SOCIAL WORK NUMBER

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The Social Worker and Birth Control

By Helen Hall

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WE hear it said so often these days, "I would think social workers, of all people, should work for a thing like that" The "thing" may be slum clearance, low rent housing, better relief standards, reduced milk prices, greater recreation facilities, unemployment insurance, old age assistance, labor standards, workers' education, birth control It is fortunate that others say this of us, but even more wholesome that a continually increasing group of us are saying it of ourselves

All through the years there have been leaders in social work who have struck out beyond the remedial to the preventive Nevertheless, the profession as a whole has not been held responsible, nor have they always held themselves responsible, for initiating and pushing measures of prevention and social planning in their communities There are those, of course, who still feel that social workers should stop once they have fed the needy or kept children off the street, who resent it when social workers show an interest in going beyond that This may be due in part to the fact that in some instances preventive work may come into conflict with elements in the community whose support or cooperation is desired in the immediate task of social work Even more important have been the limitations that, perhaps unconsciously, social workers have placed upon themselves The depression has shaken loose some of those limitations It has greatly increased our sense of responsibility as a profession as well as the public's consciousness of what we should be doing We are no longer unmindful of what is constructive and fundamental We are feeling our way and are bound to come under cross fires for what we do do and from those who are irritated at what we do not do

In the case of the birth control movement, one senses impatience on the part of its leaders at what social workers have as yet failed to do generally There is considerable justification in this impatience, it seems to me In this as in so many other situations, we are among the closest first hand observers of a great group of people who have long been the subjects of unfair discrimination Our old laws against disseminating birth control information have been in effect class legislation, often in reality denying to the poor what the well to do might obtain easily

Society has seemed to say, "If you live in in overcrowded flat without enough beds to sleep in comfort if your husband has no job, if you haven't enough food for the family you already have, then in addition to these disabilities you shall be left in ignorance as to ways to choose when and whether you are to have another child But if you are well off, have enough room air, light, food, you may also space your children as it seems wise to you" The legal road is being cleared but until we have enough clinics in the United States where the mother who cannot pay or can pay little may go for the best information available, we are still leaving the women whose burdens are heaviest with least help

Social work has gone strong on psychiatry With such knowledge comes an understanding of what this kind of pressure may mean to family life and marital relationships It is small wonder that social workers have been looked to for more leadership along these lines Yet, taken as a whole, we have given far less help than we could in the long fight for more humane laws, and for the establishment of necessary clinics Perhaps the most difficult stage of the fight has been won now that the United States Circuit Court of Appeals for the Second Circuit has handed down the decision upholding the right of physicians to give birth control information for the well being of their patients' But there remains the long hard pull to bring that information to millions of women With approximately only 300 clinics now open in the United States there is plenty to be done by those of us who are closest to the need

Home Visits in Isolated Communities

By Alla Nekrassova, M D

Pennsylvania Birth Control Federation

MRS B lives with her husband, who is a miner, and her seven children in a drab little cottage near the shaft It is surprising that she does still live For she has high blood pressure and a severe kidney condition, which might have made pregnancy a death sentence for her After her fifth child was born, the doctor warned her, "Don't have any more" But he did not tell her anything about contraception

Before the birth of her sixth baby, she spent five months in the hospital Within a year, she was in the hospital again—to have a seventh baby After this confinement she spent two years in the hospital, fighting her way back to health

When Mrs B became pregnant an eighth time, she took matters into her own hands, and induced an abortion Happily for her family, she lived through that, too

A month later I knocked at Mrs B's door A friend of mine, a woman dentist, had told me of her case First I spoke to Mrs B about our mutual friend Then I told her, "I am a doctor working for the Pennsylvania Birth Control Federation Have you heard about the birth control clinic we have in Wilkes Barre? It is not very near here, but if you would like to know about a safe method of birth control, I can explain it to you here in your own home"

Desperately, Mrs B poured out her story to me She told me how she and her husband had tried to safeguard her health, how they had used various methods of birth control, but all had failed They had even paid five dollars out of his meagre wages for a dozen suppositories that proved worthless I advised her then and there on the clinical method of contraception Recently I went back to see her again She is successfully using the method prescribed She and her husband are very grateful and very happy to know that her life will not be endangered by pregnancy again

