VALUES have not been a conspicuous problem for most contemporary demographers. Insofar as values are presumed to affect demographic behavior, they customarily appear in the context either of social-psychological theories of fertility or economic models built on considerations of comparative costs and preferences. Despite the fact that demography is customarily grouped as a sub-discipline within sociology departments, to this day little use has been made of sociological perspectives on values, except for rather ad hoc consideration of mobility aspirations, opportunities for women, secularization, and the like. It is the thesis of this paper that demographers have—on the whole—accepted the dominant values of our own Western society in an uncritical fashion, and thus have felt little need for sociological perspective on those values. To put the matter quite strongly, I allege that much of demographic theory is culture-bound. Its account of demographic reality rests in part on humanistic value-postulates derived from Western culture.

The assertion that much of demographic theory is culture-bound is not only controversial, but somewhat brash. The present paper is intended to be provocative rather than definitive. Supporting documentation representative of the very broad range of demographic theory would require several papers as long as this one. Here the argument can only be illustrated by brief comment on one body of theory in which the writer happens to be especially interested—the theory of demographic

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1 From the Department of Sociology and Anthropology, Princeton University. This paper was prepared for oral delivery at the meetings of the Eastern Sociological Society, Boston, Mass., April 23–24, 1960. Some notes have been added.


transition. This body of theory dealing with the effects of urbanization and industrialization on birth rates and death rates is not, however, merely an arbitrary selection, for it is a truly collective crystallization of the thinking of a number of well-known demographers, and has indeed been characterized as demography’s best claim to general theoretical development.\(^4\)

In addition, transition theory represents a salient point of contact between scholarly work in demography and public policy.

I believe that transition theory fails to attain complete objectivity in a number of respects. These include (1) its failure to distinguish adequately between (a) structural concomitants of urbanization and industrialization, such as changes in the family and social stratification, and (b) concurrent changes in values which we take for granted; (2) failure to deal in any thorough-going way with abortion and infanticide as alternatives of “approved” methods of birth control; (3) implicit faith in the viability of the existing world order despite recognized demographic pressures; and (4) a moralistic attitude toward mortality comparable to certain religious orientations toward fertility. I should add that these allegations have purposely been stated in somewhat stronger form than is really justified; some qualifications will appear below, as each of these points is developed.

1. Values as Intervening Variables. Kingsley Davis has pointed out that we must never forget that “motivational linkages” generally intervene between external conditions and demographic behavior.\(^5\) Insofar as demographic changes are the consequence of purposive human behavior, this is always the case. Yet the question of the extent to which improvements in health are required by urbanization and industrialization, as opposed to simply being made technically feasible, has never been adequately investigated. The issue is by-passed when it

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is asserted that good health and long life are universal human values which are bound to be implemented when possible. For example, to what extent must morbidity be reduced to provide a suitable industrial labor force? What is the least favorable mortality schedule compatible with urban-industrial life? These empirical questions are usually not even raised, let alone answered. "Universal human values" do not dispose of the probability that health conditions deteriorated in the early industrial cities of Western Europe before beginning their long secular improvement, nor rule out the possibility that improved health might be assigned a lower priority than other human values, in practice. Must mortality inevitably fall with industrialization? And how far?

A parallel question may be posed with regard to the effect of urbanization and industrialization on fertility. Is the transformation of an ideal of many children into an ideal of fewer healthy children inevitable, or just desirable? Would fertility have fallen in the same fashion if new standards of child-welfare had not come to prevail in the West? Perhaps we take too much for granted in assuming the same pattern of fertility decline in newly industrializing countries.

2. Abortion and Infanticide as Alternatives to Birth Control. There are reasons for believing that infanticide existed in preindustrial Europe, despite church teachings. We have every

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7 Notestein, for example, simply states, "Rapid improvements in health are necessary for the effective utilization of modern technology . . ." (Frank W. Notestein, "Abundant Life." Address delivered at a seminar on "The Problems of the Population Growth in Underdeveloped Countries and the Desirability of Family Planning," held at Karachi, Pakistan, September 8–15, 1959, under the auspices of the Institute of Development Economics of the Government of Pakistan and the Population Council, Inc. Ms. copy on file at Princeton University Library.) Such statements are commonly regarded as self-evident, and not in need of any special qualification.


