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The Journal of Sociology & Social Welfare

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Volume 44  
Issue 4 December

Article 8

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2017

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### Recommended Citation

Edmonds-Cady, Cynthia (2017) "A Right to Motherhood? Race, Class, and Reproductive Services in the Jim Crow South," *The Journal of Sociology & Social Welfare*: Vol. 44: Iss. 4, Article 8.

DOI: <https://doi.org/10.15453/0191-5096.3862>

Available at: <https://scholarworks.wmich.edu/jssw/vol44/iss4/8>

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# A Right to Motherhood? Race, Class, and Reproductive Services in the Jim Crow South

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*This research examines birth control and sterilization practices aimed at low-income black women in the United States from 1939-1950, within the framework of specific race- and class-based constructions of motherhood in the Jim Crow South. How these social services aimed at reproductive health were grounded within differential ideals about family, childbirth, and motherhood for White versus African American women is explored. Evidence is presented from archival collections containing records for Planned Parenthood's Negro Project, The Association for Voluntary Sterilization's programs, and The American Social Health Association's public health programs. Birth control services in the South were delivered within a framework mandating ideals of proper versus unfit mothers. While strict enforcement of Jim Crow segregationist policies contributed greatly to the lack of long-term sustained services aimed at poor Black women, the intersection of race, class, and gender in social constructions of motherhood also played a role.*

*Key words: family ethic, birth control, intersectionality, motherhood, sterilization*

Images of an ideal mother have been socially constructed and fraught with assumptions based on race and class throughout the twentieth century, as well as in previous eras. For women of color, motherhood and the concept of proper mothering is historically intertwined with legacies of control and discrimination (Roberts, 1999). African American women living in the South under Jim Crow era policies were a common target for

experimental and constraining reproductive services (Schoen, 2005). These services were developed within a framework of proper mothering that did not include poor or Black women as ideal mothers. Instead, these women had to fight for control over reproduction, freedom from involuntary sterilization, and their rights to childbearing. This article focuses on specific reproductive services aimed at poor Black women in the 1940s Jim Crow South, analyzing how the intersection of race and class in the social construction of motherhood helped shape the specific development and implementation of programs. Planned Parenthood's Negro Project and the various sterilization programs that were implemented during this time are presented as examples of the way race and class intersected in poor Black women's access to motherhood.

This work builds on previous feminist scholarship that connects gender, race, and class to social services and mechanisms of control in U. S. society (Abramovitz, 1996; Gordon, 2007; Roberts, 1999; Schoen, 2005). Archival records from programs designed to provide family planning services to poor women in the American South between 1939 and 1950 are explored.

Primary sources were examined from various collections that held organizational documents, letters, notes, and memos related to the development and implementation of Planned Parenthood's Negro Project. Other primary source documents were analyzed from The Association for Voluntary Sterilization and the American Social Health Associations' records related to their work with Planned Parenthood in the South. The archival collections include the Florence Rose Papers, the Margaret Sanger Papers, and the Planned Parenthood Federation of America Collection at Smith College's Sophia Smith Collection archives, Northampton, Massachusetts. They also include The Association for Voluntary Sterilization Records and the American Social Health Association Records held at the University of Minnesota's Social Welfare History Archives in Minneapolis, Minnesota.

An intersectional analysis of the historical evidence was used to examine how categories of race, class, and gender shaped women's access to reproductive rights. Intersectionality assumes that categories of race, class, gender, and sexuality are interlocking social locations that shape one another, and are unable to be analyzed separately or additively (Andersen &

Collins, 2001; Weber, 2001). Intersectionality provides a framework for scholarship that examines how individuals are not simply one-dimensional, based on one social location (e.g., African American), but exist within multiple social locations (e.g., African American middle-class woman). This is a particularly salient framework for examining how individuals are affected by, and in turn react to, social policies and programs in human services. I argue that when the intersection of women's social locations is ignored in our assessment of social service provision, various nuances in these services are missed. Understanding not only how race defined Planned Parenthood's efforts in the South, but how gender and class were intersected in this work can provide critical insight for current social policy and advocacy work for women's reproductive justice.

Feminist scholars have noted that the issue of reproductive rights for women of color and poor women is distinctly different from the movement for birth control that was led by middle-class White women in the mid- to late twentieth century (Silliman, Gerber Fried, Ross, & Gutierrez, 2004). The rhetoric of choice that is infused within discussions of women and reproductive control does not attend to the history of social control that some women experienced (Gordon, 2007). Women of color have had differential expectations placed on them with regard to their labor both within and outside of the home. The abuses to black women's bodies by state systems from slavery onward resulted in a legacy of control over these women's reproductive choices (Roberts, 1999).

