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THE DYNAMICS OF BIRTH CONTROL  
in  
LOWER CLASS PUERTO RICO

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April, 1962

## INTRODUCTION

Recent analyses of Puerto Rico's vital statistics show scant evidence for predicting an early drop in the insular birth rate.<sup>1</sup> But predictions based on statistical extrapolation may prove deceptive, for such statistics often conceal important potentials for change. The assessment of such potentials may, in the absence of sufficient statistical data, be achieved crudely by qualitative techniques. In a current study of the lower class family in Puerto Rico, a good deal of material has been gathered which suggests that the population may soon undergo a fertility decline.

### The Project

In December of 1951, field work was begun on a project designed to map out some of the broad relationships between family patterns and fertility. Using the qualitative interview as its principal investigatory tool, the study was aimed at uncovering the dynamics of family life which might have pertinence to human fertility. Since depth rather than statistical coverage was the main objective, only 72 married (legally or consensually) couples with children were interviewed, 24 in open country areas, 24 in villages, and 24 in the city. Areas were chosen which would be at least typical of Northeastern Puerto Rico. From these areas (a total of 7) the cases were chosen randomly from families meeting the following criteria:

1. Poverty. From the bureau of taxation, lists were taken of all

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See Combs, J. W., and Davis, K. "The Pattern of Puerto Rican Fertility", Population Studies, Vol. IV, No. 4, March 1951.

houses valued at under \$250. For the towns, this figure had to be raised to \$500 to secure a sufficient number of cases. In the city, a slum area, populated by shacks was chosen. Interviewers visited each house as an additional check on the economic status of the inhabitants.

2. Intactness of Family. Only families with husband, wife and at least one child were considered.
3. Duration of Marital Union. Only unions in which husband and wife had lived together for a minimum of 3 years and a maximum of 25 years were considered.

Six Puerto Rican interviewers were hired and trained intensively for about three weeks.<sup>1</sup> Since the average mother interview consumes five hours (done in two sessions) and the father interview under three, four female and two male interviewers were recruited.

Rapport and counter-rapport were extremely high, as evidenced by frequent gift exchange, confessions on the part of respondents that they "had never told this to a living soul," and glowing reports by interviewers about the sterling qualities of their respondents. Interviews were facilitated by means of a structured interview guide, in which great flexibility on the part of the interviewer was permitted and encouraged. All responses were taken down verbatim during the interview and later translated into English by the interviewer.

While many aspects of family life were covered, the remainder of this paper will be devoted primarily to those attitude and behavior patterns pertaining to family limitation. Since this is the first in a possible series of such reports, only country and village

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For a description of the training methods employed, see J. Mayone Stycos, "A Report on Interviewer Training in Another Culture," Public Opinion Quarterly, to be published.

respondents are included, and the conclusions presented are preliminary.<sup>1</sup>

A brief description of the composition of the sample should orient the reader as to the types of families interviewed. Table I summarizes the most pertinent characteristics.

Table I; General Characteristics of the Sample,  
by Residence and Sex

	Country		Village		Total Cases
	Male	Female	Male	Female	
Median Age	36.5	28	36.5	32	(95)
Range	23 - 54	19 - 50	22 - 65	21 - 54	
Median Years Schooling	4	3	6	3.5	(95)
Range	0 - 9	0 - 7	0 - 13	0 - 14	
Number of Catholics	19	17	9	10	(55)
Number of Whites	17	17	9	10	(53)
Total Cases	(24)	(24)	(23) <sup>2</sup>	(24)	(95)

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While this paper attempts to sketch out the average or most frequent patterns, deviant cases are not always discussed. Subsequent analysis will be aimed at the construction of typologies which can explain the range of behavior as well as the "normal" or modal behavior.

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In the only refusal to date, the respondent, reputedly subject to psychotic episodes, lept up and ran away after the first few minutes of the interview.

The New Mentality--Small Family-mindedness

Our sample then, Catholic, impoverished and poorly educated, is a group from whom we might expect the greatest degree of apathy or hostility toward family limitation. Indeed, frequent statements of public officials, religious leaders and popular writers in Puerto Rico would have us believe that this class of people desire all the children "que Dios mande" (that God sends), that they consider children their only capital, and that they are too lazy or religious to consider birth control measures. Such opinions show a lack of understanding about the Puerto Rican lower class.

In the first place, the present study shows a near unanimous vote for small families. In answer to the question, "What is the ideal number of children for a family to have?" both sexes in both country and town displayed their desire for the small family.<sup>1</sup>

Table 2: Ideal Family Size

	Country		Village	
	Male <sup>2</sup>	Female	Male	Female
Median	3.0	3.0	2.5	2.5
Range	2 - 12	1 - 6	2 - 6	2 - 4
"All God sends"	1	0	1	1
Number who Answered	(22)	(24)	(23)	(24)

<sup>1</sup>

Hatt's data have established similar facts for the island as a whole. In 1947 close to half of the island's rural population felt the ideal family size to be two or less. Only 14% expressed an ideal size in excess of four. Hatt, Paul K., Human Fertility in Puerto Rico, A Sociological Analysis, unpublished manuscript 1947, Table 187, p. 273.

<sup>2</sup>

Although the differences are not apparent in the median figures, men on the average prefer more children than women. Additionally,

It should be noted also, that close to nine out of every ten men and women explained their ideal number in terms of disadvantages of a large family. This is quite significant, for it demonstrates that practically all the respondents are thinking in terms of small families, even when their ideal number may appear indicative of large family mindedness. Additionally some stated what they considered the maximum rather than the ideal, raising the median statistics to the maximum, not the optimum family size.

