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**PUBLIC OPINION AND THE CONTROL
OF
FERTILITY IN LATIN AMERICA**

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The speed with which this situation has come about is as remarkable as its occurrence. In 1960 there was not a single private family planning organization to be found among the 20 Latin American republics, other than one in Mexico with an essentially North American background. By 1967 the only nations without such programs were Nicaragua, Haiti and Bolivia.

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The speed with which this situation has come about is as remarkable as its occurrence. In 1960 there was not a single private family planning organization to be found among the 20 Latin American republics, other than one in Mexico with an essentially North American management. By 1967 the only nations without such programs were Nicaragua, Haiti and Bolivia. In 1955 the first regional Western Hemisphere Conference of the International Planned Parenthood Federation was held in San Juan, Puerto Rico. It was picketed by indignant Puerto Ricans, and the quantity and quality of participants from the Latin American nations was little short of pathetic. Subsequent conferences were held in Jamaica in the late 50's to the accompaniment of wall scribblings saying "Birth control is to kill the Negro," and any genuine Latin American courageous

enough to attend was virtually lionized. But by the time of the Fourth Regional Conference in 1964 things had changed radically. Delegates from 17 Latin American nations attended and they tended to be high quality physicians and government officials. In 1967 the International Planned Parenthood Federation held its first World meeting in a Latin American country. So great was the flow of Latin American participants to Chile that physical and administrative arrangements for the Conference were strained to the breaking point.

While official Planned Parenthood groups were the vanguard of the action, by the mid-60's even more conservative organizations were stirring. In 1965 a conference on population problems was held in Cali, Colombia, sponsored by the American Assembly and the Colombian Association of Medical Schools. Held in a nation generally considered to be among Latin America's most religiously orthodox, sponsored by a profession undistinguished for its liberalism on family planning, and addressed by a leading politician, Alberto Lleras Camargo, the conference constituted a major breakthrough in several respects.

For the first time in history a major Latin American political figure spoke publicly in favor of family planning on his own home territory, and there was nothing ambiguous in what he said. "The problem of our time," said Lleras, "is that we have effectively attacked the causes of death, but have as yet failed to dominate the art of controlling the source of life ... the human solution, the Christian, the

economic and the political solution is birth control, and the sooner the better."⁴

While Lleras was not directly and fully engaged in political life at the time, he was certainly a dominant figure in the Liberal Party of Colombia, and had much more to lose than to gain politically by such statements. Not long after, he was followed by political leaders who took even more direct risks:

The President of the Republic of Chile: "The population explosion is a problem that cannot be evaded. It is necessary not only to study it, but to work out solutions and face up to it with courage. This is a problem affecting not just each family and each country, but all humanity."⁵

The President of the Republic of Costa Rica: "In these times and all over the world, there is a clear awareness that humanity cannot remain indifferent to the extremely serious problem of demographic increase ... the encyclical of Pope Paul VI establishes the bases for state action in family planning."⁶

The President of Colombia: "We cannot fail to adopt very soon a demographic policy because the problem becomes more serious every day."⁷

How has this remarkable change come about, how deep are its roots, and how significant is the change for the future population growth of Latin America?

The Alleged Revolution in Private Opinion following is typical
on Family Planning

One of the most frequently heard explanations for the current Latin American interest in family planning involves the notion of a change in basic culture, from a traditional, rural society oriented toward the extended family to a secular, urban society oriented toward the nuclear family. The supposition is that among the traditional families of Latin America couples in general and males in particular have always desired very large families. Among rural populations these tendencies are assumed to be present still. For example, a paper prepared especially for the OAS Meeting on Population Policies by the Latin American Center on Population and Family (CELAP) refers to a "prepaternal drive.... Apart from the weight that may be assigned to certain traditional features stressed in the literature, such as 'machismo,' religion, and the desire to assure the continuity of one's family name, there is the numerical valuation placed on offspring as a potential labor force and a means of augmenting the meager family income."⁸

