NATIONAL SECURITY COUNCIL
UNDER SECRETARIES COMMITTEE
POPULATION TASK FORCE
FIRST PROGRESS REPORT, 1976

Cover: National Security Council letterhead
Dated: January 3, 1977

MEMORANDUM FOR THE CHAIRMAN, UNDER SECRETARIES COMMITTEE: This consists of a single page noting that the report was produced in response to two previous memoranda, NSSM 200 and NSDM 314, and adding that: "Performance criteria should be developed by AID for population assistance, as required by NSDM 314." It is signed by Brent Scowcroft, who served as President Ford's national security advisor, later holding the same position in the Bush administration.

To follow are excerpts from the National Security Council's 1976 memorandum on population policies in less-developed countries ("LDCs"). Each section is followed by a notation showing the page on which it appears in the original. Where repetitive or inconsequential sections of text have been deleted for the sake of brevity, the same is also indicated in the text below. Except for such notations and deletions, the transcript is verbatim.

Excerpts from the Report

NSDM-314 of November 26, 1975, requires that the Chairman of the NSC Under Secretaries Committee submit annual reports, the first to be prepared within six months of the population policies. The first required annual report is herewith submitted by the Interagency Task Force on Population Policy, established by the Under Secretaries Committee for the purpose of coordinating and implementing the above policy.

The first step taken by the Task Force in implementing the new Presidentially approved policies was to ensure that all responsible Officials in Washington and the field were informed of the essential content of basic NSC policy on population. It would be difficult to overstress the importance of involvement of our leaders, Ambassadors, and Country Teams in overseas population issues. Our officials must know about the facts of population growth and be fully persuaded of the importance of this issue. They must then find suitable occasion and discreet means to bring the message most persuasively to the attention of LDC leaders whose influence is decisive in shaping national policies and programs. (page 1)

This report is divided into six main sections, as follows:

…

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C.

January 3, 1977

MEMORANDUM FOR

THE CHAIRMAN, UNDER SECRETARIES COMMITTEE:

The First Annual Report on U.S. International Population Policy

-- The report is accepted as a further development of the general strategy for U.S. population programs as set forth in NSSM 200;

-- Emphasis on increasing receptor demand for population control assistance is approved as a supplement to the strategy set forth in the NSSM 200 report and NSDM 314;

-- Performance criteria should be developed by AID for population assistance, as required by NSDM 314.

Brent Scowcroft

(This consists of a single page noting that the report was produced in response to two previous memoranda, NSSM 200 and NSDM 314, and adding that: "Performance criteria should be developed by AID for population assistance, as required by NSDM 314." It is signed by Brent Scowcroft, who served as President Ford's national security advisor, later holding the same position in the Bush administration.)

I. The world population crisis: Its dimensions and responses by nations most affected.

A. Embassy evaluations of the world population crisis largely substantiate the conclusions of NSSM-200, but with even greater emphasis on the significant impact of population growth on environment and on generating unemployment. Embassy evaluations are somewhat less concerned than NSSM-200 with regard to the availability of food to meet population growth in the immediate future.

...

C. Embassy responses also emphasize the serious implications of rising unemployment/underemployment, with countless millions unable to eke out a living in rural areas, jamming into already overcrowded cities where living conditions for many are appalling. Such conditions can only spawn social unrest with serious political and even potential strategic implications.
(p. 3-4)

D. We conclude from Embassy responses that, of the 1.8 billion people living in surveyed LDC's: ... (3) 91 million live in 15 countries (mostly in Africa) where there are no population programs, and some of the governments are pro-natalist.

...

F. On the other hand, our Embassies note persistent obstacles to acceptance of birth control as well as the fact that program implementation is badly handicapped in a number of countries through lack of executive talent and shortages of professional manpower. Political sensitivities -- re birth control issues -- also impede vigorous implementation of the governments' declared family planning policy in some countries. (page 4)

G. The overall conclusion to be drawn from Embassy reports is that current LDC population growth poses serious problems, but this is counter-balanced to some extent by encouraging evidence of greater attention to population policies on the part of most of the LDC's, significantly including the three largest: China, India, and Indonesia.

II. Overall U.S. strategy and development of world commitment to population stabilization.

A. U.S. Strategy is dealing with the world population problem proceeds from a recognition of the disastrous implications of current population growth rates (including threats to our national security), and yet a counter-balancing recognition that the problem can be significantly eased if the nations of the world take prompt and effective counter-measures. The main task is up to nations handicapped by excessive population growth, which includes almost all the developing world. But these nations need outside help, and it must be our principal task to see that, in cooperation with other donor nations and organizations, we render effective assistance, when requested and desirable. (page 5)

C. In the case of countries that have an announced national policy on family planning and

development (hereafter termed the "committed countries"), the U.S. should, in addition to its current AID programs, discreetly promote three approaches that are interrelated and have proved highly effective:

1. Encourage national leaders to speak out clearly and firmly in support of broad-based population programs, while maintaining discipline down the line to see that population policies are properly administered and implemented, particularly at the village level where most people live;

2. Encourage these countries to adopt innovative approaches (which have already proved successful in several countries), designed to root family planning in the villages, relating family planning to the economic interests of the community, and thus creating peer pressures for limiting the size of families;

3. Train paramedics, midwives, volunteers, and others to provide general health services, including family planning in villages where these people are known and trusted. This extended personalized family planning advice, to be most effective, must reach women before they become mothers (so first births can be postponed if women so wish) and at least from the moment they have their first child, when spacing of children should be strongly recommended. Sterilization should be offered when the desired family size has been reached. (page 6)

D. We recommend that U.S. officials refrain from public comment on forced-paced measures such as those currently under active consideration in India. The Indian Government's demand for accelerated action is understandable, but there are moral considerations as well as practical obstacles to involuntary sterilization programs (inadequacy of medical, legal, and administrative facilities), and they might have an unfavorable impact on existing voluntary programs. This is not to be confused with a variety of individual and community incentive schemes the Indian authorities have under consideration to promote voluntary sterilization and other forms of contraception. (page 6-7)

E. In the case of LDC countries uncommitted to population programs, our efforts must be fine-tuned to their particular sensitivities and attitudes. In the main, we should avoid the language of "birth control" in favor of "family planning" or "responsible parenthood," with the emphasis being placed on child spacing in the interests of the health of child and mother and the well-being of the family and community. Introduction and extension of primary health services are, in fact, the principal ways of successfully introducing family planning into many of these countries. We should also find ways, such as through informal personal contacts and special graphic presentations, to show leaders how current growth rates detract from their countries' economic development prospects. This, together with economic and demographic training of promising LDC officials, is particularly important in view of widespread unawareness of the economic facts of life, including wishful thinking that economic development will automatically resolve the population problem. ...

