G. J. KRUIJER

FAMILY SIZE AND FAMILY PLANNING

A PILOT SURVEY AMONG JAMAICAN MOTHERS

Every child should, in the words of Mrs. George Cadbury, be a wanted child. That is its birthright. However, as she went on to say in an address to the annual meeting of the Child Welfare Association of Jamaica in 1956,¹ the great tragedy of so many children in Jamaica is that they are not wanted. They are not wanted in their present numbers by the state, for everyone agrees that the island's economic development would be less of a problem if there were a smaller crop of babies each year. And, far more tragic, they are often not wanted by their parents.

This last statement – which is perhaps no surprise to those who are in close touch with lower class Jamaicans – is more or less in contradiction to the frequently expressed view that West Indian women desire a large family and would be firmly opposed to birth control as unnatural and sinful.

In order to obtain some insight into the attitudes of lower class Jamaican mothers on this point, I decided to have interviews made of a sample of Jamaican women in the central part of the island, where I was staying in 1956. The interviewing was done by five Jamaican women whose professional duties brought them into rather close contact with the people of the countryside. They were asked to question a number of women from the small farmer and labourer classes, choosing the persons to be interviewed at random, but evenly distributed over the interviewer's district. The latter part of the instructions was adhered to, but there is no way of checking the degree of randomness.

For various reasons the survey was less than perfect technically, and the sample was quite small (seventy-five interviews, with seventy-one usable forms returned). It should be considered as nothing more than a pilot survey, with the sole purpose of arriving at hypotheses which cannot be considered to be proven propositions until they have been tested by more extensive research.

¹ On 22 June, 1956. Taken from a report in the *Daily Gleaner*.

THE QUESTIONNAIRE

The following questions were put by the interviewers:

- (1) Number of children alive.
- (2) How many more children wanted?
- (3) Has anybody (for example the 'nanna') said to the person interviewed that she "has to have her number"?
- (4) If so, what is the number she still has to have?
- (5) If there were a birth-control clinic where women could obtain advice on pregnancy prevention, would the person interviewed go to it?
- (6) What, if any, are her reasons for opposing birth control?

The interviewers were free to put the questions in whatever they considered to be the most adequate wording. The terminology to be used was one of several points discussed during a brief training course. The interviews were of an informal nature; no schedule was shown to the person interviewed.

THE RESULTS

One of the suppositions underlying the survey was that women with only one child might tend to have a different attitude towards a large family than women with a number of children. For this reason the interviewers were asked to interrogate a number of women with one child and approximately the same number of women with five or six children.¹ Women falling in the latter category proved to be more difficult to spot, and since the survey had to be completed in a relatively short period the final result was that rather more women with one child were interviewed (forty with one child to thirty-one with five or six). Henceforth the forty are referred to as the younger mothers and the thirty-one as the older ones.

The interviewers were instructed to select only mothers whose youngest child was one year or younger. This method was used in order to make sure that all the women interviewed were still capable of having children, or at least had to consider it as a possibility. Hence the study was restricted to women who were

¹ The interviewers were instructed to count all children dependent on the woman interviewed or her husband, including adopted children living in the household.

personally confronted with problems of family size and family planning, and who had a baby to look after. These two facts will undoubtedly have had a strong influence on the attitudes of the mothers towards the questions asked.

Table 1: Family Size and Number of Additional Children Wanted

How many more children do you want?	Younger Mothers	Older Mothers	All Mothers
0	28	29	57
1	2	—	2
2	2	—	2
3	4	—	4
4	3	—	3
5	1	—	1
No answer	—	2	2
<i>Total</i>	<i>40</i>	<i>31</i>	<i>71</i>

Table 1 speaks for itself: when asked how many more children they wanted, a very high percentage of the women interviewed declared that they did not desire any more babies.

In interpreting figures of this kind it should be kept in mind that the wording of the question has a strong influence on the response. I suspect that if the question had been "how many more children would you want if you could control the number", many of the younger mothers who in fact answered 'none' would have given a higher number. Even so it would seem that many of the women interviewed are so frightened by the thought of a large family (which is not only quite a financial burden to poverty-stricken parents, but also a heavy physical burden for a hard-working woman) that they hope they will not have any more children at all.

One of the younger mothers interviewed stated that she wanted a total of four children "when married". This statement lends some support to the finding that "women recorded as married give birth to a higher average number of children each than unmarried."¹

Some arguments in support of birth control were: "to prevent illegitimacy", "cannot afford to have many children", and

¹ D. IBBERSON: A Note on the Relationship Between Illegitimacy and the Birthrate. *Social and Economic Studies* 5, 1956, p. 99.

"children give too much trouble, taking my life, especially last one."

Table 2: Family Size and Attitude towards Birth-Control Clinic Advice

Would you go to a birth-control clinic?	Younger Mothers	Older Mothers	All Mothers
Yes	10	15	25
No	12	7	19
Undecided	17	9	26
No answer	1	—	1
<i>Total</i>	<i>40</i>	<i>31</i>	<i>71</i>

Table 2 shows that an affirmative attitude towards clinical advice on birth control is more frequent than a negative one.

