Talk [to ? Labour Party Women on Birth Control]

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?1941 ? Labour Party Women's

I am delighted to have the opportunity which your Guild has given me to come and tell you something about Birth Control, and especially about the work that is being carried on in Belfast. This is a subject in which all of us as women cannot help being interested, no matter what age we may be, because it is impossible to discuss it at any length without ~~bringing in such matters as~~ housing, wages, maternal health, family allowances, and so on, which directly affect every woman in her everyday life. So if anyone here is over 45, I would ask her not to decide in advance that what I am going to say won't be of any interest to her. !

Having come to talk about B.C., I'm going to say right at the start that the name B.C. is out of date. Most people now interested in the movement prefer to call it Family Planning, which I think gives you a much better idea of its real purpose. B.C. is usually taken to mean: 'Oh yes, stopping people having children'. Well, Family Planning means, as you can tell from the words themselves, something quite different. The aim of F.P. is that parents should deliberately control the size of their families, having as many children as they want, and - what is of equal importance - having them <u>when</u> they want them.

Almost everyone who gets married wants children sooner or later to complete their homes, and to bring them that unique form of happiness which childless parents never know. A young married couple will have a pretty fair idea how many children they can afford to bring up on their income, and on the standard which is reasonable in their circumstances; but the question is; how are they to arrange this.? AS you all know, nature and economics often go very different ways. A marriage may start off with 2 or 3 children, and everything be allright; but when babies arrive each year with appalling regularity for perhaps 10 or 15 years, nothing but misery and ill-health are likely to result.

Even up to 50 years ago, it was taken for granted that the coming of children was an inescapable law of nature. Husbands did not seem to mind that their wives had one pregnancy after another, nor that they became prematurely old and worn out at the age of 40 with incessant childbearing. Nature has always been wasteful and when left to herself makes certain of the continuation of the race by a very very high birth rate, inevitably accompanied by a correspondingly high death rate. I am sure many of you must have visited old churchyards, and noticed the inscriptions on the gravestones, where it is common to see perhaps 5 or 6 children in each family recorded as dying in infancy, others between the ages of 1 and 5 years, and very often the death of the mother herself while still a young woman. My own grandmother died in childbirth when she was only 37, leaving a large family behind her.

But nowadays people feel that such waste and recklessness on the part of nature must be controlled. One reason for this change of attitude is the progress of medicine, which has brought about such a spectacular reduction in the death rate, and especially in the infant death rate, that there is no longer any need for the enormous families of the past. (I am not going to bother you with a lot of statistics, but I should just like to mention that that the death rate in England in 1890 for children under a year old was 159

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Free Gynæcological and Birth Control Clinic.

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per 1000, and that by 1937 (the latest year for which I have the figures) it had been reduced to 58 per 1000 - and even this is considered much too high.)

Population experts tell us that an average family of from 3 to 4 children is sufficient to maintain the population at its present level, and I think you will find that if parents today have less than that number of children, it is not, as elderly people are so fond of saying, because they are 'selfish' or 'out for a good time', but rather because they are more than ever conscious of their responsibilities and anxious to do their best for each child, so far as their means will allow. Nor is it surprising, when jobs are insecure, and the shadow of war hangs over the world, that many parents do not feel it is right to increase their families.

So far as the actual spacing of babies is concerned, doctors reccommend an interval of 2 years between each pregnancy. This ensures complete recovery of the mother and helps her to keep her figure. Most young married women today plan the arrival of their babies with considerable care, and have them just when they want them. I have often heard some of my own friends say: 'I think I shall start another baby next month' or 'We've decided to have our next baby in the spring'.

But what a contrast between these happy and sensible young mothers with their planned and healthy families; and the lot of women in less fortunate circumstances. Untill quite recently, B.C. advice was only available for those who were able to pay for it; while the wives of working men, who most needed this help, and whose lives very often depended upon the avoidance of another pregnancy, were thus barred from all reliable information. This does not mean that no form of B.C. was ever practised by them; but in ignorance they resorted to methods which are unreliable and even dangerous.