Four, because if one is poor, too many children create too much trouble to raise them. (Y5M)<sup>1</sup>

The ideal number of children should be five because that is the maximum number one is able to support properly. That is the number the poor should have. (Z-7M)

.... with three one lives better ....  
Less than three would be good too.  
What I say is that you shouldn't have more than three. (X-9F)

These ideals are backed up by solid reasons, and give none of the flavor of an offhand or "public" opinion. About three fourths of the advocates of the small family explain the advantages in terms

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many women remarked that the husband is only interested in "filling you up with children." This is the net result of several reasons. Firstly, of course, the man does not suffer the pains of childbirth and rearing. Secondly, he is more concerned with proving his virility. While a high proportion of the males stated their anxiety over having their first child to disprove their sterility, only seven women felt that a woman should be ashamed of barrenness. Four felt that such women were fortunate. Finally, males are more interested in sexual relations. Only eight of the forty-eight women felt that women enjoy sexual relations as much as their husbands.

<sup>1</sup> "M" and "F" designate the sex of the respondent. More detailed information on each respondent quoted here can be found at the end of the article.

of the children; that is, their education, rearing and sustenance. The minority cite advantages to the parents----better health, a better economic condition and more leisure.<sup>1</sup>

There are, of course, strong carry-overs of the old traditional conception that children are the capital of the poor. Roughly one in ten of the total sample spontaneously mentioned such large family advantages as "help in old age", and a good many more volunteer this response when directly queried as to the advantages of the large family. Additionally, when males were asked the deliberately leading question, "Does a large family help the prestige of a man?" 25 of the 46 who answered the question replied in the affirmative.

The majority, however, as Table 2 clearly shows, have balanced such possible advantages against the difficulties of successfully rearing, and have concluded that the small family is preferable. There seems to be a growing realization that the old "capital of the poor" shibboleth is either the rationalization of a fait accompli or a contrary to fact supposition. Remarks such as those presented below demonstrate that even the most illiterate are aware of the inevitable penalties of a large family for the landless and capital-less Puerto Rican; and that to use children as an investment to draw further dividends requires more immediate capital than can comfortably be mustered.

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<sup>1</sup> It is probable that the more secular the society, the more are advantages seen in terms of the parents. Puerto Rico may be in a transitional stage, where such opinion is present and growing but still in the minority.

(What are the advantages of a big family?)  
I don't see any.  
(How about help when old?) I don't see it.  
(Why?) Because having too many children  
a man can't give them the necessary educa-  
tion in order that later, when old, the  
sons would help him. (A-3M)

Sometimes it is said that children are the  
wealth of the poor but that is when they  
are grown up; when they are small they do  
nothing but spend money. I think three or  
four are enough. (A-13F)

About three or four for the poor people...  
and for the rich, they can have all that  
God wants to give them. (C-7F)

Given the desire then for the small family, does the lower class  
Puerto Rican take the necessary means to attain his ends? The answer  
here is equivocal. He tries, but too late or not hard enough. Or  
he wants to try but is hindered by superstitions, beliefs and  
psychological blocks. In the face of his desires for the small  
family we have the following seeming contradiction in behavior.

Table 3; Total Pregnancies and Living Children  
for  
Country and Village Families

	Country		Village	
	Median	Range	Median	Range
Pregnancies	5.5	(1-14)	4.5	(1-12)
Living Children	4.0	(0-12)	3.5	(0-8)
Total Families	(24)		(24)	

If we were to add the two or more pregnancies which should normally  
occur in these families before completion of the childbearing period,  
the number of children would be significantly higher than the average  
ideal. To derive some idea of whether such will be the case, an



examination of this group's birth control practices must be undertaken.

### The Incidence of Birth Control

Table 4 below shows clearly that the majority of the group has attempted to limit family size.

Table 4: Birth Control Practice in 48 Lower Class Families<sup>1</sup>

Currently Using Some Birth Control Method Other than Abstinence	23
Currently Using Abstinence	5 <sup>2</sup>
Previous Use of Birth Control Discontinued	6
No exposure to Birth Control	14
Total Families	(48)

Two-thirds of the families interviewed have tried some birth control measure and about half are currently employing some technique. This is a much higher proportion than has been found in other studies. Both the studies by Beebe and Belaval in 1942<sup>3</sup> and by Cofresí<sup>4</sup> in

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<sup>1</sup> Numbers were roughly the same in village and country, although the villages contain a slightly higher number of "never used".

<sup>2</sup> Included here are cases of men who willfully practice abstinence to prevent conception, and women who say they deny their husbands frequently for this purpose. Women who deny their husbands because of distaste for the sexual act have not been included.

<sup>3</sup> Beebe Gilbert, and Belaval José, "Fertility and Contraception in Puerto Rico", Puerto Rican Journal of Public Health and Tropical Medicine, Sept., 1942.

<sup>4</sup> Cofresí, Emilio, Realidad Poblacional de Puerto Rico, (San Juan: Imprinta Venezuela, 1951).

1948 found that in their samples of women seeking information or help from public health centers, (an obvious bias) only about one-third had used birth control techniques. Hatt's study of 6,000 Puerto Rican women in 1947 found such little evidence of birth control that the statistics could not be analyzed reliably.

While the present sample is small, its significance cannot be overlooked. Aside from the random sampling methods used, it is important to realize that (1) In a society of rapid change the next most recent statistics on birth control in Puerto Rico (Cofresí) are three years old<sup>1</sup> (2) The superiority of the present interviewing methods are such as to minimize or obliterate concealment of birth control practice.<sup>2</sup> Finally, it will be recalled that the sample was selected from Northeastern Puerto Rico, the most advanced area of the island.

But another reason for the high incidence of birth control can be seen from Table 5 which describes the methods employed.

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In 1950 Public Health Stations distributed 47,000 dozens of condoms 2,600 diaphragms, 15,000 tubes of jellies and cream. Data given by Dr. José S. Belaval of the Department of Health.

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Not only was rapport unusually high, but both husbands and wife were questioned separately and their birth control histories compared.

Table 5: Type of Birth Control Currently Used

Sterilization	15
Condom	5
Abstinence	5
Douche	1
Withdrawal	1
Other	1
Total Families	(28)

Sterilization far outranks any other birth control method, while the only mechanical contraceptive worth noting is the condom. This ranking, though not the absolute incidence, is in accord with Hatt's data which showed sterilization in the lead.<sup>1</sup> Sampling error undoubtedly accounts to a great extent for the unusually high number of sterilizations, but the great popularity of sterilization in Puerto Rico must be understood. In 1949 about 20% of all hospital deliveries were accompanied by sterilization. In a few hospitals the rate was as high as 70% of all deliveries.

