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Working Mothers and “Machos Completos” Gendered Modernity in Fertility Surveys in Colombia (1960s to 1970s)

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Working Mothers and “Machos Completos”
Gendered Modernity in Fertility Surveys in Colombia (1960s to 1970s)

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Abstract. – In 1960s and 1970s Colombia, physicians warned about demographic growth – or the “population explosion” – and addressed Colombian women and men as subjects who should come to understand the need to limit the size of their family. So-called fertility surveys were the key to understand existing attitudes with regard to the question. Furthermore, the doctors believed that the dissemination of their results would convince policy makers of the need to create family planning programs. Looking beyond this strategic moment, this article analyzes the gendered assumptions on women, men, sexuality and partnerships that informed the surveys and their results. In doing so, it places this medical-demographic knowledge production in the broader context of development and modernization debates in Colombia. Physicians became allies of feminist demands for women’s access to education and the job market, opened the discussion for sexual education, and joined ranks with the broad coalition that advocated for responsible parenthood. At the same time, the “médicos-demógrafos” planned the distribution of contraceptive methods without much regard for women’s

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health. In highlighting these tensions, the article contributes to the complex history of gender, medicine and health in the Americas.

Keywords: Development, Demography, Survey Research, Gender, Physicians, Medicine.

Resumen. – Durante las décadas 1960 y 1970, médicos colombianos se mostraban preocupados ante el crecimiento demográfico – la denominada “bomba de población” – dirigiéndose a mujeres y hombres colombianos como sujetos que debían aprender a querer limitar el número de sus hijos. Las así llamadas “encuestas de fecundidad” se consideraban como clave para comprender las actitudes del pueblo colombiano frente al control de la natalidad. Además, los resultados de las encuestas fueron usados por los médicos para convencer a dirigentes políticos de que tenían que implementar programas de planificación familiar. Más allá de este uso estratégico, el presente artículo analiza las ideas sobre mujeres, hombres, sexualidad y relaciones maritales implicadas en las encuestas y la interpretación de sus resultados. De esta manera, el artículo sitúa este conocimiento médico-demográfico en un contexto más amplio de los debates acerca de desarrollo y modernización en el Colombia de la época. Los médicos podían ser aliados de las demandas feministas por el acceso de mujeres a oportunidades educativas y laborales. También abrieron espacios para hablar sobre la educación sexual y se unieron a la amplia coalición que proponía una paternidad responsable. Al mismo tiempo, los médicos-demógrafos planearon la distribución de métodos anticonceptivos considerando poco la salud de las mujeres que los usaban. Al mostrar estas tensiones, el artículo contribuye a la historia compleja de género, medicina y salud en América Latina.

Palabras clave: desarrollo, demografía, encuestas, género, médicos, medicina.

"Sir (Madam) (...). What is your opinion? (...) Should women have equal job opportunities as men or not?". In July 1966, students of medicine and social work from the Universidad del Valle in Cali set out to ask this and more than eighty other questions to 324 couples from the nearby municipality Candelaria. The analysis of their responses would result in

a doctoral title for young sociologist David M. Monsees at the University of Chicago four years later. In his thesis, Monsees wanted to shed new light on “the role of the male in the limitation of the family size”. He had developed the study and its underlying questionnaire in close cooperation with physicians from the Universidad del Valle who had started a pilot family planning program in Candelaria in 1964. In the questionnaire for the survey, a preference for equal job opportunities was one among several indicators of modernity, and Monsees’ concrete research interest was to see whether or not such a “modern” attitude influenced the knowledge and use of contraceptive methods. Gender roles and norms were thus among his core research interests.

The students employed by Monsees were but a few among many who in the 1960s knocked on Colombian women’s and men’s doors in order to ask them about their “knowledge, attitude, and practices” (KAP) regarding contraceptive methods. Fueled by concerns over rapid population growth and how to stop it, so-called KAP surveys, or fertility surveys, boomed in the 1960s not only in Colombia, but worldwide. In Colombia, it was university-based physicians, such as those who had cooperated with Monsees, who supervised the largest part of these surveys. These “médicos-demógrafos” were organized within the Division of Population Studies of the Colombian Association of Medical Schools (Asociación Colombiana de Facultades de Medicina – ASCOFAME), founded in 1964. That same year, a national census was conducted, which would bring to light that the Colombian population had grown from more than 11 million inhabitants in 1951 to over 17 million in 1964.

The Colombian doctors built on a long-established connection between medicine and demography, with medical interest in demographic questions dating back to the 19th century, be it as

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3 Monsees, Correlates, p. 1.
5 The term was coined by Margarita Fajardo. See María Margarita Fajardo Hernández, La construcción del "problema de población" en Colombia, 1965-1970: Autoridad científica, orden social y desarrollo, Bogotá: Ed. Uniandes, 2007.
“armchair demographers” in Europe or as “field demographers” in colonial settings. As such, physicians engaged in demographic research long before demography was established as a discipline. In Latin America, medical scientific knowledge started to include statistics and demography, when the “political doctor” and “higienista” entered the political stage in the second half of the nineteenth century. Physicians played a key role in the establishment of civil registries and encouraged the first modern censuses. This contributed to the consolidation of the Latin American nation states. Since then, medical professionals interested in public health, epidemiology and preventive medicine have been keen to participate in the collection and analysis of demographic data on their respective national population. This larger epistemological context helps to explain how medical, demographic, and sociological scientific expertise became entangled in the production of knowledge through KAP surveys.

At the same time, these surveys reflect development thinking and modernization theories of the 1950s and 1960s. The influence of these schools of thought signified an important shift in how rural and poor populations were conceptualized within Latin America. Whereas the region’s elites had long regarded these populations as unchangeable racialized others, newly formed professionals distanced themselves from the ruling classes, embraced modernization theories, and envisioned their less fortunate compatriots as peasants who could change their behavior and become productive members of a developing nation. This was especially true for Colombia, where the National Front governments (1958-1974) embraced the Alliance for Progress.

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10 Ricardo López has recently shown how in the 1950s and 1960s, middle class professionals took up the task of transforming “passive” Colombian peasants and workers into active, self-governing subjects. See A. Ricardo López-Pedreros, Makers of Democracy: The Transnational Formation of the Middle Classes in Colombia, Durham: Duke University Press, 2019, especially pp. 123-129.
embarked on a technocratic planning and reform agenda, and endorsed economic and sociological expertise. In this larger context, a change towards modern behavior required a change of attitudes first, and these attitudes therefore had to be assessed and quantified with the technique of survey research.

