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**Confronting Bolivia's "Lack of
Demographic Capacity": Protonatalism in
Post-Revolutionary Bolivia, 1950s-1970s**



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Confronting Bolivia's "Lack of Demographic Capacity": Pronatalism in Post-Revolutionary Bolivia, 1950s-1970s

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Abstract. – After coming to power in April 1952, the Movimiento Nacionalista Revolucionario (MNR) looked to address Bolivia's economic problems, in part, through initiatives encouraging population growth. A 1953 report highlighted underpopulation as a cause of Bolivia's limited economic potential. The solution to Bolivia's "lack of demographic capacity" was public health measures that would lower morbidity and mortality rates and encourage reproduction to boost the country's human capital. This article analyzes prevalent pronatalist tendencies in the MNR government, including positive eugenics and criticism of birth control, to demonstrate the centrality of population growth to the MNR's political and economic agenda. At a time when other Latin American countries began implementing population control measures as a pathway to economic growth and political stability, as recommended by the United States and international organizations, Bolivia diverged from global discourses about overpopulation and embraced pronatalism. While the MNR welcomed some global development ideologies associated with modernization, they rejected population control and reframed population debates towards population growth and demographic reorganization. They married pronatalism with a modernizing agenda and revolutionary nationalism, demonstrating that MNR policies were fundamentally conservative on matters of reproduction and gender roles.

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Keywords: Bolivian Revolution, Infant Mortality, Family Planning, Maternal Health, Population Control, Pronatalism.

Resumen. – Después de llegar al poder en abril de 1952, el Movimiento Nacionalista Revolucionario (MNR) buscó abordar los problemas económicos de Bolivia, en parte, a través de iniciativas que alentaban el crecimiento demográfico. Un informe de 1953 señaló que la subpoblación era una causa particular del limitado potencial económico de Bolivia. La solución a la “falta de capacidad demográfica” de Bolivia eran medidas de salud pública que reducirían las tasas de morbilidad y mortalidad y alentarían la reproducción para impulsar el capital humano del país. En este artículo se analizan las tendencias pronatalistas prevalentes en el gobierno del MNR, incluyendo eugenesia positiva y críticas al control de la natalidad, para demostrar la centralidad del crecimiento demográfico en la agenda política y económica del MNR. En un momento en que otros países latinoamericanos comenzaron a implementar medidas de control de la población como un camino hacia el crecimiento económico y la estabilidad política, como recomendaron los Estados Unidos y las organizaciones internacionales, Bolivia se desvió de los discursos mundiales sobre la sobrepoblación y abrazó el pronatalismo. Si bien el MNR adoptó algunas ideologías de desarrollo global asociadas con la modernización, rechazó el control de la población y refrenaba los debates hacia el crecimiento demográfico y la reorganización demográfica. Se casaron el pronatalismo con una agenda modernizadora y nacionalismo revolucionario, demostrando que las políticas del MNR eran fundamentalmente conservadoras en materia de reproducción y roles de género.

Palabras clave: revolución boliviana, mortalidad infantil, planificación familiar, salud materna, control de natalidad, pronatalismo.

Two episodes from the 1970s demonstrate the importance of population politics in postrevolutionary Bolivia. The first was the fallout from Bolivian filmmaker Jorge Sanjinés’ now-famous 1969 film *Yawar Mallku (Blood of the Condor)*, which dramatized allegations made by a radio show in 1967 that U.S. Peace Corps volunteers were sterilizing indigenous women in the countryside without their knowledge or consent. While Peace Corps volunteers were distributing contraception in the countryside, and with missionaries’ assistance, inserting IUDs into women on a supposedly voluntary basis, the accusations fueled

rumors about widespread U.S.-backed sterilization programs that led to the Peace Corps' expulsion from Bolivia in 1971.² The second occurred in 1975, when the Catholic Church denounced a national women's health program, launched by military dictator Hugo Banzer Suárez in 1974 and supported by the U.S Agency for International Development (USAID), that included family planning. The national press attacked the administration for engaging in population control, which caused popular uproar and forced Banzer to abandon the program. In 1977 he passed a resolution prohibiting any public institution from providing family planning services.³

On the surface, these episodes seem part and parcel of the late 1960s and 1970s, when debates about overpopulation and its potential detrimental effects on individuals and societies played a prominent role in national and international politics and spurred a variety of family planning/population control programs. These initiatives, while embraced by many governments around the world, also provoked backlash, primarily from the Catholic Church and predominantly Catholic countries. In Bolivia, criticism of these programs took the form of pronatalism, or the promotion of childbearing and reproduction, during the early years of the Bolivian Revolution, which brought the Movimiento Nacionalista Revolucionario (MNR) to power in April 1952.

² The following publications describe the film's scenes and significance in detail: James Siekmeier, "A Sacrificial Llama? The Expulsion of the Peace Corps from Bolivia in 1971": *Pacific Historical Review*, 69: 1 (2000), pp. 65-87; Erica Nelson, *Birth Rights. Bolivia's Politics of Race, Region, and Motherhood, 1964-2005*, University of Wisconsin-Madison, 2009, (PhD. Diss.), chapter 1; Molly Geidel, "'Sowing Death in Our Women's Wombs'. Modernization and Indigenous Nationalism in the 1960s Peace Corps and Jorge Sanjines' Yawar Mallku": *American Quarterly*, 62: 3 (2010), pp. 763-786; Molly Geidel, *Peace Corps Fantasies. How Development Shaped the Global Sixties*, Minneapolis: University of Minnesota Press, 2015, chapter six.

³ Susanna Rance, *Planificación familiar. Se abre el debate*, La Paz: Secretaría Técnica del Consejo Nacional de Población y el Ministerio de Planeamiento y Coordinación, 1990, pp. 15-18; Nelson, *Birth Rights*, pp. 126-135; Sandra Aliaga Bruch, *No fue fácil para nadie. Aproximaciones a una historia de la salud sexual y reproductiva en Bolivia, siglo XX*, La Paz: Imprenta Sapecho, 2004, pp. 25-27; Natalie L. Kimball, *An Open Secret. The History of Unwanted Pregnancy and Abortion in Modern Bolivia*, New Brunswick: Rutgers University Press, 2020, pp. 58-59.

While pronatalist thought predated the 1952 revolution and continued after the MNR's tenure, in the 1950s and 1960s MNR officials married pronatalism with revolutionary nationalism, and it became official policy in the form of maternal/infant health programs dedicated to population growth.

MNR public health officials linked the nation's political stability and economic prosperity to health, hygiene, and demography. These links were not uncommon in developing or postcolonial nations looking to balance national aspirations with international pressures. What was unusual about Bolivia in this context was the prominence of pronatalism at a time when other Latin American countries began adopting family planning programs. For example, a 1953 report from the Director of the Biostatistics Department,⁴ Hubert Navarro, to the Health Minister, Julio Manuel Aramayo, singled out *underpopulation* as a problem resulting in political instability and limited economic potential. While Navarro identified several issues of concern, including medical training, high mortality, disease control, and hospital capacities, a central topic was population growth and birth rates. The solution to Bolivia's "lack of demographic capacity," as he phrased it, was increased public health measures to lower overall morbidity and infant mortality rates.⁵ In this way, he married nationalist concerns about political and economic stability with pronatalism.

Navarro documented that population growth world-wide was on an upward trend, and that the Americas had a particularly significant growth rate, with Latin America's population growing at 2 ½ times that of Europe. However, he argued that these trends did not apply to Bolivia. Navarro pointed out that Bolivia's population growth rate was lower than its Latin American neighbors, only 1.16 percent in comparison to Brazil's 1.9, Mexico's 2.9, and Costa Rica's 4 percent. He lamented that Bolivia's population had not doubled between 1900 and 1950 despite a high birth rate, which was "nullified by an equally high mortality rate, especially infant mortality." Additionally, according to

⁴ This department had existed since at least the 1940s and worked in conjunction with an Oficina Sanitaria Panamericana commission on statistics. Hubert Navarro, "La sanidad en Bolivia": Boletín de la Oficina Sanitaria Panamericana, 25: 9, (September 1946), p. 781.

⁵ Hubert Navarro, Ministerio de Higiene y Salubridad, Dirección General de Sanidad, Departamento de Bioestadística, La Paz, 1953, (Población), p. 5.

Navarro, Bolivia had an “insignificant population density of 2.8 inhabitants per kilometer,” which he juxtaposed against Argentina’s 5.7, Chile’s 6.8, Mexico’s 12.9, and Guatemala’s 25.6. These issues, he surmised, “make us consider the serious difficulties that we have ... due to this lack of demographic capacity.” How could Bolivia become a stable, prosperous, and modern nation with such limited human capital?⁶

Navarro’s report sits at the intersection of revolutionary nationalism, changing gender ideologies, and global population trends in the 1950s. The MNR spearheaded a nationalist revolution but was also a modernizing force interested in transforming Bolivia through United Nations (UN) and U.S.-sponsored development programs, and, like other contemporary leaders of developing countries, balanced nationalism with modernization.⁷ While the MNR embraced many aspects of modernization, including democracy, industrial and agricultural development, investment in health and education, and infrastructure building, they diverged from global discourses about overpopulation and rejected population control.⁸ Unlike India,⁹ the MNR adopted many of the principles of modernization without those associated with demographic transition theory: the idea that nations evolved from traditional societies whose high birth and death rates kept population in check, to transitional societies where industrialization

⁶ Navarro, *Ministerio de Higiene y Salubridad*, pp. 5-6.

