

# Letters

## **"Family Planning and Public Policy: Who Is Misleading Whom?"**

In their article (25 July, p. 367) Harkavy, Jaffe, and Wishik are, in effect, defending their own effort to influence the federal government regarding population policy. Harkavy and Jaffe are executives with organizations that promote "family planning" (the Ford Foundation and Planned Parenthood), and Wishik is a director of a university-based family planning program. Their past influence is not only directly visible in their consultants' report criticizing HEW's population program for not pushing family planning more aggressively, but it is indirectly evident in the authors' presence (one, two, or all) on committees and hearings concerning population, each appearing to give "independent" but somehow unanimous advice to government agencies, Congress, and the President (1). My questioning of the alleged facts and logic supporting their advice has led them to charge me with statements I never made, nonuse of data they have carelessly overlooked in my article, and failure to include unpublished materials to which I had no access. In their anxiety to discredit my analysis, they even deny their own erstwhile goal of population control.

They begin by using over 1000 words to accuse me of claiming that there is "a consensus on U.S. population stability," or "zero population growth," as a goal. I made no such claim. I said that "action to *limit* population growth is virtually unchallenged as an official national goal," a statement implying neither zero increase nor popular consensus. If anyone doubts that population *limitation* is endorsed, and endorsed officially, he may consult President Johnson, John W. Gardner, the Republican National Platform and, recently, Senator Tydings' 8 May 1969 speech introducing S. 2108 (2). These endorsements have gone unchallenged—that is, until Harkavy *et al.* suddenly disavowed them.

Although every major proposal for federally supported family planning is

phrased in terms of the need to stem population growth, my three critics now say that "the federal program has been advanced, not for population control, but to improve health and reduce the impact of poverty and deprivation." This constitutes the first explicit admission by family planning leaders that their interest in contraception is not to be equated in any way with population "planning," "control," or "policy." If this is really their view, it contradicts their past role in this field.

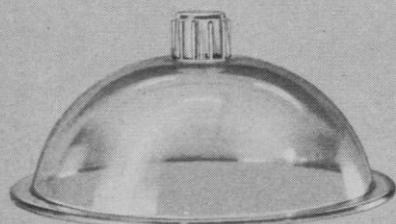
If the federal program is to improve health and reduce poverty, as my critics now claim, is it wanted and needed by the prospective recipients? The documents I criticized claim that the poor prefer fewer or no more children than the well-to-do, but the facts I cited show that this claim is not true and that it exaggerates the demand for birth-control services among the disadvantaged. This evidence comes principally from national polls, but it comes *also* from the only two national fertility surveys (1955 and 1960) available in print, which my critics falsely say I "ignored." In trying further to discredit the evidence, the authors' unfamiliarity with the literature leads them to cite criticisms of a question (the ideal size for the average American family) which was not asked on the polls I used. They also darkly impugn respondents' own statements of ideal family size. They prefer number of children "wanted" or "desired." Yet the National Fertility Study of 1965 shows, for whites, very close agreement among ideal, desired, and intended family size: the average "ideal" is 3.24, "desired" is 3.29, and "intended" is 3.16 (3). In further misunderstanding of the surveys the authors make the amazing statement that "almost all low-income parents" have an "expressed preference for less than four children." They confuse an *average* with a *proportion*. Actually, although the average preference is for fewer than four, approximately 40 percent of the women with incomes "under \$3000" said in 1960 that they wanted four or more children (4). As for the

categorical claim that Negro couples desire smaller families than do white couples, Table 1 of the authors' own article shows that this claim is true only for well-educated Negroes. Poorly educated ones want more children than comparable whites, except for white Catholics.

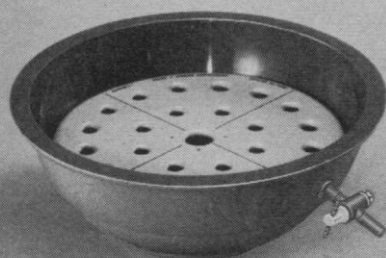
Continuing to dispute the evidence, the authors object to opinion polls as against "in-depth" studies on birth control. The "in-depth" question from the 1965 study that they claim I ignored (the results were, in fact, not published) runs as follows (5): "Most married couples do something to limit the number of pregnancies they will have. In general, would you say you are *for* this or *against* this?" If this question is superior, why are the results, tabulated by educational level (Table 2 of the Harkavy article), essentially the same as the polling data? Both sources show the least approval of birth control among respondents with only a grade school education.

