Oxford Research Encyclopedia of Latin American History

Overpopulation Debates in Latin America during the Cold War

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Subject: History of Latin America and the Oceanic World, Environmental History Online Publication Date: Feb 2018

DOI: 10.1093/acrefore/9780199366439.013.338

Summary and Keywords

From the 1950s to the 1970s, numerous academics and non-governmental organizations based in the United States generated alarm about political and ecological threats posed by human population growth. During the first half of the 20th century, improvements in nutrition, sanitation, and medical therapies had dramatically reduced infant mortality and contributed to increased life expectancy in many parts of the world. In the context of the Cold War, many leaders of Western industrialized nations viewed the rapid growth of poor Asian, African, and Latin American populations as a potential source of political instability. They feared that these poor masses would become fodder for revolutionary political movements, particularly communism. Combined with eugenicist views rooted in colonial racism, new understanding of ecological systems, and growing concern about overtaxing earth's resources, these fears led many American and European scholars and activists to promote population reduction in the newly designated "Third World." In Latin America, such efforts to curb human increase were met with skepticism or outright opposition by both Catholic Church leaders and many left-wing nationalists who saw the promotion of birth control as a form of racist imperialism. Although some physicians and even liberal priests viewed decreasing family size as important for public health and family welfare, the involvement of North American capitalists (such as the Rockefellers), U.S. government agencies, and former eugenicists in efforts to distribute contraceptive technologies made them deeply suspect in the eyes of many Latin Americans.

Keywords: Catholic Church, Cold War, contraception, demography, development, family planning, overpopulation, reproductive rights, sterilization, U.S. imperialism

Population Growth and the Cold War

During the late 19th and early 20th centuries, the governments of many Latin American nations promoted population growth through immigration and natural increase. To track this progress, civil registries became increasingly well established, and censuses were conducted throughout the region (initially in major cities and eventually on a national scale). Democratization and the rise of nationalist and populist governments in countries like Mexico, Chile, and Argentina led to expanded social programs and rising per capita wealth. New public health agencies focused on infant and child welfare aimed to reduce mortality from contaminated water and insufficient food. As a result of these progressive efforts, the region's total population grew from about 60 million at the turn of

the 20th century to 150 million by 1950. Over the 1950s the availability of antibiotics and other interventions to combat infectious disease—notably DDT in malarial zones—accelerated the earlier trend, leading to a tremendous growth in life expectancy (from roughly 35 years in 1945 to 60 years in 1980). In 1957 the UN established its Latin American Demography Center (CELADE, Centro Latino Americano de Demografía) in Santiago, which helped countries to carry out national censuses. By 1985 the population of Latin American had reached 400 million.¹

In the first decade of the Cold War, such demographic dynamics across the newly designated "Third World" alarmed intellectual and political leaders in the United States and its NATO allies. They viewed exploding human populations in less industrialized nations as easy prey for communist ideologues, particularly if population growth led to pressure on food resources and consequent famine and war. For leaders of capitalist nations, the establishment of the People's Republic of China under Mao Zedong in 1949 was one example of malnourished peasants' willingness to fight for left-wing revolutionary parties; the subsequent ascendance of communism in North Korea, Cuba, Vietnam, and elsewhere cemented the view that the Third World's rural and urban masses were a potential threat to the global economic and political order. Many Cold Warriors viewed American-style suburban domesticity as the exemplar of capitalist modernity. This social model upheld small nuclear-family households as essential to industrial development based on increased per capita consumption of manufactured goods. Large families were viewed as antithetical to such progress, draining resources at both the household and national levels. As one historian argues, by the early 1950s "[a]n intellectual orthodoxy concerning the importance of the relationship between national economic development and [managed] population growth solidified among social scientists, economic planners, and political leaders in the West and in those nations that looked predominantly to the liberal democracies of the West" for assistance and emulation.²