Historically, the idealization of motherhood was not extended to all women equally. Dependency on men was more often encouraged for White middle-class women, resulting in an idealistic image of motherhood that was unattainable for Black or poor women (Solinger, 1999). These women endured a history of attempts to control their access to motherhood through routine sterilizations, particularly of poor women participating in public welfare programs (Roberts, 1999). Involuntary sterilizations were carried out on a particularly large scale in the Southern United States (Schoen, 2005). Records from North Carolina's state-run eugenics board indicate the state's routine practice of sterilizing poor women, particularly those who were Black, began in 1929 and did not end until 1975 (Schoen, 2005).

The concept of the “family ethic” (Abramovitz, 1996, pp. 13–44) is a helpful lens through which to interpret the historical evidence on reproductive service provision to poor women during the 1940s. The idea of a family ethic builds on Socialist Feminist analyses, describing a construct developed as part of the ideology of capitalism in the U.S., accelerating throughout the age of Industrialization. This ideology placed pressure on White middle-class women to provide labor within the home caring for their family and household, allowing the male breadwinner full access to the labor force outside of the home. This meant that only White middle-class women were encouraged to fully embrace the rights of womanhood, fulfilling the role of the ideal mother. Women of color and poor women of all races were not included in this construct. A family ethic was historically established and remains connected to the development of capitalism in the U.S., and the need for control over whose wage labor should be supported; it also ensures a ready source of cheap labor in the form of male and female minority groups and poor women (Abramovitz, 1996).

While the ideological strength of the family ethic meant that Black women’s motherhood status was not glorified, these women were also subjected to exploitative “mammy” images (Collins, 2000). These images circumscribed Black womanhood to the role of caretaker for White families’ children, or asexualized domestic servant, and both roles maintained subordination to the needs of dominant White male power. The Black “mammy” was expected to provide work outside the home for the benefit of White society, not her own children. She was not granted access to the cult of true womanhood, as White middle-class women were, since she was expected to maintain her value as a worker providing domestic labor for other people’s children, rather than her own (Collins, 2000).

During the 1940s, Black women were indeed in the labor force in higher numbers than White women. By 1940, one in three Black women were part of the workforce, compared to only one in five White women (Giddings, 1984). Most of these Black women were working in low-wage positions in fields such as service, domestic, or low-skill agricultural jobs, particularly in the southern states. Even after the increase in women workers during the war effort of World War II, Black women continued to be shut out

of higher wage employment opportunities, or offered only the dirtiest and most strenuous jobs (Giddings, 1984).

The ideology of a family ethic created assumptions about proper mothering. Programs active in the 1940s followed suppositions that proper (laboring in the home) motherhood was a White middle-class phenomenon. This resulted in reproductive services that administered a form of control over access to motherhood for poor White and Black women (Abramovitz, 1996). Although White women were expected to enter the labor force to help in the war effort during World War II, due to racial discrimination Black women did not benefit equally from these typically higher paying jobs (Giddings, 1984). Once the war was over, all women were expected to give up their industrial jobs to returning soldiers, with Black women and poor women largely expected to return to low-wage domestic work or apply for welfare benefits, while White middle-class women were encouraged to maintain the ideals of proper mothering and keep their labor in the home (Abramovitz, 1996; Giddings, 1984). Thus, the potency of the family ethic meant that ideas about women and wage labor were little changed throughout the 1940s, with the brief exception of the labor demands based on the war effort. The services aimed at reproduction and mothering that were developed during this period maintained this ideology of access to motherhood for some, but not all.

### Birth Control Use and Controversy in the Black Community

Beginning in the 1920s and continuing throughout the 1930s and 1940s, birth control for Black women was sometimes interpreted within the Black community, both North and South, as suspect. Some local Black clergy and Black activists fought the distribution of birth control on religious grounds and fears of racial genocide. Marcus Garvey and his Universal Negro Improvement Association was perhaps one of the most vocal critics of birth control for the Black population, passing an official resolution condemning it in 1934 (Roberts, 1999). However, despite this activism against birth control, there is evidence that Black women held a more pragmatic view.

As early as the 1920s, many Black women in the South were trying to control reproduction using what forms of birth control were available to them. A review of advertisements in popular Black magazines and literature throughout the 1920s and 1930s uncovers an increasing number of ads for such things as douche powders, suppositories, and vaginal jellies, all with the intent of preventing pregnancy (Rodrique, 1989). A 1940 study of Black women in Philadelphia also found that 40 to 60 percent of study participants claimed to be using birth control (Roberts, 1999).

