *How Six Little Children Learned the Truth*, and *What Every Girl Should Know*" (p.10). She brought this legacy to the United States and the world, a feat that the writer found truly remarkable. However, the writer was deeply disappointed by the fact that Sanger's legacy was not given the recognition it deserved, a stark reminder of the prevailing sexism in our societies. The writer's disappointment was palpable in her words, "One cannot help but think that if Sanger had been a man, it would be a different story. With this thought and question, it makes sense that still so little is known about the female reproductive system, its diseases, and its conditions; we fail even to recognise the fight that it took to do something so simple as distribute information written on paper, and we erase from history the woman who dedicated her life to make sure women have what we do now" (p.3).

Margaret Sanger was born on September 14th, 1879, in New York. She was heavily influenced by her parents, which is reflected in her life's work, writing, and legacy. Her father, Michael Higgins, an Irish stone cutter, was also a supporter of the women's suffrage movement and tax reform. He was regarded as a radically progressive person, a reputation that preceded him and carried onto his family. Sanger's mother, Anne Purcell, was a second generation American who came from an immigrant Irish Catholic family. Sanger's mother was pregnant eighteen times in twenty-two years; unfortunately, she had only eleven live births, with the other seven pregnancies ending in miscarriages, before she died at the young age of forty-nine. Sanger herself was the sixth child to be born.

In *Killer Angel*, George Grant paints a stark picture of Sanger's early life. In his chapter 'Root of Bitterness', he described the family's bitter struggle with cold, hunger, and deprivation, a fate shared by many American families in the nineteenth century. Sanger, in her 1938 autobiography, described her childhood as joyless, filled with hard work and fear. She wrote, 'Childhood is supposed to be a happy time. Mine was difficult, though I did not then think of it as a disadvantage, nor do I now.' (p.24). Her father, a philosopher, rebel, and artist, had not brought wealth, as she lamented their poverty.

Margaret's father, Michael Higgins, was a man ahead of his time. He was a progressive thinker who believed in gender equality and supported women's suffrage. As Sanger described him, he advocated for free libraries, free education, and most importantly, freedom from dogma and cant. He was a freethinker, but his views were seen as dissident by Catholics, leading Margaret and her siblings to be labeled as 'the children of the devil' by their neighbors. He constantly instilled in them the idea that their duty was not to worry about the afterlife, but to take action in the present to improve the lives of others. Sanger embraced this principle, carrying on her father's words: “Leave the world better because you, my child, have dwelt in it” (p.23).

At a young age, Sanger was sent by her two older sisters, Nan and Mary, to a boarding school to continue her education outside her village, as Corning did not offer schooling for girls beyond the age of eight. Her sisters chose Claverack College and Hudson River Institute, where they paid her tuition and provided her with books and clothes. However, Sanger had to work for her room and board. During her time there, Sanger enjoyed a fulfilling life, dating, studying literature, and dreaming of a career on stage. After two years, Sanger needed to find a teaching job at a school in New Jersey because her sisters had exhausted the tuition funds.

In the winter of 1899, at the age of twenty, Sanger returned to Corning to care for her sick mother, who had been suffering from pneumonia for a long time. During that time, Sanger borrowed medical books from the local library in an attempt to help her ailing mother, who was nearing the end of her life. This experience inspired Sanger to commit to her future career and sparked her interest in becoming a doctor.

The death of her mother weighed heavily on Sanger’s life, as she took on the responsibilities at home, managing finances, ordering meals, paying debts, and caring for her younger siblings. Although she stopped reading medical books after her mother passed away, she remained convinced that she could have saved her mother if she had acquired sufficient medical knowledge. In her autobiography, she wrote, “Though the immediate occasion for reading medical books had ceased with my mother’s death, I had never, during these months, lost my deep conviction that perhaps she might have been saved had I possessed sufficient knowledge of medicine. This was linked to my deep desire to be of service in the world. The career of a physician seemed to fulfill my requirements” (p. 45).

Sanger was accepted into the nursing program at White Plains Hospital in New York. As a nurse, she assisted in surgeries, worked night shifts, cared for patients, and helped with childbirth deliveries. She often responded to calls at midnight to assist with labor in locations that were ten miles away from the hospital. Unfortunately, many of these labors ended before the baby could see the light of day.

Desperate mothers frequently asked Sanger the same question: “Miss Higgins, what should I do not to have another baby right away” (p.55). They sought her advice on how to prevent another pregnancy because they could not afford it. Many of these women were even willing to pay for Sanger to reveal the secrets that wealthier mothers knew.
Despite these requests, Sanger had a deep love for maternity. In her autobiography, she expressed her affection for childbirth, stating, “To see a baby born is one of the greatest experiences that a human being can have. Birth, to me, has always been more awe-inspiring than death.” (p.55).

Sanger described in her autobiography how deeply she was affected by the misery of mothers who suffered from pregnancy complications and the desperate situations they faced. She felt pathetic alongside them, as she yearned to know the secret that could help. Sanger witnessed the deaths of several mothers who had succumbed to complications during pregnancy or as a result of abortion. Many mothers resorted to self-induced abortions to terminate unwanted pregnancies, as it was the only method they knew, despite it being illegal.

One story that significantly impacted Sanger's life was that of the Sachs family. On one occasion, both she and her doctor received an urgent call concerning a pregnant mother who had attempted an abortion and fell into a coma. This mother of three was gravely ill, and Sanger dedicated three weeks to caring for her until she was stable enough to fend for herself. During this time, the mother implored Sanger for help with her next pregnancy, pleading for her to reveal the secret to avoiding such dire situations.
Sanger recounted her final interactions with the mother: “Night after night, the wistful image of Mrs. Sachs appeared before me. I made all sorts of excuses for not going back. I was busy with other cases; I really did not know what to say to her or how to convince her of my own ignorance; I was helpless to avert such monstrous atrocities. Time rolled by and I did nothing” (p.91).
Three months later, the mother died from another abortion. Sanger responded to the call only to find her in a coma, and it was too late to save her. After announcing her death, Sanger walked the streets for hours before finally returning home. It was at that moment she realised she could no longer continue with palliative care and superficial cures. Sanger made a decision to confront the root cause of these tragedies in hopes of changing the fate of mothers. She wrote, “ I went to bed knowing that no matter what it might cost, I was finished with palliatives and superficial cures; I was resolved to seek out the root of evil, to do something to change the destiny of mothers whose miseries were vast as the sky” (92).The death of Mrs. Sachs marked the day Sanger vowed to renounce nursing forever.
Stephanie Gorton, the author of *The Icon and The Idealist,* writes, “In 1900, between six and nine out of every one thousand women died in childbirth, with about a third of those

deaths caused by blood infections. As for infants, 10 percent did not survive their first year, and 20 percent died before reaching the age of five" (p. 31). She further explains that in the 1920s, most American babies were born at home with the assistance of doctors, midwives, or trusted acquaintances. Wealthier women typically chose to give birth in private clinics, attended by male obstetricians equipped with sterilized tools and medications. In contrast, poorer women often went to public or charity hospitals for childbirth.

