CHAPTER SIX

WOMAN POWER AND BIRTH CONTROL

By Lila E. Engberg*

'How to restrict population growth' is the international issue of the day and 'Family Planning' the current programme but these are not new concerns. Perhaps what is new is the terminology, government involvement, and the nationally organized strategies which are being used. As one renowned nutritionist has said, "Governments have succeeded in stamping out smallpox, malaria, tuberculosis, and numerous other health hazards and now they are trying to stamp out children." In attempting to do this there are two major frameworks which have popularity. These are the 'intervention' and the 'diffusion' models. Family planning programmes which use the interventionist approach place trained representatives in the community to make contacts with clients and give them the needed information plus the contraceptive technology. Since the intention is to change the knowledge, attitudes and practices of individuals, the programme organizers begin with a study of their clients characteristics and attempt to identify the type of "message" needed to convince them to change. They believe that through the use of mass media, organized mobile clinics, home visits and the like—the target group can be motivated to accept the new idea however complex it may be. This model assumes too, that the specialized knowledge will be used in isolation from other kinds of information which is available in a given environment (Young, 1968: 262-3). For example, it may not take into account the need for prestige and security in the kinship system, the kind of economic system which makes large families desirable; nor the complex of social factors which influence practices. Neither does the diffusion theory take the total environment into account.

The 'diffusion' theory suggests that adoption of innovations take place in stages:

(1) awareness of the new innovation
(2) interest in gathering information on the innovation
(3) evaluation of the new idea
(4) trial of the new idea, and
(5) adoption (Rogers, 1960: 402-403).

The focus is on the individual and his or her ability to conceptualize and freely choose a new practice or to determine the value of incentives which are offered as is the case in some Family Planning programmes (Rogers, 1971: 241). Studies using this framework have shown that early adopters of innovations are those with the highest social status, the more highly educated, highly specialized, high income, younger persons with modern values and attitudes; and the implications are that information made available to the elite is gradually diffused through

*Dr. Engberg is a lecturer in the Home Science Department, University of Ghana.

opinion leaders to less active sections of the population. Family planning specialists using this model search for the opinion leaders in an attempt to influence the communication process, and communication between husband and wife is considered an important factor. Stycos' research in Puerto Rico is an early example. Stycos suggested that concurrence between spouses about desired family size, knowledge of contraception, and attitudes towards means to contraception are essential to use of contraception practices (Stycos, 1955). McWilliams tested this hypothesis using data collected in Ian Pool's 1965-66 survey in Ghana. Analysis of the 240 urban women respondents currently in union showed that the urban contraceptors seemed to have a communication pattern with their husbands that favoured the adoption of contraception. The rural contraceptors (out of the 118 in the sample) did not have a communication pattern that would seem conducive to adoption (McWilliam, 1971: 116). In fact many of the attitude questions asked were outside the rural respondent's life experience and were simply answered "don't know". McWilliams explained that even if rural areas could have the same mass media exposure and choice of technology as the urban areas it seems doubtful that such exposure alone could change basic value orientation and behaviour patterns. Behaviour patterns do change, but in the context of larger, more forceful changes which take place at social system level.

In the 1830's Robert Dale Owen said, "Social environment determines individual characteristics and not the reverse". Young said something similar when he offered his "system" model as an alternative to the "interventionist" model as a framework for explaining change. According to Young certain kinds of new knowledge can be handled only with change in the very structure of the social system (Young, 1968: 266). In this paper I propose to use examples of birth control movements from Britain and the United States to illustrate, then to propose the system model to deal with the family planning problem rather than with the symptom. Large family size could be considered a symptom or characteristic of certain social conditions. When there are changes in the social and economic environment or in the social structure—different sections of society, including women, see themselves differently and begin to assert themselves. Throughout history women who have seen themselves as decision-makers with some control over their life situation have sought diligently for some means of preventing births. They have generated massive movements to break down the barriers against their free use of contraceptives, *but* in a period of other kinds of change.

Birth Control Movements in Britain

In England in the 1820's, Francis Place was credited as the leader of what was then called the "Neo-Malthusian movement". He was a tailor, active in radical politics and an organizer of benefit societies and working class education in a period of industrialization (Field, 1931: 92). His hand-bill "To the Married of Both Sexes" describing practical methods of contraception was circulated by Mrs Mary Fildes to thousands of female factory workers in the industrial North. Mary Fildes was meeting the demand of a group of women who had been exposed to a multiplicity of new ideas and choices which never would have come to them had they remained in their traditional domestic surroundings. A demand for birth control information was one demand among many and was being met by a number of sources including Richard Carlisle's Fleet Street book shop and the rebellious press of the day. Carlisle and his wife were responsible for many contraceptive publications and were periodically imprisoned for their activities (Fryer, 1966: 58-86).

