

Birth Control Review

NOVEMBER, 1938

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NO 2

City and Rural Programs



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for New York Mothers

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for a Rural Center

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Birth Control Leagues at the
Fair Grounds

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CHILD SPACING IS A HEALTH MEASURE

Mothers coming with their babies for postnatal care to the Maternal Aid Association, New York City, may receive medical advice on family planning at the birth control center conducted in the Association's headquarters by the New York City Committee of Mothers' Health Centers. The results of the Committee's eight-year program are described in an article by its Executive Secretary, on page 128 of this issue

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Massachusetts Carries On

THE Birth Control League of Massachusetts continues with renewed vigor its fight to win through the courts a more liberal interpretation of the state law. As we go to press, a courageous and confident message comes from the League, whose executive board at a meeting on October 18th voted unanimously to carry forward its campaign so that "duly qualified physicians will be allowed to provide contraceptive help for married women when it is a question of their health or life."

The United States Supreme Court, on October 10th, dismissed the appeal made in behalf of four workers in the Salem Mothers' Health Office. Though the Court refused to consider the appeal because of lack of jurisdiction it made no statement regarding the merits of the case.

Several courses are open to the League. It is probable that new and specific test cases will be introduced. The cases already presented have raised only in general terms the question of protecting the health and

welfare of the people through the dissemination by clinicians of birth control advice.

For this reason, Mrs. Leslie D. Hawkridge, president, and Mrs. Caroline Carter Davis, educational director, of the League have withdrawn their appeal to the Superior Court, and have stated, "We believe that the continuation of our case in the courts would have added little to the legal clarification of the situation. We feel confident that if the fundamental issue is sharply and directly placed before the courts in a proper case, the existing decisions will be distinguished and clarified, and the law will not be construed, as it is by some people today, to prohibit a particular doctor from giving a particular contraceptive device to a particular patient suffering from a particular disease in a case where pregnancy might mean death to the mother, or death or disease to the child."

In its battle, the Massachusetts League has the support of all throughout the nation who believe that physicians must be free to use every modern therapy for the protection of public health.

Planned Families for New York Mothers

An Evaluation of Neighborhood Center Programs, 1930-1938

By Carol K Nash

*Executive Secretary, New York City Committee
of Mothers' Health Centers*

IN ONE of the worst slum areas of New York City, a contraceptive center was opened in a settlement house in October, 1930. In October, 1938, thirteen such centers are scattered throughout the city, all of them in the poorest neighborhoods, where they serve the sick, the poverty stricken and the discouraged mothers of the community. Besides the growth in the number of centers, the number of sessions required by the individual centers has been increased to meet their expanding needs. Each week there are now nineteen sessions. An additional movable session has also been used temporarily at any center until the overflow has been absorbed, and has then been moved elsewhere.

The inception of this program was due to the social consciousness and generosity of a small group of young married women organized originally as the Junior Committee of the American Birth Control League, a name later changed to the New York City Committee of Mothers' Health Centers. The program was a dual one—educational meetings for nurses, social workers, ministers and others, and a drive to open centers in philanthropic organizations.

The educational meetings have broken down the resistance of those who thought birth control illegal and those who feared their organizations' official disapproval. Also this opportunity for discussion has overcome a defeatist attitude, which was based on the idea that successful practice of contraception requires a higher standard of intelligence and responsibility than the average relief client possesses.

Concurrent with these meetings another series of talks has been given directly to mothers' clubs in settlement houses, day nurseries and health centers. "What is the meaning of birth control?" "What can it accomplish?" "How can women reach the centers?" have been the questions answered. Direct contacts of this type have been productive of excellent results both to those attending the talks and to friends and relatives reached by our listeners. Through the talks, correct information has replaced the usual misleading rumors.

After several years of general meetings for philanthropic workers, we changed to a more specific program. Today, all our centers have appointments for observers, so that nurses and social workers may understand the technique of contraception and learn how the solution of many family problems may be found by the physician, the nurse and the patient through mutual understanding and cooperation. At Union Settlement, the observers have been public health nurses and students, who, when their post graduate studies are completed, will return to their homes in eight states and in Canada, Mexico, South America, Hawaii and Puerto Rico. One observer was an instructor from Roumania, studying at the Medical Center on a scholarship.

Close contact with local agencies has brought many patients to the centers. We have been greatly encouraged by the interest shown by hospital social workers and nursing organizations.