Some Black male leaders were advocating for birth control during the 1940s. W.E.B. Du Bois, who was well known for his work on civil rights, was one of the first leaders in the Black community to publicly take a stand in favor of birth control. During the early 1940s, he served as the Chairman of the Department of Sociology at Atlanta University, later working as the Director of Special Research for the National Association for the Advancement of Colored People (NAACP) from 1944 to 1948 (Lewis, 2000). While many scholars have focused on Du Bois' participation in the founding of the NAACP and his civil rights work, he was also a strong advocate for Black women's rights to access birth control.

In "Black Folk and Birth Control," Du Bois (1932) wrote that Blacks needed wider access to birth control, stating that they had been practicing various forms of birth control for a long time. He specifically asked that the Black churches take a more liberal attitude toward the subject and requested that Planned Parenthood present material in these churches. Du Bois blamed poverty, fear of immorality, and fear of the race not surviving for the lack of a greater acceptance of birth control in the Black community during the 1930s. He also chose to serve in an administrative position on the board of Planned Parenthood beginning in 1940 (Rose, 1940).

Another prominent male figure in the Black community, E. Franklin Frazier, a Professor of Sociology at Howard, and a well-known Black social worker, also advocated for birth control. Writing in *Negro Digest* (a magazine similar to *Readers Digest* that was aimed primarily at middle-class Blacks) in July of 1945, he argued that it was a lack of knowledge about how birth control use can increase the chances of having healthier babies likely to live through infancy, that was related to the high infant

and maternal mortality rates for Blacks (Frazier, 1945). This view fit that of White middle-class health professionals who emphasized child spacing as a solution to problems of infant and maternal mortality rates for Black women, claiming that the Black community should not focus on simply having a high birth rate to preserve the race, but instead use birth control as a way of insuring that healthier children were born who lived longer (Division of Negro Services, 1940b).

While historians have disputed the idea that Black women did not want access to birth control during the 1940s by illustrating that they were already using forms of it, the view of birth control as racial genocide for Blacks was maintained by some, but not all, within the Black community (Roberts, 1999; Rodrique, 1989). Amongst this ambivalence about birth control, Planned Parenthood developed a project aimed specifically at poor Southern Blacks. Why did the Negro Project emerge when it did, and what beliefs about motherhood for poor Black women helped shape this program? Although the project's stated aim was to lower infant and maternal mortality rates in the rural South, when we examine the ways that this project was designed and implemented, we can see that it was both a product of and a further contributor to the ways that motherhood was socially constructed for poor Black women.

### Limiting the Number of Children Born to Poor Southern Blacks: Planned Parenthood's Negro Project

The Negro Project was developed by Margaret Sanger of Planned Parenthood (then called the Birth Control Federation of America) with the stated goal of providing birth control access for poor Blacks in the American South. It was first established in 1939, and was initially implemented at three demonstration sites: Nashville (Tennessee), Berkeley County (South Carolina) and Lee County (South Carolina). According to a 1943 report submitted by Planned Parenthood's Chairman of the National Advisory Council on Negro Programs, local public health departments administered the project, with much of the weight in carrying it out placed on public health nurses (Johnson, 1943).



While the Nashville site required that women come into the clinic for birth control, the two South Carolina sites ordered nurses to visit the women in their homes, sometimes even placing quotas on the nurses to solicit and maintain a certain number of participants in the program (Johnson, 1943).

The Negro Project was coordinated by Florence Rose, who had been working for Sanger and Planned Parenthood since 1930. The stated intent of the project was to provide a, "well rounded program which includes obstetrical service, infant care, and a baby-spacing program" that was aimed at reducing Black infant and maternal mortality in key southern communities (Rose, 1942a). The project was developed based on the ideals of child spacing. In Planned Parenthood's 1943 report on the Negro Project, titled "Better Health for 13,000,000," child spacing was presented as having the potential to:

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 the family income, and raise the health standards of the whole community (Johnson, 1943, p. 3).

The program rested on the belief that by administering birth control and training poor Blacks to use it, the women's and their families' health would increase, as would that of their communities.

