

ANNOTATIONS

AND THE POOR GET CHILDREN

IN spite of the technical efficiency of modern contraceptive methods, in spite of their easy availability, and in spite of widespread public opinion favoring their use, a significant minority of American wives have had more pregnancies than they want. The incidence of excess fertility is greatest among the groups with the least education and the smallest incomes. These facts form the background of a pilot study of family planning practices and attitudes among urban working-class husbands and wives in the United States, conducted for the Planned Parenthood Federation of America.¹ A basic theme of this study is that the failure to avoid unwanted pregnancies is due largely to personal failure to use contraceptive methods consistently, and seldom to technical failures of the methods themselves. Therefore, the research focuses on the factors in the individual's personality and interpersonal relationships that spell success or failure in the control of fertility.

The data for the study come from depth interviews with 46 men and 50 women living in working-class residential areas of Cincinnati and Chicago. All respondents were married and living with their spouses; the men were under 45 years old and the women under 40. No attempt was made to interview both husband and wife in the same family; instead, the husbands and wives were independently chosen. The respondents were selected by the quota method. In most cases, men interviewed men and women interviewed women. Interview guides were used, rather than formal schedules, in order to encourage the respondents to talk freely about the various subjects intro-

¹ Rainwater, Lee, assisted by Weinstein, Karol Kane: *AND THE POOR GET CHILDREN*. Chicago: Quadrangle Books, 1960. pp. xiv + 202, \$3.95.

duced; verbatim replies were recorded. The interviews averaged two hours in length.

The first major independent variable discussed is the way in which the individual perceives his relation to the world. A world view that is consistent with successful family planning has two major features—a basic trust that the future is to some extent predictable and a belief that the individual can affect his future. However, many working-class people, the author claims, hold the opposing belief “that what happens in the world is determined mainly by external forces against which their own energies are not likely to be effective.” (p. 52) The latter view of the world seriously interferes with successful family planning.

Other attitudes that undermine successful family planning are that the use of contraception is an annoying interference with spontaneous sexual activity and that having only a few children is somehow unnatural. Women who have only one child are considered selfish; those who have many children are thought to be kind and generous. Furthermore, becoming a mother is highly important to the personal fulfillment of the working-class wife. It gives her status and purpose in life.

All of these attitudes delay the use of contraception, if they do not prevent it altogether. In the early stages of married life, working-class couples tend to “trust to luck” and do nothing to prevent pregnancy. As more children are born, the wife is generally the first to recognize the necessity for contraception, but often she has difficulty persuading her husband to go along with efforts to limit family size. Here we come to the second major independent variable used in this study—the relationship between husband and wife.

Many working-class husbands and wives have conflicting views and expectations of each other. The husband wants his wife to be a good mother and housekeeper who will take care of him without controlling him. The wife, on the other hand, has a strong need for receiving affection, which is not satisfied by mother and housekeeper roles, and which the husband often fails to recognize. She wants her husband to be a good lover, although the husband prefers to regard himself as a good father and provider. As a result of such conflicting expectations, working-class wives often see their husbands as controlling, unaffec-

tionate, and inconsiderate; husbands often see their wives as temperamental and demanding. When these tendencies are carried to extremes, serious conflict and estrangement characterize the marital relationship, and the cooperation and consideration necessary for the successful use of contraception are lacking.

The quality of the marital relationship comes to focus most sharply in sexual relations. Since it is also in the context of sexual relations that the decision to use contraception is made or not made, a considerable portion of the book is devoted to characterizing sexual relations as mutual, hostile, or ambivalent. The descriptions of these categories are amply illustrated by quotations from the interviews. The relevance of the emotional quality of the sexual relationship to success in family planning can be very briefly summarized as follows: When both husband and wife accept and enjoy their sexual relationship they are likely to use contraception effectively. When husband and wife express hostility in sexual relations (the typical situation is where the husband demands the wife's submission and the wife rejects sexuality and seeks to avoid intercourse), they are likely to be unsuccessful in preventing unwanted pregnancies. The reason for this correlation is that the successful use of contraception demands the constant and careful use of some method, and this, in turn, requires the cooperation of both husband and wife.

The mutuality-rejection continuum is related to socioeconomic status. In general, couples in the upper portion of the working class (i.e., the better paid and better educated) are more likely to have mutually satisfactory sexual relations than are couples in the lower portion of the working class.