For twelve years I have traveled around the mining counties of Pennsylvania, working with the State Health Department in its program of maternal and infant welfare Last November I joined the medical staff of the Pennsylvania Birth Control Federation Because I was familiar with health conditions in these districts, and because I was known to the physicians, midwives and nurses there, the Federation decided to try the experiment of sending me directly to the homes of mothers in that region where birth control clinics are still few and scattered The work I am doing for the Federation, I feel, is a continuation of the work I did for the State Health Department For contraception is a vital health necessity which gets at the very source of the high death rate among mothers and babies

During my years in public health work, I visited many homes in my quest for causes of high maternal and infant mortality rates in Pennsylvania Many mothers were found eager to talk and to pour their grief and bitterness into a sympathetic ear Before I ever thought of joining the active ranks of birth control workers, I was impressed by the number of women who from economic stress were denying themselves in their hours of labor not only a doctor, but even such primitive comfort as a midwife could give them In checking upon so called self deliveries, I was shocked by the number of babies who had come into the world unwelcomed and without any medical assistance

Local Midwives Help

So when an occasion presented itself to come back to these mothers with something that would lighten their burden and eliminate their everlasting fear of another pregnancy, I eagerly began to pick up the old contacts It was obvious, from my previous experiences, that to enter a home as a stranger with a message of such an intimate nature would put me in a disadvantageous position and might jeopardize from the very beginning the possibility of a friendly and frank discussion These mothers are extremely reticent on the topic of sex even among themselves, and a stranger who dares to discuss such matters openly is obviously a brazen and suspicious person So I was careful to go only into homes where I had been introduced by some one of the mother's trusted friends

In my previous work I had supervised and taught midwives in connection with the work of the baby health centers Thus I was fortunate to have in almost every community a pass key in the person of a local midwife The respect and confidence a good midwife commands in her community is astounding She is the best friend and advisor to many families and her authority on health matters is held supreme

Often I am asked, "But will the midwives cooperate in something that cuts down their business?" I have found that they will Perhaps it is because of genuine concern they have for the health of their patients Perhaps it is because they realize that the women will do

something to avoid unwanted pregnancy anyway, and might as well have the best method Also, many of the families are on relief or so poor that they cannot pay a midwife And then, too, the midwife in these communities gets all kinds of practice Families call on her not only in confinement cases, but for advice on every illness they have

The midwife has gone first to the majority of the homes I have visited, has talked with the mother and prepared the way for me And now, as the work progresses, we have a new and valuable source of referral —one woman informs another Often one of the younger mothers will tell four or five neighbors about my visit, and when I come the next time, she will have gathered together in her home a group of friends who would like my advice

Though this education by word of mouth has been spreading, some women who have accepted birth control advice are jealously guarding their secret for fear of being discussed and condemned by their neighbors

Moral considerations—from the point of view of the neighborhood's social code and the gossip of one's friends—are taken very seriously But religious considerations are seldom mentioned Though most of the couples are Catholics, practically all of them have been using some method to avoid conception Sometimes the method used has proved fairly effective Pregnancy will be postponed for one or two years—then the wife, if she feels she cannot have another child, will resort to abortion

When Mothers Are Desperate

I found one woman in such a debilitated state that I referred her for treatment of anemia She was 29 years old and had three living children She couldn't remember how many miscarriages she had induced by taking drugs in huge quantities "Doctor, I feel I have been absolutely poisoning myself," she said "But we just can't take care of any more children "

To another home I happened to come just after the wife had had an abortion She had paid fifty dollars for it—I don't know where the money came from, for the family was on relief I always try to make my visits when the husband is not at home In this case, however, I found him there and talked to both husband and wife "Do we want to know about birth control? We surely do want to know!" they both exclaimed

When a family is not on relief, often the husband has only part time work, one or two days a week in the mines With the sense of despair and hopelessness that has settled over many of these coal towns, it is no wonder that many of the husbands seek solace in drink Drunkenness complicates the marital problems Husbands become abusive, wives are so terrified and cowed into submission that they are not able to cope with the situation and refuse to take any initiative in family difficulties