This result is probably contrary to the expectations of many middle and upper class Jamaicans – at any rate it is my impression that there is a general belief among the members of these classes that the majority of lower class people, both men and women, are opposed to birth control. When eighteen extension officers in central Jamaica were asked about the attitude of the ordinary people to birth control, seven thought that generally speaking the population was opposed to it, two said that the people accepted the course of nature and two that the attitude of the people varied. Another three were of opinion that the subject has not been given much consideration, while two had no experience on the subject. And finally only two stated that the people had no objections.

It was my impression that contraceptives were practically unknown in the area. Some people, both men and women, were said to consult the family-planning clinics in St. Ann's Bay and in Kingston, and it was whispered that some women went to a doctor to ask him for an operation to prevent children from being born (meaning a sterilization operation). There appeared to be some misunderstanding with respect to the term birth control; many people mistook it for abortion. At any rate, when in discussing this matter, men as well as women expressed fears that birth control was detrimental to feminine health, it was abortion that they had in mind. Several women in the area believed (or hoped) that praying helped to prevent conception, and that it was impossible to become pregnant as long as one was still nursing a baby.

The relatively high percentage of 'undecided' answers in table 2, especially among younger mothers, deserves consideration, for it may be a symptom of changing norms. Uncertainty was perhaps responsible for the vague comment of a woman who answered the question of advice on pregnancy prevention with: "want to have in the right way."

Some writers on West Indian social life are of the opinion that there is a general belief among lower class women that "you have to have your number" and that all efforts to escape that fate are detrimental in one way or another. I obtained some indications to this effect. I was told, for example, that the local midwives, the 'nannas', and also some of the balmyard healers, count the 'knots' (or 'black spots') on the umbilical cord in order to determine the number of children still to be born. The young mother who told me that she wanted to have her 'lot' quickly so that she could "young up back" no doubt based her desire on the belief that "you have to have your number." However, such ideas although very often referred to by middle and upper class people and in books and articles, appeared to be less widespread than believed. Only nine out of sixty-three women interviewed (eight did not answer the question) testified that someone had said something to this effect.

REASONS FOR OPPOSING BIRTH CONTROL

The following quotations from the questionnaire forms throw some light on reasons why some of the persons interviewed opposed advice on birth control: "will cause very bad health later and make life unpleasant to continue living, at which stage no doctor can mend", "you would suffer illness as all impurities would not get rid of", "prefer to have out lot", birth control "is not man's job, it is a sin", "want to stop from God, to be sure that all is well," "better God stop me", "want to stop natural", "don't like it." Two persons interviewed who intended to go to a birth-control clinic to obtain advice nevertheless wondered whether it might be a sin.

A consideration of the answers to the question on the number of children desired together with those on attitudes towards birth-control clinic advice yields the following results. Eleven of the twelve women interviewed who desired more children answered question no. (5). Of these, four stated that they did not intend to visit a birth-control clinic, five were undecid-

ed, and only two women answered the question affirmatively.

Of the twenty-eight younger mothers who hoped that they would not have any more children, eight intended to go to a clinic for advice, another eight did not, and twelve had no definite opinion. Of the thirty-one older mothers a much larger share (fifteen) intended to pay a visit to a clinic, while seven did not, and nine had no opinion.

The most striking point in the answers pertaining to visiting birth-control clinics, then, is the fact that especially among the women with a number of children there would seem to be a significant demand for advice in this field. The category of mothers with many children definitely feels a need for social guidance in family planning.

Table 3 tabulates the objections to birth control made by some of the women interviewed.

Table 3: Reasons for Opposing Birth Control

Reason	Number of Women
Religious principles	11
Unnatural	2
Detrimental to health	6
Children a blessing	5
Unspecified feeling of dislike ("Don't like it!")	3
"You have have to your number"	1
<i>Total</i>	<i>28</i>

The first two reasons are, in my opinion, closely related.

Taken all in all there was no great difference between the arguments of the younger mothers and those of the older category, except that the argument of health was mentioned more often by the older women.

HYPOTHESES

The results of the pilot survey warrant the hypotheses that in the countryside of Jamaica: (1) the great majority of women prefer to limit the number of children; (2) attitudes towards advice on family planning vary from definite rejection to definite accept-

ance, but those who are in favour of planning or have not yet made up their minds are in the majority; (3) those who have no definite opinion on family planning are a relatively large category, which fact may indicate a process of change in norms; (4) if consultation bureaus on family planning were created in townships and larger villages they would probably be regularly consulted, especially if influential local people were prepared to support the work of such clinics.

Free-story interviews with country people, both women and men, lead to the hypotheses that in the countryside of Jamaica (5) the limitation of family size results from a desire to obtain a higher level of living and to give children more attention and a better education; (6) opinions of mothers with a number of children such as "it is God's will", "you should not interfere with nature", "having children is good for health", and the like can be considered as adjustments to the real-life situation, a major aspect of which is a powerlessness to stop the regular flow of births; (7) arguments against birth control are communicated by local midwives ('nannas') and by older women in the community ('grannies') whose social role and accompanying prestige would be considerably reduced without the task of caring for the mother and baby; (8) if the social-welfare village instructor or district nurse could take over the role of the 'nanna' and 'granny,' she could influence the mother more effectively.

CONCLUDING REMARKS

Family planning should not be considered solely as an economic factor in the Jamaican population problem; it is a major social factor as well. Hence enlightening rural women on family planning is one of the most urgent tasks facing everyone engaged in welfare work in the Jamaican countryside.