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Birth Control Problems in Brazil

Recife,
Pernambuco.

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366 Madison Avenue,
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Dear Mr. Nolte,

"Sterilization of Brazilian Women by Foreigners": to this effect ran the headlines in almost all the Brazilian papers some three months ago. After the initial splash, the ripples continued for weeks, and were only stilled by the immediacy of the Middle East crisis.

This sensational headline turned out to reveal little more than that a few American Presbyterian missionaries had provided some women in Amazonia with contraceptive devices. The resultant scandal was totally disproportionate to the importance of the events. Throughout the country the topic was widely discussed while the arguments employed were frequently heated, and at times irrational to the point of absurdity. Although some of these were based on invalid premisses, there are several valid objections to family planning in Brazil.

Firstly, Brazil is a Catholic country. It is not only the largest such country in the world, it is also the most populous. However, their religion seems to have but little bearing on most Brazilians' attitude to the problem. Without carrying out any widespread survey, I have the impression that the general attitude to the church is far more lax, and church attendance far lower than in the Western European countries of France, Italy and Spain.

Although confession is required but once a year in Brazil, many do not observe even this. A rapidly growing number especially among the more educated younger men, while at one level maintaining that they are Catholics, at another will admit that their Catholicism is an empty shell of conformism with little belief behind it. They are baptised, married and buried according to the rites of the Catholic church, and attend mass as a social occasion once or twice a year. Even the most strict take an extremely tolerant view of others, and rarely criticise them for their laxness.

At least in the urban centres of the Northeast, the efforts of churchmen are towards meeting their diminishing flock halfway. They try weekly to combat the widespread apathy, but remind one strongly of the less effectual elements of the Church of England. Urban Catholicism is old, established, but extremely mild. In the country the influence of the Church is pitifully small. The clergy, many of them foreign monks, are responsible for parishes so large that in the outlying churches mass is only celebrated at the major festivals or even more rarely. It is no exaggeration to say that the Church does not dominate the lives of most living in the interior, but only puts in an occasional appearance.

Another objection that could justifiably have been raised is on legal grounds. After the initial heat of the scandal had died down, at least one

paper hoped to fan the flame. They published an article which stated that a retired gynecologist had discovered that Brazilian law forbade attempts to "stop gestation" or "interrupt conception". However, nobody paid the slightest attention to this, and the point was dropped.

The government's position throughout has been thoroughly non-committal and negative. Both sides have tried unsuccessfully to pull politicians down on their side of the fence. No attempts are being made either to promote or to prevent family planning on a wide scale within the country. Under heavy public pressure the Ministry of Health finally carried out an investigation into what was really going on in Amazonia, and as a result of this, they made a public statement that the extravagant accusations were unfounded; but they said nothing more.

Brazil is, as a whole, under-populated, and to make the most of its resources needs to increase its population. This is an argument widely raised and has some justification. In Brazil the number of inhabitants per square kilometre is 9.7, as against approximately 19 in America, 140 in India, 85 in France and 220 in Great Britain. From this, those against contraception argue that any reduction in the birth rate will weaken Brazil's position both economically and politically. Their reasons for this view differ widely.

Some believe that only when the population explosion becomes acute with rife unemployment and misery will the revolution take place and the country sort itself out. Nothing else will bring the crisis to a head. Therefore in the short run it is better that the misery should be maximised so that the revolution may occur sooner.

Another economic line adopted is that birth control has never yet caused a country to take off, and there is no reason to suppose that it would succeed in doing so in Brazil. One argument presented by a priest in a national magazine held that it was a waste of the country's scarce resources to devote them to birth control; the money would be better employed in more positive forms of economic expansion. It is an interesting and not insignificant point that the priest never once brought up the traditional Catholic objections to birth control, but restricted himself entirely to economic arguments.

Finally, there are certain left-wingers who believe that strength lies in numbers, and that on political grounds the population should be as large as possible to combat the American threat. Their naive and simplistic belief is that any interest shown in family planning by the Americans is to reduce the Brazilian population, thereby leaving Brazil all the more open to attack. A slightly more sophisticated anti-American argument, but one that I have yet to hear put forward, is that by reducing the increase in population in Brazil, the Americans would be able to reduce their expenditure on aid programmes to the country.

