The Technical Assistance Division of Planned Parenthood-World Population

Center for
Family Planning
Program
Development

545 Madison Avenue, New York, N.Y. 10022
(212) 752-2100

March 11, 1969

TO: Bernard Berelson

FROM: Frederick S. Jaffe

RE: Activities Relevant to the Study of Population Policy for the United States

---

This memorandum is responsive to your letter of January 24, seeking ideas on necessary and useful activities relevant to formation of population policy, defined as "legislative measures, administrative programs, and other governmental actions (a) that are designed to alter population trends... or (b) that actually do alter them." My observations will be limited to the United States and to activities which might shed light on the necessity for, desirability of and in some cases, the potential hazards, of the development of an explicit governmental population policy or policies in the United States.

Apart from the abstraction that in the long run, a zero rate of population growth is inevitable, the arguments advanced to justify an explicit U.S. policy now of encouraging a specific universal limit on family size (as distinguished from proposals aimed selectively at welfare recipients and racial groups) center mainly on two propositions:

1) That continued U.S. population growth will inevitably cause a deterioration in the quality of life of this and future generations; this can be described as the ecological position.*

2) That an explicit U.S. policy to encourage or compel smaller family size in the U.S. is necessary to enable our government effectively to encourage or compel developing nations to move in similar directions; this may be termed the international public relations position.

---

*A variant of this position is that the U.S., with some 6 percent of the world's population already uses more than half of the world's non-renewable natural resources, and that population growth here thus effects not only the quality of American life but the opportunity of the developing countries even to attempt to improve their living standards.

The debate thus far (in government, among conservation organizations, in the demographic field, within Planned Parenthood, etc.) has with only a few notable exceptions (e.g. Coale) virtually ignored current actual U.S. fertility behavior and its implications for public policies and programming. It has not seriously grappled with public policies in other areas which may influence the realization of fertility preferences, nor with the predictable political consequences of a major effort to adopt and enforce an anti-natalist U.S. population policy. Nor has it viewed population policy as an element -- but only one -- of a larger field of social planning in which the direct and indirect costs and benefits of each element must be weighed against the direct and indirect costs and benefits of all elements in order to produce a coherent social policy.

Realistic public policies intended to influence actual behavior are rarely adopted in the U.S. only for public relations reasons. Proposition 2 above, therefore, is not likely to become the primary basis for a U.S. population policy, no matter how superficially attractive it may be in argumentation and debate. The decision on a U.S. population policy will ultimately be made on the validity or invalidity of Proposition 1.

Accordingly, at least as regards the United States, I believe that a number of activities must be undertaken as prior and necessary conditions to consideration of whether or not the U.S. should adopt any explicit population policy.

These suggestions are set forth below, more or less in the order required, logically, for prior questions to be answered authoritatively before derivative issues are tackled. The first activities are designed to provide a definitive assessment of the levels of population growth that can be expected from expanding to the maximum current voluntary control mechanisms; these studies would offer an answer to the basic question, "Does the U.S. need an explicit population policy?" If there then will still remain some definable problem of population growth in the U.S. on a best-judgment basis, the second group of studies would attempt to clarify the terms of the discourse over alternative policies by removing the value-laden assumptions which have thus far distorted professional and public thinking. Then, it is proposed that a wide range of public policies in the other areas -- and their underlying theoretical bases -- be examined disinterestedly to determine what impact, if any, they have had on population trends. Finally, the list of potentially effective alternative policies which emerges should be critically assessed in terms of their likely political and social consequences in a stratified society.

I. The Uses and Limits of a Contraceptive Society

The U.S. has achieved near-universal practice of some form of fertility control (including ineffective methods). The argument for a U.S. population policy rests on the expressed preference of U.S. couples for an average ideal family of 3+ children which will result in a rate of growth which is said to be impermissible. (It is important to note that the number wanted is usually less than the number regarded as ideal.) Yet, current

fertility experience appears to go in the opposite direction: the annual fertility rate is now about 85 which, if continued, would result in an average completed family size of about 2.6 children; this is being accomplished in spite of the present state of technology, ranging from relatively efficient-to-inefficient contraceptive techniques and, for all practical purposes, with no legal abortion backup; current fertility therefore includes a sizeable number of unwanted births and conceptions. (Data from the 1965 National Fertility Study yields a minimum estimate of 850,000 unwanted births annually from 1960-65, or 21 percent of all births.* While overall fertility has declined since 1960-65, it seems highly likely that current fertility includes at least a 15 percent incidence of unwanted births. If this is valid, the "wanted" fertility rate currently is between 70-75, which is replacement level, if it continued.)

