The Overpopulation Frenzy and American Fertility: Changes in Domestic Population Policy and American Reproductive Behavior in the 1960s

Anne Morse

The sexual revolution of the 1960s did more than endogenously change the costs of sexual activity through the advent of normalized contraceptive use; it initiated the shift in how Americans think about reproduction. The new calculus of reproduction precipitated modernity’s unique demographic phenomenon: prosperous societies that are failing to replace themselves. America’s transition to below-replacement fertility was ultimately dominated by plummeting numbers in desired family size, but this shift came not only from changing views on sexuality, but also from an emerging overpopulation scare.

While the bulk of fertility decline was precipitated by smaller desired family size, the battle for lower fertility was not a victimless fight. The population scare of the 1960’s promulgated the idea that the public had a legitimate interest in each woman’s reproduction. The overpopulation scare emerged in a period fraught with racial tension, and women’s fertility became a battlefront of the racial conflict of the 1960’s.

The World Population in the Sixties

The world was changing rapidly in the 1950s. In the beginning of the decade, the world contained 2.5 billion souls. Anyone who was 50 years old in the 1950s had grown up in a world with a population of 1.6 billion, and their great-grandparents in a world with fewer than one billion.

Between the decade of 1950 and 1960, the global under-five mortality
rate fell from 214 to 180 deaths per 1,000 births. The momentum continued through the next decade, when the under-five mortality rate fell by 19%. Consequently, the average world life expectancy rose rapidly, and the world population boomed. The 50-year olds who remembered when the world population comprised only 1.6 billion persons saw it add a net increase of 47 million persons per year throughout the entire decade of the 1950’s.

The economic global landscape of reproduction in the 1950s also differed greatly from the world today. In 1950, the global total fertility rate was five children per woman, but this average disguised greater divergence. The total fertility rate in more developed regions was 2.83 children, in comparison to the less developed countries, which had fertility rates averaging six children. In other words, the typical family in more developed societies had a family half the size. (Today, the more developed countries average a total fertility rate of 1.68 children per woman compared to less developed countries’ 2.54 children—a much less dramatic ratio.)

The world’s fertility had been falling for almost as long as the population had been growing. The population growth came from increases in life expectancy, and the rapid increases came from population momentum (small percentage increases in a huge number are still very large increases). Yet the overpopulation movement didn’t try to stem the population from any of these angles; it did not advocate for shorter life spans or instantly annihilating portions of the world population. Smaller fringe sects of the overpopulation movement lobbied against immigration, but mostly, the overpopulation movement viewed fertility—mainly the fertility of poor persons and of poor nations—as its primary target.

What Happened to American Fertility?
Over the past century, American fertility has been falling. It took a

2. Ibid.
4. Ibid.
nosedive during the Great Depression and exploded upwards after World War II, but other than these two anomalies and their reverberations, the trend line of American fertility has progressed consistently downward. Within this trend, American fertility has fluctuated slightly as the timing and level of childbearing reacted to socio-economic phenomena, and has also varied by race, income, education level, family structure, and political affiliation.

In the 1960’s, American fertility returned from its short-term post-war high (the baby boom) to continue its long-term downward trend. The result was a dramatic drop in fertility. In 1960, 118 children were born for every 1,000 women of reproductive age; this rate was consistent with fertility rates of the late 1950s. By the end of the 1960s, however, the birth rate had fallen to 86 babies per 1,000 women of reproductive age. By the mid 1970s, the rate was 62 babies per 1,000 women, and that number has ranged between the low and high 60s since then.

Although the birth rate has stabilized to oscillate around 60 births per 1,000 women of reproductive age, the face of the women giving birth in the United States has aged. American women started having children later, with an increase in birth rates among women over 25 and a dramatic decrease in those under 25. In 1960, the median age of first birth for American women was 21.5 years of age. This number did not change much over the decade of the 1960s, but began its upward tick in the 1970s; by 1990, the mean age at first birth had increased by almost three years to 24.2 years. The most dramatic change is seen, not by decade, but by cohort. Among women born in 1935, three quarters had given birth at least once by the time they turned 25 (in the year 1960). In contrast, among women born in 1960, only half had given birth by their 25th birthday (in the year 1985).