KAP researchers were especially interested in their respondents’ attitudes towards a possible limitation of their family size through the use of contraceptive methods. It was the historical function of the surveys to repeatedly show how most of the interviewed women and men wanted to plan their families and to use contraceptive methods. The surveys thus underlined that state-sponsored family planning programs were necessary for those attitudes to transform into behavior. Researchers in Colombia and elsewhere have repeatedly argued that the “ideal family size” of the interviewed women was smaller than their actual family size. Consequently, the methodology of this “crucial population-making technology” was criticized early on for producing “self-fulfilling prophesies [sic]”. The proponents of KAP surveys even confirmed these methodological doubts, but from their perspective this did not diminish the surveys’ utility as instruments to gain support for family planning programs. Contemporary discussions about KAP surveys thus centered around the function and legitimacy of applied socio-medical research.

Historians of population control and family planning in Latin America have also been interested in KAP surveys. For the cases of Mexico and Peru they have underlined their importance as arguments for state involvement in family planning and highlighted the role of international

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advisors and donors in the production of the surveys. However, not every analysis fits this narrative. Instead, Annika Hartmann has shown how the analysis of a KAP study in Guatemala never reached an audience, as the Guatemalan researcher had interpreted the data contrary to the expectations of the US-American sponsors, in this case USAID. And Argentinean policy makers watched in awe when, in 1963, a comparative KAP survey in seven Latin American cities underlined their country's comparatively low fertility rate. Instead of pushing the country towards the endorsement of family planning programs, the survey thus amplified a long-held historical fear of under-population in Argentina. In addition to these studies on the political implications of the survey results, Raúl Necochea López has also analyzed the unequal partnerships between US-American experts and their local partners, focusing on the design of the first fertility surveys on different Caribbean islands in the 1950s. Finally, María Margarita Fajardo Hernández has interpreted the surveys of the Colombian “médicos-demógrafos” from a biopolitics and history of science perspective. She has argued that the surveys transformed individual intimacy into quantifiable data and social knowledge, and thus into an object of intervention.

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20 Fajardo, La construcción.
This article approaches fertility surveys from a different perspective. It argues that the surveys are also particularly rich sources to study gendered visions of modernization and development in 1960s and 1970s Colombia. Already in 1993, Susan Cotts Watkins published a much-quoted article that asked “If All We Knew about Women Was What We Read in [the journal] *Demography*, What Would We Know?” She argued that the answer was a very limited segment of female realities. She also pointed out that the formulation of research questions, the collection of demographic data, and their interpretation were highly influenced by implicit assumptions about women, men, and their relationships.21

In a similar vein, this article argues that fertility research was informed by beliefs about gender, sexuality, family structures and partnership, and that these assumptions were disseminated during the research process and by the circulation of its results. It is these assumptions and their broader historical context which this article analyzes. Thereby, the analysis is based on the published results of the KAP surveys, but also on material from earlier stages of the research process, including the questionnaires and correspondence among the researchers and the funding institutions. Grounded on these sources, the analysis is divided into six sections. The first section introduces and contextualizes the production and circulation of fertility surveys in Colombia, whereas the subsequent sections take a closer look at the gendered assumptions on women, men, sexuality and partnership that permeate the surveys. Importantly, the analysis also includes medical discussions and practices beyond fertility research, just as broader political debates on female employment, irresponsible fathers and responsible parenthood that involved actors ranging from the women’s movement to the Catholic Church.

**Fertility Surveys in Colombia**

As Raúl Necochea López has argued, “[…] KAP surveyors were part of the techno-political project that matured in the 1940s to promote birth control in the Third World”.22 This project and the actors involved have

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received different labels, either applauding it as “the population movement”\textsuperscript{23} or condemning it as the “population control establishment”.\textsuperscript{24} Both labels refer to a broad network of institutions and people from the United States, international organizations, but also governments and civil societies from all over the world. From the late 1940s onwards, they came to the agreement that the world population was growing alarmingly fast and that this growth had to be stopped at all costs.\textsuperscript{25} Following the logic of the demographic transition theory, population growth was understood as the result of a decline of the death rate without a commensurate decline of the birth rate. According to the logic of the “movement,” this “gap” could only be closed with contraceptive devices that were administered through family planning programs. Subsequently, the 1960s saw the establishment of family planning programs with government backing in many countries of the Global South.\textsuperscript{26}

Within Latin America, many governments hesitated to embrace this agenda, as for the longest time population politics on the continent had meant to increase the number of inhabitants through the improvement of maternal and child healthcare and the attraction of European immigrants, who were at the same time embraced for their contribution to “whitening” the respective nations.\textsuperscript{27} In the political arena, Colombian presidents Alberto Lleras Camargo (1958-1962) and Carlos Lleras Restrepo (1966-1970) stand out as early supporters of overpopulation concerns and an anti-natalist agenda. Whereas Lleras

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Camargo principally addressed the issue in the media,28 Lleras Restrepo took action. In 1966, his first year in office, he helped to push the topic at the United Nations, created a national advisory board for demographic matters and approved the cooperation between the Ministry of Health, the Population Research Division of the Colombian Association of Medical Faculties (ASCOFAME) and USAID.29 Concretely, the “médicos-demógrafos” were assigned to educate public health personnel in family planning methods.