The function of this paper however, is not to determine rates or incidences of birth control methods but to analyze the reasons for their use or disuse. The remainder of the paper will be devoted to answering three interrelated questions: (1) Why, despite nearly universal small family mindedness, a large segment of the population

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<sup>1</sup> Cofresi's study showed the condom to have twice the popularity of sterilization. Many of his cases were taken from people seeking birth control information, a bias which would work to the disadvantage of sterilization. Additionally, his statistics include past as well as present use.

uses no birth control methods; (2) Why the standard contraceptives are so infrequently used; (3) Why sterilization seems to be the lower class Puerto Rican's solution to large family problems.

### RESISTANCES TO BIRTH CONTROL

#### The Relative Absence of Religious Tabus

The usual statements by vested interests or by those who lack information is that ignorance and religion are the main obstacles to a birth control program in Puerto Rico. There is a good grain of truth in both these conceptions, but the situation is quite different than commonly supposed. In the first place, though 85% of Puerto Rico's population is classified as Roman Catholic, most of the 85% are notoriously bad Catholics. They describe themselves as "Católico a mi manera", (Catholic in my own way) or "No soy fanático" (I'm not fanatic about it), which usually means that they do not go to church or attend the sacraments. Hatt found that 81% of the males and 70% of the females attend church less than once a month or never.<sup>1</sup>

Most Catholics do not feel the hand of the Church with regard to birth control. In Cofresí's study, less than 5% of the total objections to birth control practices were based on religious ideology.<sup>2</sup> In the present study, cases were not self-selected as were Cofresí's.

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<sup>1</sup> Hatt, opus cited, Table 23, p. 50.

<sup>2</sup> Cofresí opus cited, Table 36, p. 95.

Moreover, in a freely flowing interview of several hours, the respondent has every opportunity to verbalize his feelings. Still, whereas 6 out of every 10 persons in the sample are Catholic, only 1 out of 10, made any reference to religion or morals when discussing family limitation. This matter is of sufficient importance to merit more explanation, for religious objections along with ignorance are probably the two most important impediments to family limitation in the world today.

The first important thing to note about the ten religious objectors is that four of them are members of Protestant sects. This is not surprising, for several of Puerto Rico's more muscular sects are violently opposed to birth control; and, being new, small and emotional religions they have a much greater effect on their adherent's behaviors than does the taken-for-granted Catholic religion.

Moreover, more drastic measures than the confessional admonition may fall on the wayward member of the Protestant sect.

I don't use contraceptives because it is forbidden by our Church. (What does the Church do?) They put discipline to them and don't let them use the veil or preach in the congregation, and seat them in the last row of benches in the Church. (Z-5F)

More important is the fact that half of these respondents appear to use religion as a rationalization for their opposition to birth control. In reality their objections are based on more mundane reasons.

I have never tried to avoid children because when God gives you a child it is because there will be a piece of bread for it ... (What methods do you know?) None, only sterilization, but I fear operations too much. (C-1F)

I have never used them because what God orders we should not interfere with ... My wife wanted me to use condoms but I disagreed because I was afraid that she would get sick. (C-1M).

My husband wanted me to have an operation, but I didn't want to because I think that is against God ... Some men have talked about women that are operated and say that the woman is no good any more. (If you knew about contraceptives would you use them?) Yes, if I knew I would use them... I don't go to the Public Health Unit because they have to look you all over and I don't like that. I am ashamed. (Y-2F)

We may conclude then, that religion affects only a small minority of the population with respect to birth control, that many of these may be more importantly influenced by more secular reasons, and that members of certain Protestant sects tend to be more vociferous in their religious objections than are Catholics--at least among the lower class.

#### Ignorance

Pure ignorance, in the sense of complete absence of birth control information is not a factor among our families. There is no family in which at least one of the partners is not aware of one or more birth control methods in addition to sterilization. Thus the usual claims as to the pristine naivete of the average lower class Puerto Rican are largely untrue. But ignorance is present in two other forms: (1) Superstition; (2) In the lack of communication between husband and wife on sexual matters.

Superstition: In contrast to the observations of an anthropologist

a few years ago,<sup>1</sup> practically no superstitious folk contraceptive practices were found in our sample. One man used special positions and "tricks" as a method, and one or two women mentioned the past use of herbs. Whether the difference is due to strides in general or health education in the past few years, or to differences in the respective samples, cannot of course be determined. It is the author's feeling that rising levels of education and relatively accessible health centers are effecting the rapid extinction of such folk practices.

Superstition however, crops up in another garb among the women of the present sample. It is seen in its negative form as a powerful fear of the physical effects of contraceptives. It is the most frequently voiced objection of both the husbands and wives in our sample,<sup>2</sup> though, as will be seen, the women are probably more convinced of the truth of such beliefs than are the men.

A very prevalent conception concerns the danger of cancer, but other dreaded diseases are also mentioned.

I don't know any methods. At the Public Health Unit they give instructions but I fear them because people say it causes cancer. (Y-3F)

Some women talk always about those things. That's why I heard about jelly, but I tell those persons, why do you use that? The talcum which those things have remains in your uterus and you could get a cancer. (Z-6F)

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<sup>1</sup> King, Marguerite, "Cultural Aspects of Birth Control in Puerto Rico", Human Biology, Vol. 20, #1, Feb. 1948.

<sup>2</sup> Cofresí, found that this was the principal objection of non-birth control users in 7% of his cases, op. cit., Table 36, p. 95.

They could make one sick of the uterus and the stomach. There is a girl here who avoided them and got tuberculosis. (Z-5F)

Another very frequent fear, probably based on the folk fear of the application of mechanical "contrivances" or "gadgets" to the human body, is that the contraceptive will remain within the woman and require extraordinary measures to remove it.