This new population orthodoxy was based on demographic transition theory, developed by Frank Notestein at Princeton University's Office of Demographic Research. That office had been established in 1936 with Notestein (formerly of the Milbank Memorial Foundation) as its director. It was funded by philanthropic organizations dedicated to eugenic principles of racial difference and concerned about how human heredity could impact national progresss—views embraced by many American scholars and policymakers in the interwar period. Intellectuals' embrace of explicitly eugenicst ideas diminished after revelations of Nazi war crimes and genocide illustrated the extremes to which such principles could lead. Nevertheless, the Rockefeller, Ford, Milbank Memorial, and other foundations remained focused during the early Cold War decades on reducing the fertility rates of populations that they viewed as a threat to political stability and U.S. national interests. In 1952 several foundations jointly formed the Population Council, an umbrella organization that allowed them to distance their names from controversial population control efforts; Notestein became head of the council in 1959.

Notestein first presented his demographic transition theory at a conference held at the University of Chicago in 1944 to plan for the establishment of what would become the UN's Food and Agriculture Organization (FAO) following the Second World War. Policymakers wanted estimates of future population growth in relation to available food supply. (Roughly simultaneously, the Rockefeller Foundation launched its Mexican Agricultural Program to develop high-yielding varieties of maize that could produce significantly more food per hectare.) Notestein's transition theory linked population growth to industrialization, during which "fertility remained uncontrolled and high while mortality declined, due to the improved food supplies and personal living standards generated by . . . technical innovations summarized under the rubric 'industrial revolution:' improvements in agriculture, transport, and manufacturing, and . . . sanitary and medical advances." As industrialization and modernization progressed, however—his theory predicted—parents would devote greater resources to individual

children (each with longer life expectancy than previous generations had enjoyed), and fertility rates would naturally decline.

Although similar theories had been articulated by prior scholars, applied social sciences enjoyed unprecedented policy influence in the context of U.S.-sponsored postwar reconstruction efforts—following on the heels of the New Deal, when President Roosevelt's advisory "brain trust" included economists and sociologists. Notestein's analysis of demographic dynamics thus had considerable impact. Significantly, historian Simon Szreter notes that Notestein's policy prescriptions shifted over the 1940s, until the direction of causality in his "transition" model was effectively reversed. By 1949 the demographer was arguing that "if some measure of population control did not accompany the *earliest* stages of economic growth, then increases in national income would be literally swallowed up in the consumption needs of additional mouths to feed, instead of leading to the accumulation of productive capital and infrastructure." Therefore, Notestein came to believe that birth control technologies should be promoted to *accelerate* modernization whenever feasible, rather than waiting for industrialization to incline parents naturally toward decreased family size. Reducing fertility in poor nations thus became a focus of many international development agencies in the 1950s and 1960s, motivated by both economic development theories and Cold War concern that radical left-wing political ideologies could take hold among the impoverished masses of Europe's former colonies. These efforts offset the earlier mortality rate decline sufficiently to reduce the rate of global population growth by the 1970s.

The Politics of Family Planning in Latin America

The American Birth Control League began promoting access to contraceptive technologies in 1923 as a feminist issue, and some Latin American feminists took up the cause of birth control legalization in the 1930s. These activist women and their male allies, like anarchist doctor Juan Lazarte in Argentina, viewed decreasing family size as a nationalist goal that would improve the circumstances of the working class and emancipate women.⁵ Some socialists also promoted birth control access as a form of progressive opposition to traditional social sectors, notably the Catholic Church. Others, like Chilean physician Salvador Allende (Minister of Health [1939–1942] and later president) developed a pro-natalist stance, consistent with "positive eugenics" promotions underway across Latin America in this period.⁶ (The term positive eugenics has been used by historians to distinguish population-improvement efforts based on public health and parental education campaigns from the coercive sterilization measures undertaken in the United States and elsewhere to prevent people deemed "defective" from passing on hereditary traits.)

