Chapter 10

The Population Debate

On the death of Maurice Pate, the UN Secretary-General U Thant confirmed Dick Heyward as the Acting Executive Director of Unicef until arrangements could be completed for appointing Pate's successor. Conscious of his age and declining health, Pate had already begun to make preparations to stand down and make way for a new director some months before. The US Government, still the organization's largest donor and the most influential member of the Executive Board, had made it clear that it would like another US citizen. Although the formalities demanded that the appointment be made by the UN Secretary-General in consultation with the Executive Board, Pate himself played the key role in choosing the person to follow him.

The candidate he began to court, and to recommend to the small group of people he kept conversant with his plans, was Henry Richardson Labouisse. Labouisse was a Southerner by birth, from a family with French Huguenot forebears; by profession he was a lawyer, and had practised for many years in New York before the second World War. In 1941, he entered the US government service and from that time onwards his life's work was devoted to international affairs, mostly in positions where his strong sense of social responsibility was particularly suited.

In the era of the Marshall Plan, Labouisse worked as an economic minister in the US embassy in Paris, and was heavily involved in the shaping of the new mechanisms for economic co-operation in Europe. His courteous, non-dictatorial style, and his success at negotiation, brought him to the notice of many leading figures on the international circuit. In 1954, at the personal request of Dag Hammarskjold, then UN Secretary-General, Labouisse was released from US government service to head the UN Relief and Works Administration in the Middle East. UNRWA, whose headquarters were in Beirut, was the international body established to handle the human upheavals associated with the creation of Israel, and was then responsible for housing, feeding, clothing and caring for some 900,000 Palestinian refugees.

In 1958, Labouisse returned to the US; his experience now put him in line for a top position within the US Government. But he was a registered Democrat, and while the Eisenhower Administration ran its term, his

prospects were blocked. Instead, he became a consultant to the World Bank and spent part of the next two years in Venezuela as the head of a survey team concerned with economic and social policy.

At the end of 1960 when John F. Kennedy was elected President, the outlook changed. Dean Rusk, soon to be installed as Secretary of State, invited Labouisse to become the head of the International Co-operation Administration in the new government. The ICA was the most prominent among a number of departments administering segments of US foreign aid, and Labouisse accepted. Kennedy wanted a major reorientation of the aid programme, away from explicit associations with the anticommunist effort, towards economic and social objectives more loosely tied to US ideological interests. It was therefore decided to restructure its administration and combine everything labelled as foreign aid in one agency. Labouisse was asked to head a task force to prepare the necessary legislation for Congress, which he accomplished successfully.

The US Agency for International Development (USAID) was created in 1962; but for various political reasons, Labouisse was not invited to become its head. Instead he was offered an ambassadorship. Greece was the country he settled upon, and where he went with enthusiasm.

In November 1964, when Maurice Pate began to sound out his views on becoming his heir apparent, Labouisse was halfway through his third year as US Ambassador in Athens. To begin with, he was somewhat taken by surprise, and unsure at the age of sixty whether he wished to cut short his tour to take up such a demanding position.

Labouisse had first come across Maurice Pate and Unicef in 1954. Shortly after he became head of UNRWA, he had enlisted Unicef's help with relief for children and mothers living in Jordanian border villages where UNWRA's official mandate did not extend. During the following years, Labouisse and Pate maintained their acquaintance, meeting occasionally when Labouisse was visiting New York. His leadership of UNWRA impressed Pate. He was a quiet but effective bargainer for funds, and he was astute in dealing with the web of sensitivities in which any initiative on behalf of Palestinians invariably became enmeshed. Another attribute that attracted Pate was his economic background, which was especially appropriate at a time when Unicef was using every opportunity to claim a place for children's well-being in the conference rooms and planning institutes where development issues were under discussion.

But the essential characteristic which weighed heavily with Pate was Labouisse's quality as a human being, which signalled to him a kindred spirit, the kind of person to whom Pate could comfortably hand over. Whatever the new fashion for talk of investing in children as an economic resource, Unicef was an organization with a heart and an essential humanitarian bias, not only in its mission but in its inherent character. Harry Labouisse was a Southern gentleman, soft-spoken, calm, and statesmanlike.

His career and his personal attributes indicated that he was a man of integrity and compassion.

Labouisse had one other admirable asset. His second wife—his first wife had died tragically in 1945—was Eve Curie, daughter of the world-famous discoverers of radium. Eve Curie-Labouisse was a dynamic woman who had given up her own writing career to devote herself to her husband's. Maurice Pate had lived alone for most of the years he headed Unicef. But after his Polish first wife died in Warsaw in 1961, he had married Martha Lucas, ex-President of Sweetbriar College, Virginia. She had been a forceful support in his final years, and the attribute of a first-class woman at his side no doubt seemed to him a great advantage for the Executive Director of Unicef.

In December 1964, Labouisse visited New York to discuss the possibility of his directorship with Pate and Heyward, Zena Harman, the current Chairman of Unicef's Executive Board, and U Thant. He also sounded out Paul Hoffman, Managing Director of the UN Special Fund, as well as Dean Rusk and other friends and contacts in Washington. In January 1965, Labouisse informed U Thant and Pate that he would accept the appointment if it was approved by the Executive Board, but that he would not be ready to take over until September. After the death of Pate later that month, Zena Harman visited Labouisse in Athens to express in person the Board's enthusiasm for his candidature, and try to persuade him to take up his appointment at an earlier date. He agreed to take over in June 1965, at the time of the annual session of the Executive Board.

