

Implications for Research.

The above point of view is in no sense pessimistic or negative. It recognizes the essential role that family planning plays in present day Haiti, but it tries ^{to} place these programs in a valid conceptual and theoretical framework. Certainly there is a bias involved in the economic viewpoint espoused here. But it is a bias which is eminently consistent with our historical knowledge concerning the profound societal changes which have provided the framework for demographic change. It is not a matter of seeking for simple--or simplistic--causes, but of looking for where the principal burden of change lies. Certainly the stance which places economic and technological and environmental factors at the center of attention is much more consistent with history than the stance which envisions demographic change through the manipulation of mental and attitudinal variables.

Thus on an immediate level this point of view would not place emphasis on the study of attitudes or opinions as the principal road to insight into human fertility behavior. Rather the approach advanced here would enter the research area with the general belief that the most important insights into reproductive behavior--for example, the different "per-capita" fertility outputs of different populations--are to be gleaned from the examination of certain key technological and economic parameters. From the point of view of

~~view of~~ this research project in rural Haiti, the crucial variables to be observed are those aspects of the productive and distributive system which create a certain structure of opportunities, certain man-hour requirements, personnel demands and the like. The cost and benefit implications of different numbers of children can be shown to vary widely in different economic systems around the world. It is in these differential demands that the search might be profitably conducted for the key to different levels of reproductive output.

It will be the task of research to subject these propositions to concretization in the context of a Haitian village. As it now stands the economic argument is essentially a series of general propositions, at the same level of impregnable vagueness as counter-arguments concerning the importance of "attitudes" and "values."

At the initial stage there will be little need for sophisticated economic theory. The first need rather is for detailed information on the economic activities of the population being researched. The approach will be "naturalistic" in that it will ask concrete questions about concrete domestic groups.

The first proposition to be tested is the very notion that there exists an "optimum personnel level." If this concept has any validity, then we would expect to find that groups with too few members or too many members are suf-

fering from different types of strains. There is an abundance of both types of households in La Hatte, providing us with a type of natural laboratory, in which to investigate this proposition.

Furthermore there are marked fertility differentials within the community itself. (See Appendix II). If an effective paradigm can be developed for unequivocally assigning individuals to the categories of high, medium, and low fertility, then we can begin to look for correlates, as a clue to possible causes, of intra-community fertility differentials. A code-sheet has already been prepared in which every adult in the community has been scored for eighteen variables (and there is information on each individual which has not yet been coded). The commitment to the intensive study of one community will permit the gathering of much detailed information on most or all household groups, permitting us to probe these matters.

But prerequisite to the search for intra-community variation is the grasping of the common patterns which all households and individuals share, especially the economic patterns, in view of the hypothesis guiding this research. Much research time has already been dedicated to the construction of a generalized model of production, distribution, and consumption as practiced by the "typical" domestic group in La Hatte. There is a common task-structure

underlying the activities of almost all the domestic units in La Hatte; there is a basic economic theme in this community of small landholders. Intra-community economic differentiation consists of variations on this common plot, rather than the completely disparate occupations which characterize the households in a more differentiated population. This common plot consists of a finite but lengthy series of daily, weekly, monthly and yearly tasks--each task having its typical performers (e.g. children, in the case of care of animals) and its typical man-hour demands. Only when this task-structure governing the activities of the villagers has been conceptually mastered can we begin seriously quantifying intra-village differences, and getting some solid statements concerning the contributions to, and drains on, family resources on the part of children, to replace the general propositions which up to now characterize discourse about the economic value of children. The specifics of this research will be the subject of subsequent papers.

Over and above this line of research, which is very theoretical in nature (though if new insights are forthcoming the practical and methodological implications could be far reaching), our presence in a village permits us to do research of immediate practical value to a forthcoming medical program (which will eventually have a family planning component) soon to be opened in Thomazeau.

Over and above the matters already discussed in the section concerning practical points for a family program, research is being done into current health practices and concepts in La Hatte. In the absence of modern medical care, the villagers resort to folk practices--for example, consultation with houngans, the use of various medicinally effective herbs, and the like--and have evolved a series of consistent, if not scientific, concepts about the human body, health, sickness and the like. Since all indications are that family planning programs in rural Haiti will be carried on in the context of public health programs, research into these areas of purely medical interest should be carried on simultaneously with research into the factors affecting the course of family planning programs. To repeat a point made earlier: family planning cannot be compartmentalized from general public health, neither in programs, nor in research, in present day Haiti.

SUMMARY AND CONCLUSION

This paper has organized a collection of empirically recorded economic, demographic, and attitudinal phenomena within a theoretical frame of reference which seeks for functional relationships between the phenomena. The central argument has been that if one takes a deep and comprehensive look at the situation in rural Haiti, one is forced to conclude that current family size is not an accidental demographic blunder that can be remedied by the diffusion of contraceptive knowledge and practice but rather a systemic component which is geared to the demands of a particular type of economic system.

This insight has important implications for family planning programs. Stated bluntly, it means that the hope of demographic stabilization through contraception is a pre-scientific pipe-dream. Contraception is a tool which individuals will use to reach their own ends; if they can profitably use four or five children, they will continue to produce them. This fact does not render family planning programs useless, but merely indicates the folly of believing that in themselves they will provide a solution to the population growth rate. If the argument of this paper is valid, even a successful family planning program would leave the growth rate of rural Haiti largely untouched. Less abstractly: no amount of "education"--short of coercion--is going to induce the very sensible villagers

of La Hatte to have fewer than the four or five children which they currently need in the context of available economic alternatives--and which on the average they are producing. Automatic population stabilization through the diffusion of family planning is a poorly conceived fantasy.

Family planning will leave untouched the core of the dilemma. Humbly realizing this, a more modest role can be given to family planning programs. Even in societies, such as Haiti, which are still trapped in this demographic paradox, family planning programs can profitably be combined with programs of remedial and preventive medicine to give individuals at least some control over birth, sickness, and death. Though the resulting families will still be larger than a demographer would deem wise, the families will nonetheless have been produced in the face of less human suffering and more human control.