Perhaps the most significant change in reproductive behavior in the 1960s was the drop in age among those engaging in premarital sex. For those who turned 15 in the early 1960s, average age at first premarital sex was 20.4 years. Among those turning 15 in the late 1960s, however, average age at first premarital sex was 18.6 years of age—an almost two-year drop in less than a decade.\textsuperscript{10} In contrast, the average age at first

sex today is around 17 years, with slight variation between males and females.\(^{11}\)

This drop in age at first premarital sex was correlated with—and enabled by—the increase in contraceptive use. In the beginning of the 1960s only 4% of women having premarital sex were on the pill at their first intercourse. By the early 1970’s, however, that number had risen to 15%.\(^{12}\)

The second largest shift in American fertility in the 1960s was the drop in ideal family size. For most of the 1960’s, 70% of Americans said that “three or more” children was their ideal family size. This response had been the same since Gallup started asking the question in 1936. By the end of the 1970s, however, only 36% of American’s said that “three or more” children was an ideal family size. The 1960s witnessed the transition wherein those who desired “zero to two” children became the majority.\(^{13}\)

**Fertility Control and the Race Struggle**

The dying American eugenics movement morphed and regained new vigor with the overpopulation scare of the 1960s. In the ’60s, twenty-seven American states still had sterilization laws on the books; these laws were the legacy of blatant eugenics movements and the early twentieth century’s obsession with heredity.\(^{14}\) In the first half of the twentieth century, America’s state sterilization laws were enforced against the “feeble-minded,” “degenerates,” and the “promiscuous.” Most of the over 60,000 sterilizations in the first half of the century took place in state mental institutions.\(^{15}\) The post-war period brought a decline in non-consensual sterilizations. Eugenics had become tinged in the American

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mind, and several states instituted more formal processes of notice before sterilizations.16

By the second half of the twentieth century, the concept of eugenics remained tarnished, but its structural framework remained. Non-consensual sterilizations found new victims as racial tensions surged in the United States. African American and Native American women in the South and Southwest, Mexican immigrants in the West, and Puerto Rican women in the East were all subjected to non-consensual sterilization programs throughout the 1960’s.17

By 1973, a case of two black Alabama teenagers who had been sterilized without consent made its way to the federal district court. The case alleged that “by permitting investigational drugs [such as Depo-Provera] to be used on a massive scale by poverty projects, . . . the defendants caused the drugs to be used experimentally upon poor persons as a class.”18 In his decision, the judge estimated that 100,000 to 150,000 disenfranchised men and women were being sterilized annually under federal programs.19 The lawsuit led the U.S. Department of Health to withdraw its funding for non-consensual sterilizations and add the requirement that doctors obtain informed consent before sterilizing.20

Fertility Control and the Emerging Welfare Movement
The decade of the 1960s also saw a surge in expenditures in welfare programs. As spending on these programs increased, so too did the government’s interest in manipulating the fertility of those enrolled in them.21 Throughout the ’60s a wave of punitive sterilization measures were proposed at the state level. While few of the measures passed, and

17. Ibid.
the ones that did first struck any compulsory sterilization provisions, the rhetoric showed a new surge focusing on the fertility of poor women.

In 1961, the Aid to Families with Dependent Children (AFDC) extended its benefits to two-parent families.22 Through this extension, the number of people on assistance increased from 3 million persons in 1960 to 8.5 million in 1970.23 In 1963, at a meeting of the Iowa Legislative Committee studying AFDC problems, State Senator Howard Buck proposed sterilizing mothers of illegitimate children. The press attacked the idea of compulsory sterilization but seemed to accept the premise that society should limit the fertility of poor women.24 An editorial in the *Des Moines Register* argued,

> But if the senator’s solution is unacceptable, the problem is nevertheless real. Mothers who have inadequate support for their children should not continue to produce more children. Sterilization, which the Senator suggests, is a form of birth control. Other forms of birth control are available that are effective and far more acceptable. Although it is not easy to make them compulsory, more effort could be made to have them used.25

