

The Birth Control Pill and Family Planning FREE

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Summary

World population growth became a major topic of international discussion after World War II and in the context of the Cold War. According to some analysts, academics, politicians, and representatives of international organizations and private foundations, the fall in birth rates was essential to avoid the depletion of natural resources and, in geopolitical terms, would stimulate economic development in the developing world and thus prevent and mitigate social conflict. This analysis gained strong support and met with some resistance. In 1968, the United Nations defined access to family planning as a human right. That same year the encyclical entitled *Humanae Vitae* criticized family planning programs, not only in moral terms but also in defense of personal freedoms and the sovereignty of each country. Additionally, and contrary to the expectations of a large part of the Catholic community, the document only considered natural contraceptive methods legitimate, thus creating a deep division between those who supported the contraceptive pill and those who would abide by this decision.

Studies of recent history that compare global and local dynamics, as well as new perspectives on the Cold War (in terms of the questions, sources, interpretative frameworks, and methodologies they propose), examine local organizations and the different ways in which each country negotiated and took on this issue. The United States played a key role in promoting family planning in different countries around the world and particularly in Latin America, given its geographical proximity and the anxiety caused by the success of the Cuban Revolution. In this region, the distribution of the birth control pill and the first family planning programs also sparked debates, support, and resistance at the governmental level and in different political, academic, activist, religious, and media contexts. In several countries, health professionals came together to develop family planning programs to reduce the high number of clandestine abortions in illegal contexts and their consequent effects on public health. This context also saw a budding recognition of the right women had to make decisions about their own pregnancies. The distribution of modern contraceptives was aligned with the agendas of Second Wave feminist groups, who demanded access to the means that would allow them to have a sexual life that was not tied to marriage or reproduction. In some cases, they faced the limits and repression of authoritarian governments and resistance from some left-wing writers, politicians, groups, and organizations who thought the current sexual revolution was a distraction imposed by imperialism. Given the importance of the Catholic Church in Latin America, the encyclical *Humanae Vitae* was welcomed by conservative actors who opposed the model of sexuality proposed by feminists, secularized enlightened middle classes, and other countercultural movements that supported the ideas of the sexual revolution. However, this document also found support in more radical sectors of the same Church that, in conjunction with some leftist groups, especially those involved in the armed struggle, rejected US interference in population issues. According to documents from these organizations and member testimonies, the sexual revolution, the pill, and feminisms hindered the birth of new generations of activists who could support the ongoing social and political revolution. Given these circumstances, the history of the birth control pill's distribution and the implementation of family planning programs in Latin America must be considered in the context of regional and country-specific political, demographic, cultural, and religious issues.

Keywords: birth control pill, family planning, population policies, Cold War, human rights, global history, population explosion

Subjects: 1945–1991, Social History, Gender and Sexuality

A version of this article in its original language.

Debates on Population Growth in the Second Postwar Era

In the mid-1950s, world population growth, driven by sustained fertility levels and an accelerated decline in mortality, became a hot topic of discussion involving international organizations, private entities, universities, political leaders, the media, and influential individuals who supported research, events, and programs that analyzed the period's demographic context and its consequences for development. The Cold War placed the United States in a crucial position with Latin America, especially after the success of the Cuban Revolution. Politicians, intellectuals, writers, and journalists in the United States were concerned about birth rates in the "Third World" and connected them to the increase in poverty. Considering the depletion of resources and the impossibility of investing in technology and capital goods, they predicted a consequent social discontent that would lead to revolutionary initiatives in the region that threatened their own national security.¹ These analyses did not consider the unequal distribution of wealth, the structural factors that could explain this population growth, and why it should be thought of as a ticking time bomb. Without questioning the distribution of resources, the United States proposed the development of family planning programs as a solution, as it had been doing in its own country since the 1940s, combining neo-Malthusian and eugenic arguments.²

In 1952, the International Planned Parenthood Federation (IPPF) was created. This organization brought together a group of independent national associations to promote the implementation of large-scale family planning programs and support the creation of member associations at the local level. That same year, John D. Rockefeller III founded the Population Council, an entity that distributed funds and technical assistance to states that wanted to implement family planning plans in their areas. It also financed research on contraceptive methods and the collection of demographic data. The Ford Foundation, founded in 1936 for scientific, educational and charitable purposes, engaged during the 60s in a variety of development activities across Latin America, and the Rockefeller Foundation worked in similar ways. The United Nations also placed population issues high on its agenda, setting up research commissions and sponsoring the first two academic population conferences in Rome (1954) and Belgrade (1965). In 1968 the Tehran Proclamation, drafted during the International Conference on Human Rights held in that city, stated that "Parents have a basic human right to determine freely and responsibly the number and spacing of their children."³ Thus, family planning was anchored in a narrative of rights and choice, as opposed to the coercive measures of population control that were also in vogue at the time. The World Population Plan of Action, adopted during the Third World Population Conference held in Bucharest in 1974, stressed this human rights perspective and the sovereign right of each country to define its own population policies. The participation of the delegation from Argentina, a country that at the time had regulations against family planning in defense of national

sovereignty, was key in placing limits on the most interventionist measures. This proposal was supported by other delegations in the region. Ultimately, the Plan of Action connected underdevelopment not only with birth rates but also with the unequal distribution of wealth.