There are, of course, excellent reasons for caution in projecting future trends based on current fertility experience: the fertility preferences of American couples are not static and vary in response to conditions which are only dimly known. But the same caveat applies even more strongly to extrapolations from the post-World War II pre-pill period (upon which much of the demand for a U.S. population policy is based): these projections appear to have been rather considerably modified by the availability of improved contraceptive techniques since 1960 and the degree to which these methods have contributed to delaying first births and introducing longer intervals between subsequent births. Moreover, the interaction between improved fertility control and fertility preferences are only beginning to be clarified by scholars like Freedman, Westoff and Ryder who have shown that "later equals fewer".**

I imagine that it was data such as these which led Coale last November to state that there seems to be as much reason to believe that the U.S. will shortly be worrying about too few births as about too many.***

Since the U.S. has the resources to make truly efficient contraception truly available to everyone and to complement this with abortion on demand, it could thus provide a test of the uses and limits of voluntary action in solving the population problem.

The following work would appear indicated:

1) A definitive study of the current number of unwanted births in the United States.

2) A definitive study of the current number of illegal abortions in the United States.

3) From 1 and 2, an assessment of the likely rate of growth following the virtual elimination of unwanted pregnancy in a society in which

---

*Jaffe, Frederick S. and Alan F. Guttmacher, "Family Planning Programs in the U.S. Demography (forthcoming).

**Freedman, R.C. Coombs and L. Bumpass, "Stability and Change in Expectations About Family Size - A Longitudinal Study", Demography 1965, V.2; N.B. Ryder & C.F. Westoff, "The Trend of Expected Parity in the U.S. - 1955,1960,1965", Population Index, April-June, 1967.

*** At PPWP's Annual Meeting Symposium.

effective contraception is efficiently distributed to all who want it and abortion is available on demand as a backup measure.

4) Delineation of the necessary and sufficient conditions for achieving such a society:

a) public and private resources: funds, professional cadres, priority.

b) efficient contraceptive technologies.

c) distribution systems.

d) legal, political and institutional changes (and the requirements for inducing them).

e) open questions requiring additional research.

5) Assessment of the political, social economic and cultural consequences of the likely rate of growth indicated in 3, or the benefits against which the costs of achieving a truly contraceptive society (as in 4) could be weighed.

The hypothesis underlying these proposals is that the achievement of a society in which effective contraception is efficiently distributed to all, based on present voluntary norms, would either result in a tolerable rate of growth, or go very far toward achieving it. If this hypothesis is basically confirmed, it would negate the need for an explicit U.S. population policy which goes beyond voluntary norms.

II Clarifying the Terms of the Discourse

The present discourse on population policy is loaded with assumptions, biases and judgments about the causes and determinants of fertility behavior, and these assumptions are imbedded in the very terminology employed. Some of these assumptions go back in the literature for decades and centuries (e.g., Malthus' "population bounty") but have never been subjected to empirical verification. Instead, they have been accepted as conventional wisdom and in turn, tend to impede and distort clarification of the issues involved in assessing alternative policy proposals.

It is proposed, therefore, that certain key terms and assumptions be clarified and subjected to empirical test, to the extent data and research would permit:

1) Are free social services "pro-natalist"?

The idea that provision of free social services has a pro-natalist effect is accepted almost uncritically in the literature and in turn, becomes a major postulate on which alternative proposals are based. Empirical analysis is needed to determine the extent to which this characterization is valid as to outcome (as distinguished from the rhetoric advanced to justify adoption of the particular policy in the first place).

For example, is there any evidence that fertility among comparable classes is higher in countries, states or communities which make the following services available, free, to large numbers of couples than in countries,

states or communities which do not?

Maternal and Child Medical Care
Maternity Leave and Benefits
Child Care Facilities
Compulsory Public Education Through High School
College Education (or scholarships liberally available)

These services of course, have positive benefits to society which go beyond fertility (although some may have a subsequent effect on fertility also — and not in the pro-natalist direction). They appear to be characterized as "pronatalist" only because they do not directly penalize childbearing but there appears to be no evidence that they do indeed encourage fertility, in the United States or elsewhere. In fact, areas and nations providing more free social services appear, on superficial analysis, to have lower fertility, but this may be explained on other grounds (e.g. higher living standards). Nevertheless, the influence or lack of influence of these services on fertility should be established.

2) Economic "incentives" to fertility

A special case of (1) relates to the presumed "incentive" to fertility in such programs as family and children's allowances. These allowances were (and are) legitimated politically as a means of increasing the birth rate, but the only analyses thus far of the actual results yield no support for their presumed pro-natalist effect. Yet, based on the initial justification and the ensuing terminiological/ideological set, many proposals are advanced to reduce, eliminate or block family allowances on fertility grounds.

A definitive empirical study is needed of the fertility outcome of family allowance programs, both to inform the forthcoming U.S. debate on restructuring the welfare system and to shed light on the potential usefulness of economic incentives (and thus disincentives) in shaping fertility trends.