This editorial comment marks an important transition in the war on fertility: the 1960s saw the advent of mid-level contraceptives. Prior to this, fertility was managed by methods which either required intentional thought with each sexual act (withdrawal, condoms, or symptom-based methods) or through permanent methods (sterilizations). Then in 1960, “the pill” entered the market and spread quickly. By 1965, over 40% of married women under 30 years were using the pill.26 In 1962, the Population Council held a conference on intrauterine contraception, and

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23. *Ibid*.


in 1968, researchers developed the copper IUD. In 1967, a clinic in Alabama began Depo-Provera trials on humans. While many lauded these developments as advancing women’s contraceptive choice, it also expanded the realm of the population control battle. The Depo-Provera trials in Alabama, for example, were predominantly conducted on poor black women—often without their informed consent.

Several years after the AFDC expansion, Lyndon Johnson commenced his “war on poverty” under the Economic Opportunity Act. With prevailing rhetoric that framed family planning as “poverty control,” Johnson’s war on poverty quickly became a war on poor women’s fertility. The head of the Office of Economic Opportunity (OEO) began funding family planning by means of federal grants through Community Action Programs in 1964, even though contraception bans were not struck down federally through Griswold v. Connecticut until 1965. The OEO introduced contraceptive education programs to millions of low-income women. In the decade between 1965 and 1975 the number of women with access to federal family-planning projects increased from 450,000 to almost 4 million.

Johnson continued to push for lower American fertility throughout the rest of his term. In his 1965 State of the Union address, he told the nation that he would, “seek new ways to use our knowledge to help deal with the explosion in world population and the growing scarcity in world resources.” Later that year, Johnson proclaimed to the United Nations that “five dollars invested in population control is worth a hundred dollars invested in economic growth.”

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28. “Depo-Provera Fact-Sheet,” Committee on Women, the Population and the Environment, January 6, 2007, Web. These trials often conducted testing on women without their consent, as was testified in Relf v. Weinberger. The FDA withheld approval of Depo-Provera in 1967.


30. Ibid.


Also in 1965, Johnson’s Assistant Secretary of Labor, Daniel Moynihan, published his now-infamous report on “The Negro Family.” Despite his proclaimed pure intent, the contents of his report fueled the neo-eugenic side of the American welfare debate. Moynihan wrote, “The majority of Negro children receive public assistance under the AFDC program at one point or another in their childhood.” He also discussed the high black birth rates, high rates of illegitimate births, incarceration, and poverty. Under a section titled “The Root of the Problem,” Moynihan attempted to diagnose the cause of black poverty. He worked through several topics, starting with an analysis of slavery and ending with the black birth rate. “During the rest of the 1960’s” he wrote, “the non-white civilian population 14 years of age and over will increase by 20 percent—more than double the white rate.” He concluded, “This population growth must inevitably lead to an unconcealable crisis in Negro unemployment.”

Whatever Moynihan’s intent, black communities felt an increase in governmental population control. The pressure became so blatant that black leaders in Pittsburgh insisted that the local OEO office cease its family planning program. Local black leaders highlighted the obvious inconsistency between the family planning programs and other government aid programs: “What welfare group sends volunteers to the homes of people who miss getting their check or the chance to get welfare food supplies. [sic] Do they have ‘volunteers’ to go out and tell people about good jobs?”

After Johnson, Richard Nixon continued the push for lower fertility. In 1969, Nixon gave a special address to Congress on “the Problems of Population Growth.” “In some respects,” he told the American people, “population growth affects everything that American government does.” Nixon continued to say that “it is clear that the domestic family planning services supported by the Federal Government should be expanded and better integrated.” He then instituted the Commission on Population


34. Ibid., 26.

Growth, to be chaired by John D. Rockefeller the third.  

The following year, Nixon signed into law an amendment to the Public Health Services Act. Commonly known as Title X, the amendment provided a large increase in funding for contraception and fertility reduction programs among low-income populations. Funding for family planning programs increased more than four-fold over the next decade. Econometric analysis estimates that these family planning programs prevented 1.8 million births to low-income women between 1964 and 1973 alone.  