Many nationalists in the Southern Hemisphere were wary of population control measures because of the eugenic intellectual roots of American and British fertility control advocates like Margaret Sanger. These critics viewed foreign-sponsored birth control promotion as a form of imperialism that blamed poverty on the overfecundity of poor families rather than on global economic relationships that fed citizens of powerful nations at the expense of those in the periphery. Examples like Puerto Rico, in which per capita income tripled over the 1940s at the same time that the population was growing (due to decreased infant mortality), threw U.S.-influenced demographic orthodoxy into question. In order to combat accusations of imperialist motivation, new organizations focused on global population reduction—like the International Planned Parenthood Federation, established in 1952—adopted the term "family planning" to connote a focus on the best interests of parents and children rather than the more insidious "control" of birth rates.

Across Latin America the Catholic Church exerted significant ideological and political influence on supporters and opponents of birth control. Yet participants' views of that institution were not predictive of their attitudes toward contraceptive technologies and global population growth. Left-wing nationalists, many of whom opposed Catholic traditionalism and conservatism, sometimes allied with Church leaders against birth control promotions by international organizations which they viewed as racist or imperialist. When Cornell University sociologist J. Mayone Stycos analyzed Latin American press coverage of population issues in the 1960s and conducted interviews with scholars across the region, he concluded that most Latin Americans viewed "overpopulation" as an imperialist myth used to justify reducing birth rates among inhabitants of the Third World. Those who did believe in a looming demographic crisis thought it should be solved by encouraging economic growth, which would lead naturally to reduced family size. This view was expressed clearly in the final resolution of a UN FAO conference held in Santiago, Chile, in 1965, which stated that "the principle obstacles that impede development . . . [were] institutional, deriving fundamentally from the fact that agrarian structures were unjust and antiquated in the majority of countries in the region."

Debating Population and Poverty in National Context, 1950s–1960s

Brazil

One Latin American intellectual who argued vigorously against the solidifying U.S.-based orthodoxy that linked poverty to overpopulation during the early Cold War was Brazilian physician Josué de Castro. De Castro had grown up in the northeastern coastal capital of Recife, where a centuries-old sugar-exporting sector was in decline, and he witnessed the desperate poverty of many families in that region. He trained as a physician and subsequently held academic posts, focusing his research on nutrition and political economy. After conducting an analysis of malnutrition in Brazil—which de Castro insisted on referring to as "hunger," because he felt the more scientific term "malnutrition" was too clinical and dispassionate—he published a book in 1951 that outlined the problem of global hunger in relation to economic relationships among nations. A Geopolitica da Fome (published in English as The Geography of Hunger, and translated into over twenty additional languages during the 1950s) vigorously opposed the view, ascendant among American scientists and development organizations in particular, that global hunger was rooted in excessive population growth. The book's specific target was a widely read book by American ecologist William Vogt, The Road to Survival (published in 1948). Vogt argued that human increase would soon exceed earth's carrying capacity (a term he defined and popularized), precipitating misery and ongoing battles for Lebensraum—of which the Second World War had been an initial example. Vogt's critique pointed to Latin America's medical sanitarians as among the well-meaning progressives responsible for unsustainable population growth. His discussion of that global region noted that "drinking water has been improved in many cities to such an extent that intestinal diseases, the most effective factor limiting populations, have dropped sharply." ¹⁰ This observation was certain to raise the ire of Latin American public health professionals like de Castro for whom their region's early 20th-century sanitarians were national heroes.

In contrast to Vogt's assertion that irresponsible reproduction on the part of the global poor would precipitate ecological crisis, de Castro's *Geography of Hunger* argued both that such a crisis was not inevitable and that if it were to happen, responsibility lay with the world's overconsuming wealthy. "Hunger has been chiefly created by

the inhuman exploitation of colonial riches, by the *latifundia* and one-crop culture which lay waste the colony, so that the exploiting country can take too cheaply the raw materials its prosperous industrial economy requires," the doctor argued. De Castro asserted that few areas in Latin America were overpopulated, with the exception of Puerto Rico where U.S. imperialism had displaced food cultivation to export sugar, coffee, and tobacco abroad, leaving the islanders undernourished. The Brazilian was confident that new agricultural technologies such as improved chemical fertilizers and hydroponic cultivation would enable sufficient food production to feed growing populations, a vision he described as a "geography of abundance." In de Castro's view, the primary impediment to adequate nutrition for all people was economic (and therefore social), not ecological. Organizations like the newly established UN FAO should ensure global food security by facilitating cooperative arrangements among countries regarding essential commodities. De Castro saw adequately fed human populations as an asset to greater productivity and ingenuity, rather than a drain on ecological resources or a threat to political stability.

