

Birth Control Pill Trials in Sri Lanka: The History and Politics of Women's Reproductive Health (1950–1980)

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Summary. This paper draws on the history of the birth control pill in Sri Lanka to illustrate how the broader global discourse of population control was played out in the Sri Lankan national context. Utilising a cross reading of research reports and correspondence between local and international family planning pioneers such as Gregory Pincus, Clarence Gamble, John Rock and Siva Chinnatamby, I show how Sri Lanka became a laboratory for global pill trials. This prompted a discussion on contraception that revolved around morality and ethnicity resulting in the pill being labelled *vanda pethi* (sterility pills) by the 1960s. *Vanda pethi* became *Mithuri* (female friend) through the IPPF funded programme on social marketing of contraceptives in 1974. Analysing this programme I show how the women's bodies of Sri Lanka became the ground on which ethnic politics at the local level, and liberal market forces at the global level, were played out through the introduction of the pill.

Keywords: the pill; Sri Lanka; Ceylon; clinical trials; women's health; *Mithuri*

Introduction

This essay engages critically with the history of birth control pill trials in Sri Lanka (Ceylon) by placing it within the wider politics of the global pill trials which were conducted from the mid 1950s onwards. When Dr Gregory Pincus of the Worcester Science Foundation in Boston presented this new invention—the contraceptive pill—in 1959 at a conference in Delhi, Dr Siva Chinnatamby asked him to assist her in starting a trial of the oral contraceptive pill in Ceylon. Ceylon was the first country in South Asia to voluntarily undertake clinical trials of the pill, in 1961. This historical moment points at two intriguing questions. First, at the global level, why did the US led pill team select Sri Lanka as a site for trials? Secondly, at a local level, how can we understand the shift in local understandings of the pill, from *vanda pethi* (sterility pills) in 1969 to *Mithuri* (female friend) by the mid 1970s?

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Ceylon was under the rule of Western powers for nearly four centuries when the British granted independence in 1948. The Portuguese (1505–1656) and the Dutch (1656–1796) held only the maritime areas of the island, but the British ruled over the entire island from 1815 to 1948. The post-independence state of Sri Lanka had pursued a set of discriminatory policies such as disenfranchisement of the plantation section of the Tamil population in 1948, the Sinhala Only Act of 1956, discrimination in recruitment to public services in the 1960s and declaration of Sinhala as the only official language of the country in the first Republican constitution in 1972.¹ These policies exacerbated a communal issue into an 'Ethnic War' between the majority Sinhalese population and minority Tamil population in the country for decades.²

Tracing the pill's historical trajectory in Sri Lanka is an attempt to find meaningful ways to articulate encounters, ruptures and developments within the history of women's health and bodies in Sri Lanka, which was essentially fashioned with various ethnic, religious and national forces. I have engaged with both archival and oral history research methods to trace the trajectory of the pill in Sri Lanka. This includes consulting correspondence between the inventor of the pill at the Worcester Foundation in Boston and the gynaecologist who conducted trials of the pill in Sri Lanka, contemporary newspaper articles and conducting interviews with two gynaecologists (one is a retired Medical Director at the Family Planning Association of Sri Lanka and the other is the Dean of the Faculty of Medicine, University of Colombo in 2010) who remember the pill trials and delivery in Sri Lanka.³

The first part of this paper examines the role played by Sri Lanka with regard to international efforts employed in developing and delivering the pill to South Asia. How was Ceylon selected as a trial site? Did it manage to conduct the trials to the satisfaction of the inventors of the Pill? The second part of the paper focuses on the emergence of *vanda pethi* in the 1960s, the phrasing of the term by the Sinhalese Buddhist extremist nationalists, rebranding of the pill to an ethnic free connotation—*Mithuri*—in the early 1970s and making it more easily accessible at grocery shops and pharmacies over the counter. I interrogate this shift—from *vanda pethi* to *Mithuri*—by exploring how the pill was constructed and reconstructed in medical, women's health and ethnic political

¹With the promulgation of the first republican constitution in 1972 Ceylon became Sri Lanka and further discriminated against the Tamil community by declaring Sinhala as the only official language of the country.

²Sinhala is the language of the majority in Sri Lanka, while Buddhism is the majority religion. In 1983 the tensions between the two population groups escalated into a full blown ethnic war which was concluded in 2009 with a military victory by the government. See Karthigesu Sivathamby, 'The Sri Lankan Tamil Question Socio-Economic and Ideological Issues', *Security Dialogue*, 1987, 18, 621–35; A. J. Wilson, *The Break-Up of Sri Lanka: The Sinhalese–Tamil Conflict* (London: Orient Longman Limited, 1988); Jonathan Spencer, ed., *Sri Lanka: History and the Roots of Conflict* (London and New York: Routledge, 1990); Kingsley de Silva, *Reaping the Whirlwind: Ethnic Conflict, Ethnic Politics in Sri*

Lanka (New Delhi: Penguin, 1998); A. J. Wilson, *Tamil Nationalism: Its Origins and Developments in the 19th and 20th Centuries* (London: Hurst, 2000); Deborah Winslow and Michael Woost, eds, *Economy, Culture, and Civil War* (Bloomington: Indiana University Press, 2004); Karthigesu Sivathamby, *The Sri Lankan Ethnic Crisis—A Tamil Perspective*, Marga Monograph Series on Ethnic Reconciliation (Colombo: Marga Institute, 2004); Jayadeva Uyangoda, *Ethnic Conflict in Changing Dynamics, Policy Studies* (Washington: East-West Centre, 2007) for a critical analysis of the ethnic conflict that lasted 26 years (1983–2009) in Sri Lanka.

³Correspondence was found in the Countway Medical Library in Boston, Library of Congress in Washington, DC and Rockefeller Archive and Population Council in New York. Newspaper articles were consulted at the National Archives of Sri Lanka.

discourses in Sri Lanka. While the shift from *vanda pethi* to *Mithuri* removed the ethnic connotation attached to the pill, it also put women's bodies at risk as *Mithuri* could be easily accessed without prior medical examination.

In order to contextualise the two main questions at both global and local levels, a brief historiography of twentieth-century population control is necessary before moving on to specific study of the Sri Lankan case.

Historiography of Twentieth-Century Population Control

Population is a field of study within a number of disciplines, such as economics, development studies, political economy, demography, geography, agriculture, women's studies, reproductive health and sexuality, history of medicine, public health, international relations and biology. By drawing up a connection between population growth, food production and labour force, British political economist Thomas Malthus published a very influential idea on population in *An Essay on the Principle of Population* in 1798. Thereafter scientists started analysing population within three primary variables—natality, mortality and migration—birth, death and space.⁴

Many historians writing from Marxist, feminist and postcolonial traditions perceive eugenics as the predecessor of population control, which 'changed its name and to some extent its clothes' after the Second World War.⁵ Eugenics was essentially about fertility regulation and the two aspects of fertility—quality and quantity—were termed 'positive eugenics' and 'negative eugenics' respectively in the early twentieth century.⁶ 'Positive eugenics' was promoted in the early twentieth century in response to two fears. The first was the fear of declining numbers in Europe (reduction of the best stock) and the second was of the increasing numbers of the colonised (proliferation of the bad stock). Bashford and Klausen remind us that there was a rapid decline in the population growth rate from the 1880s in Europe which was widely perceived as 'a key component of "degeneration"'.⁷ The corrective measure proposed by the West was negative eugenics. As Stoler puts it, the target of 'negative eugenics' was the 'unfit', 'the poor', 'the colonized' and 'unpopular strangers'.⁸

According to negative eugenics, sterilisation was the solution to limit the growth of problem populations. This was a particularly popular method suggested to curb Asia's burgeoning population. Margaret Sanger's Birth Control International Information Centre organised a conference on 'Birth Control in Asia' between 23 and 25 November 1933 at the London School of Hygiene and Tropical Medicine. The aim of the conference

⁴Alison Bashford, *Global Population: History, Geopolitics and Life on Earth* (New York: Columbia University Press, 2014), 19.

⁵E.g. Alison Bashford, 'Internationalism, Cosmopolitanism and Eugenics', in Alison Bashford and Philippa Levine, eds, *The Oxford Handbook of the History of Eugenics* (Oxford: Oxford University Press, 2010), 164; Betsy Hartmann, *Reproductive Rights and Wrongs: The Global Politics of Population Control*, rev edn (Boston: South End Press, 1995); Mohan Rao, *From Population Control to Reproductive Health: Malthusian Arithmetic* (New Delhi: Sage Publications, 2004); Matthew Connelly, *Fatal Misconception: The Struggle to control World Population*

(Cambridge, MA: The Belknap Press of Harvard University Press, 2008) to name a few.