It is in order to minimise this unfair state of things that Birth Control Clinics have gradually been established throughout the British Isles by pioneers like Dr Marie Stopes, and by other associations of progressive and humane-minded people. At these clinics, poor married women are taught how under medical supervision how to control the size of their families, and are freed from the constant fear of yet another unwanted child. The Clinics in Britain are largely voluntary, & make no charge to necessitous women.

Perhaps you will say that teaching of this sort is unnecessary; that nowadays everyone 'knows what to do'. I am afraid that this is very far from being the truth, and one does not need to look further than the poorer districts of our own city to discover it.

For some time now I have been doing social work for another society here, which takes me into the slums of Belfast; and the misery, ill-health, and actual starvation caused by too-large families is heartbreaking. I have visited homes where both parents are tubercular, and where there may be as many as 6 or 8 young children, all of them infected with this dreadful disease. I have talked to women worn out and old long before they are 40 with constant child-bearing, and with trying to keep their home going and care for 10 or more children on an impossibly small income. I have seen a bedroom where 8 people slept on 2 beds and a broken-down cot; father, mother, and 2 older children all in one bed. The mother was ill with severe kidney disease, and was advanced in her 7th pregnancy. These cases are not anything out of the ordinary; they are the commonplace of the slums, not only in Belfast but in all large towns where there is widespread poverty and overcrowding.

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Is it any wonder that these poor distracted mothers, driven to desperation at the thought of ever-recurring pregnancies, should turn to Abortion as a way out.? Abortion means, as most of you know, the deliberate removal of the unborn child from its mother's body by the use of drugs or instruments, and is usually attempted before the 4th month. According to English law, it is a criminal offence for a woman to try to procure an abortion, although it is permissible for a qualified medical man, usually in consultation with another, to remove the unborn child if he considers that pregnancy would endanger the life or future health of his patient. Here again, these facilities are not readily available for women who cannot afford to pay for them.

A recent inquiry by the Ministry of Health in England shows that in spite of all difficulties and dangers, abortion is on the increase, and that although accurate figures are impossible to obtain, the number probably amounts to over 110,000 cases annually. (This refers, of course, to illegal or self-induced abortion, and not to miscarriage or to abortion done in hospital with proper safeguards.) The prevalence of this practice, as revealed in the inquiry, is most disquieting, when one considers how much suffering and unhappiness lie behind those figures, and how much actual damage is being caused to the physical well-being of so many thousands of women.

Abortion is not without its dangers, even when performed under the best conditions by a skilled surgeon; but when it takes place in a hole and corner manner in the absence of cleanliness and of proper surgical precautions, the risks are extremly grave. In fact, a large proportion of the present high maternal death rate is directly traceable to this one cause. Even if the women escapes death from blood poisoning or other likely complications, her health may be permanently injured, rendering her unfit and unable to look after the children she already has. Moreover, she has probably spent money on drugs or abortionists' fees which could ill be spared from the proper feeding of herself and her family.

Surely it is better that a knowledge of scientific B.C. should be available for all who need it, and so avoid the frequent tragedies which follow unskilled abortion.? It has always seemed to me that to deny poor women this knowledge is the sheerest cruelty, condemning them as it does to a miserable existence and the likelihood of a premature death.

Not so long ago I visited a mother in the slums who was then expecting another baby in 2 weeks time. She had 4 living children and 5 others had died. Just before her present pregnancy she had had a miscarriage. She suffered from kidney trouble and hemorrhage and though only in her thirties looked to be 50. When I sympathised with her for what she had been through, she said to me pathetically : 'I've never had a chance'.

It is women like these who fill the Maternity Hospitals and the women's wards of general hospitals -Women who need never have come there had they known how to space their families. All sorts of complications arise from having children in too-rapid succession, before the mother has fully recovered from the previous pregnancy, or when for some recognised medical reason, such as T.B., heart or kidney disease, or syphilis, a woman is really unfit to bear children at all.

