



Black Women and the Pill

Author(s): Dorothy Roberts

Source: *Family Planning Perspectives*, Vol. 32, No. 2 (Mar. - Apr., 2000), pp. 92-93

Published by: [Guttmacher Institute](#)

Stable URL: <http://www.jstor.org/stable/2648220>

Accessed: 03/10/2013 10:43

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <http://www.jstor.org/page/info/about/policies/terms.jsp>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.



Guttmacher Institute is collaborating with JSTOR to digitize, preserve and extend access to *Family Planning Perspectives*.

<http://www.jstor.org>

even frightening side effects.

As a consequence of this knowledge, many mothers of adolescents help their daughters obtain medical and gynecologic care; they often make the appointments and accompany their daughters to see a clinician who will provide appropriate health education and preventive guidance. The clinicians who provide care for today's adolescents recognize the importance of confidentiality, but also understand that adolescents grow up within the context of a family.

In my practice, I see many adolescents; I see most of them with their mothers. As I have grown as a clinician, I have come to recognize the importance of fostering healthy communication between mothers and daughters. When I see a new patient, I allow time to talk with the mother and daughter together, to speak with each privately, and then to meet again together. This process allows an adolescent to keep whatever information she chooses confidential, but allows the sharing of information and health concerns.

When I talk about oral contraceptives, I feel that it is most helpful if both mother and daughter can hear about the risks, benefits and potential side effects. Of course, many daughters today still choose not to tell their mothers of their need for contraception. They may instead request that oral contraceptives be described to their mothers as therapy for cramps, irregular periods or heavy bleeding. In addition, many older adolescents come for gynecologic visits alone. But I encourage

them to try to talk with their mothers. I do believe that this is easier today than in years past, in part because so many of today's mothers have themselves taken the pill, and because the pill has evolved from a revolutionary new pharmacologic development into an assumption of modern life and health.

Most mothers of adolescents know or will soon come to know the essential fact of parenting—that they are preparing their children to make decisions for themselves. While they would like to protect them from making foolish, dangerous or inappropriate choices, they can only provide them with the information, support and encouragement to make smart and healthy choices.

But most mothers of adolescents today recognize that knowledge is power. They want to provide knowledge about contraceptive options to their daughters. They want them to know that they can effectively protect themselves from unintended pregnancies, but that sexually transmissible infections are a potentially problematic, morbid or even life-threatening possibility. They want them to be safe—from pregnancy, from infections and from emotional hurt; they want to protect them from an intimate relationship that is premature, exploitive, unequal or ill-advised. They would like for them to postpone having intercourse until they are cognitively, socially, emotionally and developmentally mature enough to make responsible choices. And mothers and daughters today do talk about these issues—and I believe that is so because oral contraceptives helped to set

the stage, shaped the mothers' own behaviors and helped them think about how they would like to have been parented.

The pill becomes the focus of many mother-daughter discussions relating to adolescent growth and development, achievement of independence, individual and responsible choices. That is a good thing; these issues need to be addressed.

In general, the interactions that I observe between today's mothers and adolescents seem healthier than those of a generation ago. The fact that women can successfully postpone childbearing until they actively choose to parent is an assumption of modern life. I believe that this assumption has and is shaping today's families, and that the pill played and is playing a major role in the transformation of relationships between mothers and daughters.

References

1. Centers for Disease Control, Premarital sexual experience among adolescent women—United States, 1970–1988, *Morbidity and Mortality Weekly Report*, 1991, 39(51–52):929–932.
2. Cheng TL et al., Confidentiality in health care: a survey of knowledge, perceptions, and attitudes among high school students, *Journal of the American Medical Association*, 1993, 269(11):1404–1407; and Ford CA et al., Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care: a randomized controlled trial, *Journal of the American Medical Association*, 1997, 278(12):1029–1034.
3. Dawson DA, Trends in use of oral contraceptives—data from the 1987 National Health Interview Survey, *Family Planning Perspectives*, 1990, 22(4):169–172.

Black Women and the Pill

By Dorothy Roberts

In 1969, Toni Cade wrote an essay entitled "The Pill: Genocide or Liberation?" about the rift between men and women over the role of birth control in the black liberation movement.¹ Cade recalls a political meeting in which a tall brother stood up and "castigated the Sisters to throw away the pill and hop to the mattresses and breed revolutionaries and mess up the man's genocidal program."² Cade rejects both the sexist implication that women's only role in the struggle is to bear children and the naïve faith that simply producing more children will improve conditions for black Americans. She doesn't believe that

the pill alone can liberate anyone, but asserts that it gives women critical control over a major part of their lives. Still, the black man who condemned the pill as a genocidal tool was not a paranoid lunatic. He failed to understand the pill's importance to black women's self-determination, but his concerns about birth control as a form of genocide arose from a real history of reproductive abuse. Cade's honest and provocative essay raises themes about black women's relationship to birth control that still resonate today.

For black women, the politics of the pill doesn't fall into a simple liberal-conservative dichotomy. The meaning of birth control is complicated by the racist denigration of black childbearing, including deliberate campaigns to limit black ferti-

lity; sexist and religious norms within the black community; and many white feminists' ignorance about the unique issues facing black women. Black women's attitudes about the pill are shaped by a broader social context that includes racial injustice as well as gender inequality and religious traditions. This social context generated debates about race and birth control among blacks and white policymakers not only when the pill was introduced in 1960, but also at the inception of the birth control movement 30 years earlier and with the approval of long-acting contraceptives 30 years later. Black women's perspective on birth control—recognizing its potential for both liberation and oppression—makes an important contribution toward development of a

Dorothy Roberts, a professor at Northwestern University School of Law, Chicago, is author of *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*.

more just vision of reproductive freedom.

