

Book Review

Birth Control Battles: How Race and Class Divided American Religion

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Despite the harm that the COVID-19 pandemic has caused families, from the infection of four million children (American Academy of Pediatrics and Children's Hospital Association 2021) to the deaths of the parent or grandparent caregivers of more than 140,000 children by Fall 2021 (Hillis et al. 2021), proposals to support families during the pandemic have been met with criticism. Caretaking leave legislation excluded most employees (Glynn 2020), and direct aid was inadequate (Foster, 2021). Additional relief to families was not scheduled to arrive until July 2021—eight months after the previous check, and families received only one additional boost of financial support, a \$1,600 cheque that was significantly less than the \$2,000 he had promised during his campaign, during the first year of Democrat Joe Biden's presidency. The social welfare infrastructure of the president's proposed Build Back Better plan was opposed by every single Republican member of the US House of Representatives before stalling in the Senate. Why? Why are so many US politicians and everyday Americans opposed to providing financial support for families with children during a life-or-death crisis?

Within the first few online comments on almost any article about COVID-19 relief for families, you will find the start of the answer: *You shouldn't have children if you can't afford them.* The commentator often notes the availability of cheap, effective contraception in the US, which makes giving birth to children whose financial needs you cannot meet a burden to responsible taxpayers—the kinds who are not rewarded with major tax deductions merely because they reproduced. 'Having children you can't afford' does not just harm those children, who, it is implied, were better off never conceived, but is an act of bad citizenship. Indeed, it is framed not just as a theft from the other taxpayers but as an assault against Earth itself, which cannot support continued population growth.

We are nearly a century after the debates described in Melissa J. Wilde's *Birth Control Battles: How race and class divided American religion*, and, while new forms of contraception have been widely accepted and adopted in the USA, early 20th century fears about a nation overrun by the irresponsible poor continue to animate conversations, if in ways that are less overtly racist than previously. Wilde uses 1926 as the baseline for her study, a time when changes in immigration and urbanisation contributed to fear, especially among elites, about the inability of Western (white, Protestant) culture to preserve itself. At the same moment, the Social Gospel provided a theological framework to justify political intervention in social problems, while eugenics supplied a scientific solution to the problems that white Protestants had identified. Wilde discovers that, between 1929 and 1931, more than 25% of the largest and most prominent religious groups in the US liberalised on the issue of birth control (p. 77), adopting a 'Eugenic Gospel' (p. 102). In short, 'whether a particular religious group supported legalising access to contraception circa 1930 had nothing to do with whether they were feminist or concerned about women's rights' but was primarily

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motivated by ‘whether they were believers in the white supremacist eugenics movement and thus deeply concerned about reducing some (undesirable) people’s fertility rates’ (p. 1-2). Birth control was either a sin or a duty—depending on who was using it—but motivation for its legality and availability was, generally, racist.

Birth control advocacy makes strange bedfellows. This is the first takeaway of Wilde’s book. Using a comparative-historical sociological approach, Wilde identifies a sample of American denominations that she then assigns to one of four categories determined by their belief in the Social Gospel and concern about ‘race suicide’—‘undesirables’ demographically overpowering white elites. Drawing from denominational magazines as well as the writing of religious leaders in birth control and eugenics literature, she codes the religious groups on additional issues that could conceivably be connected to attitudes toward birth control in general, including abolition, Prohibition, women’s suffrage, beliefs about evolution, their stance on fundamentalism v. modernism, their engagement with feminism, and their relationships with birth control and eugenics organisations, plus their geographic location and relative affluence. Wilde’s analysis allows us to see how Southern Baptists could be eugenicists yet reject birth control because they did not uphold the Social Gospel theologically and already oppressed Blacks with ‘a set of well-established institutions of racial domination,’ making birth control unnecessary for white domination (p. 220).

Wilde deftly explains how Reform Jews supported the birth control movement for reasons related to class, even as the birth control movement eugenically targeted Orthodox Jews who had arrived in the US after pro-birth control Reform Jews. Wilde also identifies Mormons, Orthodox Jews, Catholics, and Missouri Synod Lutherans—people who might otherwise not have much in common but who were outsiders to the intellectually elitist white Protestantism of nativist Americans—as critics of race suicide, eugenics, and birth control (p. 135). Unsurprisingly, historically Black denominations were critical of eugenics. The author gives attention to those she labels ‘supporters,’ ‘critics,’ and ‘silent groups,’ but readers are likely to find most interesting her analysis of early liberalisers and subsequent promoters of contraception.