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In my opinion,the hospitals themselves are to some extent responsible for this state of affairs. It never seems to occur to them that prevention is better than cure. They patch up these women,or deliver them of their babies;and then send them home again with no advice whatsoever on B.C.,even when they know another pregnancy will mean severe illness,if not death. It is of little use for Dr or nurse to say 'don't have any more children,Mrs Smith' and leave it at that. If they could see the sort of homes these mothers have to go back to,and,I'm afraid,see some of the husbands, they would realise how helpless an uninstructed woman is. Just last week I was interviewing a man who had come to ask for assistance for himself and his family. He hadn't worked for the last 8 years, but in spite of this had had 9 children,all under the age of 14. His wife was expecting her 10th baby and he said she was very ill and in need of nourishment. I tried to make him see that in his circumstances it was most unfair to his wife and also economically undesirable to have brought all these children into the world - and what do you think he said,by way of excuse?: 'I've had a terrible lot of children born on me' !

It is children from homes like these who form far the largest proportion of patients in children's hospitals. From the day of their birth they have never had a chance to grow up strong and healthy,. They suffer from diseases such as rickets,tuberculosis, and anaemia diseases which do not occur when mothers are able to feed and care for their children properly.

I am not trying to argue,as some of you may think,that poor women should have no children at all. Every woman should have as many children as she wants - but no more. With social conditions as they are at present,however,I think you will agree with me that when the income of a home is less than £3 weekly,whether this be from wages or some form of public assistance,it is irresponsible and unfair to the children themselves to bring a large family into the world.

Now I want to tell you something about a few actual cases we have had at the Clinic in Belfast since we opened 4 years ago, to show you the sort of people we are trying to help. First,someone whom we shall call Mrs A. Her husband was an unemployed labourer,and she was aged 27. In 9 years of marriage she had had 7 children,and 3 of them were dead. She was found to be quite unfit for further childbearing. Another case:Mrs B. Her husband weas also an unemployed labourer,suffering from epilepsy.At the age of 39 she had had 8 living children and 5 miscarriages. 2 of the children were tubercular. Mrs C* 9 years married. The family income in this case was only 35/- a week,and they had had 7 children. 5 of these were tubercular,one was an imbecile,and one died at birth. Mrs D. was brought to the Clinic by a welfare worker. She was deaf,and partially blind,and her husband was totally blind. Two babies had been still-born. Mrs E.,married to a labourer. She had had 17 children,2 miscarriages and 3 abortions. Of the 17,one died at birth,and 2 others died of T.B. The record for the mother with the largest family is held by Mrs E., aged 44. Her husband is also an unskilled worker. She has had 18 children,and only 13 of them are living. The last 4 babies are aged 4,3,1½ years and 2½months. I think these figures speak for themselves and yet they are only taken at random from the records of nearly 1500 women who have come to us for help.

* illiterate.

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In case some of you are not familiar with the working of a birth control clinic, I should like to give a you a short description. On arrival at the clinic, each woman is sympathetically interviewed by a trained nurse, herself in the case of Belfast herself a married woman, who takes particulars of age, husband's occupation, number of pregnancies, etc. This information of course is kept in strict confidence. The patient is then examined, and instructed in the use of the method of birth control or contraception, as it is scientifically called, which is most suitable for her. If the nurse is in any doubt about a patient, or discovers some condition which needs medical treatment, she is referred for further examination to the woman doctor attached to the clinic, and sent to her own doctor or to hospital if this should be necessary. The Clinic tries to keep in touch with all patients by asking them to return at regular intervals of 6 months, so that the nurse can see if they are following out the instructions properly, or help them with any difficulty that may arise.

And now a few words about the actual methods used.

As you probably know, every baby begins life by the joining together of two very small cells, one of which comes from the father and one from the mother. If these two lifegiving cells do not meet, no baby can be begun. The meeting always takes place within the body of the mother. All that has to be done, therefore, is to keep the lifegiving cells of the father apart from those of the mother.

The sex-relationship of a married couple is a natural and beautiful thing, very good for both, and it is essential that any method of family spacing should not hinder this at all. An absolutely perfect, fool-proof method has not yet been discovered, but there are several that with a small amount of intelligence and care work very well.

The sheath worn by the husband is often effective, but it is expensive and not always liked. Nor can the very common practice of withdrawal (being careful) be recommended, for several reasons. First, it is most unsafe, and accidents have been known to happen even when both partners think the greatest care has been exercised. Second, it puts a severe strain on the husbands' nervous system and may have very harmful effects if long continued. Third, it gives a woman no protection against a drunken or inconsiderate husband. It is a sad fact that in many homes the means of avoiding pregnancy must rest with the woman herself.