⁷ Michel Latham, *The Right Kind of Revolution. Modernization, Development, and U.S. Foreign Policy from the Cold War to the Present*, Ithaca: Cornell University Press, 2011; James Siekmeier, *The Bolivian Revolution and the United States, 1952 to the present*, University Park: The Pennsylvania State University Press, 2011; Thomas Field Jr., *From Development to Dictatorship. Bolivia and the Alliance for Progress in the Kennedy Era*, Ithaca: Cornell University Press, 2014.

⁸ Susan Eckstein, “Transformation of a ‘Revolution from Below’. Bolivia and International Capital”: *Comparative Studies in Society and History*, 25: 1 (1983), pp. 105–135; Siekmeier, *The Bolivian Revolution*; Kevin Young, “From Open Door to Nationalization. Oil and Development Visions in Bolivia, 1952–1969”: *Hispanic American Historical Review*, 97: 1 (2017), pp. 95-129; Carmen Soliz, *Fields of Revolution. Agrarian Reform and Rural State Formation in Bolivia, 1935-1964*, Pittsburgh: University of Pittsburgh Press, 2021.

⁹ Mytheli Sreenivas, *Reproductive Politics and the Making of Modern India*, Seattle: University of Washington Press, 2021, especially chapters 3 and 4; Latham, *The Right Kind of Revolution*, chapter 4.

and improvements in health care lowered death rates but fertility stayed high, and finally to modern societies where family planning measures balanced fertility and mortality. The United States and UN, who thought that population control was a solution to global poverty, pushed this ideology through a variety of organizations, including the International Planned Parenthood Federation, which worked closely with the Population Council to promote birth control as a pathway to modernization.¹⁰ In contrast to global trends, Bolivian politicians and medical experts contended that Bolivia was underpopulated and needed to promote population growth in the service of national development. They married pronatalism with a modernizing agenda that was both nationalist and internationally savvy, and selected parts of the international development agenda that suited their needs while rejecting those that did not. Family planning programs also managed to unite both conservative, Catholic opposition to birth control and leftist, anti-imperialist critics, who viewed poverty as the result of (neo)colonialism and capitalist exploitation of labor and resources, both domestic and international, rather than overpopulation, in repudiation of population control measures.

Pronatalist tendencies existed in Bolivia before and after the MNR's tenure, but after 1952 they merged with revolutionary nationalism and strident anti-imperialism in a way that is unique to the postrevolutionary moment and the international context. In the pre-revolutionary period, political and medical elites did not consider women as "separate from their reproductive and nurturing functions," and they targeted women as both the cause of and cure for high infant mortality, especially poor and indigenous women.¹¹ As in other contexts, male biomedical experts and politicians shaped gender ideologies and considered reproduction so essential to women's existence that "non-reproductive health was rendered virtually invisible."¹² Womanhood, in particular motherhood, was tied to a

¹⁰ Latham, *The Right Kind of Revolution*, pp. 96-99.

¹¹ Ann Zulawski, *Unequal Cures. Public Health and Political Change in Bolivia, 1900-1950*, Durham: Duke University Press, 2007, pp. 119 and 124.

¹² Nancy Krieger / Elizabeth Fee, "Man-Made Medicine and Women's Health. The Biopolitics of Sex/Gender and Race/Ethnicity": Elizabeth Fee / Nancy Krieger (eds.), *Women's Health, Politics, and Power. Essays on Sex/Gender, Medicine, and Public Health*, London: Routledge, 2020, p. 16.

modernizing public health agenda, both in terms of state interventions in women's reproductive lives and in the form of new educational and occupational opportunities for women as nurses and midwives.¹³ After the 1952 revolution, which granted women full political rights, MNR pronatalist policies still focused on controlling reproduction and had discursive continuity with the pre-revolutionary era, as the MNR also blamed indigenous women for high infant mortality. Yet after 1952, the MNR tied these ideas to its revolutionary agenda, which emerged in the context of Third World-nationalism, the Cold War, and global discourses about modernization and development. MNR policies were conservative on matters of reproduction and gender roles, comparable to Rachel Hynson's conclusions about post-revolutionary Cuba.¹⁴ Despite the MNR's pretenses to radically transform Bolivia's social, economic, and political life, they promoted ideas about reproduction and motherhood that were not socially radical nor leaned towards gender equality. This pronatalism had consequences for birth control use and access beyond the revolutionary period.

International Population Concerns and Revolution in Bolivia

Concerns about world population, specifically the balance between population growth and environmental constraints, were not new; Thomas Malthus argued in his 1798 book *An Essay on the Principle of Population* that unregulated population growth would cause civilization to outgrow its resources, to detrimental effect.¹⁵ The idea of controlling the world's population through interventionist rather than natural measures dates to the nineteenth century and relates to the use of statistics and censuses to measure and categorize national populations

¹³ Zulawski, *Unequal Cures*; Marcia Stephenson, *Gender and Modernity in Andean Bolivia*, Austin: University of Texas Press, 1999; Kathryn Gallien, "'Agents of Change' in Maternal and Infant Health Care. Matronas, Parteras, and Public Health in Bolivia, 1950-1970": *Hispanic American Historical Review*, 101: 4 (2021), pp. 629-656.

¹⁴ Rachel Hynson, *Laboring for the State. Women, Family, and Work in Revolutionary Cuba, 1959-1971*, Cambridge: Cambridge University Press, 2019.

¹⁵ Thomas R. Malthus, *An Essay on the Principle of Population*, London, 1872.

in the service of liberal nation building projects.¹⁶ Yet census data was never entirely neutral, and concerns about population were always related to racial ideologies, demographic shifts, and fears about labor shortages, agriculture, and unrest in connection with European imperialism and Western scientific and pseudoscientific thought.¹⁷ Disease eradication and vaccination campaigns increased life expectancy and birth rates, giving rise to neo-Malthusian ideas about overpopulation stressing world resources. The revival of Malthusianism in the 1930s and 1940s linked unchecked population growth to concerns about food supply, resource distribution, and ecological balance, and gave a small group of technocrats, environmentalists, and demographers influence over global development projects. Neo-Malthusianism found expression in a few seminal books, such as William Vogt's *Road to Survival* (1948), which united eugenics and environmentalism, and Paul Erlich's *The Population Bomb* (1968), which predicted that population growth would cause worldwide famine.¹⁸ A key difference between Malthusianism and neo-Malthusianism was the latter's promotion of birth control as a means to limit population growth and avoid global

¹⁶ Jesús Bustamante / Laura Giraudó / Leticia Mayer Celis, *La novedad estadística. Cuantificar, cualificar y transformar las poblaciones en Europa y América Latina, siglos XIX y XX*, Madrid: Ediciones Polifemo, 2014.

¹⁷ As Rossana Barragán noted, the census was a tool for categorizing Bolivia's population, and biological categories were tied to socioeconomic status. Rossana Barragán, "The Census and the Making of a Social 'Order' in Nineteenth-century Bolivia": Laura Gotkowitz (ed.), *Histories of Race and Racism. The Andes and Mesoamerica from Colonial Times to the Present*, Durham: Duke University Press, 2012, pp. 113-133. For other contexts, see Laura Briggs, *Reproducing Empire. Race, Sex, Science, and U.S. Imperialism in Puerto Rico*, Berkeley: University of California Press, 2002; Matthew Connelly, *Fatal Misconception. The Struggle to Control World Population*, Cambridge: Harvard University Press, 2010; Monica Van Beusekom, "From Underpopulation to Overpopulation. French Perceptions of Population, Environment, and Agricultural Development in French Soudan (Mali), 1900-1960": *Environmental History* 4: 2 (1999), pp. 198-219; Jill Briggs, "'As fool-proof as possible'. Overpopulation, Colonial Demography, and the Jamaica Birth Control League": *The Global South*, 4: 2 (2010), pp. 157-177.

¹⁸ William Vogt, *Road to Survival*, New York: William Sloane Associates, 1948; Paul Ehrlich, *The Population Bomb*, New York: Sierra Club/Ballantine Books, 1968. Also see Gregory Cushman, *Guano and the Opening of the Pacific World. A Global Ecological History*, Cambridge: Cambridge University Press, 2013, pp. 261-281.

catastrophe. The population control movement was unique in the sense that it combined the interests of politicians, feminists, environmentalists, reformers, anti-imperialists, and socialists in the post-war era, “a time in which the world had begun to seem small while population trends appeared out of control.”¹⁹

In the 1960s, overpopulation anxieties manifested in family planning programs championed by the United States and international organizations. The U.S. government was especially concerned about population growth in developing nations during the Cold War and worried that rising inequality, food shortages, and resource scarcity would heighten communism’s appeal; therefore, it launched programs like the Alliance for Progress to counteract this possibility.²⁰ U.S.-based philanthropies like the Population Council, founded by John D. Rockefeller in 1952, united technocrats, philanthropists, and the pharmaceutical industry to promote birth control as a pathway to modernization. The United States was at the forefront of these programs, and the UN only established a Population Division in 1967.²¹

Despite official Catholic Church opposition to the use of artificial contraception, articulated in the papal encyclical *De Humanae Vitae* in 1968, most countries in Latin America and the Caribbean, starting as early as the 1940s but increasingly in the 1950s and 1960s, embraced some measure of family planning.²² Jamaica was among the first to adopt family planning due to political and medical leaders’ concerns about the supposed over-fecundity of Afro-Jamaican women and

¹⁹ Connelly, *Fatal Misconception*, p. 9.

