

FERTILITY AND FAMILY PLANNING  
IN THE UNITED STATES

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Princeton, New Jersey, Princeton University Press, 1966  
443 pp., \$12.50.

This is the report of the second nationwide survey on family planning attitudes and practices by the Survey Research Center of the University of Michigan and the Scripps Foundation for Research in Population Problems, Miami University, Oxford, Ohio. The first survey, conducted in 1955, was reported in *FAMILY PLANNING, STERILITY AND POPULATION GROWTH*. This second survey is a sequel to the first. Unfortunately, the senior author, a moving spirit behind both "Growth of American Families" studies, did not live to see this one completed.

As in the first survey, the data were obtained by interview of a nationwide probability sample of wives in the reproductive ages. The sample totalled 3,322 wives. For the first time, non-white wives were included and although the small number of 270 leaves many questions unanswered, it does help define population groups with high and unwanted fertility. A discussion on the timing and spacing of births was also added and makes a valuable contribution to a subject whose full impact on population growth has only recently been realized.

The study marks the end of an era in several respects. First, it is the last large-scale survey done in the "pre-pill" era of contraception. Interviews were done in May, June and July, 1960, and it was in June of that year that the first oral contraceptive was licensed by the Food and Drug Administration. Second, 1960 marked

the beginning of a rapid change in the United States toward favoring public support of family planning services. For many years before 1960, only seven states had offered any family planning services. By the time the study was published in 1965, the number had already risen to 32. The data, therefore, provide an invaluable baseline against which the effect of these new developments can be measured. Indeed, such changes as the present decline in the birth rate must be viewed against the background of earlier trends forecasting a decline and not hastily be attributed to either better contraceptive methods or successful family planning programs.

Hopefully the study also marks the end of an era in a third respect: induced abortion as a means of family planning is not so much as mentioned. Admittedly, the survey was not intended to study the incidence of abortions. Nevertheless, contraceptive methods and sterilization are so extensively discussed that one is left with the impression that they are the only means of family planning in common use. This is hardly the case since estimates from other sources range up to 1,200,000 illegally induced abortions annually, mostly among married women. The 1955 report had a section on fetal deaths and it was a disappointment to see that no attempt was made this time to pursue investigation of this problem. If, in the opinion of the authors, efforts in that direction would not have proved worthwhile or might have been detrimental to the main purpose of the interview, they should have at least commented upon this in their report.

A major purpose of the 1960 survey was to check the reliability and stability of the birth expectations of wives interviewed in 1955 by interviewing a sample of wives comparable to those interviewed then. This was accomplished and the answer is in the affirmative. Remarkably the average number of births the wives in the 1955 study expected during the following five years was between .69 and .71 and the average actually born to comparable wives in the 1960 study was .75. The difference is not significant. Agreement is only true for large groups, however, and is due to the balancing of overprediction and underprediction errors by individual wives.

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As pointed out by the authors, further studies are needed to see whether or not this balance is an unusual characteristic of the 1955-60 period.

The main focus of the book is on white couples with the wife 18-39 years old in 1960. For these couples, the average expected total number of births was 3.1, a slight increase over the 3.0 figure obtained for similar couples in 1955. Young wives are an important exception to this trend, however. A possible reversal of the post-war trend toward large families was already suspected in the 1955 study. Confirmation of this trend is one of the most important findings of the 1960 study. Wives 18-24 years old in 1960 expected 3.0 births while in the 1955 study those of similar age had expected 3.2 births. The authors do note a tendency for young wives to underestimate their future fertility, but they doubt that this will substantially affect the downward trend in expected family size. Also important is the evidence of a tendency for more young couples to use contraception before the first birth and earlier in marriage than in previous years.

The classification of couples into four categories depending on the planning status of their conceptions is worthwhile if one keeps in mind that couples are probably more on a continuum with respect to the planning of their families than in well defined categories. Many possible sources of error in the classification scheme are not mentioned by the authors: irregularity or carelessness in the use of contraception, for example, is more likely to be reported if a pregnancy occurred than if it did not, and unplanned conceptions ending in induced abortions are no doubt underreported.

The relative frequency of experience with the five leading methods of contraception was unchanged between the two surveys, the condom heading the list with about 40 per cent of white couples with wife 18 to 39 years old having tried it. How dramatically this is now changing is revealed by the preliminary results of the third GAF Survey which shows that more than 30 per cent of wives 18 to 39 had already tried the oral contraceptive by 1965.

The finding that the proportion of couples with unwanted conceptions rose from 13 to 17 per cent between 1955 and 1960 is

unexpected. In 1955, 51 per cent of wives expected no more births, while in 1960 this percentage was 58 per cent. The greater proportion of couples who considered their family complete in 1960 meant that more couples were eligible to have unwanted conceptions—and did. This effect of earlier childbearing was apparently not offset by the trend toward more effective use of contraception.

Reflecting the trend toward earlier childbearing, the average number of births that had occurred by the time of the interview was higher in 1960 than in 1955 (2.3 compared to 2.1). Since this increase was larger than the increase in total expectations, the number of future births expected by respondents declined. The implication for population growth of the trend toward earlier childbearing which started with the 1919 cohort is very fully discussed. The long term effect is estimated to increase the rate of natural increase by seven per cent due to the shortening of intergenerational length, and the short term effect is estimated to have caused a temporary upsurge in the birth rate reaching 23 per cent during 1955–60.

One of the basic purposes of the study is to project future fertility. Projections using medium fertility trends are 21,446,000 births and a crude birth rate of 22.9 per 1,000 for the years 1960–65. By July 1, 1965, the population would be 194.7 millions. These figures are very close to those now available from the Bureau of the Census. Total births from mid-1960 to mid-1965 (unadjusted for underregistration) were 20,653,000 with an average birth rate of 22.0. On July 1, 1965, the population was estimated to be 194.6 million. The birth rate shows signs of declining more rapidly than predicted in the medium projections, however, and in the first five months of 1966 was 18.3, close to the low projection of 18.6 for 1965–70. Discussion as to the magnitude of the effect of oral contraceptives on the birth rate continues and one looks forward with anticipation to the 1965 survey for another conscientious, thorough, and scientific study of fertility patterns in the United States.

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