An influential document that was used to establish the need for such a project, focused on southern poverty. A 1937 report on the birth control needs of Blacks in the state of Virginia was written by Hazel Moore; titled "Birth Control for the Negro," this document was used by Planned Parenthood leaders in the development of the project. Moore had previously worked for the American Red Cross and had been hired by Sanger to work as a lobbyist in the birth control movement. Moore was asked to report on a demonstration project in Virginia, subsequently concluding that there was a desperate need for birth control in southern Black communities. Although the project and the report were well intentioned, southern Black women were portrayed as having no knowledge of birth control and as being ruled by religious superstition. Moore claimed that, "Religious superstition

and absolute ignorance on the subject among the Negro people was recognized as the most difficult handicap [to the program]" (Moore, 1937, p. 1). Her report concludes by stating:

And so I feel we should continue to make a simple method of birth control available for these forgotten women of the south. Be patient with their lack of understanding—their superstitions and doubt—double our efforts to assure them Birth Control is for the betterment of their families and their race and we will be more than rewarded by their cooperation and unflinching gratitude. (Moore, 1937, p. 3)

Thus, the Negro Project was established based on beliefs and assumptions about poor Black women in the South: they did not have knowledge of birth control, and they were acting mainly out of religious superstition. This was also echoed in the early reports on the Negro Project once it got underway. When patients discontinued their use of the birth control methods taught and prescribed by the public health nurses hired for the project, workers' reports blamed patient beliefs that it would interfere with marital relations, would cause numerous diseases, or on the following of religious leaders' commands that birth control was a sin (Johnson, 1943). This stands in contrast to the narratives of poor Black southern women themselves.

Many Black women in the poor, rural southern communities that were targets for the Negro Project were resistant to the claims by White middle class birth control advocates that child spacing alone would solve their problems. The following perspective of a poor Black woman in Georgia during the Jim Crow era, published in Gerda Lerner's (1992) book *Black Women in White America: A Documentary History* ("Having a baby," 1964) is illustrative. This woman talks about her life in the South and her desire to have control over her own motherhood. She discusses the fears that she has about the intentions of what she refers to as "the birth control people" who told her to plan her children by the "ten-year plan, one every ten years," which she interpreted to mean not having any children. In her eyes, she knew best when to have her children, and the child spacing advocates were simply trying to take that control away. She also condemns the focus simply on birth control to eliminate poverty and poor health, stating, "Even without children my life

would still be bad—they're not going to give us what they have, the birth control people" ("Having a baby," 1964, p. 314). Some women believed the birth control advocates were attempting to take away their own control over mothering decisions, and that the narrow focus on birth control did not help improve the material conditions of their lives.

During late 1942, Negro Project leaders made attempts to reach out to Black professional organizations, although the project was already designed and implemented. Rose made requests to various black organizations for Planned Parenthood staff to attend and exhibit at several conferences and meetings, including The Ohio Conference on Social Work Among Negroes, the Convention of the Bluegrass Teachers Association, and the Brotherhood of Sleeping Car Porters convention (Rose, 1942b). After targeting professional Black organizations and doctors, project leaders next focused on Black ministers in poor southern communities to spread the gospel of birth control, setting up Negro Birth Control Committees at each of the sites. Project leaders wanted Black clergy and prominent professionals to assist in making the project more palatable to targeted groups (Gordon, 2007).

In a reply to a letter from Dr. Gamble on his advice that the Negro Project be well grounded in the Black community, Rose asked that she be allowed to use part of her upcoming vacation time to visit some of the potential sites. She expressed her feeling that she was not getting information on what needed to be done for the project firsthand, and as such felt the need to do some of the field work and interviews herself, rather than allowing those in the local communities to do this on their own (Rose, 1939a). The historian Linda Gordon (2007) cites a private memo from Dr. Gamble as evidence that there was never any intention of handing over control to the Black community. Written during the early planning stage of the project, Gamble advocates letting the project appear to be run by Blacks, so they will not be suspicious of the intent (Gordon, 2007, p. 235). Although numerous Black professionals were invited to help promote the project, they were not granted decision-making power (Gordon, 2007; Roberts, 1999).

In their attempts to involve Black members with the advisory board, as well as doctors, nurses, and even journalists, both

Sanger and Rose claimed that they were attempting to ground the project in the Black community. Early in the development of the project, Rose stated in a short note to Dr. Gamble that her goal was not to come into the Negro Project with her own perspectives of the problem, but to try to “clarify their own thinking on the subject” (Rose, 1939b, p. 1). She gives the example of setting up the Negro Advisory Council and acknowledging the sensitivity of the subject and controversy surrounding the program. She was insistent that Planned Parenthood staff convince Black women of the positive motives of the project (Rose, 1939b). In establishing the board for the Negro Project, Rose made it clear that they wanted Blacks alone on the board, and would only place interested Whites in unofficial positions. Arthur D. Wright, who was a White unofficial member and president of the Southern Educational Fund, even suggested that they include mainly Black women on the board, since in his opinion a man would not have a chance of being successful at these efforts in the South (Rose, 1940). Later, in a 1941 report, Rose requested money to hire a Black female journalist to act as a liaison with the Black press and to act as a public information person spreading the word about the program from county to county (Rose, 1941).