G. In order to increase U.S. population support for involvement in international population programs, it would be helpful at some suitable time and occasion to have at least a brief public Presidential statement of our international population policy and objectives, in the context of our desire to improve conditions of life for mankind for endless generations to come. In all our statements, we should accent the positive.... (page 7)

H. We must nevertheless be selective and low-key in our approaches. It is important that the LDC's take more of a lead on population issues at international conferences and at home. A great deal of our work must involved personal contacts with men and women of influence in the LDCs and in donor countries, as well as with our Congress, the media, U.S. organizations, and groups of concerned citizens. We must help ensure that international organizations like IBRD, WHO, UNDP, UNICEF, and UNFPA, as well as private voluntary organizations, play an active, positive role in support of population programs, although we do not believe that further Bucharest-type meetings on population issues would serve any useful purpose at this time. The focus should now be on effective implementation of the Bucharest Plan of Action.... (page 8)

III. Maximizing efforts and contributions of other donors and organizations and improved coordination

A. .... Our ability to play the leadership role stipulated in NSDM-314 and our success in getting other donor nations to do more will necessarily relate to increasing our own population assistance funding. (footnote omitted)

B. ... In addition to the traditional donors, we should also encourage the newly rich, oil-producing states to make contributions to the UNFPA, using the recent Libyan ($1 million) and Algerian ($500,000) contributions as a basis. The most effective channels in this regard are likely to be UNFPA or representatives of countries which have particularly close ties with the oil-producing states.

C. There is also need for improved coordination efforts amongst donors, particularly since many donors are now re- examining their overall development assistance programs in the context of population growth and are also giving greater attention to programs which provide improved basic integrated health/family planning/nutrition services with maximum rural outreach.....

D. For international coordination, we recommend a three- tiered mechanism. First, general coordination of the population activities of donor nations could take place in the OECD Development Assistance Committee (DAC), with associated international organizations participating. Second, questions of population program funding levels and the impact of general development programs on fertility could be discussed at other meetings such as the "Tidewater" Conferences which are attended by heads of donor aid agencies. Third, senior officials specifically concerned with population assistance could discuss program design, recipient country problems, and other technical questions at periodic meetings which focus on specific issues. Efforts are already beginning in this direction. (page 9)

E. The United Nations Fund for Population Activities (UNFPA) and the private International Planned Parenthood Federation (IPPF) represent the two most important channels for assistance provided through international organizations and private intermediaries. These intermediaries can operate, though sometimes with limited efficiency, in countries where AID's bilateral assistance programs are not now acceptable. In over half of the key 13 NSSM-200 countries, the total U.S. effort is limited to our indirect support for activities of these intermediaries.

F. ... However, UNFPA has not yet concomitantly shifted its program content emphasis from "consciousness raising" to the delivery of effective family planning services/information and to efforts to use development policies and programs more generally to affect fertility.

G. In the past, the UN Specialized Agencies (SA's), e.g. FAO, ILO, UNESCO, UNICEF, and WHO, have administered most of UNFPA's operational programs using UNFPA funds. The SA's have used only limited amounts of their won resources for population programs and even then only for general and academic purposes rather than country specific and practical ones. ... We recommend, however, that UNFPA maintain liaison with the SA's to ensure that SA projects support fertility reduction. In addition, we recommend that the U.S. delegations to the various SA's be instructed to support coordination with the UNFPA and to push for consideration of secondary fertility reduction effects in SA projects. (page 10)

….

I. Unlike UNFPA, IPPF and other private population-oriented intermediaries do not require explicit country agreements to operate. As private organizations, they require only acquiescence. Through local subsidiary organizations, intermediaries like IPPF can act as local family planning advocates using local community leaders, a role no foreign government or international organization can hope to play. Although contributions to private voluntary population-oriented organizations mean less direct control of programs, we recommend, for reasons enumerated above, the AID continue to extend financial support to these groups provided they can program funds roughly according to the directions we outline in Section VI below and provided they can demonstrate that funds will be used with reasonable efficiency.

J. The World Bank Group is the principal international financial institution providing population programs. However, the Bank's policy prevents it from financing consumables such as contraceptives and other family planning commodities. This restricts its ability to finance population projects with its available funds. At present a high-level outside consultant group is evaluating the Bank's population programs. This evaluation and our review of it should help provide a clearer picture of what improvement there might be in the Bank's role and activities in the population field.

K. In addition, given the important secondary effects on fertility that general development efforts can have, we recommend that the Bank analyze the population impact of all its new projects, especially those in the newly constituted project area of nutrition. (page 11)

L. ... We recommend that the Bank coordinate with UNFPA to determine if some of these outstanding requests for population assistance can be met.

IV. Improved Demographic Information and Data Base (p. 12)

A. U.S. policy in this field should focus on (1) increasing the flow of accurate and timely demographic information and (2) improving the demographic data base in both quantity and quality by:

[data collection, census, etc.] (page 12)

V. Biomedical and Social Sciences Research on Broader Factors Affecting Birth Rates

…

B. In coordination with [National Institutes of Health], Aid should moderately expand its biomedical research effort, especially focusing on developing new and promising contraceptive methods (particularly reversible sterilization and injectables) that will be appropriate to the needs of the LDC's, and exploring the adverse side effects of current contraceptive methods on various population groups among whom peculiar side reactions might be anticipated. NIH, in coordination with AID, should also pursue its biomedical research, which is oriented more to developed countries like the U.S. but frequently with potential worldwide application.