Some of these reasons for objecting to birth control are not only strongly biased, but are also largely irrational and emotional. It is, however undeniable that Brazil is a relatively underpopulated country: with the all-important proviso that the population were more evenly distributed, the demographers need have little cause for alarm. But what overall figures do not reveal is the maldistribution of the population. Both natural increase and immigration from the rural areas have resulted in an ever increasing number and higher proportion of the total population living in densely inhabited urban and semi-urban

rocketts along the coast. In the western and northern parts of the country there is nobody. Thus, at a guess, some 80 per cent of Brazilians live treading on each other's toes, while almost all the remaining land lies unused and untouched.

The current tendency is for more and more to head for the more sophisticated urban centres where, even if sadly inadequate, at least an infrastructure does exist. Outside these towns the infrastructure is so weak that the most able and ambitious are being permanently drained off into the cities. In them the rat race is vicious, but life undoubtedly has more to offer the lucky few, and for the rest, optimism is the last thing to die.

The most important element in the extraordinary increase in the birth rate, pushing it up to one of the highest in the world, an estimated 4.2 per cent per annum, is the drastic fall in the rate of infant mortality. In the circumstances this is a dubious blessing. The families in the poorer quarters produce children at the same rate as formerly, but instead of over half of them dying at a very early age and thus adding little to the parents' burdens, they now stay alive. Yet, in all too many cases they do little more. Food, clothing, and, later, jobs are all insufficient.

The medical services which have reduced infant mortality have not yet offered a widely available alternative form of birth control. Members of the lower classes are mainly ignorant of, and certainly out of reach of any effective method of contraception. As a result they continue to have children that they do not want, can barely afford to raise, and most of whom will, through malnutrition and lack of education, probably contribute little to the world later in life.

Arguments in favour of birth control often contain the emotional implication that there is a necessary relationship between the size of family and its poverty; the larger the family the poorer. However, from first hand observation, this although sometimes true, is by no means invariably so. Numerous other variables including the interest and ability of the mother in looking after her children; and the father's tendency to squander his earnings outside the home, are factors which have a very considerable effect on the children's welfare.

Yet, if instead of considering families as individual units, one considers the total population of a given area such as a town, there is a direct connection between the number of children in that area and the opportunities of each. For, since the provision of medical care, schools and jobs are all far less elastic than the birth rate, the fewer there are seeking the limited supply the more there is available for each.

An article in Realidade, the monthly semi-glossy, semi-serious, semi-controversial periodical pointed out that the present national product of 83 million Brazilians could be produced by 10 million Canadians or 35 million Italians. The number born each year is at present double the number that need replacing on account of death.

Economists have been accused of trying to raise the per capita income by reducing the capites instead of raising the income. Although they would deny that they had any such intention, it is true that a fair amount of the very limited national resources are at present being wasted in looking after and bringing up people who will have little to offer the economy. Were the popul-

ation increase reduced, the income saved could be more profitably invested. to the benefit of all.

In addition to these rather simple socio-economic arguments for adopting a general policy of birth control there are also **physical** and psychological reasons which in particular cases are hard to counter. Gynecologists justify themselves with arguments similar to those used in England by those supporting legal abortions. In certain cases they consider that it could be prejudicial to the mother to have a child or for the child to be born. In others, the mother is in a psychological state to bring up a child. The number of such instances is in theory very limited, but as with abortion in England, it is in practice, possible to stretch the psychological reasons to cover almost any woman who does not want to have a child.

The commonest reasons given for not wanting children are economic and those of convenience, when a couple are travelling a great deal or have very restricted living space. However, one of the most compelling arguments on physical grounds for making birth control more widely available is the exceedingly high number of criminal abortions performed in Brazil. The widely quoted but probably inaccurate figure is one and a half million a year. This, according to one economist, constitutes the appallingly high rate of one third of all conceptions. If these figures even approximate the truth, it should be enough to make those concerned realize that there is something very wrong. Without doubt they could be drastically reduced by wider use of contraceptives.

The physical deterioration of most women after they have given birth to a large number of children is striking. This is especially noticeable among the lower classes who can afford neither the time nor the money to look after themselves after their pregnancies. Women of the poorer classes under thirty have often had eight or nine children and show all the physical signs of others well into their forties.