The session was conducted essentially by Heyward. In the wake of Pate's death, still less than six months before, it was a sober and mostly uneventful session. Issues which might arouse controversy were handled *sotto voce* or put on hold, out of deference to Pate's memory, to Labouisse's début, and to Heyward's interim position as Acting Executive Director. On 14 June 1965, Labouisse addressed the Board delegates for the first time, explaining that he was 'somewhat out of breath' as a result of the speed with which events had unfolded. He had literally relinquished his ambassadorship only a few days previously. He also knew how hard it would be to follow in the footsteps of Maurice Pate, whose leadership over so many years had accomplished 'a sort of miracle, reflected by the outstanding record of Unicef and by its reputation in the world'.

Labouisse was not more than a few months into the process of taking over full control of his new responsibilities when that 'outstanding record' was recognized by the Nobel Committee in Oslo. On a dark, snow-bound December day Harry Labouisse led a strong Unicef contingent to collect the 1965 Nobel Peace Prize. With him were Zena Harman, Chairman of the Executive Board; Professor Robert Debré, delegate of France; Adelaide Sinclair, Deputy Executive Director for Programmes; Georges Sicault, Director of Unicef in Europe; Hans Conzett, Chairman of the Swiss Com-

mitee for Unicef and delegate of Switzerland to the Executive Board; Helenka Pantaleoni, Chairman of the US Committee. Danny Kaye, Mr Unicef himself also attended while there for a Norwegian artists' gala for Unicef. On 10 December, in the Aula Hall at Oslo University in the presence of King Haakon, Labouisse stepped forward to receive the Nobel Peace Medal and Diploma from Gunnar Jahn, Chairman of the Nobel Committee of the Norwegian Parliament. The following day, coincidentally the nineteenth anniversary of Unicef's founding by the General Assembly, Zena Harman delivered the Nobel lecture at the Nobel Institute.

In Labouisse's speech of acceptance, he paid tribute to Maurice Pate as Unicef's architect and builder and as a great practical idealist, adding: 'We miss him poignantly in Oslo today'. The moment synthesized the record of everything Pate had stood for and everything Unicef had become. Labouisse spoke with eloquent sincerity: 'To me, the most important meaning of this Nobel award is the solemn recognition that the welfare of today's children is inseparably linked with the peace of tomorrow's world. Their sufferings and privations do not ennoble: they frustrate and embitter. The longer the world tolerates the slow war of attrition which poverty and ignorance now wage against 800 million children in the developing countries, the more likely it becomes that our hope for lasting peace will be the ultimate casualty . . .

'We accept the Nobel Prize for Peace with humility, knowing how little we are able to do and how immense are the needs . . .

'To all of us the prize will be a wonderful incentive to greater efforts, in the name of peace. You have given us new strength. You have reinforced our profound belief that, each time Unicef contributes, however modestly, to giving today's children a chance to grow into useful and happier citizens, it contributes to removing some of the seeds of world tension and future conflict.'

These words came to symbolize the most significant features of Labouisse's tenure at the head of Unicef in the political and economic turmoils of the first and second development decades.

During the mid-1960s, a new menace began to blight the prospects of social and economic development in the Third World. From this time, the analysis of population trends began to take on the character of an international *cause célèbre*, etching in the public mind images of overpopulation which pervaded contemporary thinking.

During the years following the second World War, dramatic declines in the death rates in many developing countries, unaccompanied by declines in their birth rates, played havoc with the traditional rules of demography. The lack of population data from such countries meant that the economic and scientific community took some time to absorb the full dimensions of

what was going on. When it finally began to penetrate in the early 1960s, a heated search for explanations and responses began.

The onslaught against epidemic disease was held to be mainly responsible, especially the antimalaria campaigns whose effects in some countries were quite spectacular: in Ceylon between 1945 and 1960, for example, the death rate from malaria dropped from 1310 per million to zero and, as a result, the country's overall death rate dropped from twenty-two to eight per 1000. But other less tangible factors—political stability, economic prosperity, the expansion of communications which made possible the relief of famine—also played important parts in chasing mortality rates downwards.

The balance between these various factors has ever since been a subject of controversy; but its effect on the new nations' demographic profiles was undisputed and without historical precedent. A population growth rate of two-and-a-half per cent per year might sound harmless, but its effect over a short period was startling. Firstly, the population became younger, with as many as half a country's citizens under the age of fifteen. Secondly, the speed of growth was exponential: fifty per cent more citizens in sixteen years, double the number in twenty-five. The kind of increase which had taken three centuries to come about in Europe was taking place in parts of Africa, Asia and Latin America within fifty to seventy-five years, including in some of the most populous countries on earth.

In Europe and North America, declining death rates had been invariably accompanied by rising prosperity. The effects of improvements in living standards were mirrored in the increasing value, as well as cost, attached to individual children, and in corresponding drops in the birth rates. Since the rate of natural increase in the population was relatively low, national governments did not feel any need to take account of Malthusian prophecies; policies for curbing procreation were unknown and, to all intents and purposes, unimaginable.

Until the middle of the twentieth century, most governments concerned with the size of their populations were interested in increasing them. Such population policies as existed—and many Western countries adopted them, explicitly or implicitly—were designed to bolster the birth rate by offering family allowances and banning contraception and abortion. National might and national virility demanded a high birth rate: a large population was traditionally regarded as a crude indication of importance in the league table of nation states.

In some of the new members of that league, particularly in Africa where populations were mostly small relative to their land area, and where people took it for granted that a high proportion of their children would not survive, having large families was the preferred policy both from a family's and a nation's point of view. As late as the early 1960s, these ideas were still endorsed by some respectable theorists who continued to assume that

population increase was a help to the development process. But an entirely new combination of historical and demographic forces was beginning to operate, and what had been through the ages a problem of how to replenish the human stock was turning into its inverse reflection. A planet bursting at the seams with people appeared a real and frightening prospect.

