The debate about population control—should we have it and what kind we should have—is in large part a false issue. There is now no such thing and very likely there can be no such thing as population control. Control implies to be in charge, to guide, to direct. For instance, I can control the temperature of a room to a single degree by setting the thermostat, or control the direction of my car to the very spot it comes to stop. But no person, corporation, or government can set the rate of population growth at zero or 2.3 percent or 1.6 percent or any other precise point.

Control assumes both a capacity to understand the present situation and, at very least, a basic understanding of the levers that could change the condition. In the United States we have rough measures of present population size and growth rate. (The picture in other nations is often much foggier.) But in order to control we need to know more than that; we also have to know where we are headed, at least in the near future. This we cannot do yet. There are, of course, numerous predictions, projections, forecasts; but they are often significantly off the mark.

Two incidents involving the 1970 census give an indication of the range of error and of the difficulties involved in a task even as relatively simple as counting. Before the census tally, estimates of age distribution in
the population included half of the population in a bracket of twenty-five years or under. But the census uncovered a median-age of 27.9, a difference of almost three full years, from what the experts had generally believed.¹ In New York City, counting the number of residents turned out to be a major problem. In August, 1970, a preliminary census report showed New York City's population down 750,000 from 1960 although the Census Bureau did admit that there might be as many as 210,000 people who had not been counted, a category they named “missing.” John C. Cullinane, Regional Census Director, was quoted as saying that, in light of urban population trends, a drop of one-half million “should not be surprising.” But the fun was just beginning. On September 9 the Census Bureau issued a new report that gave the city a drop of only 10,254. Three days later the bureau indicated it may have missed 70,000 people who were away in April, and in November gave a revised “final” count that showed the city's population up 16,773 from 1960. However, the “final” count was not quite final. In May, 1971, almost a full year after the census returns were in, the Census Bureau discovered that it had “lost” 28,000 New York City residents in its computer!²

When the task is prediction, rather than just counting, the magnitude of mistakes may be enormous. For instance, among the slightly less than 7 million poor and near-poor women between the ages of fifteen and forty-four, there were more than 1 million fewer births in the period 1966-1970 than had been expected on the basis of 1960-1965 fertility rates.³

How can we control anything if we don't know where it's going? It’s like driving in the dark, with very dim lights. But imagine the difficulties if, on top of the darkness, the car had faulty standard gears and the driver had only used automatic. While a full comprehension of controlling factors is not necessary, no process can be guided without a minimum of practical knowledge; thus, our imaginary driver doesn't need a degree in engineering but he does need to know which way the car will move when he switches gears.

Consider the situation in regard to population. Some believe that wide distribution of contraceptives will reduce the population growth while others hold that it will only make people shift from one method of birth control to another. Some believe that population growth is an autonomous process while others suggest it is all a matter of basic social changes.⁴ The reasons these opinions can roam so freely and intensely is that we know so little, and that what we believe we know is often insuffi-

⁴ For a comprehensive review of various measures and their ethical and political acceptability as well as their efficiency, see Bernard Berelson, Studies in Family Planning, No. 38 (February, 1969).
sufficiently documented. There are no debates about how to set a thermostat.

More importantly, no government commands either the power or the consensus population control requires. Here and there population-control advocates let their fancy run free. They see a government sneaking a contraceptive drug into the milk (liquor would be better) or issuing a birth quota. However, a government that resorts to such means is not likely to last long; governments are regularly overthrown for far less cause than preventing people from having children. And if a birth quota were somehow established, people would surely "bootleg" children at least as freely as they bootlegged booze when it was prohibited.

The fact of the matter is that most people seem not to subscribe to the alarmist views about (a) the future pace of population growth; (b) the dire consequences of such growth; or (c) the desirability of having other things rather than children. Most people do not believe that we are moving toward a day in which there will only be standing room in this globe. Thus, a 1971 Gallup poll found that only 41 percent of those polled thought that population growth was a major issue requiring immediate action. While 81 percent thought population growth might sometimes affect their quality of life, only 54 percent showed concern about the possibility. It should also be realized that the poll did not ask the respondents to weigh this concern against a desire for children. And


in addition, people seem to feel that if the government decided to do so, it could feed and clothe 4 billion people, even if it meant cutting back in space tours and arms races.

