

(1943)

# BETTER HEALTH for 13,000,000

THE RESULTS OF A TWO-YEAR EXPERIMENT TO  
DEMONSTRATE THAT AN OFTEN NEGLECTED  
BUT FUNDAMENTAL PHASE OF PREVENTIVE  
MEDICINE CAN BE MADE A PROFITABLE PART  
OF EVERY PUBLIC HEALTH PROGRAM.



FISK UNIVERSITY  
DEPARTMENT OF SOCIAL SCIENCES  
NASHVILLE, TENNESSEE

CHARLES S. JOHNSON  
DIRECTOR

April 16, 1943

Dr. J. H. J. Upham, President  
Planned Parenthood Federation of America  
501 Madison Avenue  
New York, N. Y.

Dear Dr. Upham:

I am enclosing herewith a report of two years' special activities sponsored by the Planned Parenthood Federation of America of whose National Advisory Council on Negro program I have the honor to be chairman. I am glad that the Federation has felt that planning now for a stronger America is a war-time duty and has sponsored this work despite the emergency demands of the war period.

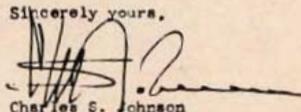
The war should not divert us from the fact that many millions of our children still are being born to families that can give them little in health or security or happiness.

We cannot forget this situation and hope to come back to it later. For these are the children upon whose soundness of mind and body rests, in large part, the ultimate destiny of the nation and the preservation of its democratic ideals.

Our country has taken long steps ahead in the reclamation of both its human and material resources. The years before the war were marked by a prolific extension of clinics, hospitals, medical care, low-cost housing and educational facilities. But adequate provision for tomorrow's children, probably more than any other health problem, still awaits a solution.

Nowhere is this more true than among those Negroes crowded into city slums or barely existing on impoverished farms. We can hope that the opportunities for the average Negro family to raise its living standards will progressively widen. In the meantime, the extension of child-spacing knowledge and services to reach many more Negro families is an important step that can be taken toward better health for all Americans.

Sincerely yours,

  
Charles S. Johnson

## **TO THOSE CONCERNED WITH PUBLIC HEALTH:**

These pages describe a two-year effort to ascertain whether family planning among depressed groups in the population could be made a workable and productive part of public health programs. We believe the experiments reported here are sufficiently convincing to prove that a new door has been opened to better health in thousands of American communities where similar problems exist.

We would be the first to concede that medically guided programs of child spacing represent only a partial answer to the economic and health needs of American Negroes today. But the two demonstration projects do prove that properly guided child spacing measures can be practiced by even the most disadvantaged groups and that they will:

- Bolster maternal and child health.
- Reduce high death rates among mothers and children.
- Check the spread of venereal and other diseases—by making it possible for ill parents to postpone having children until cured.
- Help lift the family standard of living by enabling parents to adjust the family size to family income.
- Raise the health standards of the whole community.

These pages also describe some of the efforts made in cooperation with Negro leaders to awaken interest among Negroes in the health and personal benefits of planned parenthood. They offer evidence that any steps toward incorporating child spacing in public health programs will receive wide support among Negro groups in the community.

The cost of extending public health programs to include child spacing services is minute when weighed against the possible ultimate price of impaired health, delinquency, dependency and death—or when weighed against the positive gain in welfare and health, obviously needed in both urban and rural areas.

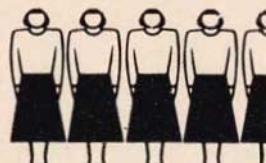
J. H. J. UPHAM, M.D.  
*President*

MARGARET SANGER  
*Honorary Chairman*

Planned Parenthood Federation of America, Inc.

## **WHO ARE THE MOTHERS THAT DIE?**

**WHITE**



**NEGRO**



Each symbol represents 10 deaths per 10,000 live births

## **WHO ARE THE BABIES THAT DIE?**

**WHITE**



**NEGRO**



Each symbol represents 5 deaths per 1,000 live births

SOURCE: U. S. Children's Bureau.

## A NATIONAL HEALTH DEFICIT

Before reading the story of the experimental work completed, consider the general facts of Negro health in our country. These grim statistics spurred our efforts to contribute toward their correction. The results of the projects represent one important key to their solution.

The death rate of the 13,000,000 American Negroes, one-tenth of our total population, is 50 per cent higher than that of whites.

Recent public health figures reveal that the sickness rate is 43 per cent greater among Negroes than whites.

The average life span is 12 years shorter.

Negro mothers die at twice the rate of white mothers.

Negro babies die at 1½ times the rate of white babies.

Out of the one-quarter million live births annually, 22,000 Negro infants, or nine per cent, die before their first birthday.

An additional 18,000 are born dead.

The total annual loss of Negro babies is 40,000.

From any angle these facts represented a national health deficit. They represented equally a social loss in the cost to the country in marred, broken and unproductive lives. A great many Negroes had been reached over a period of years through general educational efforts and existing child spacing clinics. But the health statistics were a clear indication that the health problem had only been touched. It was not until 1940, through the Planned Parenthood Federation of America, that forward-looking citizens made possible the development of a program to demonstrate that medically supervised birth control programs would lower the deficit in Negro health when made part of an existing health service.