The first large and populous country to wake up to the effects of its internal demographic revolution was India. As political leaders and economists mixed the ingredients for Five-Year Plans, trying to chart the country's future goals, needs and resources in a scientific and integrated fashion, population growth no longer appeared on the credit side of national wealth and vigour, but firmly in the debit column. By 1965, India's population had risen to 435 million from 300 million in 1935; every year, the population was increasing by around twelve million, or 2·3 per cent, a rate which meant that there would be close to 900 million Indian citizens by 1990. Accordingly, requirements for schools, health facilities, jobs, housing, water supplies, sanitation, and improvements in diet and quality of life were multiplying at rates which threatened to swamp all efforts for national social and economic advance. Thanks to its accelerated pace, population growth had become incompatible with successful development. No longer, almost by natural order, did it keep in step with rising prosperity.

Some of the countries of Asia where population growth was beginning to cause alarm were already densely peopled. Crowdedness in the cities and their unhygienic slums was a mushrooming public health hazard, and the lack of proper sanitation and housing a blot on the national image. But if the wretched conditions in which so many people on the lower rungs of society's ladder were obliged to live already constituted a development nightmare, how much worse would the situation become if unprecedentedly high rates of population growth were allowed to go unchecked? At its crudest, the argument in favour of population control was stark, the image the one that Malthus had conjured so presciently more than a century before: countries already hard put to feed their people could anticipate famine and mass starvation if numbers continued to grow at such a rate. As more attention began to be fosussed on the problem, the spectacle of Mankind increasing his offspring at such a pace as to devour his supply of non-renewable resources within a few generations, destroying the fragile environmental equilibrium sustaining a liveable human society, began to grip the public imagination. The Freedom from Hunger Campaign had done a great deal to make more people aware of the problems of low agricultural production and food shortage in the poor countries; now the image of too many mouths to feed was given new drama and poignancy by the demographers' rising tide of numbers. There was a population 'crisis'; a population 'explosion', a population 'time bomb'.

The fall in the death rate would be followed by a decline in the birth rate.

Such was the proven experience; and disease campaigns and other life-saving, health-giving measures were hastening the day. But not, it seemed, fast enough.

The experience of the industrialized countries suggested that the transition was likely to take a generation or more. In circumstances of demographic 'explosion', the process of development would begin to lag further and further behind. The pace at which the social architecture—jobs, health facilities, schools—could be built would never catch up with the numbers of people needing them; meanwhile, those resources which could be used for social investment might well be drained away by the pressure of indigence, the bottomless pit of want.

These calculations encouraged national leaders to try and identify ways of hastening the process along. The most obvious way was to raise people's income, the most guaranteeable precondition of a change in fertility behaviour; but raising the income of the poor was itself the object of the development process being threatened by population growth. As with other issues related to family health and food supply, the challenge was to help overcome a high birth rate as a typical manifestation of poverty without having first to resolve the poverty itself. In the age of the modern technological breakthrough, it was natural to turn to the contraceptive device as the mass therapy for mankind's over-indulgence in reproduction.

Since the early years of the twentieth century, and before, much pioneering work had been done by private individuals and philanthropic organizations to spread information about techniques of birth control. Since time immemorial, just as society had evolved beliefs, behaviour patterns, and taboos designed to support high fertility, it had also adopted means of dealing with unwanted pregnancies and births. Much of the humanitarian effort devoted to birth control had been undertaken in an effort to replace abortion, infanticide and child abandonment with more acceptable techniques. Early campaigners on behalf of women's rights claimed as fundamental the right of a woman to control her own fertility and avoid the servitude and risks of almost uninterrupted pregnancy and childbirth from puberty to menopause.

The first devices to prevent conception were actually introduced into European society in the eighteenth and nineteenth centuries by reputation-conscious madams, anxious to avoid the charge that their premises were the source of widespread venereal infection. Although many respectable people were at first unwilling to use mechanisms associated with prostitution, public health did at least require that the technology develop and improve, and it gradually came more widely into use by parents who wanted to make choices about the size and spacing of families without resorting to sexual abstinence.

The campaigners who extolled the virtues of the contraceptive device as a means of planning family size excited the opprobrium of Roman Catholic

theologians, as well as opposition from other Christians and religious believers who objected to the idea of tampering artificially with the sacred process of creating new life in the womb. Here was an issue so inextricable from long-rooted patterns of social and cultural behaviour, as well as from fundamental conviction, that it inspired great passion and emotion. But none of this originally had anything to do with population growth, a subject which until the 1950s was quite unconnected with women's rights or public health, and was the exclusive preserve of demographers and statisticians.

Once development prospects began to be perceived as linked to, and even determined by, the phenomenon of a population 'crisis', attitudes about family planning began to change. The idea of limiting a woman's chances of pregnancy had been current long before the widespread use of contraceptives; but in many people's minds family planning and contraception became interchangeable terms. To consider either or both, parents had to want to limit the size of their families, or space the intervals between births. By this time, it was so taken for granted in most industrialized societies that this was a universally desirable object that little serious attention was paid to whether or not Third World people would see the matter in the same light. Mechanistic means of achieving results were for some time the predominant concern of those anxious to control the developing world's rate of population growth. Their strategy was to spread the doctrine of family planning and distribute contraceptives to its adherents.

Thus became identified the social and economic policy makers' interests with those of the public health and women's rights protagonists. The condom, the diaphragm, the spermicide—superceded by the pill, the loop, and sterilization—were promoted from the quiet seclusion of the personal closet to an altogether grander and more public role as instruments of social and economic design. What had previously been regarded as a matter only for an individual's or couple's private consideration, having little or nothing to do with the rest of the community, society or nation, now became a matter on which public figures pronounced and certain governments propagandized. To many, both secular and religious, in societies all over the world, this change was profoundly shocking. The two originally quite separate concepts of birth control and population policy were talked of as if they were synonymous, a confusion which served to exacerbate the skein of controversies which now surrounded not only the use of artificial methods of impeding conception, but with the causes and dimensions of the population problem, and with the idea that Third World countries should adopt policies which to some sounded like national castration.

