PAULINE C. SHAPIRO

Faculty of Commerce and Social Science, The University of Birmingham

Large Families and Family Planning

> It would be idle to expect of this group, most of whom are of subnormal mentality, a proper sense of social responsibility. But we believe that many of them would be glad to be relieved of the dread of repeated pregnancies and to escape the recurring burden of parenthood, for which they are so manifestly unfitted.

This is a quotation from the Report of the Departmental Committee on Sterilization presented to Parliament in December 1933.[1] Though it contained a new inquiry about the inheritance of mental subnormality and much wise and thoughtful comment, it has been quietly shelved and forgotten. If I happen to mention to my social work students this Committee, chaired by Dr. Brock, the almost invariable response even from these students, who already have social science qualifications, is "What was the Brock Committee?"

Perhaps the way in which the Brock Report has passed into oblivion is indicative of a habit of shunning apparently insoluble problems, especially those that concern handicap and questions of its inheritance and control. One of the strengths of the Brock Report, however, was its emphasis on the environment parents provide, rather than on unknown genetic factors. Even now, thirty-four years later, we cannot say with certainty what will be the potential of any one child born to subnormal or inadequate parents. But we can say, with even greater certainty than the Brock Committee, that handicapped, inadequate parents are unable to provide an environment in which their children will be able fully to develop whatever potential they have; and unfortunately such parents still tend to have the largest families.

The most inadequate of unskilled labourers have produced many of the largest families in our society since the turn of the century because they have been the slowest to limit their families by the use of contraceptives. A great change has come about, however, in the number of their children who remain alive, thanks to improvements in hospital, public health and social services. I was impressed, even in the 1930s, by this change in the generations whenever I was taking the social history of a dull or subnormal mother. Perhaps she would tell me that she was herself one of a dozen children, but only three had survived into adult life, whereas of her own dozen children all would be alive, or maybe one had been run over and killed in the streets. This indeed represents an unacknowledged "population explosion" among the least adequate of the population; there are probably about the same number of births, but a greatly reduced number of deaths, in this section.

A Social Study of Large Families

From 1952 to 1959 my social work students undertook a study of large families with no special intention at the start of examining attitudes to family size and family planning. We had been interested in the poor conditions—the cold water tap, the outside lavatory, the lack of money and space—with which so many large "problem" families had to contend. Surely there must be families in similar conditions, however, who somehow managed to bring up a large number of children really well, but these, we reflected, would not be known to social agencies. How interesting it would be to use such satisfactory families as a contrast group to so-called "problem families"! That was the initial focus of our case-studies of

large families. Inevitably since students were visiting large families weekly or more throughout a whole session, discussion turned to the number of children and to the parents' attitudes to family size and planning. In this way material was collected about more intimate matters of family life without any structured questions.

Students were introduced each to two large families through the kind offices of the staffs of maternity and child welfare clinics, one family being considered "satisfactory", one "unsatisfactory". A large family was defined as one with five or more children of school age or under, and students were introduced as interested in seeing children in their own homes, because they would work later with homeless children. In return they would be prepared to help with children and chores.

Nine years of visiting large families left behind a mass of recorded material which needed pruning and analysis—pruning because students vary and some records were poorly written up, analysis to arrange the material in some order. "Problem" and "satisfactory" were vague concepts which had to be replaced by some measure of child care or neglect. After pruning and analysis we were left with 128 cases of which 55 were copers, 51 non-copers and 22 of an intermediate range we called "transitional". There is some discussion of sex relations and attitudes to family size in 43 copers, 40 non-copers and 18 transitional; what follows will be concerned with these 101 families, ranging in size from five to twelve children.

Negative comments about their family size were predominant in all groups, the copers being particularly articulate. "People think if you've a lot of children you're inclined that way, but I'm not!" ... "It's unfashionable to have large families nowadays". "Large families are looked down on and regarded as freaks". "The neighbours whisper when I'm pregnant again". A sense of victimization prevailed. The midwife was said to be disgusted when she had to deliver yet another baby in a large family, the Education Committee to be against large families in the Eleven-plus. Even their closest relations were said to turn against them. These comments were made by the copers whose good standards would not give offence, yet they constantly mentioned the disapproval of relatives and neighbours. There was understandably less comment about social censure among the non-copers. As "black sheep" of their own families they were usually estranged from relatives and they tended to live in central areas where their large families were less conspicuous.

It might be thought that there would be some special pleasure in numbers of children to compensate those families who were conscious of social censure. But this was far from the case. There was only one out of the 101 mothers who would have liked as many children as possible and was genuinely grieved when hysterectomy cut short her rapidly increasing family of eight. Among copers there were five other families who seemed content with their size; these were three families of five children, one of six and one of seven, all well spaced and apparently completed. There was a general attitude that "you can't help loving them once they are here", but feelings about continuing pregnancies ranged from resignation to anxiety, discontent, and despair. Many of these coping mothers told their student to enjoy the best time of their lives while they were single and free. "Don't ever get married unless you can take steps", said one of them. Another, a mother of twelve, remarked "Yes, women with their first babies are probably excited about it, but after all these I'm past all that. I'm more disgusted than anything. I'm getting on now, so let's hope it's the end. I'm forty-four, so I should soon be safe".