Sanger navigated numerous revolving doors and spent a year in libraries, poring over medical books and meeting progressive women, all to fulfill her commitment to helping unfortunate mothers. She expressed her desire by writing, "What I desired was merely a simple method of contraception for the poor" (p.94). She was advised to travel to France, which was known for its advancements in family planning. In 1913 she embarked on her journey to Europe to learn about birth control and family limitation methods, and she was struck by the freedoms enjoyed there compared to those in the United States.

During her travels, she visited Scotland, France, and the Netherlands before returning to New York in 1914. Upon her return, she published a pamphlet titled the *Family Limitation,* opened the first birth control clinic in Brooklyn in 1916, and eventually founded what became Planned Parenthood.

According to Gorton, "Family Limitation taught generations of women about the mechanics of conception and offered details of methods they had never heard of before and could access relatively cheaply. It quickly became a how-to that women quietly slipped into one another's pockets or passed over the fence" (Gorton, 2024, p.82).

In "Morality and Birth Control," Sanger writes that "Knowledge of birth control is essentially moral. Its general, though prudent, practice must lead to a higher individuality and ultimately to a cleaner race." Sanger believed that true freedom for humanity occurs when women liberate themselves from ignorance and gain control over their own bodies. As long as men dictate sexual morality, they will continue to dominate the world. Sanger advocated for women's use of birth control as a crucial first step toward their freedom, equality with men, and overall human emancipation. Lilian Faderman, writes in *Woman:The American History of an Idea,*

> it became evident by the early 1920s that she was prevailing in her efforts to allow women to dissociate sex from motherhood… by the mid-1920s, 90 percent of middle-class women believed that birth control methods should be accessible to married women, and over 60 percent felt the same should be true for unmarried women. Additionally, 71 percent supported the notion that women should have legal rights to abortion. Clearly, middle-class married women were using birth control. Unlike their mothers and grandmothers in the 19th century, who often had more than six children, women in the 1920s were averaging only two children. Before the end of the decade, the birth rate in the United States had declined by 20 percent. Sanger emerged as a celebrated figure in both large cities and small towns throughout America. (Faderman, 2022, p.257)

Margaret Sanger has also faced criticism for her connections to eugenics. During her fourteen years as a nurse in factories and tenements in New York City, she collected many compelling stories of women in desperate situations. While some of these narratives are heartbreaking, they align with Sanger's beliefs about humanity and race. The influence of

her father is evident in Sanger's writing, particularly in her desire to improve the world and uplift the human race.

Sanger's advocacy for birth control is particularly compelling because she argues that it is essential not only for assisting struggling mothers but also for addressing the issue of over-population, especially among underprivileged communities within the working class. In an unrehearsed, uncensored interview in 1957 about birth control with Mike Wallace, she stated, “I was born a humanitarian; I don't like to see people suffer, and I don't like to see cruelty.” When Wallace asked her why birth control is so vital on an international scale, and is the only reason to end women’s suffering, she replies not entirely, “the population question is a great concern today…children die, we don't have enough food.” She noted that high birth rates contribute to child mortality due to a lack of resources, emphasizing that birth control is necessary to stabilize the population until resources can be improved.

Some critics argue that Sanger supported birth control for social and economic reasons; however, certain language in her writings aligns with eugenic rhetoric that calls for a "cleaner" race and the uplifting of humanity. Similar slogans have been used by eugenicists who expressed various fears related to race, such as "race suicide" and the notion of a biological purge. Freedman writes in *The Essential Feminist Reader*, “Her views on the elimination of the “unfit" as a solution to social problems reflected the eugenic theories of the human betterment that Sanger embraced. During the 1930s and 1940s when planned parenthood clinics increasingly made birth control accessible, Sanger supported both population control in the developing world and the medical research that led to the development of oral contraception (p.211)

In her 1918 article, “Morality and Birth Control,” Margaret Sanger shares a poignant story about a low-income family. The sole breadwinner of the household earned only eighteen dollars a week as a mechanic. During her first visit, she found that the family had six children. However, two years later, the family had grown to eleven children with the addition of five more. The youngest three were later diagnosed as feebleminded. The eldest two daughters turned to prostitution, and three of the boys were incarcerated for long terms. The father succumbed to alcoholism, leaving only two of the eleven children capable of contributing positively to society, and they too faced the brutal realities of poverty. Sanger wrote, "Here was an opportunity for society to develop and preserve six children for human service; but prudery and ignorance added five more to this group."

In the same article, Sanger illustrated another story about two sisters living in an upstate town. The older sister works in a factory to support her younger sister's education. The youngest girl falls in love and has a baby out of wedlock, which fills her with feelings of remorse, guilt, and shame. She finds herself working as a servant and moving from one home to another, carrying her tiny baby, who eventually dies. Her employer added to her misery, and she felt worthless. Struggling with her emotions and circumstances, she eventually turns to trafficking on the streets of New York.

Sanger argues that birth control can bring more joy, prosperity, advancement, and freedom to women's lives. She believes that society can uplift the human race when it acknowledges the importance of birth control and understands moral truths. Her analysis reflects a time in the nineteenth century, marked by rapid industrialization and urbanization, when many poor American women began to leave their homes to work in factories and mills. However, the American working class during this period consisted of both men and women, in-

cluding immigrants. Sanger's attitude towards them reflects her frustration, as she believes they contribute to many societal problems. She wrote:

> Had this class continued to reproduce in the prolific manner of the work ing people in the past twenty-five years, can human imagination picture what conditions would be today? All of our problems are the result of overbreeding among the working class. If morality is to mean anything at all to us, we must regard all the changes that tend toward the uplift and survival of the human race as moral.

Margaret Sanger's early life, shaped by hardship, loss, and the progressive ideals of her parents, laid the foundation for her lifelong dedication to women's health and reproductive rights. The struggles she witnessed—as a daughter, a caregiver, a nurse, and a young woman confronting the limitations placed on her gender fueled her determination to seek solutions beyond palliative care and superficial remedies. Experiences such as the tragic death of Mrs. Sachs crystallized Sanger's resolve to confront the root causes of maternal suffering and advocate for birth control, education, and medical knowledge for women. Her experiences not only fueled her determination to challenge social and systemic inequalities but also laid the groundwork for her later activism. She boldly confronted societal norms, risked her freedom, and fought legal battles, all in pursuit of a world where women could have control over their own lives. These formative experiences set the stage for Sanger's pioneering work in reproductive rights and feminist advocacy, which will be explored in the next chapter, revealing how her personal convictions transformed into a broader movement for women's autonomy and social justice.

