

News and Comment

Birth Control: Swedish Government Has Ambitious Program to Offer Help to Underdeveloped Nations

Stockholm. Sweden plans to make birth control assistance a major part of its rapidly expanding foreign aid program. The program is diminutive by American standards, but it has grown from \$10 million to \$25 million over the past year, and the Swedes are committed ultimately to channel 1 percent of their gross national product—about \$17 billion at present—into various types of foreign aid.

Officials of the recently formed Swedish Agency for International Assistance are not overly optimistic about what can be done to decelerate population growth in the underdeveloped nations, but they realize that Sweden is the only aid-giving country that dares touch the subject. The Kennedy Administration, despite a willingness to acknowledge that a population problem exists, has so far refrained from attempting to do anything about it; and in the United Nations, opposition from Catholic countries has kept birth control out of U.N. technical assistance programs. Thus, the Swedes, in determining where their relatively limited resources could be most effective in the underdeveloped countries, have decided to emphasize birth control. It will by no means be the Swedes' only or principal contribution to foreign aid; their excellent work in vocational training, among other things, is also being made available to these countries, but the prospects are that Sweden, alone of all governments, will be willing to devote relatively substantial sums to promote birth control in any country that wants its help.

It is already conducting small programs, totaling \$350,000 a year, in Ceylon and Pakistan and, on the basis of the results achieved there, has been asked for similar assistance by the Tunisian Government. A number of other governments have also made de-

tailed inquiries, leading Swedish aid officials to predict that within 3 or 4 years family planning assistance will comprise the largest single item in Sweden's country-to-country foreign aid effort. Two-thirds of Swedish aid funds are channeled through the U.N. technical assistance program, but plans call for an across-the-board expansion of all activities.

The Swedish interest in promoting birth control, or family planning, is not accompanied by any comforting illusions about the enormous problems involved in decelerating population growth among illiterate, impoverished people. But the Swedes consider it close to futile to attempt to promote economic development without an accompanying effort to reduce births. And from their experiences in Ceylon and Pakistan they are cautiously hopeful that Western family planning techniques can be taught to the underdeveloped nations.

"There is no assurance that we will succeed," Carl Wahren, secretary of the Swedish aid agency, said in an interview, "but the problem is so urgent that it is utterly irrational to do nothing about it." (Similar statements have been privately made by American aid officials; however, the promotion of birth control is so far beyond the political reach of the American Government that these officials can report, with no challenge forthcoming, that U.S. assistance programs do not include any funds for birth control.)

The Ceylon Project

The Ceylon project, which was Sweden's first effort to assist family planning in the underdeveloped countries, was started in 1958 by the quasi-official organization that ran Swedish foreign aid until the Agency for International Assistance was formed last January. While American officials report that they are yet to receive their first request for birth control assistance (for that matter, the Soviet foreign aid

organization is yet to receive its first request for assistance in setting up a stock exchange!), the Swedes report that the Ceylonese showed no timidity in requesting assistance. One gets the impression, however, that Swedish planned parenthood groups had something to do with stimulating the Ceylonese request. The Swedish response was tiny by American foreign aid standards. One physician was sent to Ceylon to determine whether it would be possible to develop a program that would rely on existing Ceylonese public health personnel. Two districts, each with a population of about 7000 persons, were selected for the project: one, a village area about 25 miles south of Colombo, with an agricultural population that was about 20 percent illiterate, had a 1959 recorded birthrate of 31.2 per thousand; the other, a tea-estate area in a mountainous region, inhabited by Indian Tamils, a migratory people who are virtually at the bottom of the Ceylonese social scale, was 75 percent illiterate and had a recorded birthrate of 39.5 per thousand.

By 1960 the birthrate in the village area had dropped to 27.1 per thousand, and last year it was down to 23.9 per thousand. The Swedes say that because of the second area's transitory population they have been unable to gather reliable statistics, but the results there appear to have a great deal to do with the tempering of optimism. Swedish aid officials also concede that the apparently favorable results in the village area may be deceptive. They note that many of the inhabitants commute to Colombo, where it is not unlikely they have picked up some birth control information; the village population had a relatively high literacy rate, and, perhaps most significant of all, no figures are reportedly available on the population trends prior to the start of the program.

In the absence of contrary evidence, however, the Swedes are acting on the assumption that the program played a decisive role in pushing the area's population growth sharply downward, and they feel they have picked up some important lessons that may be applicable elsewhere. The Ceylonese Government was sufficiently satisfied to request extension of the program to still another district.

Wahren, whose duties include administration of the family planning program, said that one of the principal conclusions drawn from the Ceylon project is that more stress must be

placed on using and improving educational techniques and devices, such as audiovisual aids. "We found that we first had to get across the fact that it is not an inexorable law of nature for women to bear children every ten or eleven months," he said. "The women in both districts were astonished by this information, and found it rather difficult to accept. But once they grasped this fact, they wanted to know more, and we found that they were hungry for information."