Every political, religious, national and cultural group had a position for or against an overt policy of fertility restraint. Accusations of racial engineering were hurled from those in the developing world who pointed out that no Western country had ever introduced a government programme for reducing the birth rate. Socialist opinion, while advocating the right of

women to a choice about childbearing, was suspicious of support for birth control programmes designed to reduce the numbers of the poor. Family planning, it was suggested, seemed to be Capitalism's latest ploy for solving problems by means other than the redistribution of wealth and the dismantling of the class society. Most vehement in its opposition was the Roman Catholic Church. Countries with predominantly Catholic populations, which included all of Latin America and, in Asia, the Philippines, might well accept that population growth was a serious problem; but they were at the same time scandalized by the policies of countries which advocated family planning *pro bono publico*, and which even paid for contraceptives and sterilization from the public purse.

Given the sensitivities the subject aroused, it was not surprising—though many found it inexcusable—that the organizations involved in international co-operation entered the debate relatively late, and only with great reluctance. Within the UN system, B. R. Sen, Director-General of FAO, pushing ahead with the Freedom from Hunger Campaign in the face of declining food production all over the developing world, was willing to draw the inevitable conclusion, and publicly suggest that it was not possible to go on repudiating family planning.

Within the UN itself, the Bureau for Social Affairs, whose demographers played a dispassionate role in analyzing the causes and consequences of population growth, was constantly trying behind the scenes to push both Unicef and WHO in the family planning direction. WHO was unwilling to take premature decisions about the safety of pills and intra-uterine devices, and tried to keep out of the controversy by remaining immersed in medical enquiry about the health effects of family planning techniques. Unicef, which had to consider the issue only within the context of mothers' and children's health, did not wish to run ahead of WHO, whose endorsement of any policy it adopted in the field of health was essential.

By the middle of the 1960s, the moment had come when the debate could no longer be postponed, either within Unicef or within the rest of the UN system. India and Pakistan had both made it clear that they would welcome assistance with their national family planning programmes. Here were the test cases for Unicef: the Executive Board could not make a decision about these specific requests without arriving at a view on family planning as a whole. In June 1965, Labouisse's first Executive Board session, the decision about whether or not to provide family planning assistance to India and Pakistan was deferred until 1966. Unicef's secretariat had a year in which to reflect, consult and put together its considered view on what the policy ought to be.

One delegation to Unicef's Executive Board had been raising the twin issues of population control and family planning for several years: the

Swedish. When they first brought these issues up in 1959, Unicef's literature was already beginning to reflect the economists' growing concern with population statistics, drawing attention to the ominous increase in the numbers of children in need, compared with the increase in the food supply. However, the reaction of the Swedish delegate, who intimated out loud and in public that this laid a responsibility on Unicef to engage somehow in measures for birth control, produced a shock wave of disapproval and even disgust among some Board delegates. Such a delicate matter had never been brought before them, even obliquely.

In the years that followed, Nils Thedin, leader of the Swedish delegation, continued to make similar statements before the Board. Sweden was trying, not only in Unicef but elsewhere in the UN family, to shame the various organizations into taking up what the Swedes regarded as a problem of the most vital importance to the future of Mankind. For a year or two, Thedin and his colleagues in UN circles found themselves all but ostracized by other delegates, so lacking in taste and statesmanship did their crusade appear. While contemporary analysis gave constantly heightened attention to the threat to development of unrestrained population growth, the international community, including Unicef, assumed an ostrich-like detachment. They responded either with silence or side-stepped the issue by stating that it was exclusively the concern of governments to decide not only for or against a population policy, but also whether it was right to give family planning advice and contraceptives to those who, because of their ignorance and poverty, either did not have an idea of planning their families or had no means of doing so.

This position was tinged with hypocrisy, for on other issues—on the needs of the preschool child, for example—Unicef took it upon itself to act as spokesman and advocate, trying to increase awareness of a problem as a prelude to offering help in solving it. With population growth and family planning, the reverse applied. Since 1961 and the Survey on the Needs of Children, it had been agreed that if a country could make out a strong case for certain strategic programmes as a priority for improving children's lives, then Unicef would be prepared to consider providing almost any reasonable kind of support. However, when India and Pakistan established as a priority for children's well-being a reduction in family size and asked for support to their family planning programmes, Unicef had a predetermined reaction which was far from open-minded.

During the early 1960s, the mood within Unicef began to change. At Board sessions Nils Thedin gradually began to find an ally or two willing to reinforce the importance of family planning in health—its confirmation of the dignity of motherhood and the positive effects of family spacing on the life chances of the individual child. The emotional charge surrounding the issue seemed to be weakening. By 1965, pressure was coming not only from Sweden, but also from the US and elsewhere to raise the issue and

debate it fully. Unicef could hardly be serious about its new emphasis on planning for the needs of children and youth at the national level if the twin issues of population growth and uncontrolled fertility were not to be directly tackled. The two post-Bellagio regional meetings on planning and children, which took place in Santiago and Bangkok in November 1965 and March 1966 respectively, raised them openly and addressed them seriously. Under the pressure of what was now being widely described as a population and development crisis, opinion was rapidly changing.

Population control *per se* was not a subject on which Unicef wished in any way to become embroiled. The question of whether governments should adopt policies designed to contain the birth rate as part of the balance between the production of national resources and their consumption was not within Unicef's competence to judge, nor mandate to pronounce upon. The only legitimate population crisis to concern Unicef was the one that took place in people's homes, particularly in the homes of the poor, and adversely affected the well-being of mothers and children and the quality of family life.