Some attempts were made to specifically include middle-class Black women. Mary McLeod Bethune, Chief of the Division of Negro Affairs for the National Youth Administration at the time, stated in an interview with Rose that she was very supportive of Planned Parenthood’s work and the establishment of the Negro Project. Bethune initially accepted a position as a member of the board, but stated later in a letter to Rose that after speaking with her executives and board members, she regretted that she must decline, not because she did not believe in the work, but because she might be “misunderstood.” Rose also reported that Dr. Virginia Alexander declined an offer to serve on the board, although she too stated that she supported the project (Rose, 1940). We do not really know what Bethune meant about being misunderstood, or why Dr. Alexander declined to serve on the board, but because the controversy over birth control in the Black community is something that has been well documented, they may have been concerned about the appearance of being aligned with Planned Parenthood.

Although Du Bois was among those who did agree to serve on the board, several other Black professionals who were asked at first agreed, then later changed their minds. In Rose's summary of field reports on the Negro Project for 1940, she indicates some difficulty getting prominent Blacks to agree to be on the board, particularly women, and states her frustration that many who agreed changed their minds later (Rose, 1940). At least two Black male doctors, Dr. Adams and Dr. Johnson, outright refused the request, claiming their opposition to the project due to the fear that it would decrease the Black population. Rose reported that there existed an ambivalence about birth control in the Black community, as well as suspicions about services designed and implemented by Whites (Rose, 1940).

Some project personnel were conscious of the need to hire more Blacks as staff members. In the Division of Negro Services' reports on the project during the end of 1940, concerted efforts to find grants to hire Black employees were documented (Division of Negro Services, 1940a). In late 1941, Dr. Forrester Washington, a black male social worker and Director of the Atlanta School of Social Work at Atlanta University, sent Rose a list of several hundred Black social workers' names and agreed to send a personal letter to key people in the social work field (Washington, 1941). However, these efforts were directed at hiring employees to carry out the mission of the Negro Project, which had already been established, and not necessarily to assist in planning or leadership of that effort. In Schoen's (2005) scholarship on birth control in the South, she provides evidence that African American professionals consistently asked that birth control campaigns involve the Black community in the planning of such projects. Some members of the Division of Negro Services' National Advisory Council repeatedly called for integrating contraceptive services with medical services, as well as hiring more Blacks to work in these programs, to no avail (Schoen, 2005). For the most part, these requests were ignored, with Planned Parenthood leaders focused on setting up more demonstration clinics following their existing model, involving middle-class Blacks only in a peripheral way, with poverty-class Blacks viewed strictly as recipients of services. As Gordon (2007) has indicated in her analysis, although middle class Blacks were asked to promote the project, White leaders of the Negro Project had difficulty sharing actual leadership.

## The Black Granny Midwife: Indigenous Expert or Obstacle to Success?

Although members of the Negro Project understood the need to reach poor Black women as targets for services at the clinics, the relationship of the project to midwives in the communities served provides an example of its lack of indigenous leadership. Decisions were made by Planned Parenthood administrators to focus on public health clinics, both standing and traveling clinics, as the sites for implementation. In a confidential report summarizing her spring orientation trips, Negro Project personnel Marie B. Schanks (1944b) referred to the fifty midwives working in Madison, Tennessee as a problem to be dealt with, as they remained uncooperative with the project. During her trip to Durham, North Carolina, project personnel told Schanks that they felt very comfortable working with one particular midwife, although they did not indicate why (Schanks, 1944c). Apart from this instance, there were very few examples of the project working successfully with local midwives.

A *LIFE* magazine article from 1940 that introduced and praised the Negro Project illustrates some of the attitudes towards local midwives. The article focused on South Carolina's program, describing how local Black midwives were being trained to do a better job by the White health department personnel working in the project. It included a photograph of a White traveling health department nurse visiting the bedside of a Black mother and her newborn. It was noted that the visiting nurse had to correct the Black midwife, telling her that the infant should not be permitted to sleep with the mother and that the windows should always be shut tightly against the outdoor air ("Birth control," 1940). White public health experts portrayed the Black midwives as in need of constant correction.