"The whole basis of our approach," Wahren explained, "was to make it perfectly clear that our desire was to promote family planning and not merely to suppress births. We have helped infertile couples to have children. We are in this program to help the people have a better life for themselves and their children; any other goal will not succeed."

The Ceylon project, which may well be the pattern for future Swedish family assistance planning, stuck very carefully to the original aim of training local public health personnel. "This is absolutely necessary for us," said Per-Erik Rönquist, who is chief of the aid agency's planning and budget division. "Sweden does not have manpower to export; our principal asset is technical know-how, and if we are to succeed, we must find ways to use our limited manpower to transmit that know-how to local personnel as quickly and as efficiently as possible." Under the guidance of the lone Swedish physician assigned to the project, Ceylonese personnel quickly became integrally involved in the program. The initial approach to the inhabitants of the district was usually made in a fairly casual manner, often during a pre- or postnatal checkup at a public health clinic. This first contact was followed up by a visit to the home, Rönquist and Wahren explained, where additional information was offered, but in doses no larger than the couple seemed willing to accept. Finally, contraceptive devices, principally condoms provided by the Swedish Government, were made available without charge.

"The project has cost only \$50,000 a year and has employed only one physician. We feel there are a lot of questions that remain to be answered, but we are encouraged," Wahren said.

While the Ceylon project has been entirely under Swedish direction, the Swedish work in Pakistan has been integrated into that country's large-scale family planning program. With an

initial annual budget of \$300,000, the Swedes have sent three medical teams to Pakistan, each consisting of a physician and a nurse. They also have provided a mobile clinic and have brought three Pakistanis to Sweden for training in the production of educational films and other visual aids. "The educational aspects are critical," Wahren explained, "since we keep running into such superstitions as that contraception will make you impotent or will produce sickly children."

Wide Political Support

While the American foreign aid program annually produces a major battle between Congress and the Administration, Sweden's expanded foreign aid program appears to have the nation's blessing. Swedish aid officials point out that there has been some opposition to the plan to commit 1 percent of the gross national product to foreign aid, but it has come from those who feel the contribution should be greater. It is difficult to compute U.S. foreign aid expenditures, but it is a generally accepted estimate that they do not exceed half of 1 percent of the American gross national product.

It might be assumed that Sweden's growing venture in assisting the underdeveloped nations with family planning would be of interest to the Administration, but the Swedes report that they have had no inquiries from American officials; at the American Embassy here there is an awareness, derived principally from published accounts, that Sweden is emphasizing birth control in its foreign aid program, but the embassy does not appear to be greatly interested in the subject. Its behavior seems to reflect the skittishness which afflicts the Kennedy Administration on the subject of birth control. At the outset the Administration quickly reversed its predecessor's policy of refusing to acknowledge publicly that population growth constituted a problem for the underdeveloped nations. In introducing the Alliance for Progress, for example, Kennedy warned that South America's rapidly expanding population imposed a burden on economic development. And last November a State Department official, in the Administration's first full-length statement on American policy toward the population problem, hinted that the U.S., under some circumstances, might accede to requests for assistance. When an inquiry was recently made on whether any requests had been received, the

reply was negative. And during the past few weeks, the Administration's wariness toward the issue was again demonstrated when the Public Health Service announced that it would not release a survey that it had made dealing with fertility. The explanation offered was that the study "might be subject to misunderstanding." The decision was quickly reversed when an investigation was threatened by the House Government Operations Subcommittee, and it was announced that a "revised" version would be released by the end of the year. It is likely that one of the principal revisions will be the deletion of a recommendation that the U.S. Government finance additional research for new means of reducing fecundity.

It appears that the Kennedy Administration, despite early indications to the contrary, has no inclination to incur the enormous political hazards involved in promoting birth control. The field is thereby left to a few American foundations, which, with limited resources, have been assisting the Indian and Pakistani governments, and to Sweden, which appears likely to become the most significant force for attempting to reverse the population explosion in the underdeveloped nations.—D. S. GREENBERG

Announcements

The Voice of America has begun broadcasting a series of 21 half-hour lectures on "**Automation: The New Industrial Revolution.**" The weekly series, which began on 11 September, will be transmitted to over 60 countries. Editorial coordinator is George E. Arnstein, assistant director of the National Education Association's project on the educational implications of automation.

High school and college personnel concerned with the guidance and selection of college students are invited to make use of the University of Michigan's **opinion, attitude, and interest testing program** for college-bound high school seniors and college freshmen. The 14 scores provided include measures of motivation for academic success, creativity, and educational-vocational interest. Test booklets and answer sheets (but not scoring keys) will be supplied by the university; completed answer sheets will be processed, and scores will be reported,