

without duplicating, on a welfare basis, functions that might be more efficiently handled in the marketplace.

WOULD THE POLICY HAVE SIDE EFFECTS?

The possible inadvisability of having the government become a direct purveyor of birth-control materials to poverty groups becomes more clear when we consider some of the risks involved in such a course of action.

Even if the goal of reducing family size were completely and widely accepted by the poorer and less well educated sectors of the population, we should not assume that the general public would necessarily view a policy concerned with the means and practice of birth control (in any social group) as it views ordinary medical care—that is, as being morally neutral and obviously “desirable.” Birth control is related to sexual behavior, and, in all viable societies, sexual behavior is regulated by social institutions. It is thus an over-simplification to think that people will be unmindful of what are, for them at least, the moral implications of changes in the conditions under which sexual intercourse is possible, permissible, or likely. An issue such as distribution of pills to teen-age girls runs a collision course with norms about premarital relations for young girls—norms that, in turn, relate to the saliency of marriage and motherhood as a woman’s principal career and to the consequent need for socially created restrictions on free sexual access if an important inducement to marriage is not to be lost. Only if viable careers alternative to marriage existed for women would the lessening of controls over sexual behavior outside of marriage be unrelated to women’s lifetime opportunities, for such opportunities would be independent of the marriage market and, a fortiori, independent of sexual bargaining. But such independence clearly does not exist. Hence, when the government is told that it will be resolving a “medical” problem if it makes birth control pills available to teen-agers, it is being misled into becoming the protagonist in a sociologically based conflict between short-run feminine impulses and long-run feminine interests—a conflict that is expressed both in relations between parents and children and in relations between the sexes. This sociological conflict far transcends the “medical” issue of whether or not birth-control services should be made widely available.

Actually, the issue of sexual morality is only one among many potentially explosive aspects of direct federal involvement in family-planning programs for the poor. Others come readily to mind, such as the possibility that the pill and other physiological methods could have long-run, serious side effects, or that racial organizations could seize on the existence of these programs as a prime example of “genocide.” Eager promoters of the suggested programs tend to brush such problems aside as trivial, but the problems, like the issue of sexual morality, cannot be wished away, for they are quite patently there (9, p. 62). There *are* risks involved in all drug-taking, and it is recognized that many of the specific ones involved in long-term ingestion of the pill may not be discovered for many years. No one today can say that these are less than, equal to, or greater than the normal risks of pregnancy and child-birth. Equally, a class-directed birth control program, whatever its intent, is open to charges of genocide that are difficult to refute. Such a program cannot fail to appear to single out the disadvantaged as the “goat,” all the while implying that the very considerable “planned” fertility of most Americans inexplicably requires no government attention at all.

POPULATION POLICY FOR AMERICANS

It seems clear that the suggested policy of poverty-oriented birth-control programs does not make sense as a welfare measure. It is also true that, as an inhibitor of population growth, it is inconsequential and trivial. It does not touch the principal cause of such growth in the United States—namely, the reproductive behavior of the majority of Americans who, under present conditions, want families of more than three children and thereby generate a growth rate far in excess of that required for population stability. Indeed, for most Americans the “family planning” approach, concentrating as it does on the distribution of contraceptive materials and services, is irrelevant, because they already know about efficient contraception and are already “planning” their families. It is thus apparent that any policy designed to influence repro-