This early birth control movement had inspired the distribution of several penny pamphlets with titles such as "Poverty, Its Cause and Cure", "Valuable Hint", "The Marriage Problem", 'Large or Small Families", "Notes on the Population Question". These circulated quietly only to the educated classes until the revival of the Neo-Malthusian League in 1877 (Fryer, 1966: 160-189) on the crest of other social changes which were taking place towards the end of the Victorian era. In the mid-Victorian era there were no such nationwide movements. It was a period of conservativism when the domestic ties of the family and the place of women at home were loudly sung. Towards the end of the era there was scope again in the changing economic circumstances of the period for different sections of society to assert themselves. All was not well with the social system and it was in this kind of climate that women like Mrs Annie Besant were able to participate in reform movements including a renewed movement for birth control. Mrs Besant provoked a test case which was taken to the High Court of Justice to establish the legality of birth control information. She and a news-paper publisher Mr Bradlaugh conducted their own defence and attracted tremendous support on behalf of "poor working-class women". The case was won and followed up with numerous public lectures and publications and with the manufacture of 'practical malthusian appliances' as they were called (Fryer, 1966: 185).

Movements such as this, always have their opponents, and the medical profession was among the more highly organized of opposers in Britain at this time. The medical profession was very much against the lay birth-control workers and the activities of colleagues such as Dr Allbutt. Dr Allbutt was brought to trial and his name removed from the medical register in the 1880's for his provision of contraceptives. The British Medical Association demanded that the advertisement and sale of contraceptives be made a penal offence—so at the turn of the century it became difficult again for certain groups to obtain satisfactory birth control information and help.

A third birth control movement in Britain became very strong in the 1920's. This was during a period in history following the first World War when large numbers of women had taken on responsible roles in business and industry and had obtained higher levels of education than in earlier periods. The women found a leader in Dr Marie Stopes. After receiving her Ph.D. in Munich in 1903 Dr Stopes was the first woman to be given a junior lectureship at Manchester University (Briant, 1962:42). But she gained her notoriety through publishing books such as "Married Love" and "Wise Parenthood," through opening the first birth control clinic in Britain, and the formation of the "Society for Constructive Birth Control and Racial Progress." During this period the women dockside workers opened their own maternity and child welfare centre and obtained the services of a woman medical practitioner to give birth control instruction. There were also groups of women in the labour and co-operative movements and in the mining towns who had by 1931 succeeded in setting up a national network of as many as 16 birth control clinics in industrial England (Fryer, 1966:253-255).

Again members of the medical profession, this time under the leadership of Dr Holiday Sutherland, a Roman Catholic physician, were the strongest opposers of the movement. They called Marie Stopes the "Doctor of German Philosophy" and were able to organize a succession of legal suits in an attempt to curtail the manufacture of contraceptives and the publication of instructional materials. However, the women in the Labour movement were very strong at the time and were able to carry the battle for birth control information into both Houses of Parliament and win.

With her research experience, Stopes had set up a unique record keeping system in her London clinic. She charted the maternal history of 8,252 mothers and produced evidence of statistically higher death-rates for women with large numbers of pregnancies, records of induced abortions and so on, thus making a stronger case for birth control. As early as 1927 a "Birth Control Investigation Committee" was formed to carry out scientific studies based on the work of the early clinics (Himes, 1963:335-378). But this research activity would not have been generated except in a period supportive of social change.

Birth Control Movements in USA

Activities which favoured birth control were much slower starting in the United States. The two publications, one by Robert Dale Owen and the other by Dr Charles Knowlton, both American immigrants, were the issue of the trials referred to earlier as taking place in the 19th century in Britain. The publications could not circulate as freely in America because of the Comstock Law. This law, a part of the Federal Criminal Code since 1873, provided a severe penalty for sending through the mail any writing, medicine, or device which had any connection with preventing conception (Fryer, 1966:117). However, beginning about 1914 a range of movements such as the "Syndicalists," the "Trade Unionists," "Direct Actionists," "Industrial Workers of the World" started opening the way for certain groups of people who had not previously participated in organized activities for their own benefit. Again the involvement of men in the first World War allowed women to become increasingly employed and involved in social issues. Emma Goldman and Margaret Sanger were two such women, active in the labour movement. As nurses they had worked with obstetrical cases in the lower East and West side in New York City and developed a real concern for the families of the poor. Sanger had received no help in her search for birth control information from the American Medical Association nor the medical libraries in New York and Boston so she took her family off to Europe in 1913 to find some help. When she returned in 1914 she and her supporters invented the term "birth control" and the first birth control league was organized. Enough money was raised by the League to open a first clinic in the Brownsville section of Brooklyn in 1916. It was not long before the clinic was declared 'a public nuisance' and the three nurses arrested. Then Sanger decided to test the Comstock Law through publishing a magazine called "The Woman Rebel" and through smuggling contraceptive leaflets to workers' groups in every state. Her arrests, escapes, trials and jail sentences and those of her colleagues continued into the 1930's when some of the laws were loosened (Fryer, 1966:206). Those women who saw themselves as having some power brought these issues before the government of the day. Even then they were not successful in fighting a "Doctor's Only" bill (Dennett, 1926:254); and apart from the services of the medical profession there have really been very few other kinds of services developed in North America.