reason to believe that it subsequently disappeared. Certainly by Western humane standards, it is abhorrent. But it can be argued that it is also highly efficient. Unlike the practice of birth control, it does not require a long sequence of highly competent individual actions to avoid an event which on each occasion has only a low probability of occurring. Infanticide is a measure designed to alter a situation which has already happened, and requires a minimum of foresight and calculation. Moreover, unlike birth control, it permits selection of the type of offspring desired. Female infanticide, for example, will reduce fertility in the next generation while saving males for the labor force, and other types of selection are possible. Much the same effect can be produced by differential treatment of offspring, so that mortality is higher among some types of infants than among others. From a value-neutral perspective, infant mortality may in certain situations be highly functional. Even abortion has the advantage of coping with an unwanted contingency which has become highly probable. I think it rather unlikely that on the basis of Western experience, demographers would have foreseen the present Japanese pattern of abortion in advance. It is not inconceivable that elsewhere infanticide or infant mortality may come to play a similar role in the context of an urban, industrial society.

3. Continuance of Present World Order. Demographic analysis of the problems of underdeveloped areas almost always is developed in terms of fertility and mortality, with really large-scale migration or redistribution of present world resources excluded. The major exception to this statement is the perceptive treatment of these problems by Dr. Warren S. Thompson. There has been enough offensive talk about the “yellow peril” and “rising tide of color” to make most demographers shy away from analysis of this prospect. Even entirely aside from values, if we do not assume a continuance of present world order, it is

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difficult to know what alternative assumptions to select. Never­theless, we must face the fact that in the last analysis many de­mographic and economic differentials are maintained by mili­tary force, resting on superior organization and technology, which stands behind barriers to the free movement of popula­tions. Really impermeable borders are by no means the rule in world history; if anything, they seem rather unstable. There is a real possibility that in the long-run, poverty and high fertility may displace wealth and restricted fertility, rather than the re­verse which is expected. The probability of such an outcome cannot even be estimated without careful analysis of the extent of the demographic pressures which are likely to be generated in the course of the present century. We need empirical work which does not stop with the conclusion that fertility must fall in underdeveloped areas, even though the alternatives may be repugnant.  

4. Mortality. Perhaps most important of all is the question of mortality. We customarily assume that mortality will fall as rapidly as is technically feasible, and I have already touched on this issue. Not only do demographers assume that this is desirable, but we tend to regard it as inevitable. The issue is obscured by assertions that no government can successfully withhold available means of improved health from its people. Can it realistically be argued that there was effective demand on the part of the people of Ceylon for the DDT campaign which so dramatically reduced Ceylonese mortality?  

And will a short-run insistence on maximizing health and longevity at every point in time and space actually promote long-run improvement as successfully as a more flexible approach? Even as a moral issue, the answer is not inherently obvious. But assuming that our aim is objective analysis, we cannot

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12 A recent example of even a political analysis by a demographer which virtu­ally stops at this point is Philip M. Hauser's vice-presidential address for Section K of the American Association for the Advancement of Science: Demographic Dimen­sions of World Politics. Science, June 3, 1960, 131, No. 3414, pp. 1641-7.

ignore the possibility that totalitarian regimes may choose to defer short-run gains in health and longevity in the interests of more successful long-run development. Precedent is provided by the Soviet assignment of a low priority to desired consumer's goods in the interests of more rapid industrialization. This occurred despite what I take to be a well nigh universal human value involving a preference for a higher standard of living as opposed to a lower standard of living. If Communist China, for example, were to defer rapid improvements in health until the means were available for a nearly simultaneous reduction in fertility, the pattern predicated by transition theory would be significantly altered. Although Kingsley Davis has noted that "a totalitarian government is less restricted by the predilections of the people... To eliminate undesired populations they have tended to rely upon increased mortality rather than lowered fertility."

I have not been able to find in the demographic literature any serious analysis of the possibilities of a purely amoral and opportunistic policy toward mortality. I think such an analysis is needed. It would be a fatal flaw if the general theory of demographic change turned out to be valid only for societies oriented in a rather specific way to Western democratic and humanitarian values.

**Sources of Value Commitments in Demography**

The foregoing illustrations have identified four issues of potentially major theoretical importance in which possible alternatives have been subjected to little exploration and analysis. If even one of them is found to be valid, the consequences would be important. In the space remaining, I would like to suggest some sources of intrusive values in demographic analysis.