Chapter Four

Reproductive Rights and Feminist Advocacy

After the tragedy that befell the Sachs family and her decision to renounce nursing forever, Sanger returned to New York in 1914 after touring Europe in search of inspiration. She settled into an inexpensive flat and began working on her first magazine for women. Sanger was determined to be the voice for women suffering in silence, encouraging them to rise up against oppression. She named her magazine *Women Rebel*, which focused on the interests of working women.

Women Rebel was a groundbreaking feminist monthly magazine aimed at motivating working-class women to reject their oppression and become empowered rebels. The magazine covered various topics, including women's rights, labor issues, sex education, contraception, motherhood, and marriage. The first copy was published in March 1914, featuring the slogan “No Gods, No Masters.” Sanger specifically used the term "gods" to emphasize that the magazine sought to move beyond religion and to challenge the notion of turning heroes and leaders into deities. In her biography, she wrote: “I defined a woman’s duty as ‘To look the world in the face with a go-to-hell look in the eyes; to have an idea; to speak and act in defiance of convention’” (Sanger, 1983, p.110). Faderman writes that Sanger argued that, contrary to long-held beliefs in America, women have the right to control their bodies. She played a key role in making sex less risky for women, whether they were married or not, who did not want to become pregnant. In Faderman’s words, “ Sanger ultimately reshaped sex: it was thanks in good part to her that intercourse stopped being as chancy as Russian roulette for a woman, married or not, who did not wish to be pregnant” (Faderman, 2022, p.254).

Margaret's understanding of feminism differed from the dominant feminist ideology of the first wave in the early twentieth century, which primarily focused on women's suffrage and property rights. She believed that the basis of feminism lay in a woman's right to be a mother and her right to free herself from biological subservience to a man, viewing the latter as true enslavement. Sanger approached progressive women, socialists, and others in an effort to save mothers from their misery. Their reply was always discouraging to Sanger,

who was desperate to help the poor mothers; they would tell her, as she recalls in *Autobiography,* “Wait until women get the vote,” “wait until women get more education, wait until we secure equal distribution of wealth” (Sanger,1938, p.93).

Disappointed with the feminists she considered natural allies, she turned to socialists for support in publishing *Women Rebel*. At the same time, the movement she aimed to promote through the magazine was already emerging, though it lacked a name. In her quest for a fitting title for her movement, Sanger found the term "control" appealing but felt it was too limiting. She did not support a one- or two-child family system like the French nor the restrictions attributed to economic reasons, such as those suggested by New Malthusian ideology. She wrote, “My idea of control was bigger and freer; I wanted to include family, yet 'family control' didn’t sound right. Then someone suggested ‘Drop the rate.’ Birth control was the answer… The Baby was named” (Sanger,1938, p. 108).

Margaret Sanger’s work in advancing women’s reproductive health faced constant obstacles under the Comstock Law, passed by Congress in 1873, which criminalized the mailing of information about contraception by labeling it obscene. In 1912, she began her column *“What Every Girl Should Know,”* addressing reproduction, contraception, and women’s health—subjects considered taboo at the time. Her February 8, 1913, column, which discussed the risks of syphilis and gonorrhea, was confiscated by the New York Post Office under the Comstock Act. The following week, the column space read, “What Every Girl Should Know—NOTHING! By order of the Post Office Department.” Two weeks later, the ban was lifted, and the article appeared in full; it was even printed by the government during World War I and distributed to U.S. troops, though without credit to Sanger. Undeterred, Sanger continued to challenge the Comstock Law, especially after her first copies of *The Woman Rebel* were deemed unmailable.

Despite her efforts, Sanger was indicted on no less than nine counts for allegedly violating federal statutes. If found guilty, she would be tried and imprisoned. Her indictment stemmed from her publication of various articles in the name of free speech, including ones on queer gender issues and assassination theories. A day before her trial, in an attempt to avoid imprisonment, Sanger fled New York, boarding a train to Canada without a passport and leaving her family behind. However, she ensured that before her trial, *Family Limitation* was printed in a hundred thousand copies and distributed to labour unions in the silk, woollen, and copper industries, as well as to mills in the East and mines in the West. Sanger left for Montreal after refusing the accusations in The People vs. Margaret Sanger trial case, determined not to plead guilty for simply trying to challenge the law, and for the trial denying her the right to have more time to prepare her defence. She wrote, "I indignantly refused to plead guilty under any circumstances. What was the sense of bringing about my indictment in order to test the law and then admit that I had done wrong? I was trying to prove the law was wrong, not I" (p.118).

After a brief stay in Canada, Sanger fled to England, where she remained for about a year. There, she met British birth control pioneers and studied everything she could find about birth control at the British Museum. In the Netherlands, she visited the world’s first birth

control clinics and investigated their statistics on mortality rates over a thirty-five-year timeframe. There, they proved to have the lowest maternal death rate, whereas the United States has the highest maternal death rate. Additionally, in the Netherlands, they had the lowest infant mortality rate in urban areas. She wrote, “As I pored over the vital statistics of Europe, it seemed to me that chiefly in the Netherlands was there a force operating towards constructive race building” (p.142). Furthermore, in the Netherlands, they opened the first free clinic in the world to serve impoverished women and children, providing contraceptive advice and information. Sanger credited the Dutch model and realised that clinics were the proper places to disseminate information and place it in the hands of doctors who had the requisite knowledge of anatomy, physiology, and gynaecology to examine accurately and adequately.

Dorothy Wardel, in 1980, wrote, "The pamphlet and Margaret Sanger's year of exile achieved what Comstock most wanted to avoid, publicity about his censorship of family-planning information. The silence which had protected his work was loudly broken. Comstock fulminated that the author deserved five years of hard labour for every copy of the pamphlet. It soon became clear that the public felt otherwise" (p.793). Sanger was a celebrity in New York social circles, and the public rallied to her side; as a result, the government dropped the case in 1916.

The young nurse embarked on a nationwide lecture tour, taking the issue to the people to affiliate with her Birth Control League. In 1916, she opened the first Birth Control Clinic in the United States, in Brownsville, Brooklyn, and it was the first outside the Netherlands. With the help of her nurse sister, Ethel Bryne, both worked to provide information on using contraceptive methods. The clinic was, of course, illegal, and ten days after its opening, the police raided the clinic and arrested Margaret and her sister. Ethel's trial came first, and she was sentenced to thirty days in the workhouse. She went on a hunger strike for 185 hours, and she became the first woman in American history to be forcibly fed. Sanger's second trial was in January 1917, and she was sentenced to thirty days in jail.

