

Passion, politics and pioneers: the fpa at 75

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Background

A revolution took place in the last century which most take for granted today: the development and availability of family planning services. For the past 75 years, **fpa** (Family Planning Association/FPA) has fought for the fundamental right of women and men to good sexual health. In the 1920s and 1930s this meant the ability to limit family size, but has since come to encompass much more than just contraception, and includes sexually transmitted infections (STIs), planning pregnancy and pregnancy choices, including abortion and sexual well-being.

Early beginnings

In 1921, amidst shock and controversy – contraception was considered immoral and would encourage women's infidelity – Marie Stopes opened the first birth control clinic in Britain in London to “meet the crying needs of the poor”. It was called ‘The Mother's Clinic for Constructive Birth Control’. This was 5 years after Margaret Sanger opened her contraception clinic in Brooklyn, New York. Margaret Sanger first coined the phrase ‘birth control’ – defined as ‘the conscious control of the birth rate by means that prevent the conception of human life’.¹ Margaret Sanger and Marie Stopes were the first of many formidable women to be involved in the birth control movement. Both were strong minded, independent and passionate in their views and actions. Sanger was labelled as ‘The Woman Rebel’, a name she took for her monthly newsheet. Stopes was described as “a woman of superabundant vitality and considerable intellectual distinction”. Notably, she was not an easy woman to work with as “she was not disposed to compromise with anybody else's way of doing things”.² Her conviction and strength of character made her both friends and enemies. However, she had two essential qualities of a successful campaigner: a talent for publicity and prophetic zeal.³ Through her work the public silence around birth control changed for ever. Stopes recognised that birth control was the best weapon in the struggle to save women from the bondage of unwanted pregnancies and as a means to offer them freedom, sexual satisfaction and joyful motherhood. The medical profession were outraged – for a woman, also a paleobotanist, to write on medical matters (sex, contraception and parenthood) and to open a clinic and have it run by nurses was unthinkable. (It has taken almost another century to show the value of nurse-led clinics!) The Christian Church considered the primary aim of sexual intercourse within marriage was to produce children. Any artificial interference such as contraception was considered contrary to the laws of God. However, contraception *was* available; male and female barrier methods were known about and used by the higher social classes. Following the opening of the Stopes clinic, The Malthusian League (addressing the need to develop a sustainable population) opened a second London clinic.

Both clinics were primarily concerned with improving the lives of poor women. Neither showed much interest in men. Importantly, their philosophy and aims were to provide model contraceptive services from which public authorities could learn and start to provide within existing maternity and child welfare centres. It took another 50 or more years before the British government really accepted contraception and took full responsibility for the provision of free, comprehensive family planning provision – a long and difficult fight.

From these early beginnings the Family Planning Association (now known as **fpa**) was formed. On 17 July 1930, **fpa**'s parent organisation, The National Birth Control Council (NBCC), was set up, bringing together the independent clinics and campaigners to provide services so “that married people may space or limit their families and thus mitigate the evils of ill health and poverty”. The early pioneers faced continued vigorous opposition from the medical profession, the Church and the government. Volunteers and workers in clinics were regularly abused both in public and in print, but they carried on. Eminent people became involved such as Lady Denman who became the NBCC's first chairman (she was also the Director of the Women's Land Army and the Chairwoman of the National Federation of Women's Institutes). Sir Thomas Horder (later Lord Horder), considered to be one of the greatest of all British practitioners in clinical medicine, became the NBCC's first president. Other distinguished people included Bertrand Russell and H G Wells. Mary Stocks (later Lady Stocks), a former suffragette, stated at the time: “perhaps women who were young when I was young have been privileged to see the triumph of three great causes of special significance to women – women's suffrage, family allowances and family planning. And perhaps women who were young when I was old won't be able to understand the impetus of discontent which drove us to fight for these causes”.⁴ The work of the NBCC extended the provision of birth control clinics and information services and worked to improve legislation and social reforms. Through medical and scientific committees it developed training in contraception, carried out research and provided an independent view to the manufacture and sale of contraceptives.

The work of the NBCC and advocates such as Dr Helena Wright illustrated how important contraception was within medical practice. Work with the NBCC showed Edward Griffiths, a general practitioner, that “the science of contraception possessed immense possibilities for human betterment”. More importantly, Griffiths realised that teaching contraception was not enough and he advocated the need for a universal system of sex education, starting in the home and progressing through all the different stages of development in school, college and university. He also thought everyone should receive premarital instruction and sexual relationship information.⁵ Griffiths went on to found the National Marriage Guidance Council (now known as Relate). Whilst the Protestant Church was greatly influenced by the work of the NBCC, the Catholic Church continued with its unyielding attitude to contraception, which remains to this day.