Roughly simultaneous with the publication of his bestselling book, de Castro became president of the FAO's Executive Council, headquartered in Rome. In this capacity he participated in UN-sponsored conferences on global population held in Rome (in 1954) and Rio de Janeiro (in 1955). Vogt, meanwhile, assumed the directorship of the Planned Parenthood Federation of American and, subsequently, the International Planned Parenthood Federation. The contours of their disagreements about the relationship between human population, poverty, ecology, and food supply are echoed in political tensions surrounding population control efforts in several other Latin American countries during the 1950s and 1960s.

Puerto Rico

Puerto Rico illustrates the complex racial, class, and gender dynamics that influenced debates about population growth and contraception in Latin America in the middle decades of the 20th century. Island feminists promoted birth control legalization during the 1930s in the interest of family welfare. Socialists joined feminists in support of birth control access, which they saw as a progressive stance against Catholic traditionalism. Nationalist opponents of this effort warned that expanded birth control was an imperialist plot meant to distract from the negative impact of U.S. policy and corporate interests by blaming islanders for their own misery. In 1939 sterilization was legalized as a birth control measure, and over the subsequent decade Catholic clergy accused the government of coercively sterilizing women to curb population growth. However, historian Laura Briggs finds no evidence that forced sterilizations took place; supporters of this rumored effort who wanted to assist with it at the time were unable to connect with any doctors or clinics who were actually engaged in such procedures.

In the 1960s U.S. policymakers influenced by modernization theory sought to supply contraceptive technologies to Puerto Rican women, and the island became a laboratory for testing contraceptive pills and IUDs on human subjects. Many Puerto Rican feminists supported these efforts, and doctors who viewed overpopulation as a significant public health threat helped to provide them. Island nationalists, on the other hand, continued to view U.S. promotion of contraception as both imperialist and racist. In this they were aligned with U.S. civil rights groups that had begun to make similar arguments about the promotion of birth control in American black communities by U.S. government agencies and philanthropic foundations. Further complicating this political landscape, many mainland North American feminists joined the left-wing nationalist critique of purportedly coercive sterilization in Puerto Rico, which ironically pitted them against island feminists and allied them with the Catholic Church. Briggs argues that "Feminists on the island . . . negotiated far more complex relationships with the various nationalist ideologies [than their U.S. counterparts did], and adopted their anti-colonialism while refusing their pro-natalism." 12

Chile

In several Latin American countries, growing support for family planning efforts in the 1960s stemmed from opposition to abortion, which many viewed as a greater threat to public health than global population growth was. Chilean doctors who offered patients contraceptive technologies portrayed this work as "pro-life," aimed at saving women from attempting to end their pregnancies illegally, without access to professional care. These doctors were supported by private organizations, particularly the Chilean Association for the Promotion of the Family (Asociación Chilena de Protección de la Familia, APROFA). Development economists applauded such efforts because they believed, in keeping with theories that dominated global development discourse during this period, that national modernization depended on reducing family size. As historian Jadwiga Pieper Mooney observes, "poor mothers with many children . . . [came to be perceived as] potential threats to modern life." Thus rather than viewing access to contraception as an issue of women's rights or autonomy, Chilean family planning proponents in the 1960s often saw women as unreliable, requiring the guidance and oversight of a largely male medical profession to control their fertility.

