1970

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NATIONAL POPULATION PROBLEMS AND
STANDARDIZATION OF
FAMILY SIZE

H. YUAN TIEN†

THE UNITED STATES GOVERNMENT is a newcomer to the
science and art of fertility policy. As late as 1959 the problem
of fertility control was not deemed a matter for official concern. Thus,
the institution of national population programs is a new venture in
which (unlike many other public functions) the federal government
has had, at most, only implicit, indirect, and inconsistent involvement.
At this juncture, therefore, it goes without saying that we still need
to establish unambiguous goals and to sharpen our instruments. What
must be underscored here is the necessity of devising a population
strategy not only with precision but also with an understanding of
the forces in society that can affect the outcome of a nation's demo-
graphic decisions.

In the matter of social policy, a poignant issue is whether or
not there ought to be one set of criteria for dealing with a problem
of general concern. For a large variety of political and sociological
reasons, the choice is often between a formula built on differential
standards and a uniform code of conduct applicable to all citizens. A
nation's population policy is likewise subject to this dilemma. This
issue has acquired an added relevance amid the recent near-avalanche
of prescriptions for coping with the demographic threat. The sug-
gested cures include, for instance, tax discrimination against the
fertile couple, wholesale sterilization via public water systems, and
a standard 2-child family for all. The organizers of this Symposium
have also cogently alluded to this issue in these words: "To whom
should the (national population) policy be aimed?" My remarks are
centered around this aspect of our discussion here; it is my firm belief
that a nation's demographic decisions are self-defeating unless safe-
guards are built into them to offset any possible charges of unequal
distribution of social responsibility. Because of the sociological axiom
of the indivisibility of human reproduction from its familial or con-
jugal setting, and for other reasons to be stated later, attention will
be especially concentrated on the proposed demographic regime based
on society-wide standardization of family size.

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The problem of population has been and still is conceptualized in at least two different ways. At the societal level, the continuing growth of the population at about the present rate is thought to portend an eventual state of horrendous poverty for all. A more forceful variant of this view is that the size of the existing population is already too large; even at the prevailing rate of consumption, the society is inexorably headed for a total depletion of resources. At the level of the individual, the problem is perceived to be one of excess fertility; too many children is considered, in the case of the deprived, as the key factor in their current state of impoverishment. Thus, the aim of a nation’s population programs may be, if not to reduce population size, to at least change the cadence of the reproductive march toward catastrophe or to unlock, as it were, the door to a better future for the poor by means of family limitation.

In actuality, it may well be that both the macro- and micro-demographic purposes are served by the same national population programs. Demographic measures thus may be a double-edged sword that cuts broadly. However, unless handled properly, the point of impact may not be at the appropriate place, or may prove to be not far-reaching enough. The accompanying cries are also likely to be particularly loud among the involuntary recipients of the policy thrust. On the international scene, family planning programs financed by the United States and some other prosperous nations have been characterized, rightly or wrongly, as part of a conspiracy to check the population growth of the poor nations. Within the United States itself there is an equivalent belief, a well-publicized doubt about the benignity and relevance of family planning programs aimed at the poor. The suspicion understandably runs strong in the black community. Of all black families, about 29 per cent were below the poverty level — defined in 1968 in terms of an annual income of less than $3,553 for a nonfarm family of four — as compared to only 8 per cent of all white families. The sources of this doubt are too diverse to discuss at length here. They involve questions about the determinants of poverty in an affluent economy and the disadvantages of numerical disparity in the polity. These and other views of a similar character can be major roadblocks in the formulation and implementation of national population programs.

Mindful of the policy implications of these misgivings and reservations, I am nevertheless persuaded that they do not represent insurmountable problems. In time they can be overcome through education and propaganda coupled with meaningful social reorganization. As a case in point, the many oppositions to fertility limitation on religious
and moral grounds have been considerably reduced by organized and spontaneous events in modern times. Therefore, there would seem to be possible ways of meeting objections to national population programs directed at the poor in general and poor blacks in particular. This is not to imply that the role of large families in the black's plight has been convincingly established. But to dwell upon this point would be to go way beyond the limit of this Symposium. I would acquiesce to either explicit or de facto poor-oriented population programs. Such efforts may, at least, have some ameliorating effect in individual cases.