Throughout its nine years of existence (1964-1973), ASCOFAME’s Population Research Division was the most active and visible proponent of family planning programs in Colombia, arguing with both the need to stop population growth and with public health concerns such as high abortion rates.30 The “médicos-demógrafos” organized family planning programs from 1964 onwards, and helped to distribute new birth control methods, such as the contraceptive pill and intra-uterine devices in Colombia. Furthermore, they were the primary conductors of KAP surveys.31

According to an inventory prepared by the organizers of the “World Fertility Survey” in 1974, no more than four KAP surveys had been conducted in Colombia between 1960 and 1973.32 However, the author

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31 On the history of the Population Research Division see Huhle, Bevölkerung, pp. 121-139 and Fajardo, La construcción.

of this article has identified a much larger number of studies. Not all of them were called KAP or fertility studies at the time, but all of them were based on interviews and included the topic of family planning or aspects of it (e.g., specific contraceptive methods). These surveys were conducted on different scales, ranging from small local studies to national samples and subprojects of global comparative endeavors such as the World Fertility Survey. Their aims were also diverse. They may have followed the broad purpose of providing a general panorama, but they also served to evaluate specific contraceptive products or advertising material. Some of the studies were only analyzed once, others left decades-long traces in demographic papers.33

The most important sponsors of the Colombian KAP surveys were US-American institutions, especially the Population Council, and the Rockefeller and Ford foundations.34 More often than not, these institutions also took an active role in the design and conduction of the surveys. Most of the studies were thus planned by a team of US-American and Colombian scholars, whereas the contracted interviewers were almost exclusively Colombians. Some of the most discussed and disseminated surveys also formed part of larger, comparative projects that included several Latin American countries and were organized by the Centro Latinoamericano y Caribeño de Demografía (CELADE). This research institution in Santiago de Chile had been founded by the United Nations and the Chilean government in 1957.35 KAP research in Colombia was thus in many regards a transnational endeavor.

The implementation of fertility surveys consisted of several steps: the elaboration of the study design, the formulation of the questionnaire, the training of the interviewers, the coding of the

33 So far, I have been able to identify almost 30 surveys that fit this definition. For a more detailed summary see Huhle, Bevölkerung, pp. 173-174.
35 On the history of CELADE, see Lautaro Lazarte, “Población, formación y desarrollo: La creación del Centro Latinoamericano de Demografía (CELADE) y su vínculo con la Argentina (1957-1967)”: Revista de la Red de Intercátedras de Historia de América Latina Contemporánea, 8: 15 (2021), pp. 23-47.
answers, the correlation of the variables, and the interpretation, publishing and dissemination of the findings.\textsuperscript{36} The “médicos-demógrafos” from the Population Research Division then used a variety of channels to spread their research results and mission. These included academic publications and conference proceedings, but also brochures aimed at a broader public and articles in the Colombian press. Not surprisingly, the less academic the publication context was, the less verifiable the results became. Furthermore, the published results omitted the various obstacles that had accompanied the interviews. These ranged from women who objected to answering the questions because they believed the interviewers were part of the government or the CIA to cases in which they did answer, but in which the researchers considered those answers inadequate, as the interviewees allegedly had no opinions on the questions asked or were considered incapable of expressing their desires and feelings.\textsuperscript{37}

On top of this, KAP research also left traces in the development planning of the Frente Nacional. Thus, in the preparation of a chapter on population for the national development plan from 1969, the Departamento Nacional de Planeación (DNP) argued that research had shown how the majority of Colombian couples wanted to plan their family and to better understand the necessary “methods and procedures”.\textsuperscript{38} Furthermore, the development planners listed a number of publications based on KAP surveys in Colombia and summarized their findings, highlighting the classic KAP story: most of the interviewed Colombians knew that the country’s population was growing, and said that they did not want to have more children.\textsuperscript{39} A year later, the national development plan from 1970 included the goal to lower the country’s population growth rate by lowering its birth rate. The plan called upon the government to provide contraceptive methods

\textsuperscript{36} For a detailed analysis of all research steps see chapter 4 in Huhle, Bevölkerung, 2017.
\textsuperscript{37} Ibid., pp. 193-194.
\textsuperscript{38} Departamento Nacional de Planeación, La población en Colombia. Realidades, perspectivas y recomendaciones, Bogotá, 12 Jun. 1969, p. 74, Archivo General de la Nación (AGN), Bogotá, Colombia.
\textsuperscript{39} Ibid., Anexo 2, pp. 1-15.
and to educate Colombian families on topics such as nutrition, family planning, and female education.40

Survey research was also a prime protagonist when sectors of the conservative party and Catholic Church fiercely attacked the aforementioned collaboration between the Population Research Division and the Ministry of Health that had started in 1966. The attacks unfolded in two arenas – the legislature and the press – and they included the insinuation that survey researchers intimidated the interviewed women and men and manipulated them to give the desired responses.41 Psychologist Hernán Vergara – the loudest voice among the family planning critics – reproached the Population Research Division and their US-American allies for using methods of psychological warfare, and equated their research with the invention of the atomic bomb and Nazi science.42 J. Mayone Stycos, one of these demonized US-allies, welcomed the space for debate which these attacks opened, regarding them as free advertisement since the “médicos-demógrafos” used their chance and “answered the various charges made against them with facts, figures, tables and graphs, etc.”.43

Whereas KAP research was omnipresent in the 1960s, the 1970s saw a decline of these types of studies all around the world. This must be understood in the context of growing global criticism against the family planning agenda, criticism that found its most prominent expression at the United Nations’ International Conference on Population in Bucharest in 1974.44 At this forum, several countries from the Global South rejected the UN’s Population Draft Plan of Action, and stressed the need for socioeconomic development and changes in the international economic order. Within Colombia, involved scholars have stated that international financing of fertility research – and other

population studies – declined in the 1970s because the studies had already fulfilled their function as legitimations of family planning programs.\textsuperscript{45} However, survey projects that monitored the use of contraceptive methods survived the KAP boom and also the dissolution of ASCOFAME’s Population Research Division in 1973. In the 1980s, these surveys were in the hands of its successor organization, the CCRP (Corporación Centro Regional de Población), and in the 1990s, the private organization Profamilia took over. Since 1990, it has conducted the “Encuesta Nacional de Demografía and Salud” (ENDS) every five years, an effort that the Ministry of Health gradually joined and has directed since 2015.\textsuperscript{46} Until today, policy makers and healthcare advocates thus consider surveys a most valuable way to gather knowledge on the dissemination, use and prevalence of contraceptive methods.

As stated earlier, however, this article is less interested in the answers that Colombian women and men gave to the ENDS’s predecessors in the 1960s. It is more interested in how the transnational research teams designed their studies and presented their results. Whereas we might

“actually know less about the complex aspirations of women and men regarding their sexuality and children in the 1950s and 1960s because of the prevalence of KAP surveys,”\textsuperscript{47}

thanks to the surveys we do know a lot about the ideas and ideals that the involved researchers – most of them physicians – had about women, men, their sexuality and unions, and their views on the modernization and development of Colombia.