Statistics for the past three years show the steady growth of the service. In 1935, the total attendance was 12,613, in 1936, 16,159, and in 1937, 18,639. For the first nine months of the current year, we have already exceeded the total attendance of 1936 and bid fair to top last year's attendance by several thousand by the end of 1938.

Four full time nurses, added to our staff, have integrated the work and kept the patients in continuous contact with the centers. During the past year, we have been particularly watchful that follow up work be done immediately with new patients who have failed to return for their first check up within two weeks of their original visit. This is the critical period and too long a lapse must not be permitted, lest the patient become discouraged or indifferent.

The age and character of our patients have shown a remarkable change from year to year. Contrary to our expectations, it was not the younger or more intelligent woman who was among our first patients. It was the older, worn out, thoroughly disheartened mother who had tried, without success, every method of birth control known to her. These mothers had already had so many pregnancies, so many miscarriages and abortions, that they begged to be relieved from further childbearing. Gradually the older women ceased to be in the majority, and we were able to discuss child spacing and family planning with our younger patients. The joy of motherhood became a reality when the patients were able to rest and recuperate between pregnancies, and when the planning of an addition to the family was a matter of mutual desire and consultation between husband and wife. Our patients are all beset by economic difficulties, but the love of a mother and a father for a wanted child make a happy home possible for more and more of these families each year. Our experience with

mothers of "planned babies" gives ample proof that children of choice are more certain to have the care and attention which is rightfully theirs.

A patient thirty years of age came to one of our centers in August, 1934. She had a history of an unusually difficult pregnancy and she was suffering from extreme anxiety neurosis which threatened to upset the relations between husband and wife. She was so worried that she returned every month for reassurance. During the following year, 1935, the patient returned five times, or about every two and a half months. Having regained her strength and being finally convinced that the birth control method prescribed for her was reliable, she returned twice in 1936 and twice in 1937 for the regular semi annual check up. In January, 1938, the following letter was received by the worker in charge:

"Received your card before the holidays and intended to call you up and explain why I haven't been over to the clinic. My husband and I decided that we would like another child now and I am glad to say that it will be born some time in July. So as soon as I get out from the hospital and around, which should be around the first of September anyway, I will come over for all fresh materials. I hope this will be all right and thank you for your help."

It is an increasing number of cases like this which convinces us that happy mothers and healthy babies are a direct result of scientific birth control.



Securing Patients for a Rural Center

By Leonore G Gutmacher

BEING the social worker of the Howard County Birth Control Clinic of Maryland is somewhat like being a combination publicity agent, contact agent and traveling salesman. It means selling a bill of goods and pointing up its benefits so clearly and justifiably that the customer cannot and will not say "No."

Though often the job is disheartening, results on the whole have been intensely gratifying. One responsive and grateful patient is worth much effort and many weary miles of travel. My experiences in reaching county physicians, other social workers and women's club groups have proved the definite need for this type of service throughout the county, and the great gap which the clinic work is already filling in the county health program.

Getting stuck in some isolated mud road has been a frequent occurrence. And being forced to get out of the car and reconnoitre for possible help did much to develop my heretofore non-existent pioneer spirit.

Often it was like hunting for a needle in a haystack to try to locate a prospective patient in these desolate country areas. My joy at finding some dreary little farmhouse would usually be dashed to bits at first by the appearance of an apathetic, overburdened housewife, who could scarcely make the effort to understand what I was driving at. Then, suddenly, after a long explanation in a "folksy" manner, the happy break comes. An unbelievably pleased expression of comprehension lights up the face of the potential patient. Victory is at last achieved as she eagerly permits an appointment to be made for her. Thus, eventually, an abjectly miserable woman is made pathetically

happy at the prospect of help in eliminating the annual load of humanity which has heretofore been dumped into her impoverished home with appalling regularity. Just that one patient has been worth at least six unsuccessful visits to other homes.

The Negro patients have been a particularly responsive group, eager to tell their friends about the clinic and to urge them to come. The same class of white women, while grateful for the help for themselves, are much more hesitant at spreading the word. They tell me that their neighbors might think them "nervy" to "butt in" on such private family matters as birth control. They are much more apt to ask the social worker to go over to talk to Mrs. X than to do it themselves, no matter how desperately Mrs. X might need the advice.

The number of patients who will turn up at the clinic after appointments have been made is unpredictable. I have sometimes returned to the country on clinic day to gather up six patients, only to discover that each one has faded away. They may have sick babies or have found no one to stay with the children. Or, on thinking things over, they have become frightened and have locked their homes against the worker. Or the husband has "put his foot down" and forbidden the wife to go. Fortunately, the latter is not a frequent occurrence.