C. AID should expand its LDC-based research on comparative effectiveness of family planning systems with particular emphasis on low cost/village-based services using health auxiliaries and laymen, and it should continue to address the desirability and feasibility of integrating health, nutrition, and family planning services in a variety of ways in different circumstances.

D. AID should expand its social sciences research on the links between fertility and various aspects of development, particularly female education and employment, health conditions (especially of children), incentives/disincentives to encourage small families, income growth and distribution, and laws and policies which are supportive of family planning. Additional research is also needed on the implications of population growth for development. (page 13)

…

F. Finally, the Interagency Committee on Population Research should develop a plan for the improvement of coordination among the various U.S. public and private agencies to ensure maximum productivity from public outlays. Similarly, the U.S. should encourage closer coordination with the research programs of other international donors to provide maximum exchange of information and earlier exploitation of prospective breakthroughs.

VI. Future Direction for our AID programs, with Projected Funding Levels for Population Assistance

A. This Section of the report relates how, within the broad framework of the preceding Sections, or foreign assistance programs can best achieve the most voluntary reduction in fertility with limited funds. We fully support the conclusion of NSSM-200 that far greater efforts, including more U.S. population assistance, will be required to cope adequately with world population growth. ... (page 14)

C. In response to basic NSC policy, AID had undertaken a broad review of efforts (particularly U.S.-assisted efforts) to reduce fertility. Based on this analysis, AID has established program directions for population-related assistance over the next several years.

D. Due priority is given to requests for assistance from the 13 biggest population growth countries. AID has according given major assistance directly or indirectly to Colombia, India (population assistance terminated in 1973 at India's request), Bangladesh, Pakistan, Indonesia, Philippines, and Thailand.

E. In the past several months, useful high-level meetings on population issues have been held with Asian leaders. Our Embassies report both the Philippines and Pakistan are undertaking additional measures to make contraceptives more widely available to the villages. Other steps are under active consideration to promote family planning measures in Brazil, Colombia, and Egypt. In the countries not desiring bilateral U.S. population assistance, particular attention is paid to specific opportunities to assist through intermediaries (e.g., IPPF or UNFPA) that can operate efficient programs along the directions outlined below.

…

G. Designing programs to reduce fertility must take into consideration individual couples' choices about child-bearing and family planning. Couples need not affirmatively decide to have a child. But they must affirmatively decide to practice family planning. Consciously or unconsciously, they weigh the pros and cons of available means of family planning. Their attitudes toward family planning depend on the type, cost, and accessibility of the services available to them and also on the extent to which they accurately understand those services. Their views on the desirability of a child are most complex, and depend largely on the social, cultural, and economic milieu. (page 15)

H. Providing better family planning services and information is the most obvious way to tip parental decisions in favor of family planning. Better services and information can avert extra births that couples do not affirmatively seek. They can also help reduce insurance births as wider spacing of pregnancies helps to improve the health of existing children. Less obviously, they can indirectly influence the number of children parents seek; for as services change family size, they help modify future family-size norms.

I. Thus, most population programs have concentrated on developing and extending better family planning services and information. Over the past decade, AID has devoted some $750 million to population assistance, primarily to improve and extend services and information. While it is difficult to quantify the demographic impact precisely, available evidence indicates that AID assistance has been quite significant, particularly in Asia. ....

J. But family planning services and information alone will not likely bring birth rates down to current LDC target levels, much less to stable population levels which would require an average family of only slightly more than two children. As emphasized at the World Population Conference and elsewhere, many parents apparently want three or more children even when safe, effective, acceptable, and affordable family planning services are readily available. Thus development policies and programs can be specifically tailored to change the social, cultural, and economic milieu to encourage smaller families, thereby effectively complementing better family planning services and information. .... (page 16)

[use of AID population assistance and other assistance] (page 17)

Category 2: Population Policy

--Moderately expand research, particularly LDC-based, on linkages between fertility an various aspects of development, particularly including:

a) female education of various types and levels;

b) female employment;

c) health (especially of children);

d) nutritional status of women and children;

e) incentives//disincentives to encourage smaller families;

.....

-- Moderately expand measures to bring out the development implications of population growth and the potential for influencing fertility through development programs.

.....

-- Moderately expand projects to field-test internationally promising new family planning methods.

Category 3: Research

-- Moderately expand research to develop or improve new methods (especially once-monthly methods and reversible sterilization) and international research on side effects of available methods, especially pills, among particular users.

-- Moderately expand research on the relationship between nutritional status and fertility. (page 18)

[village distribution systems, other prospects, integration of f. p. with health nutrition, low cost... etc.] (page 19)

.....

Category 5: Information, Education, and Communication (IEC)

-- Undertake broad family-planning awareness campaigns largely only where general awareness is very limited.

-- Where basic awareness exists, fine-tune existing IEC efforts so they are:

a) country and culture specific;

b) informative on each specific methods of family planning;

c) related to personal needs and aspirations;

d) focused considerably on the interface between village family planning worker and village client;

e) reliant on relatively inexpensive media with broad outreach that require little or no reading (e.g., radio).

[manpower and institutional development]

[funding levels] (page 20)

O. Funding Levels: To carry out this program, AID estimates population funding levels of over $200 million (including UNFPA) will be needed annually over the next several years with a possibility for increased levels beyond this, given the enduring quality of the population problem. ... (page 20)

[relationship between non-population programs in fertility impact] (page 21)

Annex I

Development of World Political and Popular Commitment to Population Stabilization

The Task Force recognizes that our approach to world population issues must be based on mutuality and respect for the rights and responsibilities of other countries in developing their own policies and programs. .... There is, however, a degree of growing global interdependence that makes uncontrolled population growth in any one country or area of the world a matter of concern for all.