The records of transitionals and non-copers are even fuller of despairing comment. There are negative feelings about family size in as many as thirty-two out of the forty non-copers, which is remarkable when the inarticulativeness of most non-copers is remembered. Feelings range from getting used to it to extremes of depression and despair, leading to three mothers attempting suicide, two threatening suicide and one suspected of

baby-killing. "I wish I were single again", said one of the most articulate non-copers. "Never get married—I wouldn't if I had my time over again—to have a child every year. I'm only twenty-four now. How many am I going to have by the time I'm thirty?"

Contraceptive Methods

With the exception of a few mothers mentioned earlier, all who discussed their own aspirations about family size gave numbers ranging from none at all to four at the most. Why then, it might be asked, in the middle of the twentieth century, do these families grow so much larger than desired? Some knowledge of contraceptive methods had seeped through to most of these families and attempts had been made by some of the families to limit their numbers. Table 1 shows what attempts had been made by the different groups of families.

TABLE 1

Contraceptive Methods used by Parents of Large Families

	COPERS	TRANSITIONAL	NON-COPERS	TOTAL
Families completed	3	2	3	8
Wives attend F.P.C.	11	5	7	23
Wives refuse intercourse	2	5	4	11
Condoms	4	0	3	7
Unspecified	2	1	1	4
Coitus interruptus	2	0	2	4
Abortion	0	1	2	3
Rhythm method	1	1	0	2
Pessaries and creams	1	0	1	2
Attempting more than one method	4	1	3	8
Total of one or more methods	17	12	17	46
Total number of families	43	18	40	101

The eight families whose size had been completed had ended their child-bearing through hysterectomies and sterilization of the wives. Many more (ten cases known to us) had begged unavailingly for the certitude of sterilization. It will be noticed that the largest number of wives, twenty-three from all groups, had in fact attended Family Planning Clinics. Four of these had been taken by our students but we do not know whether they persisted with the methods advised. The remaining nineteen had already been to Family Planning Clinics before our students began to visit. Of these nineteen only two (both copers) were still continuing to use successfully the caps prescribed; two could not be fitted for medical reasons and the remaining fifteen failed to make use of any advice they may have received, usually on account of their own attitudes or those of their husbands. One turned tail before she even reached the doctor, frightened by stories of other women in the waiting room.

The fourteen who got beyond the waiting room mostly expressed dislike of "all that messing about". Many were acutely embarrassed, disliked the method at that time usually advised by Family Planning Clinics, were upset about having to undress in front of doctors, having to discuss intimate matters with doctors hardly known to them and having to submit to internal examinations.

Attitudes of Husbands

It will have been noticed how few of the husbands (only seven out of 101) attempted to limit their families by using comdoms. This is a proportion in marked contrast to common practice in this country in the mid-twentieth century, as Pierce and Rowntree have shown.[4] They commented on "the overwhelming importance" among Marriage Survey users of the two male methods; the sheath was reported by half these users and withdrawal by 44 per cent. Indeed, the attitudes of many husbands in the families we visited were decidly unhelpful. One was reported as taking "a gleeful delight in his wife's pregnancies". A number of inadequate men compensated for their obvious lack of success by confusing potency and fertility and so preening themselves on their quiverful of children. Some felt that their power to impregnate their wives was a way of controlling them, others as a way of punishing them. Most refused to use contraceptives, even though their wives were terrified of having another baby. Some were willing for their wives to attend clinics, though they refused to take any responsibility themselves. In all the families our students visited, we only came upon one, the husband of an epileptic, who had been advised about family planning at the mental hospital his wife attended, and given a free supply of sheaths. A few shy, retiring men found the actual buying of sheaths a difficulty. One, for example, had gone into a chemist's shop for condoms, but felt too bashful to ask the young girl behind the counter for them. He came out with baby powder. At the next he bought vaseline. At the third, he found an older woman and was able to pluck up his courage and ask for what he wanted.

The number of wives refusing intercourse (11) or solving the immediate problem by abortion (3) is probably an under-estimate, since some would be unwilling to discuss such matters. Of the eleven mothers known to attempt limitation of their families by refusing to have intercourse with their husbands, some put a child between them in bed, others sought refuge with the children in another bedroom, and one mother used to stay downstairs until her husband was asleep and get up before he awoke. The consequent strain, poor marital relations, and harm to children can be readily understood.