Sometimes an older sister, who has promised to mind the children, suddenly gets "ornery." In such a case, I have collared the stubborn member of the family and wheedled her into keeping her promise.

On the other hand, sometimes I will go after four new patients who have appointments and come to the clinic with six or

seven, because friends of the patients have been interested enough and had "nerve" enough to come along with them

In this county the most interesting localities in which to work are the mill towns. At first it was difficult to break down the apathy of the women. They do things in groups and are tremendously influenced by each other. But once one of the leaders or popular women has come to the clinic with me, the others start following. In this way, we have met with wonderful results in the little mill town of A and have had some success, but not so spectacular, in the town of S.

In the town of A, the names of needy families were given me by the superintendent of the mill and by a school teacher, who was extremely cooperative. On my home visits, I encountered at first the tradition of fear connected with anything to do with sex, fear of what the doctors of the clinic might do to one, definite fear that the method would be unsuccessful, anyhow, and fear of their husbands. But gradually the patients came to the clinic, in larger and larger numbers until they literally almost poured themselves into my car on the last trip I made out there. We obtained the deep interest of some of the more influential women of A, to such an extent that they were most eager to have our clinic doctor give a talk to the women of the town, and a man physician talk to the men. Many of the patients told us they felt the men needed a talk almost more than the women, because they were so very unenlightened and at the same time stubborn and unreasonable in their point of view on the question. The mill superintendent donated the use of the town's public hall for both talks.

The men straggled into their meeting one by one, and our doctor did not begin to speak until there was an audience of a little over fifty. They were attentive, asked many questions and seemed most appreciative. At first some of the younger men were inclined

to ridicule the whole idea, but the doctor's patience in answering their questions won them over.

A few nights later our woman physician spoke to the women. She talked informally, in language they understood, and had them asking all sorts of questions. Profiting by the experience of the other meeting, we waited a full hour before beginning the talk, in order to give everyone plenty of time to get over her timidity and come to the hall. Nevertheless, only about twenty women came. They told us that most of the other women were afraid to risk ridicule by being seen coming to the hall. In some cases, their husbands would not let them come. Many of the men refused to tell their wives what the doctor had talked about to them, claiming it was just "men's stuff." But, despite the small audience, the talk was distinctly worth while, and will make many patients for the clinic.

Another valuable contact has been made through the County Homemakers Clubs. These are groups of moderately prosperous farm women, who form, under the supervision of a federal county agent, clubs to further all sorts of domestic interests and self improvements. We made an entering wedge by going to see the presidents of the various Homemakers Clubs and asking them to spread news of the clinic through the courtesy of their clubs. Informal talks on the clinic have been given at several of the monthly club meetings, and some members have immediately suggested patients for the worker to see. All of the members have useful county contacts.

Naturally, the results of this particular sort of job are slow. But success is evidencing itself very much in the manner of a small stone thrown into a large pond. The circles are gradually widening, encompassing more and more of the pond until eventually they will gain the shore and the whole area will have been reached.

Birth Control Leagues at the Fair Grounds

THIS fall at state and county fairs, a new kind of display competed for attention with prize cakes and pedigreed cattle. Through exhibits and literature of birth control leagues, the message of planned parenthood was brought to thousands of families. As the majority of those attending such fairs are rural people, the leagues had an opportunity to reach those mothers most overburdened and least apt to know that medical birth control service is available. Significant of progress in public acceptance was the fact that the leagues were recognized as community welfare agencies, and were given space in the same units as other civic and health organizations.

"The value of the exhibit was that it brought the work frankly before the general public, as casually as any other interesting or public spirited project," writes Mrs. Ralph Folsom, of the Poughkeepsie Committee of the New York State Birth Control Federation, which sponsored for the first time this September a booth at the Dutchess County Fair.

Other leagues holding exhibits for the first time were those of Nebraska and Minnesota, at their state fairs. Pioneers in this form of public education are the Iowa Maternal Health League and the Morristown Council of the New Jersey Birth Control League, which have had exhibits at state and county fairs, respectively, in 1936, 1937 and 1938.

Held in a conspicuous place in the Woman's Building, the exhibit of the Maternal Health League of Nebraska was seen by thousands during the four days of the state fair. "We all felt it was a very worthwhile experiment and that we should like very much to try it again another year," reports Mrs. F. D. Throop, membership chairman of the League.