The US Agency for International Development (USAID) was created in 1961 to administer foreign aid funding for nonmilitary purposes. USAID began to play a key role in promoting family planning programs in 1965, when it created the Office of Population and new field offices in almost all Latin American countries and allocated funds to support existing private or state-run programs. The US Secretary of State drafted the *National Security Study Memorandum 200: Implications of Worldwide Population Growth for U.S. Security and Overseas Interests* (NSSM200) in 1974. This document is key to understanding the importance that the United States gave to population-related involvement in various regions at the time, from Asia to Latin America. In the latter case, this source documents the resistance that the United States encountered in several Latin American governments and the tactics it used to try to manipulate them, such as cutting aid to the governments that did not commit to lowering their birth rates. This document, kept confidential until 1989, reveals the intention to create international agreements and support social policies, under the assumption that the higher the level of education and opportunities for economic progress, the more people would voluntarily limit their number of children. At the same time, the United States expressed its willingness to continue to support contraceptive research and donations to countries that requested them from USAID.⁴

The circulation of texts that predicted the imminent depletion of natural resources and world hunger, such as Paul Ehrlich's book *The Population Bomb*, published in 1968, and an article by ecologist James Garrett Hardin published that same year in the journal *Science*, contributed to the creation of a social anxiety that encouraged mandatory population control measures.⁵ The Club of Rome, founded in Italy in 1968, brought together scientists, businessmen, and politicians interested in discussing global issues. This society commissioned a study on population from the Massachusetts Institute of Technology (MIT), the results of which were published in 1972. This report predicted environmental degradation, depletion of nonrenewable resources, and resulting mass mortality that would eventually lead to a new equilibrium. The text was criticized in Latin America for its alarmism, its determinism, and the political behaviors it endorsed. Between 1972 and 1975, the Bariloche Foundation, based in Argentina, developed an alternative model in response to the Club of Rome's thesis: the Latin American World Model. This multidisciplinary project, led by Amílcar Herrera, asserted that it was consumerism that depleted resources and that improved levels of human development would encourage lower birth rates. In 1976, the book *El Club de Roma: Anatomía de un grupo de presión* (*The club of Rome: Anatomy of a special interest group*) was published. A collection of essays brought together by the Brazilian economist Celso Furtado and Oscar Varsavsky, an Argentinean who specialized in the application of mathematical models to social studies, its cover warned about "the use of science to take over the world," in reference to the MIT thesis.⁶

Chilean jurist Jorge Iván Hubner Gallo called attention to the "myth" of population explosion in his 1968 book, as did Colombian Catholic physician and intellectual Hernán Vergara Delgado, who accused his country's president, Carlos Lleras Restrepo (in power 1966–1970), of implementing an aggressive birth control policy with US funds. Vergara Delgado's book, *El Complejo de Layo* (*The Laius complex*), whose title alluded to the mythical character who had his own son killed, came a few months ahead of the decisive position taken by the Catholic Church in the encyclical *Humanae Vitae* against unnatural methods of family

planning.⁷ Some governments openly incorporated family planning into their population policies. Others left it to civil society to provide information on contraceptive methods and facilitate access to them, without exercising strict control over their efforts. The birth control pill was in the middle of these geopolitical discussions. The way it was viewed in medical circles highlighted the tensions between those who supported its distribution and the management of family planning programs—viewed as a strategy to prevent abortion and the serious public health problem it caused in Latin America because of its clandestine nature—and those who rejected it because of their political or religious convictions.

Academic debates were not reduced to a clash of interests between “Malthusian core countries” and “anti-Malthusian periphery countries,” however. In Europe there were critics of the “population bomb” thesis and in the developing world there were those who defended it, especially from the 1980s onward. At the same time, the more critical stances on the role of the United States and international organizations in population matters revealed a certain underestimation of the problem posed by population growth. By paradoxically rejecting family planning as imperialistic interference, these critics prevented couples and individuals from making free, informed, and safe decisions about their offspring, thus defending the concept of human rights.