Chile's ambassador to the U.S. recently referred to Latin America's rural areas where "the numerous family represents an advantage for the family group and each of its members: free labor, possibilities of additional income; help to the mother in her household chores, and to the father in his tasks; guarantee against high mortality among children; guarantee for the parent's old age; etc."⁹

Or to cite a more popular source, the following is typical of many newspaper feature stories on Latin American population problems: "... the cult of machismo, a Latin intangible and the birthright of any man who speaks a Romance language, Essentially, it's a virility fetish ... when a man is poor, the ultimate way to prove he is still macho is to have children. Begetting them is all that matters. Whether a man can afford to feed them and rear them is irrelevant, since that is the woman's job."¹⁰

Even such a normally sober journalist as James Reston seems to lose control when dealing with the tantalizing concept of machismo, which he defined recently as "the masculine idea that the adult male is a dud unless he produces as many children as Bobby Kennedy." Perhaps concerned that this might encourage too many of his male readers, Reston hastened to explain that the tendency stemmed from the "stubborn vanity and stupidity of the ignorant male in Latin America ... (who is) worse than the baboon and worships the cult of virility long after he has forgotten the cult of Christianity.... The Latin male is not satisfied with love, he must have life--one new life a year, if possible, in order to prove he is good for something."¹¹

The consequences of accepting such theories are not trivial, for the resistance of the baboon to social change and cultural development is well known. If big families are truly desired to prove virility, staff the farm, help with

the kitchen chores and fulfill the "paternal drive," then provision of family planning services would be an obvious waste of effort and resources.

In a recent effort to disprove some of these theories Carmen Miró recently wrote a paper entitled "Some Misconceptions Disproved: A Program of Comparative Fertility Surveys in Latin America."¹² While this paper threw much light on the subject, the surveys she describes unfortunately excluded both the male and the rural population. In only one Latin American culture have these particular groups been adequately sampled--Puerto Rico. There are obvious objections to utilizing Puerto Rico as an example of Latin America since its economic development is in a more advanced stage than that of most Latin American nations. However, we are able to utilize survey data from a more comparable point in Puerto Rico's history, 1947, prior to its major economic takeoff. At that time, over half of Puerto Rico's population lived in "open country areas" and a fifth of its adult males and a quarter of its females had never been to school. Close to two-thirds of the population had less than six years of education. The Puerto Rican woman of completed fertility had borne an average of 5.7 children, and the average mother had had 6.8.¹³ These are figures which would be close to those of many Latin American countries today. In 1947 one of the world's earliest and largest surveys of human fertility was undertaken, a national sample of nearly 6,000 Puerto Rican

households, in which 6,187 males and 7,085 females were interviewed.¹⁴ About 85 percent declared themselves Roman Catholics, and three-quarters of the females and 61 percent of the males said that religion was important to them. Let us see to what extent the males differ from the females in questions of attitude toward fertility and birth control (Table 1).

TABLE 1. ATTITUDES OF PUERTO RICANS TOWARD FERTILITY,
BY SEX, 1947

	Males	Females	Citation	(Hatt) ^a
Median ideal age for male to marry	26.6	26.6	Table 33, p.	49
Median ideal age for woman to marry	20.8	20.9	Table 34, p.	50
Percent whose ideal number of children is three or less	75	80	Table 37, p.	53
Percent of ever-married who regard three or less children as ideal for their daughter	79	82	Table 38, p.	55
Percent believing couples with economic problems have right to limit size of family	68	65	Table 60, p.	79

a. P. K. Hatt, op. cit.

Whether or not one has confidence in the absolute levels expressed, two things are clear. As early as 1947 Puerto Rican attitudes toward age at marriage, ideal number of children, and permissibility of birth control were strikingly in the

direction of low and controlled fertility. Secondly, there was no substantial difference in attitude between the sexes on these issues.

Now let us look at the question of attitude differences between country and city dwellers. To simplify the table we shall show only the extremes--open country, where about 57 percent of the sample resided, and cities of 50,000 and over, where about 17 percent resided (Table 2). While there are substantial differences in education and average expenditures between the country and city dwellers, the differences on attitudes related to fertility are inconsequential: even among the open country dwellers, most people favor small families and family planning.