The program was started under public health auspices with the setting up of two birth control projects for Negro mothers—one urban, in Nashville, Tennessee, and one rural, in Berkeley and Lee Counties in South Carolina. Each location was chosen because of the particular opportunities it offered as a proving ground. To determine the feasibility of child spacing services for even the most economically depressed groups, a number of important questions needed answering:

1. Would those in the lowest income groups or in the most backward rural districts be receptive to such programs?
2. What methods and materials would prove most effective, inexpensive and simple in meeting the needs of these clients?
3. What would be required in the way of follow-up to obtain cooperation?
4. What degree of sustained cooperation could be achieved?
5. What additional public health facilities, if any, would be required?

These and many other questions were answered in the Tennessee and South Carolina projects.

## **IF CHILD SPACING COULD HELP NASHVILLE—**

Typical of southern cities in many respects, Nashville had an exceedingly high death rate among its Negro women and babies, as well as other serious health problems. Three times as many Negro babies as whites were still-born. While only 25 per cent of Nashville's population were Negroes, there were almost as many cases of tuberculosis among these as among the whites. The number of syphilis cases was almost double. If child spacing could help Nashville with some of these problems, obviously it could be equally effective in other areas with large Negro populations.

Nashville was chosen not only because of the need but because it had a progressive public health official, Dr. John Overton. Under Dr. Overton, the city had already established a pregnancy spacing clinic in its health department, but without any special emphasis on service to Negroes. Under the guidance of this city health officer two additional clinics were established, quietly and without publicity, at Bethlehem Community Center and at the Social Service Center at Fisk University. Following a carefully prepared plan, the city health department incorporated child spacing in its home service. One more nurse was added to the staff of seven in the Negro nursing department, so that some time could be given by each nurse to the new service.

The importance of careful training of these nurses is stressed in the report of Dr. Overton and Mrs. Ivah Uffelman, R.N., director of the nursing service, on the results of the Nashville project. They say:

"The Negro nurses who are responsible for all the public health nursing procedures among Negroes were instructed in methods of educating mothers about child spacing. On every post-natal visit, these nurses instructed the mother about the nature of contraception and told her of the availability of the two clinics. Each mother was advised to go to the clinic six weeks after delivery to obtain both a post-partum check-up and suitable contraceptive advice. She was instructed to avoid pregnancy for at least a year, and then to consult her physician as to whether or not the method should be continued longer. In each instance the nurse made a definite appointment for the patient to appear at one of the clinics."

In addition to the women reached by the nursing staff, many others heard of the service through patients or social workers in the community. A definite procedure was set up for these cases. A public health nurse was sent to visit each of the volunteer or referred cases in her home to make sure she was eligible for health department care and to instruct her individually in the services provided by the clinics. A definite appointment was made for the patient at the clinic on this visit. The report states:

"This pre-clinic education has been found invaluable. The nurse is able, after this visit, to evaluate the public health problem in the home, which is an important element in integrating this service with other public health services."

The reported results of the Nashville project cover a two-year period. During that time approximately 2,000 women were urged to come to the clinics for examination and advice. From this group 638 patients reported to the clinics. An additional 255 women were sufficiently interested to be given appointments but did not report for examination. Investigations revealed that many did not come because they lacked transportation, suitable clothes to appear in public, or someone to tend the children while the mother was away. Some of the women were as young as 14 years, and 95 per cent of the group had less than a fifth grade education.

An analysis of the income level of the group reporting to the clinics is given in the report:

Receiving less than \$15 per week.....	481
On relief .....	126
On work relief.....	31

Since no family in the group, regardless of size, had an income over \$15 a week, the service obviously reached the income group for which it was designed.

The pre-clinic pregnancy history of the 638 patients gives a further indication of the need for the service and shows the fertility of

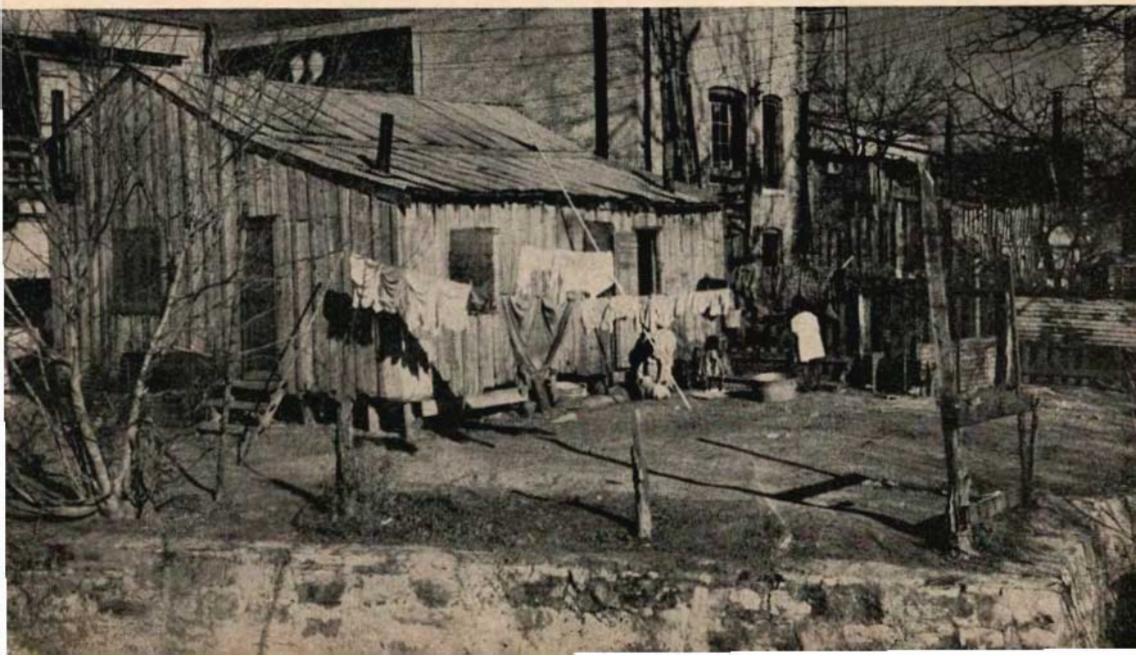
the group receiving assistance. The average pre-clinic pregnancy rate of the 638 was 3.89 with an average of 3.12 living children per family.

