

# **The Population Council, World Population Problem, and Contraceptive Studies during the Early Postwar Era**

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My archival research at the Rockefeller Archive Center (RAC) aimed to situate the establishment of the Population Council in the early postwar era when Americans were facing and defining world population growth – its problems, and potential solutions. My reading of the documents suggests that the population experts from different fields during the 1940s and 1950s had seriously considered a variety of solutions to the rapidly increasing population: the social and economic development, the enhancement of agricultural productivity, the distribution of world population through international migration, and the practices of fertility control. To employ birth control as the effective means for population control required the transformation of both ideas and techniques among scientists, as well as governments. In this research report, I address three of my observations: first, in the mind of leading figures who participated in instituting the Population Council (PC), fertility control had shifted from **one** of the solutions to the world population problem, to **the** solution; second, the Medical Division of the Council seemed more interested in contraceptive studies than research on the physiology of human reproduction; third, the 1962 International Conference on the intrauterine contraceptive device (IUCD) was one of the Population Council's efforts for promoting certain contraceptives globally, via its international network and generous funding.

## **I. Fertility Control as *the* Solution to World Population Problems**

In this section I trace several sets of records that I believe are essential to understand John D. Rockefeller 3rd's (JDR 3rd) reasoning and attitude toward postwar global population. First was the report of the Rockefeller Foundation's (RF) survey trip to the Far East. Secondly are the documents prepared by JDR 3rd's associates for discerning how to situate the PC among other private and international organizations that also shared a common interest in world population. Lastly are the discussions at the Williamsburg Conference held in 1952 that provided feedback and advice, as well as support and endorsement from prominent natural and social scientists. By comparing this material, I found that fertility control gradually shifted from *one of the solutions* to underdeveloped population problems, to *the* solution. This shift was crucial because it not only transformed how people perceived the nature of postwar world population problems, but also shaped the trajectory of future development of contraceptive research from the mid-1950s to the 1960s.

### **a) Rockefeller Foundation Survey Trip to the Far East, 1948<sup>1</sup>**

JDR 3rd had expressed a strong interest in population long before the establishment of the PC. After World War II, the population in Asia caught his attention. In 1948 he worked with the RF to send a team of social scientists and a public health physician to the Far East. The team spent three months investigating public health and demography in Japan, Korea, China, Taiwan, Hong Kong, Indonesia, and the Philippines. Members of the team were Marshall C. Balfour, regional director in the Far East of the RF's International Health Division; Roger F. Evans, assistant director for RF social sciences; Frank W. Notestein, director of the Office of Population Research at Princeton University; and Irene B. Taeuber, a specialist on Asian demography at the Office of Population Research at Princeton. They would later offer advice to JDR 3rd and participate in the research and administrative activities of the PC. The survey report offered hints

on how these population experts viewed the population problems in Asia as well as their recommendations. The main discussions in the report were based on the traditional version of demographic transition theory yet the differences between Western and Far Eastern populations were predicted:

1. The death rates were declining due to the improvement in sanitation, medical care, and food supply. Yet the birth rates dropped slower than the death rates because it took social-economic changes to reduce fertility, according to the historical demography of Western Europe and the United States.

2. Given the much bigger population in the Far East – over one billion people – and its lack of social-economic prerequisites of declining fertility (urbanization, the reduction of illiteracy, the changing role of women who aspired for education and advancement rather than childrearing), substantial reductions of the birth rate in Asia might take longer– if at all – than in the West, and the population growth would multiply more than threefold.

3. While it was unknown if increasing production could outstrip the population growth in Asia, exactly like what occurred in the West, the efforts in science and technology, as well as social-economic development to raise the levels of living for growing numbers, were equally important to reduce fertility.