⁶Diane B. Paul and James Moore, 'The Darwinian Context: Evolution and Inheritance', in Bashford and Levine (eds), *Oxford Handbook of the History of Eugenics*, 31.

⁷Susanne Klausen and Alison Bashford, 'Fertility Control: Eugenics, Neo-Malthusianism and Feminism', in Bashford and Levine (eds), *Oxford Handbook of the History of Eugenics*, 98.

⁸Anne Stoler, 'Making Empire Respectable: Race and Sexual Morality in 20th century Colonial Culture', *American Ethnologist*, 1989, 16, 634–60, at 644.

was to discuss the 'economic and political problems created by pressure of excessive populations in Eastern territories'.⁹ One Dr de Silva from Sri Lanka (then Ceylon) had attended this conference. These conferences helped to create the ideology of population control in Asia among the policy makers and academics of Asia, which was termed by Hartmann as 'conventional wisdom'.¹⁰ Hartmann also observed that according to this ideology 'the only way out for the poor is to stop being born', which was justified by the rich and powerful 'by a wave of a magic wand' called population control programmes.¹¹ Affirming this, Klausen reminds us that by the 1930s there were active birth control movements in at least 30 countries around the world.¹²

Further, Alison Bashford's extensive work on population shows that concern about 'overpopulation' and efforts to mobilise around it began in the early twentieth century certainly long before the idea of the population bomb, proposed by Paul Ehrlich in the 1960s.¹³ However, Sarah Hodges correctly points out that the vast majority of significant state and international organisation practices on overpopulation arose during the second half of the twentieth century.¹⁴

After the Second World War, one of the most influential American economic historians, W. W. Rostow, put forward a theory on the stages of economic growth as a way to overcome the chaos created in the world.¹⁵ Within this formula, population growth was seen as a state of poverty, destitution, traditional attitudes and under-development, and thus a tendency to be pro communist. Due to his academic and political affiliations during the 1950s and 1960s, this hypothesis had an enduring influence on a whole generation of economic and development planners.¹⁶ Within this context, population control eventually became a formal element of US foreign policy, part of Cold War attempts to contain the spread of Communism. Analysing the world's first intergovernmental agreement on family planning—the Swedish-Ceylon Family Planning programme of 1958—I have shown elsewhere how global population debates, Cold War politics, and development aid in the north were transferred to and influenced national development plans of post-colonial states in the south.¹⁷ The first stage of the Swedish-Ceylon Family

⁹Wellcome Library, London, Reference to the pamphlets/programmes on the Birth Control in Asia Conference PP/EPR/F. 1/2.

¹⁰Hartmann, *Reproductive Rights and Wrongs*, 3.

¹¹*Ibid.*, 34.

¹²Susanne M. Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa, 1910–1939*, (London and New York: Palgrave Macmillan, 2004), 9.

¹³Bashford, *Global Population*, 1–25.

¹⁴Sarah Hodges, 'Review Article: Malthus is Forever: The Global Market for Population Control', *Global Social Policy*, 2010, 10, 120–6.

¹⁵W. W. Rostow, *The Stages of Economic Growth: A Non-Communist Manifesto* (Cambridge: Cambridge University Press), 1960.

¹⁶Walt Whitman Rostow became the professor of economic history at the Massachusetts Institute of Technology in 1950; a year later he received a dual appointment as a professor at MIT's Center for International Studies, which was funded by the CIA.

In 1960, Rostow became the deputy special assistant for national security affairs in the Kennedy administration. From 1961 to 1966 he became the chairman of the Policy Planning Council under the administrations of both Kennedy and Lyndon B. Johnson who became president following Kennedy's assassination in November 1963. <http://www.anb.org/articles/14/14-01158.html?from=.07/07-00152.html&from_nm=Kennedy%2C%20John%20Fitzgerald>, accessed 2 March 2013.

¹⁷Darshi Thoradeniya, 'Altruism, Welfare, or Development Aid? Swedish Aid for Family Planning in Ceylon, 1958 to 1983', *East Asian Science, Technology and Society: An International Journal*, 2016, 10, 423–44: Even though India launched a national family planning programme in 1952, the Indian government did not enter into an agreement with another country on family planning, whereas the Ceylonese government entered into an agreement with the Swedish government to develop a family planning project.

Planning programme concentrated on conducting an attitudinal study to find out whether the Ceylonese were planning minded.¹⁸ As Connelly reminds us, planning was seen by the leaders of newly independent nations as well as international and non-governmental organisations as a means to achieve modernisation.¹⁹ Ceylon was one of the early entrants to the debates on global population control.

Reviewing key works in history of population control (Hartmann, Connelly, Halfon, Rao and Simon-Kumar) Hodges shows how Malthus is ever present with his idea of 'struggle for room and food' through different avatars in framing population policies in the Third World.²⁰ In short, population became an economic and security issue to the West during the Cold War era, thus population control in Asia was seen as the responsibility of the West and this had a profound effect on the development of the pill.

As part of this ideology, private individuals such as the American Philanthropist Dr Clarence Gamble (heir to the Proctor and Gamble soap company fortune) and foundations such as the Rockefeller Foundation became keen to find a scientific and technological birth control method in the 1950s in place of existing barrier systems such as spermicidal sponge and jelly methods.

Invention of the Pill at the Worcester Foundation

The oral contraceptive pill was invented at the Worcester Foundation for Experimental Biology in Shrewsbury, Massachusetts. The pill has three 'founding fathers', namely, Dr Gregory Pincus and Min-Chueh Chang of the Worcester Foundation and John Rock, an obstetrician-gynaecologist at Harvard Medical School.²¹ Apart from these three scientists, there were two energetic women who encouraged and funded the pill trials—Margaret Sanger, the founder of Planned Parenthood of America who had an unstinting belief in an oral contraceptive, and Katherine McCormick, the financial supporter of the pill.²²

Sanger wanted to find a contraceptive technique that would grant women full control over their fertility without the cooperation of the male. 'Since women became pregnant,' she reasoned, 'they should be in charge of contraception'.²³ For McCormick the pill marked a 'sex revolution for human beings. ... The oral contraceptive vitally concerns women and their bodies'.²⁴ In that sense these two women were interested in the invention of an oral contraceptive pill in order to empower women.²⁵ Analysing

¹⁸Population Council, Ceylon, 'Ceylon: The Sweden-Ceylon Family Planning Pilot Project', *Studies in Family Planning*, 1963, 1, 9–12.

¹⁹Connelly, *Fatal Misconception*, 8.

²⁰Hodges, 'Review Article: Malthus is Forever'.

²¹Within the scientific community Chang was known as 'the sperm man' while Pincus was known as 'the egg man': Lara Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (New Haven, CT and London: Yale University Press, 2001), 90.

²²Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001), 204.

²³Elizabeth Siegel Watkins, *On the Pill: A Social History of Oral Contraceptives 1950–1970* (Baltimore, MD

and London: The John Hopkins University Press), 14. See the following books for background on the feminist movement for birth control prior to the invention of the pill: Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana: University of Illinois Press, 2002); John D'Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (Chicago: University of Chicago Press, 1988, 1997); E. T. May, *America and the Pill: A History of Promise, Peril, and Liberation* (New York: Basic Books, 2010).

²⁴Marks, *Sexual Chemistry*, 53–4.

²⁵*Ibid.*, 53.

correspondence between Margaret Sanger and the economist John Maynard Keynes in 1927, Bashford points out that fertility regulation (from its very early stages) was not exclusively a feminist, health based concern, but very much a geopolitical concern put forward by prominent men such as Keynes, Oliver Baker (a long standing expert within the US Department of Agriculture) and Julian Huxley (first director-general of the United Nations Educational, Scientific and Cultural Organisation). Fertility regulation was seen as a 'means by which food scarcity might be ameliorated, war averted and global security achieved'.²⁶ That is perhaps one of the reasons for neo-Malthusians to perceive contraception as a humanitarian project.

After much deliberation, out of 15 progestational compounds, Pincus decided on 'nortethynodrel with 1.5 per cent mestranol' as the oestrogen component and the whole compound was patented as 'Enovid' in 1959 and approved by the Food and Drug Administration (FDA) of America in 1960.²⁷

The most difficult part in the process of the invention of the Pill was conducting large-scale human trials. Lara Marks reminds us that contraceptive research was still illegal in Massachusetts in 1954, thus large-scale human trials were not possible at the beginning.²⁸ Furthermore, finding 'suitable research subjects who would be willing to follow complicated rules and undergo intense scrutiny and sometimes even surgical investigation' was very difficult.²⁹ In her letters to Sanger, McCormick described finding women for the trials as a 'headache'.³⁰ After much discussion and deliberation the Pill team decided to conduct human trials in New York, Puerto Rico, Japan, Hawaii, India and Mexico.³¹ At this stage Ceylon was not on their minds as a trial site.