Marital Problems

One mother was so afraid that her husband would find out about my visit that she would scarcely talk with me She said that he drinks heavily and does nothing to protect her from pregnancy She has nine children, two of them crippled with tubercular hips The best I could do for her was to refer her case to a mental hygiene worker, who will follow it up

Others who have marital difficulties will accept our help I found one woman apparently on the verge of suicide Her husband was a good worker, her home *clean and attractive But they had five children, and* he and she were constantly wrangling because her fear of another pregnancy made her deny him marital relations He took the only solution that occurred to him, and he beat her I found her in bed covered with bruises —thin, anemic, frightened "He can't treat me like this— I'll kill myself!" she said

First I gave her a sedative, then I prescribed a contraceptive method In a month I returned and found her condition much better Her husband knows she is using the method and he approves He does not beat her any more

Some of the older women I have visited are foreign born, but most of the mothers were born in this country of foreign parents Though I am not obliged very often to speak the Slavic languages, the fact that I myself came from Russia makes a bond of understanding We talk about conditions in the old country, and the mother is put more at her ease

It is important to work patiently and persistently Usually I make at least three visits During the first visit, I talk with the mother and gain her confidence I make an appointment to return and give her contraceptive advice Later, I make a third visit to check up on her use of the method and to answer her questions

Our program promises to proceed much more rapidly as the education accumulates Sometimes I will sit for an hour with a woman who, for some reason or other, will not accept the method herself Perhaps she has reached the menopause, or she feels the method she is now using is effective But if I think that she will tell other women about the service we can give, I consider the time with her well spent

The women of the type I am visiting seldom leave their houses because they must care for their children,

because they have no money to spend, because, too, of the old world feeling that woman's place is to be always in her home Yet I think that we have made a start toward getting those of them who live near enough to a clinic to come there Supplies are being sent by mail The woman encloses twenty five cents in a letter which she addresses to the nearest clinic Gradually, she will become used to the idea of turning to the clinic for help Already we have had patients referred directly to the clinics by patients I have advised in their homes

All sorts of psychological factors enter into the situation that leads to an acceptance or refusal of our services Some women, after many unwanted pregnancies, have become openly rebellious toward a normal frequency of sexual relations They do not want to adopt a new and safe method of contraception because they want to keep the failure of previous contraceptive practices and the fear of pregnancy as a barrier between themselves and their husbands

In such instances, our help has come too late In others, particularly with the younger generation, the problems and the possibilities are different and the prospect of a more logical attitude and more intelligent cooperation is assured For these younger wives scientific contraception is making possible happy marital adjustment and welcome children

This experiment in home visiting indicates a great need to bring our help through personal contact to mothers everywhere who are isolated—whether they live in industrial towns, in rural districts or in the foreign sections of our large cities

Marriage Problems Concern All Community Groups, Says Dr Nelson

Marriage problems are the concern and responsibility of no one organization, but are rooted in the community, Dr Janet Fowler Nelson, secretary of the Family Relationships Committee of the National Board of the Y W C A, pointed out in a recent address in Des Moines She spoke at a luncheon sponsored jointly by the Iowa Maternal Health League and the Des Moines Y W C A for board members and staffs of all local social agencies

In interpreting her "education for marriage" program, Dr Nelson said of birth control, "Here is a specific example of the interrelation and interdependence of community organizations Birth control, of course, is an integral part of any marriage education program The Y W C A, however, is not, nor does it want to be a birth control center Our job is an educational one It is to clarify the confused thinking that exists on the subject and to direct attention to legitimate recognized medical authority as against pseudo scientific advertising and commercial rackets"

Dr Nelson also spoke of the necessity for extending birth control service to the about to be married groups She expressed concern for those marginal economic groups who desperately need the assurance that the tenuous balance of a strained budget will not be jeopardized by immediate parenthood She said, "Without that assurance almost in direct proportion to the intelligence and social sensitivity of the individuals concerned, marriage itself is jeopardized, and to economic exploitation is added emotional exploitation"