A family with a large number of children, particularly one already suffering from poverty, had acute difficulty in stretching its resources to give each child enough to eat, let alone to provide the educational and other kinds of attention each child needed to develop his or her potential in life. This predicament was more visible in urban shanty towns, where families crowded together in one- or two-room shacks felt their own 'population crisis' in a way quite unfamiliar in the elastic, expandable family compound typical of many rural areas. In the cities, where food and household items must all be bought for cash, children as a workforce for garnering produce from the natural environment were not a source of wealth but an economic burden—unless, of course, they were sent out to run errands, to beg, to steal, to pimp, or to otherwise 'work' at a very early age, which was indeed increasingly happening in the cities of Latin America and some of those in Asia. In such circumstances, where parents' ability to nurture and raise their children was being hampered by their lack of means to stop conception, it was becoming more and more difficult to make out a case against the provision of family planning services.

In the towns, people already had some incentive to take whatever measures they could to control their fertility. In the countryside, unless there was great pressure on land and family holdings being subdivided into extinction, children were still almost automatically listed on the credit side of the family balance-sheet. A workforce was needed to help plant, till, harvest the crop and herd the livestock; sons were needed because men ran the family as they ran everything else; daughters were needed to draw water, help bring up younger siblings, carry out chores. Until parents believed that the children they did have would survive and be able to care for them in their old age, they had little incentive to limit the size of their

families. But if the arguments for family planning in the rural areas were not so strong on the grounds of overall family well-being, they were strong for other reasons.

All the evidence suggested that uncontrolled fertility had serious effects on the health of a woman's offspring, as well as on her own physical condition. When pregnancies were spaced at intervals over the span of child-bearing years, the chances of survival and good health for both mother and child were considerably enhanced. In some societies, this was intrinsically recognized by the custom of sexual abstinence during lactation; kwashiorkor, the protein deficiency condition in small children, was named for the effects of poor birth spacing: 'the disease of the child deposed from the breast' by the inopportune arrival of another.

Apart from abstinence, which was not a convenient system of birth control except in a polygamous society, breast feeding itself was the only available natural contraceptive; in some societies, breast feeding was prolonged partly to capitalize on this effect. Although it was true that in poor rural families, a large number of children were needed to support the domestic economy, it was also a myth to imagine that every poor rural mother looked upon every pregnancy as a blessing.

Frequent pregnancy could ruin a woman's health. Women became psychologically exhausted and prematurely aged by the endless treadmill of reproduction; in some cultures there were special names for such a condition. Rearing many small children was also taxing in parts of the world where women routinely carried out many agricultural tasks and men took no responsibility in any domestic area, leaving it to the women to provide the household's food, fuel and water. Where mothers feared not being able to feed and care for a newborn child, the evidence of history showed that they frequently took steps to avoid doing so in ways which themselves could be dangerous and injurious to health. Even into the 1960s and beyond, abortion was still the most commonly used form of family planning worldwide. Since it was usually performed without the sanction of law and often inexpertly, the admission to maternity wards of patients suffering from the ill-effects of an illegal abortion was common in many countries, and abortion was still a significant and unnecessary cause of maternal death.

In May 1966, having carefully examined and set out all the most up-to-date information on the implications of high birth rates and lack of birth spacing on the well-being of mothers and children, Harry Labouisse laid before the Unicef Executive Board a modest proposal about a possible role for Unicef in family planning. The delegates had convened in Addis Ababa for the session as a salute to the new importance of African countries. Emperor Haile Selassie received Unicef's dignitaries at the Imperial Palace; discussions on planning for the needs of African children proceeded harmoniously, but the debate on family planning eclipsed all else on the

agenda. The first, cautious suggestion to be presented formally to the governing body of an organization in the UN system that multilateral funds should be spent on providing poor mothers with access to family planning produced the most bitter and most explosive confrontation in Unicef's twenty years of existence.

The thrust of the Unicef proposal was summed up in the phrase 'responsible parenthood'. Where 'family planning' carried connotations of an inflammatory kind, Labouisse, in presenting the secretariat's recommendations, tried to neutralize their effect by pointing to responsible parenthood as the context in which Unicef's involvement in family planning should be approached. Certain measures which helped indirectly to improve the quality of family life—improving the status of women, promoting literacy, raising the marriage age, expanding MCH services—also had the effect of moderating population growth. Many of these were directly in line with Unicef's objectives and already encompassed by existing programmes. The problem with all of them from the point of view of family planning was that they were several steps away from the actual decision by a couple to do something to avoid pregnancy, and therefore their effect on the birth rate was slow-acting.

In order to have something more direct to offer governments, it was proposed that Unicef help might suitably be used to establish family planning elements within expanded MCH services. Traditional types of assistance could be offered: training stipends, teaching aids, vehicles, equipment; but positively no contraceptives.

Conversely, where a government had set up a family planning service with a separate workforce from the MCH network, Unicef would offer the family planners other kinds of MCH training and equipment so as to allow them to serve the health needs of mothers and children more completely. No advice would be offered by Unicef on any family planning technique, nor would Unicef seek to persuade any country to adopt a family planning programme.

This was the first occasion of significance within the UN system on which governments were obliged to lay their positions on family planning and population control squarely on the table. Whatever the tact with which Unicef presented its suggestions, however carefully stressed the connection between health and family spacing and the disassociation of Unicef from any recommendation of artificial contraception, they unleashed a storm among the member governments of the Unicef Board which encompassed the entire range of controversy on the subject.

The strongest protagonists in the proposals' favour were the delegates of India and Pakistan. Both countries had submitted requests for family planning assistance which depended on the outcome of the debate on the principle; Dr Sushila Nayer, the Indian Minister of Health and Family Planning, had flown to Addis Ababa to take part in the debate. The

strongest antagonists were those who represented the Roman Catholic view on impeding procreation. In between were the representatives of the Socialist countries, who suspected that the population crisis was concocted by Western capitalist propaganda. Their position had something in common with that of certain developing countries, most of which were Catholic and Latin American, which believed that the population problem would take care ofthe world and the nations would dedicate themselves more forcefully to economic progress. Then there were those who protested against modern contraceptive technology on the grounds of its unknown risks to health. Last but not least were a few countries in Africa which believed that the population crisis was a racist invention, and that contraception was an offence against family custom and an incitement to female promiscuity.