However, there is the more fundamental question of whether programs of such scope are in fact capable of defeating the fulfillment of the prophecy of demographic doom. To put it differently, what is the macro-demographic salience of national population programs aimed at only the impoverished segments of the population? A curt answer to this question is: "Not much." The blacks' birth rate (about 24.2 per 1,000 in 1968) is well above that of the whites (16.6). In absolute numbers, however, during the last decade or more, live births classified as white have consistently comprised more than 85 per cent of the total live births each year in the United States. In 1968, for example, the number of registered live births is estimated to have been 3,501,564. Of these, 2,912,224 were classified as whites, and 589,340 as "all others." In sum, the impact of a highly successful national program aimed at the poor (i.e., mainly the black poor) would be small in the context of the whole society.

In this larger context, it has been calculated that with the mortality rate of recent years, American women of all extractions need a combined lifetime average of only about 2,130 children ever born per 1,000 women for replacement of their generation. Presumably, this is the basis for the recent advocacy of a standard family size of two children for all. In an age of demographic and social tensions, what is more simple, more charming and more fitting than this "two kids in every home" approach? There are probably only a few demographers who would not welcome the concept of a standard family size, especially at the level of two children. If adhered to by the masses in fertility performance, its therapeutic import would be tremendous in the stabilization of the population.

Conceptual terms similar to standard family size, in fact, abound in both demographic and sociological literature. A short list of these includes ideal family size, desired family size, expected family size,

planned family size, completed family size, actual family size, and average family size. Generally speaking, the last three measures differ from the first four in that they denote actual reproduction rather than preferred or projected fertility. Based on survey data of varied quality, the first four are, at best, stated preferences under assumed or real life circumstances. They are, at worst, sheer conjectures on the part of respondents in structured but ephemeral encounters with hired hands in social research. In either case, they bear a minuscule resemblance to what eventually transpires in real life. To quote William Petersen:

Stated preferences concerning family size undoubtedly relates to actual fertility, but not necessarily closely. In perhaps the best study ever made of the matter, the correlation between the stated preferences and the actual number of children twenty years later was only 0.30, or separately 0.45 for those who did and 0.19 for those who did not plan every pregnancy. . . . According to thirteen public-opinion polls in the United States between 1936 and 1961, the mean family size considered ideal ranged from 2.8 to 3.5 children [men] and from 2.7 to 3.6 [women]. During the depression of the 1930's, World War II, and the years of postwar prosperity, reported shifts were within a range of less than one child. [But] the changes in actual fertility were greater [which] may mean that couples were unable to realize their ideal families, that responses to poll questionnaires merely approximate the actual decisions concerning family size, or that a significant proportion of fertility was not subject to rational control.

Thus, the apparently simple concept of standard family size may serve only to confound further the demographic policy tangle at present. Does it mean that every couple are entitled to have two children? If so, of what sex? If neither of the issue is of the desired gender, what then? If a couple cannot have children of their own, are they entitled to some other couples' children? If more than the stipulated number of births comes to pass in a union, can there be effective sanctions against the parents? What may be suitable outlets for the surplus babies? Assuming that satisfactory solutions to these and other related problems would be formulated, there remains the basic question of whether the application of one family size standard (be it two or some other small number) can, in fact, be reasonable and fair for all segments of the population.


Mention has already been made of the fact that the birth rate is much higher among the blacks than among the whites. The greater black fertility is simply a function of the fact that black women bear more children on the average. The proportion of all black women who have six, seven or more children is known to be high.