Early Pill Trials

Successful human trials were finally carried out in Rio Piedras, a suburb of San Juan (in a new housing project) in Puerto Rico, in 1956. The pill, 'Enovid,' by G.D. Searle & Company was used in these trials.

Although the pill team originally intended to conduct trials in India, they changed their plans and settled on Ceylon as a site for trials. What was the reason for this change of the trial site from India to Ceylon? Were large-scale human trials not feasible in India? Did the team opt to drop India once Ceylon, India's closest neighbour, volunteered? Puerto Rico and Ceylon have lot of similarities as early trial sites. Lara Marks points out five reasons for the pill research team to consider Puerto Rico as an ideal setting for human trials. First, Puerto Rico had no laws prohibiting contraceptive research; second, it had an active family planning movement and a well-established network of birth control clinics; third, the growing population and poverty in Puerto Rico; and fourth, women were either semi-literate or illiterate. Lastly, since Puerto Rico is an island, the population was relatively stationary so could be easily monitored. In agreement with this, Reed points out, 'Puerto Rico is the most studied "underdeveloped" area of the world' so it qualified as the ideal site for trials of the pill.

²⁶Bashford, *Global Population*, 212.

²⁷Paul Vaughan, *The Pill on Trial* (London: Weidenfeld and Nicolson, 1970), 44 and Marks, *Sexual Chemistry*, 107.

²⁸Marks, *Sexual Chemistry*, 97.

²⁹*Ibid.*, 98.

³⁰*Ibid.*

³¹*Ibid.*

All the above mentioned characteristics which qualified Puerto Rico as ideal for clinical trials of the pill were very similar to the context of Ceylon, except for the level of women's literacy. Although Reed and Marks both saw the low literacy rate of the Puerto Rican women as a positive factor in conducting pill trials, Chinnatamby saw the high literacy rate of Sri Lankan women as a positive factor in terms of understanding the regimen of taking the pill.

According to Marks, while Pincus' pill was being developed in Massachusetts, Dr S. N. Sanyal at the Calcutta Bacteriological Institute in India was testing another oral contraceptive in 1949.³² It was manufactured of the oil from a plant called the *Pisum Sativum* Linn, the common field pea in India. The contraceptive ingredient was metaxylohydroquinone.³³ Sanyal's experiment was funded by Dr Clarence Gamble. Gamble's mission was 'to find a cheap contraceptive to control the population of the less developed areas of the world'.³⁴ For that he placed paid workers at different geographies to work as family planning propaganda officers. One such energetic officer was Margaret F. Roots, who worked in Sri Lanka in the mid 1950s. Her reports to Gamble kept him informed of the internal politics of the country and its family planning programme.³⁵ Gamble's correspondence with John Rock confirms that Pincus did not want to experiment with Sanyal's contraceptive ingredient—metaxylohydroquinone. Furthermore, Pincus doubted the scientific basis of Sanyal's work.³⁶ Nevertheless, Gamble was quite confident about Sanyal's experiments because at his request, one of his friends from California did a 'Sherlock Holmes job' for him on Sanyal's trials and verified that he was doing a good job.³⁷

Although Pincus did not want to interfere with Sanyal's pill, he was still interested in conducting human trials in India as agreed by the Boston pill team. They attempted to launch a trial in India by informing Lady Dhanwanthi Rama Rau, the founding president of the Family Planning Association (FPA) of India (established in 1949), of the success of the pill experiments. In January 1956, Pincus wrote to Rau: 'The results are extraordinarily uniform and so encouraging that we are planning to go ahead with field trials. The amount of material which is available for testing is at present rather limited, but I may be able to secure enough for tests in India.'³⁸ I have been unable to find any evidence that she replied. Nevertheless, a month later, Pincus approached Dr John B. Wyon, Field Director of the India-Harvard-Ludhiana Population Study (commonly known as the Khanna study) to check the possibility of testing one of the two newer oral contraceptive

³²*Ibid.*, 48.

³³Dr Sanyal to Dr Clarence Gamble, 29 April 1955, Gamble Papers, Box 81 Folder 1286, Countway Medical Library of Harvard University, Boston, MA (henceforth CML of Harvard University) and Dr Gamble to Mr Sherer, 30 June 1960, Gamble Papers, Box 85 Folder 1352, CML of Harvard University.

³⁴For that he placed paid workers at different geographies to work as family planning propaganda officers. One such energetic officer was Margaret F. Roots who worked in Sri Lanka in the mid 1950s. Her reports to Gamble kept him informed of the internal politics and family planning programme of the country.

³⁵Letter from Mrs Margaret F. Roots to Dr Clarence Gamble, 25 September 1956, Countway Library of Medicine of Harvard University, Gamble Papers, Box 182 Folder 2862.

³⁶Dr Gamble to Dr John Rock, 11 April 1955, Gamble Papers, Box 195 Folder 3084, CML of Harvard University.

³⁷Dr Clarence Gamble to Dr John Rock, 31 March 1955, Gamble Papers, Box 195 Folder 3084, CML of Harvard University.

³⁸Pincus to Lady Rama Rau, 3 January 1956, Gregory Pincus Papers, Box 23, Manuscript Division, The Library of Congress, Washington, DC (henceforth LOC).

substances used in his project.³⁹ However, his request was declined on the 'grounds of safety and effectiveness of the substance'.⁴⁰

Further attempts to involve India took place in October 1957 when Gamble approached Dr Leroy Allen, a representative of the Rockefeller Foundation in India and former head of Public Health at the Christian Medical College in Vellore in the state of Madras.⁴¹ After discussing the matter with Colonel Raina, the Family Planning Officer at the Ministry of Health, Dr Allen wrote back to Gamble, in April 1958, that India was 'unlikely to authorise the import of any of the steroids which inhibit ovulation at this time' and was of the opinion that there was 'insufficient information at hand to certify their safety and long term effect'.⁴² Referring to correspondence between the birth control magnates of India, Williams points out that 'the Gandhian legacy' carried out faithfully by Indian officials in the Ministry of Health in the early 1950s 'did not leave space for any form of contraception other than the rhythm method'.⁴³

All evidence points to the fact that the Indian Government rejected all requests of the Boston pill team to conduct pill trials in India. The Government was unwilling to submit women to clinical trials when the safety and long-term effect of the pill was still unknown. It was then that the Boston pill team turned to Ceylon.

Sri Lanka's Role in Global Pill Trials

The story of the pill in Sri Lanka commenced with a chance encounter between Dr Siva Chinnatamby and Dr Pincus. They met in Delhi in 1959 at an international conference on family planning and population control organised by the IPPF. At this conference, when Pincus presented this new invention—the Pill—Chinnatamby asked him to assist her in starting a trial of the oral contraceptive pill in Ceylon.⁴⁴ Chinnatamby attended this conference in her capacity as the Medical Director of the Family Planning Association of Ceylon which is a non-governmental organisation.

Chinnatamby, an unmarried Tamil gynaecologist, was born in 1921 in Jaffna, the 'capital' of ethnic Tamils in Sri Lanka. She belonged to a wealthy Jaffna Hindu Tamil *Vellala* family.⁴⁵ She entered the Medical Faculty of the University of Colombo. Colombo, the

³⁹Pincus to Dr John Wyon, 20 January 1956, Gregory Pincus Papers, Box 20, Manuscript Division, The LOC, Washington, DC.

⁴⁰Wyon to Pincus, 27 January 1956, Gregory Pincus Papers, Box 20, Manuscript Division, The LOC, Washington, DC.

⁴¹Gamble to Pincus, 2 October 1957, Gregory Pincus Papers, Box 25, Manuscript Division, The LOC, Washington, DC.

⁴²Gamble to Pincus, 19 May 1958, Gregory Pincus Papers, Box 95, Manuscript Division, The LOC, Washington, DC.

⁴³I am grateful to my friend and colleague Rebecca Williams for sharing this information gathered during her PhD research in India. By late 1950s other forms of contraception such as foam tablets were introduced to India through the Khanna study. See Sanjam Ahluwalia and Daksha Pamar, 'From Gandhi to Gandhi: Contraceptive Technologies and Sexual Politics in Postcolonial India, 1947–1977', in Rickie

Solinger and Mie Nakachi, eds, *Reproductive States: Global Perspectives on the Invention and Implementation of Population Policy* (Oxford: Oxford University Press, 2016), 124–55 and Sanjam Ahluwalia, *Reproductive Restraints: Birth Control in India, 1877–1947* (Urbana and Chicago: University of Illinois Press, 2008) for a discussion on the Gandhian legacy on sexual politics in India.