In Jackson, Michigan, Dr Nelson again interpreted the National Board's education for marriage program to a joint meeting of the Jackson Birth Control League and the Public Affairs Committee of the Jackson Y W C A, with special reference to the interdependence of the two local organizations

The public health worker of today is keenly interested in the problem of birth control from many different angles. From the standpoint of preventing preventable deaths contraceptive practices are vital, in order to avoid the hazard which childbearing offers to the wife suffering from tuberculosis or heart disease or other constitutional disorders, and the still greater hazard offered by the practice of abortion which is so often the alternative to contraception

Our interest in the matter however rests on much broader grounds 'Birth control' implies much more than contraception It implies the adjustment of the size of the family to the capacities of the family from the emotional economic and social standpoints as well as from that of immediate hazard to life

In families where children are desired and where children can be given proper care there should be children in families where additional children are unwanted and cannot receive adequate care there should not be more children Failure to attain this ideal is the root of innumerable emotional stresses and social complications. Reproduction is a major function of mankind and the failure to control this function rationally and effectively is a crime against society

C-E A. WINSLOW
Professor of Public Health,
Yale University School of Medicine

The Nurse and Family Planning*

By Katherine Faville

Associate Dean, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio

IT HAS long been recognized that in so far as human betterment is concerned, the research of medical laboratories is of avail only as it is translated into terms of everyday speech and understanding, and its findings incorporated into the health practices of daily living More and more, the nurse is coming to be recognized as the one health worker who has unparalleled opportunity to be this interpreter in homes and to families

In this country no community worker possesses as intimate knowledge of the families of the community as does the nurse—whether she works in hospital, school, industry or in the home To her are laid bare the underlying currents and relationships, she sees the courage and sacrifice, the planning and weighing of relative values that go to make up family life

On the maternity division, while giving daily care to mothers, the question of family limitation frequently arises Here the nurse is of great use both in explaining where one should go to secure adequate advice and the harm which can result from improper methods and from listening to "old wives' tales"

The problem of the unwanted child confronts every nurse who comes in contact with expectant mothers In the prenatal clinics she is ever on the alert to maternal attitudes as well as to physical symptoms Courage to carry on the present pregnancy with assurance that family limitation will then be possible, if wise, is frequently the nurse's greatest contribution If the high maternal mortality rate resulting from induced abortions is reduced, the nurse, I am sure, will be found to have been one of the outstanding agents, through her awareness of maternal attitudes and her ability to gain confidence and counsel wisely

The nurse in the pediatrics outpatient department is frequently questioned by mothers who are worried over the problems arising in their families A young mother who was bringing her second child, apparently mentally defective, for regular medical supervision, discussed at length with the nurse the wisdom of having more children and the role inheritance would play The clinic was large, the doctor busy, but the nurse through her insight into the real needs of the mother was able to make a special appointment where mother and doctor could talk at length Here was a family that wanted more children, but only if they could be normal

Also, on many wards patients ask questions concerning sterility, being anxious for children but apparently unable to have them

One could go on listing an endless number of incidents from the daily professional lives of nurses which would illustrate our need for scientific, basic information if we are to function wisely And these would but illustrate again that other need for social vision in order that we do not become so immersed and lost in the details of each day's service that we fail to relate our work and its opportunities to those larger problems and programs which underlie all that we do

The implication to nurse educators is apparent We need as a basis for sounder professional service, better knowledge for all nurses—and this means improving the content of the teaching done in our schools of nursing Perhaps no professional curriculum has greater opportunity for the integration of the knowledge of eugenics in all its phases than does that of nursing

The courses in anatomy and physiology, psychology, sociology, and those in medical, surgical, pediatric, obstetric, psychiatric and public health nursing are most obviously very closely related to eugenics Specifically, it would seem that such nursing courses should include among other phases knowledge of

1 The importance of eugenics and what it has definitely to contribute to individual and race progress—with a clear understanding of positive as well as negative aspects

2 The scientific, psychological, economic and social factors underlying the practical acceptance of a eugenics program, either individually or as a nation

3 Community efforts and resources with which the nurse can cooperate for the good of the families who turn to her for advice