It might hurt me inside. They told me so many stories and once I was told that something happened to a woman. It stayed inside and went into her bladder. (Y-8F)

I heard about the sponge in the Public Health Unit, but people scared me, saying that it may stay inside and the doctor has to pull it out... (B-4F)

There (the Public Health Center) I heard of a rubber diaphragm for the woman but I didn't take it because other women scared me. One woman told me that thing stayed inside the womb and the doctor had to pull it out. (X-6F)

What is the source of such beliefs? This is of course almost impossible to determine, but we have a few clues. First of all it is quite clear that such opinions are not the result of isolated, idiosyncratic thinking. They are definitely property of the lower class group.

(Have you heard of avoiding children?) Yes, in the Health Unit, but the people said it was dangerous. Sometimes in the Health Unit they said that it caused cancer. (Who said so, the Doctor, the nurse or who?) Well, people who went to the Health clinic for treatment. (Y-4F)

I have never used condoms for fear that my wife would get sick. There are so many that say that the woman could get sick that I was afraid and never used it. (G-1M)



(Who told you this?) Another woman still young,  
almost a girl. She told me that she had been  
told about it. (Z-6F)

To a social group which is economically and educationally defenseless,<sup>1</sup> suspicion and traditionalism is an age old tool against at best the bewildering and at worst exploitive aspects of a newly complex society. A generalized attitude of anxiety or uncertainty about the new and mechanized world, combined with relative ignorance of that world is a personality syndrome which is fertile ground for belief in ideas which will insure adherence to the old, safe ways. Thus we may suppose that even in the presence of strong desires for family limitation, a ready willingness to accept such superstitions can keep many women and some men from achieving their ideals. It is this rather than ignorance per se which is a powerful impediment in the way of successful family limitation.

Lack of Communication: Cofresí found that 25% of the women who had never practised birth control before coming to the Public Health Center claimed ignorance of such methods.<sup>2</sup> In the present sample while there are only three women who claim they know of no methods, ignorance of

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<sup>1</sup> "Para defenderse mejor" (to defend oneself better) is one of the more frequent reasons given for high educational aspirations, and indeed one of the most frequent phrases heard in Puerto Rico, in reference to any number of things. It is perhaps the outgrowth of a people who have always lived under some kind of colonial conditions, and who seldom find an escape from poverty.

<sup>2</sup> Cofresí, op. cit., Table 36, p. 95.

such ordinary techniques as the condom is frequent. Yet all husbands know at least one method in addition to sterilization. There are 19 of the 47 husbands interviewed who know a total of one or more birth control techniques which their wives do not.<sup>1</sup> Table 6 below shows the rather surprising difference between husbands and wives on the most widely known contraceptive, the condom.

Table 6: Awareness of the Condom as a Birth Control Method

	Males	Females
Aware	45	32
Not aware	0	14
No Information	<u>3</u>	<u>2</u>
Total Cases	48	48

The douche and withdrawal show similar but not such marked discrepancies, while only the diaphragm shows a few more knowledgeable women than men. The general reasons for this discrepancy were predicted on theoretical grounds elsewhere<sup>2</sup> but require some explanation and documentation here. Two interrelated cultural patterns operate to cause the communications breach between male and female.

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1. This is probably an underestimate. A good number of women were asked only the general question, "What birth control methods do you know?" In these cases those contraceptive methods which were not mentioned were not counted as methods not known. Only those women who replied negatively to the specific probes, "Do you know methods XYZ?" or "Do you know any other methods?" were scored as ignorant of these.

2. See J. Mayone Stycoos, "Family and Fertility in Puerto Rico", mimeographed, University of Puerto Rico.

(a) The cloistering of the female, prior to but to a considerable extent subsequent to marriage. Closely related is the assumption that women (wives and daughters) are pure and holy. (b) The superordination of the male, which often puts significant communication barriers between male and female on delicate matters, and which endorses the withholding of information from the wife on the part of the husband.

The Cloister Pattern; The cloister pattern was overwhelmingly observed by the parents of the women in our sample. Space permits only a few illustrations to show the intensity of such seemingly aristocratic patterns among the lower class.

I knew nothing before I got married ... I had few moments with my friends ... I never went any place ... (My parents) didn't even let me go to the yard to play. (C-1F)

At home mother didn't tell me anything and as she raised us so shut up I couldn't learn from anyone else. (X-7F)

I was reared with so much respect that even when my mother had a child we were not permitted into her room until after three days ... so we were very ignorant and never heard anything of that. (A-11F)

Nor is this pattern changing to the extent to which most people in Puerto Rico believe. In answer to the general question, "How should children be brought up, the way that your parents raised you or in some other way?" two out of three women elected the traditional fashion. On the more specific question, "Do you expect to be more strict, less strict or the same in strictness as your parents were with you during courtship?" , twenty-one of the forty responses

consisted of "more strict" or "the same".

A woman from one of the villages showed her anxiety about the urban threat to traditionalism in the following remark.

I am crazy about living in a place where there are no neighbors, where I can have my girls alone and shut up in the house. (Y-2F)

It goes without saying that there is no such male pattern and most men (38 of the 45 who answered this question) admitted pre-marital sexual experience, mainly with prostitutes and women separated from their husbands. On the other hand, all the women were virgins<sup>1</sup> upon marriage and Table 7 shows how little they know prior to marriage.

Table 7: Pre-marital Sexual Knowledge of Females

	Childbirth		Sexual Relations		Contraception	
	Country	Village	Country	Village	Country	Village
Nothing	6	5	9	3	19	15
Little	9	11	9	14	1	2
Much	7	8	6	7	2	3
Number who answered	22	24	24	24	22	20

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One might expect the concealment of information on this item, but in answer to the more projective question, "Are the majority of the young girls around here virgin when they marry?" most respondents backed up their personal histories. Practically all the respondents answered this question in the affirmative, and most of these added that they knew of no or only one exception.