⁴⁴Out of fifteen progestational compounds, it was Pincus who decided on norethynodrel with 1.5 per cent mestranol as the oestrogen component, and thus he presented it at the conference. Vaughan, *The Pill*, 31–44 and Marks, *Sexual Chemistry*, 107.

⁴⁵The *Vellala* caste members in the Tamil community are primarily cultivators as are *Goyigama* caste members in the Sinhala community. *Vellala* is the dominant Tamil caste constituting well over 50 per cent of the Tamil population. Today the *Vellala* still comprises a large portion of the Tamil urban middle class. In the past, the *Vellala* formed the elite in the Jaffna kingdom and

capital city, was considered the heart of the ethnic Sinhala community in Ceylon. Chinnatamby was one of the five female medical students of a total of nine in her intake in the early 1940s to qualify as medical doctors. Chinnatamby was the only female student to specialise in gynaecology in her cohort.⁴⁶

Chinnatamby's first experience in obstetrics started in 1947 when she took up the post of House Surgeon at the De Soysa Hospital for Women in Colombo.⁴⁷ After post-graduate training in the UK she returned to Ceylon in 1953 and was appointed as a consultant at the same hospital.⁴⁸ She was also appointed as the Medical Director of the FPA of Ceylon, a post she held for 25 years.⁴⁹ This combination—medical director of a non-governmental organisation (NGO) and a consultant at the premier government maternity hospital in Ceylon—gave her the opportunity to push the government to take family planning on board. According to one of her students, her research activities created 'a momentum for family planning as a health activity in Sri Lanka'.⁵⁰

In the late 1950s, Chinnatamby was dismayed by the practical difficulties of the existing methods of contraception and as the Medical Director of the FPA she had identified that the time was ripe to introduce a modern contraceptive method to Ceylon.⁵¹ Pincus' pill trials came about at a moment when Ceylon was in need of a modern, scientific and technical solution for the existing problems in family planning activities. Chinnatamby thus saw the Pill as the best scientific invention to 'master' the human nature of reproduction by enabling the planning of the previously unplanned families of Sri Lankans in order to make Ceylon a development 'model' for South Asia.⁵²

Chinnatamby invited Pincus to start clinical trials of the pill because she was 'dismayed' by the fact that 'activities in this field at home had almost come to a standstill'.⁵³ According to Chinnatamby, there were numerous reports of practical difficulties encountered in the late 1950s, particularly in the slum settings of Ceylon, in relation to existing methods of contraception, that is, the diaphragm, spermicidal jelly, foam tablets and

were the larger landlords; during the colonial period, they took advantage of new avenues for mobility and made up a large section of the educated, administrative middle class. <http://www.lankalibrary.com/cul/jaffna_castes.htm> and (<<http://www.defonseka.com/k07.htm>>, accessed 1 October 2012.

⁴⁶ <<http://sundaytimes.lk/000109/plus10.html>> accessed 16 July 2012.

⁴⁷ Siva Chinnatamby, 'Perspective on Safe Motherhood Over the Past Four Decades', *Report on the Inter Regional Meeting on Safe Motherhood* 19–23 Aug. 1991 (Colombo: UNICEF: 1992), 10–20, at 2.

⁴⁸ *Ibid.*, 4.

⁴⁹ <<http://www.island.lk/2001/02/22/opinio07.html>> accessed 25 October. 2011. In 1952, Margaret Sanger, Dr Abraham Stone and Mrs Dorothy Brush visited Ceylon on their way back from the World Conference on Planned Parenthood in Bombay. Their visit and support inspired women activists of Sri Lanka to establish the Family Planning Association (FPA) of Ceylon in 1953. The main objective of the founders of the FPA was to give some 'relief through contraception for overburdened incomes, over-

crowded homes, malnourished children and physically exhausted mothers in slum and village'.

⁵⁰ Professor of gynaecology in Colombo interviewed on 9 June 2010 at his office (interviewee anonymised by request).

⁵¹ Chinnatamby, 'Perspective on Safe Motherhood', 6.

⁵² Ceylon had already been identified as a 'model colony' due to the strength of its civil society, the political maturity and sophistication of its leaders: Charles Jefferies (permanent under-secretary at the Colonial Office from 1945 to 1947) quoted in K. M. de Silva, "'The Model Colony"; Reflections on the Transfer of Power in Sri Lanka', in A. J. Wilson and Dennis Dalton, eds, *The States of South Asia; Problems of National Integration* (London: C. Hurst & Company, 1982), 83. Further, Western demographers such as Gunnar Myrdal, *Asian Drama; An Inquiry into the Poverty of Nations, Vol. II*, (New York: Pantheon, 1968) considered Ceylon as a development 'model' for other countries in the region to emulate based on the mortality decline observed in 1950s.

⁵³ Chinnatamby, 'Perspective in Safe Motherhood', 7.

cervical cap. This was due to a lack of privacy for women who had to use common toilets. Also, there were difficulties associated with the care and storage of diaphragms, namely protecting it from crows when drying in the sun and keeping it out of the reach of children.⁵⁴

Once Pincus agreed to shift the trial setting from India to Ceylon, Chinnatamby visited the Worcester Foundation in Massachusetts, Puerto Rico and Haiti as a guest of Pincus.⁵⁵ She spent three months in Pincus' unit in Boston studying the pill trials. On her return to Sri Lanka she was convinced that the Pill was the 'answer to our women of lower socio-economic background as it was for those in the West Indies'.⁵⁶

In 1961, Chinnatamby started to conduct the trials at the family planning clinic of the De Soysa Hospital for Women in Colombo (the first government hospital for women in Ceylon) where she worked as a consultant. It was first called De Soysa Lying-in-home when it was established by Sir Charles Henry de Soysa, a philanthropist from Moratuwa (a southern suburb of Colombo) by donating a part of his house in Colombo. It was opened in 1879 by the then Governor of Ceylon Sir J. R. Longden.⁵⁷ By 1909 it became the premier training institute in midwifery and also a training institute for medical students specialising in obstetrics and gynaecology in 1915, and nursing in 1916. It continues to be the premier training institute for obstetrics and gynaecology even today. In 1921, it housed Asia's first ante-natal clinic. The FPA of Ceylon opened the first family planning clinic, appropriately called 'Mothers' Welfare Clinic', at the De Soysa Hospital for Women on 2 September 1953.

It took six months for Chinnatamby to enrol the first 50 women for pill trials.⁵⁸ By 1964 2,528 women had been enrolled for clinical trials. In this cohort, 49.7 per cent of the participants fell into the lower income category, earning less than 100 Sri Lankan Rupees (approximately 50 pence) per month.⁵⁹ The pill was offered free of charge to women who registered for the trials. According to Chinnatamby, a team comprising a 'social worker, midwife, nurse and house surgeon together with the consultant' carried out the trial.⁶⁰ The information content provided to women participants of the pill trials and their economic status signify that they were destitute and had limited education. Chinnatamby notes that 'leaflets were distributed to the potential users of the pill and charts were displayed indicating the details of the regimen of taking it'.⁶¹

According to the Assistant Medical Director of G.D. Searle and Company, the first trial pills used on Ceylonese women were 2.5mg tablets of 'Enovid' given cyclically.⁶² Chinnatamby attested that 'every woman in the trial underwent a routine pelvic examination, examination of breasts, recording of blood pressure and estimation of body weight etc.'. ⁶³ Since the trials were progressing at a disappointingly slow pace, she

⁵⁴*Ibid.*, 6.

⁵⁵*Ibid.*, 7 and Perdita Huston, *The Right to Choose: Pioneers in Women's Health and Family Planning* (London: Earthscan Publications Ltd, 1992), 48.

⁵⁶Chinnatamby, 'Perspective in Safe Motherhood', 7.

⁵⁷Thilaka Pancharatnam, '100 years of maternity care', *The Sunday Times* (Sri Lanka edition), 25 November 1979, 8.

⁵⁸12th Annual Report of the Family Planning Association 1964-65, Colombo, FPA, 12.

⁵⁹*Ibid.*, 12.

⁶⁰Chinnatamby, 'Perspective in Safe Motherhood', 9.

⁶¹*Ibid.*, 7.