The 2,488 pregnancies had had the following results:

Living children .....	1,995
Dead children .....	270
Known abortion .....	163
Stillbirths .....	60

Thus out of 2,488 pregnancies, 20 per cent represented utter waste of life.

As to the cost in dollars and cents to the community for maternal care alone, Dr. Overton comments: "Only 87 of the total number of deliveries were paid for even in part, all the others were free. It is obvious that this group of patients was financially unable to obtain obstetrical care from sources other than free hospitals and clinics, and future deliveries would have been expected to be at community expense." Dr. Overton's comment does not take into account the dollar and cents cost of illness resulting from medically contraindicated pregnancies.



Another excerpt from the report not only emphasizes the need for the service but provides evidence also of its value in bringing to light serious diseases and making possible their treatment:

"Of the 638 patients, 71 were known to have had syphilis, and 10 to have had tuberculosis. . . . Pelvic pathology was common, though in most cases this was not suspected until it was revealed by the clinic examination. Patients with conditions such as endocervicitis, cystocele, rectocele and suspected cancer were referred to family physicians or hospital clinics for correction."

Two methods were prescribed at the clinics: the diaphragm and jelly, and the foam-powder and sponge. Of the methods, Dr. Overton reports the tendency was to prescribe foam-powder for those who needed a very simple method or whose physical condition made the diaphragm unsuitable. Of the total number of patients admitted to the clinics, 351 received the diaphragm and jelly and 286 the sponge and powder method.

How did the Nashville women accept the methods prescribed? The records show that 354, or 55 per cent, used the method consistently and successfully. In 241, or 38 per cent of the cases, the method was discontinued or the mothers moved away. In 14 instances, or two per cent, other methods were substituted.

The unplanned pregnancies amounted to 12 per cent of the total patients advised. Each of the cases was carefully investigated by the nursing staff to determine whether the pregnancy was due to failure of the method per se, failure of the patient to use the prescribed technique properly or failure to use the method at all during one or more exposures. There was at least some evidence in each instance that the patient had not been using the method regularly. But even where so-called failures occurred many of the patients apparently continued to have faith in it, for 18 returned after delivery for refitting.

The unannounced introduction of the child spacing service might have been expected to receive a relatively large degree of resistance.



Discussing the 92 cases where the method was discontinued because the clients were "not interested, or husband objected," the report says:

"Among the reasons offered by the patients . . . were a number of beliefs which are integrated into the folklore of this community. Parallel beliefs exist wherever there are large concentrations of an uneducated population. Among the more prevalent beliefs were that the method would interfere with or make marital relations unsatisfactory or that it would cause cancer, tuberculosis and other unnamed diseases. A large percentage of the patients also belonged to "foot washing" sects. The preacher and older people sometimes told them it is a sin to use any birth control measures. . . .

"Some of the other difficulties which require intensive effort to overcome are the crowded home conditions which prevent the mother from using contraceptives. Often an entire family plus relatives live in one room. Indigent parents, furthermore, know that a large number of children will get them 'aid to dependent children' and relief from family welfare agencies."

In view of these conditions one can agree with the Nashville workers that "it is remarkable that 55 per cent of the total number of patients instructed used the method consistently and properly."

The 5,000 visits made by field nurses in the two year period were largely responsible for the degree of success achieved.

The foregoing results are evident from statistics. But Dr. Overton and Mrs. Uffelman could note other important, less tangible results:

"When we consider that where the method has been faithfully used, pregnancies have not occurred; when we note the changed attitude of the woman and her husband, and observe the change in the surroundings of the home and its atmosphere within, we must conclude that in the individual family the health of the mother and her children have been materially improved as a result of the woman's being physically better able to look after her home and to care for children.

"As the benefits in each family are multiplied, the assumption is reasonable that there is improvement in the health and living conditions of the community as a result of these child spacing services."

