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PUBLIC AFFAIRS PAMPHLET No. 136

PLANNING YOUR FAMILY

BY HERBERT YAHRAES



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PLANNING YOUR FAMILY

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By HERBERT YAHRAES

MRS. CARLSON, a Southern farmer's wife, is only 31 but already she has had eight children, the last one three months old. She knows from experience that another baby will probably be on the way before long and she is worried because she feels, as she says, "poorly." It happens that there is a planned parenthood service in her county. She goes to it for advice. The doctor finds that Mrs. Carlson is suffering from both high blood pressure and kidney disease and that another pregnancy would be disastrous. So, as part of his treatment, he instructs her in a method of preventing pregnancy. As a result, Mrs. Carlson is likely to live to bring up her already large family, instead of to die while adding to it.

Mrs. Morgan, the wife of a grocery-store clerk in New York City, is 25, has had only two children, and so far as she knows is in good health. But on her husband's pay of $45 a week the Morgans can afford only a two-room apartment and can barely keep themselves in food, clothing, and medicine.

Some of the more popular of the authoritative materials used in the preparation of this pamphlet are listed on page 32. Mr. Yahraes is author of a series of distinguished pamphlets on medical and health subjects including *Epilepsy, Alcoholism is a Sickness,* and *Rheumatic Fever.*

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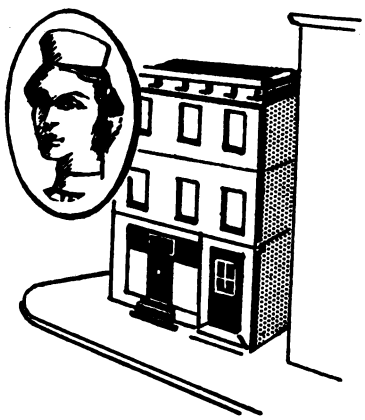
others—it is more than a health measure: it is also one of the foundation timbers of what has been called *population control.* This phase of it will be discussed later, but perhaps it would be good to consider now just what *control* means. This word is forever popping up during discussions of planned parenthood, and is often interpreted in the sense of restraint, or check. As a prominent public health authority points out, however, this is only a secondary meaning and a misleading one. The primary dictionary meaning is *power of direction.*

ORIGIN OF THE PLANNED PARENTHOOD MOVEMENT

SHORTLY before the First World War, a small, brunet nurse, Margaret Sanger, was called to a dingy flat on New York's crowded East Side. The wife of a truck driver lay near death. Appalled at the prospect of another baby, she had performed a crude abortion on herself. Mrs. Sanger and a doctor worked several days to save her, and succeeded. As they were leaving, the truck driver's wife called them back. Didn't they have any advice for her? she asked. Wasn't there anything she could do? "Tell Jake to sleep on the roof," the doctor said.



Some months later, Mrs. Sanger was called to the same dingy flat. It was the same story, but this time Jake's wife was dead. And this time the nurse dedicated her life to answering the question of anxious women everywhere: *What can I do?*

In 1916 she opened America's first planned parenthood clinic in the Brownsville section of Brooklyn. It aimed to re-

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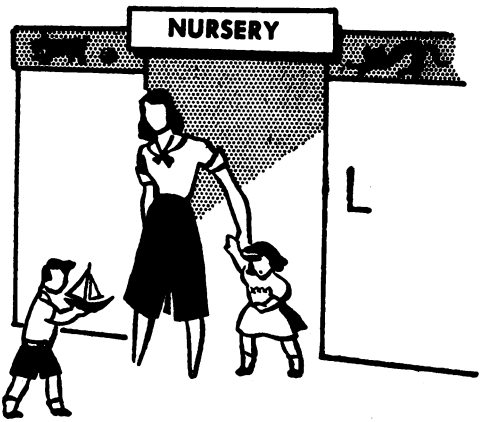
"never having another baby as long as I live!" She added that her husband no longer showed her affection, and she expressed relief. "At least it keeps me from worrying."

A sympathetic counselor explained that such worry is unnecessary and urged her to hold her home together. Two years later, Mrs. N. came in again, her outlook changed. "Four children are supposed to be the ideal number," she told the counselor, "and we certainly are going to try for it."



"Planned babies" are frequent visitors to the clinic. More than 600 of them a year are cared for by a trained attendant in a pleasant nursery while their mothers have a check-up.

Planned parenthood, as the record of the Margaret Sanger Research Bureau shows, has as its goal stronger families, not necessarily smaller ones.