Children by choice – not chance

In 1931 the NBCC became the National Birth Control Association and then in 1938 the Family Planning

J Fam Plann Reprod Health Care 2005; **31**(3): 179–181

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Association (FPA). This new name was felt to more closely reflect the FPA's work in providing both contraceptive help for women to avoid unwanted pregnancy – 'children by choice – not chance' and advice and treatment for 'involuntary sterility' – to help women have 'wanted children'. It also provided minor gynaecological services and assistance with marriage difficulties.

During the next 40 years the FPA worked closely with local authorities to open clinics and run services in order to 'make family planning respectable'. During this time, government opinion shifted towards the acceptance of birth control for medical reasons. When the National Health Service (NHS) was formed in 1948, no provision was made to provide contraception, and contraception was still not available to unmarried women, but change came with the 1960s and a new era of social reform. The introduction of oral contraception – 'the Pill' – in the 1960s changed the face of sexual health forever. The prescription of drugs as distinct from fitting caps – not seen as 'proper medicine' – and the introduction of new contraceptive methods (injectable methods, intrauterine devices and vasectomy) medicalised family planning and required more formal methods of doctor and nurse training. By the late 1960s, more than 10 000 doctors and nurses had been trained. In 1967, the NHS (Family Planning) Act gave local authorities the power to provide birth control advice, regardless of marital status, on social as well as medical grounds. Four years earlier, with funding from the FPA and the Marie Stopes Foundation, the first Brook Advisory Centre was set up to support young unmarried women. The 1960s and 1970s introduced new laws on homosexuality, divorce and abortion, saw enormous changes in women's liberation and, importantly, the FPA's aim of a free birth control service as part of the NHS was finally achieved. On 1 April 1974, family planning was incorporated into the NHS Reorganisation Act. The FPA was at this time the single, largest organisation outside the NHS to offer a nationwide medical service. *The Sun* newspaper advised that the health service would be overrun with eager applicants: 'Love on the NHS: chaos warning'. *The Daily Telegraph* choked: 'Fury at free contraceptive pill plans' in a leader entitled 'Sex on the State'.⁶

More than just contraception

Between 1974 and 1976, the FPA's clinics were handed to the NHS and, following this, FPA work concentrated on the provision of advice and information, providing non-clinical training and promoting comprehensive sex education. The National Association of Family Planning Doctors (which became the Faculty of Family Planning and Reproductive Health Care) and The National Association of Family Planning Nurses (which became the National Association of Nurses for Contraception and Sexual Health) were established to provide medical training and support in contraception.

The fpa in the 21st century and beyond

Seventy-five years on from the founding of an organisation providing contraceptive services, its work has broadened to sexual health. **fpa**, as it is now known, is the UK's leading sexual health charity working to improve the sexual health and reproductive rights of all people throughout the UK. It provides unique information and helpline services supporting over 100 000 enquiries annually from the public and professionals and produces more than ten million leaflets every year on sexual health. **fpa** resources and accredited training are provided to support medical, health, education and social welfare professionals, and includes work with parents on sex and relationships. **fpa** has contributed to major developments in contraception: the introduction of new methods, wider availability of emergency contraception, and partnership work to develop contraception and sexual health service standards and clinical guidelines. **fpa** media work and its campaigning efforts to influence government health and social policy continue to be vital. There is still much to do, however. There is a need to address the under-funding of contraceptive services and recognise that women and men still do not know about all contraceptive methods or have access to them. We have to acknowledge and understand the gap that exists between knowing about methods *and* using them *and* *do* something about it. We need to address the stigma that surrounds STIs and raise the profile of genitourinary medicine services; acknowledge that unplanned pregnancy, help with pregnancy choices and abortion *are* a major part of fertility control; and stop ignoring the need for services to help with sexual problems. To support professionals delivering services in different settings we require training that addresses clinical skills and knowledge *and* attitudes, values and communication in contraception and sexual health. Most importantly, sexual health services for the future need to be integrated and delivered in a more holistic, accessible and client-centred way.

The **fpa** has always been, and always will be, an organisation intimately involved in women's and men's lives – a committed advocate for improving sexual and reproductive health *for all*.

Statements on funding and competing interests

Funding. None identified.

Competing interests. None identified.

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- 2 Stocks M. Dr Marie Stopes. *Family Planning Quarterly Bulletin* 1959; 7: 2.
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- 6 Brewer K. Making it in the media. Cited in 75 – *A Lifetime Fighting for Sexual Health*. **fpa** Commemorative Report. London, UK: **fpa**, 2005.

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