Dr. Overton and Mrs. Uffelman drew the following conclusions from Nashville's two-year experiment:

1. There are special health problems which affect the Negro group in southern urban communities. An intelligent and well-rounded contraceptive service offers a solution to some of these.
2. Selection of cases by the public health nurse in the course of post-partum visits plus family investigation of the volunteer and referred case has resulted in reaching those patients most in need of the service.
3. A number of difficulties peculiar to a southern urban Negro program have been encountered and coped with in the majority of cases. It has been found possible to instruct a group of women with little education in satisfactory contraceptive techniques.
4. Only 12 per cent failures were recorded of those who accepted the method and attempted to use it. In the field follow-up made to determine the causes, some evidence was gathered in each case pointing to failure of the patient to use the method consistently.

5. Adequate field nursing service is essential to the success of an urban public health program of family planning.

6. While no definite figures have been presented to demonstrate the extent of community improvement, there is evidence that this program has resulted in benefits to the individual family and to the whole community.

Further evaluation of the Nashville project shows that better results were achieved when it was possible to overcome some obstacles of transportation, child care during the mother's absences for visits to the clinics and adjustment of clinic hours to patients' work schedules. It was realized that an essential to the success of such a program is not only the providing of service, but a continuing program of community education on the benefits of planned parenthood and the availability of the clinic.

## **SWAMP-LAND PROVING GROUND**

Nashville is thoroughly urban—Berkeley County, South Carolina, is entirely rural. The first locale of the second demonstration project is an area of 1,200 square miles with a population of 27,000—70 per cent of them Negroes. The largest community has only 1,300 residents.

Of Berkeley County's 700 annual births, 86 per cent are attended by Negro midwives, the prenatal care being furnished by the county medical department.

The majority of people under health department supervision are small tenant farmers with an average cash income of less than \$100 a year.

The typical home is more than five miles from a paved road. As much of the territory is in semi-swamp land, access to the home is nearly impossible during the rainy season.

One draft animal usually suffices for three families.

Illiteracy flourishes.

Nobody subscribes to a magazine or newspaper.

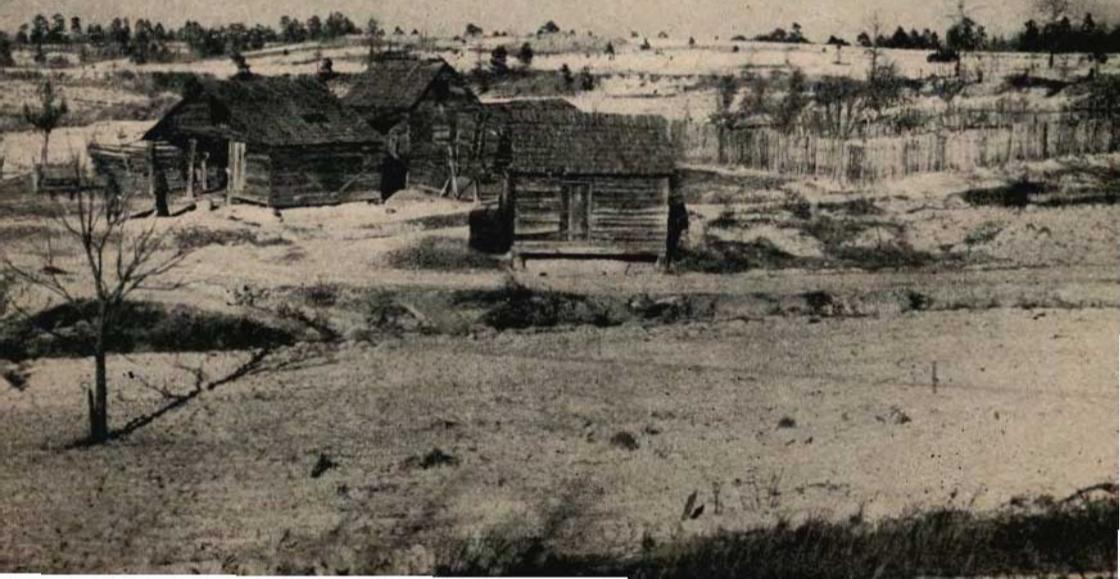
Only a few homes have radios.

Cooperation with any previous health program requiring sustained effort had not been classed higher than 25 per cent.

As far as formal teaching of the churches was concerned, there was no religious prejudice against birth control. But the attitude that treatment of any disease was "against nature" was in the air, and there was apathy to all programs of preventive medicine. It was in this despairing situation that the second demonstration project was launched on May 1, 1940, under the direction of Dr. Robert E. Seibels, chairman on maternal welfare of the South Carolina Medical

Association. Local physicians pessimistically estimated that the program would not attract more than 100 clients within a year.

Berkeley was chosen not only because it seemed to combine all possible obstacles to a health program, but because leaders in the state were particularly receptive to the experiment. South Carolina had been the second state to make child spacing a part of its state public health program after a survey of the state's maternal deaths showed that 25 per cent occurred among mothers known to be physically unfit for pregnancy. But until the demonstration was set up in Berkeley detached reports on previous pregnancy spacing programs in various parts of the country had been concerned "with patients in urban clinics, the majority of whom had been mentally prepared for contraceptive procedure." Furthermore the literature used earlier in South Carolina was "largely based on methods which were obviously too complicated for field personnel to learn and to teach in the homes and clinics" in decidedly backward areas.