²⁰ U.S. concerns about population growth in its sphere of influence were not unfounded; between 1920 and 1970 Latin America’s population grew faster than any other world region. Sylvia Chant / Nikki Craske, *Gender in Latin America*, New Brunswick: Rutgers University Press, 2003, p. 71.

²¹ Latham, *The Right Kind of Revolution*, pp. 96-99; Marcos Cueto / Steven Palmer, *Medicine and Public Health in Latin America. A History*, Cambridge: Cambridge University Press, 2015, pp. 192-198. These programs employed an array of transnational actors that facilitated the movement of ideas and materials across borders but also were active in developing specific field projects, often with the collaboration local actors. Nicole Bourbonnais, “Population Control, Family Planning, and Maternal Health Networks in the 1960s/70s. Diary of an International Consultant”: *Bulletin of the History of Medicine*, 93: 3 (2019), pp. 335-364.

²² Cueto / Palmer, *Medicine and Public Health*, p. 194.

demand from middle and working-class women. There was an active local birth control movement in the 1930s and 1940s that became internationally recognized in 1950s and 1960s, although the movement was not without opposition from political and religious leaders.²³ Similar trends existed across the British Caribbean, resulting in a family planning movement that was simultaneously eugenic and progressive, which married colonial concerns with those of local women who sought to control their reproduction.²⁴ Puerto Rico also engaged in early attempts to curtail Caribbean women's fertility. In the 1950s and 1960s, population researchers conducted surveys of fertility and reproductive attitudes in order to encourage smaller families. Despite enthusiasm from some Puerto Rican officials and participation of local researchers, these programs were a site of contestation over both reproductive control and U.S. influence. Nevertheless, they became a prototype for similar surveys conducted worldwide in subsequent decades.²⁵

In mainland Latin America, a variety of actors worked together for seemingly disparate goals. In Peru, the state, the medical profession, and the Catholic Church were involved in family planning in the 1950s and 1960s, and the success of foreign birth control programs relied, in part, on Protestant networks that linked organizations like the Pathfinder Fund with local doctors who disseminated information and smuggled contraceptives.²⁶ Similarly, in Chile, doctors, politicians, and the Catholic Church institutionalized family planning programs in

²³ Briggs, "'As fool-proof as possible'; Nicole Bourbonnais, "Class, Colour and Contraception. The Politics of Birth Control in Jamaica, 1938-1967": *Social and Economic Studies*, 61: 3 (2012), pp. 7-37; Juanita de Barros, *Reproducing the British Caribbean. Sex, Gender, and Population Politics after Slavery*, Chapel Hill: University of North Carolina Press, 2014.

²⁴ Nicole Bourbonnais, *Birth Control in the Decolonizing Caribbean. Reproductive Politics and Practice on Four Islands, 1930-1970*, New York: Cambridge University Press, 2016.

²⁵ Raúl Necochea López, "The Puerto Rico Family Life Study and the Cold War Politics of Fertility Surveys": Anne-Emanuelle Birn / Raúl Necochea López (eds.), *Peripheral Nerve. Health and Medicine in Cold War Latin America*, Durham: Duke University Press, 2020, pp. 109-131.

²⁶ Raúl Necochea López, "Gambling on the Protestants. The Pathfinder Fund and Birth Control in Peru, 1958-1965": *Bulletin of the History of Medicine*, 88: 2 (2014), pp. 344-372; Raúl Necochea López, *A History of Family Planning in Twentieth-century Peru*, Chapel Hill: University of North Carolina Press, 2014.

reaction to fears about population explosion in the 1960s, with notable success.²⁷ The Chilean medical community understood that to achieve its goals it had to work with international organizations within the framework of the Cold War and embraced family planning programs as a means to reduce abortions rather than to limit population growth.²⁸ In Costa Rica, environmentalists concerned about high birth rates, poverty, and environmental devastation in the early to mid-1960s were instrumental in promoting IUDs and increasing demand and access.²⁹

Argentina, Brazil, and Mexico were notable exceptions to trends elsewhere in the region. The Peronist government in Argentina from 1973-1976, as a result of declining birth rates, took coercive measures to augment population growth and limit free access to birth control, policies that the military government continued.³⁰ Likewise, as late as the early 1970s, the Brazilian government opposed birth control, characterizing it as an affront to morality and national wellbeing even as women found creative ways to “shut down the factory” and limit their reproduction.³¹ Mexico’s national family planning campaigns, spearheaded by the Population Council, also did not appear until the 1970s; in the 1950s and 1960s Mexico, like Bolivia, was pronatalist, despite the country’s crucial role in the development of synthetic

²⁷ Jadwiga Pieper Mooney, *The Politics of Motherhood. Maternity and Women’s Rights in Twentieth-century Chile*, Pittsburgh: University of Pittsburgh Press, 2009, chapter 3; Jadwiga Pieper Mooney, “From Cold War Pressures to State Policy to People’s Health. Social Medicine and Socialized Medical Care in Chile”: Anne-Emanuelle Birn / Raúl Necochea López (eds.), *Peripheral Nerve. Health and Medicine in Cold War Latin America*, Durham: Duke University Press, 2020, pp. 198-201.

²⁸ María Soledad Zárate Campos / Maricela González Moya, “Planificación familiar en la Guerra Fría chilena. Política sanitaria y cooperación internacional, 1960-1973”: *Historia Crítica*, 55 (2015), pp. 207-230.

²⁹ Maria Carranza, “‘In the Name of the Forests.’ Highlights of the History of Family Planning in Costa Rica”: *Canadian Journal of Latin American and Caribbean Studies*, 35 (2010), pp. 119-154.

³⁰ Karina Alejandra Feletti, “Natalidad, soberanía, y desarrollo. Las medidas restrictivas a la planificación familiar en el tercer gobierno peronista (Argentina, 1973-1976)”: *Estudios Feministas*, Florianópolis, 16: 2 (2008), pp. 517-537.

³¹ Benjamin Cowan, *Securing Sex. Morality and Repression in the Making of Cold War Brazil*, Chapel Hill: University of North Carolina Press, 2016, pp. 224-231; Cynthia Gorney, “Machisma: Birth of a New Brazil”: *National Geographic*, September 2011.

hormones used in the birth control pill and on-the-ground activities of transnational birth control advocates as well as Mexican doctors and women.³²

Cuba is perhaps the best case for comparison to Bolivia, since the Cuban Revolution was also nationalist and created new gender ideologies tied to revolutionary values.³³ Post-revolutionary policies promoted the idea of the “New Family”: a legally married couple in a socialist nuclear family with a male breadwinner and a woman whose reproduction followed state directives.³⁴ Contrary to U.S. activities elsewhere, the 1961 embargo actually reduced access to contraception in Cuba, which increased women’s use of abortions to control pregnancy. Despite the state’s wish to decrease abortions, the procedure was decriminalized in 1965 and a 1979 law increased its accessibility.³⁵ Popular demand and external population control advocates eventually increased access to family planning services. Cuba began to import contraceptives from Chile and the USSR in the 1970s, joined the UN Fund for Population Activities (UNFPA) in 1974, and in 1975 began receiving contraceptives from the International Planned Parenthood Federation.³⁶ Like Bolivia, the Cuban state linked reproduction to economic concerns and was reticent to enact family planning measures in the 1960s. However, Cuba began accepting international birth control programs at the same time the fallout from

³² Gabriela Soto Laveaga, “Let’s become fewer’. Soap Operas, Contraception, and Nationalizing the Mexican Family in an Overpopulated World”: *Sexuality Research & Social Policy*, 4: 3 (2007), pp. 19-33; Gabriela Soto Laveaga, *Jungle Laboratories. Mexican Peasants, National Projects, and the Making of the Pill*, Durham: Duke University Press, 2009; Stephanie Baker Opperman, “There Was No ‘Family Planning Movement,’ There Was Just Us”. *The Asociación Pro-Salud Maternal and Birth Control in 1960s Mexico*: *Journal of Women's History*, 34: 2 (2022), 97-118.

³³ Carrie Hamilton, *Sexual Revolutions in Cuba. Passion, Politics, and Memory*, Chapel Hill: University of North Carolina Press, 2012; Lillian Guerra, *Visions of Power in Cuba. Revolution, Redemption, and Resistance, 1959-1971*, Chapel Hill: University of North Carolina Press, 2012; Michelle Chase, *Revolution Within the Revolution. Women and Gender Politics in Cuba, 1952-1962*, Chapel Hill: University of North Carolina Press, 2015.

³⁴ Hynson, *Laboring for the State*.

³⁵ Hynson, *Laboring for the State*, chapter 1.

³⁶ Hamilton, *Sexual Revolutions*, pp. 29 and 35.

the Peace Corps and Banzer episodes demonstrated the continued influence of pronatalism in Bolivia.