Large posters and five different kinds of literature were on display. Cards printed with the addresses of the Lincoln and Omaha clinics were available. It is still too early for the League to be able to measure direct results in increased clinic attendance.

About 6,000 persons have been reached at the Morris County Fair by the Morris town Council of the New Jersey Birth Control League during the three years. Each year the Council's exhibit has been grouped with the health agencies. News of the clinic has been spread throughout the county and contacts have been made in various towns which promise to aid in organization work, states Mrs. Hugh B. Reed, chairman of the Council.

This year the clinic nurse was employed to take charge of the booth, and was assisted by several councillors. At times, visitors stopped in such numbers that it was possible to do little more than to hand out literature, but the councillors engaged in conversation all those that they could.

For the third successive year, the Iowa Maternal Health League had space in the Health Department Unit of the state fair. Last year more than 4,000 pieces of literature were distributed, this year the number was greater, including 2,000 reprints of the *Woman's Home Companion* editorial alone. One of the difficulties in dealing with visitors to the booth has been to overcome their timidity and hesitancy at talking over their problems, reports Mrs. E. D. Perry, vice president of the League. However, each year more has been learned about how to help this type of visitor, and has been applied the next year.

This was the first year of the Minnesota Birth Control League at "the largest state fair in the United States." The League's booth was appropriately located in the



The striking exhibit displayed by the Minnesota Birth Control League this fall at the largest state fair in the United States

Woman's Building, between those of the Minnesota Public Health Association and the Woman's International League for Peace and Freedom. Its exhibit, all in black and white, was pronounced by professional display men the outstanding one in the building. League representatives were on the job for the entire eight days of the fair, from eight in the morning until after nine at night. A total of 11,049 pieces of literature was distributed.

"We feel that the predominate reaction was the acceptance by the general public that the League had a place with other welfare agencies and health organizations represented at the fair," comments Mrs. Elizabeth Beeson, executive secretary of the League.

One middle-aged woman read the Minnesota League's *Planned Parenthood* leaflet entirely through, as she stood at the counter

"That was me!" she burst out, pointing to the picture of the unplanned family "Four children in four years." She took a quantity of literature for her daughters and daughters-in-law.

The ideal of family planning was explained by parents to a number of children, when they asked what the pictures on the exhibit meant. "It means that you should plan your children so that you can give them all the best things they should have," one mother answered her ten-year-old girl.

Two twelve-year-olds came close and studied the pictures. "I wouldn't mind having *that* family," said one, pointing to the one-child family. Then he looked longer and decided, "No, I'd rather have the middle one," pointing to the family with four children.

The other replied, "So would I. They look happier."

News from the States

District of Columbia

Since its organization in June, 1937, the Mother's Health Association of the District of Columbia has had 500 patients pass through its clinics. Typical patients were a mother of nine, the family living in four rooms and the father earning \$26 a week, a mother of six, whose husband was earning \$12 a week as a WPA laborer.

At a large meeting held by the Association on October 5th, the speakers were Margaret Sanger, director of the Birth Control Clinical Research Bureau, Rev Bland Tucker, rector of St John's Episcopal Church of Georgetown, and Dr Howard S Kane, head of the department of gynecology and obstetrics, George Washington University Medical School.

Iowa

Social workers showed keen interest in the meeting and round table conducted by the Iowa Maternal Health League at the Iowa Social Welfare Conference.

Mrs Frederick G Atkinson, president of the Minnesota Birth Control League, spoke at a meeting of the Sioux City Maternal Health League on September 21st.

Maine

A round table discussion on planned parenthood held by the Maine Birth Control League on October 7th as part of the State Conference of Social Work, was attended by about 100 delegates. The discussion was led by Mrs Israel Bernstein of Portland.

The Bangor Maternal Health League reports that 248 patients have been advised since its clinic was established in May, 1936. A study of 100 patients revealed that their average annual income was \$588, and that 54 of the families were supported by

public or private welfare organizations. Families on relief proved to have the largest number of children.

New Jersey

To improve the organization of its county branches and clinics is the immediate objective of the New Jersey Birth Control League. It has been decided to hold state board meetings in various centers throughout the state, rather than always in Newark.

The Cape May County Clinic had its first session on October 11th in Woodbine and will draw its patients from the territory south of Camden. This clinic is the tenth in the state affiliated with the New Jersey League.