According to these findings, the team recommended two approaches to the further study of the population problem in the Far East. The first one regarded fertility as a product of cultural and economic change (e.g., custom, religious belief, social organization, popular education, advances in production, and the women’s social role, etc.). The second one acknowledged the small possibility of changes in the cultural and social aspects in the near future and focused on how to reduce fertility “within a relatively stable culture.” Even though these population experts noted that “study of the factors controlling the fertility of the peasant population offer[ed], in our

opinion, the most important single opportunity for fruitful work in the Far East,” they also believed that the reduction of fertility should not substitute for the efforts in improvement of production and living standards. In other words, fertility control was *the means* for Asia’s large populations to initiate social changes so they could get through demographic transition. In the late 1940s, from the population experts’ views, fertility was the product of social change (a dependent variable as the traditional demographic transition theory claimed), but it was also a factor that could facilitate social change (a controlled variable as the revised demographic transition theory claimed).

(We) should like to make quite clear our position on this problem of the reduction of fertility within a given social situation. Even successful efforts in this direction will not serve as a substitute for a balanced program of development. Living levels cannot be lifted by the inadequate productivity of the present system. The control of fertility is not a substitute for other ameliorative effort; instead, it is a means that will assist in making ameliorative successful--indeed it may turn out to be a necessary condition for such success. The East, unlike the West, cannot afford to await the automatic processes of social change, incident to urbanization and industrialization, in order to complete its transition to an efficient system of population replacement. The base populations are too large to permit the sort of multipliers that such a transition entails. These multipliers can be kept to safe levels only if the means are found by which fertility can be reduced somewhat among the masses of the peasant populations. Progress in this direction would also probably speed the decline of fertility in response to other more general changes in the social milieu.

The report also discussed the motives and means for the reduction of fertility in Asia. These discussions are important because they displayed the state of knowledge regarding fertility control in the 1940s and directed the relevant studies in contraceptive technologies and birth control for the developing areas in the 1950s and 1960s. At the time, the population scientists were about to explore human reproductive behavior. They observed that Asians’ motives for childrearing included economic security, community customs, religious belief, and a source of social prestige, yet very little was known about how to deal with their rather weak motives for a small family. More studies of a rural population’s reproductive behavior from the biological, psychological, and social aspects were needed, the report suggested. Because Asian couples were

not motivated to control fertility, population experts advised that acceptable, effective, and inexpensive methods of birth control were essential. Unfortunately, “so far as we know such a method neither exists nor is on the horizon” since “relatively little attention has been given to the problem anywhere in the world. It is one that could be attacked immediately and in the West,” the report noted.

The report’s conclusions are noticeable in two ways. First, the “balanced development” as the solution to the low standard of living of the Asian population was emphasized again – “efforts at development should be many-sided, technological, governmental, economic, social and educational in order to touch as intimately as possible the lives of the people so that adaption to change can be proceed simultaneously.” Second, the role of foreign assistance – whether from governmental, international or private agencies – should be “largely confined to ‘assistance, advice, experiment, and demonstration,’ and thereby let the indigenous people take major responsibility.”

The report was submitted to the RF, but the RF did not take action on the recommendations. The RF’s reluctance to confront the issue of birth control can be attributed to two reasons. One was the opposition to birth control from the Catholic leaders that the RF worked with, especially in Latin America. The other was the lack of effective contraceptive methods at the time. Many RF staff members believed that advancing agricultural technology would be able to provide enough food to meet the demands of the world’s increasing population. Disappointed by the RF’s conservative position, JDR 3rd decided to establish a new organization that focused on the population problem.