While the U.S. championed population control programs, they did not impose these ideas on Latin America, which has its own history of eugenic thought. The first iteration of Latin American population politics was the idea popularized in an 1852 book by Juan Bautista Alberdi, an Argentine writer and politician, that “to govern is to populate” – the idea that nation building and territorial control relied on population growth.³⁷ Alberdi was part of the “Generation of ’37,” a group of Argentine intellectuals that considered Argentina distinct from the rest of Latin America and more aligned with Western Europe and the U.S. These individuals helped build the modern Argentine state based on economic and political liberalism, and thought Argentina would be the bastion of Western civilization in the region.³⁸ Although Alberdi’s notions were popularized in Argentina’s specific context, and he encouraged European immigration in order to increase Argentina’s white population, his dictum was also influential in countries without successful immigration programs or pretenses to regional uniqueness.³⁹

Other nineteenth-century intellectual trends also shaped Latin American population policies. The first was the link between biological determinism and degeneration: the idea that the tropics were an undesirable place for civilized people and caused the regression of the white race. While this idea had some traction in medical and political circles, Latin Americans developed their own ways of thinking about these concepts that reflected their countries’ racial composition and

³⁷ Juan Bautista Alberdi, *Bases y puntos de partida para la organización política de la República Argentina*, Buenos Aires: Imprenta Argentina, 1852.

³⁸ Nicolas Shumway, *The Invention of Argentina*, Berkeley: University of California Press, 1991, p. 244; William Katra, *The Argentine Generation of 1837*. Echeverría, Alberdi, Sarmiento, Mitre. Cranbury, NJ: Associated University Presses, 1996, pp. 168 and 203.

³⁹ Julia Rodriguez, *Civilizing Argentina. Science, Medicine, and the Modern State*, Chapel Hill: University of North Carolina Press, 2006; David Scott FitzGerald, “Ethnic Selection in Immigration to Latin America”: I. Ness (ed.), *The Encyclopedia of Global Human Migration*, 2013. (January 2022).
<https://doi.org/10.1002/9781444351071.wbeghm429>.

national agendas.⁴⁰ In Latin America, political and medical elites tended to embrace Lamarckian (also called positive or soft) eugenics, rather than Mendelian (or hard) eugenics, and sought to prevent degeneration and the negative effects of miscegenation as well as control “deviant” populations. Rather than preventing unfit populations from procreating, Lamarckism sought to whiten or “improve” the population through intermarriage, assimilation, and state intervention in aspects of private life, including health and reproduction. With a focus on puericulture, lowering infant and maternal mortality, and increasing birth rates, Lamarckism was essentially pronatalist.⁴¹

In late-nineteenth-century Bolivia, elites’ desire for order, progress, and a modern nation with a civilized population reflected Latin American trends and Social Darwinism’s influence. The government sought to expand the white population vis-a-vis the indigenous population through immigration, however, since Bolivia did not experience the same influx of European immigrants as its Southern Cone neighbors, eugenic proponents turned their attention to improving the indigenous population and preventing racial degeneration.⁴² What Bolivian intellectuals and medical professionals called the “Indian problem”—the question of indigenous people’s role in the nation, whose labor and exploitation were central to economic growth but whose culture and traditions were deemed obstacles to modernization and a cohesive national identity—led to assimilationist health and education initiatives in response to changing labor patterns

⁴⁰ Nancy Stepan, *The Hour of Eugenics. Race, Gender, and Nation in Latin America*, Ithaca: Cornell University Press, 1991; Dain Borges, “‘Puffy, Ugly, Slothful and Inert.’ Degeneration in Brazilian Social Thought, 1880–1940”: *Journal of Latin American Studies*, 25: 2 (1993), pp. 235–256.

⁴¹ Stepan, *Hour of Eugenics*; Alexandra Minna Stern, “Responsible Mothers and Normal Children. Eugenics, Nationalism, and Welfare in Post-Revolutionary Mexico, 1920–1940”: *Journal of Historical Sociology*, 12: 4 (1999), pp. 369–397; Rodriguez, *Civilizing Argentina*; Anne-Emanuelle Birn, “Doctors on Record. Uruguay’s Infant Mortality Stagnation and its Remedies, 1895–1945”: *Bulletin of the History of Medicine*, 82: 2 (2008), pp. 311–354; Cueto / Palmer, *Medicine and Public Health*, pp. 164–168.

⁴² Marta Irurozqui, “‘Desavío al Paraíso’. Citizenship and Social Darwinism in Bolivia, 1880–1920”: Thomas Glick / Miguel Angel Puig-Samper / Rosaura Ruiz (eds.), *The Reception of Darwinism in the Iberian World. Spain, Spanish America, and Brazil*, Norwell, MA: Kluwer Academic Publishers, 2001, pp. 205–227.

and increased rural-to-urban migration. Bolivians participated in hemispheric eugenics conferences in the 1920s and 1930s, and like other Latin Americans, they preferred soft eugenics in the form of moral reform movements addressing alcohol consumption, prostitution, and concubinage as well as public health efforts targeting hygiene, sanitation, and venereal disease.⁴³ To produce stronger families and improve child welfare, the government approved family subsidies, paternity tests, and common law unions in 1940s, albeit after great debate.⁴⁴

Revolutionary nationalism met eugenic concerns in the 1950s. After coming to power in April 1952, the MNR sought to stabilize Bolivia politically and economically. During its twelve years in power, the MNR enacted several reforms, including universal suffrage, mining nationalization, and agrarian reform. The MNR rejected earlier generations' biological determinism and asserted that Bolivia had economic issues, not an "Indian problem." It expanded the state through programs, like health and education, that increased government intervention in the lives of rural, indigenous, and female Bolivians. It tied its legitimacy as a ruling party to the success of government programs and touted its role in improving people's lives. Over time the party became more authoritarian as it tried to coopt more radical political movements, such as those by miners, *campesinos*, and students, and balance its need for international assistance, primarily from the U.S. government, with its nationalistic tendencies. These realities set the MNR on a collision course with popular sectors, anti-imperialists, and conservative elements, resulting in a military coup in 1964 that removed the party from power.⁴⁵

⁴³ Zulawski, *Unequal Cures*, pp. 21-22 and chapter 4.

⁴⁴ Laura Gotkowitz, *A Revolution for Our Rights. Indigenous Struggles for Land and Justice in Bolivia, 1880-1952*, Durham: Duke University Press, 2007, pp. 176-178.

⁴⁵ On these aspects of the Bolivian Revolution, see Soliz, *Fields of Revolution*; Nicole Pacino, "Creating Madres Campesinas: Revolutionary Motherhood and the Gendered Politics of Nation Building in 1950s Bolivia": *Journal of Women's History*, 27: 1 (2015), pp. 62-87 and "Bringing the Revolution to the Countryside: Rural Health Programmes as State-Building in Post-1952 Bolivia": *Bulletin of Latin American Research*, 38: 1 (2019), pp. 50-65; Kenneth Lehman, *Bolivia and the United States: A Limited Partnership*, Athens: University of Georgia Press, 1999; Siekmeier, *The Bolivian Revolution*; Kevin Young, *Blood of the Earth*.

By the 1960s, global concerns about overpopulation in the developing world also influenced Bolivian politics. Throughout the 1950s and 1960s, the Bolivian government received unprecedented amounts of U.S. aid, giving the U.S. influence over Bolivian policies.⁴⁶ While this aid came in the form of food assistance, military funding, and social programs, it also included organizations like the Peace Corps and USAID, who issued a joint statement in 1966 giving priority to population control initiatives. The Peace Corps did distribute IUDs, but not with any regularity or sustained success.⁴⁷ In 1968, a USAID program called “Family Wellbeing” provided 1.3 million dollars for studies on reproduction, contraception, and abortion as well as building maternal and infant health infrastructure, sexual education programs, promoting “responsible parenthood,” and contraception distribution, especially in the indigenous highlands.⁴⁸ The programs’ supporters used the term “responsible parenthood” instead of family planning in order to avoid the kind of opposition generated by the Peace Corps programs, a lexical slight-of-hand to make them sound more pronatalist.⁴⁹ As a predominantly Catholic country whose leaders considered it to be underpopulated instead of overpopulated, Bolivian politicians and doctors were not particularly supportive of these programs.

Jorge Sanjinés’ 1969 film *Yawar Mallku* ignited a nationalist backlash to these programs couched in the language of anti-imperialism. The accusation that Peace Corps workers were sterilizing women in the countryside, even if unfounded, resulted in the group’s expulsion from the country. It also led to ongoing mistrust of birth control and population control policies. Distribution of birth control was illegal during the military dictatorships of the late 1960s and 1970s, including the Banzer regime, who banned public funding for family planning

Resource Nationalism, Revolution, and Empire in Bolivia, Austin: University of Texas Press, 2017.

⁴⁶ Development aid in Bolivia aimed to help Víctor Paz Estenssoro control rebellious sectors of the population. Field, *From Development to Dictatorship*.

⁴⁷ Geidel, *Peace Corps Fantasies*, pp. 204-208.

⁴⁸ Kathryn Gallien, *Delivering the Nation, Raising the State. Gender, Childbirth and the “Indian Problem” in Bolivia’s Obstetrics Movement, 1900-1982*, University of Arizona, 2015, (Ph.D Diss), pp. 188-192; Kimball, *An Open Secret*, pp. 56-57.

⁴⁹ Gallien, *Delivering the Nation*, pp. 188-192; Kimball, *An Open Secret*, pp. 57-58.

programs due to Church opposition and public outrage. Rumors also circulated that U.S. food aid contained sterilizing agents as late as the 1980s.⁵⁰ In comparison to the infamous sterilization campaigns that took place in the United States, Puerto Rico, Brazil, Peru, and India between the 1960s and 1990s, widespread sterilization activities were rumors rather than policy in Bolivia.⁵¹

The MNR's pronatalist tendencies were not the first of their kind in Bolivia, nor would they be the last. However, they aligned with other international trends, such as population control and modernization, in a way that highlights the uniqueness of the Bolivian case in the 1950s and 1960s. The MNR's pronatalism sowed the seeds for the Peace Corps/*Yawar Mallku* debacle and Banzer's ban on family planning.