Bad roads and the general lack of transportation made it obvious from the beginning that Berkeley mothers would not, in most cases, find it possible to come to a clinic miles away. Instruction and service would have to be brought to them individually in their homes.

In his report of the 21 months of work which the demonstration covered in Berkeley, Dr. Seibels describes how he set about organizing the program:

"The county health office was manned by one physician-director; five registered nurses; one sanitary inspector and one clerk. To this personnel we added one clerk as statistician and one graduate nurse not previously trained in contraceptive methods.

"In order to give full expression to our desire to duplicate the condition found in the average clinic, the project nurse was assigned to the maternal welfare service in collaboration with the nurse already so assigned, and each was permitted to spend only half her time on pregnancy spacing. By this method . . . the unit was enabled to carry out its previous program without reduction, but rather with an increase of all its services.

"No patient received advice or material until the written prescription of the physician had been recorded. The state consultant obstetrician had general supervision of the project, visiting the area twice a month for conferences with the county health officer, nurses and office force, and assisting in formulating policies and ironing out difficulties."

The foam and sponge powder method was used with a majority of the patients in the Berkeley County experiment, although the jelly alone was used with some. Of the techniques employed, Dr. Seibels has this to say:

"At the time the foam powder and sponge was adopted, the argument in favor of it was low cost, as sufficient material for the average patient's use could be purchased at a cost of \$1.20 for a year's supply; and a majority of the patients in this demonstration used this material. Jelly alone was later added in an endeavor to get away from certain apparent objections inherent in the sponge and powder, and this method was even more successful in the rather limited number of patients upon whom it was tried."

How did Berkeley's women respond to the new child spacing service?

In the 21 months 1,008 patients appeared sufficiently inter-



ested to be supplied with material after preliminary instruction. This represented 95 per cent of the total patients classed as prospects following preliminary discussions.

At the end of a three-month interval, 840 reported complete satisfaction with the method, disclosed regular use as directed and promised to secure refills of the material before it had been used up. These refills were to be obtained either from the county health office or by request on a postal card furnished the patient. The remaining 168 were eventually dropped from the "active list" after being officially listed for "non-cooperation." The reasons were not obscure—the lassitude that is frequent concomitant of abject poverty, unsettled sex life, a general distrust of anything "against nature."

But the outstanding fact reported by Dr. Seibels was that "*on a mass basis, more than 80 per cent accepted the theory and practice of contraception and a simple method was found free of nuisance value.*"

It was believed that this number of patients could have been maintained actively using the material indefinitely if there had been sufficient personnel to maintain contact with them during the period of a year or more to keep them supplied, reassure them of the efficiency of the material from time to time and thus keep their interest alive and stimulated. But the report shows that the facts stood thus at the end of eighteen months:

"... another careful survey was made of the patients previously classed as 'active'—that is those who had followed the technique for a minimum of three months. There remained 302 of the 840 who had evidenced sufficient sustained interest by keeping themselves supplied with material to be classed as able to continue the program with a minimum of assistance and encouragement.

With the remainder Dr. Seibels felt that the majority could have been kept active if there had been sufficient field force to keep in touch with them and see that they were supplied with materials.

Comparing the results in Berkeley County with those in Nashville, it is seen that the immediate receptivity to the demonstration was at the outset higher in the rural area, the final total of success

lower. In connection with the initial response, it should be remembered that the religious taboos in Nashville were more evident, while in Berkeley at the outset this stood as no important obstacle. But in Berkeley, stark poverty was even more in evidence, and bad roads, bad weather and ignorance proved powerful counter forces. Moreover, because of the scattered population less systematic follow-up was possible.

Despite the fact that the Berkeley demonstration far exceeded early predictions, the findings there indicate strongly that the success of a contraceptive program among rural groups is especially dependent on adequate home follow-up methods. One visit to the home in such areas is worth more than three general meetings with their diversion of gossip, the prevalent fear of asking questions, unaccustomed surroundings and the difficulty of taking in new ideas on such "social" occasions.

Berkeley County was only the first chapter in the rural demonstration. The object there was to formulate a practical procedure under the most difficult conditions. At the end of eighteen months, when Dr. Seibels felt that the research objective had been attained, direct support to Berkeley County was discontinued and the demonstration moved to another county.

## **LEE COUNTY**

Lee County, like Berkeley, is tenant-farmed. Their proportion of Negroes, annual birth rates and economic levels are about the same. But because roads are better and intelligence somewhat higher in Lee it was judged a more average rural county in the South Atlantic region.

As this county had three nurses already and a general public health program with all the various special services usually found, and as it rather conveniently divided itself into four areas about equal in population and size, it was decided to add only one nurse and thus make the Lee project as nearly as possible represent actual field conditions under which the average public health unit would operate.

The program started in Lee County August 1, 1941, with the addition of a nurse and a statistical clerk. Dr. Seibels describes the next steps:

"Each nurse became responsible for the carrying out of all the public health activities in her special district, including pregnancy spacing. While no special pressure was put upon each nurse, it was generally understood that as soon as possible she would have fifty patients actively on the program, provided their condition warranted it upon the prescription of a physician."

