

POPULATION GROWTH and FAMILY PLANNING

This discussion of family planning in Mexico by that nation's Deputy Minister of Health is presented to readers of Public Health Reports because it illustrates so clearly how differently a situation appears through eyes viewing another social landscape. Many of Dr. Martinez's thoughts are also relevant to variables—sometimes overlooked—in population problems in the United States.

PEDRO DANIEL MARTINEZ, M.D.

Deputy Minister of Health

Ministry of Health and Welfare of Mexico

FAMILY PLANNING means determining in advance the number of children and the time of their birth in accordance with biological, medical, cultural, social, and economic characteristics of the family. This planning is done in order to assure that the family and its members may enjoy health, participate adequately in the life of its social group, and contribute to the development of the community.

Family planning, therefore, means that the parents must be capable of evaluating their own biological, medical, cultural, and socioeconomic characteristics as well as those of their social group and their community. Otherwise, planning will be impossible, or it must be handled through the influence and guidance of outsiders. If these outsiders base their judgment on the characteristics of the social sector to which they belong, and not on those of the group to which the family belongs, they may threaten family stability, or they will be ineffectual or not listened to.

The family is an organized system; a change in any one aspect of its structure will have repercussions on its balance and its entire dynamics. For example, what happens when parents between 15 and 20 years old, living on

a farm, produce one or two children instead of six or seven? When the parents reach age 30 or 35 they will be living alone; if they have six or seven children, although some may die, the parents will still have children with them at age 50 or 55. Although the decrease in the number of children may cause a drop in infant mortality rates, the loss of one or both children can seriously affect the economy and durability of the family. Frequently families have many children to insure that some, at least, will survive and thus guarantee economic success and the security of the home.

With only one or two children instead of six or seven, the mother has more free time which she cannot or does not know how to use unless the social structure in which she lives is also reorganized. Fewer children do not automatically guarantee that the standard of living will improve or consumption of goods, not even of foods, will go up; nor will it assure the conservation of the family's level of economic production.

In our environment, a farm family or a worker's family with one or two children does not provide the same emotional buffer as a larger

family. The mental health of its members is threatened if cultural patterns and social organizations are not changed simultaneously.

Family planning, inspired outside the family's circle, is advisable only—and this is the only way we can ever hope that it will be successful—as a part of a process of overall social, cultural, and economic reform. Family planning as an isolated measure, attempting to restore the balance lost through unequal human progress in a closely interdependent world, is a mistake. It is absolutely necessary to combine all of the measures intended to strengthen the harmony of the social structure and the dynamics of each cultural group and of the families in it. Furthermore, this is what must happen when planning is conducted spontaneously and consciously by the spouses themselves; their action is then an expression of an adjustment to the changeable circumstances of the family itself and of the society.

Family planning is not a panacea capable of simultaneously limiting population growth, reducing poverty, raising the standard of living, and promoting the culture. A high birth rate is a natural response to poverty and social injustice, ills which are suffered by those groups of people who, enmeshed in the complicated process of production established by technologically more advanced communities, do not share in all of the benefits derived from this advancement. Large families are a defense and a protest, and they are at the same time a vicious cycle in which poor families and poor homes are caught.

Family planning must be a humanist process, a consequence of the humanization of man and not a means for preserving privileges. Procreation is a biological phenomenon conditioned by the culture; therefore family planning must be the result of cultural opportunities equitably distributed. Conditioning the structure and the size of families on the basis of alien cultural patterns is a serious mistake: open to criticism and doomed to failure.

The common people of Mexico, both on the farms and in the factories, completely lack the capacity to evaluate their own circumstances; consequently it is impossible for them to plan reasonably their own families. However, even

more serious is the fact that a high percentage of these people, because of extreme poverty, today have no chance whatever of rising above their rudimentary way of life or of guaranteeing the life of their own children regardless of whether they have six, two, or only one. At any rate, if they restrict the number of their children, they may reduce the probability of their death but they cannot assure them of the best possible development. In other words, this restriction would be determined by the average number of children that usually survive them. It would not, therefore, be a cultural or social objective but simply a biological objective.