In spite of the fact that the Executive Director had specifically stressed that Unicef would not provide contraceptive supplies for any family planning programme—nor equipment with which they could be made, nor advice on any contraceptive technique—the crux of the dispute concerned the use of artificial devices to prevent pregnancy: the anathema of Catholic orthodoxy on human reproduction. It was not that delegates from predominantly Catholic countries deliberately misheard the Unicef case. Rather, their objection was to the endorsement of the use of condoms, pills and intra-uterine devices which was implied by Unicef support of any kind to a programme exhorting people to use these items.

Some of the delegates from Catholic countries were willing to support the idea of spreading information among women about the effects of repeated pregnancy on their own and their children's health; others wished such information to be limited to demographic data and trends. Some were opposed to Unicef's association with any information; whatever disavowal was now being made, they believed that it would be impossible to control what Unicef's name was or was not associated with. Visual aids and educational pamphlets used in a programme such as India's would inevitably advertise the use of contraceptives, and assistance from Unicef would therefore imply endorsement of their use, which in turn would imply the endorsement of the members of the Board. This was unacceptable to the delegates of Switzerland, Belgium, the Philippines, Peru, Brazil and others.

Many of these objections took the form of criticism that Unicef should presume, in the interests of maternal and child health, to adopt policies which WHO itself did not espouse. If Unicef's position on family planning was timid, WHO's was even more so. It was elaborated at such a high plane of ambivalence, in spite of the presence at the Board session of the Assistant Director-General Dr Lucien Bernard, that it was difficult to determine where exactly WHO stood. Consequently, the opposing sides both cited its position in their favour. Unicef had consulted with WHO while drawing up its proposals, but WHO had not subsequently offered any

opinion on their contents, nor was it prepared to do so now. WHO's problem was that the only resolutions on family planning to be successfully negotiated through the World Health Assemblies of 1965 and 1966—in which the governments of 104 countries were represented as compared with thirty on Unicef's Board—were monuments to the caution required to avoid just such a confrontation as was now in progress.

Material aid to family planning programmes had been rejected by a substantial majority of the World Health Assembly on the grounds that the potential health hazards of the new contraceptive technology were as yet inadequately explored. WHO's role was currently confined to advice to governments, upon request, on programmes conducted within the framework of an existing health service. Under WHO auspices, various scientific groups were studying the clinical, chemical and physiological effects on human reproduction of the pill and the intra-uterine device. The preamble of the key WHO resolution stated that: 'Scientific knowledge with regard to human reproduction is still insufficient'. This was the phrase to which the opponents of contraception clung. In reply, the proponents pointed out that scientific enquiry into the biological impact of certain family planning techniques would never be complete, and that this had not inhibited certain countries from running effective family planning services for many years.

As the debate proceeded, its tone became increasingly heated. At one extreme was the statement of Dr Adeniyi-Jones, the delegate of Nigeria, who roundly condemned those who, for religious reasons were unwilling to provide family planning services for women desperate to avoid further pregnancies, and whose existing families would suffer because they were unable to make such a choice. People in the privileged sector of society, he pointed out to a hall full of them, were conspicuously successful in limiting their families to manageable proportions. It was cruelly unjust that those very individuals should be depriving others who were much less privileged of the opportunity to do the same. Board members, he went on, should take the responsibility of explaining to their governments that it would be out of keeping with the Universal Declaration of Human Rights to impose their own beliefs and attitudes on India and Pakistan by withholding family planning assistance.

At the other extreme was the delegate of Belgium, Hilaire Willot, who went so far as to say that if the proposals were approved, this 'would imply a distinct change in Unicef policy and a basic modification of the voluntary contract which has bound together its member States . . . A number of members would doubtless consider themselves released from their obligations'. Hans Conzett of Switzerland also talked of the loss in contributions which he believed would result if Unicef lent its support to the Indian family planning programme—a programme which he found particularly shocking because it included offering incentives to candidates for steriliza-

tion. In his view, support for such a programme would plunge Unicef's credit 'to zero' with little prospect of recovery.

There was strenuous objection, particularly from Nils Thedin of Sweden, to the use of economic pressure by any delegate. But strong-arm tactics, however unwelcome, were effective. Even family planning's strongest supporters were not willing to risk driving Unicef into impotent division over the issue. Although they seemed to have a slim majority in their favour, they conceded the field, and the decision was deferred until the following year. In the meantime, the WHO/Unicef Joint Committee on Health Policy was asked to study the matter and offer its opinion. The projects submitted for India and Pakistan were dismantled into their maternal and child health and family planning components. Unicef aid could train midwives, provide forceps and rubber gloves for safe deliveries, distribute iron and folates against anaemia and low birth-weight, give tetanus shots to mothers and newborns, extol the merits of long birth intervals and small families, but in no way be tarnished by even the remotest connection with a contraceptive device. That was the outcome of the 1966 debate.

At the time it was hard to imagine that the intransigence of family planning's adversaries could mellow.

During the course of the following year, Labouisse used his persuasive negotiating talents to bring the discordant views into some kind of consensus. In 1967, the Board took up the postponed discussion on the basis of the Joint Committee on Health Policy's report. Extreme care was given to the new presentation of the case. Any reference to family planning beyond its incontrovertible implications for maternal and child health was carefully avoided, and exemplary respect was paid to WHO's superior medical wisdom. The underlying assumption of the case was that any responsible medical practitioner providing care for mothers and children was properly concerned with fertility, pregnancy and birth spacing; and that family planning was therefore an integral part of a comprehensive health service. If this were the case, then it would be irrational not to support the family planning component while supporting all other antenatal and postnatal components.