It is worth noting the influence of the research of American sociologist Joseph Mayone Stycos, who directed a renowned international population studies program at Cornell University. His work was based on a survey of the Latin American press, interviews with university professors, nationalist intellectuals, statements on birth control made by Latin American delegates at major international conferences, and sources that highlighted the important influence Catholicism had on reproductive decisions.⁸ His research was part of a larger body of work that expressed US anxieties about population growth worldwide, especially in Latin America. With the political aim of proving the existence of a “population bomb” and the danger it posed to the anticommunist struggle, using classist, racist, and stereotypical approaches to sexual life and gender relations in the region, Stycos contributed to the construction of an apocalyptic destiny and the justification of interventionist measures.⁹ Furthermore, in his study of Puerto Rico, he gave an explanation for population growth based on the “machismo” of the island’s men, which led them to have many children as an expression of their virility, despite the fact that the data from his interviews undermined this assertion.¹⁰

The Birth Control Pill in Latin America

On May 9, 1960, the Food and Drug Administration (FDA) authorized the G. D. Searle laboratory to market the pills known as Enovid as contraceptives. This scientific and pharmaceutical innovation was made possible by increased knowledge of reproductive physiology. The history of its development, tied to the development of a wide range of disciplines, such as biochemistry and endocrinology, highlights the confluence of various interests, institutions, and individuals and the significant controversies that arose prior to and after its introduction to the market.¹¹ In 1957 the FDA approved its use to treat “gynecological disorders,” such as infertility and excessive menstrual bleeding, and starting in 1958 the trial results were communicated to the public through various media outlets. This was done cautiously, as they feared social rejection of the new drug based on moral reasons and because they thought it unlikely that healthy women would take a new drug for long periods of time for the sole purpose of preventing pregnancy.

One of the problems related to the mass production of oral contraceptives was the high price of synthetic steroid hormones. This situation changed in the 1940s when it was discovered that the barbasco tuber in the jungle of Oaxaca in southern Mexico could be used for their production. This discovery set off a race for the control of barbasco harvesting, which affected rural farmers. The Mexican government tried to nationalize its production, and this contribution established Latin America as a producer of science and not only as a consumer.¹²

The first pill trials conducted in the United States were met with criticism. This criticism increased when they were organized on a large scale in Puerto Rico. Puerto Rico's high population growth rates and very low levels of development were often given as the most dramatic examples of the "population bomb," which justified its selection as a testing location. In addition, the island had a history of medical interventions on birth issues, which were carried out in the context of tropical medicine studies and the influence of eugenics. Testing began in April 1956 with women under the age of forty with at least two children who had been born alive as proof of their fertility. These women also had to be willing to have another child if the pills were not successful. Much of the media, feminists of the area, the pro-independence movement, the Catholic Medical Association, and bishops publicly denounced the development of a "neo-Malthusian campaign" with racist elements. Several volunteers withdrew from the trials because of these criticisms, and many others did so because of the unpleasant side effects. Even so, the tests continued and posed dilemmas for those who believed in the need for and advantages of family planning on the island but also warned of the possible contributions to a new colonialist policy. These events also led to shared opinions between some of the feminists of Puerto Rico, nationalists, and the Catholic Church, which had previously been unthinkable.¹³

In the most comprehensive accounts and analyses of the 1960s, the pill is considered to be a fundamental component of the sexual revolution in the West. However, specialized historiography points out that changes in the thinking concerning sexual morality and its practices had begun before it entered the market. This explains the recommendation to study these two revolutions, the sexual and the contraceptive, and even to question the appropriateness of this term, based on their specificities, transnational connections, and local characteristics. Isabella Cosse investigated the "sexual revolution" of the 1960s in Argentina and noted its distinctive features in relation to those of Europe and the United States. An important aspect was the influence of the Catholic Church in politics and society, as well as the processes of modernization. As Cosse points out, "in certain countries, such as Mexico and Brazil, the development of contraceptive measures (by the government or by nongovernmental and international organizations), in line with U.S. birth control policy, was the starting point for the demographic transition. At the same time, young people, especially students, began to question the family and sexual morals that had been passed down to them at home, with varying degrees of resistance."¹⁴

In addition to being associated with certain transformations regarding sexual morality, the discourses and experiences of birth control were linked to the emergence of a new family model. This model was characterized by smaller family size, more democratic relationships formed by couples and between parents and children, the growing autonomy of women as a result of their massive presence in the educational and working worlds, and the emergence of a model of fatherhood more committed to child-rearing tasks and open to showing affection. These "new families" were characterized by increased consumption of clothing,

cultural goods, and household appliances and driven by a thriving advertising industry that managed to take some elements of the counterculture and social movements of the time and put them to work in favor of capitalism.¹⁵

In short, the popularization of family planning and the pill can be seen as a response to the demands of many couples, women, and feminist groups who demanded the right to decide if and when to have children, as well as how many. In turn, it served as the most direct response to the problem of the “population explosion” and its threat to the capitalist system.¹⁶ At the same time, new reproductive practices supported the development of a consumerist model that was successfully linked to aspirations for personal development and individual freedom. Critical positions on family planning could be found throughout the Latin American political spectrum, from Right to Left. For those on the Right, birth control jeopardized national sovereignty and moral values, while for a significant part of the Left, a large population was necessary for the success of the political revolution. In this scenario, the sexual revolution and the pill were considered bourgeois deviations and imperialist weapons of ideological and material manipulation.