The advocacy for the Birth Control Movement took a significant leap when Judge Fredrick E. Crane of the Supreme Court of New York permitted a licensed physician to give contraceptive advice for the “cure or prevention of disease.” Sanger wrote, “But, never satisfied, I wanted women to have birth control for economic and social reasons” (Sanger, 1938, p. 292)

Sanger hired a doctor to travel the country and teach about contraceptives to interested physicians. She compiled a list of 20,000 local physicians with whom she could refer thousands of women who wrote to her for advice. It is estimated that Margaret Sanger received one of the largest amounts of mail of any private citizen. She writes, “Meanwhile, between 1921 and 1926, I received over a million letters from mothers requesting information” (Sanger, 1938, p. 361).

She also decided to open her second clinic in 1923, calling it a Clinical Research Bureau. The second clinic featured a professional staff carefully selected to provide a range of ser-

vices to women and mothers. She hired gynaecologists to refer women to hospitals if pregnancy risked their lives, a specialist to advise women on overcoming sterility, a consultant to deal with eugenics and a psychiatrist. She was also able to meet the massive demand for diaphragms "contraceptive devices" through the help of her second husband.
In 1922, she married J. Noah Slee, a millionaire president of the Three in One Oil Company. As Margaret described Slee in her *Autobiography*, he was, " a staid pillar of finance" (p.355). This marriage liberated Sanger financially, as she had always faced difficulties in financing her movement. Slee also smuggled and shipped the diaphragms from Germany to his wife's clinics via his Canadian company and then to the U.S. in Three-In One Oil Company boxes. Later, he provided a start-up company for manufacturing diagrams in the U.S. (Wardel, 1980, p.741).

Margaret Sanger's outreach to the Black community was a significant aspect of her work in the early 20th century. Recognising that access to birth control and reproductive health services was especially limited for African Americans, Sanger aimed to address these disparities through education and advocacy. She believed that empowering women with the knowledge and means to control their reproduction was essential for improving their social and economic status. In the 1930s, Sanger established clinics in urban areas with substantial African American populations, such as the Harlem clinic in New York and the Negro Project in the South. She opened the Harlem clinic in February 1930 to provide family planning services to women and mothers who had been denied access to the health and social services available in their city. The Harlem clinic offered the same services as in the Clinical Research Bureau, such as gynaecological examination, contraceptive advice and diaphragms. It was staffed by Black physicians and social workers and two Black nurses, which made it more appealing to the Black community and helped establish trust. Dorothy Roberts, in her book *Killing the Black Body,* writes, "Although there was widespread support for its work, the Harlem clinic did not escape the Black community's ambivalence about birth control. Many potential patients suspected that the clinic was intended to promote race suicide rather than racial betterment" (Roberts, 1998, p.87).

African Americans distrust in healthcare system goes back to hundreds of years in American history. African Americans have been subjected to many false premises because of their race and biology, which have denied them access to vaccinations and subjected their bodies to medical experiments. Children and infants were significantly impacted by these discriminatory theories and were prevented from receiving vaccination for polio, as it was believed that polio did not affect African American infants. Additionally, it was believed that black people feel less pain compared to white people due to their thick skin. These incorrect theories and more were created to justify slavery and racism. According to Nikole Hannah-Jones, creator of The 1619 Project, "using medical technology to justify slavery, by saying enslaved people do not feel pain the way that white people do, they have thicker skin, and you can beat them and torture them, and it is not going to hurt them…false science to justify racism in healthcare issue." (PBS NewHour, 2019)

In "Segregation in United States Healthcare: From Reconstruction to Deluxe Jim Crow Deluxe Jim Crow," Kerri Henkele states that the most famous case of medical mistreatment was the Tuskegee Syphilis Study, which was initiated by the U.S Public Health Service in Alabama in 1932. The study aimed to find out what would happen when African American men diagnosed with syphilis went untreated. Four hundred men were under study and observation until the discovery of penicillin in 1950. However, these men were denied treatment, and 100 men lost their lives due to complications of syphilis symptoms (Henkele, 2014, p.18).

Thus, to give Sanger's birth control clinic more legitimacy, the clinic had a separate advisory board of fifteen distinguished Black members including Mr. James Hubert who were responsible to run the clinic and raise funds. According to a newsletter in The Margaret Sanger papers project titled "Looking Uptown: Margaret Sanger and the Harlem Branch Birth Control Clinic," Sanger looked into opening a clinic in Harlem because the neighbourhood registered a higher rate among the other cities in unemployment, maternal and infant mortality, and venereal diseases. All of that collateral damage came as a result of the Great Depression beginning in the late 1920s. Sanger's birth control movement and other programs responded to the status quo that affected public health in Harlem. Before the Harlem clinic, Margaret had tried unsuccessfully to keep one of her clinics open in the largely black Columbus Hill neighbourhood, which forced the Harlemite women to seek reproductive care at the Clinical Research Bureau. Wangui Muigai, the author of the newsletter, wrote, " Nearly 2,000 of the 17,000 women registered at the downtown CRB resided in Harlem, and their presence in the CRB at times made white patients uncomfortable. In one letter Sanger noted, "if already three or four colored women are in the waiting room of the clinic, we have to distribute them to the upstairs doctors and sometimes postpone the visit of others so it will not look like a colored clinic . . . other patients are inclined to grumble" (2010). There is no direct evidence that Sanger promoted a racist agenda. Her main concern appears to have been making birth control accessible to underserved populations, though her methods were shaped by the racialized social context of early 20th-century New York. Critics of Sanger often point to some of her statements elsewhere as problematic, but in this specific instance, her actions seem primarily pragmatic rather than overtly racist.

However, the Harlem clinic also served white women who lived in Harlem or found the location more convenient for them, with shorter waiting times. The data showed that approximately 2,000 patients visited the clinic in the first year and several thousand in the following years. Until 1933, half of these patients were white women referred from the CRB downtown.

Sanger connected with Black ministers in Harlem, who supported her Birth Control Movement. According to Muigai's article, the three major churches in Harlem, which had a combined membership of over 16,000, had a significant influence on their congregations. Sanger, too, used the churches as locations for public lectures and invited pastors to join her as well. Roberts stated that the incorporation of Black individuals was intended to raise funds and lend legitimacy to the movement's projects within Black communities. However,

the Black members of the Harlem Advisory Council were not invited to participate in national planning nor allowed to manage the clinics that served Black patients. Harriet Washington, the author of *Medical Apartheid*, writes, “She assured the doubtful BCFA that the black physician’s authority would be limited and he, like the clinic board members, would be chosen for tractability. ““His work, in my opinion, should be entirely with the Negro profession and the nurses, hospital, social workers, as well as the County’s white doctors. His success will depend upon his personality and his training by us”” (Washington, 2010, p.228).