Pronatalism as Discourse and Policy

Navarro's 1953 report demonstrates as much about national goals as it does international pressures in an era of concern about overpopulation's potential catastrophic effects. Navarro was part of a transnational public health community; he visited the U.S. Public Health Service's Industrial Hygiene Division in 1947 as part of a knowledge sharing conference for doctors and nurses from all over the world.⁵² He was also part of a generation of medical professionals that benefitted from U.S.-based organizations' activities, including the Rockefeller Foundation and the State Department's Servicio Cooperativo Interamericano de Salud Pública, a bilateral health organization supported by the U.S. and Bolivian governments.⁵³ His 1953 treatise

⁵⁰ Joseph Bastien, *Drum and Stethoscope. Integrating Ethnomedicine and Biomedicine in Bolivia*, Salt Lake City: University of Utah Press, 1992, p. 162; Nelson, *Birth Rights*, p. 131.

⁵¹ Briggs, *Reproducing Empire*; Jadwiga Pieper Mooney, "Re-visiting Histories of Modernization, Progress, and (Unequal) Citizenship Rights. Coerced Sterilization in Peru and in the United States": *History Compass*, 8: 9 (2010), pp. 1036-1054; Alexandra Minna Stern, *Eugenic Nation. Faults and Frontiers of Better Breeding in Modern America*, Oakland: University of California Press, 2016; Sreenivas, *Reproductive Politics*.

⁵² "Doctors and Nurses from Many Lands Visit United States": *Industrial Hygiene*, 7: 11 (1947), p. 3.

⁵³ Nicole Pacino, "Stimulating a Cooperative Spirit? Public Health and US-Bolivia Relations in the 1950s": *Diplomatic History*, 41: 2 (2017), pp. 305-335.

was not the first time he identified racial composition and poor nutrition as issues requiring public health intervention; he voiced similar concerns in a 1946 report on national sanitary services published in the *Boletín de la Oficina Sanitaria Panamericana*.⁵⁴ His emphasis on underpopulation as a principal area of concern in 1953, however, was new, showing that pronatalism coupled with nationalism not only predated the Peace Corps scandal, but also that the 1950s were a link between the soft eugenics of the early twentieth century and the aggressive anti-U.S. sentiment of the late 1960s and early 1970s.

As he outlined his argument about Bolivia's lack of "demographic capacity," Navarro bemoaned the country's low population growth and population density, which existed for several reasons. One was high infant mortality, which he cited at 127 per 1,000 live births in 1949. As with growth rate and population density, Navarro compared Bolivia with its South American neighbors, citing Paraguay's rate of 67, Argentina's 74, Uruguay's 93, Venezuela's 98, Peru's 109, and Ecuador's 123, to show that Bolivia's rate was well above the regional standard. He singled out La Paz's especially elevated rate as a "sad and harsh reality."⁵⁵

Navarro explained the causes of infant mortality using both structural and individual factors. He identified lack of prenatal attention and medical facilities, chronic malnutrition, and digestive illnesses as structural concerns requiring investment in infrastructure and programs. He blamed "ignorant, dirty, and superstitious women" (midwives) whose "dangerous practices" caused bad birth conditions and criticized the lack of services available to women, especially rural and indigenous ones. He also highlighted a range of personal factors. First, he lamented the "painful lives" of poor women who had to work outside of the home, to the detriment of their children. Second, he voiced a eugenic concern about sick (unfit) people marrying and producing infirm offspring. Third, he identified alcoholism and coca use as things that contributed to infant mortality.⁵⁶ Finally, he cited illegitimacy as a cause of infant mortality, claiming that the state "must

⁵⁴ Navarro, "La sanidad en Bolivia," pp. 778-784.

⁵⁵ Navarro, Ministerio de Higiene y Salubridad (Mortalidad general e infantil), pp. 4-6.

⁵⁶ Navarro, Ministerio de Higiene y Salubridad (Mortalidad general e infantil), pp. 8-9.

always put itself on the side of the innocent victims of this vice.” These victims were not just children, but also “poor deceived, abandoned, and debased women” who could only overcome their shame through respectable motherhood.⁵⁷ As he explained,

“these are factors that we have to consider if we want to resolve the problem of our weak, reduced population and if we want to elevate that small index of 1.16% [population growth rate].”⁵⁸

In addition to bemoaning Bolivia’s lack of “demographic capacity” and outlining its causes, Navarro critiqued overpopulation discourses. First, he took on Malthusianism:

“A lot has been said about overpopulation and the difficulties that it can cause for the world due to the disproportion between the rising number of human beings and the limited capacity of agriculture.”

As Navarro pointed out, Malthusianists thought “that it was a mistake to provide poor and overpopulated countries ... with the means to combat diseases whose fatal consequences stop population growth.”. Relatedly, he critiqued the neo-Malthusian agenda of using contraception to control population growth: “To limit births through abortion or contraception (as they are trying to do in Japan, India, etc.) ... goes against natural law and God’s law, and is simply reprehensible.”. He equated birth control with moral concerns like prostitution, sexual promiscuity, and rising divorce rates, which he feared could “[end] the family institution.” While he showed awareness of international trends by referencing the situation in other countries, he rejected Malthusian and Neo-Malthusian ideologies, stating that “we, as Bolivians, because we belong to a Catholic country, do not accept these immoral ideas.”⁵⁹ In his eyes, Bolivia could not embrace family planning.

His argument displayed pronatalist ideology in several ways. First, he explained that all great civilizations, including Egypt, Rome, Japan, and Europe, tracked population growth and decline through censuses, insinuating that powerful countries cared about population trends.⁶⁰ Second, he critiqued Malthusianism and Neo-Malthusianism, the philosophies that underpinned population control programs. Finally, he

⁵⁷ Navarro, Ministerio de Higiene y Salubridad (Mortalidad general), pp. 14-16.

⁵⁸ Navarro, Ministerio de Higiene y Salubridad (Mortalidad general), p. 8.

⁵⁹ Navarro, Ministerio de Higiene y Salubridad (Población), p. 7-8.

⁶⁰ Navarro, Ministerio de Higiene y Salubridad (Población), p. 7-8.

stated that it was not just wrong, but actually immoral, to try to limit reproduction. For Bolivia, population growth was a moral and economic issue, and indeed, a point of national pride. He suggested that Bolivians were unique in this regard, firm in their commitment to Catholicism, unparalleled in their morality, and committed to population growth for the nation's benefit. To be Bolivian was to reject population control.

Through comparisons with other Latin American countries, Navarro argued that the demographic problem limited Bolivia's influence and potential in relation to its continental neighbors. He also invoked the concept of human capital, or the idea that healthy citizens make healthy workers that contribute to economic development. Navarro stated that "human capital is the most valuable and irreplaceable treasure that a nation possesses."⁶¹ As he further explained, several health issues negatively affected Bolivia's human capital, including lack of maternal and infant health programs, especially prenatal and postpartum care, poor nutrition, and limited medical care in rural areas. Therefore, he explained that "the [country's] sanitary problem is more than anything else an economic problem."⁶² The MNR government needed to augment population growth to prevent the "extinguishing of Bolivian lives that could make Bolivia the rich and powerful nation for which we all hope."⁶³ As Navarro concluded,

"for these reasons, I urge the institutions or persons in charge of Bolivia's economic transformation to understand that the population's health [is a] fully recoverable investment."⁶⁴

As MNR leaders frequently referred to the importance of human capital in their own speeches, this message was familiar.

His goal was to encourage government investment in health programs in order to augment population. To accomplish this goal, he emphasized the primary role of the state in fostering population growth. He focused on the state's obligation to protect the family, especially children, "since the family is the vital core of social

⁶¹ Navarro, Ministerio de Higiene y Salubridad (Presupuesto de Higiene y Salubridad), p. 1.

⁶² Navarro, Ministerio de Higiene y Salubridad (Presupuesto de Higiene y Salubridad), p. 7.

⁶³ Navarro, Ministerio de Higiene y Salubridad (Población), p. 6.

⁶⁴ Navarro, Ministerio de Higiene y Salubridad (Presupuesto de Higiene y Salubridad), p. 7.

organization and the natural environment for the child, it is the duty of the state and of the community to assure its strength and normal development through a policy that protects it from risk.” He specifically saw maternal and infant health services as “extraordinarily important for the defense of our *patrimonio humano*.”⁶⁵ The argument was that the MNR must protect the country, starting with the family, through state interventions that promoted rather than limited population growth.

Navarro was not the only government official concerned with these topics, and pronatalism as a theory and practice circulated in political and medical circles. Prominent MNR leaders reiterated Navarro’s emphasis on the importance of human capital. Hernán Siles Suazo, Vice President from 1952-1956 and President from 1956-1960, echoed Navarro’s concerns about population density and the need to lower mortality rates in an early 1950s pamphlet on economic planning. Like Navarro, he compared Bolivia unfavorably to its regional neighbors in terms overall mortality and highlighted the importance of improving health services and sanitary practices in a section entitled “Conservation of Human Capital.”⁶⁶ MNR party documents and speeches consistently emphasized the importance of maternal and infant health, reducing maternal and infant mortality, and investment in children’s welfare through children’s hospitals and school lunch programs. These documents stressed that “preservation, conservation, and restoration of human capital” was a fundamental concern and referred to children as the country’s future source of pride and economic wellbeing.⁶⁷ These documents demonstrate a healthy marriage between pronatalism and revolutionary nationalism.