WHAT DO PEOPLE THINK ABOUT PLANNED PARENTHOOD?

PERHAPS it would be wise to ask first what Nature seems to think about it. Nature has spaced the birth of children by means of the hormone, prolactin, which not only promotes the flow of milk in the mother but also tends to suppress ovulation—the process by which she produces the egg which, when fertilized, develops into a baby.

There is other, and tragic, evidence, that Nature favors child-spacing. Medical studies point to a high mortality rate among babies born after short intervals between pregnancies.

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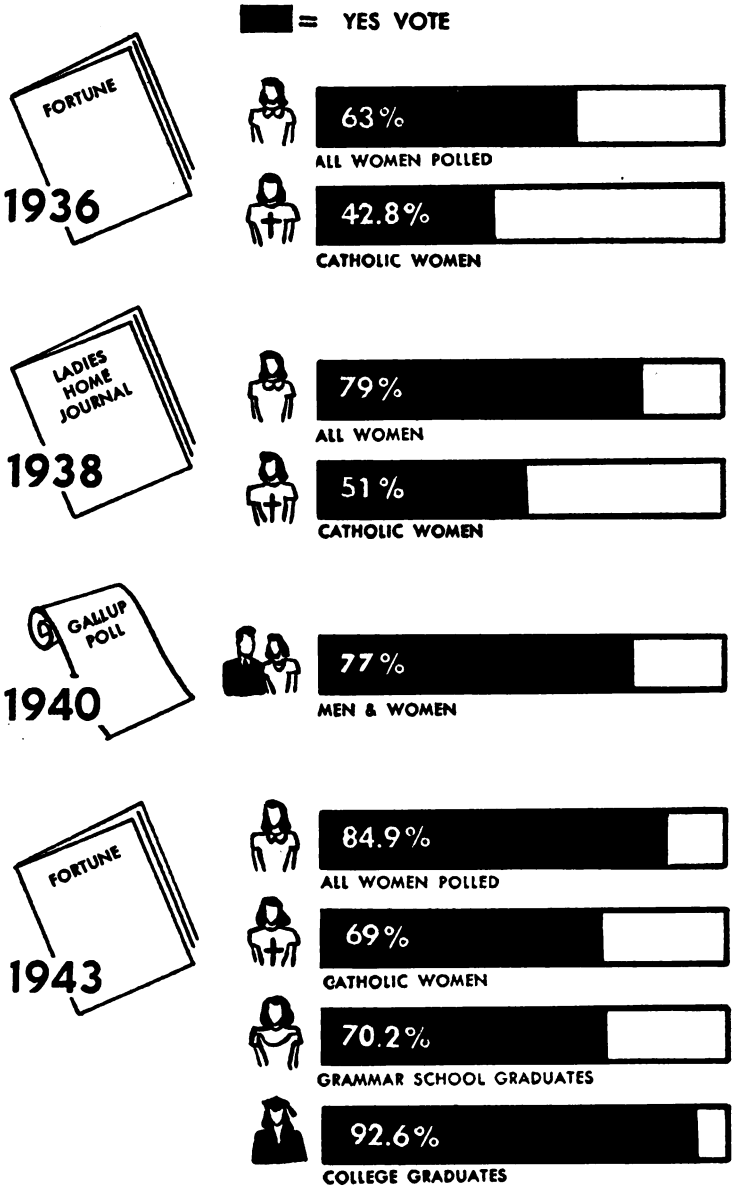
"Do you believe in the teaching and practice of Birth Control?"

THE PUBLIC'S ATTITUDE



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good faith." For some reason—perhaps because it was thought unnecessary—the law as finally passed did not contain this exception. After the federal government had acted, a host of states passed "little Comstock laws."

Most of these laws totally ignore medical and public health views of planned parenthood, but no organized effort to repeal any of them has ever succeeded.

Court Decisions

Nevertheless, a series of court decisions makes it legally possible for husbands and wives to plan their families in all states except two. We have seen what happened in the Margaret Sanger case in New York. Then in 1930 a federal court implied that the Comstock law would not be construed to prevent the "proper medical use" of contraceptives, and three years later another court held that druggists were not intended to be included in the ban. The most noteworthy liberalizing step was taken in 1936 in a case involving Dr. Hannah M. Stone, a pioneer in the field of medical contraception. Here the Second Circuit Court of Appeals boldly read an exception into the federal statutes to permit the "importation, sale, or carriage by mail of things which might intelligently be employed by conscientious and competent physicians for the purpose of saving life and promoting the well-being of their patients."