Ohio

The Maternal Health Association of Ohio reached social workers of the state through an exhibit and meeting held as part of the State Welfare Conference in Columbus. At the meeting on October 5th, Dr Mary Shattuck Fisher, professor of child study, Vassar College, spoke on "Problems of Evaluation in Family Adjustment." The discussion was led by Dr Oscar B Markey, psychiatrist, of Cleveland.

On October 4th, the Association held a discussion of clinic standards and a business meeting at which officers were elected. Mrs Laurence Witten of Cincinnati was named president, Mrs Brown Burleigh of Springfield, vice-president, and Mrs C E Gehlke of Cleveland, secretary-treasurer. The Association is fortunate in having, as its executive secretary, Gladys Gaylord with her long and successful experience as executive secretary of the Maternal Health Association of Cleveland. The state offices are in the same building with the Maternal Health Association of Cleveland and Miss

Gaylord continues to be in charge of both organizations, although the Cleveland work is developing rapidly under the leadership of Mrs Hazel C Jackson, who left the position of district secretary of one of the most active relief offices to direct the program of the Maternal Health Association of Cleveland

Pennsylvania

A goal of \$15,000 has been set by the Pennsylvania Birth Control Federation for its annual finance campaign, which opened on October 20th To date, 56 campaign workers have been enlisted The campaign will close on November 28th, when the Federation will hold its annual meeting at the Bellevue Stratford Hotel, Philadelphia Dr Roland Morris, president of the American Philosophical Society, will give an address on population problems at the annual luncheon

A most successful fall board meeting and luncheon was held by the Federation on October 12th in Wilkes Barre More than one hundred attended Mrs Edward W Bixby of Wilkes Barre presided, and the principal speaker was Dr James H S Boscard, president of the Federation Clinic chairmen, social workers and clinicians met to discuss their problems in the Kirby Memorial Health Center, where the Wilkes Barre clinic is housed

Vermont

Though it is only one year old, the Vermont Maternal Health League has been admitted to membership in its State Conference of Social Work The League had an exhibit and distributed literature during the Conference, which met October 19th and 20th in Middlebury Also, the League will participate in a meeting of the Addison County Religious Council, to be held in Middlebury on November 1st

Favorable Importation Ruling

BIRTH control won another significant legal victory when the Circuit Court of Appeals, Second District, held that books and pamphlets on contraceptives, imported into the United States, might be received lawfully by persons other than physicians, provided the persons were qualified to receive them and "would not abuse the information they contained" By the presentation of a simple affidavit, the qualified person, whether a physician or other person who has a special standing, can obtain a release of contraceptive literature

The case involved the seizure by the Customs in 1936 of copies of the magazine *Marriage Hygiene*, which were sent to Prof Norman E Himes of Colgate University, the American editor of the magazine The decision was handed down on June 14, 1938 and the ninety days, during which the Government might have appealed the case to the Supreme Court, have expired

The Circuit Court pointed out in the Himes decision, "We have twice decided that contraceptive articles may have lawful uses and that statutes prohibiting them should be read as forbidding them only when unlawfully employed"

In the Magazines

Look, issue dated November 8th, on newsstands October 25th, contains a story in pictures "Experts Debate the Birth Control Issue" The case for birth control is presented by Margaret Sanger, director of the Birth Control Clinical Research Bureau and Dr Eric M Matsner, medical director of the American Birth Control League while the Rev Edward Lodge Curran, president of the International Catholic Truth Society, presents the Catholic point of view Rev Curran's facts on the decline in quality of our population make an excellent argument for the spread of birth control

Blasting the Circle

"The low-income father is apt to have a relatively large number of children. These two forces of low income and large families tend to cut short the period in which the youth is encouraged to train for his own future. They operate to force him out of school, into work, and into marriage, at a relatively early age."

"Most that has happened to the youth of this large low-income family has tended to hold him in pretty much the same kind of social and economic vise that has gripped his father.

Although he has indicated that the 'ideal' number of children is substantially less than the number his parents had, it is a presentable assumption that the same social, economic and perhaps psychological forces that operated to leave his low-income father with a large family will continue to operate with him. And so begins the second dismal swing around the same vicious circle."

"There are at least two ways of blasting this circle. One of these is to recognize the state or community responsibility to the youth in families whose incomes are too low to provide opportunities for such growth and development as is fundamental to a healthy and enduring democracy. And the other is to clarify, through both youth and adult education, the usual consequences that are visited upon the individual child when the family's income and the family's size are inadequately adjusted to each other."

—from 'Youth Tell Their Story' by Howard M. Bell
prepared by the American Youth Commission
of the American Council on Education 1938