Until the publication of Pope Paul VI's encyclical Humanae Vitae in 1968, many Catholic bishops throughout Latin America also supported what they termed "responsible parenthood," which included the use of contraceptives to manage family size. In 1967 Chilean bishops issued a declaration acknowledging population growth as among their nation's social ills but cautioning Catholic citizens that abortion was immoral. Focusing on "responsible parenthood" aimed to address the first concern and support the welfare of individual families, without resorting to elective termination of viable pregnancies. Perhaps responding to Chile's receptivity to expanded birth control access, the International Planned Parenthood Federation held its eighth conference in Santiago in 1967. However, the 1968 encyclical, which prohibited devout Catholics from using artificial forms of contraception such as IUDs or pills, rejected the overpopulation concerns that dominated Cold War development discourse in the United States and Europe. Instead, the Pope argued that global poverty stemmed from the unjust ways in which wealth was distributed among and within societies. The central cause of hunger was not a dearth of resources, he asserted, but the unwillingness of powerful nations and elites worldwide to ensure sufficient food access to marginal groups. This framing echoed Brazilian Josué de Castro's writing beginning with *The Geography of* Hunger nearly two decades before. The Pope's critique of neo-imperialism and social injustice aligned with concerns of Latin American leftists, both secular socialists and progressive priests (such as those who came to espouse Liberation Theology)—although many disagreed with the papal proscription against birth control technologies.

Peru

In Peru, as historian Raúl Necochea López tells us, Catholic physicians negotiated this complex moral terrain during the 1960s by distinguishing between "family planning," which they equated with the legitimate aspiration of all families to rationally and compassionately determine the number of offspring by preventing conceptions, and *control de la natalidad* . . . [understood] as an abusive imposition from the U.S. to limit population growth by forcing individuals to use abortifacient methods." ¹⁴ In 1964, Peru's Ministry of Health established a Center for the Study of Population and Development (CEPD) to research and advise on the relationship between demographic growth and socioeconomic development. Due to concerns about the purportedly anti-natalist agenda of the United States, this ministry rejected assistance from U.S. AID (Agency for International Development), although that organization successfully supported some private clinics within the country. Peru's military government was particularly wary of foreign population control advocacy. The generals viewed population growth as essential for

maintaining control over sparsely populated border regions. Such reasoning, in addition to ideological alliances with the Catholic Church, led several conservative nationalist regimes in Latin America during the 1960s and 1970s to reject aggressive population control measures. Opposition also came from the political left; in fact, Necochea López finds that in 1970s Peru Catholic priests were more willing to discuss the need for parents to limit family size than nationalists on either end of the political spectrum were. Priests accepted the relationship between poverty and population growth, and, as in Chile, they established "responsible parenthood" programs to encouraged consideration of family size in relation to children's welfare.

Costa Rica

As is often the case in Latin American historiography, Costa Rica's debate over population growth and contraceptive technologies followed a trajectory not observed elsewhere in the region. Initial promotion of modern contraceptives in Costa Rica was made by an American forester, Henry Tschinkel. He arrived at the Inter-American Institute of Agricultural Sciences (Instituto Interamericano de Ciencias Agrícolas, IICA) in 1962, two decades after it was established in Turrialba by the Panamerican Union (a precursor of the Organization of American States). At that time Costa Rica was experiencing rampant deforestation: three quarters of its forest cover was removed between 1940 and 1983. Although this trend was traceable in part to economic forces that linked Costa Rican land and timber to global demand for tropical commodities, Tschinkel identified population expansion as a central issue as well. The national fertility rate was seven live births per woman. Interaction with the domestic staff who worked for him led Tschinkel to believe that many women desired fewer children but had no ready or reliable way to limit pregnancies, particularly if they were too poor to access private clinics. The use of contraceptive technology was deemed immoral by Costa Rica's Catholic clergy, and it was illegal for doctors to distribute contraceptive devices—although many quietly disobeyed this.