Two special studies were inaugurated—the first on the number of patients that one nurse could consistently keep on this service while carrying on all the other health services, and the second on the usefulness of certain materials in the prevention of conception and objections found inherent in them.

As the program progressed, the nurses carried a full schedule of home visiting in the other activities of the service as well as an active clinical service in the central office. At the end of eight weeks, the average nurse had reached three-fourths of her quota. Although only one of the nurses had had previous experience with contra-



ceptive service, it was found that the nursing staff needed no special training other than detailed instruction as to the use of the materials and the method of keeping a check on the patients.

Reviewing the results at the end of a 12-month period Dr. Seibels found that:

" . . . of the 335 patients classed as 'active' after instruction in the method, 218, or 65 per cent, remained active at the close of the period. Comparison of this continued activity with other programs in the public health clinics in this county showed it to be the most successful one carried on, both from the standpoint of continued patient-interest and success achieved."

Thus, while the group reached was smaller than in Berkeley County, the percentage of women who adhered to the program was considerably higher.

In these pages the score of Nashville, Berkeley and Lee has been totaled. It emphasizes that even those individuals handicapped by low incomes or limited intelligence will use pregnancy spacing methods when the technique is thoroughly explained to both husband and wife. Child spacing programs to reach vast numbers of Negro as well as white mothers in the United States who still need assistance in family planning and are paying the heavy cost of its lack will become as important, as necessary and as feasible as any other public health measure when made a rational part of otherwise well-rounded public health programs throughout the country.



## **NEGRO LEADERSHIP OPENS THE WAY**

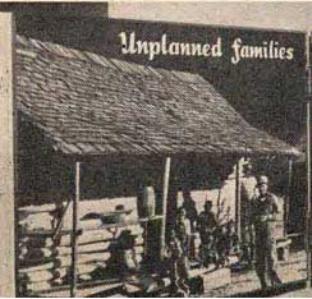
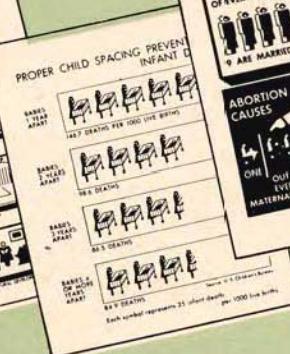
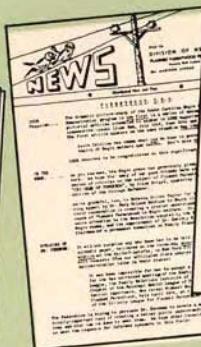
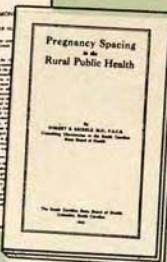
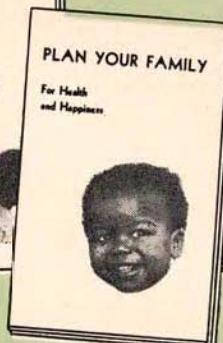
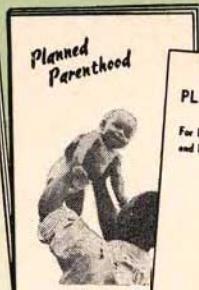
When the southern demonstrations were undertaken, it was recognized that extension of planned parenthood services to Negroes throughout the country would depend primarily on the degree to which its aims and purposes were understood and supported by Negro leadership everywhere.

Within the last few years this soil has been turned and seeded in almost every field of Negro life. Today, many tens of thousands of the rank and file know what planned parenthood is and have asserted their eagerness to share its benefits. Practically every important national Negro organization approached thus far has endorsed child spacing and pledged support in making this public health measure effective as soon as health officers lead the way toward incorporating it into public health services.

The existence of such live and widespread interest among Negroes in planned parenthood is due to the intelligence, foresight and activity of Negro leaders themselves. Concurrently with the organization of the southern experiments came the formation of a National Advisory Council and a National Negro Sponsoring Committee, representing a cross-section of Negro leadership interested in Negro welfare. The Council, whose names appear on page 30, now numbers 46 members. Together with several hundred members of the Sponsoring Committee, representing key Negro leadership in each state, these two groups represent the main arteries through which the story of planned parenthood has been carried to Negro groups in every section of the country.

By mail, speakers, printed literature, exhibition materials, newspaper publicity and personal contact, these leaders have worked constantly to create a widening circle of interest. The country-wide response to their efforts is indicated by the following summary of activities and progress among pivotal groups:

# LITERATURE and EXHIBITS Help Tell the Story



## **IN MEDICINE**

- The National Medical Association, representing 3,000 Negro doctors, has contributed leadership in the planned parenthood movement since January, 1941, through a sub-committee on birth control. This committee of six prominent physicians has conducted studies to appraise the interest of Negro doctors in this field and their knowledge of contraceptive techniques. Through its work more than 600 Negro doctors in various parts of the country have requested medical literature and agreed to accept patients needing child spacing assistance but unable to pay.
- Each national meeting of the National Medical Association for the last three years has devoted a session to the discussion of progress in pregnancy spacing. Its official publication has carried frequent reports and articles on planned parenthood.
- Over 1,000 Negro nurses have been informed of the efforts to make pregnancy spacing available to many more of their race and their cooperation sought through the help of the National Association of Colored Graduate Nurses at its conventions and in its bulletins.
- Leading medical schools, Negro and others, are training a steady stream of new Negro physicians in methods of contraception.
- Through participation in the annual meeting of Hospital Administrators and a communication to 100 institutions from the president of the National Hospital Association, the support of many Negro hospitals has been obtained.