Last, in the most telling of all ballots, in their real-life decisions, many "voters" opt for more children and fewer "things" as a "better" way of life. When a child is conceived, parents may well be unaware of what he or she will cost themselves or the society. Actually, at this stage, they may not think at all. But most, looking back at their decision, seem quite unwilling, at least for now, to legislate or tolerate population control. Nor can they, for reasons I cannot explore here, be "sold" on such a policy by government or foundation propaganda.

If we are not controlling population growth (which is quite obvious) and cannot do so at least in the foreseeable future, what can we do? As in many other policy areas, we are really spot interveners. We launch a health program here (which reduces infant mortality); we set up abortion clinics there; we have a program of vasectomies, etc. Like a frantic visitor to Paris charging up the steps of the Eiffel Tower and down the halls of the Louvre, we do a little of everything and not much of anything. Americans openly advocate "pluralistic" approaches, minimal government role, and are skeptical

For discussion of this point as well as additional theoretical background, on the concept of controlling social processes and the elements needed to bring about such control, see Amitai Etzioni, The Active Society (New York: Free Press, 1968).
about master planning, grand theories, and overall reviews. Other nations may put a more rationalistic gloss over the same activities. They launch grand drives to provide every woman in the fertile age with an IUD, show every teen-ager a film about birth control or whatnot. These drives are quite large in the millions of items, dollars, or people involved—compared to the American efforts (if you take those of any one source). But as a rule, they are far from considerable in terms of the progress they effect, the control achieved. In fact, their effect on population control is usually so small and hidden, it is hard to measure! All in all, planning is more effective if the problem is approached in terms of opportune targets and spot intervention rather than saturation programs. Thus, if a social-studies text is prepared, the ministry of education (this is the way it is done in many countries) may include a chapter on the techniques of birth control. Or if young males are being drafted, one may explain to them the facts of life, as part of their basic training.

Before I suggest where some of the best targets seem to be, let me indicate some of the fairer and more obvious criteria for their selection. A negative criterion has already been established: We do not require that these targets fit into a master plan, although their side effects on other efforts surely deserve a hearing. Secondly, of course, relative cost effectiveness must be taken into account somehow, preferably with a big grain of salt—i.e., loosely—rather than trying to get hard, detailed figures. That is, approaches that deal with small numbers—each requiring an expensive treatment with low probability of success—must be avoided in favor of those that deal with large numbers, are inexpensive (in money and in the kind of manpower they use), and have a high probability of a payoff. Also, such programs should require as few steps and as little coordination as possible, and otherwise be relatively free from the possibility of bureaucratic tampering.

While few would question the cost-effective criteria in abstract, in practice they are often ignored. Thus, most nations engaged in birth control spend millions on what sociologists call formal communications—three-colored posters, ads, billboards. Evidence that these methods pay off in changing attitudes toward family size (or any other deep-seated attitude) is rather slim.

More generally there is reason to believe that educational efforts, in the broadest sense of the term, are among the least cost-effective. A report by Elizabeth Drew demonstrates that it costs $88,000 to save a life via driver education as compared to $87 if seat belts are provided. Similarly, methadone is vastly more cost-effective than attempts at education or psychological rehabilitation of drug addicts.

In the birth-control area, rather than trying to change preferences of people, it seems more effective to focus first on those millions of unwanted pregnancies,

7 Elizabeth Drew, "IEW Grapples with PPBS," The Public Interest, No. 8, Summer, 1967, p. 16.
i.e., where to one extent or another, the preference exists and the willingness to do something about it is often present. I do not know, I believe no one can really tell, if just dealing with the unwanted pregnancy will or will not solve the problem. Obviously the answer will differ not only from country to country, but over time as well. Quite possibly, by the time most of those who now want assistance, but do not know where to find it or know how to use it, will be helped, another population with different characteristics and desires will have become the appropriate target. In any event, for reasons of both costs and ethics, it makes little sense to try to change preferences if those who already have a preference have not been served.