In the healthcare sector, the response to these programs was mixed. Based on local data and assessments, many physicians developed proposals according to the needs of each individual place and social group. In general, family planning was considered a way to stem clandestine abortions, which was important given their illegality and consequent danger for public health. In addition, their organizations called for investment in social and educational initiatives to encourage people to voluntarily limit the size of their families.¹⁷ In these contexts, family planning as a human right for couples and women was gaining ground, although it was still thought to be fundamentally based on stable unions.

On July 25, 1968, the encyclical *Humanae Vitae* was published, in which Pope Paul VI rejected unnatural contraceptive methods. In other words, only periodic sexual abstinence was acceptable as a method of responsible procreation within the framework of Catholic marriage. In 1967 the majority and minority reports of the Pontifical Commission on Population, Family, and Births reached the Parisian newspaper *Le Monde* and were later published in *The National Catholic Reporter* in London. For the majority of the committee, pills were acceptable. Their opinion was based on social changes in marriage and the family, especially in the role of women; the decrease in infant mortality; new discoveries in the fields of biology, psychology, sexuality, and demography; and a different understanding of the value and meaning of human sexuality and marital relations. However, the publication of the encyclical settled the debate, ruling against this majority position and generating a crisis of leadership in the Church.

One key issue was whether the pills could be accepted as a contraceptive method for Catholic couples, regardless of whether contraception was a side effect of taking the pill for other medical purposes. The pill was already popular with some Catholic doctors, as artificial methods of contraception were considered the “lesser evil” in the face of the “greater evil” of abortion. In fact, the Catholic physician John Rock, a co-creator of the pill, along with Gregory Pincus, held this position, believing that the cycle generated by taking it emulated the “natural” cycle. He was convinced that the Church should refrain from imposing its morals on society as a whole.¹⁸ In Argentina, Roberto Nicholson, another Catholic physician, was one of the first to present evidence on the advantages of oral contraceptives, facing resistance from his colleagues from the Society of Obstetrics and Gynecology of Buenos Aires, who questioned it not for medical reasons but for moral

considerations and political interests. Moreover, from some theological positions, the rejection of the pill as a contraceptive method was a position worthy of respect but did not constitute an infallible teaching, as each couple should listen to their own conscience and act accordingly.¹⁹

In spite of the debates among theologians, secular organizations, local church authorities, and the Vatican, millions of Catholic women were already using the pill. *Humanae Vitae* impacted their daily practices and was also an international policy document that insisted, as other intellectuals had, that the cause of underdevelopment was not the birth rate but the distribution of wealth.

A series of interviews with women in Mexico City who used the pill offers a glimpse into the ways in which practical needs and moral values were negotiated. Carmen's case is a good example of these tensions: she defines herself as a "pioneer" and also as a "guinea pig" when referring to her experience with the pill. Between 1964 and 1965 she agreed to participate in a clinical trial at a private Mexican facility and began taking oral contraceptives. After a short time, she started to feel nervous, which she associated with the effects of the hormones. She discussed the issue with her husband and ended up leaving that experimental group. At various points in the interview Carmen stated that God's will interceded in her life. She identified herself as a "Roman Catholic." Although the Catholic Church had not clearly spoken out against oral contraceptives at the time she participated in the trials, it had not supported them, either. Faced with this ambiguity, she decided to consult the priest to whom she confessed, who in turn instructed her to ask her husband. Carmen recalls: "I went to ask for advice—you go to the priest, you go to confession, and you explain your situation to him. Because it felt like a sin. After that it didn't. I lived my life normally, and I didn't feel the little weight here in my chest from the sin."²⁰ This account illustrates the different questions, doubts, motivations, and reactions that women had when deciding on hormonal contraception. They had to negotiate them with their own beliefs and values, those of their partners, the dictates of local politics, and the ideologies of their religions.

The activism of the women's health and feminism movements was fundamental in questioning the role of women as objects of population control policies and their consideration as individuals with the right to make decisions about their fertility. With regard to family planning, it was the couples who had to adjust their behavior to the changing circumstances, but society generally held women responsible for the overwhelming population problem. This idea was made plain on the cover of the January 11, 1960, issue of *Time* magazine, which featured pictures of women with small children. The issue was entitled "The Population Explosion." Their appearance, clothing (or lack thereof), and backgrounds were intended to represent mothers from different parts of the world. Some had been drawn with worried faces and lost looks. The black women were naked from the waist up, while a young, fair-skinned, blonde woman, with two similar-looking children, pushed a supermarket shopping cart while concentrating on reading the information on a can of food. The "population bomb" was presented as a problem in an exoticized, classist, and misogynist way. Men were not responsible for population growth, nor for caregiving and maintaining material stability (fetching water, shopping), while the "primitivism" of rural life contrasted with urbanization and the consumerist society.²¹ The editor's note stated that the main report was based on information from forty-eight correspondents around the world. One of them had verified the seriousness of the problem by finding a family with thirty-six children four hours outside of Rio de Janeiro.