"Overpopulation" in Prevailing American Thought

The population-control component of American welfare programs directly influenced only those Americans receiving welfare aid, but all Americans were impacted by the overpopulation scare. In the academy, the media, and a host of other cultural outlets, the rhetoric of population control contributed to the downward shift in desired family size.  

In 1952, as the world population was booming, Rockefeller founded the Population Council. Funded by the Rockefeller family’s leviathan coffers, the Population Council ensured academics addressed population issues. Among their efforts, the Council hosted an international conference on intrauterine devices in 1962 and founded *Studies in Family Planning* in 1963. Their efforts propelled contraception from a taboo topic to one meriting academic attention.  

While the Population Council pushed their issues in academic circles, Walt Disney and a butterfly scientist from California made “overpopulation” a household word. In 1967, Disney partnered with the Population Council to create a cartoon encouraging couples to practice family

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38. Ibid.


planning. The cartoon highlighted the increase in the world population, telling the viewer that “every couple has the opportunity to help build a better life, not just for themselves, but for people everywhere. And all of us have a responsibility to the family of man—including you!”

In 1968, a Stanford lepidopterologist named Paul Ehrlich published his now-infamous *The Population Bomb* through the Sierra Club. Ehrlich made grandiose claims about mass famines resulting from overpopulation, and he was consequently featured on talk shows across the country. Ehrlich argued, “We must have population control at home, hopefully through a system of incentives and penalties, but by compulsion if voluntary methods fail.” None of Ehrlich’s alarmist claims came to fruition, but *The Population Bomb* sold over three million copies and convinced the general American public that “the population problem” demanded immediate and personal action. Ehrlich appeared on *The Tonight Show* with Johnny Carson, and his book remained on the *New York Times*’ bestseller list for twenty-eight weeks. Along with changing sexual and reproductive philosophies, the book contributed to the declining desired family size by advocating self-regulation towards small families. In 1969, Ehrlich became the first president of Zero Population Growth, a grassroots grouped aimed at stabilizing the American population, and spoke to over 10,000 university students on Earth Day. By 1970, Zero Population Growth had 102 local chapters through the United States, and Ehrlich was receiving over thirty speaking requests every week. By the early 1970’s the majority of Americans responded that two or fewer children was the ideal family size.

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Cultural phenomena like *The Population Bomb* shifted the desired American fertility rate, but top-down coercive programs drastically

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44. Saad, “Americans’ Preference for Smaller Families Edges Higher.”
altered fertility for a few. Nor did the legacy of coercive population control leave the American psyche untainted. Paradoxically, the newly “liberated” women who had self-regulated their fertility downwards “because of overpopulation” implicitly accepted the premise that the purported public problems of overpopulation were the responsibility of individual women and their private reproductive acts. This assumption, in conjunction with the increased public spending on welfare, encouraged the mentality that reproduction was a public matter.

This legacy, along with its bureaucratic leviathans formed to quell fertility, remain with America today. Zero Population Growth (now called Population Connection) trains over 10,000 teachers annually to introduce population curriculum into the classroom.\textsuperscript{45} The decline in nuclear households introduced more persons of reproductive age into the American welfare system than ever before. In 2010, the Affordable Care Act included contraception and sterilization as preventive health care. In 2013, reports of women being sterilized without consent in Californian prisons became public, prompting a 2014 bill prohibiting the sterilization of prisoners without consent.

Already well below replacement level, American fertility continues to decline. America’s falling fertility is spearheaded by a continuously shrinking ideal family size among the middle and upper class; in addition, health bureaucracies increasingly push for more access to abortion and increased use of long-acting contraceptives among the poor. As small family norms become more and more entrenched in the American psyche, it is important that Americans acknowledge the history behind our modern family size. We should admit that our modern small family norm was significantly shaped by a theory that has since been discredited by demographers. If nothing else, Americans should honor the women and men victimized within our own borders in the name of overpopulation.

\textit{Anne Roback Morse is Media Coordinator at the Population Research Institute.}