A definitive empirical study is also needed of the specific American variant in this area — namely, the frequent allegation that AFDC mothers have more children in order to increase their monthly allotment. This notion is widely held among influential citizens and policy-makers and is one of the powerful stimulants behind the demand for a U.S. population policy.

III Assessment of the Impact on Population Trends of Other Public Policies

Considering the theoretical importance which is attached to social and economic factors in shaping population trends, it is remarkable how little attention has been paid to the effects on fertility of public policies in areas affecting basic social and economic structure. Only recently, for example, it has been suggested that differential welfare standards are a factor stimulating migration (with little or no empirical evidence).

It would seem useful, therefore, to seek some assessment of the acutal or anticipated effect on population of current policies, such as:

1) Fiscal and Monetary Policy which appears to regard inflation as a concomitant of full employment and thus, to accept relatively high (or at least preventable) unemployment levels as necessary. Yet, more women enter the labor market under conditions of full employment and the relationship between employment of women and lower fertility seems well established. An examination is needed of, in effect, the question: How much inflation could or should we risk to achieve lower fertility? (X% risk of inflation = Y% increase in women's employment = Z% reduction in fertility.)

2) Education Policy; At least two aspects seem worth study:

a) The effect on fertility of policies to encourage higher educational levels for everyone (assuming that the alleged "pro-natalist" effect of free education discussed in II can be reconciled with demographic research showing the inverse relationship of education and fertility); and

b) The effect on fertility of current policies and programs regarding the education of women (for example, to prepare them either for motherhood or labor force participation, earlier or later marriage, etc.), and the likely effects of alternative policies.

3) Manpower Policy -- this is closely related to 1 and 2; the extent to which current policies, ranging from training and apprenticeship requirements to transferability of pension plans, encourage or discourage women to work should be examined. A specific aspect of this analysis would be the extent to which public policy facilitates or discourages the employment of young mothers through provision or denial of child care facilities (assuming again a reconciliation of this program with the alleged "pro-natalist" effects discussed in II).

4) Farm Policy -- The extent to which the governing U.S. farm policy of encouraging the amalgamation of family farms into "agrobusinesses" has contributed to rural-urban migration during the last 20 years should be examined.

5) Welfare Policy -- The extent to which unlivable assistance levels and inadequate medical and social services, coupled with stimatization of recipients, have contributed to higher fertility should be explored.

6) Housing Policy -- To what extent has the policy of encouraging small home ownership and suburban development encouraged higher fertility levels? What would be the likely effects of alternative policies?

7) Economic Theory and Policy -- A special case is the area of economic policy because it is widely believed that population growth is indispensable to economic growth. Whether we like it or not, this is probably the controlling idea in the business community and among many economist, and it is highly unlikely that a population policy aimed at lower rates of growth will be adopted until this concept is replaced. Two approaches are suggested:

a) A study tracing the function — explicit or implicit -- of population growth in the models propounded by economic

theorists historically. The aim of the study should be to answer, in theoretical terms, the question: Among the theories of economic growth in advanced countries which control policy and business decison-making today, is continued population growth an indispensable or dispensable element?

b) Encouragement of work by appropriate economic theorists to develop a substitute for population growth in the current controlling models of economic growth in advanced countries.

The studies outlined above would shed light on the effect on population trends of some existing public policies; identify the interests benefitting from these policies; and hopefully identify some points for intervention to enourage lower fetility without the adoption of an explicit population policy

IV Assessment of the Effectiveness of Population Education In Influencing Fertility Preferences

Expansion of educational activities designed to increase awareness of the population problem has been advocated, both in terms of its intrinsic merits and as part of an overall population policy. Projects should be undertaken to delineate the content, scope and limits of such activities as a guide to programs in the schools and by private groups, and studies should be conducted to test the effectiveness of these programs in actually influencing fertility preferences.

In this area, it seems particularly important to distinguish between education and indoctrination. Whatever may be the merits and effectiveness of a truly educational effort, an indoctrination campaign may well have only negligible effects on fertility values, but may provide unintended support in building a public opinion which seeks legalized compulsory fertility control for selected groups (particularly welfare recipients). The adverse political consequences of such a development on the population and family planning fields, nationally and internationally, could be quite serious.

V Assessment of the Political and Social Consequences of Alternative Population Policies in a Stratified Society

The debate in the United States thus far has proceeded with almost no explicit acknowledgement of the fact that the U.S is an economically and racially stratified society. Yet it is clear that most of the policies proposed as alternatives to family planning cannot be expected to affect all segments of the population equally. The attached table attempts a rough sorting of the principal measures discussed, according to whether their impact would be universal or selective. Clearly policies which are primarily economic in effect -- tax policies, incentives and disincentives -- cannot be expected to have equal influence on the behavior of rich middle-class and low-income families. Other proposals — e.g., compulsory abortion of out-of-

wedlock pregnancies -- can be expected to be applied selectively against those out-of-wedlock pregnancies which are visible, and this has racial overtones. Social stratification thus raises sharply the issue, "Who shall decide whose fertility -- and for whose purposes?"