Illustrations of Categories Used in Table 7

	Childbirth	Sexual Relations	Birth Control
Nothing	"Nobody told me anything. I knew nothing about it."	"At home nobody talked about that, not even about menstruation."	"You learn about that only after you get married."
Little	"Only that it was painful."	"One hears what is said, but nothing else."	"I heard about being operated on."
Much	"I knew about those things because one always learns from other girls."	"I knew what happens on the wedding night."	"I had heard of condoms and douches"

Once married, of course, experience is the principal teacher with regard to sexual relations and childbirth. Also the married woman's culture is open to them. That is, the newly-wed is now free from the tabus on discussion of sexual matters in the presence of virgins. But the combination of modesty patterns and a generally low level of information among the women, keep many wives in ignorance of the range of birth control methods available to them.

(Why hadn't you decided on sterilization before?)  
Because .... I have always been too shy, I didn't dare to speak to anyone who could help me until I told the doctor of the Health Unit and he promised to help me. (After her fifth child).  
(X-7F)

The effects of the cloister pattern of childhood and adolescence, combined with the conception of the essential evil of sex, do not suddenly wear off upon marriage, and consequently we find modesty an important obstacle in the way of securing accurate information

on birth control. A half dozen women voiced shame as their principal reason for not getting information at Public Health Centers, and many others expressed this feeling as an auxiliary reason.

I'm ashamed of asking for them and that's why I never go to the Health Unit. Some of my friends asked me to do it, as they are doing it now, but I am ashamed ... (C-2F)

I never went to the Health Unit when I was pregnant. I didn't like to go there. I didn't like to be examined by a doctor. I was scared of it. I have never been examined by a doctor. (Y-4F)

(I have never gone to the Health Unit) because we go there for treatment and they have to look you all over, and I don't like that, I am ashamed. I have had five kids and nobody has seen me. I had two babies in the hospital with nurses and three at home with my mother; the midwife came only to out the umbilical cord. (Y-2F)

While little can be done to change rapidly such modesty patterns, something can easily be done to avoid the type of embarrassment expressed below.

Many friends of mine invited me to the Health Unit and I didn't dare to go. (Why?) Because it was known by everyone that in X town on Tuesday in the Health Unit they give the prophylactics and the women were seen coming out from the Health Unit with their package and everybody knew what they had gone there for. (C-6F)

The Superordinant Position of the Male; The male owes his fortuitous position in the authority structure in Puerto Rico to the inheritance of Catholicism, Spanish custom and rural living. This has several consequences as regards birth control, and at this point we may mention its implications for inter-sex communication.

A reading of the interviews quickly discloses the frequent

communications barriers between husband and wife which are based on differences of status. Inter-sex hostility and suspicion are not-infrequent impediments in the way of successful communication, but respect ("respeto," the recognition of the superior status of the man and the inferior but pure and saintly status of the woman) and modesty are the most frequent barriers to interchange of opinions.<sup>1</sup>

There are firstly those women to whom status and modesty are so taken for granted that it never occurs to them to ask their husband questions on such delicate matters as birth control.

(What did your husband say about birth control methods?) He doesn't like anything of that. He never tells me anything. I don't know why he doesn't like them, but he has never used them. (Z-4F)

I have heard of the condom but I don't know how it is. (Does your husband know?) Perhaps he knows, but he hasn't told me about it. (Y-6F)

All I had were girls, that's why we had six, looking for a boy. (Why did you want a boy?) I don't know, he never told me. (X-9F)

The responses of some men reflect their own acceptance of a situation in which it is not expected that a woman have an opinion on such subjects.

(And from whom comes that idea of avoiding the children?) Well from me, from whom would that be? (X-9M)

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Women were asked whether or not they discussed sexual matters with their husbands, and if so what sort of things. Of the 40 women who answered this question, only 15 gave a clear indication that they discussed such matters with their husbands.

(What about contraceptives for women?) I have never asked her about them. (And about having children, what do you ask her?) Nothing. (Why?) Because it has never occurred to me to ask her. (A-10M)

Most of the expressions of faulty communications, however, come from women who apparently hold opinions on birth control but who are too "shy" to express these to their husbands. Note that the statements are phrased in term of "daring" and "respect", implying that the modesty is the result of a status and sex difference. That is, to speak of such things would be a presumption stepping beyond the culturally approved role of the woman.

(Have you ever talked this over with him?) No, I don't dare to talk of these matters with him. (C-6F)

(Do you ever discuss sexual matters with your husband?) Never. I'm ashamed to do it and I feel much respect towards him. I have heard some of my friends talking about rubbers, and I liked the idea. (Did you tell your husband?) No, I did not dare to. I never speak of those things with him. I get ashamed. (C-2F)

Some men echo the same sentiments but in a different sense. Rather than a status presumption, it is a presumption on the woman's purity and "goodness".

(Why don't you ask your wife what she prefers?) To my wife, we talk about those things? Look man I couldn't even try ... I am not accustomed to talk about these things with my wife. (C-4M)

The wife will be offended if one uses the condom. (But have you ever talked it over with your wife?) No, never. I would not dare to do it. (Y-2M)

## THE ROLE OF THE MALE IN BIRTH CONTROL

### Male Objections to Contraceptives

Most of our attention has been concentrated on feminine attitudes



toward birth control, but the fact that males appear somewhat less interested in the small family plus their superordinant position as regards the sexes, makes crucial an examination of male attitudes. Firstly we can draw some clues from the use of the most popular contraceptive--the condom. Twenty families have at some time in their marital histories employed the condom. A total of 15 families have discontinued use of this method. Why have the males turned away from a method which is cheap (Public Health Centers supply them free), simple, and, if properly used, effective? It is not that they turn to other contraceptives. Of the 15, only one is currently using a contraceptive substitute. Of the remaining fourteen, eleven have had their wives sterilized. We are left then with two major questions as regards the male; (1) What is it that repels him from female contraceptives and the condom? (2) What is it about sterilization that makes him prefer this relatively drastic measure to the simpler methods mentioned above?

Theoretically, the males might insist on birth control despite female fears and superstitions. This is not the case. Not only, as was noted above, does the male appear more interested in procreation, but he has equally strong objections to birth control, objections more deeply rooted and probably less amenable to change than are those of the female.