Nothing in the research I have done in other countries of Latin America would suggest anything substantially different with respect either to differences by sex or by urban rural residence. If this is true it means not only that the private opinions of both urban and rural couples are in favor of moderate sized families, but that it is entirely possible that they have always been so. Perhaps then, the current Latin American demonstration of interest in family planning does not reflect a change in the basic attitudes of individual couples. What has changed may not be private opinion, but public opinion.

TABLE 2. ATTITUDES OF PUERTO RICANS TOWARD FERTILITY, BY RESIDENCE, 1947

	Open country	Cities	Citation (Hatt) ^a
Percent households with monthly expenditures under \$60	59	22	Table 157, p. 193
Percent with six or more years education	20	55	Table 77, p. 104
Percent whose ideal number of children is three or less	73	84	Table 187, p. 219
Percent whose ideal number of children for daughter is three or less	79	86	Table 188, p. 221
Percent believing couples with economic problem has right to limit size of family	63	69	Table 217, p. 248
Percent believing first child should be born "as soon as possible"	57	58	Table 219, p. 251

a. P. K. Hatt, op. cit.

Public Opinion on Population Problems and Family Planning

Prior to the 1960's, neither population problems nor family planning were given much attention in popular or intellectual literature in Latin America. A Cornell student recently went over all academic and intellectual journals contained in the Cornell library originating from Mexico, Argentina, Uruguay, and Brazil between 1950 and 1964. He

found not a single article on population. Partly explaining the phenomenon, Dr. Lleras Camargo referred to the absence of serious public discussion of population problems in the Latin American press as the "great tabu of our time." When, as head of Vision's editorial board, he authorized publication of a major article on the subject in 1964, he believed he was exploding the tabu. "... when he finally released this article and an editorial he had written, he expected the brickbats to start flying from all parts of Latin America."¹⁵

When population was discussed it tended to emphasize the need for Latin American nations to grow rapidly to colonize the frontiers and to bring power and prestige to the nation. Gilberto Loyo, one of Latin America's earliest and most influential demographers, writes that "in 1929 I pointed out the necessity for accelerating Mexico's population growth, which was very slow, as a means of defending us against the expansionist foreign forces which threatened to coerce or buy us...."¹⁶ Even today there are sentiments of "strength through numbers." The editor of El Salvador's El Diario de Hoy believes that Latin America's destiny lies in its population growth and maintains that it needs two billion more inhabitants to reach the optimal level.¹⁷ The Executive Secretary of the Latin American Trade Union Confederation said recently "For us (Latin Americans) there is not a single Latin American too many; on the contrary many millions more are needed. And this should not be viewed as a lyrical expression...."¹⁸

In the absence of good vital statistics and with only a recent

More typical than the pro-natalist attitude has been simple indifference to the problem. Most Latin American intellectuals have felt that the size of Latin American nations was small in relation to those of other continents, and very small indeed in relation to the land area of the Americas. If Holland has no population problem with 370 persons per square kilometer, how could Chile with only 11, or even El Salvador (the most densely populated) with 135? The equation of population problems with the question of population density allowed the topic, if ever brought up, to be rapidly dismissed. Indeed, this point of view is very much alive today, and was recently forcefully advanced by Ambassador Tomić: "Isn't it grotesque to establish a competition between India and Argentina in the reduction of their birth rates? India is an over-populated nation while Argentina is an empty one. It is in fact so empty, comparatively speaking, that if all the population of Latin America plus the total population of Africa (60 nations) would go and live in Argentina, demographic density would still be below that of India today."¹⁹