#### **b) Memoranda for Situating the Role of the New Organization**

JDR 3rd first asked his new associate Donald B. McLean, Jr. to conduct brief research on the field of population in order to see what had been done previously and what needed to do be

done in the future. McLean's memo to JDR 3rd, in early 1952, summarized three groups and their activities in population: analytical or statistical-oriented (the United Nations, Scripps Foundation for Research and Population Problems at Miami University, OPR at Princeton University, Milbank Memorial Fund, etc.); control-oriented (The Malthusian League at England, The Eugenics Society of England, International Committee on Planned Parenthood, American Planned Parenthood Federation, American Eugenics Society, etc.); and resources-oriented (the Department of Agriculture, Conservation Foundation and Nutrition Foundation, etc.). The memo suggested that the new institution could assist other agencies or leaders in the field by simply providing fellowships and grants-in-aid, or it could be a "central agency for the collection, classification, correlation and dissemination of information relating to the population problem in all of its aspects," because the information about activities on population was scattered and a clearinghouse was needed.<sup>2</sup>

The article drafts found in JDR 3rd's personal files – such as "Population and Land" by Warren Weaver, "Balancing Population and Resources: The Greatest Challenge to Social Engineering" by Rufus E. Miles Jr.,<sup>3</sup> and "Physiologic Control Fertility" by Paul S. Henshaw<sup>4</sup> – approached population problems from different views. The Miles Jr. memo suggested that due to the combined knowledge of demography, ecology, nutrition, technology, and an increasing and improving world's food supply, that contraceptives<sup>5</sup> were necessary. He stressed the role of American non-governmental organizations and educational foundations in "building the basic structure of intellectual leadership and social support." On the other hand, Henshaw's note emphasized that the physiology of fertility control was underdeveloped in the United States due to several reasons: physicians' interest in sterility rather than contraception, the field of endocrinology's knowledge about hormones was still limited, the lack of support and encouragement for relevant studies, and the medical community was unaware of the association

between birth control and population problems. He suggested separating the studies of population and resource balance from fertility control research to avoid the unnecessary publicity of the latter's attached negative implications.

### **c) Documentation for the Williamsburg Conference on the Population Problem**

The title of the invitation-only conference aimed to form a specific organization dealing with postwar world population problems changed from “population growth” to “population-resource” to “population” and then to “population-problems.”<sup>6</sup> In June 1952, under the auspices of the National Academy of Sciences, thirty-one scholars from the fields of public health, economics, sociology, demography, biology, medicine, agriculture, geology, psychology, and other fields, proposed establishing an organization that could provide scientific research and coordinate the field of population studies. The documentation prepared for the participants was over one hundred pages. The first part provided background information regarding world population, covering population growth in various regions of the world and future projection, natural resources and the technical capacity of increasing their supply, and the relationship between economic development and population growth. The second part of the background information addressed the controversies related to population, and discussed whether the balance of population and resources could be achieved from different stances, which varied from optimist, economist, conservationist, moderate, feminist, to pessimist.<sup>7</sup>

The verbatim transcript shows that experts from a variety of fields suggested different solutions: employing the technology to enhance agricultural production; the potential of making use of solar energy; and the international migration to distribute population from dense to less-dense areas. Nevertheless, the reduction of fertility was particularly emphasized. The summary of the conference noted: “It was widely agreed that research on the physiology of reproduction should be developed with a view to finding means of contraception which would be used in a

large scale in the underdeveloped countries.” Social studies and experiments in the less-developed areas were given similar significance as the development of contraceptive methods because they would reveal the social and psychological determinants of fertility and the cultural barriers to the reduction of fertility as well as to instigate public opinions domestically and abroad to support these intellectual actions. Last but not least, given the sensitive nature of the topic, local experts were encouraged to do their own studies via fellowships and research grants from the American institutions.<sup>8</sup>

## **II. The Population Council, the Biomedical Division, and Contraceptive Research**

JDR 3rd established the PC in November 1952, and since then, the PC has relied on a group of highly esteemed scientists in many fields, having determined not only that their experience could guide the organization’s agenda, but also that “their reputations as men of science shielded the Council from critics of birth control and lent prestige to both the organization and the population field.” As a central agency focusing on conducting scientific research and finding solutions to the world’s population problems, the PC's objectives and missions included: studying the increasing population of the world and its pertinent problems; disseminating the knowledge resulting from such study; serving as a center for the collection and exchange of facts and information on population issues; and coordinating individual and collective efforts in the development of population programs. To attain these objectives, scientific research would be conducted on reproductive physiology in order to enhance scientific knowledge about human fertility. This research and knowledge would be applied to contraceptive methods. Thus, the social, cultural, and ethical implications of contraceptive methods would be studied and experiments would be conducted to determine the different factors, such as the effect of contraception and economic development on birth rates.