It is only in the 1960's on the crest of yet another wave of movements for social change that groups of women have again become activists on their own behalf. North American women and the British too, have been fighting for repeal of abortion laws, sex education, access to contraceptives and birth control information. In New York State, it was a woman senator, Mrs Constance Cook, a lawyer, who formulated the reform of the abortion law and was able to see it successfully through the senate in 1970; but change of this nature is very slow and painful in coming, and it does not come in isolation from other events. In the United States, for example, black freedom movements, anti-war movements and "Women's Liberation" have all been active

at the same time and illustrative of some basic structural changes which have opened the way for these groups and for other marginal groups to become involved. In the 1940's and 1950's American women lived through a period of romanticised domesticity. They did not aspire towards becoming employed workers holding responsible jobs in the market place—but generally to be the companion, suburban wife and mother (Scott, 1971:170). These were very strong, nation-wide beliefs fostered by the social climate of the times. It would not occur to many individual women to choose an alternative life-style during that period. Even today, there are groups who are remarkably ignorant, sensitive and incommunicative on the topic of birth control. In a so-called sophisticated country like Canada, according to estimates, there are 100,000 unwanted pregnancies per year, 30,000 of them ending in abortion (Planned Parenthood Association, 1972). For various reasons these women have not had access to birth control information.

Conclusion

Let us return now to the argument that women who see themselves as having some control over their life situation will seek some means of preventing births. Their attitudes and characteristics depend on the structure of the larger social system where they find themselves. I tried to show in this paper that changing circumstances which gave women new opportunities for education, employment and participation generated movements for birth control at the same time. I described nation-wide movements which took place in periods of political change and rapid industrialization in Britain and United States—periods which allowed women new freedom. In any country, the basic social structure can either restrict or facilitate the freedom of the individual. Some of this freedom is subtly controlled through the political; legal and economic arrangement. which become norms for the society. Society is not a term which refers to the nation as a whole Not all communities within a nation are equally affected by social movements. In any nation, a family structure or the structure of a given community may be such that a very strong pattern of beliefs persists about the place of women, about sex and the nature of education even though there are changes at national level. In some communities the failure to bear children may even bring disgrace. In others, high rates of infant mortality and the dependence on offspring for care during old age could make the large family the essential norm. One could hardly expect women to change their birth control practices within such structures. What has to be attacked then to affect family size are the circumstances themselves—or the social and psychological environment.

This is the programme model that can be offered as an alternative to the 'diffusion' and 'interventionist' models. It has been called a social-systems model and it suggests a certain level of institutional development and a certain solidarity within a community in order to incorporate an idea such as family planning. The presence of an applied worker or of mass media do not change those who are exposed. They merely explicate the potential which exists in a community which has reached the stage where it is ready to change (Young, 1968: 266). The birth control movements described in this paper took place at certain stages in social history. They were generated by organized women's groups; not as isolated events but at times when women were gaining other powers in a given community.

You may argue that this does not apply to Ghana — that women in Ghana are active participants in the economy, and that they have power, and the freedom to choose. This may be true in some communities but not all. The results of a recent study of 133 mothers in Madina showed that only 13.5 per cent had used a family planning service (Engberg, 1972: 80). Others

had not yet reached the stage where they were participating in any kind of community welfare service or using complex medical-health practices. The illiterate or semi-literate women living in the impoverished surroundings were the ones who had given birth to the largest number of children and the ones whose children had died at an early age; they were not the women who had used the family planning service. This kind of action could be considered complex and outside the realm of reality for them and for certain other sections of the society even though a national family planning programme exists.

Those who follow the systems approach would suggest that unless the general level of structural differentiation of the sub-group can be changed and that system as a whole shift upwards the sub-group (in this case women) cannot take on a pattern of activity such as the use of modern contraception. On the other hand, if the total information environment and the resources available to women can be enlarged, there is hope also for other patterns of change in their behaviour. Women need enlarged opportunities and some choices before they can be expected to plan. These opportunities come from the larger containing system. As it develops, grows and changes it can facilitate or block the advance of the sub-groups within its domain. The systems model would suggest a family planning component integrated with an overall development approach which suits the community situation. An example of the integrated programme approach is being tested in East Africa in FAO's Programme for Better Family Living (FAO, 1971). FAO is not testing the systems theory but is testing a programme concept which emphasizes the interrelationships between the family and the community and how to allocate resources to look after all human needs. It puts the planning of family size in the context of planning other needs in a total programme for improved living. However, it too is an experiment in areas where there are very few community resources and few choices for women. This paper has suggested that woman power and birth control go hand in hand. Motivational techniques which promote one and not the other will fail.

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