... Above all, it calls for greater involvement of leaders and diplomats than there has been over the past several decades.

What we and others in the world community do to promote the effective development of poorer nations of the world will also have an important impact on the population problem. Therefore, it is not just our AID population program that is involved but out total AID program as well as all the other types of measures referred to in the Secretary of State's message to UNGASS in September 1975 and to UNCTAD in May 1976. (page 24)

If we are to help persuade other countries as to the importance of taking adequate, timely steps to cope with excessive population growth, we must be fully persuaded ourselves. Our leaders, diplomats, and others in authority must not only be persuaded, but they must also know the facts about population growth, i n order to be effective in encouraging leaders of other countries to take

the required action. Instructions have accordingly been sent, most recently by the Secretary of State, to our Ambassadors and country teams in each country where population presents problems, requiring that our Ambassadors and their staffs be informed on population issues and that they find appropriate occasions to raise the matter in discussions with host country leaders. We have already arranged for special population briefings for our Ambassadors assigned to countries with population problems. We are also circulating population information materials to the field and are introducing more population attention into Foreign Service Institute training. (page 24-25)

* * *

Countries Committed to Population Programs

The committed nations include almost all of the countries of East Asia and South Asia plus a scattering of others in Central America (including Mexico), the Caribbean, North Africa, and in the Pacific and Indian Oceans. Since this group includes the PRC with over 800 million people, India with over 600 million, as well as other large developing countries like Indonesia, Bangladesh, Pakistan, Philippines, and Thailand, it means that almost one-half of the world's population live in developing countries whose leaders are committed to population policies and programs. This represents roughly two-thirds of the developing world.

[U.S. involved in some countries, not in others such as PRC] ..... AID's principal means to support population policies in these countries has been, and is likely to continue to be, related to supplies and supply systems. ..... (page 25)

[measures].... However, many leaders recognize that all these measures, significant as they are, will not help reduce population growth rates sufficiently to avert major disasters. Prerequisites for real success are likely to involve three approaches that are interrelated and have proved highly effective, as follows: (page 26)

(1) strong direction from the top;

(2) developing community or "peer" pressures from below; and

(3) providing adequate low-cost health-family planning services that get to the people.

With regard to (1), population programs have been particularly successful where leaders have made their positions clear, unequivocal, and public, while maintaining discipline down the line from national to village levels, marshalling governmental workers (including police and military), doctors, and motivators to see that population policies are well administered and executed. Such direction is the sine-qua-non of an effective program. In some cases, strong direction has involved incentives such as payment to acceptors for sterilization, or disincentives such as giving low priorities in the allocation of housing and schooling to those with larger families. (page 26)

As to (2) above, there are a number of innovative approaches, like "wives'" or "mothers'" clubs in Korea and Indonesia, which are designed to popularize family planning at the village level and to create peer pressure within communities for limiting the size of families. These approaches

should be encouraged and shared with other countries. In this connection, we welcome movement in many countries to strengthen the local communities -- usually the village -- and to create within that village a spirit of social and economic cooperation. Among many other advantages, family planning has a better chance of success when it is rooted in community life and when people can see within their own visible horizons how limiting family size improves health and economic prospects for everyone in that community.

The very permanence of the community is an important consideration. National governments come and go. Individuals come and go. But communities go on forever. Since population programs must continue for many years to take real effect, a community-wide approach will ensure longevity of programs among new generations. A solid community organization also provides effective means for group involvement, as well as for making family planning services locally available and for monitoring and encouraging their use. (page 27)

A third promising way of promoting effective population programs is to combine family planning with health and nutrition in a single integrated structure with maximum outreach at minimum cost. Success of this approach, which is being increasingly adopted by committed countries, depends to a large extent on the quality of paramedics (health workers) and midwives (including auxiliary) and their ability to win the confidence of villagers. Once this is achieved, paramedics and midwives can, among their other duties, effectively extend personalized family planning advice. It should reach women when they have their very first child at which time spacing of children should be strongly recommended. Thereafter, personalized advice can be extended on all available means of contraception, including sterilization, the final contraception, when desired completed family size has been reached, as well as medical termination of pregnancy where it is legal and desirable. (page 27-28)

Two important reservations should be mentioned in regard to the integrated approach: (1) In several countries where family planning now has greater outreach than health services, family planning may initially suffer through full integration with health services; (2) Low-cost health services still require professional medical backup. There should ideally be enough doctors and professional nurses available in rural areas to handle cases referred to them by the paramedics and midwives, and to perform those aspects of contraception that require higher medical skills. Moreover, any attempt to by-pass the medical profession is likely to incur their opposition to the low-cost integrated system.

Countries Not Committed to Population Programs

LDC countries uncommitted to population programs include most of Africa, Latin America, and the Middle East, with a combined population of about three- quarters of a billion people. Population policies of these nations range from the pro-natalism of a few to the non-commitment of most of the other, where, in varying degree, family planning is tolerated or even encouraged. Abortion is generally abhorred, and sterilization disfavored. (page 28)

The relative lack of concern these countries reflect on population issues can be explained by a variety of factors such as:

(1) no perceived need to limit population growth;

(2) or, if there is a perceived need, wishful thinking that economic development will solve the problem; (page 28)

(3) belief that a large family is necessary for old-age security or to meet needs for labor at certain points of farming cycle'

(4) preoccupation with other, more immediate, issues;

(5) religious influences; and

(6) ignorance as well as racialism, tribalism, and traditionalism. (page 29)

To the extent family planning is identified with the Western world, particularly the United States, there are even greater inhibitions in some countries toward family planning. This factor may be particularly noticeable in international conferences where Third World countries tend to combine against the West, against capitalism, and in favor of the "New International Economic Order." It thus becomes particularly difficult to raise anything smacking of "birth control" in such international conferences, where Communist countries are only too prepared to line up with the Third World against the West, even though some of the Communist countries practice stringent birth control.