In the early 60's however, at least two phenomena coincided which forced upon many policy makers the implications of population growth rates, quite apart from the question of density. The first was the results of the 1960 censuses of population, which showed that current rates of growth were approaching three percent in a number of countries. In the absence of good vital statistics and with only a recent

history of good censuses, this fact had not previously been certain. But facts are only variable statements about the real world--what gave these facts significance was a new spirit of optimism concerning national social change and man's ability to effect it through rational efforts. Stimulated by the Kennedy administration and by the concepts embodied in the Alliance for Progress, pushed by a new crop of young, empirically trained intellectuals, and washed by a general wave of responsibility for breaking up the age old structures which maintained poverty, Latin American governments of the early 1960's had begun, many for the first time, to make rational plans for futures of the medium range. As soon as national planning was introduced--whether for education, for agriculture, for health or for labor, the data on population growth changed from the status of facts to that of stark facts. A few examples from a recent document of the Organization of American States should illustrate my point:

Income: During the first six years of the Alliance for Progress, the per capita gain in income of 1.6 percent per year has fallen short of the 2.5 percent goal of the Alliance. "... had the vegetative growth been at the rate of 2 percent instead of the actual 2.8, the Alliance goals for the period would have been virtually achieved."²⁰

Agriculture: "It has been estimated that merely to keep pace with population growth and to raise nutritional standards slightly by 1980, the production of cereal, sugar, and other

carbohydrates would have to be increased by half and that of meats and dairy products should be quadrupled."²¹

Employment: "For Latin America as a whole it is estimated that approximately two million new job opportunities are needed each year to absorb the new entrants into the labor force, and that in the 1970's this figure will rise to almost three million."²²

Housing: "... the annual additional needs resulting from demographic growth and internal migration is probably in the order of 1.5 million units ... by the end of the century it is assumed the population (of slum areas) will have risen from the present 40-odd millions to approximately 150 million."²³

These kinds of considerations have brought about attitude changes even among some of the earlier pro-natalists. Thus, Loyo, whom we have seen as earlier favoring rapid growth for Mexico, now writes, "Up until the present, the rapid population growth of Mexico has not been an obstacle to economic development, but it could be if it continues at current rates. I believe that Mexico's rapid population growth is a fundamental fact which must be taken into account in the planning and execution of economic and social policies."²⁴

However, as will be noted from the above quotation, if the typical attitude of economic planners of the mid-sixties has been one of concern about the implications of population growth, it has also tended toward an implicit acceptance of population growth together with the implication that greater

efforts are needed at (non-demographic) solutions. There are several reasons for this. At a technological level the economists have been very dubious that birth rates can in fact be affected by demographic policies. "Planners have been reluctant to recommend (population) goals" writes an observer of the Caribbean situation. "They have been content to cite the likely resources to be required by various rates of population increase. At times the economic planners have demonstrated doubts about the ability of government action to rapidly reduce birth rates.... Education departments bemoan their inability to provide quantity and quality education for increasing numbers.... Rarely does it occur to them to suggest that one response to increasing numbers would be attempts to control births."²⁵

There is also a simple professional bias among economists and planners, who do not generally feel at ease with non-economic solutions. At one level, they say population is a variable outside of their system, and wash their hands of it. Thus Victor Urquidi has written that, "I am an economist, and I don't believe it is a problem for the economist. A demographic growth rate of 3 percent is a fact. I accept it. This means we simply have to plan the economy taking this fact into account."²⁶ The uneasiness about entering the mysterious portals of human fertility was aptly expressed by a Prime Minister of Jamaica. "I have been a Socialist all my life," he said, "but I think birth control is best left to private enterprise."²⁷

Still current among Latin American economists is a strong current of suspicion of demographers and family planners, based in part on their alleged pessimism and oversimplification of the problem of development. Such erroneous attitudes, they believe, endanger the more important goals of economic development and social change.