\textsuperscript{45} Huhle, Bevölkerung, pp. 139-40.
\textsuperscript{46} “Encuesta Nacional de Demografía y Salud – ENDS” (retrieved 30 Jan. 2022, from https://profamilia.org.co/investigaciones/ends/).
Modern, Working Women

One of the first fertility surveys conducted in Colombia took place in 1964 in the town of Candelaria near Cali. Two years before the above-mentioned graduate student from Chicago visited Candelaria for his research, physicians from the Universidad del Valle had already prepared a survey with one hundred women who participated in their first pilot family planning program in this largely afro-Colombian “model municipality”. In 1966, a short analysis of this survey reached the global community of population experts in the journal *Studies in Family Planning*. Its author, the physician Alfredo Aguirre, characterized the participants of his study as young and largely illiterate women who had become pregnant as teenagers and bore children they could not care for. In consequence, they either sought a marriage, in which the husband made all the decisions, but provided for the children, or they opted for what Aguirre called “masked infanticide,” that is, they let their children die willingly and “devoid of emotion” at a very young age. Those children who became adults also became unproductive burdens for society. Aguirre thus used the survey to paint a grim picture in which women were portrayed both as victims and as perpetrators. At the same time, his introduction of the municipality of Candelaria to the international population research community omitted several key demographic characteristics, mainly the large migrant population of Candelaria, which was primarily related to employment opportunities in an ever more concentrated sugar cane production. In later years, “médicos-demógrafos” would lament that migration in and out of Candelaria complicated the consistent analysis of family planning programs and of the relationship between the birth rate and population growth.

As historians of demographic discourses have underlined, women were always to blame, either for having too few children out of selfishness, or for having too many out of traditionalism and their unwillingness to emancipate themselves.51 For the Colombian case, this can be illustrated by a round table discussion on “superpoblación en Colombia” that took place at the Universidad Nacional in 1960.52 The discussants were a geographer, a physician, a Jesuit, two economists and a botanist, and their conversation about population problems in Colombia centered on birth control and its legitimacy. These male experts had differing opinions on their country’s demographic situation, but they agreed on female misbehavior: upper-class women preferred traveling over motherhood, working-class women neglected their children and let them turn into criminals, and all of these women married too young. Only one of the economists – the Marxist Rafael Banquero – also considered women’s rights. He argued that women should no longer be an “animal of reproduction”,53 but fully participate in the cultural, political, and social life of their nation. Whereas he favored population growth in economic terms, he was thus also a vocal proponent of contraceptive methods.

Neither Communism nor population growth was favored by the “médicos-demógrafos” that organized as ASCOFAME’s Population Research Division a few years after this roundtable discussion. But in their research and public statements, these experts also painted the ideal picture of a modern, middle-class professional woman with two or three children. She took care of the upbringing and education of her offspring, but also participated in Colombia’s development as a working woman. This ideal certainly marks a clear break in how male experts conceptualized women’s contribution to development. Earlier in the twentieth century, discourses on the “degeneration” of the Colombian “raza” had portrayed women solely as dangerous or endangered

53 Ibid., p. 25.
mothers. Expertise, not at least medical expertise, was needed to protect them from the perils of labor and from the diseases which prostitutes carried into their families.\textsuperscript{54}

In sharp contrast to these concepts, some Liberal sectors had promoted education and employment opportunities for Colombian women since the 1930s, and the population experts of the 1960s continued this course by showing great interest in how the variable "employment" influenced women’s fertility rate and fertility ideal. In 1963, the first Colombian KAP survey was conducted. As part of a comparative CELADE project, 2,000 women from Bogotá were interviewed. Three years later, economists Rafael Prieto Durán and Roberto Cuca Tolosa published an encompassing analysis of the survey and concluded that there was a general correlation between fertility and "women’s participation in political, economic, and cultural activities".\textsuperscript{55} They not so much argued that female employment would lower the birth rate, but rather stressed how access to contraceptive methods and the limitation of raising children would enable them to "enter the workforce, obtain the education they desired and generally be elements of progress in their societies".\textsuperscript{56} In the following years, survey researchers not only gathered data on female employment, but also asked women about their opinion on female labor. A favorable opinion was framed as a "modern" attitude.\textsuperscript{57} Some researchers also saw a direct causality, and argued that female employment effectively lowered Colombia’s birth rate.\textsuperscript{58}

By the end of the 1960s, an important organization within the Colombian “population establishment,” the Asociación Colombiana para el Estudio de la Población (ACEP), provided the forum to discuss

\begin{thebibliography}{99}
\bibitem{prieto1966} Rafael Prieto Duran / Roberto Cuca Tolosa, Análisis de la encuesta de fecundidad en Bogotá, Bogotá: Centro de Estudios sobre Desarrollo Económico, Universidad de los Andes, 1966, p. 52.
\end{thebibliography}
the links between women and development. ACEP organized several conferences on "The Colombian Woman and her Responsibility for the Development of the Country" and discussed this question with a number of associations and organizations. Again, the envisioned ideal at the conferences was that of a well-educated professional woman who at the same time fulfilled her responsibilities as a mother. The conference participants argued that women could not contribute to Colombia’s socio-economic development because their abilities had been underrated. Consequently, the conference ended with political demands for equal access to education and the job market and for equal pay.59 ACEP was not alone in opening forums to discuss women’s rights. Between 1969 and 1971, several conferences, some of them with participants from across the Americas, discussed connections between family planning, sexuality and development.60

At the same time, the national planning department (DNP) also endorsed a new role for women in Colombian society and saw this role as a means to lower the population growth rate.61 Echoing the formulations used in fertility studies and at the ACEP conferences, the DNP underlined the necessity for women to participate in their “nation’s life” beyond the realm of the family. This participation, they argued, required equal opportunities on the labor market, equal pay and the possibility to climb the social ladder. Ultimately, this would

59 See ACEP, Informe del Primer Seminario “La mujer colombiana y su responsabilidad en el desarrollo del país,” Junio 2-4 de 1969, Bogotá, Rockefeller Archive Center (RAC), Population Council Records (PC), Acc. 2, Foreign Correspondence Series, Box 7, Folder 69; ACEP, Capítulo de Medellín, Informe del Segundo Seminario “La Mujer Colombiana y su Responsabilidad en el Desarrollo del País,” Agosto 20-21, y 22 de 1969, Medellín, Ibid.