The importance of Wilde’s work in understanding the role of religion in the history of reproduction in the US can hardly be overstated: religious groups were so important to the eugenics movement that nearly a quarter of the American Eugenics Society’s budget was devoted to outreach to clergy (p. 66). Groups with quite different theologies still cooperated in promoting birth control because of their desire to maintain hegemonic power. Indeed, birth control advocates generally also supported the period’s immigration quota reforms while they also sought to restrict ‘immigration from Heaven’ (p. 86). Wilde’s engagement with theology as well as politics helps readers understand how a denomination could encourage birth control among others without encouraging it internally.

Underlying the fear and activism of the early liberalisers was the notion that people are unchanging, so birth control, including forced sterilisation if necessary, was the best way to achieve God’s kingdom on Earth. The author reformers did care about education; ‘their solution was that the highly educated should breed more, not that all people should become more highly educated’ (p. 85). Though they sent missionaries abroad, the religion of immigrants to the US was seen as ‘immutable and they were thus not convertible’ (p. 92). Contraception was ‘essential to eliminating the reproduction of poverty’ (p. 101) because the conditions of poverty—poor character, non-whiteness, non-Protestant religion—were viewed as heritable, factors that were sexually, not socially, reproduced. If early birth control liberalisers were not in explicit agreement with racist novelist Thomas Dixon that, as expressed by the white, Northern, liberal Senator Everett Lowell in *The Leopard’s Spots: A romance of the white man’s burden--1865-1900*, that ‘[o]ne drop of [a Black man’s] blood in my family could push it backward three thousand years in history’ (Dixon, 1902: 394), they nonetheless supported the idea that human progress required eradicating the genetic threat that poor people presented.

Over time, early liberalisers’ concerns about human flourishing turned into concerns about environmental disaster, concern for the gullibility of immigrants who would fall prey to political machines was replaced with concern about the sexual ignorance of people in ‘poorer countries’, worry about urban immigrants’ fecundity was replaced with concern about the neediness of urban Black women, and the language of ‘race suicide’ and explicit calls for eugenics were replaced with gentler language about population control (p. 183). Calls for ‘responsible parenthood’ put more onus on individuals who, by the 1960s, had ever greater access to contraception and thus less excuse not to use it. Even as birth control supporters became more sensitive to being seen as eugenicists (p. 192), the logic of eugenics and the rhetoric of disaster and decline, not of women’s rights, continued to inform calls for lowered fertility among the world’s poor.

While contemporary readers may assume that support for contraception was rooted in support for women, their health, and their agency, ‘[i]n actuality,’ Wilde warns, ‘the story is a bit more complicated’—and much more grim—‘than many, especially religious progressives, might expect’ (p. 58). She tells the story carefully, with sharp analysis, engaging examples, and insights that remind us again and again that race, class, religion, and gender intersect in complex ways. However, Wilde does not address *why* this history is not widely known about religious and, later, political progressives, when the eugenics origins of contraception are commonly cited in contemporary anti-contraception and anti-abortion rights arguments. While such activists do not invoke the precise details that

Wilde uses, they have long deployed the argument that Wilde so carefully establishes: that the roots of birth control are racist, classist, and ableist and that, though birth control liberalisers of the past expressed views ‘at odds with the values espoused by progressive religious groups’ today, contemporary birth control, including abortion, aims to solve social problems by preventing the birth of children who would be non-white, poor, or disabled. The fact that the birth control movement has its roots in white supremacy (and that the development of the contraceptive pill relied on the exploitation of Puerto Rican women (Womack, 2020)) has been utilised by both white and Black anti-abortion rights activists since the 1960s (Caron, 1998) in campaigns calling abortion ‘Black genocide’ or a contemporary ‘Maafa’ or claiming that ‘the most dangerous place for an African American child is in the womb.’ Other contemporary critics note that birth control is often ideologically linked to ecofascism, or identify calls to reduce fertility in high birth rate nations as efforts to maintain the high levels of consumption common in the capitalist West at the expense of larger families in majority non-white nations.

Wilde only mentions contemporary debates about birth control briefly in closing comments, but that readers can so easily imagine a next chapter in *Birth Control Battles* means she has laid a foundation for continued examination of the questions she raises. For me, her work is a gift to scholars of religion, gender, class, and immigration who work from both historical and sociological perspectives, modelling precise qualitative methods and careful reading and interpretation. *Birth Control Battles* belongs on graduate and advanced undergraduate syllabi and would teach well in conversation with R. Marie Griffith’s *Moral Combat: How sex divided American Christians and fractured American politics*, Sara Moslener’s *Virgin Nation: Sexual purity and American adolescence* and Monique Moultrie’s *Passionate and Pious: Religious media and black women’s sexuality*, each of which has important overlap with *Birth Control Battles* while approaching their topics from other angles.

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