Personally, I am not greatly worried that we shall not secure the detailed factual knowledge necessary to help solve individual family health needs, for, as nurses, we usually respond at once to such stimuli But professionally, I am concerned that we shall not fail to see the woods for the trees We need the assistance which organizations like the American Eugenics Society can give us, to help us develop a better sense of relative values if we are to become interpreters as well as practitioners, and take our part in the building of an intrinsically better social order

*Excerpts from an address on "The Relation of the Eugenics Program to Nursing Education' before the Conference on Eugenics in Relation to Nursing, conducted by the American Eugenics Society, February 24, 1937

Contraception a Century Ago

FRUITS OF PHILOSOPHY or The Private Companion of Adult People, by *Charles Knowlton M D* Edited with an introductory notice by Norman E Himes, Ph D, assistant professor of sociology at Colgate University, with medical emendations by Robert Latou Dickinson, M D, F A C S, chairman of the executive committee, National Committee on Maternal Health 107 pages Peter Pauper Press, Mount Vernon, New York $5 00 postpaid from *The Review* $4 00 to physicians and sociology professors

"I will not describe the scenes that not infrequently occur in the chamber, where the wife and mother, perhaps of a large family, is dying, but whoever has witnessed such a scene will not condemn this work, if he believe it may be the means of preventing only a few of them"

Thus Dr Charles Knowlton, Massachusetts physician and American birth control pioneer, made a plea for contraception as a means of preventing maternal deaths in the first edition of his *Fruits of Philosophy*, published in 1832 The *Fruits*, a document of considerable significance in the history of medicine, has just been reprinted in an edition based on one of the two surviving copies of the edition Knowlton last revised before his death in 1850

Dr Norman Himes states in his introduction that this little book has done much to revolutionize the sexual habits of the English speaking world Knowlton may be considered the American founder of contraceptive medicine, since *Moral Physiology* by Robert Dale Owen, published one year before the *Fruits*, was essentially an economic and sociological treatise

Knowlton bears the historical distinction, says Dr Himes, of being the first person in birth control history (and the practice of birth control is several thousand years old) who went to jail for his opinions Though Knowlton was jailed for three months in Cambridge for distributing his book, he came out victorious from the legal entanglements No one seems to have bothered further about the book until the famous Bradlaugh Besant trial in England in 1877 1879 hinged upon its distribution

Chapter I, devoted to arguments for preventing conception, and Chapter III, describing Knowlton's contraceptive method, are the most important historically Other chapters are devoted to the physiology of generation, the signs of pregnancy and to remarks on the reproductive instinct The arguments in Chapter I are vigorously presented and as valid today as they ever were Population control, early marriage and lessened prostitution, the diminishing of abortion and of infant and maternal deaths, the prevention of poverty, ignorance and crime are among the reasons Knowlton advances for the adoption of what he calls the "anti-conception art" The term "birth control" was not used until more than eighty years later

The contraceptive measure Knowlton advocated as "infallible"—the use of the syringe—offered some degree of protection, but is known today to be far from effective Of the various chemical solutions he suggested for use with the syringe, several are spermicidal

Dr Robert Latou Dickinson, in his interesting "Medical Emendations" at the end of the volume, has pointed out the errors of Knowlton's text in the light of modern knowledge of physiology and contraception, at the same time giving credit for the many rational and medically sound principles contained in the *Fruits* In Knowlton's day, Dr Dickinson states "medical writers and editors did not look askance at zest and jest"

To Dr Dickinson, "courageous leader of his medical colleagues in an important but still neglected branch of preventive medicine," the edition has been dedicated by its editor

Beautifully bound and printed, the book is a collector's item of unusual interest Its importance as the first treatise on contraceptive technique by an American physician merits its place as one of the human fertility series issued by the National Committee on Maternal Health

ERIC M MATSNER, M D

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The future of family advisory agencies depends primarily upon their intelligence and courage in dealing with all of the manifestations of marital relationships Case work unassociated with marital consultation, guidance and sex hygiene is not enough They can become centers for adult education in the important matters of family needs and family relationships There is a real opportunity here, and the more progressive agencies are studying the possibilities carefully and beginning to advance in this field More progress can be made if social agencies will associate themselves more closely with the maternal health and birth control clinics available in the state, recognizing their common goals and the values in close cooperation