The culture industry played an important role in the diffusion of the pill and the discussion of changes concerning intimacy. Just as in the United States, the press helped bring the results of medical and scientific research to the general public. In Argentina, general interest magazines and women's magazines provided information on oral contraceptives, conducted surveys to learn more about their users, and answered letters about their efficacy and the moral values involved.²² In Mexico, *Claudia* magazine was aimed at the "modern woman," who could participate more actively in political, social, and cultural life without compromising her decency. While in the 1960s talk of hormonal contraception was apprehensive and hesitant, by the mid-1970s, in conjunction with the change in the government's population policy, family planning was promoted as a woman's right, regardless of whether or not her husband agreed.²³

At the same time, organizations involved in family planning programs began to focus on communication, emphasizing the production of accessible and interesting materials that would motivate changes in reproductive practices. In Mexico, campaigns to publicize the family planning program launched by the government in the 1970s used a communication strategy that combined posters on public streets, radio spots, advertisements in newspapers and magazines, and even the soap opera *Acompáñame*, produced by the government and Televisa. This show depicted the lives of three sisters whose unequal living conditions depended on whether or not they participated in family planning. The message was clear: women who had control over the number of children they had were the happiest and most successful. During the nine months that the soap opera was on air, calls were made to the Consejo Nacional de Población (national population council, CONAPO) during commercial breaks. Surveys showed a relationship between having watched the program and contraceptive use.²⁴

An example of this type of global outreach campaign is the animated film *Family Planning*, released in 1967 and produced by the population council and Walt Disney. Since 1940 Walt Disney had been developing materials for political purposes in partnership with the US government. This film, which was translated into twenty-three languages and widely distributed in Asia and Latin America, showed the serious problems associated with the lack of family planning. The narrator described population growth as a serious global problem, with Donald Duck as the host. The hardships that affected large families, in contrast to the limited opportunities for a better life for those who controlled their pregnancies, were portrayed in a stereotypical way. The families depicted were designed, unsuccessfully, to be globally representative. These depictions, as well as the infantilization inherent in using a cartoon to talk to an adult audience about a serious subject, sparked criticism of the film's content. The IPPF defended the short film. In their opinion, the effort made to ensure that the family portrayed could not be easily associated with a single place or culture was successful. However, this support did not silence unfavorable opinions. Furthermore, the positive outcomes of family planning were exaggerated and even untrue: the film showed that a small family could have healthcare, buy consumer goods (such as a radio), own land, and support itself financially, without accounting for the other factors involved.²⁵

In Latin America, the figure of Donald Duck had already been used as a metaphor for the cultural imperialism of the United States by way of mass culture. In Ariel Dorfman and Armand Mattelart's book *How to Read Donald Duck*, the first chapter, "Uncle, Buy Me a Contraceptive," presented a critique of the family and social model proposed by Disneyland. In that world there were no parents, only great-uncles, uncles (like Uncle Rico), nephews (Donald Duck's), cousins, and eternal courtships (like those of Minnie and Mickey and Daisy

and Donald). For Dorfman and Mattelard, the sexual teaching it advocated was that of a life without personal encounters or orgasms: the world is “centripetal, introverted, and egolatrous . . . a parody of the island-individual. . . . [The] condition is solitude, which can never be recognized as such.”²⁶

Family Planning in Latin America: Global Meets Local

Starting in the mid-1960s, associations affiliated with the IPPF were created in various countries of the region, sometimes with the support of local governments and international organizations and associations. The goal of these associations was to promote family planning. They included Asociación Probieneestar de la Familia Colombiana (Association for the well-being of Colombian families), Sociedade Civil Bem-Estar Familiar no Brasil, and the Asociación Pro Bienestar de la Familia Ecuatoriana (Association for the well-being of Ecuadorian families), both for founded in 1965; the Asociación Chilena de Protección a la Familia (Chilean association for family protection), the Asociación Demográfica Costarricense (Costa Rican demographic association) and the Asociación Argentina de Protección Familiar (Family protection association of Argentina, AAPF), founded in 1966; the Asociación Peruana de Protección Familiar (Family protection association of Peru) and the Fundación Mexicana para la Planeación Familiar (Family planning foundation of Mexico), founded in 1967; and the Asociación Uruguaya de la Planificación Familiar (Family planning association of Uruguay), established in 1968.