Thus, under current demographic circumstances (see Table 1), society-wide standardization of family size at two children would affect blacks earlier in life and more profoundly than whites. Given the fact that only a small portion of the total annual live births are black, the strict enforcement of a two-child family size standard would not only cause havoc for the reproductive structure of the blacks, but serve to divert attention from the numerically more influential source of population expansion. It would also seem superfluous in the face of the finding that blacks with higher education actually have a smaller average family size than white women of comparable educational attainment, and some unmistakable evidence of narrowing fertility differences between blacks and whites. Given also the present political climate, it would be likely to be counterproductive if rigidly implemented in a short span of time.

In answer to the initial question, “To whom should the national population policy be aimed?”, I would now say that it would be better if directed not mainly at the poor or black, but at the affluent whites.

### TABLE 1

**Average Number of Children Ever Born Per Woman, By Race, Age, and Marital Status, for the Non-Institutional Population of the United States, November, 1969.**

<table>
<thead>
<tr>
<th>Age</th>
<th>White All Women</th>
<th>White Ever Married</th>
<th>Black All Women</th>
<th>Black Ever Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>0.1</td>
<td>0.6</td>
<td>0.1</td>
<td>1.2</td>
</tr>
<tr>
<td>20-24</td>
<td>0.7</td>
<td>1.0</td>
<td>1.1</td>
<td>1.7</td>
</tr>
<tr>
<td>25-29</td>
<td>1.8</td>
<td>2.0</td>
<td>2.2</td>
<td>2.7</td>
</tr>
<tr>
<td>30-34</td>
<td>2.6</td>
<td>2.8</td>
<td>3.2</td>
<td>3.6</td>
</tr>
<tr>
<td>35-39</td>
<td>2.9</td>
<td>3.1</td>
<td>3.9</td>
<td>4.1</td>
</tr>
<tr>
<td>40-44</td>
<td>2.9</td>
<td>3.0</td>
<td>3.4</td>
<td>3.6</td>
</tr>
</tbody>
</table>

5. Adapted from Bureau of the Census, Current Population Reports. Id. at 20.


Not only are the affluent whites the principal producers of the bulk of future consumers in American society, but they are also, paradoxically enough, best placed to alter its demographic destiny. As a group, they are far better equipped with both the motivation to control their reproduction and the necessary knowledge of the means to limit procreation.

Moreover, and more importantly, systematic information of a socio-psychological nature that has been accumulated by way of empirical fertility studies mainly concerns white Americans. For numerous methodological and practical reasons, major fertility investigations of nationwide significance (e.g., the Indianapolis Study of the 1940's) during the last two decades have purposefully excluded blacks or been so designed to preclude, perhaps unintentionally, meaningful insights into their fertility behavior. All this points to the fact that the best place to begin family planning programs and on which to concentrate our efforts is the affluent white.

Hope T. Eldridge, a noted demographer, once observed, "Population policy even at its best must be a relative matter and must deal in approximations." Her remarks are an eloquent, albeit an oblique, reminder of the risks of planned efforts to influence demographic patterns and trends. A not inappropriate inference is that the intelligence of a nation's population policy is a function of the existing knowledge of the country's demographic circumstances and other relevant matters. Obviously there is a compelling need to maximize, through research and reflection, the knowledge base of any current or projected population programs. Perhaps, we can now give equal attention to blacks in population research. But, whatever specific steps may immediately be taken to minimize the rate of population multiplication in the country as a whole, it would be cynically unfair if the burden were placed on the segments of the population that have been largely neglected in past fertility investigations.

For more than a decade now, publicly funded family planning services for the poor (again, mainly the black poor and similarly situated minorities) have been in operation in various sections of the United States. Some demographers have recently expressed strong doubt about the utility of this assistance in relation to population control. In reply, the proponents have emphatically argued that "the federal program has been advanced, not for population control, but to improve

health and reduce the impact of poverty and deprivation," and are also fully cognizant of the fact that "the poor and near-poor, who constitute only about one-quarter of the U.S. population, are not the major contributors to the U.S. population growth, despite their higher fertility." Now that the issue of population control itself is being reviewed, perhaps it would be judicious to separate future population control programs from those associated with family planning services specifically tailored to meet the needs of the poor.