In Brazil medical services can be divided into two classes. There is a small sector of the population able to pay for its doctors, but the rest rely on overcrowded hospitals in times of emergency, and the probably mediocre and rushed services of doctors working for a medical insurance scheme. The former sector have had gynecologists able and willing to provide them with advice on and methods of contraception for the past twenty years or so. Some have more reservations than others, but for many the moral limit is whether an unmarried girl should be given the same facilities as a married woman.

It is difficult to know exactly when gynecologists in Brazil first provided artificial methods of contraception, but especially in the towns, there has been a very noticeable reduction in the family size of upper and upper middle class couples aged forty five and under. This confirms the opinion of a gynecologist who thought that the practice started soon after the War.

In the country families tend to be larger, no doubt partly due to the easier conditions for raising children, but also due to the lag in communications and therefore habits.

The types of contraceptive employed are various, but judging from their evident effectiveness many must use some system other than the rhythm method, still the only one fully acceptable to the Catholic Church. From discussions on the subject, I have the impression that of the artificial methods the pill is the most widely used throughout the country. This is followed by the IUD (inter-uterine

device) in the Northeast, and the diaphragm in the South. Although not cheap, women able to pay for private consultations would be sufficiently educated to use any of these methods and to pay for them. The number of gynecologists willing to provide them with this service is still small in the Northeast, but it appears adequate to meet present needs, or at any rate requests.

To the rest of the population these artificial methods were, for financial reasons, totally inaccessible until recently. The first experiment in birth control for the masses took place in Bahia, initiated by an American doctor who opened a clinic in the University Hospital. The object was twofold. They aimed to advise poor women with many children on contraceptive methods and to supply them free, but at the same time they carried out research into problems relating to the subject. The plan expanded and today is operated in conjunction with a medical laboratory working on new methods of control.

Since the foundation of this clinic, nearly twenty other university hospitals throughout the country have set up similar clinics to treat women unable to pay for private consultations yet badly in need of an effective form of birth control. Their policy is to treat youngish women with at least six children as well as those whose health might be endangered by another pregnancy.

The method most frequently used is the IUD, which even if not the most satisfactory on medical grounds, has two great advantages over any other method. Firstly it is cheap: the price of the ring or coil is only a matter of a few cents, and there is no recurring expenditure. Secondly, it does not require any daily effort to remember it and therefore demands neither intelligence nor education. Both the diaphragm and the pill require not only a continued capital outlay but also a daily routine all too easily forgotten in the chaos of family life.

The IUD undoubtedly has its shortcomings: the device may be rejected, cause haemorrhages or infections, and its long term side effects are still unknown. Those opposed to widespread measures for birth control maintain that the dangers of this system are too numerous to merit experimentation. Those in favour readily admit that it is far from perfect, but hold that until a more satisfactory method is devised, its benefits outweigh its dangers.

In addition to these clinics in the hospitals, a small group of American Presbyterian missionaries in Amazonia were also providing women with contraceptives and taking an active part in family planning advice. Their activities were mostly financed by the Church, but in some cases local health authorities had contributed to the cost of building the clinics which also served as general medical posts. Women were charged a nominal thirty five cents so that they should not feel that they were getting something for nothing, or suspect that the donors had an ulterior motive in distributing them. Those responsible for inserting the device were all trained doctors or nurses, many of them American although they had some Brazilian assistants.

The centres of activity lay mainly in the towns along the Belem-Brasília highway. As immigrants from the surrounding countryside flood in with the sudden opening up of communications, these towns were growing rapidly. The missionaries saw their work as an extension of the medical services provided by them. The women did not want any more children, and they were therefore offering them a solution. Nor did the missionaries at any stage force the women to adopt such methods. However, it is almost impossible to distinguish between explanation

and advice on the one hand, and pressure to accept it on the other. A great deal of persuasion and explanation was needed to allay the very natural fears of women who had never realised that conception was not only a matter for God. Those wishing to malign the missionaries chose to call this persuasion unwarrantable pressure.