60 Michael E. Stanfield, Of Beasts and Beauty: Gender, Race, and Identity in Colombia, Austin: University of Texas Press, 2013, p. 163.

61 This comes as no surprise, as several “médicos-demógrafos” were part of the committee that elaborated the DNP’s population policy. See Ramiro Cardona Gutiérrez, “Breve revisión de lo que han sido las políticas y acciones que han querido influir en el crecimiento y distribución de la población en Colombia (1962-1982)”: Instituto Investigaciones, Facultad de Ciencias Económicas, Universidad Central del Ecuador (ed.), Análisis de políticas poblacionales en América Latina, Quito, 1983, p. 172.
foster Colombia’s economic and social development. On many levels, the Colombian “population establishment” thus intersected with a growing feminist movement, which demanded full civil rights, equal education opportunities, access to public health, and more.

**Contraception and the Female Body**

Most certainly though, the “médicos-demógrafos” also addressed Colombian women in ways that were not compatible with feminist agendas. More than any other group of population experts, physicians also treated the female body as a field of experimentation and intervention, continuing an infamous medical tradition. “The Plan” is a case in point. In several sources, this was the name of a proposal made by the dean of the medical school at the Universidad del Valle in Cali, Gabriel Velázquez Palau, in the early 1960s. “The Plan” referred to the training of public healthcare personnel that the Population Research Division of the Colombian Association of Medical Schools (ASCOFAME) was discussing with the Ministry of Health. And according to the advisor of the Population Council J. Mayone Stycos, the six-stage plan would

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culminate in the insertion of Intrauterine Devices (IUDs) into 50% of all Colombian women "of reproductive age" within two years.65

IUDs had been invented in the late 1920s, but then disappeared from the contraceptive market until the early 1960s. As was true of the invention of hormonal contraceptives, the rediscovery of the IUD was closely connected to concerns about population growth in the Global South and the search for contraceptives that were easy to insert and suited for economical mass production. But in contrast to the pill, IUDs could only be inserted and removed by physicians, remained in the women’s uterus for several years and did not require any action on the part of the women. For all of these reasons, the Population Council invested heavily in the development of IUDs in the early 1960s. The council developed the most distributed model, and organized international conferences for exchange among researchers and practitioners.66 At least three “médicos-demógrafos” attended the second of these conferences in October 1964,67 and Colombian physicians also conducted research on the mechanism, tolerance and acceptance of intrauterine devices.68 Whereas the dimensions of “the Plan” remained a pipe dream, IUDs started to be inserted in Colombia

in 1964, first in private practices, then in family planning clinics run by the private organization Profamilia. By 1967, they had reached the public health system thanks to ASCOFAME importing IUDs with the help of the Population Council. When difficulties with the shipping of these devices occurred, Hernán Mendoza Hoyos, the director of the Population Research Division, left no room for doubt about what they were needed for: “I hope that the 39,500 IUDs and the 1,900 inserters will reach Bogotá by air sometime in the future and before the population explosion blows everything”.

At the Universidad del Valle, training for the insertion of IUDs started in late 1965. According to a Rockefeller foundation field officer, Velázquez Palau was willing to provoke a “showdown” with the authorities and colleagues who disapproved of IUDs because they believed them to have an abortive function. Prior to his planning the “showdown,” news about IUD research at his university had caused an angry call from clergy members who accused the “gringo protestant” – referring to the Rockefeller officer – of forcing the insertion of IUDs on Colombian women. This phone call turned out to have been orchestrated by Jesuit physicians from the Pontificia Universidad Javeriana in Bogotá.

But if physicians disagreed on which contraceptive methods were permissible for Catholic women, they seemed to agree that female bodies could be used as sites for experiments. At the Universidad del Valle, Colombian physicians and their Rockefeller colleagues discussed first inserting IUDs into Afro-Colombian women who lived in environments from whom not much resistance was to be expected. Concretely, Rockefeller officer Guy Hayes proposed an “isolated, predominantly negro population (…) located along a river one half hour by boat from the Pacific Ocean. There is a local bishop who is said to be a liberal Franciscan, and there are two Peace Corps volunteers who

70 Letter from Hernán Mendoza Hoyos to Clifford Pease, Bogotá, 8 Jun. 1967, RAC, PC, Acc. 2, Foreign Correspondence Series, Box 8, Folder ASCOFAM 67-68.
71 Diary of Dr. Guy S. Hayes, 1964, pp. 138, 57, 122, RAC, Rockefeller Foundation Records (RF), 12.3 Officer’s Diaries, Hayes, Guy Scoll, Box 212.
72 Diary of Dr. Guy S. Hayes, 1965, p. 57, RAC, RF, RG 12.3 Officer’s Diaries, Hayes, Guy Scoll, Box 212.
have established a close rapport with the populace.”73 On the other hand, opponents of IUDs allegedly proposed the insertion of the devices for training purposes, but to then take them out immediately in order to avoid moral problems.

Critics of family planning programs turned this mentality into headlines like these: “Guinea pigs: 40,000 Colombian women victims of sterilization plan. US-American foundation finances biological experiments.” The newspaper article behind this 1967 headline reported on an alleged secret Ford Foundation program that used money and pearls to lure poor Colombian women into sterilization. Similar sinister methods had supposedly been used in Vietnam and India.74 Although there are no further sources that would confirm a large-scale sterilization program in Colombia, the article skillfully combined myths about the role of plastic pearls in the conquest of the Americas with the established Indian practice of paying incentives for sterilizations.75

As the here mentioned practices and rumors underscore, the search for contraceptive methods that could stop the “population bomb” played out on women’s bodies. In the 1960s and 1970s, methods that involved the male body more directly were neither the focus of investigation nor of family planning programs, despite some very limited research on the condom in the case of Colombia.76 Having said that, this did not mean that fertility researchers were not interested in men and their opinions on families, gender roles and sexuality. In contrast, in Colombia, men and their attitudes played a much larger role within KAP research than has been previously acknowledged. Just like for women, the “médicos-demógrafos” also had a clear image of what the modern, responsible man who could help solve Colombia’s population problem looked like.