Having expressed support earlier in my remarks for the current poor-oriented family planning programs, and having also sought to promote programs aimed at the affluent, I would amend my position somewhat further. I would argue that if the aim of the existing programs is to alleviate poverty and related health hazards, let this goal be pursued with more vigor and with means other than family limitation. One consideration is that the role of family planning in poverty reduction and health protection (which can be achieved by a large variety of social and economic measures) is still a subject of dispute. Thus, lest there be any lingering doubt about the purpose of the existing family planning services, let population control and poverty reduction be clearly divorced from one another in forthcoming recommendations on the management of America's demographic future. Where the objective is to realize zero population growth or near-zero fertility, let future steps, as previously stated, be directed at the major segment of the population which already possesses the requisite motivation and technical competence in fertility control.

However, let me also say that if, for the reasons already stated, blacks were to receive comparatively less attention in national population programs, the existing racial composition of the population would be likely to undergo an important change. Should this prove to be unacceptable, then the dilemma of population numbers will remain as an American dilemma for a long time to come. In a nutshell, population policy and politics are inseparable.

DR. TIEN has given us so much to think about that I have a feeling I should throw away the notes that I had prepared and respond to his paper. Among other things, he told us that the United States government is a newcomer in the science and art of population policy. As a matter of fact, so is every other country in the world. There is at the present time no country in the world that has a population policy in any true sense; that is specific policies in terms of how many people there should be, where they should live, who should migrate, how old they should be and other questions. To our knowledge there is no such thing as a real population policy in any country in the world. Maybe there are behind the Iron Curtain, but even there they seem to vacillate from one time to another. But we do have a population policy, by omission. Dr. Shultz told us about the time when the federal government did not want to know what was happening in a state. The very fact that they kept their eyes and ears closed was a population policy, of course, on their part. Dr. Tien raised the question of possible tax discrimination against fertile couples. At the present time we do have tax discrimination against infertile couples. We have a population policy, but it is not a thought-out one and certainly, in agreement with Dr. Tien, not a good one.

Another point that Dr. Tien has raised concerns the question of standardizing the size of the family — a two-child family. All countries have somewhat standardized family size. I worked in Pakistan where the average family had between six and seven children when it was completed. The family with two children was a rarity, usually something having happened to keep the woman from having another child. While there is some differential such as Dr. Tien described between the blacks and the whites and between other groups, the differentials get very narrow as you go from one part of the world to the other. In Japan, two children is near the mode. Any family that has five or six children in Japan, today is, again, a very unusual thing. Standardization of family size is a culturally developed thing that is, I believe, inevitable and is going to happen in one country after another. I certainly agree, as I am sure everyone else in this room does, that we are against anybody saying "thou shalt have two children and no

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more." I'll quote from the beginning of a pre-publication document from the National Science Foundation which I am involved in at the moment: "We maintain the ethical premise that freedom and knowledge should be extended so that people can act in their own best interest both individually and collectively in society." (To be published as REPORT ON POPULATION POLICY). It seems quite contrary to society's deepest aspirations for the human race to assume, as some do, that its salvation can be accomplished only through coercion. I don't think it is necessary to establish coercion for us to achieve the goals that we aim for. I think we are going to get there; I'm an optimist about that.