It follows that our efforts to promote family planning amongst uncommitted countries must be fine-tuned to the particular sensitivities in each of those countries. This serves to underline the important role of our Ambassador and his or her country team in each LDC country in terms of advising Washington on how commitment can be best achieved in terms of the particular circumstances of that country and being alert to take timely initiatives on their own to further these objectives.

A number of conclusions can be drawn with regard to countries whose governments do not officially favor or promote family planning:

(1) Terminology: use of such phrases as population control or birth control is inadvisable, and in some cases resented, especially in Africa where they may have genocidal connotations. Family planning or "responsible parenthood" are generally acceptable terms, with emphasis being placed on child spacing in the interests of the health of child and mother. (page 29)

(2) Development: anything that increases awareness, especially amongst leaders, of how excessive population growth detracts from national development will advance the cause of population policies. It would be especially helpful if the World Bank and UNDP, as well as donor countries having close relations with developing countries, could find suitable occasions to convey specifics to LDC's showing how population growth is a drag on development in their countries. Our Ambassadors and Washington leaders may also have suitable occasions to make these points effectively.

.....

(3) Education: closely related is the fact that educating promising LDC officials, scientists, and technicians in demography, economics, and other subjects related to population growth and development will be a sound long-term investment. ...

(4) Primary health services: this section has been treated in a section above, but it has particular relevance in countries unwilling to embrace family planning except in the context of health and nutrition. ....

(5) Working through international organizations and private groups: support of family planning in uncommitted countries will normally have to be through international organizations like UNFPA and WHO and private voluntary organizations like the IPPF. International organizations should be encouraged to work family planning content into their assistance programs insofar as possible and particularly in countries whose sensitivities make a direct approach on population planning inadvisable. Private voluntary organizations have played an invaluable role in family planning, including their support for small groups interested in family planning before governments in those countries were involved. (page 30)

(6) Status of women: In many of the uncommitted countries, male machismo, inhibitions about discussing sex issues, and the subservient role of women combine as major obstacles to family planning. ... Accordingly, we should discreetly strive to lend every possible support to movements in the LDC's for the improved status of women, not just within the family but in community and national life as well.

(7) Mutual reinforcement within regions: We should see that positive statements on population issues by respected leaders are picked up and played back among neighboring countries. While direct programming may not be possible due to the sensitivities of the population issue, USIA should explore cooperative arrangements with private or multilateral organizations of good standing in the countries in question. Leaders of developing countries committed to population programs should be encouraged to share their thoughts and concerns on population growth and their successes in dealing with it in discussions with the non-committed. Wider publicity on the effects of successful family planning programs must be given to encourage others.

[U.S. birthrates, urban problems, etc.] (page 31)

Rapidly growing populations in some countries have tended to spur emigration to the U.S. This includes illegal immigration which probably exceeded 800,000 in 1975 or almost double the legal immigration that year.
...

....

Even though the Bucharest World Population Plan of Action calls, among other things, upon countries to develop national population policies and programs, the United States has no national program of its own. This detracts somewhat from our effectiveness in urging others to develop programs. On the other hand, we can point to a de facto policy in the U.S. supported by

legislative action, federal funding, and recent Supreme Court decisions. ....

In order to obtain the support of U.S. citizens for our involvement in international population programs, it is important, as stated in NSDM-314, that they recognize how excessive world population growth can affect domestic problems including economic expansion as well as world instability. (page 32)

..... It will require the concentrated, sustained efforts of all countries and international organizations, as well as the commitment of millions of dedicated people, if mankind is to be spared disaster.

This is our message.

In projecting our position, we must convince people at home as well as abroad. Promotional aspects of our job cannot be overstated. .... (page 33)

Abroad, it takes the form of private conversations with leaders and others (involving our own leaders, diplomats, and other representatives), of getting international organizations like IBRD, UNDP, WHO, and UNICEF, as well as other countries, to speak to the issues; of USIA ensuring that our message comes through effectively by radio/TV, press, exhibits, books, pamphlets, slides, and films as well as through education programs, lectures, and workshops. We should press for the inclusion of population and population-related issues, as appropriate, on the agenda of the UN and other international gatherings related to foreign assistance, development objectives, and resource utilization. Often this is best done in close cooperation with developing countries which have their own national population programs. (page 33-34)

In all of these approaches, we must be selective, bearing in mind the danger of population programs otherwise being wrongly seen as serving our interests more than those of other countries. That is why emphasis in the preceding paragraph is on private conversation and on getting international organizations and other countries to get out in front. This is particularly true with regard to international conferences involving the LDC's where population issues are relevant. In those circumstances, we should encourage LDC representatives to take the lead. Credit for accomplishment should be theirs, not ours. ... (page 34)

ANNEX II

U.S. POPULATION-RELATED ASSISTANCE

Analysis and Recommendations

A.I.D., Washington, D.C. April 1976

.... We recommend a "package" approach involving increased levels of Title X assistance and sharply increased attention to the potential impact on fertility of other development programs or policies. (Annex II page 1)

Fertility control remains a sensitive subject; three caveats on this paper are in order. First, it

must be seen in light of AID's assistance objectives as delineated in our legislation, which are in turn grounded in the mutual interests of LDC's and the U.S. Most LDC's take their fundamental development objective to be improving individual levels of well-being particularly among the rural poor by encouraging broader participation in development, helping increase supplies of key goods and services, supporting their equitable distribution, and limiting the numbers who must share (through family planning). This particular paper, however, addresses one aspect of AID's programs their impact on fertility. .... This paper concludes that AID-assisted family planning services and development programs can all affect fertility. This does not suggest, however, that AID programs with little or no fertility effect should be down graded, for such programs may be justified on independent grounds. (page 1- 2)

.... Couples need not affirmatively decide to have a child, but they must affirmatively decide to practice family planning to postpone pregnancy either temporarily or indefinitely. Consciously or unconsciously they weigh the pros and cons, and they see them, of another child against the pros and cons, as they see them of available means of family planning. Their attitudes toward family planning depend on the type, cost, and accessibility of the family planning services available and on the extent to which they accurately understand those services. Their views on the desirability of a child are more complex, and depend largely on the social, cultural, economic, political and medical milieu.

