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Population Control, Sterilization, and Ignorance

We recently submitted a questionnaire to students and faculty at Cornell University designed to test attitudes and preferences concerning family size and contraceptive technique. The 1059 respondents (74 percent males) were a mixed lot who represented the physical and biological sciences, humanities, and social sciences and who included faculty (294), graduate students (174), upperclassmen (264), and freshmen (327). Given the level of education of the sample, the results were unexpected in several respects.

First, although there was general agreement (84 percent) on the desirability of limiting family size, a substantial majority (65 percent) said it wanted three children (39 percent) or more (26 percent). Only 30 percent favored two children, and a mere 5 percent expressed preference for one or none. Choice was in no major way affected by age, sex, marital status, parenthood, or professional specialty. Even the respondents whom we expected to be most concerned about the population crisis (for example, graduate students and young faculty in biology) included a minimum of 50 percent with a desire for three children or more.

As regards contraception, about one-half favored "the pill" over all other available means as a way both to space children (53 percent) and to maintain family size at its desired limit (50 percent). Other contraceptive appliances such as condoms, diaphragms, and intrauterine devices were each given top preference by no more than 13 percent of the sample. Voluntary sterilization, either of man or woman, was judged as decidedly undesirable. Only 6 percent opted in favor of vasectomy as the preferred form of contraception once full family size had been achieved; the corresponding number favoring ligation of the oviducts was 2 percent. A majority (52 percent of males and 61 percent of females) said they would *never* undergo sterilization, even after having had the desired number of children. The operation was judged to be as undesirable as abortion and abstinence for prevention of family growth beyond the set limit. It is of interest in this connection that the consequences of sterilization are not generally understood. For example, asked whether vasectomy would abolish the ability to ejaculate, nearly half the respondents (49 percent) confessed to ignorance or expressed either certainty or probability that emission would no longer accompany orgasm. Biology students scored no better than nonbiologists, and graduate students, even after marriage and parenthood, seemed to be no better informed than freshmen. The only exceptional group was the biology faculty, but, even there, 30 percent were either misinformed or uninformed on this point. Comparable ignorance prevails with respect to oviduct ligation: 37 percent of respondents were certain, or thought it probable, that the operation would interfere with the menstrual cycle.

We are bothered by these results. Perhaps of least general concern is the probability that proponents of voluntary sterilization are backing a hopeless or nearly hopeless cause. But what are we to make of the educated youth growing up among us that is either unconcerned about population growth or, at the very least, unable or unwilling to apply to itself the simple arithmetic of compound interest? And what, if any, are the prospects for improved sex education when ignorance about the reproductive system is widespread even among those who should know best?—THOMAS EISNER, ARI VAN TIENHOVEN, FRANK ROSENBLATT, Cornell University