The title of this paper, by using the word "population" — POPULATION PROGRAMS AND POLICY — defines the substance of our discussion as being broader in scope than family planning, and both of the previous speakers have alluded to the important differences between a family planning program and a population program. If we were to ask ourselves what is the difference between these two, I would paraphrase Dr. Tien's reference to the micro- and the macro-by saying that there are two questions. One question is "How do you get people to do what is good for them?" and the other question is "How do you get people to do what is good for society?" If you get people to do what is good for them — and we will by-pass for the moment who decides what is good — then that is a family planning program. If you are aiming at trying to get people to do something that is good for society, then you might call that a population program. The two may be mutually supportive and hopefully they would work together in a complementary fashion toward some common goal. But as Dr. Tien said, this isn't necessarily so. Some of you may understand the reference, "What is good for General Motors is good for the country." What may be good for society — population control — is not necessarily satisfactory to all the individuals in that society. For example, Dr. Tien raised the matter of family size. There are some women who just like babies; they like to have them around. After a few years, a woman with a strong maternal feeling begins to miss not having another one. Another family may be wealthy and want to have more children. Another woman wants to keep her man and the way to keep him is to give him more children. Or, a woman remarries and her second husband wants to have a joint family with her. These are specific situations where the overall good may not necessarily coincide with individual satisfaction.

It is not only the number of children which bears directly on population policy, it is also the timing of the children. In addition
to how many there should be, there is the matter of when the births start and how widely they are spaced. If we were to aspire to a demographic goal: that is, a maximum impact on the demography of the nation, we would want all women to delay as long as possible before having their first child and we would like them to wait as long as possible before they have the next. This not only does what is obvious but it postpones the next generation. But this might not be consonant with the personal desires of a family. There are some families that would like to have their children early, have them close together, complete the family, and then let the woman go back to her career after the children are old enough to take care of themselves. She wants to have a life of her own. Demographically, her actions may be detrimental. But from the point of view of her own needs, they are not.

Another point to consider is that if we do what the demographer wants and postpone until later, we may delay the time of the birth of the children until the woman is much older, when there is a greater risk to both mother and child. We seldom do some good without doing some harm. With this postponement, we are adding a bit of jeopardy to the health of the mother and of the potential children.

There is another issue that people don't think about. About 10 percent of the couples in the United States are infertile and unable to have babies that they want. Sub-fertility, which is sometimes complete infertility, increases with age. If a couple on the borderline of sub-fertility postpones conception, they might end up by not having any children.

Dr. Tien raised a number of other questions about the two-child dictum, including the likelihood that the two babies will not always be the desired sex. Well, we'll be able to solve that pretty soon, Dr. Tien. It won't be long before couples will be able to choose the sex of the baby that they want. The interests of a particular family or of groups of families may not meet the demographic needs of the nation. Industry might not like the distribution between males and females and for purposes of warfare a different distribution might be deemed advantageous. Should these considerations be permitted to become determinants? I refer to another one of the possibilities suggested by Dr. Tien about somebody who has more children giving them away to someone else. I had the pleasant experience of living in the Hawaiian Islands where there had been a remarkable system called Hanai in which babies are given away... I won't go into details of this, but it works there very nicely. So we, as sociologists, must look into the
future with an open mind. There are innumerable possibilities that might seem horrendous to us now but may not be too bad and have already been tried in different cultures.

There is the question of the difference between the family planning approach and the approach of the populationists. In about 1967 there was a conference in Latin America on population. I was there and much of a whole week was devoted to a violent argument between those who said that there should be family planning and those who said there should be socio-economic development. It was an either-or situation; neither side would budge. Of course, both things have to be done. They are mutally supportive, not alternatives. Why did those people, intelligent as they were, argue the way they did when the answer was so obvious? They knew the answer. But the protagonists of economic development recognized that they had limited resources and they feared the diversion of these limited energies to family planning as an excuse for not doing what really should be done. I think they have some basis for their fear. Instead of working for agrarian reform or other kinds of social improvement in the Latin American countries, people might just try to induce others to have fewer children and think that they do not have to worry about the more basic things. On the other hand, the family planners were concerned that this all-or-none approach by the economists meant that nothing would be done about family planning. They believe that something can be done now, that we do not have to wait 20 or 30 or 50 years before getting results. Some of us feel this way although we realize that even the most successful family planning program is going to have a time lag before all its effects are felt.