It seems urgent, therefore, that the policies which emerge as apparently useful from the work proposed in I - IV above be subjected to critical scrutiny in terms of the realities of a class-and race-stratified society. Such an analysis should establish which policies can be administered universally and which can be expected to have a differential impact on various segments of the population. The political consequences of such differentiation should be examined, in an effort to provide working answers to questions such as these:

1) Is it feasible to expect that society will accept policies which curb fertility universally -- or is it more likely that those who are powerful will favor and adopt policies which affect primarily those who have less power or are powerless? Is such differential treatment politically viable?

2) Is it possible to propose and justify universal fertility control policies without reinforcing and legitimating — politically, philosophically and ideologically — the existing body of opinion which, for reasons having little to do with the population problem, already seeks selective compulsory fertility control of welfare recipients and minority groups?

These studies, in my view, would be necessary for a clear answer to the key questions surrounding an explicit population policy in the United States namely:

Do we need one -- and if so, how soon?

Is the anticipated gain worth the likely cost?

PROPOSED MEASURES TO REDUCE FERTILITY, BY UNIVERSALITY OR SELECTIVITY OF IMPACT IN THE U.S.

UNIVERSAL IMPACT	SELECTIVE IMPACT DEPENDING ON SOCIO-ECONOMIC STATUS		Measures Predicated on Existin Motivation to Prevent Unwanted Pregnancy
Social Constraints '	Economic Deterrents/Incentives	Social Controls	
Restructure family: a) Postpone or avoid marriage b) Alter image of ideal family size Compulsory education of children Encourage increased homosexuality Educate for family limitation Fertility control agents in water supply Encourage women to work	Modify tax policies: a) Substantial marriage tax b) Child tax c) Tax married more than single d) Remove parents' tax exemption e) Additional taxes on parents with more than 1 or 2 children in school Reduce/eliminate paid maternity leave or benefits Reduce/eliminate children's or family allowances Bonuses for delayed marriage and greater child-spacing Pensions for women of 45 with less than N children Eliminate Welfare payments after first 2 children Chronic Depression Require women to work and provide few child care facilities Limit/eliminate publicly financed medical care, scholarships, housing, loans and subsidies to families with more than N children	Compulsory abortion of out-of-wedlock pregnancies Compulsory sterilization of all who have two children except for a few who would be allowed three Confine childbearing to only a limited number of adults Stock certificate permits for children Housing Policies: a) Discouragement of private home ownership b) Stop awarding public housing based on family size	Payments to encourage sterilization Payments to encourage contraception Payments to encourage abortion Abortion and sterilization on demand Allow harmless contraceptives to be distributed nonmedically Improve contraceptive technology Make contraception truly available and accessib'e Improve maternal health care, with family planning as a core element

The measures tabulated here are derived primarily from Davis, Science, 11/10/67; Michael Young's remarks at NIH Conference 6/67; L.&A. Day, Too Many Americans; J. Blake in Sheps & Ridley, Public Health & Population Change; and W. Shockley, Speech in Ontario, 12/67.

This is the "Jaffe Memo" from Frederick S. Jaffe (at the time Executive Director of Planned Parenthood's Center for Family Planning Program Development) to Bernard Berelson (President of the Population Council) of March 11, 1969 that is the source of a chart used by opponents of Planned Parenthood to document the supposed aims of that organization. In fact Jaffe was merely cataloging various proposals for population control advocated by others, not Planned Parenthood, which is clear in this original memo where the sources of the proposals are cited (Jaffe Memo Table.jpg). These attributions were left out of the table when it was published in Family Planning Perspectives in October, 1970 ("U.S. Population Growth and Family Planning: A Review of the Literature", by Robin Elliott, Lynn C. Landman, Richard Lincoln and Theodore Tsuoroka), also included here.

Resolution passed by the Population Section of the APHA at
the Annual Meeting, October 19, 1978, in Los Angeles, California

Resolution re: Death of Frederick S. Jaffe

The Population Section of the APHA records its deep sorrow over the untimely passing of Frederick S. Jaffe, President of The Alan Guttmacher Institute. Mr. Jaffe, both through his organization and as an individual, was instrumental in the conceptualization of a national family planning program and in its later development and implementation. The Alan Guttmacher Institute, which he founded, reflects Mr. Jaffe's commitment to the production and use of the requisite research and analyses for making informed decisions about fertility-related services and domestic population policies.

Mr. Jaffe's death is a loss not only to those of us in the population and family planning field but also in the public health arena at large. He worked tirelessly to insure that all people regardless of income, age, race, sex or residence have full access to the reproductive health and social services to which they are entitled.