The work of the Chilean association coincided with the government’s family planning program, whose implementation was based on a professional and personal network of physicians trained in the United States and supported by the Rockefeller Foundation,²⁷ an institutional healthcare framework, established maternal and child health policies, and other policies designed to serve rural areas.²⁸ The creation of the Latin American Demographic Center (CELADE) in 1957 in Santiago, Chile, had already increased human resources training in demography through scholarships, courses, and professional counseling. It also provided consultation services for Latin American governments and their agencies with contextualized data and analyses done in the region. Chile was recognized as a leader in the field, and was chosen as the host for the Eighth International Conference of the International Planned Parenthood Federation in 1967.

New approaches in global history and transnational studies of the Cold War have made it possible to recognize that the objectives of the United States and international agencies could overlap with the interests of local actors. In Chile, the need to stem the high number of abortions and calls for greater educational investment to make birth control accessible and desirable were on the agenda of several local physicians. Among them was Dr. Benjamín Viel, who pioneered the creation of a field of research and action that addressed family planning from a social medicine perspective and the coordination of different agencies and actors.²⁹ Dr. Jaime Zipper was internationally recognized for his work with copper intrauterine devices. After the release of *Humanae Vitae*, the Chilean government continued with its existing programs despite the influence of the Catholic Church, arguing that the papal message was addressed only to the Catholic population and that its political task was to approach the issue from a public health perspective and not from a moral or religious one. The 1970 election of Salvador Allende as president raised concerns among international organizations and uncertainty about the continuity of these programs, because their association with US political intervention in Latin America, but the services were not interrupted. After the 1973 military coup, the dictatorship under General Augusto Pinochet dismantled these programs as part of a

pronatalist policy based on national security. Out of the dictatorship's desire for modernization, it tolerated certain discussions on gender and sexuality, in an attempt to prevent the high number of abortions and teenage pregnancies from undermining this objective.³⁰

In Peru, as in Chile, demographers and physicians agreed on the need to implement family planning programs to control abortions, health problems, and maternal deaths caused by multiple pregnancies. They also sought to address the lack of capacity of the health system to deal with these cases, the difficulties faced by large families in providing for themselves, and the need for demographic planning to advance industrialization.³¹ In 1967, the Asociación Peruana de Protección a la Familia (Peruvian association for family protection) was created, which ensured inexpensive and large-scale availability of contraceptives for the first time in the country. As already mentioned, in the poorest areas of Lima, family planning centers were run by priests who saw abortion and poverty as serious problems that required an immediate solution. They suggested the use of contraceptive pills, even in the wake of *Humanae Vitae*.³²

In Argentina, the actions of the AAPF were also justified as a way to reduce deaths caused by clandestine abortions and in defense of the right of couples, and specifically of women, to make their own procreation decisions. Unlike in Chile, their work was not connected to public programs and did not receive government support. The different administrations of the 1960s and 1970s shared a pronatalist discourse that was justified by the concept of Argentina as an "empty country" that had to ensure its sovereignty in the face of an "overpopulated" world. The contraceptive pill was distributed at AAPF centers, in the healthcare facilities where its members worked, and in medical and social assistance programs, such as the one developed by the University of Buenos Aires in Isla Maciel in the early 1960s. Opposed by nationalist doctors and conservative Catholics, and also by some left-wing activists and intellectuals who considered it a symbol of "Yankee imperialism," the pill found support in the feminist groups that emerged at the beginning of the 1970s. While aware of antinatalist pressures from the United States, these groups defended voluntary maternity and the separation of sex and procreation, expressing themselves cautiously in the face of attacks from both ends of the political spectrum.

Decree 659 was issued in February 1974, during Perón's third term. It prohibited family planning activities in public facilities and hindered access to contraceptive methods with a series of requirements, such as triplicate prescriptions. This regulation remained in force during the military dictatorship (1976–1983) and was only repealed in 1986, a few years after the return to democracy. The continued decline in birth rates and the increase in sales of contraceptives despite these restrictions illustrate the existence of strategies to circumvent these coercive provisions. Societal discussions about the ongoing sexual revolution and new family models highlighted the interest couples had in avoiding unintended pregnancies. This topic appeared in the magazines of the time (from general interest publications to parenting monthlies). One of the characteristics of the "discreet sexual revolution" taking place in the country was precisely the greater acceptance of premarital sex and the questioning of the association of female virginity with respectability.³³ The pill played a key role in this process. Similarly, representatives of the Catholic community in Argentina, such as the Movimiento Familiar Cristiano (Christian family movement), were receptive to the demands and needs of the population they served and considered family planning and the contraceptive pill to be a useful option for Catholic couples.