For those who are worried about unemployment problems being increased by uncontrolled population growth or about the load on the colleges of the country, you may have to wait 18 or 20 years before a family planning program can have an effect. If you are concerned about high schools, you will have to wait about 14 years; if you are worried about children entering school, 6 years. The baby boom that occurred in the 1940's, that Dr. Shultz referred to, was visible. Everybody knew that the birth rate had gone way up and that 6 years later there would be a tremendous demand for teachers and for schools. They just sat there and did absolutely nothing about it so that 6 years later we had to put children on double sessions. We see these things happening and yet we disregard them. So there is a lag, whether it's 20 years or 6 years. But for the mother, there is no lag. The effect on her of family planning and contraception is
immediate. We think that we can bring some immediate relief to some and, secondly, we believe that if this lag is going to occur — which it will — the longer you wait to start, the longer it will be before you get results. Why should we wait and why shouldn’t we do something now?

It has been said that although there are health benefits from family planning, they can be better obtained in some other way. Certainly, family planning is not a panacea. It is not going to cure all the health problems and diseases of people. It is not going to cure tuberculosis or prevent cancer if people do not stop smoking cigarettes. Family planning is only one part of health promotion, albeit an important part.

What are some of the ways that family planning can affect health? Young women who have babies at 15, 16 or 17 do so at higher risk to themselves and to their babies. Elderly women, especially those who have had many children, are also at high risk. We would like to help those people to be exposed less to the dangers of hazardous pregnancy. We also know that close spacing of babies means that the mother may not be able to give to the next child the full start which that child deserves; there is a greater likelihood of unfavorable outcome in that child’s survival and health. Certain women who have something go wrong with a pregnancy are prone to have problems of the same kind in subsequent pregnancies. We call them the vulnerable repeaters and we would like to help them with family planning.

Another basis for recommending family planning is an economic one, as has been mentioned — family economics. But this is much more questionable than the health reason. This is one that is open to attack because of the way that it might be perverted by some people. It is true that poor people have poorer vital statistics and that the maternal and infant mortality is greater for poor people and for blacks. But we aren’t going to correct that differential by telling them not to have babies. So we think, and I agree with Dr. Tien, that there is a basic social and economic consideration that contributes to this undesirable situation. Family planning is not the panacea, but it can step into the picture and help.

Another economic argument that is advanced is that certain people are going to be a burden to society. They are on the welfare rolls and we would like to keep the list from increasing. This has even been stated by members of Congress in the last few years where it was specifically said that families with children on the welfare rolls must be given family planning advice. And I’m afraid that there was some feeling in it that welfare is taking too much tax money. I would be the last one to subscribe to that kind of motivation.
Dr. Tien raised a seemingly important issue concerning the charge by the blacks of genocide in the United States. In every country of the world where I go — where most of the people are not black — the same thing exists, but the charges may be against the gringos, the Americans. It is not a racial question there, it becomes an imperialist one. I think there is some basis to the attitude. There are reasons why the first programs of family planning in the United States that used public funds were for black clients. There are people who feel that we ought to do something about the overgrowth of one ethnic group or another. It behooves the rest of us to try to see to it that these kinds of motivations do not dominate our decisions. Decades ago there were strong moral and religious objections to family planning in the United States, not only by Catholic groups, but also by fundamentalist Protestant groups. It is no accident that none of these voices was raised very loudly against family planning programs at that time, but have become louder recently in places where the population focus is not as clear. What we are saying is obvious — that blacks are poor and that poor people should have the same free choice as less poor people in deciding whether they want to practice family planning and determining what the size of their family should be.

There are many ways of expressing this issue. It might be stated somewhat in these terms: Are we willing to postpone direct immediate action for delayed greater effect — to make haste slowly? It is suggested by some that, instead of directly emphasizing family planning now, let us educate people, let us improve their socio-economic level and then the next generation or the second generation after it will have small families.