The two exceptions among the states are Massachusetts and Connecticut. In Massachusetts, in 1937, a series of raids closed up every birth control clinic, and a year later a court held that physicians could not legally prescribe contraceptives to protect the health or even to preserve the lives of their patients. Oddly enough, however, Massachusetts druggists are permitted to

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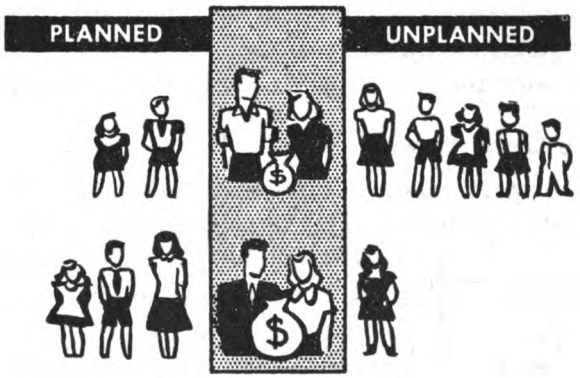
among all couples the most children were born to the parents in the lowest education and income level. But among the couples who *planned* their families, the most children were born to the parents in the *highest* level.

SIZE OF FAMILY



Furthermore, birth control is only one of the factors influencing the general level of intelligence. As Dr. Francis Brown, executive secretary of the President's Commission on Higher Education, points out, the population study mentioned above "does not give enough importance to the possibility of improving intelligence by education. . . . It implies that, because of the law of heredity, in the majority of cases a child will have about the same level of intelligence as his parents."

Dr. Brown says such studies overlook this fact : "Human intelligence has never been developed to its fullest among the great masses of people. No way has been found accurately to measure the ultimate capabilities of the human mind. There are certain physical, emotional, and intellectual capacities that are limited by native intelligence, which is the capacity of the mind to learn and create. These capacities may be limited by heredity.

"But what happens in developing these inborn abilities determines the level of intelligence a person will reach. And

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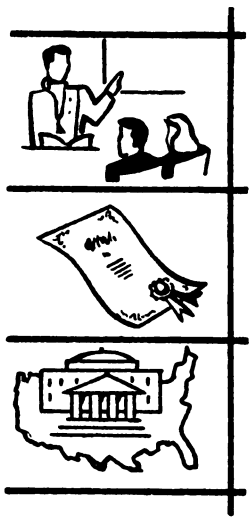
at the present time we have no way of exactly measuring these inborn abilities. All indications are that there is a tremendous reserve of human intelligence that never has been developed."

Tests show, moreover, that intelligence depends to a great degree on surroundings and opportunity. Children from families suffering from poverty or other unfavorable situations often show up badly in the first intelligence test, only to make superior records when family situations improve.

Not the Only Answer

Planned parenthood is, of course, only one of the answers to a family's problems. The knowledge of how to have children when they are wanted relieves one great, fundamental source of worry and eases the tensions common to every husband and wife. But while it may ameliorate, it cannot remove dire economic distress, which one authority holds "may very truly constitute a medical reason for family limitation."



For better families, we need not only planned parenthood — including education in sexual adjustment — but also stronger social security and adequate educational opportunities, so that a child from any family can make the most of his capabilities.

The Real Problem

It is true, nevertheless, as an authority on planned parenthood points out, that "hundreds of thousands of women in the United States are using birth control who should be having babies—not only for the future welfare of their country but (if they but know it) for their own future happiness."

The problem boils down to this: Who is to decide how many children a couple should have? Should it be the state,

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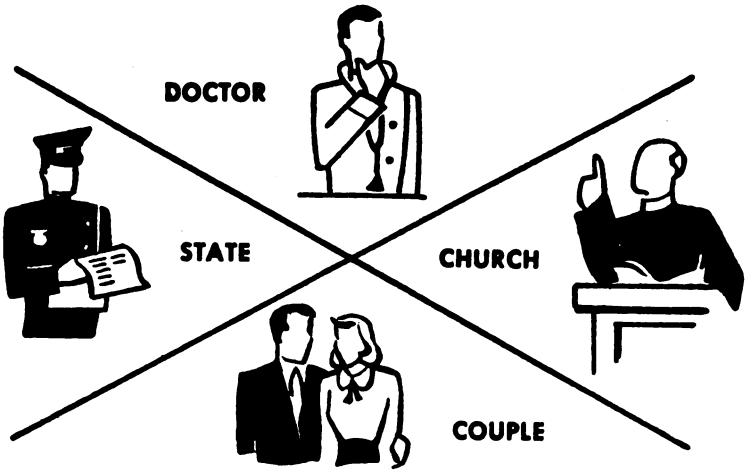

as Hitler believed? The church? The doctor? Or should it be the couple themselves, making the decision for no trifling reason of ease but examining their consciences and keeping always at heart the physical, mental, and spiritual welfare of the family? And if they need advice on any phase of parenthood, should not the way be open to them to get it?