During a visit to New York City in 1963, Tschinkel met with the International Planned Parenthood Federation's Latin American field director to discuss his concerns about population growth and deforestation in Costa Rica. (These concerns were shared by William Vogt, who directed the Planned Parenthood Federation of American from 1951 to 1961 and had led the Panamercian Union's Conservation Section when it established the IICA in Costa Rica.) At the IPPF Dr. Ofelia Mendoza provided Tschinkel with samples of "zipper ring" intra-uterine devices made with nylon fishing line that he could use as models for health personnel and women to replicate. Tschinkel also carried a supply of newly developed contraceptive pills back to Costa Rica. These were much more expensive than the easily replicable nylon IUD, but pills were a more familiar medical technology for many women and therefore more likely to be adopted. Physicians in public health clinics helped distribute these devices to their patients. They often accustomed women to the use of contraception through the pill and then encouraged them to switch to the cheaper zipper ring. ¹⁵ When William Vogt visited the IICA in the mid-1960s as secretary of the Conservation, he expressed admiration for its family planning work in the name of forest conservation.

After Tschinkel returned to the United States in 1965, a young colleague named Alberto González took on his contraceptive distribution efforts. González was a rural sociologist interested in the process of technological adoption, and he undertook a dissertation about rural women's accommodation to modern contraceptive methods, funded by the U.S.-based Milbank Memorial Foundation. Opposition to this work soon forced him to leave the IICA, and he became director of the Costa Rican Demographic Association established in San José in 1966 with funds from IPPF and U.S. AID. Ironically, this put González in contact with doctors at urban public health clinics who had cooperated with Tschinkel in the past and were eager to continue providing their patients with contraceptive technologies. By the end of the 1960s, family planning had come to be seen primarily as a public

health concern in Costa Rica, rather than an ecological issue—a trend visible elsewhere in the Americas as well. Progress in reducing population growth was dramatic: whereas the national fertility rate was reported as 7.3 in 1960, it had dropped to 3.7 by 1975.

Colombia

Colombia followed a trajectory similar to Costa Rica's in several respects. The Milbank Memorial Fund and the Population Council (private foundations in the United States) funded reforms to Colombian medical education in the 1950s that included an emphasis on family planning as a public health issue. Over the 1960s, a private network of clinics with support from the IPPF, called PROFAMILIA, offered contraceptive services to poor women. By the 1970s, these services included voluntary sterilization. Government health agencies also adopted family planning as an important element of maternal and child welfare by 1970, although they did not refer to global population concerns in these promotions. According to historian Ana Maria Medina Chávez, contraceptive technologies were portrayed as the scientific tools of a modern welfare state, divorced from political ideology. ¹⁶ As a result of such efforts, Colombia's fertility rate plummeted from 7 live births per woman in 1964 to 3.9 in 1978.

Growing Nationalist Concern About U.S. Imperialism and Population Control, 1960s–1970s

Despite the apparently widespread acceptance of birth control in Colombia by the 1970s, disputes over the ideological significance and moral valence of contraceptive technologies continued there and throughout the Latin American region. Abraham Horwitz, Pan-American Health Organization director from 1958 to 1974, cautioned development organizations that family planning efforts in Latin America were likely to be perceived as imperialist ventures and that they must be respectful of national sovereignty in order for their recommendations to have any chance of being adopted. The 1969 Bolivian film *Blood of the Condor (Yawar Mallku)* clearly illustrated the significance of these concerns. In it, director Jorge Sanjinés accused Peace Corps health clinic volunteers of sterilizing indigenous Quechua women without their knowledge or consent. This provoked such controversy that the U.S. organization left the country in 1971, not to return for almost two decades. When, as president of the World Bank, former U.S. Secretary of Defense Robert McNamara helped to establish the UN's Fund for Population Activities (UNFPA) in 1969, his role substantiated for many Latin American critics the link between population control efforts, conservative free-market economic ideology, and U.S. imperialist motivations. ¹⁷