73 Diary of Dr. Guy S. Hayes, 1964, pp. 125, 40.
Surveying Manhood

According to former Colombian president and journalist Alberto Lleras Camargo, Colombian men “spread their seeds without any economic, social or legal responsibility” and were thus the main culprits for Colombia’s demographic problem.77 In 1969, the “médicos-demógrafos” set out to investigate such decades-old assertions with the “CAP-H” (Conocimiento-Actitudes-Prácticas-Hombres). This survey with a bit more than 500 men was an addition to the much larger National Fertility Survey, for which only women had been interviewed. The researchers presented it as the first Colombian attempt to analyze men’s “fertility behavior”. Given the widespread assumptions that Latin America’s high fertility rate was the result of a specific form of male sexuality and machismo, they argued that the study was of far-reaching importance.78

Despite this advertising, the National Fertility Survey was not the first to include men. Since 1964, surveys that served as the evaluation of family planning programs had included men.79 Furthermore, as stated above, as early as 1966, sociologist David M. Monsees had cooperated with the physicians from the Universidad del Valle for a survey project that focused on male attitudes towards family planning.80

The questionnaires from these surveys revealed that the researchers expected manhood to be related to fathering a certain number of children, and particularly of sons. In the “CAP-H” the interviewed men could select from different pre-formulated answers and were thus invited to choose if they wanted a) to be a man who got “lucky with the women,” b) to be rich, c) to be kindhearted or d) to be very famous. The questionnaire further included an open question on the most important characteristics of men and then proceeded to ask about how to define a

79 See for example Alfredo Aguirre, Universida del Valle – Facultad de Medicina, C.P.S. – Candelaria, Programa de Planificación Familiar, Informe de Actividades 1965–1966, Cali, [1967], Columbia University, Health Sciences Archives & Special Collections, Joe D. Wray Papers, Box 18, Folder 2.
80 Monsees, Correlates.
“macho completo”, how to perform as such, how male power and sexuality were connected, how to teach sons about the “macho completo”, and whether or not respect was gained through the number of children a man fathered.81

Rodolfo Heredia, the author of the first analysis of the male part of the National Fertility Survey, reported with relief that Colombian men considered work, morality and education the parameters of an ideal man and that sexuality and the number of children played a much smaller role.82 Monsees’ study from 1966 had already showed similar results. He presented the findings of his research as counterevidence to the assumption that male sexual activity was an obstacle to the goals of limiting family size, communicating about family planning and using contraceptives.83 Therefore, this study exemplifies how fertility research in 1960s Colombia constructed the ideal of a communicating husband or partner. It also stands for a rather progressive position on sexuality and pleasure which many studies on the “population problem” and “family planning” took.

This does not mean that the “medicos-demógrafos” did not also share the pessimistic images of uncontrolled male sexuality among the working classes. Echoing opinion leader Alberto Lleras Camargo, when it came to the concrete implementation of family planning programs, several physicians argued that the rhythm method was inadequate for Colombian men. According to these voices, Colombian men were not able to control their sexuality, drank too much, generally lacked self-control and were not willing to use condoms.84 This points to a further widespread and false assumption about KAP research: Just as men were not absent from fertility surveys in Colombia, neither was sexuality.85

81 Heredia, Resultados Generales, pp. 56, 83-84.
82 Ibid., pp. 46-47.
83 Monsees, Correlates, pp. 92-97.
85 Susan Cotts Watkins reproached demographic research for creating the impression that childbirths were the result of immaculate conception. Watkins, “If All We Knew”, p. 559.
Sexuality and Sexual Education

Drawing upon Michel Foucault, historian Heiko Stoff has argued that the separation between a “genetic reproductive body” and a “hormonal body of lust” are the key characteristics of twentieth century body politics. It comes as no surprise that fertility surveys in Colombia were primarily concerned with the link between sexuality and reproduction. However, there were important exceptions. Especially questionnaires directed at men also included queries into sexuality and lust which transcended the narrow focus on reproduction. Concretely, the CAP-H questionnaire asked men for the number of their sexual partners, the contraceptive methods they were using with the respective partners, and if sexual fulfillment could only be found outside their marriage or partnership. For the longest time, questionnaires for women did not open similar possibilities to display female polygamy or affairs.

Still, women and their sexuality were not invisible. When early family planning programs focused on the rhythm method, the “médicos-demógrafos” collected data on the participating women’s sex lives. In Candelaria, these women were asked to take note of their cycle and every sexual interaction. Contrary to international advice, a number of small KAP studies also included questions regarding the frequency of sexual intercourse.

Physician Mario Jaramillo Gómez from the Universidad de Antioquia went beyond a mere counting of female sexual activity. In the highly Catholic and conservative city of Medellín, this “médico-demógrafo” had nevertheless started to inform interested couples about family planning as early as 1958 and expanded his activities when ASCOFAME’s Population Research Division was founded in 1964. In 1966, together

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87 Heredia, Resultados Generales, p. 83.
88 Lyle Saunders, Colombia Log, Sept 2-19, 1964, p. 9, RAC, FF, Catalogued Reports, Box 201, Report 004514.
89 For example, Aguirre, “Colombia”, p. 3; José V. Erazo, “Encuesta de opinión sobre planeación familiar en los municipios de Popayan y Timbío”: ASCOFAME (ed.), Boletín del segundo seminario, p. 168.
90 For an autobiographical account of his activities, see “Mario Jaramillo. Interview by Rebecca Sharpless, Transcript of Audio Recording, July 22–23, 2004,”
with Robert B. Hartford from Cornell University, he directed a local KAP survey with around 2,000 women from Medellín who were in “either legally sanctioned or consensual unions” and belonged to “all socio-economic classes” – a classification that the researchers based on the women’s years of education completed. The large number of interviews was conducted by twenty women who had received a six-weeks of training and who Hartford characterized as middle- and upper-middle class.\textsuperscript{91} The study and Jaramillo Gómez were fiercely attacked by the Archbishop of Medellín, who even made an announcement on the radio, calling upon the city’s women not to answer the researchers’ questions. However, most interviews had already been conducted and, according to the physician, only nine women refused to cooperate with the interviewers.\textsuperscript{92}

Sexuality was among the survey’s main topics. Jaramillo Gómez’s and Hartford’s aim was to show a causal link between female lack of knowledge about sexuality and high fertility rates. In addition to that, they wanted to disprove the assumption that high sexual activity led to a large number of children.\textsuperscript{93} They thus tested the same assumption that their comrades-in-arms Monsees and Aguirre had called into question in their 1966 KAP survey in Candelaria. Contrary to them, though, their focus was on women, their sexuality and sexual pleasure. According to Jaramillo Gómez and Hartford, the evaluation of their survey revealed a grim reality. The interviewed women knew nothing about sexuality before getting married, they did not enjoy sexuality once they were married and most of them suffered from “frigidity.” Whereas the medical idea of female frigidity was grounded in misogynistic concepts


from the 19th century, the authors used it synonymously with “having no orgasm” and without a visible intention of stigmatizing the interviewed women.  