The method taught at the Clinics is very simple, but requires a preliminary examination for the woman by a doctor or trained nurse. In most cases she is shown how to place a small rubber cap in such a position that neither she nor her husband can feel it. She is also given some chemical to use with the cap for additional safety. Her husband need not even know that any precautions have been taken.

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The cap takes about a minutes to put in position, and 2 or 3 minutes to take out, clean and put away, so no time worth counting is required. The cost of the whole method is reasonable, and with care one cap will last a year.

There is no foundation for the fear that harm can result from these methods, if they are properly used. In the first place, the cap can do no harm to the woman if correctly chosen and fitted, and never left in longer than 12 to 24 hours at a time. Secondly, the chemical preventatives prescribed by a Dr or Clinic are absolutely harmless. Thirdly, the use of these methods over years does not prevent a woman having children when she wants them. Last, and not least important, the marriage relationship is not spoiled for either husband or wife. What is harmful and unreliable is for a woman to go and buy a cap from a chemist and attempt to use it without any idea of the size required, and without any instruction in fitting. No two women are exactly alike internally, and it is impossible to tel without proper examination which particular type of cap will be suitable. Nor is it safe to rely on chemical contraceptives alone, as some of these preparations have been proved of little use, while other contain substances which may be definitely injurious. An uninstructed woman is thus at the mercy of salesmen and unscrupulous commercial firms.

One objection which is frequently raised to the spread

I would like to stress what might be called the constructive side of the work done at B.C. clinics -a side which is not generally realised by the public. Advice is given on problems connected with sterility -- that is, the failure to conceive children; and I am glad to say that through coming to the clinic a number of women in Belfast have been helped to become happy mothers. Women naturally find it much easier to discuss these things with a woman doctor, who can give them that special understanding of marriage difficulties which lie outside the province of the ordinary family doctor, who is usually a man. In addition, the examination necessary for each woman before she can be fitted with a contraceptive has often resulted in the discovery of some unsuspected ailment or disease. The woman can then be advised about treatment for this, and the trouble checked before it becomes dangerous.

over

Unmarried women are not accepted as patients at the clinics; and records from all centres show that such women do not tend to come for advice. The patients are mostly drawn from the same type of working-class mother who attends Maternity and Child Welfare centres.

Another consideration is that the practice of B.C. encourages early marriage. Young people who might hesitate to marry on a small income can now do so with safety in the knowledge that they need not start their family for some years, when they will be better able to afford it.

I have purposely avoided discussion of the attitude of organised religion to B.C., as I do feel so strongly that this is a matter for each individual woman, and that she must be free to make her own decision. The Church has laid down no definite ruling against B.C.: and indeed at the Conference of Bishops at Lambeth in 1934 the use of some method of family limitation was recommended, and

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One objection which is frequently raised to the spread of B.C. knowledge is that it encourages immorality. Well, there are several obvious answers to this, one being that women and girls who lead what is called an immoral life have known from historical times how to prevent themselves from unwanted babies, if not from disease. It is the innocent who suffer, because of their ignorance. We must also remember that every discovery made by science can be used either for good or evil and B.C. is no exception to this rule. Aeroplanes, for instance, are a case very much in point. Used for peaceful purposes, they can promote the spread of civilisation as never before; but misused, as they are today, one might well tend to condemn them as entirely evil. B.C. is such a powerful factor for good when dealing with the recognised evils of over-crowding, maternal ill-health, under-nourishment and neglect of children, that the feared encouragement it may give to sex relationships outside marriage is by comparison unimportant.