In Mexico, family planning became a government issue. A series of measures was taken to reverse indicators that showed an average fertility rate of seven children per woman at the national level and a high number of abortions. The most important measures were the enactment of the Ley General de Población (National law on population, 1973), the creation of the Consejo Nacional de Población (National population council, CONAPO), and the implementation of the Programa Nacional de Planificación Familiar (National family planning program, 1977). Family planning clinics were set up privately with support from the IPPF. These measures were linked to and reinforced by an increasing level of urbanization, progress in female education, and more active social roles for women, which resulted in new attitudes toward family and motherhood and the end of the traditions of early female marriage and a lack of contraceptive methods.³⁴

In Brazil, the work of Joana Maria Pedro shows that the influence of international organizations was also important in the push for family planning, as well as for the arguments in favor of contraception as a way to reduce abortions.³⁵ In 1965, the Asociación Pro Bienestar De La Familia Ecuatoriana (Association for the well-being of Ecuadorian families, APROFE) was founded with the same goal in mind. Another one of its aims was to provide sex education and help women who wanted to plan their pregnancies. The military government of Ecuador did not include family planning in its modernization proposal because its main concern for public health was to reduce mortality and improve care in general. In 1968, during the presidency of José María Velasco Ibarra, the issue of family planning was brought to the government's attention thanks to the appointment of one of APROFE's founding physicians to the Ministry of Public Health. However, the greatest work in this area continued to be done by APROFE, which had connections to the health system and academia through the development of lectures and institutes on population studies in the country's main universities. As in Peru and Argentina, some representatives of the local Catholic Church supported family planning, even after *Humanae Vitae*. However, they rejected methods they considered abortion, as was the case with intrauterine devices at the time. The new constitution of 1979 included in Article 24 "the right of parents to have the number of children they can support and educate." This was a departure from the Tehran Proclamation in terms of the explicitness of the economic consequences of family size, but a government population policy was not put in place until 1987.³⁶

In Bolivia, the Movimiento Nacionalista Revolucionario (Nationalist revolutionary movement,) proposed a modernization strategy that included population control, especially of its indigenous population. The Peace Corps played an important role in these efforts. According to Molly Geidel, their development proposal was shaped by anxieties about race and gender. Correspondence from members of the organization indicates that while some indigenous women welcomed modern contraceptive methods and access to surgical sterilizations, the men opposed this interference and accused the women of being overly reliant on international aid. The sterilizations without informed consent allegedly carried out by the Peace Corps were denounced in the 1969 film *Yawar Mallku* (The blood of the condor) by Bolivian director Jorge Sanjinés. In the film, men led the indigenous resistance to the Peace Corps and government policies, but it did not consider the sexist violence faced by women in their communities and their demands for reproductive and sexual rights.³⁷

Discussion of the Literature

The first studies on the use and types of contraceptives, the social position of the women who used them (mainly in relation to the labor market and access to education), and the number of abortions in Latin America and the Caribbean focused on quantitative data. Fertility surveys had been conducted since the 1940s to provide policy makers and the medical community with demographic data and the advantages of reducing family size. Jan Van de Kaa studied the changes in demographic studies and the influence of US scholarship on the construction of models, methodologies, interpretative frameworks, statistical data, and studies on the demographic transition.³⁸ The importance of Mayone Stycos's studies and the representations of the Latin American population that he helped shape have already been noted. Teresita de Barbieri was a pioneer in population studies regarding gender and ethnicity in her position as a researcher at the Instituto de Investigaciones Sociales (Institute of social research) of the Universidad Nacional Autónoma de México (National autonomous university of Mexico). Her work highlighted international pressures as well as the demands of couples and women for contraceptive methods and information on preventing pregnancies.³⁹

CELADE in Chile, which since 1997 has been known as the population division of the Economic Commission for Latin America and the Caribbean, conducted studies and provided training and technical assistance to the countries of the region.⁴⁰ In some cases, their results linked different variables that helped overcome a restricted definition of demography and gave way to population studies. Their surveys in different countries also led to comparative studies between Buenos Aires, Bogota, Caracas, Lima, Mexico, Panama, Rio de Janeiro, and San Jose, Costa Rica, among other large cities. Carmen Miró played a key role in organizing and defining population policies in Latin America. The article she presented at the 1970 Latin American Regional Population Conference in Mexico City, entitled "Política de población: ¿Qué? ¿Por qué? ¿Para qué? ¿Cómo?" (Population policy: what? why? what for? how?) addressed the need to find answers to social problems and pointed out that family planning was not synonymous with population policy. She also warned of the urgent need to tie this policy to development plans.⁴¹

Some studies report on the role of national actors in the introduction of scientific and biomedical innovations, such as the contraceptive pill, the transnational dissemination of this knowledge, and the importance of the actions of global networks.⁴² Soto Laveaga's research on the role of Mexican laboratories and their production of synthetic hormones from barbasco is an example of an approach that links the development of the pill in the United States to contributions from Mexican research.⁴³