When Sanger relinquished control of the clinic, this change prompted one of the Blackboard members, Mabel Staupers, to write and complain about the disrespectful treatment of the board members. Roberts wrote, “The committee slashed the clinic's services and treated advisory council with even greater paternalism than Sanger had, prompting council member Mabel Staupers to write, ““If the Birth Control Association wishes the cooperation of Negroes…I feel that we should be treated with the proper courtesy that is due us and not with the usual childish procedures that are maintained with any work that is being done for Negroes”” (p.88).

A year later, the Harlem clinic closed its doors. Freedman (2023), in her article “Unfit for Motherhood: The Involuntary Sterilization and Systemic Reproductive Coercion of Black Women in the United States from 1920 to 1980,” explained that the clinic failed to remain open for Black residents in the North. She noted that this failure set a precedent for the experience of educated Black Northerners. She argued that Black individuals in the North were more educated than those in the South due to the Great Migration and their involvement in urban life, which included interactions with Northern whites. As a result, they were less receptive to Sanger’s efforts, as the communities she targeted were more likely to discuss her motives (p.31).

Muigai concluded that the Harlem clinic was an “atypical endeavour,” representing a rare collaboration among white reformers, Black community activists, and medical professionals, all of whom were concerned about the well-being of Black women. Sanger effectively demonstrated that Black individuals sought safe and effective birth control and that a community-based approach was the best way to ensure access to it. Washington noted, “Sanger’s experiment of addressing Black social ills through negative eugenics via Black birth-control clinics was so successful that it persists today” (p. 228).

In January 1939, the American Birth Control League and the Clinical Research Bureau merged to form the Birth Control Federation of America (BCFA), with Margaret Sanger serving as the organisation's honorary chair (Roberts, p.76). That same year, Sanger launched the Negro Project in the South, aimed at improving access to birth control within Black communities. She garnered support from prominent Black leaders, including Mary McLeod Bethune, W.E.B. Du Bois, and Rev. Adam Clayton Powell Jr., who helped advocate for reproductive health services and facilitated outreach.

The broader context of the eugenics movement influenced both Sanger and the Black leaders involved. While the movement often carried explicitly racist and classist undertones, some Black leaders interpreted aspects of it pragmatically as a way to promote public health, reduce maternal and infant mortality, and support the economic and social well-being of their communities. For instance, Du Bois and others recognized that access to family planning could empower Black families, improve maternal health, and help navigate systemic poverty, even if the language and assumptions of eugenics were embedded in the discourse of the time (Roberts, p.85).

Du Bois criticized the movement for neglecting the needs of Black individuals, noting that Southern clinics primarily served white populations in the early 1930s. Understanding the complexities of the Negro Project is further complicated by the use of racist language that described Black fertility. This language was quoted in Sanger's proposal for funding the Negro Project, where she wrote, "The mass of ignorant Negroes still breed carelessly and disastrously, so that the increase among Negroes, even more than the increase among whites, is from that part of the population least intelligent and fit, and least able to rear their children properly." Roberts noted, "Analyzing the project's purpose becomes more complicated when we acknowledge that Sanger was quoting verbatim none other than the great civil rights leader W. E. B. Du Bois from an article he wrote in June 1939 for the Birth Control Review" (p.77). However, Sanger also wrote to Albert Lasker, a successful businessman and philanthropist, seeking his support to raise funds for the Negro Project in the southern United States. She described the Black community as "a group notoriously underprivileged and handicapped to a large measure by a 'caste' system that operates as an added weight upon their efforts to get a fair share of the better things in life." She believed that providing them with the means to help themselves was perhaps the richest gift of all and that "birth control knowledge brought to this group is the most direct, constructive aid that can be given them to improve their immediate situation."

An article published in 2001 in The Margaret Sanger Papers Project titled “Birth Control or Race Control? Sanger and the Negro Project” explains that Sanger viewed the Negro Project as another attempt to help African Americans gain better access to safe contraception. The mortality rate among southern mothers and infants was alarming and caught the attention of Birth Control activists. The Birth Control movement also looked at the South as an “ideal region” to secure funds under “New Deal Legislation”, which aimed to incorporate birth control clinics into the state public health programs. North Carolina was the first state to include birth control services in its state public health program in 1937, followed by six other southern states. And, in the mid-1930s, Margaret Sanger sent field workers to the rural South to establish birth control services in impoverished communities and conduct research. She aimed to test various contraceptive methods, such as jellies and foam, and evaluate their effectiveness without using diaphragms. These options were considered the most affordable and easiest to use for those in poorer southern regions. However, Washington argued that these initial experimental "family planning centres" were designed to find the most effective ways to reduce the Black population by promoting eugenic principles. They were also established in predominantly Black areas, such as Macon

County, Alabama, which was known for its infamous Public Health Service syphilis study (p.227).

The Negro Project reflects some influence of eugenic principles, as it targeted poor Black communities and tested contraceptives in ways aligned with population control rhetoric. Critics like Harriet Washington interpret this as evidence of racialized intentions, but Sanger's main goal appears to have been improving public health and access to contraception. Her work thus embodies a mix of empowerment, strategic pragmatism, and ethical complexity.

Lasker pledged $20,000 to kickstart the project. Sanger intended to use that money to train ministers and Black physicians to tour the Southern states, preaching and educating Black women about contraception before providing them with the necessary tools. However, once the funding was secured, the project slipped out of Sanger's control. She was convinced that the initiative would succeed if managed by a Black staff, drawing on the successful model used in the Harlem clinic. In a letter to Clarence Gamble, a physician and philanthropist, Sanger argued, "We should hire three or four Black ministers, preferably with a social service background and engaging personalities. The most effective educational approach for the Black community is through religious appeal. We do not want the word to go out that we want to exterminate the Black population, and the minister is the person who can correct that idea if it ever arises among their more rebellious members." Critics, known as "anti-Sangerites," frequently accuse her of attempting to "exterminate the Negro population" and they never show the full text that explain her point clearly over the negro population. In this sense, Roberts explained," Sanger's view that many Blacks were too ignorant and superstitious to use contraceptives on their own reflected a popular racial stereotype held over from slavery." (p.78)

However, the BCFA clashed with Sanger over her vision and distrusted her and her team, labelling them as "dried-up female fanatics" who dared to tell doctors what to do. As a result, the BCFA discredited the prerequisite education for Black women, hired white doctors to manage the Negro Project, and ensured that contraceptives were only dispensed by them.