In the final chapters, the author discusses how well informed the respondents are about the physiology of reproduction, and describes their feelings about various contraceptive methods. He recommends that physicians and clinics prescribe methods that their working-class patients can readily accept. He emphasizes the need to popularize simple methods that the wife can use (for example, the vaginal suppository). In the appendix Dr. Mary S. Calderone discusses the acceptability of contraceptive methods to their users.

In evaluating this book it is necessary to keep in mind the fact that it is a pilot study, and that the main purpose of a pilot study is to suggest lines of research that it might be profitable to follow. As the author points out in the introduction, "The study raises more questions than it answers; it simply begins the necessary exploration of what lies behind the descriptive facts of contraceptive use patterns." (p. 7) In view of this forward-looking orientation, I shall assume that there is a good possibility that further research will follow this study and suggest ways in which such research can improve on the pilot study that stimulated it.

In the first place, because we are dealing with a pilot study, we can overlook such infractions of good research design as the use of a sample that is too small and too narrowly chosen to allow us to place any confidence in the reliability of the findings. For the same reason, we may also overlook the vague definition of the universe under study—i.e., the urban working class. In a more systematic study the universe would surely be more precisely defined than it is here.

However, it is impossible to overlook the imprecise definition of the main dependent and independent variables. First of all the criteria for classifying couples as members of the upper-lower or lower-lower class are not at all clear. The classes are described in very general terms, but specific criteria are lacking. An adequate research design would include the systematic collection of data on occupation, income, job stability, and education, at least, and would use these variables either independently or in combination to give the concept of socioeconomic class more precision than it has in the present study.

Another variable that must be treated more systematically in any later research is effectiveness in family planning. The definitions of effectiveness and ineffectiveness used in this study are clearly unsatisfactory, as is suggested by the author's statement that the classification of respondents into these categories "represent interpretations based on the interview data." (p. 22) Effective users of contraception are those who "were using a contraceptive method properly and consistently at the time of interview." (p. 22) Ineffective users are those "who seemed not to use a contraceptive method at all or who described their

contraceptive practices in such a way as to suggest that they were using the method either improperly or sporadically." (p. 22) More precise definitions than these are needed for the most important dependent variable in the study. Examples of criteria that could be used either singly or in combination are the number of accidental pregnancies a couple has had, whether or not a couple has more children than desired, and whether contraception is used always or only part-time. With the use of the present guides, it would be possible to classify as an ineffective planner a young wife who has not borne all the children she wants and who has not yet begun to use contraception, even though she intends to use contraception in the future. At the other end of the planning scale, it would be possible to classify as an effective planner a wife who has borne several more children than she wanted and who is now using contraception consistently. The problems of classifying couples according to their effectiveness in controlling fertility deserves more thoughtful attention than has been given to them in this study.

Another important variable that requires more precise definition is the mutuality-rejection continuum that the author uses to describe the emotional quality of the sexual relationship. Again, the author tells us what he means by mutuality, ambivalence, and rejection in general terms, but he does not make explicit the criteria actually used to place respondents in these groups. I think that in this case a lack of precision is excusable in a pilot study that is designed more to seek out promising variables than to collect systematically the kind of information needed to classify respondents into already established groupings.

If the central concern of further research is the relationship of marital adjustment to success in family planning, it would be a good idea to interview husbands and wives from the same families rather than from different families. This is especially important because the findings of the pilot study suggest that husbands and wives tend to differ in their attitudes toward sexual relations and the use of contraception. An adequate picture of the relationship between these different viewpoints can best be obtained by interviewing both spouses in a family, rather than one spouse only.

A general deficiency of the pilot study that should be corrected in more thorough research is the lack of any systematic exploration of the relationship of success in family planning and of the mutuality-rejection continuum to age, duration of marriage, educational attainment, income, occupation, wife's labor force status, couple's farm background, and religious preference. Some of these variables have proved to be useful in analyzing fertility data in other studies, and they deserve more attention than has been given them in this study.

This highly readable book presents a consistent picture of the emotional factors involved in the relationship between sexual behavior and success in family planning. This topic is important enough to warrant investigation by more precise techniques than it was possible to use in a small and explorative pilot study. It is only through the scrutiny of careful and systematic research that adequate evidence can be found to test the hypotheses presented here. Until such research can be undertaken, the findings of this study will remain plausible guesses.

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