The most recent understanding of family planning in Latin America and the use of modern contraceptives, especially the pill, falls into two areas of research. New historiographical approaches to the Cold War, without ignoring the importance of the history of diplomacy and the geopolitical role of the United States, focus on local responses (national, corporate, and individual) to many US actions and even ask what the term "Cold War" means in different contexts.⁴⁴ Global studies on this period have also started to develop into a specific field of inquiry that questions the generalizations that portrayed two completely separate blocs that confronted each other and imposed themselves on Latin America without causing any reactions.⁴⁵ In his study of the recently declassified document National Security Study Memorandum 200 (NSSM 200), written in 1974 by the office of the US Secretary of State, Necochea López supports this position by confirming the coercive actions implemented by the United States regarding demographic issues. He also highlights other

measures taken by the United States that supported social development policies and were consistent with the needs and demands of developing countries. According to the author, “this in no way exonerates the State Department, the U.S. Congress, or USAID from the grotesque extortion in which they were complicit. But it does call our attention to the different ways in which power can be exercised.”⁴⁶ His work on Peru, the aforementioned research by Jadwiga Pieper Mooney, that of María Soledad Zárate Campos and Maricela González Moya on the family planning program of the Chilean government, and Felitti’s research on Argentina show different responses to a global problem with a standardized solution that, nevertheless, had different contexts, support, resistance, and re-appropriations in each country.

Another way to analyze contemporary research on family planning and the pill is by relating it to the new contributions brought about by the incorporation of the focus on gender in Latin American historiography and the increased interest in the history of sexuality. The works cited in this article are based on contemporary concerns about the lack of access to reproductive rights and the persistence of illegal abortion in most countries in the region. As for Necochea López’s research on Peru, there is an added interest in explaining, in the long term, the family planning program implemented by Alberto Fujimori’s administration between 1996 and 2000. The program included approximately 300,000 people, of whom some 250,000 were presumably women who did not always give informed consent. The program resulted in complaints of human rights violations.⁴⁷

The question of women’s agency in these family planning campaigns has been somewhat addressed through the use of oral history and the review of women’s testimonies from the 1960s and 1970s.⁴⁸ Laura Briggs’s study of sterilizations in Puerto Rico allows us not only to access this history but also to discuss on a theoretical level what it means to make marginalized subjects speak.⁴⁹ In turn, some studies on the history of feminism in Latin America seek in this period the antecedents of the process that led to the notion of reproductive rights and its inclusion in these movements’ agendas. A review of this research shows that, in general, the effects of the pill on women’s health did not play a major role until fairly recently, when the natural gynecology movement began to gain ground in the region. In the 1970s, feminist activism, in addition to fighting for sexual freedom and reproductive autonomy, often intersected with other political activism and resistance to repression and censorship by authoritarian governments.⁵⁰ As previously mentioned, the organized effort to make contraception more widely available arose from some governments’ interest in and concern about demographic objectives, or pressure from health professionals, mostly male physicians, who sought solutions to the problem of unsafe abortions in contexts of illegality and began to incorporate the notion of family planning as a women’s right into their practices. For feminist activists, however, preventing abortion through access to contraception was not enough; the procedure had to be legalized. Moreover, women’s reproductive freedom was expressed less in the liberal language of human rights than in the language of the sexual revolution, the democratization of gender relations, and a complete transformation of society. Similarly, some studies on the beginnings of LGBTQ+ activism in Latin America connect these events with the sexual revolution and the positions of left-wing parties, groups, and intellectuals. These studies also reference the debates around the contraceptive pill, although this is not their main topic.⁵¹

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The positions of the United Nations on population policies, family planning, and reproductive rights are available on the organization's website. The same is true for Vatican documents. The Rockefeller Archive Center offers outstanding documentation on the subject and has been a key source for several of the authors cited in this article. Official and private correspondence between physicians, politicians, and experts associated with the IPPF is generally available at the organization's regional offices of this organization.

Medical discussions on the pill can be found in gynecology and obstetrics journals and records of medical conferences and symposiums, which, in the case of Argentina, can be consulted at the Biblioteca y Hemeroteca de la Facultad de Medicina de la Universidad de Buenos Aires (Library and newspaper and periodicals archive of the medical school of the University of Buenos Aires). General interest magazines and women's magazines from Argentina are available at the Hemeroteca de la Biblioteca Nacional (Newspaper and periodicals archive of the national library) and from Mexico at the Hemeroteca de la Universidad Autónoma de México (Newspaper and periodicals archive of the national autonomous university of Mexico). The library of the Colegio de México has several documents on population policies in Latin America, and the offices of Mexico's Consejo Nacional de Población (National population council) have statistical material, analyses, and recommendations, as well as posters from its campaigns.

Oral sources play a key role in this research. The personal testimonies of doctors, politicians, demographers, analysts, activists, theologians, and priests, as well as the accounts of the users themselves, provide a deeper understanding of the implementation of these programs and the effects of the distribution of the pill in the region. Official documents only superficially mention these topics. In addition, the voices of the women who participated in the first tests provide insight into the shifts in subjectivities brought about by the pill. In most cases, these recordings are not part of a collection accessible to the general public, which is explained in part by the lack of university and institutional funds for the creation of this type of archive in most Latin American countries.⁵²

Acknowledgments

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