⁶⁵ Navarro, Ministerio de Higiene y Salubridad (Introducción), pp. 6-7.

⁶⁶ Hernán Siles Zuazo, *Hacia la planificación de la economía boliviana. Principios, realizaciones, y objetivos*, La Paz: Subsecretaria de Prensa, Informaciones y Cultura (sin fecha), pp. 22-23 and 52. Bolivian Pam 103, box 1, University of Pittsburgh.

⁶⁷ Programa Esquemático de Gobierno del Movimiento Nacionalista Revolucionario para el periodo 1964-1968, La Paz: Dirección Nacional de Informaciones, 1964, p. 52. See Hernán Siles Zuazo, *Cuatro años de gobierno, mensaje al Honorable Congreso Nacional*, 6 de agosto 1956, pp. 82-83 and *Movimiento Nacionalista Revolucionario, Programa de Gobierno (1960-1964)*, La Paz, August 1960, pp. 99-103 for other examples.

Medical professionals emphasized the importance of maternal and infant health care in a way that followed classic puericulture practices in the 1950s but linked them to population control and pronatalism in the 1960s. In the 1950s, the Health Ministry stressed the need to reduce infant and maternal mortality through medical supervision of pregnancy and postpartum care; even if population growth was not the explicit goal, the implicit concern was human capital.⁶⁸ For example, a pamphlet created by Dr. Rene Selaya for new mothers for distribution in Oruro focused on postpartum care for both mother and baby. For mothers, the pamphlet emphasized rest and appropriate nutrition, and included information on breast care and postpartum menstrual cycles. It also gave advice for caring for newborns, including how to dress, bathe, and feed (either with a breast or bottle), and included troubleshooting tactics for crying and sleep problems. As the pamphlet admonished, “follow the doctor’s instructions to the letter. Your future health and your baby’s wellbeing depend on it!”⁶⁹ The pamphlet emphasized women’s fundamental role as a mother and the importance of heeding a male doctor’s advice to avoid catastrophe.

Another doctor, Enrique St. Loup, gave an impassioned speech about the detrimental effects of “criminal abortions” at the annual conference of the Congreso Boliviano de Medicina y Cirugia in La Paz in March 1955. He was sympathetic to the economic reasons why women sought abortions and noted that women’s experiences differed by social class, but he considered abortion a “social evil.” While he was concerned about the number of women that wound up in the hospital with complications from clandestine abortions, he also noted its negative effect on population growth. He argued in favor of education campaigns to “extoll the importance of the maternal function as the supreme goal of [a woman’s] life” and programs focused on children, because “without health, it is not possible to sustain a state nor a people.” He emphasized that motherhood was women’s biological destiny and that it was impossible to create a stable and prosperous country without people. He essentially rephrased Alberdi’s famous dictum.⁷⁰

⁶⁸ Ministerio de Salud Pública y Servicio Cooperativo Interamericano de Salud Pública, *Manual del Servicio de Higiene Materna*, 1956.

⁶⁹ Dr. Rene Selaya G., “La madre y el recién nacido. Guía para las primeras semanas siguientes al nacimiento del niño”: Oruro, (1955), p. 1.

⁷⁰ Dr. Enrique St.-Loup B., “Aborto Criminal”: La Paz, 1955 (1972), pp. 9-10.

By the 1960s, the medical community made the link between puericulture and population growth more explicit. Dr. Hernán del Carpio Vásquez went so far as to state that “mother and child should be considered indivisible,” essentially arguing that women had no intrinsic value outside of motherhood. He noted the value of prenatal attention, claimed that only 12.6 percent of pregnant people received prenatal care, and emphasized that “more than 80 percent of pregnant mothers are escaping *our* control” (my emphasis). Like Navarro, he compared Bolivia with Chile and Peru and noted that 200 more Bolivian mothers died per year than in those countries. As he concluded, “population growth is useful and necessary for the country, and it is based solely on protecting children if one day we want to tip the balance definitively in favor of the survival of our childhood human capital.”⁷¹ In this article, published in a Bolivian medical journal, he asserted that it was the medical profession’s responsibility to supervise reproduction for the good of the nation and linked human capital to population growth, demonstrating pronatalism’s continuing influence into the 1960s.

By the 1960s, Bolivian officials were more outspoken about pronatalism on the global stage. J.M. Stycos, a fertility researcher and founder of the International Population Program, noted that in 1962 a Bolivian UN delegate voted against an article in a resolution on Population Growth and Economic Development that said the “United Nations [should] give technical assistance, as requested by governments, for national projects and programs dealing with problems of population.” He ranked Latin American countries in terms of favorable attitudes towards population control, and placed Bolivia in the second-to-last category, indicating substantial opposition to global family planning measures.⁷² The phrasing of the article itself was rather innocuous, and contained no specific mention of population control measures; Bolivian opposition was both a rejection of international family planning arrangements and a prioritization of domestic concerns.

⁷¹ Dr. Hernán del Carpio Vásquez, “Protección Materno Infantil en Bolivia”: Boletín Médico. Órgano Oficial de la Confederación Médica Sindical de Bolivia, III: 29 (1960), pp. 25-27.

⁷² J.M. Stycos, “Opinions of Latin American Intellectuals on Population Problems and Birth Control”: The ANNALS of the American Academy of Political and Social Science, 360: 11 (1965), pp. 20-21.

In 1969, renowned public health official Antonio Brown, who held a number of prestigious public health positions and was educated in United States, penned a long article, published in a premier Bolivian public health journal, in which he echoed Navarro's concerns about population density and population growth. He quoted at length from population control advocates from the UN, the World Bank, and Mexico, outlined their justifications for supporting population control measures, and agreed that high growth rates heightened economic inequality. He noted that it was a "reasonable assertion" to make family planning a fundamental part of social-economic development.⁷³ However, he did not think these points applied to Bolivia. His argument centered on concerns about population density and economic development, asking how Bolivia could exploit its land or accelerate its economic progress when its

"most fertile and productive lands, the plains that represent more than 50 percent of our territory, have less than one inhabitant per square kilometer? Can we dream of real socioeconomic progress if we maintain our territory like this indefinitely? The answer is categorically no. For Bolivia, Sarmiento's [sic] political demography, adjusted for the times in which we live, remains valid: to govern is to populate our territory in a planned way, with people that are healthy, educated, and patriotic."⁷⁴

Despite misattributing Alberdi's dictum to Sarmiento, his writing shows that Bolivian pronatalists updated nineteenth-century ideas for a twentieth-century nationalist context. He then quoted from the *Primer Curso de Demografía*, held in La Paz in April 1969: "To accelerate population growth" was essential for countries with

"extensive unexploited territory ... Only the organizational capacity of the state can plan this population growth in accordance with its development needs."⁷⁵

Like Navarro, he linked human capital and state intervention with rejection of population control.

Brown argued for population redistribution as well as population growth because the population was concentrated in the western Altiplano and central valleys while the vast lowlands were

⁷³ Dr. Antonio Brown Lema, "El problema demográfico en Bolivia": *Revista Salud Pública Boliviana*, XI: 36 (1971), p. 16.

⁷⁴ Brown, "El problema demográfico", p. 18.

⁷⁵ Brown, "El problema demográfico", p. 25.

underpopulated. Factored in with high infant mortality, high overall mortality, low life expectancy, and a steady birth rate, he concluded that Bolivia was “far from obtaining an adequate population for our development necessities.” He asserted that demographic policy should redistribute population and improve sanitary services in the lowlands, and thought the lowlands should gain one million inhabitants and represent 30 percent of the population by 1980.⁷⁶ As with population growth, he thought the state should facilitate this process.

Brown was not the only one with these demographic arguments. Ing. Adolfo Linares, for example, also talked about lowland colonization projects in a way that married population growth and agricultural production. He highlighted the need to relieve the “demographic pressure” of the western areas, which contained 85 percent of the population, and listed demographic challenges as something that impacted Bolivia’s economic development more than other “underdeveloped” countries.⁷⁷ These ideas resonated with MNR officials and reflected revolutionary policies. Walter Guevara Arce, an MNR founder and Foreign Minister, articulated these ideas in the 1955 *Plan inmediato de política económica del Gobierno de la Revolución*, which was based on U.S. Ambassador Merwin Bohan’s 1942 plan urging agricultural development of the eastern lowlands and economic diversification. As Guevara wrote,

“the rapid settlement of a larger rural population in the zone is, without doubt, one of the most important factors in its development... Due to the overpopulation of the valleys and the altiplano and the shortage of cultivable land, their inhabitants barely manage to produce for their family consumption... The only possible remedy is to reduce the congestion of these regions, converting those that move to the area of Santa Cruz into providers of essential products instead of consumers.”⁷⁸

A “March to the East” began in the 1950s that encouraged Andean Bolivians to migrate to the tropical lowlands to balance the country’s

⁷⁶ Brown, “El problema demográfico”, pp. 19-25.

⁷⁷ Ing. Adolfo Linares A., *Problemas de colonización y su influencia en el desarrollo económico*, La Paz: Corporación Bolivia de Fomento, 1964. Bolivian Pam 107, box 1, University of Pittsburgh.