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'irresponsible parenthood' condemned. In 1939,at the Methodist Conference in Liverpool,a special committee which had been set up to consider B.C. and parenthood generally,reported that 'the practice of contraception commends itself to all Christian people' and went on to say that 'advice on the subject should be provided by the State for all classes'. The Roman Catholic Church opposes scientific contraception,but at the same time allows what it calls 'natural methods' of B.C. ~~Apparently the illogicality of this~~ These methods - which consist of limiting sexual intercourse to a doubtful 'safe period' or else sleeping apart from each other - have been proved over and over again to be unreliable,or inadvisable for normal married people. It is obvious that this official Catholic attitude is illogical,and ignores the realities of everyday life. ~~[illegible]~~ Belfast,as in other towns,numbers of Catholic women come to the Clinic. The Government of Eire,in my opinion,took a very backward step when they made all B.C.information illegal and liable to heavy penalties, irrespective of what people's religion might be. As no-one attempts to force B.C. on Roman Catholics,why should they prevent those who are not of their faith from practising it.?

In Great Britain at least,we are still free to express our opinions on this and other subjects;and it is in defence of this freedom that we are now fighting. It is significant that one of the first actions of a Fascist Government has always been to close B.C. clinics and to ban all propaganda work in connection with the movement. In Germany,Italy,and Japan,no mention is allowed of family limitation and people who were known to have publicly advocated B.C. in the past are now either exiled or in prison. The day after the German ~~marched~~ invasion of Austria,in March 1938,every single B.C.clinic was closed and all the records destroyed. The Nazis with their doctrine that woman is only fit to breed and rear children for the battlefield are trying to set back the clock of civilisation a hundred years,but in spite of all the propaganda,medals for large families,bribery by means of marriage loans and so on,such figures as have been published since these measures were introduced do not indicate any astonishing rise in the birth rate.One can imagine that in Germany and Italy there must be many thousands of women who have known some freedom,and who are not in sympathy with their present rulers' ideas on the subject.

It is so plainly illogical for States at one and the same time to encourage the production of large numbers of children and to complain that they have no 'living room' - and are therefore entitled to expand at the expense of other countries, This is one of the favourite arguments used by Japan to justify her agression in China, and was also put forward by Mussolini when the Italians invaded Abyssinia.

Fortunately,other parts of the world have different ideas.In Scandinavia,where a very high standard of civilisation exists— (I can only speak,of course,of conditions as they were before the Nazi invasion) B.C. clinics were established under Government supervision;and the spacing of children was regarded by everyone as a normal and natural ptoceeding.In Denmark there were travelling clinics which visited remote parts of the country,so that no woman need remain ignorant because she lived far from a town. Iceland goes even further and makes a knowledge of B.C. obligatory by law for all couples

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about to be married. It is an interesting fact that the governments of all these four countries were Labour or Socialist, and had been so for a number of years.

In America, B.C. is legal in 46 out of the 48 states, and in 1939 560 clinics were in being. Several of these were set up directly by the government as an official public-health measure. In S.Carolina, 4 years after the opening of one such clinic, the previous appallingly high maternal and infant death rates were reduced by 25% or one quarter.

Here in Britain, under the growing pressure of public opinion a move in the right direction has been made by the Ministry of Health, who since 1937 have empowered local authorities - that is, the Corporation or Municipality of each district - to provide B.C. advice at existing Maternity and Child Welfare Centres. Under this provision, Doctors at these centres may give B.C. instruction, and then only to women whose health would be endangered by further pregnancies. No account is taken of economic or other reasons. It is, as you will observe, rather a half-hearted measure, but does at least show some public recognition of the need. Unfortunately, the latest figures available reveal considerable apathy on the part of Local Authorities as out of 409 centres in England and Wales only 246 - a little more than half - have taken any action in the matter. However, the number is slowly increasing, and we are hopeful that someday Belfast too will adopt this additional service for its poor mothers.

It is indeed necessary that something should be done, for in comparison with other cities of a similar size across the water, Belfast has a very bad record. Earlier this evening when I referred to the infant mortality rates I told you that the average figure for the whole of Britain was 58 per 1000. Speaking at the Maternity Hospital last month, Professor Lowry revealed that the rate for Belfast was 98 per 1000 or almost double. In Bristol, a city of about the same size, the rate was only 42 per 1000. No-one can be complacent about such a state of affairs; and the lack of any centres here where B.C. advice can be obtained is undoubtedly one of the contributing causes. over

methods of B.C., and it is significant that more and more women doctors are specialising in this field, which is as it should be.

