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## Jacksonville N.O.W. Position Paper on Female Health Services

National Organization for Women. Jacksonville Chapter

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JACKSONVILLE N.O.W.  
Position Paper  
on  
Female Health Services

The Board of Directors and the Committee on Women's Sexual and reproductive health of the Jacksonville N.O.W. Chapter submit the following as a brief survey of our feelings and ideas on this subject.

We believe that a network of small, neighborhood oriented, health care facilities should be made available to all woman and infants in the community. They should be conveniently located and open at hours that will be available to all women (including evenings and Saturdays for working women). If fees are charged, the usual guidelines for poverty should be carefully reexamined and reassessed. Many working people can barely manage to provide for housing, food, and utilities, and therefore avoid seeking medical help (especially preventive care) until they become seriously ill.

In these clinics most of the staff should be female counselors and para-medical personnel who are residents of the neighborhood. A training program should be set up for the workers after determining the needs of each neighborhood. Widely available clinics would be a fortuitous investment for the community. At present less than 15% of the women in America have a yearly Pap smear; the V.D. rate is spiraling to epidemic proportions; many children do not achieve their genetic potential due to little or no prenatal care and the inadequate prenatal nutrition of their mothers; many young women have their lives and educations interrupted by unwanted pregnancies and many families are burdened by more children than they can care for. All of these tragic situations drain the community of dollars spent to patch up the damages, after the fact. The despair and hopelessness of women trapped in circumstances over which they have little control contributes to our mounting social problems.

We would therefore recommend that the following ideas be incorporated in any program relating to the health of women:

- 1 VDRL and gonorrhea cultures with follow-up and treatment for every patient in the program. Also a mass media campaign to educate women about V.D.
- 2 Annual Pap smear and breast exam for all women in the community--widely advertised and encouraged.
- 3 Sickle Cell Anemia screening for all black women and infants. A genetic counseling service should be provided with counselors being indigenous to the community. All black women with a positive Sickle-dex must be fully informed about the increased risk of childbirth, abortion, and taking the pill.
- 4 Termination of pregnancy should be available to all as an alternative to, and back-up for, birth control measures.
- 5 Sterilization should never be used as a coercive measure in poor communities. I.e. "if you don't get your tubes tied you don't get your welfare check." However, voluntary sterilization should be available to anyone without regard to their age or the number of children they have. Counseling as to the medical aspects should be provided.

6. For those women who freely choose to bear a child, there should be available:
- a. advocacy and educational programs about the physical and emotional advantages to mother and child of natural child-birth and breastfeeding.
  - b. counseling about the need for good nutrition from teen years on. Healthy, well-nourished women make healthier, sounder babies.
  - c. High protein supplements should be made available to all pregnant and lactating women and infant children who need them.

7. In light of the present world situation, every woman in the community should be given factual information about the population explosion so that she can make an intelligent decision about how many children she wants to bear. It is no longer enough to be able to "space" the interval between children. The number of children born must be compatible with the life support system of the planet.

8. In planning for parenthood other alternatives to breeding should be made available and encouraged. Information about the alternative of being an adoptive or foster parent, and assistance with the "red tape" should be given to every woman who desires to be a mother.

9. Research must be stepped up to develop a method of birth control that is esthetically pleasing, does not interfere with body chemistry, and is 100% failure free.

10. The semantics of propaganda aimed at women of child-bearing age need to be examined and altered. For example, a couple who have no children is referred to as childless as if they were minus something, when indeed they may have very responsibly decided to forego the "pleasures of parenthood" in order to devote their lives to the service of humanity, and therefore consider themselves "childfree."

11. Women are not inherently stupid or inferior, but several factors prevent them from knowing how to maintain their bodies in good physical condition. In school we teach our children more about how their automobiles function than how their bodies work. Since they can't find out in school, sex education classes and positive attitudes of responsible sexual behavior should be provided, through this health network, for all women who request it.

Doctors and personnel, working with the women of the community, should encourage women to learn more about their bodies and allow them to take an active part in decision-making situations.

America ranks 13th in infant mortality and 12th in maternal mortality in the world. Informed and concerned women working together with their peers could do something about this appalling statistic.

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