The Black midwives of the South, or "granny midwives," as public health officials referred to them, were well respected within their indigenous communities, and were viewed similarly to Black ministers. They were trusted to preserve important cultural traditions, and provide care for pregnant women throughout the entirety of pregnancy and birth. They were more affordable than physicians, and more willing to serve poor rural Black women (Smith, 1994). In Smith's study of the

relationship between White public health nurses and Black midwife grannies in Mississippi, she states that midwives viewed many of the procedures advocated in state-mandated training sessions as going against their own practice wisdom. One particularly egregious mandate for state registration to practice was that they were forbidden to conduct digital examinations of laboring women, which meant that they had no way of knowing how labor was progressing. Public health nurses feared that the grannies would inadvertently cause infection (Smith, 1994).

Some public health officials, after working with granny midwives on training and registration, saw how integral these women were to reproductive health in poor, rural, Black communities. The Mississippi midwives were influential in reducing rates of venereal disease and promoting immunizations for children by educating and bringing citizens in for treatment to the public health clinics. However, despite examples of Black midwife grannies as trusted indigenous health care providers within their own communities, continued regulation and forced retirements meant that by 1948 their numbers across the South were minimal (Smith, 1994).

From the early planning stages, leaders in Planned Parenthood's Negro Project portrayed local Black midwives as obstacles to the success of the project. This played into the assumptions and beliefs about poor Black women, illustrating ways that motherhood for this population was socially constructed. It stands in contrast to the description of midwifery in the South found in the oral history of Willie Ann Lucas (n.d.), which was published in the compilation of narratives by Blacks titled *Remembering Jim Crow: Blacks Tell about Life in the Segregated South* (Chafe, Gavins, & Korstad, 2001). Lucas's descriptions give us some insight into a Black southern midwife practicing in the 1940s. She was a third-generation midwife who received her license from the state of Arkansas in 1945. Lucas described getting some training for her practice, unlike her mother, who practiced in the previous decade and received none. She also described some procedures for sterilizing instruments that were commonly used, and indicated that doctors in rural areas had a collaborative relationship with midwives. The doctors relied on midwives to handle the childbirth and other reproductive needs of poor rural women (who had little money, usually paying in

livestock) except in cases of emergency, when the doctor would be contacted (Lucas, n.d.). Lucas's story illustrates that in some instances doctors and midwives were working together in the South during the 1940s, with midwives being relied upon in rural communities. It also tells us that some medical procedures were being performed by midwives, with an understanding that sterilization of instruments was necessary, and that training was being given by 1945.

Alicia Bonaparte's (2015) study of physicians' medical journal writings that advocated against midwifery (by promoting extensive education and supervision of the Black granny midwife) during the first half of the 20th century, demonstrates their intention to eventually eliminate Black midwives, positioning themselves as the only source of expertise in birthing. Bonaparte (2015) also notes examples of White male physicians in rural South Carolina (a main site for the Negro Project) who did work with granny midwives, understanding their importance in reaching poor, rural, Black women.

Although there were some examples of limited partnerships between White health professionals and Black midwives in the South, in the case of Planned Parenthood's Negro Project, leaders never utilized local midwives in planning or implementation. Black granny midwives were viewed alongside poor rural Black women as part of the population targeted for intervention, because they were also viewed as ignorant of proper birth control and reproductive health.

### Black Women, Poor Women, and Sterilization: Birth Control or Control of Motherhood?

Child spacing through birth control was not the only reproductive service offered to poor women in the South. Sterilization was an accepted method of birth control and was also vulnerable to socially constructed ideals of motherhood in America. In the opening chapter of Johanna Schoen's (2005) book on women's access to birth control and the State's use of practices such as sterilization of poor women and women of color in the South, she states that, "reproductive technologies" could "extend reproductive control to women, or they could be used to control women's reproduction" (Schoen, 2005, p. 3).



Women's access to the tools necessary to control their own reproductive health has always been constrained by those in positions of power. For poor women of all races, and particularly for Black women, the State was heavily involved in reproductive policies. Gender intersected these policies in various ways. If a woman petitioned the state to be sterilized and her husband objected, regardless of the number of children she had, her petition would be denied, and if a woman had a child out of wedlock, particularly if she was Black and poor, she might be labeled feeble-minded and ordered to undergo a forced sterilization (Schoen, 2005). Thus, the concept of sterilization as a legitimate choice for women's reproductive control is complicated and fraught with danger for the most vulnerable women. Instead, assumptions about proper mothers, and the socially constructed aspects of these assumptions that are grounded in race and class status, also contributed to the practice of forced sterilization for some women.