The number of children parents actually have includes:

(1) the minimum desired number of children that parents would want even if the best possible family planning services were available;

(2) any additional "insurance" births they may want to insure survival of the desired minimum; (page 3)

(3) any extra births they don't really consciously seek. (page 4)

.... Over the past decade AID has devoted some $750 million to population assistance, primarily to improve and extend services and information. While it is difficult to quantify their demographic impact precisely, available evidence shows that providing good services has helped significantly to reduce birth rates, particularly in Asia. ..... (page 4)

....

But family planning services and information alone may not suffice to bring birth rates down to current LDC target levels, much less to stable-population levels. That would require an average family of only slightly more than two children. ... AID believes development policies and programs can be tailored to change the socio-economic milieu to encourage small families. thus effectively complementing better family planning services and information. (page 5-6)

Development policies and programs that can encourage small families include:

-- Policy statement favoring small families and opinion leaders' support for family planning.

-- Laws and regulations raising the minimum age of marriage and easing access to and lowering the cost of family planning services. .....

-- Increased economic incentives for smaller families, whether for individuals or whole communities. .... (page 6)

....

Since the primary purpose of Title X population assistance is to encourage voluntary reduction in fertility, decisions on allocation of these Title X funds should be based on the cost effectiveness of alternative approaches to reducing fertility, including (a) more and better family planning services; (b) more and better family planning information; (c) exploration of the links between fertility and the development process; (d) provision of population-related components in broader education, health, nutrition, rural development or other programs; and (e) other appropriate measures designed primarily to limit fertility. At present we believe somewhat higher Title X funding levels, perhaps around $200 million, could be justified over the next several years depending on LDC interest and absorbing capacity, though we need to improve data and refine statistical methodology in order to make a better case for precise levels. (page 7- 8)

Category 1: Demographic Data .....

Category 2: Population Policy

-- Moderately expand LDC-based research on the linkages between fertility and various aspects of development, particularly including: [female education, incentives/disincentives ... laws and policy statements ... etc.] (page 8)

Category 3: Research [bio-medical research and operations research] (page 9)

Category 4: Family Planning Services [variety of methods, village-based distribution, integration of health, nutrition and family planning]

-- Seize opportunities to "piggyback" family planning services on existing delivery systems, particularly clinics, where they are available (e.g., some Latin countries). (page 10)

Category 5: Information, Education, and Communication

..... (page 11)

-- Sharply expand operation field testing and collaboration with other agencies, such as UNESCO and UNDP to better determine which combinations of the many modern and traditional media are more efficient, effective, and suited to the special and evolving needs of differing countries and

family planning programs.

Category 6: Manpower and Institutional Development

.... (page 12)

B. **OTHER AID PROGRAMS AND PL 480: PROGRAM DIRECTIONS RELATING TO FERTILITY**

.... It is expected that due weight will be given to any secondary impact on fertility when the benefits and costs of possible programs are considered, though final funding decisions will of course depend on all benefits and costs. It should be stated specifically, however, that non-Title X population funds can be used to explore links between fertility and development and assist in planning, implementing, and evaluating programs designed to affect fertility. (page 12)

....

-- Give increased attention to potential fertility effects of any proposed redistribution of the land.

-- Give increased attention to the use of community or personal incentives (relevant for either AID or PL 480; major additional attention should be devoted to this area). ... (page 13)

Country priorities (page 14)

Obviously the same type of program will not do for all countries; thus, our general policy and program strategy must be adjusted considerably for a given country, and an approach developed that makes sense in that country. The overall shape of all AID programs actually operating will depend on what countries we actually assist. Country allocation decisions naturally reflect both U.S. economic and political interests and prospects for meeting program objectives -- in this case, reducing world fertility. (page 14-15)

U.S. POPULATION-RELATED ASSISTANCE

Analysis and Recommendations

.....

.... Worldwide, population growth generates increasing environmental pressures that may be serious now or eventually. And it contributes to international political and economic disruption. In developed countries population growth has abated recently averaging about 0.71 percent annually, with birth rates at about 16.3 per thousand and death rates at about 9.2 per thousand. In developing countries, however, the picture is different. While birth rates have begun to fall in many countries recently, the rates still average about 32.7 per thousand; death rates, which have also declined dramatically over the last two decades, still remain at about 12.8 per thousand. ... This

growth rate implies a doubling of LDC population every thirty years or so .... (Annex, page 1-2)

Population growth rates reflect the size of individual families.

Couples need not affirmatively decide to have a child, but they must affirmatively decide to practice family planning..... [etc.] (page 3)

Minimum desired family size depends on all the economic, social, cultural, and personal influences on the family. It does not depend directly on the availability of family planning services, though it is likely that the successful use of services available now may well influence future attitudes and expectations on appropriate and acceptable family size. Attitudes on minimum desired family size can also be directly influenced by information and education programs specifically designed to influence them. And development policies in any number of seemingly unrelated areas can change minimum desired family size by changing the economic, social, cultural, and personal circumstances of the family in such a way as to make smaller families a more attractive option.

Insurance births can be reduced by improving child health -- by providing better health services, better nutrition, and even better family planning services (since wider spacing of pregnancies greatly improves child health where mothers and children are ill and poorly fed). (page 4)

Extra births, which may be numerous, can be greatly reduced or even eliminated by providing acceptable, affordable, and accessible family planning services and appropriate information. (page 5)

But family planning services and information alone will probably not suffice to reduce birth rates to near stable- population levels. (Footnote omitted) Essentially, this would require an average family size of only slightly more than two children. Making family planning as easy as possible can certainly eliminate unwanted pregnancies and help reduce "insurance births" as wider spacing of pregnancies improves child health. ..... But services alone may not much reduce the minimum number of children parents want. That may be no problem if most parents would be content with two children. But if many parents want three, four, five, or more children even
when good services are available, then it will be essential to combine services with development policies and programs that also encourage smaller families. (page 6-7)

....