⁷⁸ Wálter Guevara Arce, “The March to the East”: Sinclair Thomson / Rossana Barragán / Xavier Albó / Seemin Qayum / Mark Goodale (eds.), *The Bolivia Reader: History, Culture, Politics*, Durham: Duke University Press, 2018, p. 306.

population, relieve the demographic pressures of the highlands (ironically thought of as overpopulated), and make the lowlands a more populated (and governable), productive agricultural region. Foreign immigrants also arrived in exchange for land and state support, producing a frontier region including German-speaking Mennonites from Mexico and Paraguay, Okinawan and Japanese settlers, and highland Andeans.⁷⁹ The process begun in the mid-1950s had not yet accomplished its task, according to Brown and Linares, who rejected population control measures because Bolivia's demographic pressures were different from the ones highlighted by family planning advocates.

By the time the Peace Corps scandal broke in the late 1960s, pronatalist ideology was prevalent in political and medical circles. Coupled with two decades of revolutionary nationalism and modernization ideology, pronatalism provided fertile ground for a fierce debate about reproduction and anti-imperialism. *Yawar Mallku* was the spark that lit the powder keg; it "demonstrates the centrality of gender and sexual politics to both modernization discourses and anti-imperialist cultural nationalist ideologies," both of which reflected patriarchal desires to control fertility for the nation's benefit.⁸⁰ The Peace Corps' situation was more than just a reaction to sterilization rumors; it occurred in a moment when population politics were caught between the staunch pronatalism of the 1950s and 1960s and the population control movement's growing popularity and influence. Repudiation of population control measures became more forceful in the 1960s, but originated in the early days of the revolution; medical and political elites married pronatalism with nationalism and critiques of population control measures in a way that created an explosive situation by the end of the 1960s.

The MNR's government's overthrow via military coup in 1964 was not the end of state-sponsored pronatalism, and the Peace Corps situation was not the last population control-related scandal. Beginning in 1968, USAID's Family Wellbeing program provided funding for studies on contraceptive attitudes, abortion, fertility, maternal and infant health programs, sexual education, and contraceptive access. The

⁷⁹ Ben Nobbs-Thiessen, *Landscapes of Migration. Mobility and Environmental Change on Bolivia's Tropical Frontier, 1952 to the Present*, Chapel Hill: University of North Carolina Press, 2020.

⁸⁰ Geidel, "Sowing Death," p. 764.

Yawar Mallku scandal erupted in the middle of its activities. In the aftermath, Bolivian officials only agreed to continue the program after U.S. guarantees that associated clinics would not carry out abortions or sterilizations, or coerce people into using birth control. The Family Wellbeing program was still in operation when, in 1975, the Catholic Church denounced a national women's health program, supported by USAID and the UN Fund for Population Activities (UNFPA), that included family planning. The program, launched by military leader Hugo Banzer Suárez (1971-1978) in 1974, supplied IUDs to women in small numbers and aimed to gradually increase access. The Health Ministry denied the program's existence, but Church representatives presented proof, and the national press attacked the administration for embracing population control. The Church denounced the program based on several beliefs: first, that the country was underpopulated and needed population growth; second, that poverty would not be solved by reducing the number of poor people, only through better resource distribution; and finally, out of opposition to birth control and the international population control movement. The press coverage also generated opposition from popular groups. The furor forced Banzer to abandon the program, and in 1977 he passed a resolution prohibiting any public institution from providing family planning services.⁸¹ Women's wellbeing was never the goal of the program nor the backlash, which overshadowed the potential benefit to women who struggled with frequent pregnancies and complications from births or clandestine abortions. The debate favored patriarchal concerns about controlling women's bodies by the state, the military, and the Church.⁸²

Following the backlash, Banzer wrote to the United Nations in 1977 to affirm his administration's pronatalism.⁸³ The letter praised UNFPA for its support of Bolivia's Maternal and Child Program, which was "reducing child morbidity and mortality, enabling women to perform

⁸¹ Rance, *Planificación familiar*, pp. 15-18; Nelson, *Birth Rights*, pp. 126-135; Aliaga, *No fue fácil*, pp. 25-27; Kimball, *An Open Secret*, pp. 58-59.

⁸² Rance, *Planificación familiar*, p. 18.

⁸³ Correspondence between Gen. Hugo Banzer Suárez and UN Secretary-General Kurt Waldheim, March 17 and 25, 1977. United Nations Archives and Records Management Section, S-0907-0002, Correspondence with Heads of State, 1965-1981, Items in Heads of State – Bolivia. (January 2022) <https://search.archives.un.org/heads-of-states-bolivia-2>.

their functions as mothers and promoting family wellbeing through education and services.” However, he noted that the program

“calls for family planning and responsible parenthood activities which can be interpreted as possibly leading to a reduction in the rate of population growth.”.

He elaborated that the preliminary figures from the 1976 census, conducted with UNFPA’s assistance, showed that Bolivia had one million fewer inhabitants than initial estimates suggested. Therefore, Banzer stated that his government decided to pursue a

“forward-looking population policy aimed at improving the wellbeing of the population and strengthening the family unit; this policy requires increased human resources so as to enable Bolivia to exploit its natural wealth in a rational manner and attain a level of development which is compatible with human dignity.”.

As he continued, “accordingly, my government wishes to maintain the above-mentioned project ... but wishes to eliminate those aspects [that] relate to family planning and responsible parenthood.”. The response, dated eight days later, thanked Banzer for sharing his concerns and expressed enthusiasm for “continuing the constructive co-operation which exists between us.” An attached note stated that UNFPA had “recently had conversations with the Bolivian government,” indicating that an agreement was reached before the correspondence made it official. Banzer’s letter contained language similar to that used by the MNR government, demonstrating pronatalism’s continuity from democratic to dictatorial regimes.

Church uproar and press coverage forced Banzer to proclaim his administration’s pronatalism; in contrast, it was central to MNR policies. Banzer began developing family planning programs, but the backlash caused a policy reversal; the seeds for that backlash were sown during the MNR years. The MNR married pronatalism with nationalism in a way that made family planning programs, or even just rumors about sterilizations, as seen in the Peace Corps case, an affront to national dignity. The vitriol with which pronatalists confronted such policies, increasingly paired not just with nationalism but also strident anti-imperialism, makes the Bolivian case distinct.

Pronatalism's Impacts on Reproduction

These pronatalist tendencies had a lasting impact on people's reproductive attitudes and choices beyond the 1960s. A 1974 report by Anthony Measham, who did a site visit to Bolivia for the Population Council, noted the reproduction rate was 2.9 and infant mortality was 155 per thousand; both were higher than Navarro's calculated 1.16 growth and 127 infant mortality rate. As Measham explained, "until mid-1973 the policy of the Government was frankly pronatalist despite sporadic attempts by private groups to begin family planning programs." He mentioned the Peace Corps scandal as one factor that influenced government attitudes, and explained that opposition also came from the Catholic Church and leftist groups that equated family planning with U.S. imperialism. He noted that the Health Ministry finally created a family planning program in 1973, but that it intended to stop abortion instead of limit fertility rates. As he concluded,

"the concerns therefore had to do with preventative medicine and it was made clear by the Government that there was no implicit intention to reduce the population growth rate.... Overall, it can be said that no comprehensive population policy exists in Bolivia."⁸⁴

A 1983 interview with Dr. Ruth Maldonado Ballon, a Bolivian gynecologist and sex education advocate, confirmed these general sentiments existed even after 1973. Like Measham, she emphasized fear about U.S.-funded population control efforts stemming from the *Yawar Mallku* controversy, and explained that the government and the church did not support family planning and that national health insurance did not cover contraception.⁸⁵

The medical community's feelings on family planning were mixed. A 1974 Population Council study showed that fewer than half of Bolivian OBGYNs surveyed agreed with the idea that tubal ligation was justified if a woman had more than seven children, or that tubal ligation or

⁸⁴ Memorandum, from Anthony Measham to Robert Castadot, Charles Lininger, and Barnett Baron of the Population Council re: Institutional Development Inventory for Bolivia, February 22, 1974, pp. 1-3. Rockefeller Archive Center (RAC), SC, Population Council, Subject File, box S92, folder Bolivia: Institutional Development Survey, 1974.

⁸⁵ Rita Arditti / Estelle Disch, "Working for Women in Bolivia": Off Our Backs: A Women's Newsjournal, 14: 10 (1984), pp. 1-3.

vasectomy should be available to couples on demand. A full 34 percent responded that they would be unwilling to offer either service.⁸⁶ However, some Bolivian doctors did reach out to the Population Council seeking to develop a cooperative relationship. For instance, the secretary of the Centro de Estudio de Población y Familia (CEP), formed in February 1966, wrote and explained that they were “a private and autonomous organization whose objective is to conduct studies on population, family, and fertility” and “achieve a rational equilibrium between population growth and economic development in Bolivia” with a focus on “responsible procreation.”⁸⁷ Dr. Roberto Suárez Morales of the CEP and Health Minister Dr. Luis Gallardo Alarcón corresponded with the Population Council during 1968 and 1969 and asked for materials, including prints of the Disney film *Family Planning*, produced by the Population Council in 1970.⁸⁸ Population Council officials responded that they were happy to provide materials, and checked in to see if items had arrived or been intercepted by authorities.

It is more challenging to gauge ordinary Bolivians’ reactions, especially those of women, which are far less documented than MNR leaders’ and the medical establishment’s ideas. Disparate sources representing different ethnic groups and social classes demonstrate no universal attitudes about family planning. For instance, women were active in the MNR party prior to the 1952 revolution, which was the first political party to integrate women into its ranks, and it created organizations to harness women’s political activity. The Comando Nacional Feminino (CNF), the women’s branch of the MNR party, had both national and local chapters; CNF members had to be MNR members and tended to be more middle- and upper-class. However, the CNF was subordinate to the party; despite women’s activities during the revolution, they ended up with “feminine” tasks and low-status work. Although the organization entrenched women’s political participation

⁸⁶ Donald MacCorquodale / Antonio Cisneros / Anthony Measham, “How Doctors in Bolivia and the Philippines View Sterilization”: *Studies in Family Planning*, 6: 12 (1975), p. 427.