I suggest that had the practice of medicine not been completely closed to women until about 50 years ago, we should have had a more sympathetic and progressive outlook on this and kindred problems so directly affecting our own sex. It is well to remember that until the beginning of this century we lived in a world where the domination of man was taken for granted; where woman was regarded as intellectually and physically inferior, expected to minister and adorn, but not encouraged to have any opinions of her own. Men never stopped to consider that it was impossible for women to develop their brains and capabilities to the fullest extent when they were barred from all higher education; and, if married, condemned to spend the best part of their lives going through an incessant series of pregnancies which they were powerless to prevent. Men alone fought wars, and governed the world, with the result that militarism and capitalism have always found it in their interest to keep up a high birth rate. Militarism, because soldiers are wanted for the army,

about to be married. It is an interesting fact that the governments of all these four countries were Labour or Socialist, and had been so for a number of years.

In America, B.C. is legal in 46 out of the 48 states, and in 1939 560 clinics were in being. Several of these were set up directly by the government as an official public-health measure. In S. Carolina, 4 years after the opening of one such clinic, the previous appallingly high maternal and infant death rates were reduced by 25% or one quarter.

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It is to women themselves that we must look for the wider spread of knowledge on this subject. The medical profession, as a whole, have shown a deplorable lack of interest in B.C. both in its technical and social aspects; and it was only last year, for the first time in the history of medical teaching, that it was included as a recognised part of the students' course. Most doctors are too busy with their everyday work, and with the attempt to keep abreast of constant scientific advance to have time to become social reformers as well, but it is surprising to find them so indifferent when they are in daily contact with the realities of life. The average family doctor still knows little about modern methods of B.C., and it is significant that more and more women doctors are specialising in this field, which is as it should be.

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THE MOTHERS' CLINIC,
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(incidentally, since the war began quite a number of women have come to the clinic for instruction who said they didn't want to have children just to be 'cannon fodder'.) -and Capitalism, because a large supply of surplus labour enables wage rates to be kept at a low figure. It must be obvious to all of you that in the present framework of society there are more men than jobs; and this is a state of things which employers are not concerned to change. So long as there are hundreds of applicants for every position, even for one which may offer less than a living wage, there is no incentive for an employer either to raise the wages or to expend any care on the welfare of his employees. In these circumstances, the man with a large family is worse off than the one who has only a few children. The average unskilled worker's wage in this part of the world varies between £2.8 and £2.15. This may, given good management, be adequate for a married couple and one or two children; but it is totally inadequate when there are anything from 6 to 10 children to be fed, quite apart from all other expenses of rent, clothing, heating, etc. Remember, too, that I am speaking of families where the father is actually in work. It is no exageration to say that children brought up in homes where the sole income is from Unemployment Assistance or Outdoor Relief are inevitably starved. Can you imagine that it can be otherwise when the Relief allowance for a man and wife wife with 9 children, who pay 5/- rent, is only £2.2.?

Recent research in nutrition - that is, the study of food in relation to health and disease - shows that on the 1939 cost of living figures, at least 8/6 or 9/- per head must be spent on food per per week if the diet is to attain a minimum standard. Think of the thousands and thousands of children in Britain alone who are suffering from malnutrition and preventable diseases, due solely to poverty. And these children are the citizens of the future.

Until we can plan a new social system, and one which will include good wages, family allowances, and proper medical care for all, those people who are able to limit their families to a reasonable number have the better chance of health and happiness.

The discovery of a simple and reliable method of B.C. is indeed the forerunner of widespread economic and social changes. For the first time in history, the possibility of an entirely new life has been opened up for women; and that that they have realised this is to be seen in the increasing numbers who enter professions, take paid employment outside the home, run their own businesses, or excel in all forms of sport and exercise, unthinkable 50 years ago. Who shall say, that these women, who, when they want children, deliberately plan their number and their arrival, do not make more intelligent and conscientious mothers than the women of all past ages, for whom there was no choice and no escape.

In civilised countries some progress has been made, but the millions and millions of women in Asia, Africa, and India are still suffering and waiting for the knowledge which we can give. I ask for your sympathy for the people who today are carrying propaganda for B.C.; and ask you to realise that what they are trying to do is only part of the world-wide movement for better social conditions and for a more humane outlook on the position of our own sex.

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