⁶²J. William Crosson (Assistant Medical Director of G.D. Searle & Co.) to Pincus, 13 June 1961, Gregory Pincus Papers, Box 47, Manuscript Division, The LOC, Washington, DC.

⁶³Chinnatamby, 'Perspective in Safe Motherhood', 9.

invited Pincus to 'come to Ceylon and assist her in the trial'.⁶⁴ He arrived on 7 March 1962 and delivered several lectures to scientific organisations and private groups in Colombo.⁶⁵ Later on, the trials included many types of oral contraceptives, containing different progestogens and varying doses of oestrogen supplied by 'Searle & Company, Organon, British Drug House, London Rubber Company and Wyeth International and Schering' as arranged by Pincus.⁶⁶

At a global level, it was pertinent for the Boston pill team to conduct pill trials at different geographic locations in order to minimise the possible side effects and produce the most effective pill. This became imperative by late 1962 with the FDA 'receiving reports of twenty six women who had suffered from blood clots in their veins (thrombophlebitis), six of whom died'.⁶⁷ Even if one clinical setting failed to produce results, it would impact on the final result/decision of the Boston pill team. After settling on Ceylon as a trial site, was the Boston pill team satisfied with the standard of the trial in Ceylon? In other words, after volunteering to conduct pill trials, did Chinnatamby manage to conform to the criteria set by the Boston pill team?

Failure of Pap Smear Slides

One major concern of the testing team regarding the pill was its possible carcinogenic effects: Pap smear testing was therefore an important segment of the pill trials in order to detect the possibility of developing cervical cancer. Pincus arranged to do the Pap smear tests of Ceylonese women in Massachusetts as Ceylon did not have Pap smear testing facilities in 1961. From June 1961 onwards, Chinnatamby had been sending smear slides to Pincus for testing.⁶⁸ Chinnatamby claimed in 1964 that there was 'not a single report from Worcester Foundation indicating any complications on Pap smear examinations'.⁶⁹ However, according to the correspondence from 1964 to 1966, between Chinnatamby and Pincus as well as Pincus' cytotechnologist, Donna-Drew O'Connell, it is evident that the smear slides sent from Ceylon were 'unsatisfactory and could not be examined'.⁷⁰

In January 1964, Pincus wrote to Chinnatamby that 'it is very sad for us to process a whole batch of slides and find a large proportion of them in such bad shape'.⁷¹ In her reply to Pincus, Chinnatamby mentioned a number of reasons or obstacles she had encountered that resulted in the production of poor slides. Namely, not having the slide

⁶⁴*Ibid.*, 8.

⁶⁵*Ibid.*, 8.

⁶⁶Siva Chinnatamby, 'Research', *17th Annual Report of the Family Planning Association 1969-70* (Colombo: FPA, 1971), 18 and Chinnatamby 'Role of Research in the FP Movement in Ceylon' *Fifteen Years of Family Planning in Ceylon 1953-1968* (Colombo: FPA, 1969), 46. According to Chinnatamby, the other pills tested were 'Conovid E, varying doses of Ethynodia Diacetate—3mg., 2mg., 1mg., Ovulen, Lyndiol—5mg., 2.5mg., Validan with varying doses of megestrol with and without oestrogen, Validan sequential 28, and Feminor, Ovral and Eugynon'.

⁶⁷Marks, *Sexual Chemistry*, 138.

⁶⁸Ruth Crozier (Pincus's secretary) to Chinnatamby, 16 June 1961, Gregory Pincus Papers, Box 47, Manuscript Division, The LOC, Washington, DC.

⁶⁹Chinnatamby, 'Oral Contraceptives' in *11th Annual Report of the Family Planning Association of Ceylon 1963-64* (Colombo: FPA, 1964), 31.

⁷⁰Pincus to Chinnatamby, 26 January 1964, Gregory Pincus Papers, Box 95, Manuscript Division, The LOC, Washington, DC and Donna-Drew O'Connell to Chinnatamby, 6 April 1966, Gregory Pincus Papers, Box 95, Manuscript Division, The LOC, Washington, DC.

⁷¹Pincus to Chinnatamby, 26 January 1964, Gregory Pincus Papers, Box 95, Manuscript Division, The LOC, Washington, DC.

containers available on time (they were sent from Boston by post), delays in export permits, port strikes, postal irregularities and the use of the same bottle of lotion for more than one set of slides in order to be more economical.⁷² However, in February 1964 Pincus wrote again to Chinnatamby saying that 'if the material is properly fixed the slides should be good for a long time', which suggests that he chose to disregard Chinnatamby's complaint about the delay in slide containers reaching Ceylon and chose instead to highlight shortcomings in fixing the slides.⁷³ In 1966, O'Connell wrote to Chinnatamby in a rather exasperated tone:

I regret to inform you that, as of this date, this laboratory will not be reading your slides since the fixation is *still* extremely poor. If any new method of fixation is used or the present method is improved, please notify me and we will gladly evaluate the slides.⁷⁴ (emphasis added)

The stress on the fixation of slides being 'still extremely poor' in O'Connell's letter clearly demonstrates that Chinnatamby had failed, even after two years (from January 1964 to April 1966), to meet the standards for cytology testing required by the Boston team when obtaining Pap smears. As a result, Ceylon could not serve as a fully fledged trial site for the Boston team. After 6 April 1966 there are no records of Chinnatamby sending any more Pap smear slides for cytology testing to the Worcester Foundation. Subsequently Pincus died on 22 August 1967. Although Chinnatamby's efforts in contributing to global pill trials failed, pill trials certainly established a link between the FPA and the Government due to her affiliation to both institutions—as medical director of the FPA and House Surgeon at the De Soysa Maternity Hospital.

In spite of the Pill being available in Ceylon from 1961, samples of Ceylonese women's Pap smears were not tested for any carcinogenic effects because the Pap smear slides sent from Ceylon did not meet the standards for cytology testing. However, by 1963, 'the Ceylon Hospital Drug Committee agreed to include oral pills in the Hospital Formulary, disregarding the impending carcinogenic effects of the Pill'.⁷⁵ According to the head of the Hospital Drug Committee there were 14 brands of pills available in Ceylon by 1970.⁷⁶ Can we infer that the Ceylon Hospital Drug Committee made Ceylonese women's health vulnerable by importing pills (developed by foreign pharmaceutical companies) that were not successfully tested in Ceylon for possible carcinogenic effects?

This course of action was not surprising considering the articles that appeared in Sinhalese newspapers with reference to the pill. Questions regarding women's health concerns were never raised by the Sinhalese media, although English newspapers in Sri

⁷²Chinnatamby to Pincus, 3 February 1964, Gregory Pincus Papers, Box 95, Manuscript Division, The LOC, Washington, DC and Chinnatamby to Mrs O'Connell, 22 April 1966, Gregory Pincus Papers, Box 95, Manuscript Division, The LOC, Washington, DC.

⁷³Pincus to Chinnatamby, 10 February 1964, The LOC, Washington, DC, Manuscript Division.

⁷⁴Donna-Drew O'Connell to Chinnatamby, 6 April 1966, Gregory Pincus Papers, Box 95, Manuscript Division, The LOC, Washington, DC.

⁷⁵C. C. de Silva, ed., *A History of Family Planning in 1953–1978*, Silver Jubilee Souvenir of The Family Planning Association of Sri Lanka (Colombo: FPA, 1979), 119.

⁷⁶'Pill Safe', *The Ceylon Daily News*, 11 February 1970, 7.

Lanka reproduced foreign press reports on carcinogenic effects and thrombosis associated with the pill based on research carried out in the United States and Europe.⁷⁷

Furthermore, medical professionals in Sri Lanka encouraged women to use the pill by evading questions regarding its safety because the pill seemed to be a very effective method of family planning in Ceylon in the late 1960s.⁷⁸ Medical professionals and family planners were convinced that the clinical trials and the introduction and delivery of the pill were a timely endeavour to address the unplanned families of Sri Lanka.

However, the Sinhalese Buddhist extremists of the late 1960s saw the pill as a weapon that could disturb the ethnic balance of the country. A vociferous discussion on family planning, population growth and contraception linked to ethnicity, development, sexuality and modernisation was carried out in Sinhala newspapers—*Silumina* and *Dinamina*—in the late 1960s. As a consequence the pill was termed *vanda pethi* by the late 1960s. However, after five years, by the mid 1970s, the pill was re-branded as *Mithuri* (female friend) as a result of an IPPF marketing programme and subsequently became an over-the-counter drug. How should we understand this shift? How did the Sinhalese Buddhist extremists react to this about-turn?