This, with some difficulty, even the most resolute opponents were just able to swallow. There was to be no separate category of assistance to family planning: fertility was exclusively a medical concern. There must be not even a whiff of international approval for the policies of those governments who saw birth control as an instrument of economic and social regulation independently of its health implications. What the Board actually approved amounted only to increased support for maternal and child health services. In terms of what Unicef might offer, the progress in policy evolution was minute. But symbolically, a major step had been taken: the phrases 'family planning' and 'Unicef co-operation' had been joined.

Unicef had made a very tentative attempt to align itself with the growing body of opinion which saw population growth as one reason why poor people stayed poor and deprived children stayed deprived. It had wanted to enlist the new contraceptive technology actively on their behalf. The attempt was conclusively defeated, although attitudes did loosen up over the next few years. The 1966 UN General Assembly unanimously passed a resolution entitled 'Population Growth and Economic Development', calling for action to support governments undertaking programmes in the field of population. For some, this still meant demography. But within a year or two, the international mood had swung conclusively in the direction of those who had spent some years trying to persuade policy-makers to overcome their scruples about family planning. Under the influence of growing trepidation in the world at large, the family planners were gradually increasing their domination of the population issue. Those who had fought so hard to prevent any entry of the international community into fertility control had in retrospect been trying to plug their fingers in a dike which was gradually succumbing to the weight of an historical process.

In Unicef, the crack represented by the 1967 decision began to widen. WHO increasingly stressed that any measure for preventing or interrupting pregnancy must be integrated with maternal and child health services and supervised by the same professional personnel. The effort to make family planning services a part of health care, rather than a separate operation run by planners, economists or whoever was in charge of population policy, was one in which Unicef fully complied. By the end of the decade, the strong feelings which had so pervaded the debate between the nations on Unicef's Board only four years before had eased to the point where they were even willing to agree that Unicef might provide contraceptive supplies.

By this stage, over $3 million had been committed to programmes in twelve countries in Asia, the Middle East, Latin America and the Caribbean. In 1971, it was agreed that other social programmes than those run by health services—agricultural and home economics extension, literacy campaigns, women's education, community development—were suitable vehicles for family planning advice. In 1973, Unicef invited Mrs Titi Memet, then working in the Indonesian Ministry of Social Affairs, to become its special adviser on family planning, and more emphasis began to be placed on women's rights and women's status as part of the key to smaller family sizes.

By this time, however, the heat had been taken off both Unicef and WHO by the establishment of the UN Fund for Population Activities (UNFPA). The creation of a special trust fund for population work, in which the US and Sweden again played the predominant role, was announced by Secretary-General U Thant in 1967. To the relief of other UN organizations, the population issue was now notionally disentangled

from their activities. Contributions to UNFPA were voluntary, so those governments with reservations need not support its work, nor threaten on pain of involvement with family planning to withdraw their assistance from other programmes. To the extent consistent with other organizations' policies, UNFPA carried out its programme in close collaboration with them. It provided Unicef, for example, with funds for family planning components of health programmes which Unicef was already supporting.

UNFPA inherited all the problems connected with population and family planning issues; but at least it could concentrate wholeheartedly on those problems and leave other organizations free from the controversies they provoked—and from the new generation of controversies that have taken their place in the 1980s.

By the early 1970s, the confidence with which the advocates of family planning had asserted that they could slow down the pace of population growth was beginning to evaporate.

Their expectations had been based on the assumption that the majority of people in the developing countries, with the possible exception of those in Africa, found large numbers of children a burden. In 1966, when Unicef had put together its case in favour of family planning, surveys from Latin America and Asia on parents' view of the ideal number of children had suggested between two and four. Dr Sushila Nayer had told the Unicef Board delegates in Addis Ababa that seventy per cent of Indian couples, both in urban and rural areas, wanted help in limiting family size. Such calculations turned out to be over-optimistic, but they encouraged the experts to believe that free contraceptives and advice need only be placed at the disposal of the population and customers would rush to help themselves. Once the major family planning programmes really began to expand, experience proved that this was far from the case. Like other exports from the technologically advanced societies to their poorer neighbours, modern contraceptive devices met with a decidedly mixed reception. Behaviour to do with such intimate matters is not susceptible to overnight change, and most people in poor societies were as yet far from attuned to the idea of limiting family size.

The field of population studies had been only recently removed from the slide rules and abstractions of the demographers, and it took time to discover what people's real attitudes were towards the revolutionary possibility of controlling what went on in their reproductive organs.

In most parts of the developing world, large families and frequent pregnancies were still part of the immutable fabric of life, taken as much for granted as the rising and setting of the sun. Many parents held an entirely fatalistic view of family size, assuming children to be the gift of the almighty; or simply felt 'the more the better'. Above all, it was important to

bear sons, whose task it was in many societies to maintain parents in their old age, administer their burial rights and carry on the family lineage. Before people would abandon such ideas, they had to first believe that enough of the children—especially sons—born to the household would survive in good health into adulthood. Such a conviction might only come after a decade, or even a generation.

People also had to feel a 'population crisis' in their own household: the family landholding had to be subdivided into too many pieces; the dwelling had to be too cramped; the school fees or uniforms for several children too difficult to find; the cost of food, fuel, clothes and other essentials too high; the value of children's 'work' diminished by changing agricultural, lifestyle or employment patterns. Life-styles in many Third World countries were undergoing extraordinary shifts and upheavals, many exacerbated by burgeoning population growth and the high proportion of children and young people in the society. But to those caught up in these shifts, the overwhelming problem might not be perceived as family size, nor birth control the obvious solution. The likely response to subdivision of the landholding or shortage of income was for one or more family members to seek their fortune in the town. The way to keep down the costs of education might well be to keep girl children out of school. In time, the computation of a variety of social and economic factors, backed up by the spread of information, was bound to make contraception more appealing to more people; but providing pills, loops and sterilizations free of charge was not on its own a quick route to population growth slow-down.