Instead, they inquired into their reasons for having sex “only” once a week and for not enjoying the sexual encounter. The “tragic” answer was that 40% of the interviewed women associated sex with the feared possibility of pregnancy and 50% defined intercourse as something they had to endure. According to Jaramillo Gómez and Hartford, sexual education could lead the way out of this situation.

Their research thus exemplifies how 1960s family planning programs in Colombia were not only linked to concerns about population growth. The programs are also known for opening up discursive and concrete spaces in which sexual education could emerge. It comes as no surprise then that in 1969, renowned gynecologist and sexologist Cecilia Cardinal de Martín started her first pilot project on sexual education under the umbrella of ASCOFAME’s Population Research Division. She defined sexual education as education for the family that contributed to both responsible sexuality

94 Jaramillo Gómez’ and Hartford’s analysis included detailed methodological considerations on how to formulate questions on “frigidity.” They explained that they avoided misunderstandings by asking whether or not the women experienced pleasure with their husbands. This formulation, so they said, was crystal clear to every woman in the city. See Jaramillo / Hartford, “Conocimiento”, pp. 31-34. On the medical invention of female frigidity see Rachel P. Maines, The Technology of Orgasm: “Hysteria,” the Vibrator, and Women’s Sexual Satisfaction, Baltimore / London: Johns Hopkins University Press, 1999, pp. 59-61.

95 Jaramillo / Hartford, “Conocimiento”, p. 34. Similar concerns were also raised by other prominent “médicos-demógrafos” and gynecologists. See, for example, Fernando Navas Uribe, “Aspectos familiares, conyugales y médicos de la planeación familiar”: Revista Colombiana de Obstetricia y Ginecología, 18: 1 (1967), p. 63.


and responsible parenthood. The pilot project was conducted at schools in and around Bogotá and was accompanied by a survey for the involved teachers, parents and students.98

In this survey, gendered differences were called into question: “Should men have more sexual freedom than women?” This question mark distinguishes the research project from most fertility surveys. Cardinal de Martín further included extramarital sexual experiences of both women and men in the surveyed reality and asked if relationships could develop on female initiative. Other questions, however, continued to frame sexuality as something that had very different meanings for men and women. This is evident in questions on the importance of prostitution for single men and on whether or not it was possible for one woman alone to satisfy a man’s sexual needs. In general, the questions suggested that men wanted and needed more sexual experience than women. The survey thus continued to reinforce certain differences, but nevertheless symbolizes a changing discourse with regard to female sexuality. Changes were also at the center of the questions directed at students who participated in this pilot project on sexual education. The boys and girls could thus voice their opinion with regard to the relationship between the current youth rebellion and demands for sexual freedom, and between sex and love, among other issues.99

**Responsible Parents and their Partnerships**

Sexuality was not the only form of relationships between men and women that the Colombian fertility researchers and their transnational partners were interested in. They also showed great interest for the legal form of union the interviewed men and women lived in, and for

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98 Cecilia Cardinal de Martín, et al., Educación para la vida familiar, [1970], pp. 1-6, RAC, PC, Acc. 2, Foreign Correspondence Series, Box 7, Folder 69. The following summary is based on five questionnaires. This same questionnaire was used for teachers and parents, whereas Cardinal de Martín conceptualized different questionnaires for four age groups of students. All of these questionnaires are stored in the archive of the Population Council: PC, Acc. 2, Foreign Correspondence Series, Box 7, Folder 69.

the kind of communication within that union. It was thus a standard in KAP surveys to sort the respondents into one of the three categories: “single,” in a “unión libre,” or “married.” In some cases, the surveys also distinguished between civil and Catholic marriages, and some of them also offered the categories “separated” and “widowed.” Instead of “unión libre” some questionnaires also used the terms “unión consensual” or “conviviente”; all three of the formulations implied a shared household without legal status.100

Most fertility researchers in Colombia abstained from moral judgements regarding the legal status and were only interested in measuring the effects that this status had on the number of pregnancies for the involved women. They conceptualized partnerships as a time period that exposed women to the risk of a pregnancy.101 When it came to analyzing the effects of partnership status, there was no conclusive answer as to whether or not “uniones libres” were more or less likely to result in pregnancies when compared with marriages.102

Despite this research, in 1960s Colombia, “uniones libres” were problematized across the political spectrum. Just as alarmism about uncontrolled male sexuality, criticism of unmarried couples was directly linked to concerns about population growth. This connection became most evident when the Colombian parliament debated the “Ley de Paternidad Responsable” in 1967 and 1968, a law on responsible parenthood that channeled confictive debates about contraception into a direction that the Catholic Church and both major political parties – the Liberals and the Conservatives – could agree upon.

In a congressional discussion about the law, President Carlos Lleras Restrepo argued in July 1967 that children who were “fruits of irregular unions” and had not been born in “regularly organized families,” would most likely come in contact with “abnormal habits” such as prostitution and crime. He continued to argue that even within “normal” families, family planning was an issue, but that Colombia’s larger problem were

100 The 1964 census defined the category “unión libre” as the union of people without legal bonds. DANE, XIII Censo Nacional de Población, p. 15.
children born out of wedlock. The proposed law on responsible parenthood could thus "lessen the demographic problem" in those sectors of society where the problem was most urgent. Irresponsible fathers and illegitimate children were thus construed as the embodiment of Colombia’s "population problem".