H L LURIE, *Executive Director, Council on Jewish Federations and Welfare Funds, Inc*, in "Marriage Hygiene" for November, 1936

BIRTH CONTROL SESSIONS

National Conference of Social Work

INDIANAPOLIS, INDIANA MAY 23 29 1937

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MONDAY, MAY 24—4 00 P M 5 30 P M

(Riley Room of Hotel Claypool)

Birth Control and Modern Medicine

Broad aspects of the relationship of birth control to modern preventive medicine from the point of view of the psychiatrist the obstetrician and the gynecologist

Presiding ERIC M MATSNER M D Medical Director American Birth Control League

Speakers JOHN FAVILL M D Clinical Professor of Neurology Rush Medical College University of Chicago

Birth Control and Mental Hygiene

IRVING F STEIN M D Associate Professor of Obstetrics and Gynecology Northwestern University Medical School Chicago

An Evaluation of the Safe Period

TUESDAY MAY 25—2 00 P M 3 30 0P M

(Athenaeum Ballroom)

Birth Control and Social Change

A review of socio economic factors operating toward acceptance of birth control and the extent of present social sanction

Presiding MARGUERITE BENSON Executive Director American Birth Control League

Speakers EDUARD C LINDEMAN Professor of Social Philosophy New York School of Social Work New York City

Birth Control and Statesmanship

REV FERDINAND A BLANCHARD Euclid Avenue Congregational Church Cleveland Ohio

A Brief for Tomorrow s Children

THURSDAY MAY 27—4 00 P M 5 30 P M

(Riley Room of Hotel Claypool)

Your Community and Birth Control

Practical and sociological aspects of the maternal health program in Indiana

Presiding MRS LOUIS H HAERLE Chairman Maternal Health League of Indiana

Speakers RABBI ELIAS CHARRY Congregation Beth El Zedeck Indianapolis

What Birth Control Should be in Indiana—Its Practical Effects

ROWLAND ALLEN Personnel Manager L S Ayres Indianapolis

Social Trends—What Influence Has Birth Control on Them?

A S JOHNSON M D Clinic Director Maternal Health League of Indiana

What the Communities in Indiana Have Done

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Unusual interest attaches this year to the meetings which the American Birth Control League will hold as an associate group of the National Conference of Social Work Two distinguished physicians a well known clergyman and one of the most dynamic leaders in the field of social work will be speakers at the League s sessions on Monday and Tuesday At the Thursday meeting under the auspices of the Maternal Health League of Indiana a Rabbi a physician and a business man will interpret the program of this progressive state group

Workers in birth control clinics and leagues of many states are planning to attend Will you join them?

So that these delegates may meet and talk shop the League plans to hold a luncheon or dinner meeting at the time that proves most convenient for the largest number All who are working in the birth control field are requested to come to the League s booth as soon as they have registered fo the Conference and thus help us to make plans for this informal discussion of our mutual problems

A lighted family planning exhibit will be on display throughout the week at the League s booth in Murat Temple Consultation on medical problems and clinic organization will be available by appointment

Birth Rates in Dependent Families

The higher birth rate of families on relief is not due to the fact that they are dependent, on the contrary, they may be dependent because they have more children This conclusion is reached by Helen C Griffin and G St J Perrott in a study, *Urban Differential Fertility During the Depression,* published recently by the Milbank Memorial Fund

The study presents the results of a house to house canvass of about 1,000 white families in districts which were poor but not exclusively slums, in each of eight cities The families living on relief in 1932 proved to have a birth rate one half again as high as that of the families not on relief However, comparison of birth rates of the same families in 1929, when less than five per cent of the relief families had begun to receive relief, showed the differential to be even greater than that for the entire period studied, 1929 1932

"It is safe, therefore, to conclude that the receipt of relief did not stimulate propagation up to 1932," the authors state "Instead it should be considered that families with a high birth rate are much more likely to need relief than other families, because (1) they already have more children to support than other families, and (2) the occurrence of the birth itself may be the precipitating cause which renders an otherwise self supporting family dependent"

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