Pessimism: "Demographic pessimism" is a historical legacy of the Malthusian thesis concerning population growth and food supply. Negative reaction to this thesis stems from the current optimism in Latin America about the limitless possibilities of development. "The land we inhabit is pure food," writes a Colombian journalist. "We live on an immense papaya, over a gigantic arepa ... with food for a million times more people than we now have, and land for still more."²⁸

Feeling that the adequate utilization of their national and human resources have been prevented by the political and economic exploitation of Spain, the United States, and native oligarchies, they often see the continent as an untouched cornucopia, begging to have its potential riches realized. For members of this school of thought, the most characteristic term of speech is "if only...." "If only we could do this, or get rid of that." Thus, when Victor Urquidi writes about the population problem he translates it into economic terms and then seeks economic solutions. While recognizing the relation of demographic growth to the problem of savings, he reminds us that it "can be mitigated by a policy of redistribution of

expenditures"; when discussing population distribution problems he tells us that "cheaper means of internal transport must not be overlooked"; when dealing with the pressure of rural population he cautions that "there are great resources of agricultural resources and potential productivity which, through regional economic integration, can be utilized for the benefit of the region ... provided that the institutional and social obstacles

"We must not succumb to the 'demographic fatalism' currently found among many writers and institutions," he concludes, "since the interaction of technology and social institutional changes will bring about an increase in the productivity of capital sufficient to overcome the initial population pressures."²⁹

The culmination of the "if--only" economic philosophy is that if only certain ideal conditions were achieved, demographic growth would be a positive factor in development. "The population problem of Latin America is not demographic but economic," writes Remy Freire, "and if all the coffee, cocoa, sugar, bananas and other crops that can be produced by the Latin American farmers could be sold, rapid population increase would represent an additional factor of progress, rather than a negative factor in the competition for fast-declining export earnings that are so important to the economic development of the region...."³⁰

Oversimplification: Many of those Latins who see population growth as causing problems, feel that its role is exaggerated by foreigners, who have a simplistic view of the causes of under-development. Among the developed nations, according to a Colombian newspaper, "birth control can be a primary response to the demographic problem since their economies are saturated ... but for the (underdeveloped) countries in rapid evolution the low level of life is due more to ignorance than to the demographic explosion, and the solution is more economic planning than family planning. Birth control should have a second place."³¹ "Population growth, while one of the most important factors" writes another analyst, "is one among many. The present tendency to attribute economic stagnation to high fertility is not justified ... forgetting the social structure, the low level of education, and the customs of peoples ill adapted to economic development."³²

Dangers of Demographic Solutions

While a certain amount of antagonism to demographic solutions from non-demographers could be anticipated, among many Latin American intellectuals the hostility goes deeper. It is based on the fear that demographic means may replace or jeopardize economic and social ends. Thus, while it may be recognized that a lower birth rate would improve the rate of saving, ease the employment and educational problem, and raise the per capita product, it could do these things without affecting the basic fabric of society. To many Latin Americans

social justice is of equal or greater importance than economic progress. Thus land reform and redistribution of wealth are not only means to economic development, but social ends which could be bypassed by the "panacea" of birth control. "The Malthusian approach to the demographic problem," says one commentator, "may adversely affect the solution of major problems of the region, including land reform, the improvement of export returns, and the full utilization of national resources.... If birth control should be presented as though it were a valid alternative to the badly needed structural reforms, ... (it could cause) irreparable harm to the movement for improving rural structure in Latin America."³³

Another form of this thesis argues that population pressure itself is necessary to effect the desired social reform. To remove the population pressure would be too tantamount therefore to preserving the status quo. Of the two evils most Latins today would prefer the population pressure. Thus, Ambassador Tomic tells us that "the most efficient individual agent for modernization in Latin America is demographic pressure ... what would be the effect of reducing the pressure that demographic growth is exerting on semi-feudal and oligarchical structures of so many nations ... there is a real risk ... in choosing as an alternative for Latin America the reduction of natality and the weakening of the pressure upon obsolete and inefficient social structures."³⁴ Citing an April 1967 editorial in L'Osservatore, a feature story in the