... Developing a strategy for population-related assistance thus requires determining what sorts of family planning services and information appeal most (and what they cost), what development policies and programs encourage smaller families most (and what they cost), and how these may best be
combined.

One major conclusion is that we are woefully short of hard information on which to judge services, information, or policies -- because services and information are not widely enough

available to permit measuring their ultimate impact accurately, because measuring anything is difficult in many LDC's, and because sorting out the tangled influences on fertility -- services, information, and all the other changes development brings -- is difficult even with sophisticated statistical analytic techniques. (Footnote: Multi-variate analysis of fertility determinants requires data sufficient to permit reasonable separation of the impact of a given influence -- or "holding constant" for everything else) ..... (page 8)

.....

... In addition, we have made special studies of ten countries of major importance to the U.S. or with particularly interesting family planning programs: Bangladesh, Indonesia, Korea, the Philippines, and Pakistan in Asia; Ghana and Tanzania in Africa; Colombia and El Salvador in Latin America; and Tunisia in the Near East. .... (page 9)

[analysis of family planning methods: pills; condoms; sterilization; IUDs] ... (page 10-11)

IUD's have proved acceptable, but particularly in better-off LDCs like Taiwan and Korea where medical follow-up is good and where side-effects did not cause undue medical problems or cultural backlash. (Footnote: In some countries, the extra bleeding sometimes caused by IUD's is regarded as unclean, and the woman is not allowed to cook for her family.) .....[foam, diaphrams]...

Available data indicate that safe, legal abortion finds ready acceptance in many countries, even where good contraceptives are widely available. Aid is barred by the Helms Amendment from financing abortion.

In terms of AID's own assistance to family planning service programs, perhaps pills, condoms, and sterilization stand out as deserving priority over the next several years. (page 11)

Acceptance rises when methods improve, and the methods we have are imperfect. Ideally family planning should be so easy and inexpensive that no couple would think of doing without it unless they truly want a child. Thus, research is particularly needed to explore possible side effects of pills and other methods to achieve reversible sterilization, and to develop longer-acting contraceptives, including injectables.

[modes of delivery -- village distribution]

In terms of delivery systems, village-level distribution (footnote: House-to-house or at least with services accessible within the villages.) (incorporating village-level leadership) deserves major focus at the moment. The fastest growing and most vigorous programs seem to be moving in the direction of non- clinical and non-commercial distribution of services in villages. Early results are encouraging; acceptor rates exceed 30% of fertile-age couples in some areas. (Footnote: Notably in rural Indonesia and Egyptian pilot programs. In Indonesia, strong peer pressure is a key point of the program.) .... (page 12)

.... Few developing countries can really afford the clinic route; most now serve only 15-20% of their

populations with clinics. To reach the poor majority and keep total program costs manageable, most countries must limit per-user costs by paring services down to bare essentials. This means trying to serve areas beyond easy reach of clinics with paramedics or "health auxiliaries" midwives, "promotoras" and other low-level and possibly multi-purpose workers instead of physicians.

.... Some [health auxiliaries] do sterilizations safely if well trained and supervised, though AID so far has preferred physicians in the performance of sterilizations. ... (page 13)

Indeed, a village worker may be more effective in dealing with her peers on a personal subject like family planning than white-coated health technicians ..... Often indeed, they already enjoy the confidence of clients, which facilitates acceptance of new family planning services.

.... (page 14)

..... Integration at a higher level of planning and implementation for all programs with major impact on health and fertility may also be essential to get the most out of a limited budget. (page 15)

Consumers may also prefer integrated services. People may more readily accept family planning services as part of a broader health package because the combined services protect their privacy, because they have learned to trust health workers .... (page 15-16)

....There is no good reason to hold back on one service until both can be implemented simultaneously. Particularly in Africa, it may be essential to provide both health, nutrition, and family planning services in an integrated way.

.... And intermediaries like IPPF can play a major role in reaching really large numbers of people, sometimes by piggy- backing their family planning services on publicly financed health services, sometimes by providing free-standing family planning services. ... (page 17)

[costs, etc.] (page 18-21)

INFORMATION, EDUCATION, AND COMMUNICATION

... IEC efforts have apparently helped encourage the use of family planning services. (footnote omitted) But considerable debate exists over which approaches work best. Data on IEC are extremely sketchy ..... (page 21)

... The limited evidence now available suggests IEC efforts work best when they are country-specific, when they advertise specific family planning services, when they "make a case" for family planning in personal health, economic, or other terms (footnote omitted), when they involve short, self-contained messages, when they reach many people at once, when they use a variety of approaches, and when they use low-cost media requiring little or no reading. For AID, use of radio and "comic book" material in preference to higher cost TV and films may be indicated, though radio, TV's, and films can all have major outreach into village life. Any

opportunities to "piggyback" a family planning message in existing publications, programs, etc. should naturally be seized. The simultaneous use of multiple channels and media may be crucial to encouraging acceptance particularly as time goes on. Of course, peer pressure can be the most persuasive form of communication, and should be considered. (page 22)

..... The key to success in such programs will be the ability of the health-family planning worker or volunteer to lead his or her neighbors to do something differently..... How can the worker best motivate on family planning. Similar problems exist at clinics, of course, where much family planning advice is provided by doctors or auxiliaries many of whom expect to be obeyed, not to motivate.

DEVELOPMENT/POPULATION POLICIES AND PROGRAMS

It is a common observation that family size falls as modernization proceeds..... (page 23)

.....

.... These high family-size preferences get codified into social customs; most women get their satisfaction and status from having large families. Aspects of this description may be debatable in different countries, but the gist of it emerges again and again from analysis of poor rural areas.