Chapter Five

Margaret Sanger and Eugenics

Margaret Sanger's advocacy for reproductive freedom was profoundly shaped by the intellectual climate of her time, particularly the widespread acceptance of eugenics as a progressive science. The debate surrounding Margaret Sanger's connections to eugenics is complex and multifaceted, and it can be understood through various perspectives. Daniel Okrent suggests that Sanger was "strategically promiscuous," meaning she was willing to ally herself with any group or individual that could support her birth control movement. Another theory posits that the eugenics movement was inherently dependent on birth control to regulate population reproduction. Jean Baker, the author of *Margaret Sanger: A Life of Passion*, notes that earlier historians often characterized Sanger as a selfish woman primarily interested in power. They argue that her influence on sexual behavior and fertility rates was minimal and that significant changes occurred in the early twentieth century due to material forces rather than Sanger's efforts. Washington's states that "her abundant writings, speeches, and myriad projects reveal a complex, passionate woman whose mission changed over time from women's rights advocacy to eugenics" (p.225). She adds that Sanger was a cautious speaker, so it's important to examine not only what she said but what she did.

The reality is that Sanger formed relationships with influential figures within the eugenics movement, which gained prominence during the 1920s. This period was marked by a widespread belief in the idea of improving the human population through selective breeding. Although Sanger professed to be discerning in her acceptance of certain eugenics concepts, her published works reveal unsettling ideas. These writings suggest that she embraced ideas that align with the accusations that she was both a proponent of eugenics and that she harbored racist beliefs. This complexity in her views challenges the perception of her work and highlights a darker side of her legacy.Daniel Okrent summarizes the case that Sanger supported eugenics:

> Nevertheless, there is no question that Sanger not only advocated the eugenics cause, she actively promoted many of its basic precepts and welcomed alliances with its most visible proponents. She told Madison Grant she would find it a "great pleasure" if he agreed to speak at her American Birth Control Conference. She told Harry Laughlin that the two movements—eugenics and

> birth control—"should be and are the right and left hand of one body." She welcomed *Applied Eugenics* coauthor Roswell Johnson and other academic e-eugenicists to her board. She endorsed the position of a California biologist who contended that birth control was "the solution to the Japanese problem" on the West Coast and, wrote historian Linda Gordon, she "put together statistics about immigrants, their high birth rates, low literacy rates, and so forth, in a manner certain to stimulate racist fears. (p.219)

In her *Autobiography*, Sanger recounts an experience with Davenport, a prominent eugenicist of the twentieth century and the Director of the Cold Spring Harbor Station for Experimental Evolution, who believed that traits such as intelligence, criminality, and feeblemindedness were inherited. She writes, "Professor Davenport used to lift his eyes reverently and, with his hands raised as though in supplication, quiver emotionally as he breathed, 'Protoplasm, we want more protoplasm.' I accepted one branch of this philosophy, but eugenics without birth control seemed to me a house built on sand" (p. 374). She continues to argue that eugenics could not withstand the fierce winds of economic pressure, which had rendered a significant portion of the human race partially or completely helpless. The eugenicists aimed to shift the emphasis of birth control from having fewer children for the poor to having more children for the rich. Sanger adds, "We sought to go beyond that and first focus on stopping the multiplication of the unfit. This appeared to be the most important and greatest step toward improving the race" (p.375).

Okrent points out that when Sanger wasn't actively promoting the idea of birth control—sometimes, strategically, because she believed it would benefit her cause—Sanger was among many prominent, though seemingly unlikely, Americans "who waved the banner of eugenics" in the early twentieth century. Davenport's desire for "protoplasm" referred to the genetic material that would contribute to the creation of an improved human race, achieved through the principles of planned breeding that were central to the eugenicist ideology (p.15).

Margaret Sanger continued to advocate for birth control, positioning it as a crucial method for achieving racial improvement alongside eugenics. She notes in "Birth Control and Racial Betterment," that both birth control advocates and eugenicists "are seeking to assist the race toward the elimination of the unfit," although they focus on different approaches.
Sanger explained that eugenicists emphasize mating healthy couples with the deliberate goal of producing healthy children and advocate for the sterilization of those deemed unfit to prevent them from reproducing. In contrast, she argued that "we who advocate Birth Control lay all our emphasis upon stopping not only the reproduction of the unfit but also all reproduction when there are no economic means to provide proper care for those who are born in health." Sanger expressed her support for the sterilization of the unfit, stating, "While I personally believe in the sterilization of the feeble-minded, the insane, and syphilitic," she insisted that eugenic methods alone do not address the underlying issues. She believed that unchecked reproduction among economically disadvantaged individuals leads to helpless and unhealthy populations. In her view, birth control not only supports eugenics efforts but also paves the way for improved motherhood, better family life, and enhanced health and education outcomes for children.

Margaret Sanger advocated for birth control as a means of women's liberation; however, her rhetoric often intersected with eugenic ideals that favored the reproduction of those deemed "fit" while neglecting the "unfit." A significant moment highlighting this ideological overlap occurred after the 1915 Bollinger case, where Dr. Harry Haiselden refused life-saving surgery for a newborn with severe disabilities. He argued that allowing the infant to die was a eugenic act. Sanger did not publicly condemn Haiselden's decision, nor did she support it, but instead chose to remain silent. Martin Pernick writes in *The Black Stork* that "Margaret Sanger, mourning the death of her own daughter, kept silent about the issue of letting other children die, even after Helen Keller publicly equated Sanger's crusade with Haiselden's" (p. 33).

Margaret Sanger's work garnered support from a diverse range of influential progressive figures, including labour activists, feminists, and intellectuals. Among her admirers was Helen Keller, the renowned author and advocate for people with disabilities. Keller praised Sanger's commitment to women's autonomy and access to birth control, stating in a 1950 letter: "Our world would be more the kind of world we wish it to be if the teachings of Margaret Sanger were heeded." For Keller, Sanger's message aligned with broader efforts to improve social welfare and human well-being. However, like Sanger, Keller also subscribed to specific eugenic ideas prevalent in the early 20th century. Both women saw birth control not only as a tool for female emancipation but also as a method of "human betterment," a concept that often overlapped with ableist and classist assumptions. In "Battling the Powers of Darkness--Helen Keller, Margaret Sanger and Birth Control", the author quotes Keller's opinion on the Bollinger baby case and writes, " She -Helen Keller- wrote that Haiselden "performed a service to society as well as to the hopeless being he spared from a life of misery . . . the world is already flooded with unhappy, unhealthy, mentally unsound persons that should never have been born." She believed that the baby's death was not in vain, for he "has brought us face to face with the many questions of eugenics and control of the birth rate – questions we have been side-stepping because we are afraid of them" (The Margaret Sanger Papers Project, 2009-2010)

Similarly, Margaret Sanger, on her interview on birth control with Mike Wallace, shares what she thinks about bringing a baby to life in a question about whether she believes in sin or whether there is such a thing as sin. She replies, "The greatest sin of the world is bringing children into the world that have diseases from their parents that have no chance in the world to be a human being practically delinquents prisoners all sorts of things just mark when they are born, that to me is the greatest sin that people can commit." Although Sanger focused on prevention through contraception rather than postnatal intervention, her acceptance of eugenic logic illustrates the fraught intersection between feminist reproductive politics and scientific racism. Her case thus exemplifies how early 20th-century feminists could, at times, advance women's rights while simultaneously reinforcing oppressive hierarchies of race, class, and ability.