influential Chilean magazine Ercilla concludes with these words: "Nations become vigorous and dynamic ... when they feel capable of accepting a certain tension between the actual level of life and the requirements of the future. Inventiveness is required in order to live under such tension."³⁵ Another variation on this theme suggest that the relentless demands for consumption on the part of a large population would compel the capitalist to "share his wealth." Thus, the influential Peruvian intellectual Senator Luis Alberto Sanchez refers to neo-malthusianism as a "science almost entirely inspired by a sentiment of capitalistic planning.... Who are the people interested in birth control? ...those to whom it is necessary that the status quo remain, that the number of consumers not be increased since they would be participants in sharing the wealth ... thus breaking the monopolies...."³⁶ From here the distance is short to the theory that the United States and other great powers are using population growth as a way of explaining away their own responsibility for the poverty of Latin American nations, and that they utilize birth control as a way of maintaining this power over the underdeveloped nations. "The developed countries, especially the United States," writes a Mexican commentator, "find it suitable to slow down the population growth of Latin America. But in justice, the backwardness of the Latin American peoples has not been due to the generosity or effective cooperation of the United States, but to its commercial exploitation ... its creation of

pollution? What economic, moral, and medical effects would a

internal conflicts ... imposing governments incapable of creating economic development...."³⁷ Just as the capitalist wishes few to share his wealth, so does the rich nation wish to keep its poor dependencies few in number. Echoing Pope Paul, a Chilean review notes that "... the rich nations ... wish to stop the poor from multiplying and taking their place 'at the banquet of life' where, according to Malthus, there is no room for them."³⁸ The Executive Secretary of the Latin American Trade Union Confederation regards it as a "daring geopolitical offensive" against Latin America, requiring a counterattack which would consist of "multiplying our human resources."³⁹

Less sinister, is the suspicion that the United States is financially over-extended and wishes to substitute birth control for economic aid. The suspicions seemed confirmed when President Johnson announced in 1965 that "less than five dollars invested in population control is worth a hundred dollars invested in economic growth." A storm of opposition from Latin America ensued, especially from those convinced they would get the \$5 in birth control instead of the \$95 in economic aid.

As may be gathered from the illustrative materials we have been employing, a public controversy has been raging in Latin America over the following questions: Does Latin America have a population problem? What is the relation of population growth, size and distribution to economic development? What motives does the United States have in encouraging demographic policies? What economic, moral, and medical effects would a

national contraceptive program have? The effects of the controversy have been two-fold: the awakening and educating of public opinion on population problems and birth control; and, the creation of atmospheres more permissive to family planning programs.

That the literate public has been heavily exposed to news on population is made clear from Figure 1, based on the number of clippings which the Cornell International Population Program has received from an international clipping agency. While it makes no pretention at being complete, it gives us a notion of the great volume of news and opinion on population to which the average reader is exposed, and the growth in this volume over the two-year period. It is also important to know that

percent of these articles originated in Latin America, and that percent of the articles mention birth control.

Table 3 shows the results of public opinion surveys of women in six Latin American cities. In the early 1960's the average Latin American city woman, even the one who never finished primary school, was clearly aware of the general growth pattern of her nation. Furthermore, other than in Caracas, the average woman does not believe that rapid national population growth is as desirable as a slow rate of growth. While we lack the data to prove it, we believe that neither this awareness nor negative attitude toward population growth would have existed a decade earlier. These same surveys also show that a moderate-sized family is desired, and that despite

TABLE 3. KNOWLEDGE OF NATIONAL POPULATION GROWTH, AND ATTITUDES TOWARD GROWTH, BY EDUCATION FOR MATED WOMEN, SIX LATIN AMERICAN CITIES, c 1964.

	Percent who believe population is growing rapidly		Percent who believe population should grow rapidly		Number of cases on which percentages are based	
	Less than primary school	Primary school or more	Less than primary school	Primary school or more	Less than primary school	Primary school or more
Bogotá	71	86	27	25	921	901
Buenos Aires	40	47	28	27	562	1134
Caracas	74	88	56	57	977	767
Mexico City	94	98	44	29	979	894
Rio de Janeiro	64	81	22	27	953	1056
San José	87	92	43	33	759	838

Source: Cornell International Population Program tabulations of CELADE survey data.

inadequate knowledge, birth control is generally regarded favorably.⁴⁰ We have suggested earlier that what is new in the situation is not so much an individual preference for the small family and a positive attitude toward birth control, but a public awareness of a national issue, and the knowledge that birth control could be a legitimate human right expedited by the State.