Pills as *Vanda Pethi*

Although the term *vanda pethi* is dismissed by today's family planners and gynaecologists, it speaks volumes about the way women's bodies were considered within Sinhalese Buddhist nationalist discourses at a particular moment in the history of post-Independence Sri Lanka. *Vanda pethi* was a derogatory term with a negative connotation within nationalist discourses, while *Mithuri* was a positive term with a broader scope within development discourses. *Vanda* means sterile in Sinhalese. When Sinhalese Buddhist extremists used the term *vanda pethi* to refer to the Pill (*pethi* means pills), it is used in a derogative connotation associated with a fear of disturbing the ethnic balance of the country.⁷⁹ Within that context *vanda pethi* has an extreme nationalist connotations attached to the term. On the other hand, *Mithuri* means a female friend in Sinhalese. It refers to the pill in a very positive manner as helping women to take control over their reproduction without suggesting any nationalist or ethnic connotation. What does this shift suggest? Did *Mithuri* silence the ethnic connotation attached to the Pill and gave it a new image? If so, what happened to women's health and bodies during this silencing process? Did *Mithuri* silence women's health and bodies in the name of development?

I first came across references to birth control pills as *vanda pethi* in the National Archives in Colombo. This term had initially been used in 1969 in the *Silumina*, the most widely circulated Sinhalese newspaper of that time.⁸⁰ I also encountered the term in another Sinhalese newspaper article in 1970 reporting a suburban council meeting at Polgahawela; a town in the western province.

⁷⁷'The Pill: No evidence of danger, says BMJ', *The Ceylon Daily News*, 17 February 1970, 1.

⁷⁸'Pill Safe', *The Ceylon*, 7.

⁷⁹Reporter, Sub Urban Council, Polgahawela, 'Vanda Behethvalin Sinhala Jathiya Sulu Jathiyak Venawa: Eya Vahama Nathara Karranna' (Sterility Pills make

Sinhalese a minority: It should be stopped immediately) *Dinamina*, 1 January 1970, 5.

⁸⁰Lakshman Jayawardena, 'Lingika Vidyawa ha Tharuna Parapura' (Sexual Science and the Younger Generation), *Silumina*, 3 September 1969, 13.

The only other Sinhala colloquial term used for the pills was *Mithuri*.⁸¹ When I inquired about the Sinhala term for birth control pills from my immediate female family members—my mother, mother-in-law and aunts—they all said '*upath palana pethi*' which literally means, birth control pills. Then I told them about my archival research finding—*vanda pethi*—and to my amazement they were not surprised. My mother-in-law (born in 1942) casually said, 'oh yes, the pill was commonly called *vanda pethi* in our village those days'.⁸² Similarly, my mother (born in 1946) said, 'yes, I remember, we [meaning her three sisters in their early twenties] used to laugh at *Ananda ayya* [their brother-in-law, who was a Medical Officer from 1965 to 1970 in a small village in the western province of Sri Lanka], when he used the term *vanda pethi* when instructing midwives of the area on its use and distribution'.⁸³ I queried why they had laughed at the term. 'Don't you think it is a very *gode* [unrefined] word to be used by a doctor?' she asked me. 'So did he refine it after you teased him?' I asked. He had told her even though *vanda pethi* sounds *gode*, that is what it was commonly referred to in Sinhalese so he had to use it when instructing midwives. This anecdote suggests that *vanda pethi* was the term commonly used for the Pill among the rural peasantry of Ceylon in the 1960s.

I checked on the usage of *vanda pethi* with the Medical Director of the Family Planning Association (FPA), Director of Family Planning at the Ministry of Health and the former Dean of the Faculty of Medicine, University of Colombo. They all stated very authoritatively that 'the Sinhalese term for the Pill is *upath palana gilina pethi* [oral birth control pills]'.⁸⁴ I asked them whether they had come across the term *vanda pethi* at any point in their career as medical professionals, especially during the outstation period of their career. They all responded in the affirmative, but then the former Dean added, in a rather contemptuous tone: 'Oh! The Sinhalese are very good at creating sensational terms'. His tone suggested that the connotation attached to the pill as sterility pills was an outrageous idea created by Sinhala nationalist extremists. When I inquired about *vanda pethi*, the official at the Ministry of Health dismissed me by referring to it as 'journalistic rubbish'.⁸⁵ But was it merely 'journalistic rubbish'? The Head of the Department of Sociology at the University of Colombo also referred to the Pill as *vanda pethi*—

[i]t is very important for the youth to be aware of sexual activities, in order to lead a happy married life. ... Then *vanda pethi* are not needed for population control, it only makes women promiscuous

⁸¹By the 1980s *Mithuri* had become a household name. So it was not surprising that I could not think of any other colloquial term for *vanda pethi*.

⁸²Interview with Mrs Sriya Thoradeniya on 13 March 2012 at her place in Ethul Kotte. The village that she is referring to is Dullewa-rural village in Central highlands of Sri Lanka.

⁸³Interview with Mrs Maheswari Jayalath on 13 March 2012 at her place in Ethul Kotte.

⁸⁴Interview with Medical Director of the Family Planning Association (FPA), Colombo, 2 April 2012 at

the FPA in Colombo; interview with the Director of Family Planning at the Ministry of Health, Colombo, 20 March 2013; interview with the former Dean of the Faculty of Medicine, University of Colombo on 15 March 2012 at his office at the Faculty of Medicine, University of Colombo.

⁸⁵Little did they know that some militant African Americans had also perceived the Pill as a 'genocidal weapon' and 'racist tool', in the 1970s: Watkins, *On the Pill*, 56.

in an interview given to the *Silumina*, in 1969, on whether sex education should be incorporated into the school curriculum.⁸⁶

What do all these anecdotal and archival accounts point to? It appears that, *vanda pethi* was the Sinhalese colloquial term for the Pill but, today the term sounds very repulsive, especially to the medical professionals who work in family planning. Is it because they now have a better term, *Mithuri*, to refer to the pill? Or did they disapprove of the link between women's bodies and the proposed ethnic imbalance that *vanda pethi* suggests? As a historian I am not ready to shrug off *vanda pethi* or *beheth* as 'journalistic rubbish' because, for me this intriguing term suggests a vexed connection between Sinhalese Buddhist nationalism, women's bodies, sexuality, development and modernisation.

***Vanda Pethi* and the Discourses on Woman's Body**

Three implied, interrelated meanings for the term *vanda pethi* can be seen in the newspaper discussions on contraception. It is pertinent to first unpack different connotations of the Sinhalese term for the pill (i.e. *Vanda Pethi*), in order to understand how women's bodies framed the basis of this shift from *vanda pethi* to *Mithuri*.

First, *vanda pethi* addressed the literal meaning of 'sterility pills' which seeks to impact the growth of the population. Sinhalese nationalists became suspicious of the Tamil minority as an impending threat to the ethnic balance of post-Independence Sri Lanka. Giving prominence to the numerical aspect of population, the fear of impending ethnic disproportion was voiced in the Sinhala daily *Dinamina* as 'it will reduce the majority to a minority'.⁸⁷ With the Sinhala Only Act of 1956, Sinhalese Buddhist nationalism emerged with a new vigour, supported by the Prime Minister Mr Bandaranaike's five great forces: *sanga* [Buddhist monks], *veda* [Ayurvedic physicians], *guru* [school teachers], *govi* [farmers] and *kamkaru* [labourers].⁸⁸ Two of these forces namely, the Buddhist monks and school teachers, who were revered as upholders of traditional culture, contributed to the newspaper discussion on contraception with a strong Sinhalese Buddhist chauvinistic outlook. A consequence of the Bandaranaike regime of 1956 was succinctly described by Uyangoda as 'the rapid Sinhalese cultural identity'.⁸⁹ This chauvinistic Sinhalese cultural identity process was well documented in newspaper discussions on contraception in the late 1960s. In other words, a nationalist discourse of Sinhala Buddhism entered into the population and development debate through the introduction of contraceptives.

Ethnicity and the civil status of the instigator of the pill—Chinnatamby, an unmarried Tamil woman—added strength to the claims made by Sinhalese Buddhist extremists that

⁸⁶Jayawardena, '*Lingika Vidyawa ha Tharuna Parapura*', 13.

⁸⁷Reporter, Sub Urban Council, Polgahawela, '*Vanda Behethvalin Sinhala Jathiya Sulu Jathiyak Venawa: Eya Vahama Nathara Karranna*', 5.