Nobody can argue with the fact that a smaller family will almost certainly be the outcome under those circumstances. But even if we knew what to do in terms of working for the indirect ultimate rather than the immediate, it is not so easy for us to do it. For example, the most common health problem in the United States today is dental disease — practically everybody has it. Twenty years from now there will be no less dental disease in America than there is today, because all the dentists are busy just filling holes in teeth. If, instead of that, we disregarded all adults with toothaches, wrote them off, and started with our children in the first grade in school, took care of their teeth, then the second grade — and so on — by the end of twelve years we would have a nation with healthier teeth. But we would have to write adults off first. And it is not easy to do that when you have a toothache. In other words, we don't know socially how to postpone
and avoid immediate responsibility in order to look far ahead into the ultimate.

I remember some years ago doing a study in Pittsburgh in which we tried to find out what some of the things were that made women go to the doctor early in pregnancy instead of waiting until the eighth or ninth month. In doing the study, we set up certain hypotheses as to what possible reasons there might be that could make the difference. All of our hypotheses but one proved to be wrong. The only thing that held up significantly depended upon how many years of general schooling the women had. Those who had gone to school longer went to the doctor earlier and those who had less general education — I don't mean health education — went to the doctor later. The most surprising one of our hypotheses that did not turn out was one that said that if a woman has had trouble in pregnancy — lost a child or had some other serious trouble — when she gets pregnant the next time, she is going to go to the doctor earlier and make sure that it doesn't happen again. It didn't make a bit of difference. What I am saying is that people, even on a personal level, do not plan ahead. So what chance do we have of society's being such good forward thinkers and such good forward planners? I am asking therefore that we don't make a sharp either-or dichotomy, but rather recognize that we have two parallel paths that must be followed.

Meanwhile, we are going to work for the future and we want people to be ready. How are we going to get them to behave in this different fashion? Obviously there has to be some kind of personal motivation. I don't think that anything but personal motivation is going to work because, as a society, we do not yet have an established social ethic on the population question. No American couples that I know of are postponing or avoiding a pregnancy because there is starvation in India. There aren't very many American couples who have yet said they are not going to have a third child because it is bad for the country. A few couples have decided to adopt a third child instead of having a third of their own. But these are still rarities. We do not yet have this social ethic. There has to be a personal motivation that is going to determine the behavior of people.

What kind of personal motivation is necessary? I have mentioned two kinds: one of them is health and the other is family welfare. For either one of these to have any meaning, the possibility of improvement — that is, of better health or better family economics — has to be visible. If there is no visible possibility that you can get healthier or that you can get richer or that you can be better off,
then there is no motivation. We have found that these two arguments are almost complete failures in Asia because the family with two children in the village is not eating any better than the family with eight. They are all hungry together. One cannot argue family size limitation as a visible possibility of upward mobility. The same applies to health. When there are many women dying all around, the fact that one more dies in childbirth goes unnoticed. And so I say that we must have something to offer. If we still are going to have the ghetto and deprivation and poor and uneducated people, I don't think that we can succeed by telling them that it is good for them to have fewer children because then everything would be wonderful and rosy.

There is one statistic that has come out recently that is very important and that we ought to mention. I am sure that good demographers, Dr. Tien and others, will be analyzing this and raising questions about it. Dr. Westoff is running the national study on American family fertility that Dr. Shultz referred to and which will be taking place this year. There was also one in 1965 and one in 1960. His most recent data on unwanted children indicates that if all the unwanted children in American families were not born, we would have stabilization of population. We would not have to worry about compelling people to have only two children. I think it is valid to refer to this because whatever figure you receive on unwanted children is a minimal one. It is a gross understatement of the number that are really unwanted; first, obviously, because people don't like to say a thing like that. Secondly, you ask them after the baby was born, and it is pretty hard after you look at this cute little kid to say "I didn't really want him." So we have already reached in the United States — transcending all racial and economic groups — a situation of desire for a standardized family which would solve much of our problems if we gave the wherewithall to these people to practice family planning effectively.

Now I think — and this might be something to provoke you into some questions in the discussion period — there are three approaches to the problem and I recommend all three be developed fully and made available to all: one is contraception, second is sterilization, and third is abortion.