In 1954 the PC organized itself into two major branches: a Demography Division and a Medical Division. Warren O. Nelson, a leading expert in male reproductive biology on the faculty of the College of Medicine at the University of Iowa, became the first Medical Director. Two years later, another reproductive scientist – Sheldon J. Segal – joined the staff as Assistant Medical Director. The Medical Advisory Committee was active in giving advice and providing direction to the Division. It was composed of three esteemed physicians in the field of human fertility: George Corner of the Carnegie Institution of Washington, Alan F. Guttmacher of Mt. Sinai Hospital in New York, and Howard C. Taylor, Jr., of the Columbia-Presbyterian Medical Center also in New York.

The PC operated as both a grant-receiving and a grant-making organization. Therefore its grant decisions had to take its donors' interests into consideration. For example, in 1954 the Ford Foundation made a grant of \$600,000 to the Council, but restricted the grant to work only in demography. This situation gradually changed. In 1961 the Worcester Foundation for Experimental Biology received a grant from the Medical Division for reproductive biology research, and in 1962 the Medical Division's funding topics ranged from ovulation control studies and estrogen studies to immunological studies and intrauterine contraceptive devices studies. In 1963 and 1964, the numbers of research grants for the IUCD and other contraceptive methods greatly outweighed other inquiries on the physiology of human reproduction.<sup>9</sup> The First International Conference on IUCD can be regarded as a sign that the PC came to terms with its new role: a global advocate of population control with imposed contraceptive methods.

### **III. The First International Conference on Intrauterine Contraceptive Devices**

The PC became interested in the potential of IUCDs for mass application in 1960 and decided to hold an international conference on this method. A steering committee was set up in late February of 1962 to compile a list of scientists and physicians with experience in the use of

IUDs. The Council also approved a grant of \$25,000 to finance travel and other expenses of the participants in the United States and abroad. The conference was held two months later in New York. In the introduction, Dr. Nelson, a steering committee member, emphasized that the goal of the meeting was “purely fact-finding” to ascertain the state of knowledge of IUCDs. Yet more was expected from the conference by its sponsor, the PC. The plan of finding a contraceptive for population control was mentioned at the opening remark and been reinforced during the course of presentations and discussions. Chairman Dr. Guttmacher explicitly expressed his stance

Thanks to the Population Council and the International Planned Parenthood Federation, I was able at first hand to see the population problem and what is being done about it in India and in much of Southeast Asia. I came back with the firm conviction that the reason the restraint of population growth in these areas is moving so slowly is the fact that the methods which we offer are Western methods, methods poorly suited to their culture and to the control of mass-population growth. Our methods are largely birth control for the individual, not birth control for a nation. Therefore, I felt very strongly that new methods must be offered and, if the new methods are good and proper, results will be astounding.

The steering committee assembled the participant list from two types of candidates. The first type included American and foreign investigators who had experiences with the IUCD method. They were invited to report their clinical results and evaluate the devices. American participants were doctors who were associated with Planned Parenthood centers or university professors who were associated with Planned Parenthood centers or university professors who advocated birth control. Physicians from Taiwan, Egypt, and Puerto Rico, who had practiced the IUCD method, seemed to have positive reviews. According to Dr. J.Y. Peng’s report, doctors and women in Taiwan were familiar with one kind of IUCD – Ota ring – that was introduced by Japanese physicians during the colonial period. Several surveys revealed that the ring was widely used in Taiwan and had been proved highly effective. As a public health physician-official, Peng regarded the method favorably.