All this suggest parents may opt for far fewer children say just two only when they have a quantum improvement in living standards that encourages them to prefer fewer children of higher quality (in terms of health, education, earning power, etc.) to many hungry illiterate ones who can earn but little. ... (page 25)

... A few LDC's, especially those enjoying sustained and substantial GNP growth, can afford this route and show encouraging progress. But what about the others? They must be far more selective, finding the pressure points of the development process that most encourage lower fertility and focusing on those. Of course, the better-off LDCs working to lower fertility will also find the job that much less costly if they too focus on these pressure points. (Footnote: This does not suggest that LDC's focus exclusively on programs that encourage lower fertility, of course.)

What are these pressure points? They seem to fall in five major areas. One is public leadership, laws and administrative regulations, which can encourage smaller families at very little cost. High-level statement favoring small families and opinion- leaders' visible support for family planning can help. Other apparently effective measures include raising the minimum legal age of marriage, relaxing restrictions on abortion, (footnote: There is no doubt that liberalization of abortion has helped reduce birthrates even in countries with good contraceptive services. The Helms Amendment restricts AID's activities on abortion.) easing prescription requirements on contraceptive pills, and permitting paramedics to provide a broad range of family planning services. ... (page 26-27)

Another key pressure point seems to be the status of women.

.... Preferences for smaller families seem to result from work activities outside the home, from middle-class family aspirations shared with an educated husband, and apparently particularly important for women with only a few years' education from an introduction, however fleeting, to the notion that women need not live today, even poor countries, quite as they always have. (Footnote: Some changes may be pro-natalist, of course. We need to sort out better the sorts of changes that most encourage lower fertility.) .... Where budget limitations prevent attaining even a few years' education, this approach to reducing fertility may be limited. (page 27)

Female employment, particularly in jobs incompatible with continual child-bearing, is also strongly tied to fertility declines .....

.... (page 28)

A third pressure point involves changing the economic cost and benefits of children to encourage smaller families through the deliberate use of rewards (incentives) to parents who limit fertility or penalties (disincentives) on parents who do not..... Incentives are bit one way of deliberately adjusting economic conditions to encourage smaller families; ..... (page 29)

A fourth pressure point is child health, as discussed above .....

The fifth and perhaps most important over-arching pressure point is broad rural development. ..... (page 30)

...

AID's Congressional mandate includes among its several objectives the voluntary reduction of fertility through both provision of services and policies to strengthen motivation for family planning; .... (page 31)

Food and Nutrition (page 34)

.....AID's mandate recommends increases in and more egalitarian distribution of income, goods, and services for non- population reasons..... (page 34)

Incentives (page 37)

Some LDCs may be interested in organizing individual incentive programs with AID technical and financial assistance, drawing on past experience with education bonds, savings accounts, and the like. (Certainly savings institutions including cooperatives should generally be encouraged.) Community incentives rewarding a community's efforts at family planning with additional health, education, or other .... [missing] (page 37)

Women's status .... Health and Population Programs .... (page 38)

.... Perhaps the greatest gains in health and family planning can be made jointly through greater integration at the household level, to emphasize especially to women the interrelationships between health, nutrition and family planning and to encourage them to put more of their own efforts into health and fertility management, thus making public funds go further.

....

Education ..... (page 39)

CONCLUSIONS: DIRECTIONS AND POSSIBLE FUNDING LEVELS FOR U.S. POPULATION-RELATED ASSISTANCE (page 41)

..... [Title X population funds] ...

Generally, other monies will be used to fund programs in education, health, nutrition, rural development, etc. whose primary objectives do not include fertility reduction but which may have a major secondary effect on fertility. It is expected that due weight will be given to any secondary impact on fertility when the benefits and costs of alternative programs in these other areas are considered, though final funding decisions will of course depend on all the benefits and costs. (Program planners in such areas should also consider research on links with fertility.) (page 41-42)

....

AID's population program, since its beginning in 1965, has become the world's foremost source of such assistance and a major source of ideas on fertility control. In the past ten years, AID has provided about $750 million in population assistance with annual amounts increasing to the current level of $110 million. At present this assistance is organized into six functional categories:

[demographic data, population policy, research, family planning services, "IEC," manpower and institutional development] .... (page 42-43)

To countries wishing to reduce fertility AID extends assistance through bilateral programs, through programs funded by donor consortia, through official multilateral institutions like the U.N., and through intermediaries like IPPF and Pathfinder; assistance is implemented in a collaborative style with the LDC's concerned. (page 43)

TITLE X POPULATION ASSISTANCE: DIRECTIONS AND FUNDING LEVELS

[repetition of program categories, no specific recommendations] (pages 44-48)

Title X Funding Levels (page 48)

....Title X population assistance could easily be justified at considerably higher levels, perhaps $200 million annually in program funds for several years, to finance programs along the lines just outlined. (Footnote: Excluding UNFPA).

.... Both data and methodology are inadequate at the moment to sort out all the tangled influences on birth rates with any precision, though as emphasized above, more efforts should go to improving both data and methodology. ..... (page 48)

.....(O)ne can make rough estimates of the annual costs of just the services needed to increase prevalence enough to reduce birth rates another 10 points apparently in the $300-400 million range. But such estimates are so rough as to be of very limited value.

[per capita costs] .... But this suggests that U.S. expenditure in the neighborhood of $2.5-3.0 billion (footnote: In 1975 dollars, roughly) over 1965-1985 could go a long way toward at least getting family planning services well established though probably not on a scale sufficient to achieve anything close to population stability..... (page 49)

[reiteration of earlier analysis, pages 50-56]

Country priorities (page 57)

.... The overall shape of all AID programs actually operating will depend on what countries we actually assist. Country allocation decisions naturally reflect both U.S. economic or political interests and prospects for meeting program objectives -- in this case, reducing world fertility. ..... (page 58) ...