Both the missionaries and the hospital clinics have treated a pitifully small number of women, which together constitute a mere drop in the ocean. The vast majority of the poorer Brazilian women continue to think that another child will appear "if God wishes it", and that they therefore can do nothing about it. Of those that are aware that it is possible to plan a family, most have no access to a clinic. Private gynecologists have undoubtedly played a more important role; but these, to my knowledge, have never created any form of general scandal, nor been a subject of popular concern or even general interest.

The government has carefully kept clear of the issue and the Church has adopted a remarkably tolerant attitude. The most ardent Catholics say that any decision to adopt a form of birth control is the responsibility of the couple concerned, and although they would not themselves practice it, they would not criticise others for doing so. At a recent meeting in Recife for gynecologists to hear the latest view of the Church on the matter, two priests who had looked thoroughly into the subject came to the remarkable conclusion that all types of birth control were, in their opinion, permissible. They were careful to point out however, that they were not speaking on behalf of the Church.

Few seem to know the official position of the Church, and fewer seem to worry about it. The most acceptable form on religious grounds, the rhythm method, is hardly the most efficient since its failure is estimated at nearly fifty per cent. in the cases where it has been employed. Psychologists oppose it on the grounds that it can easily cause frigidity in the woman, and tension between a couple.

There are very few Brazilians of any class who would explain their large family on religious grounds: that the Church forbade them to use effective birth control measures. At a guess, ninety five per cent of the reasons given for large families would be ignorance, desire to have a great many children, or poverty, and hence the inaccessibility of contraceptives.

It is perhaps ironic that in Brazil, a country relatively underdeveloped and also under the domination of the Catholic Church, any woman can go into a chemist's shop and buy herself an unlimited supply of contraceptive pills without any prescription or special permission. In England where family planning has been far longer established and is far more widely used, contraceptives for women are only supplied on prescription.

It was in this laissez faire and permissive atmosphere that the Brazilian press managed to create its own bubble to burst. In the publicity that resulted, it certainly succeeded in its object. What is less certain is whether at the end it had won itself much esteem among the public. To many of the more rational, the performance was shameful. Throughout the campaign the highly emotive but inaccurate word "sterilization" was used when referring to contraception. Only at times did writers bother to insert the all important "temporary". In the first instance the press levied its campaign exclusively against the American missionaries in Amazonia who, it claimed, were working secretly, and forcing women against their will to use DIU's. It implied that such activities were widespread and stretched the length of the Belém-Brasília highway, a distance of thousands of kilometres.

In the early stages the publicity succeeded in its presumed object; that was, to stir up anti-American feelings. These are never far beneath the surface, and this potentially controversial subject presented the press with an excellent opportunity. In Goiania students demonstrated against the activities and complained that the Brazilian health authorities had been party to such criminal activities by contributing to the costs of the medical posts. A great many people immediately jumped to the facile conclusion that the object of the Americans was to reduce the population of Brazil, and in so doing weaken her. Many objected to the interference of the Americans in what was considered none of their business, and to their carrying out birth control programmes without public knowledge.

A few days later, when the American witch hunt was at its height, another startling revelation was made; an American girl in Jaboatão, a large industrial town near Recife, was also "sterilizing" local peasant women. This time, however, after the first announcement, the persecution misfired. It transpired that the "mysterious English woman" was a Peace Corps Volunteer - a fact that she had managed to cover up at the beginning - and that she was working in close cooperation with the University Hospital in Recife. Her most vocal critic that the press discovered was a sterile peasant woman with eight adopted children and who obviously revelled in the publicity that she was obtaining in the process. The American was working exclusively with Brazilians; USAID officials had refused to take part in a project which they felt might lead to political complications. She had taken the precaution to obtain the permission of the local priest, Padre Crespo, an active reformist whose prestige in the area is high, and whose opposition could lead to disaster. Although naturally he was unwilling to actually promote the scheme, he did not oppose it. The clinic was attended by local women who were treated by one of the leading gynecologists at the University Hospital. The American girl was only acting as a kind of liaison officer, and publicising the clinic.