While the public controversy over the population problem and population control has been raging, middle-class women have been adopting the contraceptive pill, and contraceptive services are slowly but increasingly being made available to lower-class women through hospital or clinical facilities; for while the medical doctors have little to say about economic development, population problems, or population control, they have a great deal to say about health, family welfare, and family planning.

The Medical Revolution

The history of the birth control movement in the United States and England shows that the doctors were always cool to, if not downright opposed to, the dispersion of family planning beyond their private practices. The medical profession has always been highly conservative, socially, ethically, and economically, and in the days of family planning's infancy, the subject was ethically questionable, socially dubious and economically impracticable. By the time the issue evolved

in Latin America, however, the Catholic Church had softened its once apparently intransigent position, contraceptive technology had much improved, the topic was publicly discussible and many physicians in the underdeveloped countries felt a greater sense of responsibility toward the nation's health than had been characteristic of Western physicians of earlier decades. Furthermore, the public demand for services was now evident, not only from the number of requests received by doctors, but by the number of illegal abortions undergone by Latin American women determined to slow the pace of their fertility. Essentially the doctors were untroubled by the complex questions of the relation of population growth and economic development. Unlike the economists they not only saw suffering but felt they had the cure--and almost immediately went to work. Indeed, the medical leadership becomes quite impatient at the many meetings in which they must listen to economists. At one recent conference, Dr. Velasquez Palau, Chairman of the Colombian Association of Medical Schools felt compelled to say "during the first five or six meetings of our group the specialists in other fields (Planners, economists, and experts in urban development) were the ones who shrank from facing the need to study the problem. All the recommendations we heard were of an economic nature, and it was assumed that the rate of population growth would fall in line ... perhaps by some miracle ... we physicians are concerned that (women) are earnestly asking for help and looking to our

profession for it. It is not a Catholic problem or a moral problem, or a political problem; it is a health problem."

Dr. Velasquez went on to say that the Colombian programs of family planning "are not for population or birth control per se; they are fundamentally concerned with the protection of the family."⁴¹

The notion that family planning does not imply population control has been most vigorously propounded by the Chilean Ministry of Health, within which the most extensive system of family planning services in Latin America operates. Delegates to the International Planned Parenthood Federation's 1967 Conference in Chile must have been startled at the Conference's opening to hear the Chilean Minister of Health announce that "his government had serious doubts about family planning programs." He said that "raising the standard of living of the poor and educating the ignorant would produce lower birth rates without an organized program of contraception."⁴² Hardly had their ears recovered from this assault when they heard him express "his own doubts about Chile's need to reduce its population growth rate in the interests of social and economic development." As the delegates began to wonder if they were in the right country, they were at least reassured by hearing Dr. Valdrieso say that the ultimate objective of Chile's national family program was "the protection of mothers, children, and the family, aimed chiefly at those groups most exposed to the risks of abortions."⁴³

The delegates' surprise would have been less had they heard a speech a year earlier by the Executive Secretary of Health Ministry's Advisory Committee on Population and the Family. In explaining the rationale of the Ministry's family planning educational program, Dr. Ugarte explained to the zone chiefs of the National Health Service that "inducing families to reduce their size is not a function of this information. It is to attend to those couples who, desiring to limit births resort to abortion."⁴⁴

Despite the medical profession's impatience with the economists, and the economists feeling that the physicians exaggerate the gravity of the problem,⁴⁵ a modus operandi between these groups is gradually emerging. It was seen most clearly at the 1967 Caracas Conference on "Population Policies in Relation to Development in Latin America," sponsored by the Organization of American States, the Pan American Health Organization, the Population Council and the Aspen Institute. The same economists who fought vigorously against any suggestion of birth control for purposes of economic development, would agree amicably to the proposition that Ministries of Health should have family planning programs to improve health and welfare. Indeed, so difficult was it to get the economists to agree on the importance of demographic factors in development, that it took 27 pages of single-spaced type to present the conclusions of the Conference. In order to appease those economists concerned over the possibility that population is the new