Firstly the male thinks of birth control mainly in terms of the condom and sterilization, somewhat in terms of withdrawal, and hardly at all in terms of female contraceptives. When asked about his knowledge of contraceptives he scarcely mentions the diaphragm or douche and when

specifically probed, still shows himself to be in considerable ignorance.<sup>1</sup> Men do not go to the Public Health Centers as do the women, and are consequently denied that source of information. Inter-sex verbal tabus operate to insure that they may learn from their wives but certainly not from other "good" women.

Even where men are aware of female methods they are often unfavorably disposed to them for an interesting reason--the female contraceptives take the control of conception away from the male. In the first place this offends the male sense of superiority and dominance. In the two examples cited below it is taken for granted that control will be in the hands of the husband. Note how jealously the male guards his "secret" of birth control.

(And what will you do if he stops using contraceptives?) Well then I'll continue having children because if he stops using them it's probably due to the fact that he wants to have more children. (But you told me you don't want any more. Why don't you use contraceptives yourself?) Oh, I wouldn't dare. He is the one who decides those things, and if he doesn't want to use them I wouldn't dare because he could get mad at me. (C-2F)

I am the one who avoids them. She doesn't know the secret of avoiding the children. The woman gets pregnant if the man wants her to. (B-5M)

These attitudes seem to be expressed in behavior. Although the stimulus for birth control came from the wives in a majority of the cases, only three wives say they made the final decision to use it.

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<sup>1</sup>

Whereas all men know of the condom and sterilization, 15 do not know about jelly, diaphragm or douche.

But there is a more subtle and perhaps more significant explanation-- female contraceptives theoretically permit the woman illicit sexual relations without the threat of visible signs of such derilection; that is, if the sanction of pregnancy is removed from illicit sexual intercourse, the husband is no longer in a position of determining whether or not his wife is faithful to him.

Such a hypothesis might seem far-fetched to the continental, but it is quite typical of the logic of the lower class Puerto Rican, who appears almost phobic in his anxieties concerning the fidelity of his wife and the chastity of his daughters. This complex will be described in full elsewhere. For the present we may examine its manifestations with respect to birth control.

Firstly it is one more factor which impedes successful communication between husband and wife on birth control matters. Some wives have been so well inculcated with the phobic logic of their husbands that they do not dare to suggest a female method for fear it will incur the suspicion of their husbands. For example, the author's research assistant engaged a young lady in conversation while waiting in a Doctor's office. The latter explained that although she wanted to be sterilized she could not suggest it to her husband. He was soon embarking for Korea and might suspect intentions of infidelity during his absence. A similar case is taken from the study.

Everybody counsels him to operate me because otherwise we are going to have too many children... (How did you feel about his idea?) I was delighted because I was willing to be operated but I didn't dare telling him. (Thy didn't you dare?) Because

many men don't like their wives to be operated because they think they are unfaithful to them, that the women want this in order to have contact with other men. (C-6F)

Sterilization is the main object of such condemnation, both from men and women, not only because it is the most widely known birth control method in Puerto Rico, but also because it is the most "fool-proof."

There are a lot of women around here who are being operated on, but they are not doing it so much to prevent children; they do it to protect themselves. (In what way?) Screwing around with other men. There are lots of such women around. The majority of them do it for that purpose. (Y-3M)

(Are you against having the wife operated?) Yes, that is against natural laws and could give way to corruption because that would give an opportunity to the wife to be unfaithful to the husband. (X-3M)

Other female methods while mentioned less frequently, are greeted with the same anxieties. In the following case, the respondent claims a failure of contraception almost led to a separation, showing that in terms of male behavior, the womens' fears are not without basis.

I heard of a women here who used the diaphragm... Later she became pregnant and the husband said the child was not his ... They almost separated because as they were using the method the husband thought she was pregnant of another man. (Z-1F)

The phobia reaches its zenith in the case cited below, in which the intricacy of the logic is noteworthy. Not only has the suspicion been applied to the condom, but after ten children, the respondent is so afraid of her husband's suspicions that she will not use the condom until she menstruates.

I brought (the condoms) home from the Health Center and he accepted them and used them for about two years. After I had my last child four months ago I looked for prophylactics again at the Health Unit but I haven't used them yet because I haven't seen menstruation and if I use them and then I find out that I am pregnant again my husband might think I had contact with other men; so I can't use them until I know whether I am pregnant or not. (B-3F)

For the men, the condom is the most frequently and most thoroughly discussed contraceptive. Although relatively few men have ever used it with their wives, and even fewer use it currently, all men know it and many have used it as a protective device when having sexual relations with prostitutes or the wives of other men. As the illustrations below show, in such cases it is accepted as a necessary technological device used in a taken-for-granted way for illicit relations.

While I worked as a clerk in a drygoods store for 16 years I used them to avoid children. I never liked to have children out of marriage. I keep that custom yet. If I pick a woman outside I always get her with a condom to avoid having children outside of marriage. (E-3M)

I use the condom when I have intercourse with other women. One reason is to protect myself against diseases, the other is to keep from having children from other women. (A-11M)

I used the condom with that woman, because as she was a married woman. I didn't want to have children in her. I didn't want her husband to see that the child might resemble me. That's why I used condoms. I learned that with some American drunkards in 1918. (X-9M)

As concerns one's wife however, the condom receives abuse from most of the men. Whereas only nine women raise objections to the condom,

twenty-nine men do so. The distribution of the objections is shown in Table 8.

Table 8: Male Objections to the Condom

Causes Harm to Wife	11
Dirty or for Prostitutes	10
Gives Less Pleasure	9
Too Much Trouble	3
Problems of Cost and Supply	3
	<hr/>
Total Objections	(36)
Total Objectors	(29)

The most frequently cited objection, possible harm to the wife, has already received sufficient illustration. There is one possible difference between the male and female comments on this point--some of the male responses do not ring true. From a careful reading of their opinions, one can occasionally see that the man is using the health objections as an excuse or rationalization for his more selfish objections to the condom. Since defective interviewer probing on this item was the rule rather than the exception, we are left only with speculation as to the possible frequency of such rationalizations. In the following cases, a good glimmer of the rationalization pattern appears.