And, it is clear that the number of unwanted pregnancies, even in the U.S.A., is very considerable. In a survey of 5,600 American women of childbearing age, Charles Westoff found that 26 percent of the children born were due to unwanted conceptions. (If unmarried women had been included in the sample, the effect would have been to push the rate still higher.) In a secondary analysis of his data, he found that unwanted fertility accounts for between 35 and 45 percent of the population growth in this country. Another source estimates that about 15 percent of all American babies born between 1966 and 1970, some 2,650,000, were unwanted:

Had these children not been conceived, the fertility rate of the average American woman would have been 2.7 children for those years, instead of the actual rate of 3.0 children. To achieve zero population growth, where births approximately cancel out deaths, women would have to bear an average 2.1 children.

How to help those with existing preferences? Surprisingly often, all they seem to need are the means and the know-how. Thus, two reasons so many unmarried youngsters get pregnant against their will are that contraceptives are not readily available and that the knowledge of how to use them is still not nearly as widely spread as one would assume in the age of sexual revolution. For example, while in Sweden one can buy condoms from vending machines day and night, this is not the case in most of the U.S.A. nor in most other countries. A study of the problems involved in delegating the dispensation of birth-control pills from MD's to pharmacists, or even to supermarkets (complete with warnings for those who have diabetes or similar medical histories), may suggest that this might be preferable to existing arrangements. Also basic information about birth control must still be disseminated even in modern societies like ours.

I realize that the notion of a preference is not sim-

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9 Newsweek, March 27, 1972.
or later children are not wanted by at least one parent.\footnote{Bumpass and Westoff, p. 1181.}

Another relevant consideration is most easily made by relating an incident that occurred during one of the few times I became involved in high-level policy making on this matter. A small group of consultants was called in by the president of one of the major foundations engaged in population programs in several countries. In those days, the IUD was a great and promising novelty and we spent the first hour of our consulting day listening to its promise. We were then told not to worry about the technologies (this, we were told, would be taken care of by another division), but to focus on motivation, attitudes, values; how could these be modified to be more favorable to birth control? But it soon became evident that one cannot separate these two considerations; different birth-control techniques simply assume different levels and kinds of motivation. Given, say, weak acceptance, some techniques will do much better than others. Thus, coitus interruptus seems to require more “will power” than taking a pill; taking a pill regularly requires more modern or bureaucratic behavior than using a condom; and the IUD, which can be inserted once and then forgotten, requires less motivation and more opportunities for settling conflicting feelings than the other methods.

Unfortunately, the last years have shown that IUD is far from a simple, safe, and reliable method. Accord-
ing to Dr. F. S. Jaffe of Planned Parenthood-World Population, it has a failure rate of 7 percent over a 12-month span. The comparable figure for pills is 4 percent. Moreover, in a study of seven thousand IUD users in Taiwan, L. P. Chow found that 7 percent of the women were pregnant and 11 percent had accidentally expelled the device within a year. After three years, 14 percent of the users were pregnant, 36 percent had had the device removed, and 15 percent had expelled it. So, far from being permanent, the IUD was still active and effective in only about one third of the women after three years.

Thus, despite all the investment and effort, there is still no simple, inexpensive, reliable, safe birth-control means that can be used without medical or paramedical assistance, and that once taken need not be retaken until it is deliberately removed or canceled by an antidote. That is, there is no means of birth control for the weakly motivated. This would seem to imply that once we have provided service to the highly motivated first, the need for new technologies will become particularly acute. Since it takes years to develop one, it seems to me that further research and development in this area is urgently needed, despite the widely held notion that the problem is not technical.

Quite deliberately, I left to the end two caveats. First, there is much more to population control than birth control. In effect, death control and health services are equally significant. But the points made above in reference to birth control apply to them as well.

Second, a major school of thought has recently stressed that we should focus on societal change, specifically, on urbanization, rather than on the narrower aspects of population control. It is pointed out that these matters are integral facts of a larger societal dynamics and cannot be viewed independently of it: The best way to treat the details is to view them as part of a larger process. For instance, as societies modernize, people live longer and have fewer children. This approach seems to me to be intellectually valid; indeed without it we would see leaves, not trees—let alone the forest. However, when it comes to policy making, we must focus on those matters that have “play” and can be effected by the resources we can put to use. Surely no one expects that urbanization will reduce the birth rate, or that nothing of significance can be achieved about the population level unless we urbanize further.