HOW DOES ONE LEARN ABOUT PLANNING PARENTHOOD?

IDEALLY one learns about the social and moral aspects of planning parenthood where one learns about the other responsibilities of marriage—from the home, the church, the school. But many a young husband and wife find themselves facing problems for which they have not been prepared and which they are unable to work out alone. They need the help of a reputable counseling service, such as the ones set up in many communities by church federations, Y.M. and Y.W.C.A.'s, colleges, social agencies, and mental hygiene societies.*

* See Public Affairs Pamphlets Nos. 113, *Building Your Marriage*, and 122, *How Can We Teach About Sex?*

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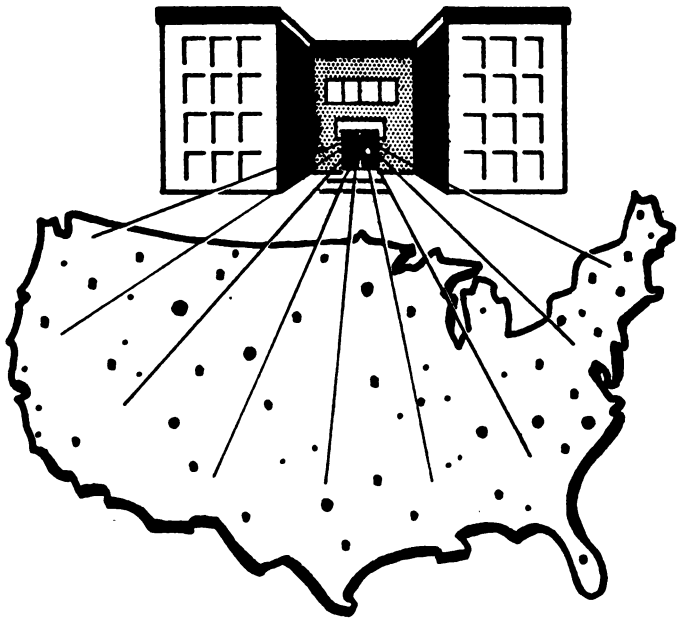
doctors, nurses, psychiatrists, and social workers—to small-town clinics open only a few hours a week.

Many of these have been organized or assisted by the Planned Parenthood Federation of America and its affiliated



state organizations. Thirty-eight per cent of them are supported by local lay committees and are located in such quarters as settlement houses, medical offices, and church centers; 34 per cent are part of state, county, or city public health services; 28 per cent are part of the obstetrical and gynecological departments of hospitals. The establishment of 570 centers in a quarter of a century marks definite progress. But the United States has more than 60,000 villages, towns, and cities, so the services of planned parenthood clinics are still available to only a small number of the people who need them.

Perhaps the most encouraging development has been the inclusion of such services in state public health programs. As

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THE FUTURE OF PLANNED PARENTHOOD

MILLIONS of women in the United States are still without medical assistance in planning their families. They come from all groups but are more numerous among the lowest income levels. They are numerous, too, among industrial workers—90 per cent of our illegal abortions are performed on married women, many of whom fear that pregnancy means the loss of a job. As Dr. Abraham Stone puts it, "There still is a wide gap between the public need of child-spacing services and the available sources of information."



The means for closing this gap are clear. They involve:

First, the adequate teaching of birth control techniques in all medical schools—plus the teaching that these techniques ought to be used not only to save a woman's life but also to guard her health and that of her family.

Second, the establishment of child-spacing clinics as part of the obstetrical and gynecological divisions of every hospital, so that a woman who has just had a child can learn without going elsewhere how to have her next child at the best possible time.

Third, the inclusion of planned parenthood services in every state, county, and community public health service.

Fourth, and most important, the widespread circulation of the facts contained in this pamphlet and in Public Affairs Pamphlets No. 113, *Building Your Marriage,* and No. 122, *How Can We Teach About Sex?,* so that more people will work to encourage wholesome attitudes about sex in general and planned parenthood in particular.

Along with this program should go increased research into human reproduction so that, on the one hand, more of our

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