## **IN EDUCATION**

- More than 250 of the Jeanes Teachers in the south are cooperating in education for planned parenthood, in response to a letter from the President of the Southern Education Fund which pointed out that "were many of the families in the south of a size commensurate with the financial resources and physical strength of the parents, we would have better material on which our schools might work to produce effective citizens." These Jeanes Teachers (school supervisors who direct and inspire the activities of 15,000 southern rural school teachers) are utilizing literature, pictorial statistics, posters, exhibits and other visual aids before P.T.A., church and rural teachers' association meetings.
- The National Congress of Colored Parents and Teachers gave a prominent place to a Federation representative at its annual meeting, and has encouraged similar presentations before many of its state groups.
- Hampton Institute, Atlantic University, Fisk University and many other Negro colleges have frequently devoted discussion forums to the subject.

## IN CIVIC GROUPS

- Urban League executive secretaries of the 42 affiliated branches of the National Urban League, located in industrial centers of the country, responded enthusiastically to a request from some of their national officials that they "help to make this information available to the women of your community." Working through a network of other community clubs, as well as with local planned parenthood committees, these Urban Leagues have repeatedly publicized the program. Participation of a Federation representative in the National Conference of Urban League secretaries at Pittsburgh in 1942 provided an opportunity for them to make additional suggestions for furthering the program.
- Three hundred delegates from 42 states attending the annual meeting of the National Negro Business League at Chicago heard the objectives of planned parenthood explained by a prominent Negro doctor.
- The I.B.P.O.E. of W., one of the largest Negro organizations in the world, invited Federation representation on the program of its 1942 Philadelphia convention, and its Health Commission requested a series of articles for its national publication. Moreover, 2,000 nurses enrolled in the Purple Cross Health Units of the organization are proving to be an important channel of health education.
- Recommendations of the Health Committee of the Harlem City-Wide Citizens Committee, publicized not only in Harlem but throughout the country, included a section urging that planned parenthood be included in public health programs.
- The National Association for the Advancement of Colored People has devoted time to discussions of planned parenthood at annual meetings in Philadelphia and Houston, each attended by more than 500 delegates.
- The National Council of Negro Women, representing 14 major women's organizations, adopted a resolution at its 1941 annual meeting urging upon the health committee of every Negro organization "the inclusion of all public health programs, especially the less familiar one of family planning, which aims to aid each family to have all the children it can afford and support but no more—in order to insure better health, security and happiness for all." The Council appointed a standing Committee on Family Planning to implement the resolution. Its official publication, the Aframerican Women's Journal, has frequently carried progress reports.
- The National Housewives League found that planned parenthood created such interest at its 1942 meeting that it plans another discussion at its meeting in 1943.

## **IN MANY OTHER FIELDS**

- Negro social workers are helping to interpret the program to their communities. They have, moreover, provided opportunities to reach large professional audiences, such as that of the Ohio Conference on Social Work among Negroes.
- The General Convention of the Methodist Episcopal Zion Church at its Salisbury, N. C., conference provided an opportunity for a speaker, films and exhibits.
- The Negro press has given thousands of lines of news space in reporting events and news items, and requesting feature material.
- National Negro Health Week programs, in many communities, have emphasized the value of child spacing in strengthening family health. In addition to requests from Negro community leaders, more than 300 county health officers ordered exhibit material and approximately 30,000 pieces of special literature.
- A speakers panel of prominent Negro leaders has rendered invaluable service by filling requests for speakers before state and regional meetings of Negro medical bodies, women's clubs, clinical institutes, religious conferences and other groups, as well as in interpreting Negro health problems to affiliated state and local organizations of the Planned Parenthood Federation.

The response indicated above, multiplied many times over, demonstrates that Negro leadership is aware of the potentialities of child spacing for health and improved family living. It also demonstrates that it is ready to assume its proper responsibility for interpreting the program, and aiding in its integration into existing public health services. Such understanding and willingness to cooperate is an invaluable asset to any community. It can be utilized in any community where extension of planned parenthood as a public health measure is contemplated.

The two clinical demonstrations in Nashville, Tennessee, and in Berkeley and Lee Counties in South Carolina developed workable procedures for both urban and rural communities. Negro leadership has helped prepare the way for the knowledge gained to be applied effectively in other sections of the country.

Already six states have made child spacing a normal part of their public health service. Many individual communities have done the same. The time is ripe for more.

## **STILL MORE AID AVAILABLE**

To anyone who wishes to lay special emphasis on pregnancy spacing for Negroes, either in existing public services or hospitals or by way of extra-mural clinics, the Planned Parenthood Federation of America, Inc., offers its services and experience along with those of its 35 affiliated state federations.