I used the condoms, but I was afraid that the rubber would stay inside the woman and could harm her, and also because I felt repulsion to take it off. (B-5M)

The wife didn't want me to use (condoms) because she feared she might get sick. It seemed to me

that her friends told her that. (And what do you think about that?) That they don't do harm to anybody. (C-10M)

It seems to the writer that the more significant objections lie in the "less pleasure", "for prostitutes", and "unclean" categories. It is quite clear that once the condom is considered in connection with one's wife, it ceases to belong to the secular world and enters the realm of the sacred. It is no longer a matter-of-fact technical means to an end device as it was with the prostitute, but takes on the hue of the basket lunch in church. Permissible and unquestioned in the everyday world, it becomes obscene, dirty and degrading when it touches the Holy--the Wife. This concept makes clear the relationship between objections which at first appear discrete and inexplicable. Why for example, should the poverty stricken Puerto Rican male, unaccustomed to running water and basic sanitary facilities, express such squeamishness about removing the condom?

They are filthy ... repulsive ... (In what way?)  
Because when I take the condom off I feel sick to my stomach. (A-10M)

I never liked them. They give too much trouble. One gets disappointed removing them because they look dirty. (C-3M)

I consider them filthy because of the disgust they give after one finishes the sexual act.  
(X-8M)

When speaking of the diminished and blunted pleasure he receives when using the condom, the explanation may be in psychological terms rather than in terms of pure physical sensation. Notice in some of the illustrations below how the concept of the "espuela limpia"

(the clean spur) is interwoven with the idea of physical sensation.<sup>1</sup>

With prostitutes I use condoms, but with clean women I don't use them. (Why not?) ... Well, it is so good with a clean spur. (Y-8M)

I heard of the condom but he never used it because he said he liked it better "a espuela limpia" because it gives him more pleasure.  
(X-10F)

And notice here how closely disgust is related to "less pleasure".

For me it was a disgust, because one doesn't feel the sensation that one should feel. (Y-8M)

I feel disgusted when taking it off and for not feeling enough sensation I don't use it. (B-4M)

The complex finds its most exact expression in those statements which indicate that the condom is for the prostitute only. According to the double standard there must be two sharply divided classes of women--- the good and holy; the evil and the profane.

Any object or idea which is assessed as a potential bridge between these two worlds, presents a definite social and psychological threat,<sup>2</sup>

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<sup>1</sup> There is a factor here which will receive more attention at a later date, but which should be mentioned now. The strong thread of virility anxiety which runs through the lower class male population may be related to the squeamishness. Thus anything which adulterates or diminishes the full impact of masculinity (of which the penis is the symbol) is treated with disgust, as a "porquería"--- a worthless and dirty thing. That this may have its psycho-dynamic basis in castration fears is a possibility.

<sup>2</sup> This division should also operate to desexualize the wife in many respects. There is some evidence for this in our present study, but space does not permit its exposition.



for it menaces the complex value system which justifies illicit sexual relationships for men. Both for his own psychic well-being and for the successful continuance of infidelity patterns,<sup>1</sup> the male must keep these worlds tightly compartmentalized. That the condom is conceived of as such a threat is clearly revealed in the illustrations below.

The condom is for the prostitutes ... those things I don't use with my wife, because that 'denigra' debases my wife to use something that is used with prostitutes. (A-5M)

I don't dare to use that with my wife. (Why?) Well that is only used with the prostitutes and my wife is an honest woman. (Y-4M)

That is used when one goes with prostitutes, and the wife would be offended if one used that. (Have you talked about it with your wife?) No, never. I would not dare to do it. (Y-2M)

### Sterilization

One final explanation begs attention: What explains the popularity of sterilization? There are probably a complex of reasons accounting for this phenomenon. The first is the "push" of the Public Health Centers which encourage sterilization in those cases where it is indicated by circumstances of health and/or economic condition. Second are the objections of the male to the condom, and the fears, modesty, or ignorance of the woman about female contraceptives. Sterilization precludes the embarrassment of repeated calls at the

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The infidelity patterns are functional in several ways for lower class society, but here only the most relevant function shall be mentioned. Two men admitted using other married women sexually to avoid children in their own wives.

Health Unit, and obviates the need for repeated applications of mechanical devices. In one operation the problem is forever solved, and the women need no longer worry about the vagaries of her husband or her own superstitious qualms.

The final reason is less obvious but no less important. It concerns the tardy and careless application of the usual contraceptive methods. We have seen that in all of the families, at least one of the partners is aware of some form of birth control. But this is current knowledge, and the average couple in our sample has been married for 15 years. Birth control by means of contraceptives or sterilization is relatively new on the island and many of our respondents have learned recently, and too late.

I would like to have only two children. (Why do you now have more than two?) I did not have the necessary experience. I did not know any methods to prevent children. (X-10F)

(Why didn't you have them when you wanted?) At that time we didn't know about avoiding them..  
(Y-5F)

At that time nobody knew about avoiding children...  
I have heard, but only laterly. (X-5F)

The relative recency of such methods is the cause for rueful expressions from those who wish their knowledge had come earlier.

My parents had advised me to practice birth control. My mother told me that if she had known about this before, she would not have ten as she did. She says that this was unknown before. My parents want me to have few children to give them a better education.  
(C-6F)

(Why weren't you sterilized sooner?) That method came here when I was already full of children.  
(X-10F)

Not only does knowledge come late, but even where knowledge is present, it may not be utilized for some time. The narcissism and sterility fears of the male, the desire of both partners "to know sons' love", and the frequent reliance on children to keep the marriage together, means that the first few children tend to be accepted as they come. Or if contraception is used, it is used erratically and carelessly.<sup>1</sup> The net result is that within the first few years of their married life a couple will find themselves with a number of children already exceeding their ideal. Of all those families who have tried birth control methods, the median starting period was after the third child and a quarter of the cases started only after the fifth.