The legal action to combat this problem included a variety of measures. The law on responsible parenthood enhanced both the legal parental responsibility for their children and the states' care for children of "irresponsible" parents through the founding of the Instituto de Bienestar Familiar. This new institute was meant to strengthen the "stability and wellbeing of the Colombian family" through the care for children with special needs and the administration of nutrition programs for small infants and their mothers. The law on responsible parenthood has been interpreted as a strengthening of the nuclear family, which it defined as the only stable and desirable form of family, conceptualizing single mothers as a problem and threat and leaving larger family units out of the picture. Eugenic legacies informed the distinction between desired legitimate children and dangerous illegitimate children. The law further strengthened the expansion of a paternalistic state and successfully coopted a concept that had first been brought forward by the Catholic Church.

Just two years before the law was passed, Colombian bishops had vehemently criticized the cooperation between ASCOFAME's "médicos-demógrafos" and the Ministry of Health. In line with the Vatican, they condemned population control, and called for responsible parenthood.

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104 El Congreso de Colombia, Ley 75 de 1968 por la cual se dictan normas sobre filiación y se crea el Instituto Colombiano de Bienestar Familiar (Diciembre 30) (retrieved 08 Feb. 2022, from https://www.funcionpublica.gov.co/eva/gestornormativo/norma_pdf.php?id=4828).

The national bishops’ conference explicitly expressed its concern about the large number of illegitimate children, and asked the state to punish fathers who did not take care of their children, and to campaign against “extramarital relations”. Catholic concerns about marriage did not end there. When Colombia’s first female senator, Esmeralda Arboleda, introduced a legislative proposal for the introduction of the civil divorce in 1964, the clergy successfully lobbied against it. Given this legal situation, women’s magazines from the 1960s show us that Colombian women preferred “uniones libres” over potentially abusive marriages from which they could not escape and which guaranteed male disposal over all their belongings. The possibility, however, that women could consciously choose not to marry and to voluntarily mother “illegitimate” children was completely absent from the political discussions on responsible parenthood.

Fertility researchers were not interested in the issue of divorce or legal inequalities between spouses either. They did care, however, about the communication and interaction between husband and wife and idealized joint decision-making on equal terms. Family planning,
they seemed to know, worked best when tackled together.\textsuperscript{111} A 1973 summary of several Colombian KAP surveys even concluded that “break[ing] down traditional barriers to husband-wife cooperation and planning” was a key requirement for the use of contraceptive methods, and thus for successful family planning.\textsuperscript{112} As such, they pursued an approach similar to the rural campaigns on responsible procreation conducted by the Acción Cultural Popular.\textsuperscript{113} Fertility researchers not only tackled this complex with direct questions on family planning communication, but also by inquiring into how the interviewed couples spent their free time, divided household chores and made decisions when it came to household purchases or the upbringing of their children.\textsuperscript{114}

**Conclusion**

Latin American doctors had participated in counting and analyzing populations since the 19\textsuperscript{th} century. Cold War alarmism about population growth gave this medical demography new importance. Within Colombia, university-based physicians organized a Population Research Division in 1964 and set on to survey the “knowledge, attitudes, and practices” of Colombian women and men with regard to contraceptive methods and family planning. This article has argued that with these fertility surveys, they found themselves in the middle of discussions on changing gender roles that were at the core of development and modernization debates in 1960s and 1970s Colombia. As has been done in earlier lines of research, this article has underscored how fertility surveys in Colombia were used as key

\textsuperscript{111} E.g. Prieto / Cuca, Análisis de la encuesta, p. 43; Erazo, “Encuesta de opinión,” p. 181.


\textsuperscript{113} Mary Roldán, “Acción Cultural Popular, Responsible Procreation, and the Roots of Social Activism in Rural Colombia”: Latin American Research Review 49: Special Issue (2014), p. 28.

\textsuperscript{114} E.g. CELADE, Comparative Surveys of Fertility in Latin America, 1963, p. 130. (retrieved on 4 Jun. 2014 from a non-longer valid URL from the Roper Center. On 8 Feb. 2022 the questionnaire was located on a website to which the author has no access: https://ropercenter.cornell.edu/ipoll/study/31082315).
arguments for state involvement in family planning, and had primarily been conducted with that purpose. It has also pointed to the prominent role of foreign, mostly US-American, institutions in financing, planning and conducting the surveys. However, the primary goal of this article was to place the production of the surveys and the circulation of their results within larger discussions on female employment and education, male responsibility and the need for sexual education and responsible parenthood in Colombia.

This focus has brought to light how the “médicos-demógrafos,” who were responsible for most of the surveys, paid a lot of attention to their studies’ details. For the ultimate goal of reducing demographic growth, the doctors embraced any social characteristics and attitudes they considered a factor that negatively influenced the number of children of the people who had these characteristics or held these attitudes. In the case of partnerships, the physicians had no moral stance with regard to the difference between legal marriages and “uniones libres.” This set them apart from Conservative and Catholic voices, but also from Liberal politicians who decried illegitimate children as the symptom of overpopulation and framed them as a burden for society. A widespread discourse denounced men and their machismo as the prime culprits in this context.

While the “médicos-demógrafos” were not free from assumptions about irresponsible machos who did not consider the consequences of their actions, population research also played an important role in shaping new images of modern manhood. Contrary to feminist critiques of how sociological and medical research on fertility and contraception has focused and still focuses on women and the female body, the knowledge production under study here did pay close attention to men and manhood. More often than not, the results of their surveys came to the rescue of Colombian men, as they reported that the “macho completo” started to be seen as a man who showed responsibility for his sexuality and offspring.

The medical take on women has been shown to be complex and ambivalent. Early advocates for family planning were not only concerned about population growth, but also genuinely worried about unsafe abortions and women’s unmet interest in contraception. At the same time, debates about the insertion of IUDs reflect a lack of concern for women’s health and the integrity of their bodies.
This leads us to an important final question: What about the "women in need", that is, what about the perspective of the Colombian women who used the contraceptive methods? This article has approached the relationship between medicine, health and gender with a focus on a group of mostly male physicians who were interested in fostering family planning in their country. This perspective should not be confused with the assumption that the women who used contraceptives were victims without agency. In contrast, historians of Latin America and the Caribbean have already shown that women who actively and sometimes desperately sought access to contraceptive methods are an integral and important element within the history of family planning. A future inquiry that uses oral history methods could delve into how these women experienced coming into contact with survey research. This would further strengthen our understanding as to whether or not the interview situation enhanced their own curiosity and positioning with regard to family planning methods and their role as "agents of development".

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115 Pieper Mooney, "Of Zipper Rings."