To state, county and city health officers, to physicians, nurses and welfare workers, the following is available:

- Medical films and lantern slides.
- Medical demonstration kits.
- Teaching models.
- Technical and professional literature

—including information on existing public health contraceptive programs, clinical studies, an illustrated manual for physicians on "Techniques of Conception Control," a "Manual for Integration of Pregnancy Spacing into County Health and other General Clinics," and a series of pamphlets for patients. The latter include one for Negro mothers, one for tuberculosis patients and another for women in war industry—all at a cost price in quantity.

To community leaders, for interpreting the value of planned parenthood to the health and welfare of the community, literature, exhibit materials, a slide film, and posters are also available.

In addition, the Federation and its state leagues can provide assistance in training professional personnel in contraceptive techniques. They will also, if requested, provide the services of a qualified person to aid in planning the integration of child spacing into existing public or private community health services and in the interpretation of such programs to the community. The Federation's staff includes a trained Negro field worker who can be loaned to communities needing such special assistance.

Write to the **PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.**, 501 Madison Avenue, New York 22, N. Y., or to your state planned parenthood league, and state your needs.

# PLANNED PARENTHOOD FEDERATION OF AMERICA

## Division of Negro Service

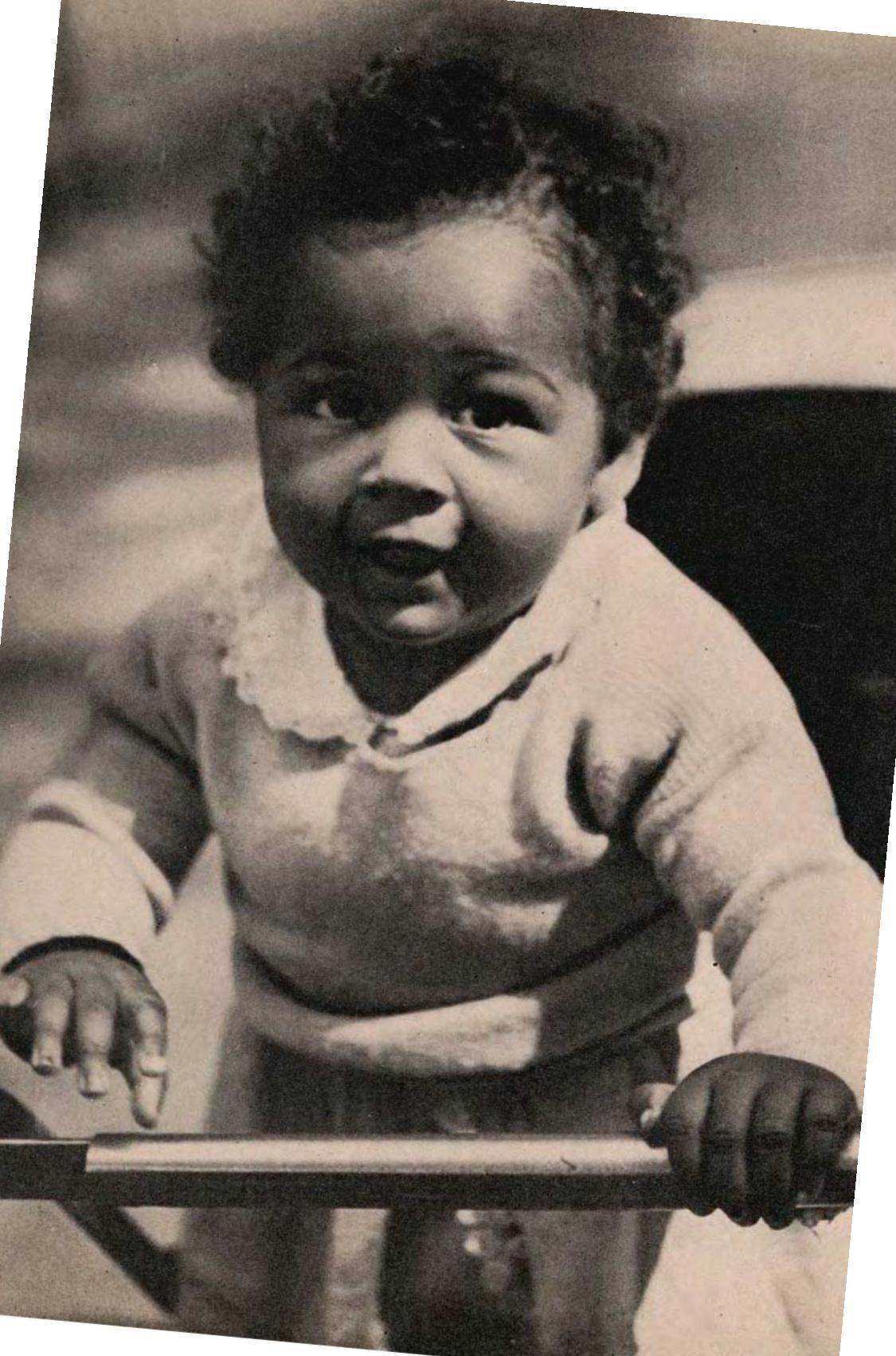
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