In her book *Killing the Black Body,* Dorothy Roberts explains that after World War I, Margaret Sanger's rhetoric began to associate birth control more with eugenics than with femi-

nism. Sanger's emphasis on women's right to sexual fulfillment ultimately alienated her from the women's movement, which prioritized maternal virtue and chastity. By aligning her campaign with eugenics, Sanger was able to provide the birth control movement with a national mission backed by the authority of reputable science. This approach framed birth control not only as a means to enhance women's health and freedom but also as a crucial aspect of America's pursuit of racial improvement. (Roberts, 2000, p.72)

In the early 20th century, the nation faced a significant concern about its population. Large numbers of immigrants from Southern and Eastern Europe, along with high birth rates among the urban poor and racial minorities, caused white Anglo-Saxon Protestant leaders to worry that the "old stock" population was shrinking. This fear, known as "cradle competition," suggested that national survival and racial dominance depended on having more children than perceived rivals. These ideas, influenced by social Darwinism and eugenics, claimed that the future of civilization would be shaped by the families of the poor, immigrants, and non-white groups.

Margaret Sanger worked within this context. Her efforts also reflected concerns about overpopulation, poverty, and racial decline. At times, she used the language and ideas of cradle competition to support her cause, especially when appealing to elite, white audiences who often believed in eugenics.

In "Dangers of Cradle Competition," in her 1922 book, *The Pivot of Civilization*, Sanger argued that society must face the consequences of "the unchecked fertility of the feeble-minded, the mentally defective, the poverty-stricken, and the criminal classes." She warned that these populations were growing disproportionately, threatening not only public welfare but also national vitality. In such arguments, Sanger clearly echoed the eugenic concern that the "unfit" were reproducing more rapidly than the "fit," undermining social progress. She writes:

> Eugenists demonstrate that two-thirds of our manhood of military age are physically too unfit to shoulder a rifle; that the feeble-minded, the syphilitic, the irresponsible and the defective breed unhindered; that women are driven into factories and shops on day-shift and night-shift; that children, frail carriers of the torch of life, are put to work at an early age; that society at large is breeding an ever-increasing army of under-sized, stunted and dehumanized slaves; that the vicious circle of mental and physical defect, delinquency and beggary is encouraged, by the unseeing and unthinking sentimentality of our age, to populate asylum, hospital and prison. (Sanger,1922)

Margaret Sanger was opposed to positive eugenics and strongly endorsed negative eugenics as a solution to population issues. She believed that positive eugenics could not effectively prevent the breeding of those considered unfit, while negative eugenics was a more effective tool for stopping this practice. In "Dangers of Cradle Competition," Sanger argued that eugenics is primarily valuable for its negative aspects. She stated that it is "negative eugenics" that has studied the histories of families like the Jukeses and Kallikaks, highlighting the prevalence of imbecility and feeble-mindedness that has spread through

various social strata. She criticized the positive or constructive side of eugenics for failing to generate any lasting interest.

Sanger's writings on the "dangers of competition" between the "fit" and "unfit" populations reflected her alignment with broader eugenic anxieties circulating internationally in the interwar years. Historian Samaan in, "Sanger's Nazi Connection: Eugenics, Sterilization, and Collaboration," extends this connection further, arguing that the intellectual foundations of Nazi racial policy did not originate solely within Germany but were shaped by American and British eugenics movements. He positions Sanger and the birth control movement as central actors within this transnational network, describing her as a "driving force" who collaborated with influential figures in Hitler's racial state. Among them was Hans Harmsen, later appointed Hitler's Population Minister, who had been advocating eugenic principles since the early 1920s. After the WWII, Sanger renewed ties with Harmsen and worked with him to establish the European branch of the International Planned Parenthood Federation.

According to Samaan, Harmsen promoted concepts that would become central to Nazi racial hygiene well before Hitler's rise to power, including the belief that the state could end the lives of those deemed "not worth living." This position echoed the philosophy of Nietzsche, whom Sanger openly admired. From this perspective, the competitive struggle Sanger warned against intersected with a larger eugenic vision of regulating populations through segregation, sterilization, and the prevention of "unfit" reproduction. Samaan ultimately contends that the Holocaust "would not have happened" in the form it did without the impetus of the international Malthusian eugenics movement, suggesting that Sanger's organizations shared nearly all of Hitler's scientific circle's assumptions, except "whether the state had the right to deprive an "unfit" individual of life," (Samaan, 2023, p.21)

Sanger's ideas about how to bring peace to the nation and address population problems were also expressed in another article written in 1932 "My Way to Peace." In this piece, she contemplated how peace could be achieved by establishing a parliament focused on increasing the general intelligence of the population. She outlined several steps to address population issues, particularly concerning specific groups. For those she classified as 'morons,' 'mental defectives,' and individuals with epilepsy, she suggested methods such as sterilization, segregation, and restricting immigration.

In her writing, she noted, "keep the doors of immigration closed to certain aliens whose conditions are known to be detrimental to the stamina of the race, such as feeble-minded individuals, idiots, morons, the insane, syphilitics, epileptics, criminals, professional prostitutes, and other individuals excluded by the immigration laws of 1924." (Sanger, 1932)
For a secondary group, which included illiterates, paupers, criminals, the unemployable, prostitutes, and drug addicts, she proposed placing them under government medical care, segregating them in designated areas, and keeping them until they could be reintegrated as morally accepted members of society.

The use of eugenic language resonated with Edward M. East, a prominent plant geneticist and one of the early founders of modern genetics and plant breeding. He extensively wrote

about human heredity and eugenics, advocated for eugenics and argued for applying genetic principles to human society. He claimed that unregulated reproduction could lead to racial degeneration and supported the idea of selective breeding among humans.