smoke screen to hide the big powers' sins, most of the recommendations have nothing to do with population and refer to such matters as market instability, worker training programs, wage policies, agricultural research, and regional development. Other than in the medical area the closest the report comes to grips with dealing with the population problem is in recommending more demographic research and training, and, in one brief but crucial paragraph, recommending that "in their national economic and social development plans the governments take into proper consideration and include ... as variables, not as fixed data ... the factors related to population dynamics and its impact on the achievement of the general and sectoral goals, and also the interrelationships between the growth and changing characteristics of the population and the growth and structural change of the economy."⁴⁶ On the other hand, there was nothing vague about the recommendations in the field of health, and these evoked less controversy than the other recommendations. The Conference recommended that "adequate family planning information and medical services be placed within the reach of persons at all social levels, in accordance with the inalienable right of families to decide on the number and spacing of their children and as a means, among other things, of reducing the rate of induced abortion ... that family planning programs and services be conducted in hospitals, maternity clinics, and health centers, and that they include advice to women who have their deliveries at home, such

programs and services being considered an integral phase of child protection, maternal and infant care, and especially the fight against cancer."⁴⁷ The fact that such health programs could have profound effects on economic and social aspects of national development did not seem a point of major concern, though the question was neatly summarized by the Pan American Health Organization's director in his opening remarks: "The governments, I believe, should decide whether to let population growth follow its natural course; i.e., evolve spontaneously ... or to influence the time and nature of changes in size and structure by enabling families to use whatever procedure they may choose."⁴⁸ Apparently the economists were reluctant to tamper with growth rates for the economy's sake, but willing to do so for the sake of health, accepting, in either case, the consequences for the national economy. Thus, if family planning programs do not have the economists' full hearted support, neither do they have their active opposition if kept within a health context. Since economists are more influential in establishing national priorities and budgets than are physicians, this grudging assent on their part will not be adequate in the long run, but in the short run is all that is needed in order for programs to be initiated. Even a profitable accommodation to U. S. aid in this area may be emerging. Thus, Ambassador Tomić, in the first version of a paper written in 1966 was full of anxiety that President Johnson would give Latin

America \$5 in pills instead of \$95 in aid; by the time of a revision of the paper in October 1967, the Ambassador had the solution: "Not 'one dollar for birth control in order to save \$100 in economic development,' but ... \$101; one hundred for economic development and one for birth control!"⁴⁹

Conclusions

It is questionable that social and economic change in Latin America is occurring with the speed or magnitude necessary to effect "natural" declines of birth rates in the near future. National programs of family planning have a much better chance of doing so. These require a certain level of demand from the public on the one hand, and the efficient organization of a system of supply on the other.

Favorable attitudes of low income couples toward small families and family planning are characteristic findings in virtually every survey done in Latin America, and there is reason to believe that such attitudes are of long standing. What has changed in the past half decade has been the activation of these private opinions through public discussion, and the gradual conversion of the upper classes to the position that population control or family planning is of benefit to the nation as well as to the individual.

As should be clear from the foregoing discussion, the controversy is still raging at a public level, but at the same

time, in most countries the doctors have quietly gone to work in private or public organizations, establishing the research and the pilot clinical and administrative programs which are necessary preliminaries to full scale programs.

In several nations there are politicians who have adopted the issue, usually hoping to gain support by a position unfavorable to birth control. There is as yet no evidence, e.g., from Brazil or Colombia, that any votes have been won by this approach. This fact should give heart to those politicians who believe in family planning but are afraid of the negative political consequences.

As the ex-Governor of Jamaica, Lord Caradon, put it recently: "Why were we so blind? It wasn't only a matter of stupidity. It was also cowardice. We knew that population control was an awkward subject. It was controversial. Worst of all, from a politician's point of view, it was unpopular."⁵⁰

Lord Caradon seems to speak almost nostalgically of a period passed forever into history.

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