Drs. Adaline Satterthwaite and Clarence Gamble conducted tests in Puerto Rico for only five months, and they concluded that the device had high effectiveness with no serious

disadvantage, which might “prove a high satisfactory method for widespread population control in overpopulated countries and would lend itself to a mobile-unit type of distribution.”

Dr. Mohamed Kamal Abdel Razzak, Director General of the Egyptian Association for Population Studies, discussed his five-hundred cases spanning thirty years, and suggested the harmlessness and reliability of the method, “if used in selected cases with healthy genital tracts and handled by efficient gynecologists.” Razzak mentioned the criticism he received from his medical colleagues in Egypt who were concerned with the side effects of having a foreign body in the uterus, but he dismissed such comments as prejudices.

Also, participating in the conference were select individuals who might be interested in organizing new trial programs with the method in the near future, i.e., American physicians who were associated with Planned Parenthood or who were interested in birth control, or foreign experts who were in a position to advise their own governments in carrying on experiments with IUD's. The latter group especially included the participants who worked in the family planning programs in Pakistan, India, and Mexico – the first countries that asked the Council's assistance since 1957. Among fourteen non-American representatives, four were from Pakistan, one from India, and one from Mexico. From the PC's standpoint, these foreigners did not need to have clinical data to contribute in the meeting, nevertheless, their interest in the device and the possibility of being convinced to adopt the method for their national family planning programs were sufficient to enlist them as allies into the network.<sup>10</sup>

Some social studies highlight the conspiracy aspect of the PC's various projects – via contraceptive technologies – that targeted the populations in underdeveloped countries. My research findings at the RAC suggest that the postwar history of fertility control in less developed areas was more than a conspiracy based on postwar American imperialism. In fact it involved the transformation of ideas, technologies, and practices among Americans and non-

Americans scientists-physicians, foreign government officials, and ordinary people, in which, of course, the PC staff and its international network played a dominant role.

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## ENDNOTES:

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<sup>1</sup> The Rockefeller Foundation published the report in 1950 in order to circulate the team's observations and recommendations. Marshall Balfour, et al. *Public Health and Demography in the Far East*. New York: The Rockefeller Foundation, 1950.

<sup>2</sup> Memo from Donald B. McLean, Jr. to JDR 3rd, January 10, 1952, Rockefeller Family Archives, RG 5, JDR 3rd Papers 1, Box 81, Folder 674. Memo (Population Problem: A Tentative Analysis) from McLean, Jr. to JDR 3rd, February 1, 1952, Rockefeller Family Archives, RG 5 JDR 3rd Papers 1, Box 81, Folder 667.

<sup>3</sup> Miles then served as Assistant Administrator for the Federal Security Agency (1950-1955). After the founding of the Population Council, he wrote a letter to McLean Jr. urging the American foundations to put some real money into contraceptive research because "this nation [was] surely better equipped than any other to make this sort of a contribution to the solution of the population problem." Rockefeller Family Archives, RG 5, JDR 3rd Papers 1, Box 80, Folder 667 and Folder 668.

<sup>4</sup> Rockefeller Family Archives, RG 5, JDR 3rd Papers 1, Box 80, Folder 667.

<sup>5</sup> Miles noted medical research, especially the methods of birth control that were suitable in hot climates and for people with limited education.

<sup>6</sup> Rockefeller Family Archives, RG 5, JDR 3rd Papers 1, Box 81, Folder 674.

<sup>7</sup> Documentation for Conference on Population Problems. Rockefeller Family Archives, RG 5, JDR 3rd Papers 1, Box 85, Folder 718.

<sup>8</sup> Conference on Population Problems, June 20-22, 1952, Summary Report. Rockefeller Family Archives, RG 5, JDR 3rd Papers 1, Box 80, Folder 667.

<sup>9</sup> See finding aid documentation for the Population Council General File.

<sup>10</sup> See the conference proceeding edited by Christopher Tietze and Sarah Lewit. New York: Excerpta Medica Foundation, 1963.