Some of the countries which took up family planning with enthusiasm threw too much effort into promoting their use to the exclusion of other social programmes. Pakistan began an all-out national family planning scheme towards the end of 1965. When Harry Labouisse visited both West and East Pakistan in December 1966, President Ayub Khan told him that population control was Pakistan's number one priority. The target was to reduce the birth rate from fifty to forty per 1000 by 1970, and the campaign was already in full spate. Every one of the country's twenty million fertile couples was to be reached, preferably with an IUD. Once an IUD was inserted, neither wife nor partner had any more contraceptive decisions or actions to take.

Pakistan's programme envisaged that IUD insertions would mainly take place as part of maternal and child health care. Lady doctors, midwives and lady health visitors were all given a special training. The country's *dais*—traditional midwives—were taught to round up the customers. Everyone, from doctors to *dais* and acceptors, were given special financial rewards.

But in many parts of the country there were no MCH clinics where mothers could go to receive their loops. As in the case of the mass campaigns against disease, impatience to achieve results led to the family

planning campaign going off on its own limb, with its own staff and its own targets—and becoming detached from the mainstream of public health expansion. In many places, the campaign took on the atmosphere of a travelling circus: teams of family planners and tented camps, and injunctions through all available media channels to persuade women to line up and get their IUD inserted immediately. With no medical back-up to deal with the health problems which many IUD acceptors encountered, the massive campaign began to run into resistance and difficulty. Its final results were disappointing. The 1972 census showed no appreciable drop in the fertility rate, in spite of a total investment of $60 million over the five-year period.

In 1974, economists, demographers, social scientists, health officials and family planners met in Bucharest for the World Population Conference. This was one of the international meetings convened under the auspices of the UN to discuss critical problems facing Mankind. The urgent question was how to slow down the rate of population growth which, contemporary estimates suggested, would double the number of people in the world within twenty-five years, placing on earth eight billion people by the year 2000. The economists and planners no longer thought that the family planners held the answer to the problem. Disillusion had set in; there was a place in population control for pills and loops, but they were no substitute for development itself. Until the standard of living of the poor improved, and they could feel the economic advantages of the two- or three-child family, they would continue to have large numbers of offspring. Even where the idea of spacing births and avoiding constant pregnancy was catching on, most Third World parents wanted large families—families with double the number of children than most of their industrialized world counterparts.

WHO, supported by Unicef, worked hard at the Bucharest Population Conference to replace the link in people's minds between demographic trends and family planning, and replace it with the link between health care and family planning. The well-being of the existing children was the best persuasion that a mother need not bear another. Harry Labouisse, addressing the Conference, said: 'I want to invite you to look at the population problem not from the point of view of technical analyses and devastating predications regarding demography and national economies, but from the point of view of individual human beings, the family and the child . . . It is in the family, among parents and future parents, that the ultimate decisions are made, consciously or unconsciously, as to the number and spacing of children . . . I am therefore convinced that, to be really effective, national policies in the population field must be translated into specific measures that directly touch the lives of individual families, encouraging them to make, voluntarily, very personal decisions that will improve the quality of their own lives, while also being in accord with national policy.'

Many of the resolutions and plans of action adopted at the conference confirmed Unicef's own view of family planning as part of 'responsible parenthood'. The wheel had turned another circle. In less than a decade conventional wisdom regarding the population crisis had twice been turned on its head. The defeat which the Unicef exponents of family planning had suffered in the late 1960s in the effort to make it an important area of the organization's activity now left the policy exactly where expert international opinion said it should be. A mix of health and social ingredients akin to the list of measures thought to be conducive to 'responsible parenthood' were becoming accepted by many experts as the new orthodoxy on family planning and population control.

The evidence for this analysis could be found in an increasing number of countries or regions where a combination of effective social development and family planning programmes had made a dramatic impact on both the birth and population growth rates. These included Korea, Kerala (India), Taiwan, Malaysia and Singapore. In Sri Lanka, to take one case, the improvement in the spread of rural health services which began in the 1950s led to a drop in infant mortality from seventy-eight to forty-five per 1000 in twenty years, and an associated decline in the birth rate from thirty-nine to twenty-nine per 1000.

By the late 1970s, the demographers' more dramatic forecasts of population figures for the year 2000 were being gradually revised downwards. Fertility rates were declining all over Asia, the most populous part of the world. Because the parents of the next generation had already been born, another transition period was required before the population growth rate followed suit; but already in East Asia there were signs that this was happening. By the early 1980s, it had similarly slackened in the rest of Asia and by the 1990s, it is expected to have done so for the developing world as a whole.

Although the declines, like those in death rates before them, are the net result of a complex web of factors which vary from country to country and region to region, one vital precondition is a drop in the child and infant mortality rates; and there is also no doubt that those countries where there have been active and well-organized family planning programmes have experienced a faster fertility decline than others.

Apart from the eruption at Addis Ababa, which briefly mired Unicef in dispute—and constituted the most serious threat ever to its unruffled cohesion around the cause of children—the family planning issue was also significant in forming a link in the chain of Unicef's overall policy evolution. It brought into prominence two other areas. One was the pitiful and squalid conditions in the exploding cities of the developing world. Mass migration from the countryside to the city was becoming one of the most disturbing phenomena of the contemporary scene, born indirectly from the pressure of people on agricultural land and employment.

The other was women's rights. Amidst all the clamour about artificial contraception and whether it encouraged immorality, no-one had seriously resisted the notion that a woman had a right to a free choice about what should, or should not, happen in her womb. If Unicef supported family planning, however obliquely, this meant that for the first time it had implicitly recognized that women as women, and not just as mothers, were worthy of its attention. By the end of the first Development Decade, urbanization and women's rights were two of the new issues looming over the development horizon.

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