When it became clear that the activities in Jaboatão were essentially under the control of Brazilian authorities the scandal died down. But this was not before numerous public figures had expressed their feelings on the subject, both in reference to Americans working in Brazil, and on the issue itself. Many of the published comments did the authors little credit and only added weight to the other side by their absurdity. Most arguments, if not anti-American were based on Brazil's underpopulation and the lack of need for any widespread form of birth control. One man pointed out that Brazil must be suffering from a problem of under-population since the government was letting the Japanese set up colonies in the valley of the River Sao Francisco. It was perhaps unfortunate that the missionaries should have been working in one of the relatively few areas in the world where there is no danger whatsoever of overpopulation at the moment. Had they been distributing contraceptives in a densely populated urban area, the reactions might have been different, or at least less extreme. The advantages and need for such action would have taken much of the sting out of the press attack.

The particular method employed, the IUD, was also strongly criticised. It was announced that the Americans had discovered that the IUD definitely increased the possibility of cancer of the womb, therefore it was wicked to continue its use. This proved to be a totally unfounded scare: various doctors had published papers stating that on the contrary, they had discovered no proof or indication that plastic foreign bodies in the womb were cancer causing. One writer, the founder of the Christian Family Movement, accused the Americans of using the DIU because it was the cheapest system, not because it was the best; but he had no alternative system to offer. Several priests not unexpectedly expressed views hostile to the scheme, but of them all perhaps the most extreme was probably the one who compared the activities of the American missionaries to those of the Nazis castrating Jews.

After the event there was considerable speculation on the reasons for the venomous attack by the press, but two of them are fairly certain. The story of the birth control programme in Amazonia was given to the press by a Catholic priest, an Italian, who was probably motivated largely by strong religious considerations. Whether he had hoped or intended the affair to receive such publicity, I do not know. The press then leapt upon this as an opportunity to bait the Americans; the campaign throughout was full of hostile insinuations, of which the word "sterilization" was but one example. Their motive in doing this is less clear. It was obviously calculated to have great effect, and a considerable effort was made to keep up interest by producing side lines of little relevance to the main issues. Towards the end they published the story of an American pastor living in great luxury in the middle of Amazonia which I have found no evidence whatsoever to support.

It was rumoured locally that the owner of the largest Brazilian newspaper empire, Assis Chateaubriand had offered his papers to the Americans, but these had preferred to buy those of his rival, Bittencourt. Therefore, the story goes, Chateaubriand was waiting for an opportunity to get his own back, and seized on the birth control issue. This explanation is not, however, wholly satisfactory as other newspapers also took up the theme, and gave it just as much publicity as the Chateaubriand papers. Finally, I have heard another theory plausible, but equally unproven, that the stimulation came from the owners of the laboratories making contraceptive pills who were afraid of the competition presented by the rising sales of DIU's.

On the whole the general feeling is that the press overplayed its hand by its exaggerations and insinuations. By its constant use of the word "sterilization" it immediately lost itself a great many potential sympathizers. The scale of the missionary operation was wildly exaggerated. After the event one of the missionaries involved, at present in the States, and due to the furor created unlikely to return for some time, explained in a private letter that she herself had only treated eighty women. The implication was that thousands were being treated. In all some three or four hundred at the most had been affected.

Many felt that it was preposterous to create such an outcry when the richer classes had been carrying on such practices for years without complaints. In general it is the lower classes that most need access to clinics, but do not have them. Compared to any developed country the middle and upper classes constitute a small minority of the total: it is they that need augmenting, not the unemployed masses as is happening today.

In the fishing village where we have been working numerous women asked me how they could avoid having children every year. I arranged for three of them to be fitted with DIU's by a gynecologist for a nominal charge. The rest, so anxious are they to avoid having children after the first couple, almost invariably try to abort themselves with herb medicines, though normally with little success.

The scandal has now died down, but women in Amazonas have lost their free source of contraceptives. The positive result of it all is that the government is making an inquiry as to whether there should be widespread contraceptive clinics in Brazil. From personal experience it seems clear to me that there is a strong argument for them on a regional basis. However, Brazil is an interesting case where there is not yet any problem of general overpopulation, and the government is unlikely to take a formal step before the Vatican's decision on the subject is published. Yet it is not too wild to suggest that if Brazil does nothing about birth control, there is a danger that, in the long term, she may turn herself into another India.

Yours sincerely,
Fanny Mitchell
 Fanny Mitchell.