Many Latin American intellectuals were wary of the links between U.S.-based IPPF and several South American organizations dedicated to family planning, such as BEMFAM (the Brazilian Society for Family Welfare) in Brazil, APROFA (Chilean Association for the Protection of the Family) in Chile, and Argentina's AAPF (Asociación Argentina de Protección Familiar). Marxists noted that their revolutionary political movements depended on a large underclass, and this gave capitalist nations a clear incentive to curb population growth among the global poor (particularly during the Cold War when much of U.S. foreign policy was guided fears of communist expansion). During Salvador Allende's brief socialist regime in early 1970s Chile, women's access to contraceptive technologies decreased because their provision by U.S. organizations that funded family planning initiatives was deemed politically suspect. In Colombia, José Consuegra Higgins published an influential book in 1972 that portrayed population control as an instrument of colonialism, rooted in longstanding perceptions of tropical peoples as irrational, overly sensual, immoral, and in need of sexual discipline.¹⁸

In 1970s Argentina Amilcar Herrera established a network of social science researchers who aimed to counter the development paradigm espoused by the Club of Rome. That informal organization of economists and other scholars published *The Limits to Growth* in 1972, warning of a pending ecological crisis due to human resource use. Calling their project *Modelo Mundial Latinoamericano* (A Latin American Global Model), Herrera and his colleagues asserted that if the goal of development were simply to sustain human communities and avoid starvation—rather than to maintain the trend toward increased consumption of resources evident in the United States and promoted by modernization theorists—then the earth was nowhere near capacity with regard to its human population. ¹⁹ Concerns that Argentina was underpopulated (along with conservative social views and ties to the Catholic Church) led its military government to ban family planning programs in public clinics and restrict access to birth control. (Mexico followed a reverse trajectory, encouraging population growth in the 1930s but establishing family planning agencies in the 1970s when the national fertility rate had reached seven children per mother.) Nonetheless, many doctors were sympathetic to the desire of many parents to control family size, and they made contraceptives available insofar as possible, despite state and church restrictions.

In 1970s Peru, public health officials feared that state-supported maternal and infant health programs would become "fronts for the distribution of contraceptives" by U.S. AID, in support of a North American ideology counter to Peruvian interests. ²⁰ Education about fertility limitation was acceptable when framed as a way to reduce health risks for mothers and infants, but any aggressive promotion of contraceptives or lavish provision of these technologies was viewed by the state with suspicion. At the International Conference on Population held in Bucharest in 1974, Peru joined many developing nations in adopting the position that "high birth rates were . . . a consequence of underdevelopment, and that attempts to set population-limitation targets were racist." ²¹ Supporters of this view accused organizations like U.S. AID of violating the sovereignty of less powerful nations by insisting that population control must be one component of development aid. In the late 1970s the Peruvian government established a Population Policy Guideline that adopted a position on foreign agencies and population control similar to the declaration made at the Bucharest conference.

Latin American Feminist Opposition to Coercive Sterilization, 1980s–1990s

By the 1980s, a growing feminist movement across Latin America had begun to reclaim birth control as an issue of women's rights and autonomy—not a question of nationalism, global ecology, or social welfare. These women joined the UN and other global organizations in asserting autonomous control over decisions about childbirth as a human right, as stipulated in the 1948 Universal Declaration of Human Rights. This position was reiterated at the UN's World Conference on Population and Development in Cairo (1994) at which delegates specified that the reproductive rights of both men and women "rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so."²²

In the context of this emphasis on women's reproductive autonomy, concerns persisted about surgical sterilization—particularly whether women in poor Latin American communities were fully consenting to such procedures. Controversy erupted in mid-1990s Peru when Fujimori's government was accused of using U.S. AID funds to forcibly sterilize "poor, indigenous women from highland communities." Such controversies are difficult to untangle, as historian Jadwiga Pieper Mooney illustrates. Anthropological data indicate that in some highland

communities as many as half of women's pregnancies were unwanted. Some women clearly underwent sterilization voluntarily, "triumphing over cultural and religious constraints, as well as over the objection of husbands or partners." In other cases, doctors may have colluded with state officials who viewed excessive fertility among poor, indigenous women as an impediment to national economic development. Among the 220,000 rural Peruvian women who underwent surgical sterilization in the mid-1990s, many later provided testimony about the deceptive or coercive ways in which this had been accomplished against their will. Further complicating analysis of this episode are interventions by representatives of the Catholic Church who, Pieper Mooney argues, "appropriated a feminist language of rights, claiming to protect women from medical abuse by reinforcing Church condemnation of all contraceptive technologies." This recent history of feminist, nationalist, and church concern about surgical sterilization in neoliberal states requires more scholarly attention before regional patterns can be elucidated.