Margaret Sanger referenced Edward M. East in her article in 1926, "Fewer and Better Babies," noting that making motherhood safe is becoming increasingly dangerous. She argued that society should implement various measures to reduce the mortality rate among mothers and babies, emphasizing the importance of being selective in determining who can reproduce. In this context, Sanger expressed her agreement with eugenicists, who believed that only healthy parents should bring children into the world. In her piece, “The Tragedy of the Accidental Child,” she stated, “The eugenist very correctly contends that the parents should be in good health, mentally and physically, when the child is conceived. They do well to insist that it is the first material right of the child to be well born.” (Sanger, 1919)
Sanger’s legacy is complicated. She fought for women’s right to choose and worked to provide access to contraceptives. However, she saw birth control not just as a personal right but also as a method to control population growth, especially among those considered “unfit.” Sanger balanced feminist ideals with a focus on responsible reproduction. While she didn’t create cradle competition, she used it to promote her goals, helping shape a vision of reproductive politics that aimed to empower women while managing population outcomes. Scholars have termed her approach “liberal eugenics,” which seeks to influence the future population without relying on government violence. Overall, cradle competition illustrates the connections between feminism, public health, and scientific racism in the early 1900s. Sanger’s work does not fit neatly into progressive or regressive categories; it reflects a complex social context where reproductive rights were linked to fears of population decline. This tension between freedom and control is central to understanding Margaret Sanger’s legacy.

Conclusion

Margaret Sanger remains one of the most complex and contested figures in the history of reproductive rights. As this thesis has explored, understanding her legacy requires grappling with both her remarkable contributions to women’s autonomy and the troubling dimensions of her involvement with the eugenics movement. By examining her life, her feminist advocacy, and her engagement with eugenic ideas, this study has sought to paint a more nuanced portrait of a woman who cannot be easily categorized.

The first chapter traced Sanger’s life, illustrating how her personal experiences shaped her lifelong commitment to women’s reproductive rights. Growing up in a family affected by poverty and witnessing the suffering caused by repeated pregnancies, she developed a profound awareness of the consequences of a lack of reproductive control. These early experiences helped forge her empathy and fueled her determination to create avenues for women to access birth control and education about their own bodies. Understanding Sanger’s personal history is essential because it situates her advocacy not as an abstract ideology but as a response to concrete social realities, hardships, and injustices. Her life story is a lens through which we can see both her courage and the limits imposed by the historical context in which she lived.

The second chapter delves into Margaret Sanger's passionate advocacy for women's rights and her commitment to promoting reproductive health. Sanger is depicted as a pioneering figure who bravely confronted the deep-seated social, cultural, and legal barriers that restricted women's independence and choices. Through her innovative initiatives, she empowered women by providing them with essential knowledge about their bodies and reproductive options.

Sanger dedicated her life to ensuring that birth control was accessible to all women. She sought to educate them about their reproductive health, challenging a societal norm that often aimed to control rather than honor female sexuality. Despite her significant contributions, her engagement with the Black community drew criticism. Several scholars accused Sanger of harboring racist views when they argued that she aimed to control the African American population. This criticism highlighted her controversial statement about wanting to "exterminate the negro population," which sparked intense debate about her motives and legacy.

The third chapter looks at Margaret Sanger's link to the eugenics movement, which reveals a more complicated side of her work. Although her advocacy was based on feminist principles, she also adopted eugenic ideas that were common in early twentieth-century America. Sanger supported restricting reproduction among groups she considered "unfit," reflecting the scientific beliefs and social biases of her time. This part of her views is important to recognize because it complicates the idea that she was just a champion for women’s rights. It shows the conflict between her progressive goals for women and the broader societal beliefs that shaped and sometimes skewed her advocacy. Sanger’s involvement with eugenics was neither steady nor uncritical, but it leaves a legacy that needs careful thought and ethical consideration.

Margaret Sanger’s story shows that she cannot be seen just as a feminist icon or only as a supporter of eugenics. She was influenced by her time and was a forward-thinking person who faced the limits placed on women. Her life and work remind us that social movements and historical figures are often complex, influenced by a mix of moral, social, and scientific factors. Recognizing Sanger’s role in improving reproductive rights does not ignore the ethical issues related to her support for eugenics. Instead, it encourages a clearer and more balanced view of her legacy.

Ultimately, Sanger’s story challenges us to think about how advocacy and ideology can conflict with each other. It shows us that progress can involve difficult compromises. Her legacy teaches us that seeking justice, especially reproductive justice, requires courage and careful thought. By looking at her life, feminist initiatives, and connections to eugenics, this thesis highlights the need for a thoughtful historical perspective. We should acknowledge her contributions to women’s rights while critically examining the flaws of her time and her actions. In conclusion, Sanger embodies contradictions: she was a feminist influenced by eugenics, a visionary with flaws. Her life offers important lessons about the complexities of social change and the responsibilities that come with it.

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مارغريت سانجر، الحقوق الإنجابية، وحركة تحسين النسل: مقاربة للتوترات بين الدفاع النسوي والعنصرية العلمية

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الملخص

تستكشف هذه الأطروحة حياة ومساهمات مارغريت سانچر، وهي شخصية برزت في بدايات حركة تحديد النسل، تي تهدف لدراسة الصراعات بين النضال من أجل الحقوق الإنجابية وتأثير أيديولوجية حركة تحسين النسل في أوائل القرن العشرين . سانچر كانت مناصرة رائدة؛ فقد تحدت القوانين القمعية، وأنشأت عيادات، وأسست منظمات عززت وصول المرأة إلى وسائل منع الحمل وبذلك، دفعت بمعارك نسوية من أجل الاستقلال الجسدي وساهمت في إرساء أسس الحقوق الإنجابية المعاصرة وبالرغم من ذلك، فإن إرث سانچر معقد بسبب ارتباطها بحركة تحسين النسل التي إرتبط إسمها بالممارسات العنصرية ضد الأفراد من الأعراق الدونية في وقت أثرت فيه مفاهيم حركة تحسين النسل بشكل كبير على الصحة العامة والسياسة الاجتماعية، غالبا ما قدمت حركة تحديد النسل كوسيلة لتحسين المجتمع مع تمكين المرأة في الوقت نفسه مكنتها هذه الاستراتيجية من تشكيل تحالفات سياسية والحصول على الموارد، لكنها ربطت حركتها أيضا بالتفاوتات العرقية والطبقية بالنسبة للعديد من المجتمعات الأمريكية الأفريقية وغيرها من الفئات المهمشة، أثار هذا مخاوف من أن تحديد النسل لم يكن مرتبطًا بالاختيار الفردي بقدر ما كان مرتبطًا بالتحكم في السكان وتنظيم حقوقهم الإنجابية من خلال دراسة كتابات سانچر وخطاباتها العامة وأعمالها الأكاديمية، تبرز هذه الأطروحة الجوانب التحررية والإقصائية لجهودها وتفترض أن إرث سانچر لا يمكن اعتباره مجرد إنجاز نسوي أو مشاركة في تحسين النسل؛ بل إنه يجسد تقاربا معقدا بينهما يظهر سرده كيف يمكن لحركات التغيير الاجتماعي أن تشكل تحديا وترسيخا لأوجه عدم المساواة في عصر .