Between 1939 and 1950, the use of sterilization as a method of choice in family planning decision-making was influenced in part by the Eugenics movement and the quest to eliminate or reduce births to those deemed undesirable. Much of the propaganda in favor of sterilization was focused on those who were thought to be feeble-minded, morally degenerate, criminal, or illegitimate. The propaganda claimed that society was not fulfilling its duty by allowing these individuals to reproduce.<sup>1</sup> In a 1939 statement to attendees of a medical conference, a doctor who was an Associate Professor of Pediatrics at the University of Illinois said that he favored sterilization and forced abortions for "unmarried women, those about to be divorced, families that were poor, and for women who came from backgrounds with mental illness or hereditary diseases" (Poncher, 1939, p. 1).

In Planned Parenthood's efforts to advocate for birth control, sterilization as a feasible choice was often included and can be seen in the (somewhat uneasy) relationship between Planned Parenthood and the Association for Voluntary Sterilization (called Birthright during the 1940s). In 1944, Dr. Clarence Gamble, who worked for Planned Parenthood, also served as chairman of the Field Committee for Birthright, initially giving this committee \$15,000 in startup funds.

Although Birthright did receive occasional letters from individuals seeking sterilizations and asking for financial assistance to acquire them (Birthright, 1947a), the financial backers of the organization often joined for dubious reasons. Two quotes from letters that Birthright received from supporters of the organization during 1947 are illustrative. The Commissioner of the State Department of Public Welfare of Mississippi wrote, "If I were Czar of the earth my first official act would be to sterilize every man and woman incapable of bringing into the world children with sound minds and bodies, unable to give his or her children a fair chance in life." Another individual wrote, "It is a frightful thing to think that morons and half-wits go on propagating more of the same all the time. It isn't even reprehensible—it is criminal." (Birthright, 1947b).

During this time in the southern states, the segregation and outright discrimination that were both the impetus for, and the result of, Jim Crow laws, meant that terms such as "half-wit" and "moron" were commonly used as proxies for poor Blacks. Although an emphasis was placed on intelligence tests to classify individuals as "morons," eugenic advocates also used more subjective assessments, resulting in the poor, racial minorities, and recent immigrants being more likely to be labeled as such (O'Brien & Bundy, 2009). The records of the sterilization advocacy group Birthright clearly illustrate that race was a factor in forced sterilizations and in who became classified as degenerate or feeble-minded. However, class was also an important determinant.

In the push for increasing the power of states to implement forced sterilizations, middle-class White women were pitted against poor women. In the 1940s, Birthright frequently targeted middle-class White women's groups for propaganda on the need for sterilization. Women's clubs in the South were supportive of the development of state laws that would allow for sterilization under various circumstances, particularly regarding so-called "mental defects." The Women's Club of Frankfort, Kentucky considered sponsoring a sterilization bill in 1950, working alongside the Mental Hygiene Association of Kentucky and the Kentucky Welfare Association (Butler, 1950).

The reality for poor women and girls was that sterilization was often practiced on them involuntarily. On October 24, 1937,

the *New York Tribune* described a former state representative in Kansas, Kathryn O'Laughlin McCarthy, initiating an investigation into the sterilizations of 62 girls at the State Industrial Home in Beloit, Kansas. She was concerned that many of the parents of these poverty-class girls (the girls were all under the age of 16) protested about the operations, but the facility went ahead with them against parents' wishes ("Sterilization," 1937).

The issue of class also intersected with the common form of consent for poor women and girls at the time, which was presumed consent. In many states, it was routine to send out letters to the last known address for young women who were in the state's care (whether in a reform school, mental hospital, or other institution), and if the parents, guardian, or husband did not respond within a specific timeframe, the state presumed that consent was given. In an examination into why five states had indicated in their records to Birthright that some of their sterilizations during the year 1949 had taken place without written consent, the states were asked to give an accounting of whether verbal consent had occurred, and if not, why. The response from North Carolina's Eugenics Board in Raleigh was that the cases had been heard based on feeble-mindedness or mental illness and that most of the young women were not institutionalized, but had been referred by county welfare superintendents. In the case in the state of Georgia, Jones T. Wright, acting Superintendent of the Gracewood Training School of the State Department of Public Welfare, claimed that in all their state's non-consent cases, the parents failed to file a protest within ten days, so the sterilizations went forward (Birthright, 1950).