Nevertheless, we can agree that the reduction in infant deaths or, what amounts to the same thing, the decrease of a sector of the population whose existence is fleeting—lasting from 1 to 4 years—constitutes not only the abolition of a painful and shameful social phenomenon but also an economic saving which, in the long run—perhaps in the very very long run—offers some favorable perspectives.

On the other hand, the cultural, economic, and demographic characteristics of Mexico vary greatly. In some areas we have a population shortage, and in others it seems advisable to slow down the population growth; in certain places, economic prosperity is reaching all social sectors, although in a rather unequal fashion; in other places one social class manages to maintain its rate of progress or its economic stability while another social class remains dispossessed; in many communities the population increase is nothing more than the reflection of the increase in the agricultural output which is capable of providing a miserable existence for a larger number of persons in a primitive culture; in still other places a collective conscience, with well-defined goals, has been developing.

Poverty, which prevents people from moving from one place to another, and a rudimentary culture, which makes it difficult for them to adapt to new social and ecological environments, frequently make it necessary to resolve population problems on a local scale. This further accentuates the undeniable fact that it is impossible to speak of a family planning program for the country as a whole. We must

come up with different solutions because of cultural, economic, and demographic differences.

However, the accelerated decline in the mortality rate in all age groups and in all regions of the country and the birth rate, which is one of the highest ever in almost all parts of the country, combined with economic progress and especially with the increase in food production, not only enable us to explain why Mexico has one of the greatest population growth rates of the world, but also tell us that the balance between the two is in danger.

Obviously, we are not going to do away with any of the measures that have made it possible to reduce mortality and to increase food production; the important thing now is to strengthen the measures that will help us speed up the nation's development and perfect programs which will assure its equitable distribution. The birth rate will drop as soon as Mexico makes a reality of its struggle for a democracy with richness and culture. All peoples, down through history, have planned their re-

production so that it was adjusted to their way of life, not so that the planning changed their way of life. The step forward has always been taken by the spiritual world; the biological world has invariably fallen behind.

If we provide cultural equality and social justice in the country, we will be wiping out the biological danger, the threat of overpopulation. The physician can then be extremely efficient in outlining individualized reproductive conduct for each community and each family. He will thus facilitate the sense of identity and the idea of mental health; family planning will then be, as it must be, the result of the conscious decision of each one of us under the inspiration of a common culture.

The two great threats which mankind faces, the population explosion and the atomic explosion, have the same origin—scientific and technological advancement—and they both can be solved by eliminating social backwardness, inequality, and injustice.

Emphysema Rehabilitation Center

The Mount Sinai Hospital of Minneapolis, Minn., has been awarded a Public Health Service grant of \$114,325 to establish a rehabilitation center for patients with emphysema and chronic bronchitis.

Emphysema incapacitates 1 of 14 wage earners 40–65 years of age, and yearly social security pension costs for chronic respiratory diseases exceed \$80 million. Emphysema and chronic bronchitis are among the fastest rising causes of death in this country. Studies have shown, however, that severely disabled respiratory patients can achieve remarkable improvement if they have access to rehabilitation programs.

The Minneapolis project will include regimens of drug and inhalation therapy, breathing exercises, regular checkups, home care, postural drainage, and physical conditioning.

At least 250 persons, over 45 years of age, who have pulmonary emphysema will make up the study population. All patients will be strongly advised to discontinue smoking.

During 1965, Mount Sinai Hospital, a leading cardiopulmonary center, set up a sophisticated diagnostic center for emphysema-bronchitis patients, under the support of a Public Health Service grant. Patients are referred to the center by local physicians for diagnosis and treatment recommendations. The new project will complement the diagnostic center by providing treatment and rehabilitation for persons found to have chronic respiratory diseases.