Defending their idea of a great "need" for government assistance in family planning, Harkavy *et al.* turn to the overworked and ambiguous concept of "excess fertility." The concept, as applied to couples, was carefully defined when first used in the 1960 Growth of American Families Study. It was concerned with whether the respondents "really wanted" another child at the time of the last conception. If the respondent said that she, her husband, or both had not wanted another child, this was defined as "excess fertility." But the authors of the 1960 study emphasize that in 50 percent of such cases *one* spouse "really wanted" another child. The original authors also caution that "many wives who said that they had not 'really wanted' another child before the last conception also said . . . that if they could have just the number they wanted and then stop, they would have the same number they had and even more" (5, p. 236). As defined in the actual studies, "excess fertility" obviously cannot be equated with "unwanted" pregnancies; yet such an equation has been a principal argument favoring a federal program.

The estimate of the five million women who "want" and "need" contraception is grossly overstated. It includes sterile women, birth control users, objectors, and women seldom or never having intercourse. Our reestimate, correcting for the errors just mentioned, shows that the number is *substantially fewer than two million*.



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This estimate does not imply that the women need federal services, but merely that they need contraception.

Harkavy and his colleagues are right that family planning for the poor is not a means of population control. It is not even a "first step" to that goal. But until now this has not been clear; the government has been sold a risky program as part of a population-control package. This program invites charges of genocide, dissemination of dangerous drugs, and subversion of moral standards—ironically, it now appears, for the purpose of "health" and a dubious welfare goal. The insensitivity to such risks, as well as the paradoxical confusion of goals, is exemplified by Senator Gruening's support of the statement that (6) "... whatever might be the long-range adverse effects of the pill ... women prefer to take their chances. They would risk any possible ill effect rather than become pregnant."

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### Public Health Service Grants

During a period of tight money, smaller contributions to nonprofit organizations, and decreased congressional appropriations for research, it would appear natural for an investigator to ask: "Do I stand a better chance of getting my research grant application approved by the Public Health Service or some federal funding body if I submit a moderate or small budget?"

As part of a study of the priority system for reviewing PHS grants, it was decided to determine if there was any relationship between the amount of support requested by the applicant and the priority assigned by the review group. A group of executive secretaries of PHS study sections which are the scientific review bodies were asked to select samples of relatively large requests (4 or more years at an average of more

### References and Notes

1. The principal documents under discussion are: O. Harkavy, F. S. Jaffe, and S. M. Wishik, *Implementing DHEW Policy on Family Planning and Population* (1967, mimeographed; available from the Ford Foundation, New York); *Report of the President's Committee on Population and Family Planning: The Transition from Concern to Action* (Government Printing Office, Washington, D.C., 1968); and *Hearings on S. 1676, U.S. Senate Subcommittee on Foreign Aid Expenditures* (17 volumes of testimony concerning "the population crisis").
2. Statement by President Johnson at the 20th anniversary of the United Nations at San Francisco, 25 June 1965, and swearing-in ceremony of John W. Gardner as Secretary of Health, Education, and Welfare, 18 Aug. 1965 [*Congr. Rec.* 113, 6494 (14 Mar. 1967)]. The complete text of the 1968 Republican platform appears in *Congr. Quart.*, 9 Aug. 1968; the reference to population is on p. 213. "Family planning: A basic human right," speech of Senator Joseph P. Tydings, *Congr. Rec.* 115, S. 4848 (8 May 1969).
3. N. B. Ryder and C. F. Westoff, "Relationships Among Intended, Expected, Desired, and Ideal Family Size: United States, 1965." An occasional paper published by the Center for Population Research, National Institute of Child Health and Human Development, March 1969, no pagination.
4. Tabulation from basic data cards of the 1960 study.
5. From the interview schedule used in the 1965 National Fertility Study. Kindly supplied to me by Charles F. Westoff of Princeton University.
6. *Hearings on S. 1676, U.S. Senate Subcommittee on Foreign Aid Expenditures*, 90th Congress, 1st session (2 Nov. 1967), p. 62.

than \$40,000 a year), medium requests (2 or 3 years at about \$25,000 a year), and small requests (2 or, if necessary, 3 years at less than \$20,000 a year). It is obvious that with inflation \$40,000 a year is no longer a large amount. However, the comparisons would still apply. Each voting member of a section assigns to each request a priority of 1 to 5 on the basis of scientific merit; 1 being the highest and 5 the lowest possible priority for each approved application. The individual ratings are then totaled, divided by the number of members voting, and multiplied by 100 to get the 3-digit priority.

Table 1 shows that 22 of the 33 disapproved applications were in the small and medium groups, whereas 45 of the 80 approvals were in the large and medium size. The large group had the best average priority. It is apparent that the size of the request has practically no

Table 1. Relationship of project size to approval rate.

Project size	Total	Disapprovals		Approvals		Average priority
		Number	Percent	Number	Percent	
Large	36	11	31	25	69	224
Medium	27	7	26	20	74	260
Small	50	15	30	35	70	256