In the first few years of marriage there was little realization of the drastic consequences of an absence of family planning. Accustomed to thinking in terms of immediate gratification or in terms of meeting problems only when they arise, the uneducated Puerto Rican collects a large family before he realizes it.

... one has his wife, uses her, and one thinks that she is not going to get pregnant. (One builds up a large family) little by little.  
(Y-7M)

There was no desire on my part of having children or not ... but as one doesn't know when having sexual pleasure with the women and one doesn't know what it is to have a son until one has it. Then I didn't care. Now I do care because I know what a son costs. (Z-6M)

Thus when awakening comes the family faces a minor or major crisis. They can no longer afford to experiment with contraceptives or to

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<sup>1</sup>

See Beebe and Belaval, for a good discussion on the careless way contraception is used. op. cit., p. 50.

use them erratically, for one more mistake is one more mouth to feed when already there is not enough food. They consequently seek a method which cannot fail. We may suppose that such male suspicions as were previously expressed, rapidly fade in the face of harsh economic realities. When such reasoning as this is combined with the cheapness and facility of sterilization, the high rates of this method of birth control become more understandable.

(Sterilized after five births) My husband did not want me to be sterilized before, because people told him that the women would always be sick. (How was he convinced?) Because the economic situation obliged him. (Y-8F)

(After 5 births plans sterilization)  
... I thought about going to the Public Health Center again to get another method but I didn't do it and so I had my fourth son. The condom was not good at all. Later on I didn't avoid them again and got pregnant. I have said that it would be as God wishes and that if I got pregnant again, I would be operated and that's what I am going to do now.  
(X-8F)

### CONCLUSIONS

Demographic statistics which have shown no appreciable drop in the birth rate for decades conceal potentials for rapid change in Puerto Rico. The current study along with others shows that traditional large family ideals have become almost extinct in Puerto Rico, and that fumbling but usually ineffective birth control measures are being tried by a sizeable proportion of the

population. Two of the most powerful deterrents to family limitation in underdeveloped countries, religion and sheer ignorance, are the feeblest of all the factors standing in the way of an effective insular program of family limitation. Superstitious beliefs concerning the danger of contraceptives; hostility, suspicion and lack of communication between husband and wife; and male psychological blocks are the major deterrents. Obviously the first of these is the simplest to dissipate. Given the desire for family limitation which these families have, a simple program of education would rapidly crack those superstitions which thrive in the absence of authoritative information. The other factors, while less amenable to rapid educative influence, may be circumvented by other means. Female doctors in public health units, de-emphasis of the condom, and directing propaganda at husbands in addition to the wives, are simple methods which will receive more attention at a later date. They are mentioned now merely to show how, by means of even a modest program, Puerto Rico's super-saturated population could be precipitated into a fertility decline.

CHARACTERISTICS OF RESPONDENTS QUOTED  
IN THE  
FOREGOING PAPER

<u>MALES</u>	Occupation	Age	Years	Religion
<u>Country</u>			Educ.	
A-3	: Chauffer-public car	: 31	: 9	: Evang.
A-5	: Foreman, sugar cane	: 47	: 3	: Cath.
A-10	: Laborer-coffee plant.	: 26	: 3	: Baptist
A-11	: Laborer, Road maintenance	: 34	: 4	: Christ
				: of the
				: Antilles
B-4	: Laborer, sugar cane	: 47	: 5	: Cath.
B-5	: Laborer, sugar cane	: 53	: 5	: Cath.
C-1	: Peddler	: 54	: None	: Cath.
C-3	: Laborer, sugar cane	: 24	: 5	: Cath.
C-4	: Store Clerk	: 31	: 8	: Cath.
C-6	: Owner, small bar	: 24	: 4	: Cath.
C-10	: Chauffer	: 54	: None	: Cath.
Village				
X-3	: Mill machinist	: 50	: 9	: Spirit.
X-8	: Store Clerk	: 33	: 9	: Luth.
X-9	: Invalid	: 63	: None	: Cath.
Y-2	: Laborer, sugar mill	: 35	: 8	: Cath.
Y-3	: Croupier	: 36	: 6	: Cath.
Y-4	: Laborer, sugar cane	: 32	: 3	: Evang.
Y-5	: Carpenter	: 51	: 5	: Cath.
Y-7	: Laborer, sugar cane	: 46	: 2	: Cath.
Y-8	: Laborer, sugar mill	: 32	: 9	: Cath.
Z-3	: Peddler	: 62	: 4	: Evang.
Z-6	: Laborer, textile factory	: 65	: None	: Cath.
Z-7	: Laborer, textile factory	: 29	: 9	: Evang.
<u>FEMALES</u>				
<u>Country</u>				
A-11	: Seamstress	: 28	: 6	: Evang.
A-13	: Housewife	: 27	: None	: Bapt.
B-3	: Housewife	: 35	: 5	: Cath.
B-4	: Housewife	: 41	: 6	: Cath.
C-1	: Housewife	: 42	: 3	: Cath.
C-2	: Housewife	: 22	: 3	: Cath.
C-6	: Housewife	: 26	: 3	: Cath.
C-7	: Housewife	: 25	: 2	: Cath.

Village	Occupation	Age	Years Educ.	Religion
X-5	Housewife	54	None	Cath.
X-6	Housewife	40	None	Cath.
X-7	Housewife	32	3	Cath.
X-8	Housewife	32	6	Evang.
X-9	Janitress, public school	43	None	Cath.
X-10	Housewife	36	1	Spirit.
Y-2	Housewife	27	None	None
Y-3	Housewife	32	6	Cath.
Y-4	Housewife	26	4	Cath.
Y-5	Housewife	38	5	Evang.
Y-6	Housewife	40	2	Cath.
Y-8	Housewife	27	8	Evang.
Z-1	Housewife	23	6	Evang.
Z-4	Housewife	30	4	Cath.
Z-5	Housewife	21	3	Pent.
Z-6	Housewife	40	3	Cath.