⁸⁸All these five social categories are essentially Sinhalese Buddhists with a nationalist zeal whom Mr Bandaranaike deployed to come into power in 1956 as the fourth Prime Minister of Independent Ceylon. In 1956, keeping to his election promise,

Bandaranaike replaced English with Sinhalese as the official language of Sri Lanka.

⁸⁹Jayadeva Uyangoda, 'Politics of Political Reform—A Key theme in the Contemporary Conflict', in S. Bastian et al., *Power and Politics in the Shadow of Sri Lanka's Armed Conflict*, SIDA Studies No. 25, 2010, 40. <https://www.sida.se/contentassets/010b128fd4c544dca50548c2bbb04c56/power-and-politics---in-the-shadow-of-sri-lankas-armed-conflict_2891.pdf> accessed 28 February 2018.

the pill was a weapon. What was the impact of a Tamil female gynaecologist undertaking clinical trials of the pill in a predominantly Sinhalese Sri Lanka, particularly after the Sinhala Only Act in 1956 and anti-Tamil riots in 1958?⁹⁰ The Sinhala Only Act not only replaced English as the official language of Ceylon with Sinhala, but also denied official status to Tamil, the language of the minority community. This move was opposed by the Tamils who requested that Tamil be declared as the administrative language in the predominantly Tamil-speaking northern and eastern regions of the island. This resulted in the Bandaranaike–Chelvanayakam pact of 1957. However, Bandaranaike was forced by Sinhalese nationalists (especially the five forces who supported his victory in 1956) to cancel the pact in 1958, which led to the first island-wide, anti-Tamil riots in post-Independence Sri Lanka. It is against such a backdrop that Sinhalese nationalists sought to cast suspicion on the link between Chinnatamby's ethnic identity and the oral contraceptive introduced by her which they perceived as making Sinhalese women sterile.⁹¹

But why should Chinnatamby not involve herself in clinical trials? As previously mentioned, she was the Medical Director of the FPA who attended the IPPF conference in Delhi and met Dr Pincus. Considering her official designation, she was the most suitable person to launch such an initiative. Furthermore, her affiliation with the premier Government maternity hospital—the De Soysa Hospital for Women—provided her with a perfect location to conduct clinical trials of the Pincus pill. Indeed, this undertaking was a medical victory in the eyes of the family planners and medical professionals of Sri Lanka. My interviews with Chinnatamby's colleagues attest to the fact that they harboured no doubts concerning her decision to take up the pill trials. In fact, Chinnatamby is fondly remembered by contemporary medical professionals in Sri Lanka as the 'Mother of the Pill'. Indeed it was Chinnatamby's family background that enabled her to gain access to the training which convinced her of the necessity of undertaking a modern scientific project such as the pill trials.

The first connotation for *vanda pethi* addressed the quantitative aspect of population and the second, the qualitative aspect of population which links to culture, morality and civility. *Vanda pethi* were perceived as being instrumental in the degeneration of the Arya Sinhalese Buddhist race by allowing people to indulge in sexual activities for carnal pleasure while enabling them to escape from moral obligations and responsibilities towards the nation.⁹² The view expressed by both Buddhist and Catholic clergy was that 'married life is not merely having pleasure in the sexual act but is a great responsibility which requires self restraint and self discipline, only then can a nation with high moral values develop'.⁹³ The Chief Prelate of the Sri Amarapura Dhammarakshita Nikaya,⁹⁴ and one of the vociferous monks of the day, Madihe Pagnaseeha Thero, had predicted in

⁹⁰The anti-Tamil riots in 1958 are popularly known as *Shri* riots.

⁹¹Madihe Pagnaseeha Thero, 'Upath Palanaya Sinhala Vanda Kireemakda?' (Does Birth Control suggest the extinction of the Sinhala Race?), *Silumina*, 12 August, 1969, 3.

⁹²Jayawardena, *Lingika Vidyawa*, 13.

⁹³Lakshman Jayawardena, 'Obata Daruwan Epada' (Don't you want Children?), *Silumina*, 20 August 1969, 13.

⁹⁴There are three chapters (Nikayas) in Buddhist priesthood based on caste in Sri Lanka, namely, Siam, Amarapura and Ramanna. Amarapura and Ramanna Nikaya are the two Nikayas where non-Govigama priests are ordained, while Govigama (farmer caste) priests are ordained in Siam Nikaya.

1969 that the *vanda pethi* would make Sri Lanka a sterile civilization in 25 years.⁹⁵ By naming the Pill *vanda pethi*, these Sinhalese Buddhist extremists intended not only to reduce the number of people using contraception but also hoped to dissuade people from indulging in carnal pleasures. For example, Professor Siri Seevali Thero (former Dean of the Buddhist Faculty at Vidyalkankara Monastery, in 1969) openly advocated that the best method of birth control was sexual abstinence. He further explained that other birth control (*upath palana*) methods which prevented women from conceiving (*upath valak-veemaki*) were not acceptable according to Buddhist philosophy.⁹⁶

We should note also that the moral argument against the pill had also been taken up by the Head of the Sociology Department, quoted earlier.⁹⁷ It suggests that the pill was perceived as an agent of immorality and corruption that would transform the Sinhalese Buddhist nation into an uncivilised state. In other words, the extremists saw the Pill as a licence for women to be free from traditionally and culturally disciplined and sexually conservative bodies.

The third connotation of *vanda pethi* was the violent rejection of the pill because it was perceived as a modern Western product by the nationalists of the 1960s. Generally, the nationalists abhorred anything seen as originating in the West. Thus, by using a term of abhorrence such as *vanda pethi* they sought to keep the pill—a Western product—out of the ‘inner’ domain or ‘spiritual essence’ of the nation. When the pill was introduced in 1961, the FPA was severely criticised by the Sinhalese Buddhist extremists as an organisation set up by Westernised women in order to corrupt Sinhalese Buddhist culture. Madihe Pagnaseeha Thero called the FPA a ‘devious organisation’ (*Koota Vyaparayaki*) established by a few elite, Catholic women to make the Sinhalese Buddhists a minority.⁹⁸ He considered the FPA to be a counterfeit organisation framed within modern Western thinking which was working towards making the Sinhalese race extinct in Sri Lanka. There was a virulent nationalist discourse that permeated to the public health system in the 1960s especially through the malaria control programme, thus *vanda pethi* should be understood as part of this extreme nationalist discourse. Tudor Silva reminds us that the malaria endemic Dry Zone was a high priority national development goal inspired by a nationalist vision of restoring the ancient glory of a Sinhala-Buddhist civilization in the 1960s.⁹⁹ The argument of Sinhala race being extinct through *vanda pethi* (contraceptives) gained momentum within such a political milieu.

The premise of these three connotations of *vanda pethi*—as expressions of quantity and quality aspects of the population and also as an expression of repugnance—was the overarching theme of nationalism which had and continues to have an intrinsic link to women’s bodies in Sri Lanka as a site of national and cultural production.

⁹⁵Pagnaseeha Thero, *Upath Palanaya Sinhalaayan*, 13. Catholic women are perceived by Buddhist extremists here as a group of westernised women trying to destroy the dominant Sinhala Buddhist culture of Sri Lanka.

⁹⁶Jayawardena, *Obata Daruwan*, 13. Vidyalkankara Monastery was originally a university for Buddhist monks founded in 1875, today it is a fully fledged

state university and has changed its name to the University of Kelaniya.

⁹⁷Jayawardena, *Lingika Vidyawa*, 13. (translation from Sinhalese to English is by the author).

⁹⁸Pagnaseeha Thero, *Upath Palanaya Sinhalaayan*, 13.

⁹⁹Kalinga Tudor Silva, *Decolonisation, Development and Disease: A Social History of Malaria in Sri Lanka* (New Delhi: Orient Black Swan, 2014), 126–64.

Having set out the link between women's bodies and the different connotations of *vanda pethi* which were mobilised within the discourse of Sinhala Buddhist nationalism in the 1960s, the next section will examine the shift from *vanda pethi* to *Mithuri*. However, when delving into the historiography of the pill trials in Sri Lanka, it is evident that the question at stake is not Chinnatamby's ethnicity but women's health being jeopardised within market forces that shifted from *vanda pethi* to *Mithuri*.