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15 The emphasis here has been on the possible importance of a particular culture in influencing demographic theory. It appears that humanistic values have had wide currency in the "high" civilizations of Europe and Asia for many centuries, and it is often difficult to separate personal adherence to such values from a quite objective con-

(Continued on page 393)
Demography is a highly quantitative discipline. Unlike many sociologists, demographers are generally averse to high-level theory, preferring to stay close to the specifics of quantitative data. The relative ease with which the demographic variables of fertility, mortality, and migration are operationalized lends an objective quality to demography not often enjoyed by other sociological specialties. Perhaps as a consequence, demographic thinking tends to be polarized into highly specific, detailed, empirical research and not very rigorous "common sense" broad theoretical interpretation. The difficulty which would-be critics of transition theory have experienced in determining the precise content of the theory is a reasonably clear example. The relative ease with which intrusive values are excluded from empirical research by the very procedures employed has made it less necessary for demographers to grapple with value problems in much of their day-to-day professional activity. Cultural relativism scarcely seems to be a pressing problem. Yet the nature of the market for the results of demographic research poses unusual problems.

First of all, historically, the development of demography has been intimately associated with actuarial work and with vital statistics. The consumers of such data are usually interested in improved health and human welfare. Much of the financial support for demography as a discipline has been related to an interest in public health on the part of governments and foundations. This interest is not only legitimate but highly commendable, and has brought about dramatic advances in human

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welfare. Nevertheless, as sociologists we would expect it to have latent consequences for emphases in demographic thinking, consequences less likely to be examined because the desirability of improving human welfare is so obvious.17

Second, the influence of demographers on public policy is not a purely one-way proposition. A body of theory such as transition theory is as much a theory of policy as a scientific theory. Research and analysis in such a context tends to be guided by the practical and the desirable. On the whole, I do not think there is very much "pure" research in demography, in the sense in which we speak of "pure" science, pursued without regard to applications. Yet as the history of other disciplines has demonstrated, "applied" research is not always the shortest route to the desired application.18

In conclusion, I believe that future progress in demographic theory will be promoted by analysis based on a wider variety

17 Thus, for example, Hauser, op. cit., declares, "Although it is true that decreased death rates were largely responsible for the population explosion in the past and are foreseen to be a large factor in the future, the adoption of a policy to increase mortality, or to diminish efforts to increase longevity, is unthinkable." (p. 1646; emphasis supplied.)

Similarly, Notestein, "Abundant Life," op. cit.: "Rapid improvements in health are necessary for the effective utilization of modern technology, and useful as a first step in developing a national understanding of the need for modernization. These are, of course, the least of their virtues. The attainment of better health is an end in itself—if not the ultimate goal, at least one of the most important goals toward which we strive.

"It is these considerations which make the writer lose all patience with those who argue that improvements in health may come too rapidly. Fortunately there are few supporters of this position. Its thoughtlessness is shown by the fact that their concern about the dangers of improved health always relates to another population—not to their own. The idea that we should fail to support rapid improvement in public health in order to avoid a rate of population growth that spells catastrophe is in the same abysmal moral category as the doctrine of preventive war. In essence, it advocates tragedy now as a means of avoiding predicted tragedy in the future. The position is as immoral as it is unsound from an economic point of view." (Emphasis supplied.)

While arguments such as those in the final paragraph quoted have undoubted emotional appeal, their intellectual validity is rather dubious. The nub of the issue is the respective magnitudes of present and future tragedy, and the desirability of minimizing the sum of the two.

18 Of course, "pure" research questions cannot be pursued without data, and the bulk of the demographer's data is collected by agencies other than the scholar himself, usually agencies of government. Recognition of the unavoidable bias given to research by dependence on such data lends great importance to the deployment of private resources along different and balancing lines dictated by more intrinsic theoretical concerns.
of assumptions. Sociological analysis has revealed that many undesirable features of society come into existence or persist because they serve unrecognized functions. Much the same conclusion may emerge with regard to undesired demographic phenomena, as indeed is true already in certain areas not dealt with in this paper. As Robert Merton has demonstrated in another field of sociology, major gains in understanding can follow from a close examination of patterns which scarcely meet with approval in terms of our personal values.

19 For example, the functional importance of high fertility from the point of view of individual families in high fertility areas has been analyzed by numerous writers.