La aceptación de prácticas de control de fecundidad por una población, depende del grado de tradición a que la sociedad está ligada, de la comodidad con que los métodos pueden ser usados, y de la naturaleza de los medios utilizados para transmitir la información. Dentro de cualquier sociedad hay algunas personas que están más dispuestas que otras a aceptar la idea de planificar la familia. Los más voluntarios son los mejor educados y los que tienen familias grandes. Si a estas parejas se les indica un método fácil, se puede esperar que una proporción sustancial de ellas adopten medidas para planificar la familia, aún siendo rurales y pobres. La mejor estrategia, en términos de rapidez y economía, es suministrar información y servicio sobre planificación de la familia a la parte relativamente pequeña de la población que está dispuesta a aceptarlos, y dejar que los pocos que la adoptan "vendan" la idea a sus vecinos. En otras palabras, el desembolso de grandes sumas de dinero para la persuasión, probabilmente se pierde; simplemente es más eficiente cumplir y facilitar el programa entre las parejas que ya están en favor del control de la fecundidad. Esto requiere: a) proveer información específica sobre métodos contraceptivos, b) suministrar material contraceptivo o servicios de planificación de la familia a precios al alcance del público, y c) establecer una organización para la planificación de la familia que atienda las necesidades del público. Uno de los mayores obstáculos en muchas naciones no es que en general el público sea recalcitrante, sino la timidez y falsa modestia de altos oficiales gubernamentales quienes impiden el lanzamiento de una campaña de divulgación realmente efectiva. Los medios de divulgación públicos pueden ser usados muy efectivamente para prevenir al público sobre la necesidad del control de la fecundidad y hacer sentir a las personas que es socialmente aceptable limitar el tamaño de la familia. El programa de divulgación no necesita ser muy elaborado: se requiere informar a la gente sobre el "qué" (los hechos elementales acerca de la fisiología de la reproducción), el "cómo" (métodos contraceptivos) y el "por qué" (razones porqué deberían adoptarlos). Una vez que esto es hecho con buen gusto, con algún sentido de humor personalizado, en forma entretenida y con certeza de que la práctica es aprobada y deseada por personas correctas y de posición alta a quien la gente admira, es poco lo que puede agregarse en cuanto a información como parte del esfuerzo en favor de la planificación de la familia.

Hay definitivamente un papel útil para la investigación social en el programa de planificación de la familia. Pero probablemente depende menos del descubrimiento de nuevas teorías y principios de motivación, que de la evaluación de la efectividad de esfuerzos planeados para el control de la fecundidad. El factor más importante por sí solo para obtener resultados es iniciar la acción en gran escala: llevar información y servicio a ese sector de la población que está listo para aceptarlos.

I

Just a year and a half ago, I first came into direct professional contact with the world population problem, when the Population Council asked me to see if material from the communication field could be applied to the family planning being developed around the world. All I can do is to summarize where I have come out after 18 months of trying to do the job. For mnemonic purposes I put my tentative conclusions under ten headings, and these ten points are necessarily compressed—perhaps over-compressed and over-simplified.

Our task is to learn how the birth rate in the so-called under-developed areas of the world can be brought down, through voluntary contraceptive actions of the couples involved, by a substantial amount and in a short period of time. Just to indicate order of magnitude, by "substantial amount" and "short time" I mean something like ten points off the birth rate in 5 years or 15 points off in 10 years—say, move from a birth rate of 45 to 35...
in 5 to 7 years. Can that be done? And if so, how? Whatever answer we get from our studies, that answer must be realistically applicable to the society as a whole or to large segments of it. "Realistically applicable" means that the recommended program must be practicable when gauged against the resources in money and in personnel that are available for the task. So we are searching for efficient means and not simply effective ones. Finding out that you can lower the birth rate in a little corner of the society at an expenditure, in money or in personnel, of ten times the amount you would have available to do it across the society as a whole constitutes an advance but is far short of the knowledge we need.

When the problem is put this way, it is hard to think of a greater challenge to social research. What we are up against is nothing less than trying to change the behavior of couples in societies just emerging from a traditional state, where most actions are specified by social custom and cultural arrangements of long standing—behavior requiring sustained action by pairs of people on a matter of the utmost privacy and delicacy, plus the complications provided by one of man's strongest drives, sex.

The array of obstacles to be overcome before achieving success is impressive: illiteracy; ignorance of family planning methods, purposes, and consequences; inertia and apathy, both general and specific; peasant resistance to change; costs to both the society and the individual; dispersal of population; lack of communication between husband and wife, both general and specific; the personalized character of the subject; the desire for children and/or for sons for political, economic, and status reasons; occasional moral, religious, or ideological objections; early marriages and high marriage rates; lack of alternatives available to women; occasional ineffectiveness of the simpler (hence more usable) contraceptive methods that discourages at the outset; lack of trained personnel for action programs; little differential fertility as a lever to start with, that is, few small-family models; lack of an adequate system of distribution of supplies; remote and problematic rewards for successful action; invisibility of social support, deriving from the privacy of the practice. These are some of the salient obstacles that have to be overcome. On the other hand, we can take heart from some favoring factors: pressure from the sheer struggle for subsistence, which gives a motive; governmental support, or at least permissiveness; general social change in a direction favorable to fertility limitation; improved contraceptive methods; and, finally, a widely professed interest in family planning, especially among the high parity couples (though as a leading demographer once reminded me, that finding is based on an abstract answer to an abstract question).

I have found the following statement by Frank Notestein a dramatic way of thinking about the problem of effecting family planning, as against effecting some other health innovations of benefit to the society. "Consider what would happen," he once suggested, "if malaria were as welcome as children—if a majority of young couples felt that they had really justified their existence until they had undergone four or five attacks of malaria, which, moreover, they thoroughly enjoyed; if their fathers, mothers, mothers-in-law, uncles and aunts were constantly urging them to become exposed to the disease as soon as possible; if each new onslaught were welcomed with approbation by the whole community; and if to avoid this attractive disease, each deviant couple had to spray its own home with DDT acquired somewhat furtively."

Now for the ten points I wish to make.

II

1. Three factors.—I've come to think that there are three factors, or clusters of factors, that are involved in the effective spread of family planning. Our job is to learn as much as we can about each of the cells in the matrix that these three