Religious Influences

Another group of families who failed to use any contraceptive methods were those too subnormal to avail themselves of such methods as were then available. For them the children "just happened". A still larger group were the Roman Catholic families whose religion prevented their limiting their familes or made them guilty when desperation or ill health drove them to such practices. Either one or both parents were Catholics in thirty-nine of these 101 families. Fifteen were in the coping category, five in the transitional and nineteen in the non-coping. In a large proportion of these families (64 per cent) one or both parents had emigrated from Ireland when young and themselves came from very large families. Thus, cultural as well as religious factors probably play some part in their family size. Table 2 shows what efforts had been made in spite of their religious tenets to do something about their rapidly increasing families.

That nearly half the Catholic families attempted some measure of birth control indicates the despair of those who could not find relief in devout acceptance. Moreover, they had often to contend with strong disapproval from Catholic priests, doctors, nurses and neighbours and sometimes with direct interference. This exacerbated the unhappy

conflicts between the precepts of their religion and a desperate need to do something about increasing family size. For example, in one family where the mother had gone to hospital for sterilization, a Catholic nurse called in a priest who dissuaded her from undergoing the operation; soon after that the mother broke down and her six little children were received into the care of the Local Authority. Another Roman Catholic family found it difficult to accept the obstetrician's advice that the mother's health made it essential for her to attend a Family Planning Clinic. Her husband agreed reluctantly, persuaded by compelling medical reasons. His priest told him that "it was better for his wife to be dead than damned" and their Catholic family doctor also evinced strong disapproval.

TABLE 2

Contraceptive Methods used in Roman Catholic Families

	COPERS	TRANSITIONAL	NON-COPERS	TOTAL
Familes completed	1	1	2	4
Wives attending F.P.C.	2	1	5	8
Wives refusing intercourse	0	0	3	3
Condoms	0	0	1	1
Unspecified	1	1	1	3
Coitus interruptus	1	0	1	2
Abortion	0	0	1	1
Rhythm method	1	1	0	2
Pessaries	1	0	0	1
Attempting more than one method	0	0	2	2
Total of one or more methods	6	3	9	18
Total of families	15	5	19	39

Only two Roman Catholic families attempted the rhythm method approved by their church, both being copers of good intelligence, born and brought up in this country. Even so, their efforts were often unsuccessful. One family relied on a book written by a Catholic doctor which, the mother said, had "let her down" several times. The other also admitted to several "mistakes" in her untutored efforts to use this method. Perhaps they would have been more successful had they received skilled personal help. Even so, it was clear that the rhythm method, however taught, would have been quite unsuited to non-copers who are characterized by impulsiveness and inability to plan.

Recent Advances

There have been two important changes since this investigation in the 1950s, one helped by the investigation and report of the Lafitte Committee,[2] the other resulting from the advent of oral contraceptives. As a result of the former with its emphasis on offering a

choice of contraceptive advice to men as well as to women, and preferably to couples jointly, it is to be hoped that an investigation in the late 1960s or 1970s would not show only one man out of 101 families being offered such help. The advent of oral contraceptives brings hope to the large families of non-copers, that by thoughtful administration of new techniques such families may be reduced to a size with which they will be better able to cope. This should result not only in a increase in happiness of the families concerned but also in a reduction of delinquency, poverty and child neglect.

Dr. Dorothy Morgan and Dr. Mary Peberdy, in their pioneering of domiciliary visits,[3] have shown what thoughtful administration means. In our own studies we tried repeatedly to encourage parents to seek help from Family Planning Clinics by offering to "mind" the children in their absence or to accompany them if neighbours were ready to help with the children. We succeeded in only four cases, such were the fears, anxieties and difficulties of persuading them to go to Clinics. But if doctors, nurses and social workers come to them in their own homes, that is much more acceptable. Non-copers are the very families most in need of help. Dr. Peberdy has also shown that in domiciliary visiting "the pill" was both the most acceptable and the most successful form of contraception for non-copers. If only the pioneering experiments in Newcastle and Southampton could become common practice we might approach a new era in dealing with social problems. For, to end as we began with the Brock Report, "we believe that many would be glad to be relieved of the dread of repeated pregnancies and to escape the recurring burden of parenthood, for which they are so manifestly unfitted".

ACKNOWLEDGEMENT

I should like to acknowledgedge the courtesy of the Editor of *New Society* who has allowed me to re-write and condense material and to use tables originally published in his journal in November 1962.

REFERENCES

1. "Brock Report": *Report on the Departmental Committee on Sterilization.* 1934. HMSO.
2. Family Planning Association. 1963. *Family Planning in the Sixties: Report of the Family Planning Association Working Party.* (Chairman, F. Lafitte.).
3. Meade, J. E., and Parkes, A. S. (Eds.) 1965. *Biological Aspects of Social Problems.* Edinburgh: Oliver and Boyd.
4. Pierce, R. M., and Rowntree, G. 1961 a & b. Birth Control in Britain, Parts I and II. *Population Studies,* **15**, 3, 121.