The pill gave black women greater control over reproduction than ever before. Why should this seemingly positive development be so controversial? One reason is the role white-dominated birth control programs played in furthering racial injustice. As black Americans agitated for their civil rights, the white backlash included reproductive regulation. The pill was introduced at a time when scientists such as Arthur Jensen and William Shockley were promoting genetic explanations of racial differences in intelligence-test scores. During the 1960s and 1970s, thousands of poor black women were coercively sterilized under federally funded programs. Women were threatened with termination of welfare benefits or denial of medical care if they didn't "consent" to the procedure. Southern blacks claimed that black women were routinely sterilized without their consent and for no valid medical reason—a practice so widespread it was called a "Mississippi appendectomy." Teaching hospitals in the North also performed unnecessary hysterectomies on poor black women as practice for their medical residents. During this period, state legislators considered a rash of punitive sterilization bills aimed at the growing number of blacks receiving public assistance.

It is not surprising, then, that many blacks saw the pill as just another tool in the white man's efforts to curtail the black population. Two studies published in the *American Journal of Public Health* showed a widespread worry among blacks that family planning programs were a potential means of racial genocide, especially if the programs provided sterilization and were run by whites.³

Black concerns about family planning

had arisen decades earlier during Margaret Sanger's crusade for birth control. As Sanger allied herself with the burgeoning eugenics movement, the call for birth control veered away from its radical, feminist origins to include programs to regulate the poor, immigrants and blacks, based on theories of genetic inferiority and social degeneracy. Some blacks of the period, including the nationalist leader Marcus Garvey, opposed birth control as a form of "race suicide." Yet black women in disproportionate numbers enthusiastically used the few birth control clinics that were available to them. The prominent civil rights figure W.E.B. DuBois publicly endorsed birth control as a means of improving black health and denounced the argument that blacks should rely on a high birthrate to fight discrimination. Blacks' advocacy of birth control as a tool for racial betterment sharply differed, however, from the eugenic agenda. White eugenicists promoted birth control as a way of preserving an oppressive social structure; blacks like DuBois promoted birth control as a way of toppling it.

More recently, efforts to encourage poor black women to use long-lasting contraceptives such as hormonal implants and injectables have resurrected the debate about race and birth control. The eugenic overtones of an editorial in *The Philadelphia Inquirer* suggesting the implant as a solution to inner-city poverty set off a firestorm of criticism.⁴ A group of black ministers in Baltimore denounced the introduction of the implant in the city's predominantly black high schools for "push[ing] the issue of social control of an ethnic minority by the majority population whose culture and values may be different."⁵

For nearly a century, black women have

found themselves at the center of controversies about birth control's role in the struggle for racial and sexual equality. They have battled not only men—white and black—who discounted the importance of women's bodily autonomy, but also white women who discounted the significance of racism. The dominant women's movement has focused myopically on abortion rights at the expense of other aspects of reproductive freedom, including the right to bear children, and has misunderstood criticism of coercive birth control policies. Attending to black women's perspective on the pill and other contraceptives can help to transform the movement for reproductive freedom. It can help us understand that there is nothing contradictory about advocating women's freedom to use birth control while opposing abusive birth control practices. Social justice requires both equal access to safe, user-controlled contraceptives and an end to the use of birth control as a means of population control.

References

1. Cade T, The pill: genocide or liberation? *Onyx Magazine*, August 1969, reprinted in: Cade T, ed., *The Black Woman: An Anthology*, New York: Mentor, 1970, p. 162.
2. *Ibid.*, p. 163.
3. Darity WA and Turner CB, Family planning, race consciousness, and the fear of race genocide, *American Journal of Public Health*, 1972, 62(11):1454–1459; and Turner CB and Darity WA, Fears of genocide among black Americans as related to age, sex, and religion, *American Journal of Public Health*, 1973, 63(12):1029–1034.
4. Kimelman D, Poverty and Norplant: can contraception reduce the underclass? *Philadelphia Inquirer*, Dec. 12, 1990, p. A18.
5. Litvan LM, Norplant program assailed; poor black girls seen as targets, *Washington Times*, Dec. 4, 1992, p. B1.

Will the Pill Become Obsolete in This Century?

By John Guillebaud

Forty years after the contraceptive revolution brought about by the pill, there is still a demonstrable unmet need for more effective contraception, part of which will—we hope—be met by better contraceptives. More is required than the usual call for better services and improved sexual health education and counseling to use existing methods better.

For years, the very name "pill" has been synonymous with contraception. This has maintained ignorance of any alternatives beyond condoms and sterilization. How-

ever, the supremacy of the pill is now being challenged. For a start, in a world in which sexually transmitted infections (STIs) are rife, it cannot be relied on for safer sex. In addition, public confidence in oral contraceptives has been shaken by periodic reports that pill use may increase the risk of such serious health problems as breast and cervical cancer and cardiovascular disease.

A good example was the "mother of all UK pill scares" brought about in October 1995 by a letter sent individually to every

doctor by the Committee on the Safety of Medicines (the UK equivalent of the U.S. Food and Drug Administration). This communication was intended to advise physicians of a very small absolute increased risk of venous thromboembolism related to use of pills containing either desogestrel or gestodene (two third-generation progesto-

John Guillebaud is professor of family planning and reproductive health, University College, London, UK, and medical director of the Margaret Pyke Family Planning Centre, London.