I think I ought to say a word as a physician about the hazards of the pill. This is something we have been hearing about lately. I won't stop and give you a summary of my point of view about the specifics except to admit for purposes of discussion that there is some hazard in taking the pill. I believe that the best knowledge that we
have should be made available fully and honestly. I think that every woman who is facing the question of whether or not she should use the pill should be told the full story as well as it is known and then each individual or couple should decide what price he or she is willing to pay. It should be their decision. Cigarette smokers have made that decision and those who continue seem to have decided that the advantages outweigh the disadvantages.

We have in the pill and some of the newer methods of contraception a tremendous breakthrough in contraception that you all know of but is worth repeating; that is, the huge advantage of dissociation between the sex act and the contraceptive act. This changes the whole complexion of what contraception means to people under certain circumstances. The reason why there is such a fuss, I believe, about the possible hazards of the pill — much greater fuss than is being made about food additives and a good many of the other toxic exposures — is a partial carry-over of moralism. We still think that contraception is optional and we feel that when you face an "optional" choice, there should be less risk than for something that is "essential," such as putting sulfurdioxide in your food. A 20-year old girl who is not married has to decide for herself how "optional" contraception is and then she has to decide what price she wants to pay for it as long as people have given her all the facts. Everything we do is optional. Food really could spoil a little faster if we didn't put as much food additive in it, but we decided that we would rather have more of the preservative and less of the spoiling.

The last point that I would like to make reflects a little bit on the question of coercion. Not only do I not believe in coercion, but I raise another question of how much right we have to put pressure on people. Some of the family planning programs that have been developed, not only in this country but in other countries, have aggressive case-finding built into them. Social workers have used the term "case-finding" for a long time; doctors have used it and now we are case-finding the candidates for family planning, even with doorbell ringing. I just raise the ethical question of how much right we have to go out aggressively trying to find candidates for family planning.

There is another element of that which comes after the woman decides to come to the clinic and has selected her contraceptive method. She is given a re-appointment and if she doesn't keep that appointment, the followup machinery goes to work. How aggressive do we have the right to be in follow-up? To what extent should the decision on family planning be part of the public domain, part of the attitudes and
wishes of people; not only in the first instance but afterwards when they want to continue? These are some questions that have ethical implications, perhaps not always legal ones, but sometimes we pass over them too easily.

Nevertheless, we have a population problem which seems to require some sort of positive governmental action. It was mentioned in passing by one of the panelists that we will have three hundred million people by the year 2,000, which is almost 50 percent over what we now have. Because of the seriousness of this, the government should try to do something aggressively; non-coercive but aggressive. Something that seems to fit in between voluntary and coerced action would be some form of incentive. The plan that I would like to place before you is the establishment, in the United States, of a system of basic family allowances, which has been suggested, in order to make sure that no children would be deprived and no families would suffer. They would be basic family allowances. Over and beyond that, women would get points for not bearing children or for the number of years of their child-bearing potential in which they do not have children. These points would be accumulated by a woman until she is ready for her social security benefits. At that time, she would get an additional premium over what her normal social security allowance would have been.

In India where there is a system of the extended family — if one couple has more children than another couple in the clan, the whole group takes care of all of the children. There isn’t the immediate nuclear-family type of economic incentive for them not to have more children because the group as a whole absorbs the burden. It has been said that the equivalent of that system in the United States would be the Welfare state; that we should have the extended family concept so that we will all take care of the children and some people have gotten sufficiently concerned about that. Well, I am saying that the country as a whole should establish or adopt what I called this afternoon a social ethic on the population issue and try to see if, as a nation, we can do something by means of these extra dollars and points which people will aspire to in their retirement. The question about this that some might well ask is, “If the entire society gives premiums to some, is this not really the equivalent of penalties to others?” In the balance of amounts of money that are given out and the standard of living that accrues, can we really say that nobody will be deprived and that there will only be extras that some will get?