Poor women, particularly those who were Black or unmarried, have historically been vulnerable to sterilization without consent (Roberts, 1999). Scholarship on the maternity movement and the intersection of social work during the first half of the twentieth century illustrates that race and class also influenced perceptions of out-of-wedlock pregnancy, leading to stark racial differences in the perspectives of White versus Black motherhood, which only accelerated during the post-WWII period (Kunzel, 1993). If images of proper motherhood, extending from the ideal of a family ethic, portrayed White (married) middle-class women as proper mothers claiming their rights to womanhood, then it is perhaps not surprising that poor,

unwed, or African American women were deemed less valuable as mothers (Abramovitz, 1996).

## The Ideology of the Family Ethic and the Right to Motherhood

Control over reproductive services for poor Black women in the American South overlapped with the concept of a socially constructed ideal of proper motherhood. The separate and unequal spheres these women occupied under Jim Crow policies and practices meant that access to needed services was also extremely limited. As the example of Planned Parenthood's Negro Project and the use of sterilization illustrate, race and class intersected in the provision of services to women regarding reproductive needs that included access to their own choices about motherhood.

The Negro Project was developed at a time when Planned Parenthood was accelerating a shift in focus from a demand for women's rights to the development of professionalism and planning (Gordon, 2007). The organization no longer simply advocated for access to safe, legal birth control, but now maintained a network of professional service providers. With this new emphasis on professionalization, it makes sense that project personnel made concerted efforts to recruit Black middle-class professionals to advertise the project. However, they were never granted ultimate control over decision-making, even when (White) workers in the Negro Project advocated for more local control. During a field visit to Detroit in the spring of 1944, speaking about the demise of the Negro Project, Marie B. Schanks gave her assessment that the only way a similar program could be successful was if it came from the community itself (Schanks, 1944a). She echoed this perspective in her confidential summaries of field visits to various community sites in Alabama and Tennessee, claiming that more localized efforts were needed. Schanks blamed resistance from state-level leaders of Planned Parenthood for the fact that more control was never handed over to the local/county level (Schanks, 1944b).

The race and class of the women being targeted for services within the Negro Project had an impact on whether their access to motherhood was valued, thus shaping the way birth control

programs were designed and implemented for this population. This contributed to the lack of inclusion of granny midwives in the project. Since poor Black women were not seen as having much knowledge about birth control, the rural Black midwives were also not considered as potential contributors to the development of the project. Their indigenous expertise was shaped and embedded within the Black community, but was judged according to the racialized structural inequalities of the Jim Crow South. Racism, classism, and the segregationist policies these systems supported helped to maintain beliefs regarding which women were appropriate targets of intervention, and who had the expertise to intervene.

Even well after the civil rights era, assumptions about valued (vs. non-valued) motherhood following the family ethic that Abramovitz, (1996) theorized still had very real consequences for the treatment of poor Black women. The following quote from Gladys, a Black member of the National Welfare Rights Movement (a movement of poor mothers demanding access to public welfare during the 1960s and 1970s across the United States), illustrates that even well into the 1970s, access and choice were intertwined with race and class. "And the minute I got here ... The stuff that I was using in the South to keep me from getting pregnant, when I got here [Detroit], I couldn't find it! So I got pregnant! But after I had my [third] child, the doctor came in, and he said ... 'Well, I'm going to tell you something, I let myself be allowed to—you can sue me—I tied your tubes.'" (Edmonds-Cady, 2009, pp. 211–212). As Gladys's story illustrates, the (White) doctor saw her as a poor Black welfare mother who already had three children, and decided she shouldn't have any more. He therefore felt entitled to make the choice about her future reproductive abilities without her consent. Gladys, in a Northern city of the 1970s, still had her access to motherhood defined in terms of race and class.

When we fail to properly ground women's lives within an intersectional framework that considers how race and class interlock and influence their gendered experiences, we miss important complex understandings of social phenomena. By examining the ways that social class and racial differences intersected in social service design and delivery for Black women in the South during a time of state-sponsored racial segregation, we can see

that the concept of motherhood was indeed constructed differentially. Race, class, and segregation in the South intersected to influence the kinds of reproductive services available for women and the intent of these services, resulting in differential access to birth control, family planning, and ultimately shaping just who was considered to have the rights to motherhood.

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## Footnotes

<sup>1</sup>For a sample of multiple brochures and pamphlets from this time illustrating these views, see Planned Parenthood Federation of America Collection, Series III, Box 103, folder 8. Sophia Smith Collection, Smith College, Northampton, Massachusetts.