How did the pill that was once contemptuously rejected as *vanda pethi*, become a woman's female friend or *Mithuri*, in less than half a decade? Even though Sinhala Buddhist nationalists were vociferous about *vanda pethi* in the mid-1960s, a number of policy decisions in favour of family planning were taken by Mrs Sirima Bandaranaike's government in 1962.¹⁰⁰ Her development plan was called *The Short-Term Implementation Programme* of 1962 and it was an extension of the *Ten Year Plan*.¹⁰¹ By the early 1960s, the focus of national planning was two-fold: to reduce population growth and to increase the use of resources.¹⁰² Keeping in line with the global family planning programme, Mrs Bandaranaike decided to integrate family planning with the Maternal and Child Health (MCH) Programme, and directed the Department of Health Services to arrange to further educate the public on family planning practices, particularly in rural and tea plantation areas.¹⁰³ Thus Sri Lanka accepted family planning as a national policy in 1965, and the Family Health Bureau (FHB) was set up in 1968 within the Ministry of Health to carry out family planning activities.¹⁰⁴ With the integration of family planning to the MCH programme, the troubled population issue officially tied the knot with women's or rather mothers' health. This seems a strategic move by the government because, by incorporating family planning into maternal and child health programmes the government sanctioned contraception as a health concern by distancing it from a population (numerical) concern. Despite the nationalist discourse of Sinhala Buddhism—*vanda pethi*—which we encountered in contemporary newspapers, I see this integration as paving the way for a contraceptive pill within the broad sphere of maternal and child health.

Social Marketing of Contraceptives

The concept of social marketing was applied to contraceptives with the marketing of the *Nirodh* ('prevent', in Sanskrit) condom in India, in 1969.¹⁰⁵ The second largest brand of condoms, *Raja* (King), was launched in Bangladesh, in 1974. Jamaica launched a social marketing programme for both condoms and oral contraceptives.¹⁰⁶ According to

¹⁰⁰Mrs Sirima Bandaranaike was the modern world's first female head of government and served as Prime Minister of Sri Lanka three times (1960–65, 1970–77 and 1994–2000).

¹⁰¹*The Short-Term Implementation Programme*, Colombo, Department of National Planning, 1962, p 39.

¹⁰²*Ibid.*, 17.

¹⁰³*Annual Report of the Family Planning Association 1969–70* (Colombo: FPA) 4, 19.

¹⁰⁴I. De Silva, 'Population Planning Strategies and Programmes in Sri Lanka', *Asian Profile*, 1995, 23, 399–406.

¹⁰⁵Mahinder D. Chaudhry, 'Population Policy in India', *Population and Environment*, 1989, 11, 2, 104. See Anududh K. Jain, 'Marketing Research in the Nirodh Program', *Studies in Family Planning*, 1973, 7, 184–90 for a detailed survey of Nirodh sales in India.

¹⁰⁶Philip D. Harvey, 'The Impact of Condom Prices on Sales in Social Marketing Programs', *Studies in Family Planning*, 1994, 25, 52.

LaCheen, at least 27 developing countries were implementing contraceptive social marketing projects by 1980.¹⁰⁷

Influenced by the global trend of social marketing of contraceptives, Population Services International Sri Lanka with the support of the FPA marketed the condom *Preethi* (Joy/happiness) in May 1973 and the oral contraceptive *Mithuri* (female friend), in December 1974.¹⁰⁸ As a result of this programme, the pill became widely accepted by the Sri Lankan medical community as well as the general public. From this time onwards any oral contraceptive distributed through the public health sector was commonly referred to as *Mithuri*, despite a number of different brands being available in the market. Eugynon ED Fe (each tablet contained 0.5mg of dl-norgestrel plus 50 µg of ethinyloestradiol) was imported from Bayer Shering Pharma in Germany and re-branded as *Mithuri* in Sri Lanka. The name *Mithuri* as an intimate female friend helped the pill to enter the inner domain of the Sri Lankan households.¹⁰⁹ Today *Mithuri* is exclusively marketed by the FPA of Sri Lanka.

Sri Lanka did not limit itself to a re-branding programme. A nation-wide mail-order distribution system was also incorporated into the programme with women receiving promotional literature by post along with an unsigned prescription for the pill.¹¹⁰ Doctors were duly instructed to sign this pre-printed prescription that patients brought along. With the IPPF's introduction of a new marketing strategy to Sri Lanka, the clinic-oriented family planning programme shifted to retail shops. Shops were 'more convenient than clinics to the customers as they were open for longer hours, were devoid of formalities, and strict clinical routine hours of work'.¹¹¹ According to a survey conducted by the FPA on dealers of contraceptives, *Mithuri* was sold at three types of establishments by 1981: drug stores and pharmacies, general stores and groceries, and restaurants and tea rooms.¹¹² This suggests that nascent market forces had been encroaching Sri Lanka by 1974 through *Mithuri*.

Women who can afford to buy *Mithuri* ingest it without undergoing a medical examination to assess its suitability for her body. This raises the question of whether *Mithuri* is truly a woman's friend. Does it offer women an opportunity to understand and take control of their bodies, as Sanger envisioned in the 1950s?¹¹³ When considering the Sri Lankan situation, the liberating and emancipatory aspect of the pill has become a double-edged sword. On the one hand, the availability of the pill and free access gives women the possibility of controlling their own fertility and reproductive cycle. On the other hand, taking the pill without medical examination means it could be detrimental to women's health. Quoting Pappert on the adverse effects of the pill and the IUD, McDonnell reminds us that there is a possibility for the pill to increase the risk of heart disease.¹¹⁴ Even though women's bodies are liberated from reproducing because of the

¹⁰⁷Cary LaCheen, 'Population Control and The Pharmaceutical Industry' in Kathleen McDonnell, ed., *Adverse Effects: Women and the Pharmaceutical Industry* (Ontario: Women's Educational Press, 1986), 114.

¹⁰⁸J. Davies, 'Doctors and Community Based Pill Promotion in Sri Lanka', *IPPF Medical Bulletin*, 1975, 9, 1.

¹⁰⁹*Ibid.*, 1.

¹¹⁰*Ibid.*, 1.

¹¹¹de Silva, ed., *A History of Family Planning*, 57.

¹¹²*Survey Report on Dealers and Potential Dealers of Contraceptives* (Colombo: FPA, 1981), 1.

¹¹³Watkins, *On the Pill*, 14.

¹¹⁴McDonnell, ed., *Adverse Effects*, 4. For readings on adverse effects of contraceptives see L. A. Brinton, G. R. Huggins, H. F. Leham, et al., 'Long-term use of oral contraceptives and risk of invasive cervical cancer', *International Journal of Cancer*, 1986, 38, 339–44; D. D. Celentano, A. C. Klassen, C. S. Weissman, et al., 'The role of contraceptive use in cervical cancer: the Maryland cervical cancer case-control

wide availability of the pill, women's health is at risk by depriving them of medical examinations. In other words *Mithuri* was able to erase the ethnic connotation attached to the pill (*vanda pethi*), but the liberal market forces that came in through *Mithuri* jeopardised women's health.

Conclusion

The birth control pill was the first lifestyle drug of the twentieth century. This was a pill for healthy women; not to treat any disorder or discomfort. For demographers, it was a tool to control the growing population of the Third World. For family planning activists, it emancipated women sexually. For development activists, it was a panacea for chronic underdevelopment. For pharmaceutical companies, it ensured lucrative profits. Further, it marked a moment of negotiation and bargaining with different institutional and social structures and networks in order to invent, conduct human trials and introduce this family planning method first to the American public through the Food and Drug Administration of the United States and then to the world.

Sri Lanka took part enthusiastically in the global contraceptive debate as a laboratory site for pill trials in 1961. This was not a government initiative, but a volunteering effort of an NGO—the FPA of Ceylon—carried out in a government space—De Soysa Hospital for Women. This amalgam led the government to take up family planning as a national policy in 1965. However, by the late 1960s the pill was termed *vanda pethi* by Sinhalese Buddhist extremists. The ethnicity and civil status of the instigator of the pill trials—Dr Siva Chinnatambay—fuelled these extremist sentiments. By the mid 1970s *vanda pethi* was re-branded as *Mithuri* and became an over-the-counter drug. This shift silenced nationalist sentiments and ethnic tensions by providing a new development outlook to the Pill as *Mithuri* but enhanced the health risks for women receiving pills without a medical examination.

By tracing the introduction and deployment of the pill in Sri Lanka, this article has showed how women's bodies became the ground in which ethnic politics at local level and liberal market forces at global level were played out.

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study', *American Journal of Epidemiology*, 1987, 126, 592–604; K. C. Irwin., L. Rosero-Bixby, M. W. Oberle, et al., 'Oral contraceptives and cervical cancer risk in Costa Rica: Detection bias or causal association?', *Journal of the American Medical*

Association, 1988, 259, 59–64; and for a more analytical study see Warwick Donald, *Bitter Pills: Population Policies and Their Implementation in Eight Developing Countries* (Cambridge: Cambridge University Press, 1982).