Discussion of the Literature

From William Vogt's *Road to Survival*, published in 1948, to Paul Ehrlich's *Population Bomb* two decades later, much of the Cold War hysteria about human population explosion and looming ecological collapse emanated from the United States. In Latin America, debates about contraceptive use and reducing family size were inextricable from prevailing concerns about the imperialist ambitions and racist motivations of U.S. politicians and intellectuals. Scholars who have investigated family planning promotions and responses to overpopulation concerns in various national contexts within Latin America trace complex alliances, such as between left-wing nationalists and Catholic traditionalists who opposed foreign-funded birth control dissemination, on the one hand, and between local feminists and their anarchist allies who viewed birth control as important for family welfare and women's autonomy, on the other.

This is a relatively new area for historical research, and there are numerous important organizations, individuals, and local contexts that have not been studied adequately, or at all. Histories of demography written in the 1990s provide helpful background about the scientific communities that were grappling with newly available human population data during the mid-20th century and the ideological assumptions that underlay their work. Histories of family planning and overpopulation concerns specific to Latin America have been published over the past decade, and the increasing examples of these provide useful guides for future research. The most illuminating scholarship remains attentive to the range of social actors who participated in debates about birth control access and the relevance of global "overpopulation" concerns to Latin Americans' lives. These actors included feminist activists, public health workers, priests, ecologists, economists, national leaders, and politicians across the ideological spectrum—and of course the women and men whose reproductive choices were most directly at issue. The scholars whose work is cited in this article are attuned to surprising alliances between, for example, left-wing nationalists and Catholic bishops, or public health clinicians and liberal priests.

Primary Sources

There are a number of archival collections in the United States pertaining to individuals and organizations that provided international "family planning" aid during the Cold War decades. These include the Population Research Collection at Princeton University Library, containing the papers of demographer Frank Notestein among others (see also their **links to related resources**); the Population Council Archives and Ford Foundation Papers held by

the Rockefeller Archive Center in Tarrytown, New York; and the Planned Parenthood Federation of America Archive at Smith College in Northampton, Massachusetts. The J. Mayone Stycos Papers at Cornell University contain records of the sociologist's interviews with Latin American scholars about population growth and economic development, conducted during the 1960s. The U.S. AID (Agency for International Development) records are held by the U.S. National Archives, headquartered in College Park, MD. U.S. AID also maintains an online **database** of literature related to population and family planning.

Records of UN-sponsored conferences and programs related to world population can be found at the UN Archives and Records Management Section in New York City. The Population Council is still in operation, with offices near the UN's New York headquarters. The UN's Food and Agriculture Organization houses an archive of correspondence at its headquarters in Rome. The UN's Population Division maintains a **website** with many resources related to historical and projected population data. Many records of the International Planned Parenthood Federation are held by the Wellcome Library in London. In all cases, researchers should contact archivists in advance of any visit and spend time using online finding aids to determine which collections are most promising for investigating particular topics.

Within Latin America, most countries have particular government agencies and/or non-governmental organizations that were established during the Cold War period to monitor population growth and provide family planning assistance at health clinics. It may take some online detective work to determine whether and where archival records have been maintained for each of these organizations (e.g., are they held within a national archive, usually located in the capital city?). Among the largest such organizations are BEMFAM in Brazil, APROFA in Chile, CONAPO in Mexico (the National Population Council), and la Asociación Demográfica Costarricense in Costa Rica. Individuals involved in family planning work or debates may have private archives or have donated these to a library; for example, the personal papers of Dr. Josué de Castro are housed at the Fundação Joaquim Nabuco in Recife, Brazil. Catholic Church records for particular countries, likely managed by the archdiocese responsible for the capital city, may contain important information regarding resistance to widespread provision of contraceptive technologies.

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