[From Science, May 2, 1969, pp. 522–529]

POPULATION POLICY FOR AMERICANS: IS THE GOVERNMENT BEING MISLED?—POPULATION LIMITATION BY MEANS OF FEDERALLY AIDED BIRTH-CONTROL PROGRAMS FOR THE POOR IS QUESTIONED

(By Judith Blake, Chairman, Department of Demography, University of California, Berkeley)

Pressure on the federal government for "action" to limit population growth in the United States has intensified greatly during the past 10 years, and at present such action is virtually unchallenged as an official national goal. Given the goal, the question of means becomes crucial. Here I first evaluate the particular means being advocated and pursued in public policy, then I present alternative ways of possibly achieving the goal.

The prevailing view as to the best means is remarkably unanimous and abundantly documented. It is set forth in the 17 volumes of congressional hearings so far published on the "population crisis" (1); in "The Growth of U.S. Population," a report by the Committee on Population of the National Academy of Sciences (2); in a statement made by an officer of the Ford Foundation who was asked by the Department of Health, Education, and Welfare to make suggestions (3); and, finally, in the "Report of the President's Committee on Population and Family Planning," which was officially released this past January (4). The essential recommendation throughout is that the government should give highest priority to ghetto-oriented family-planning programs designed to "deliver" birth-control services to the poor and uneducated, among whom, it is claimed, there are at least 5 million women who are "in need" of such federally sponsored birth-control assistance.

By what logic have the proponents of control moved from a concern with population growth to a recommendation favoring highest priority for poverty-oriented birth-control programs? First, they have assumed that fertility is the only component of population growth worthy of government attention. Second, they have taken it for granted that, to reduce fertility, one sponsors birth-control programs ("family planning"). Just why they have made this assumption is not clear, but its logical implication is that population growth is due to births that couples would have preferred to avoid. Furthermore, the reasoning confuses couple control over births with societal control over them (5). Third, the proponents of the new policy have seized on the poor and uneducated as the "target" group for birth-control action because they see this group as the only remaining target for a program of voluntary family planning. The rest of the population is handling its family planning pretty well on its own: over 95 percent of fecund U.S. couples already either use birth-control methods or intend to do so. The poor, on the other hand—at least those who are fecund—have larger families than the advantaged; they not only use birth-control methods less but they use them less effectively. The family-planning movement's notion of "responsible parenthood" carries the implication that family size should be directly, not inversely, related to social and economic advantage, and the poor are seen as constituting the residual slack to be taken up by the movement's efforts. Why are the poor not conforming to the dictates of responsible parenthood? Given the movement's basic assumptions, there are only two answers: the poor are irresponsible, or they have not had the opportunity. Since pressent-day leaders would abhor labeling the poor irresponsible, they have chosen to blame lack of opportunity as the cause. Opportunity has been lacking, in their eyes, either because the poor have not been "educated" in family planning or because they have not been "reached" by family-planning services. In either case, as they see it, the poor have been deprived of their "rights" (2, p. 22; 6). This deprivation has allegedly been due to the prudery and hypocrisy of the affluent, who have overtly tabooed discussion of birth control and dissemination of birth-control materials white, themselves, covertly enjoying the benefits of family planning (7).

So much for the logic underlying recent proposals for controlling population growth in the United States. But what is the evidence on which this argument is based? On what empirical grounds is the government being asked to embark on a high-priority program of providing contraceptive services to the poor? Moreover, what, if any, are some of the important public issues that the sug-

NOTE.—Numbered references at end of article.