⁸⁷ Correspondence, Huáscar Taborga of CEP to Clifford Pease of the Population Council, August 1966, and response, September 23, 1966. RAC, Pop. Council, IV3B4.8, Acc. II, Foreign Correspondence, Bolivia, box 2.

⁸⁸ RAC, SC, Population Council, Foreign Correspondence, box 3, folder 70, correspondence between January and February 1970.

and women were elected to local and national posts starting in the 1960s, one of its members, future president Lydia Gueiler Tejada, admitted that they failed to gain equality within the party apparatus because MNR leaders were not committed to gender parity.⁸⁹ The CNF held its first National Congress in February 1962 in La Paz with the goal of “incorporat[ing] the country’s feminine masses into the national process of emancipation and liberation” and its leaders “assume[d] the responsibility of working tirelessly for the party and women’s emancipation.” The Congress pamphlet listed legal issues, work, education, and economic integration as topics of conversation, but nothing regarding reproduction or family planning.⁹⁰ The absence of these topics could reflect the MNR’s attitude towards the issue or those of individual women, or both.

Housewives’ committees, often located in mining communities that tended to be more indigenous, were also politically active starting in the 1960s.⁹¹ Domitila Barrios de Chungara, a member of the Housewives’ Committee of the Siglo XX mine who was a labor activist and women’s advocate, articulated pronatalist and anti-imperialist sentiments, as well as skepticism about government intentions in the 1970s. She traveled to the 1975 International Women’s Tribunal in Mexico as a delegate and described her experiences in her testimonio, *Let Me Speak!* Birth control was a significant topic of discussion at the Tribunal, but she saw the emphasis on birth control as a first-world problem and something the leaders wanted to impose on the rest of the delegation without listening to Latin American women’s needs and concerns. As she explained,

“birth control, as these women presented it, can’t be applied in my country. There are so few Bolivians by now that if we limited birth even more, Bolivia would end

⁸⁹ Lydia Gueiler Tejada, *La mujer y la revolución. Autobiografía política*, La Paz, 1959, (editor unspecified), pp. 154-157.

⁹⁰ *Cartilla de orientación del 1er. Congreso Nacional Femenino del M.N.R.* La Paz, Bolivia: [s.n.], [1962?]. Bolivian Pam 149, box 1, University of Pittsburgh.

⁹¹ Gloria Ardaya, “La mujer en la lucha del pueblo boliviano. Las Barzolas y el Comité de Amas de Casa”: *Revista Nueva Sociedad*, 65 (marzo-abril 1983), pp. 112-126, and Gloria Ardaya, *Política sin rostro. Mujeres en Bolivia*, La Paz: Editorial Nueva Sociedad, 1992.

up without people. And then the wealth of our country would remain as a gift for those that want to control us completely, no?"⁹²

She expressed pronatalism and echoed anti-imperialist concerns about foreign domination of Bolivia due to its lack of human capital; although she was critical of the MNR, claiming that they betrayed the revolution by not empowering the working class and selling out to imperial interests, her thoughts aligned with MNR attitudes on reproduction from the 1950s and 1960s.⁹³

There are also conflicting trends on women's attitudes towards reproduction and family planning. Susanna Rance, a Population Council consultant and researcher with the Consejo Nacional de Población de Bolivia, claimed in a 1990 publication that family planning programs were not based on existing desire.⁹⁴ However, according to Bolivian officials, various studies in the 1970s showed that the majority of urban and rural women wished to limit family size; the studies were supposedly never published because of the sensitive nature of the topic.⁹⁵

On the one hand, the prevalence of rumors, such as those that led to the Peace Corps' expulsion, and individual anecdotes illustrate some desire for birth control. Prior to 1952, abortion was part of Bolivian women's strategies for limiting pregnancy. Ann Zulawski's sampling of records from the General Hospital in La Paz's gynecology ward show that "incomplete abortion" was the most common cause of admission, and about two-thirds of patients, who were typically married and had other children, said they had at least one abortion.⁹⁶ Returned Peace Corps volunteer Joyce Bowden, who was part of first public health education group for Bolivia in the early 1960s, claimed that women in remote places sought access to birth control and that the doctor of the leprosarium Los Negros, in Vallegrande, quietly operated a birth control

⁹² Domitila Barrios de Chungara / Moema Viezzer, *Let Me Speak! Testimony of Domitila, a Woman of the Bolivian Mines*, New York: Monthly Review Press, 1978, pp. 199-200.

⁹³ Barrios / Viezzer, *Let Me Speak!*, pp. 50-51 and 67-68.

⁹⁴ Rance, *Planificación familiar*, p. 15.

⁹⁵ Oficina Sectorial de Planificación de Salud, *Informe de la comisión de salud materno infantil*, La Paz: Bolivia, 1975, pp. 22-24. Cited in Gallien, *Delivering the Nation*, p. 191.

⁹⁶ Zulawski, *Unequal Cures*, pp. 138-142.

dispensary for the women of the community.⁹⁷ Anthropologists working in rural and mining communities have also noted women's desire to control pregnancy. June Nash, who did field research in mining communities in the late 1960s and early 1970s, said that mining companies encouraged large families through child subsidies, maternity care, and prizes to families with the most children—policies that encouraged reproduction and were legacies of the MNR's emphasis on pronatalism and human capital. Women indicated interest in limiting pregnancies, but birth control was generally only available in cities, therefore virtually inaccessible. She only knew one woman who admitted to using birth control, and the miners teased her husband relentlessly for his lack of virility. Most women had heard of the rhythm method but preferred abstention. Some women used abortifacients, and infanticide happened in extreme cases. She also noted that anti-imperialist sentiment was high at the time and there was considerable anger over attempts to limit population after *Yawar Mallku's* debut.⁹⁸

On the other hand, pronatalism shaped attitudes about birth control well into the late twentieth and early twenty-first centuries. People saw birth control as an attack on traditional family values, at odds with both machismo and Catholicism.⁹⁹ Western birth control methods were not widely available until the 1990s, but usage remained low, with only 30 percent of women reporting contraceptive use in a 1989 survey. Bolivia's first comprehensive family planning program launched in 1989, well after most Latin American countries.¹⁰⁰ Between 1995 and 2000, Bolivia's contraceptive prevalence rate was 48 percent, below that of most of its regional neighbors, and its fertility rate was 4.4 (an average of four or more children born to a single person).¹⁰¹ Natalie Kimball's interviews with Bolivian women show that mistrust of

⁹⁷ Interview with Joyce Bowden (Returned Peace Corp Volunteer, Bolivia) MR 2010 - 03:4A, interviewed 9/5/09 by Phyllis Noble. John F. Kennedy Presidential Library.

⁹⁸ June Nash, *We Eat the Mines and the Mines Eat Us. Dependency and Exploitation in Bolivian Tin Mines*, New York: Columbia University Press, 1993, pp. 61-63. See also Andrew Canessa, *Intimate Indigeneities. Race, Sex, and History in the Small Spaces of Andean Life*, Durham: Duke University Press, 2012, p. 129.

⁹⁹ Kimball, *An Open Secret*, p. 91.

¹⁰⁰ Kimball, *An Open Secret*, p. 86, citing Instituto Nacional de Estadística, *Encuesta Nacional de Demografía y Salud*, La Paz: INE, 1989.

¹⁰¹ Chant / Craske, *Gender in Latin America*, pp. 72-74.

western contraceptives persisted into the 1990s and 2000s, noting concerns about side effects, suspicion of western medical traditions, and anti-imperialist sentiments. Nevertheless, persistent activity by women's groups and health advocates helped make birth control more accessible over time, and in the twenty-first century there was growing familiarity with and use of these methods as well as belief that health centers should make them available.¹⁰²

Statistics from the 1990s show that fertility dropped by a third since 1970 despite Bolivia having one of the higher rates in the region. The country's population tripled between 1950 and the end of the century alongside increases in life expectancy and lowered infant mortality, from 180 deaths per 1,000 births in 1950 to 64 in 1998.¹⁰³ Data compiled by Sylvia Chant from the United Nations Development Program and the World Bank between 1970 and 2000 shows that Bolivia was one of the only countries in the region whose population growth did not dip in that period.¹⁰⁴ Since the 1950s, Bolivia's population has grown while fertility rates declined and overall health indicators improved. MNR pronatalism shaped attitudes and policies for decades had lasting legacies for birth control usage in Bolivia.

Conclusion

Population control and family planning discourses' influence in the 1960s and 1970s was undeniable, both on governments that adopted and rejected them. Bolivia embraced pronatalism at a time when other Latin American countries, with the encouragement of the United States, philanthropic organizations, and eventually the United Nations, began implementing population control measures as a pathway to economic growth and political stability. Bolivian elites were not ignorant of these ideas' circulation; MNR leaders understood modernizing ideologies and population discourses, but they reframed population debates away from overpopulation and population control and in favor of pronatalism and demographic reorganization. Revolutionary nationalism was a

¹⁰² Kimball, *An Open Secret*, pp. 75 and 87.

¹⁰³ John Reed, "Population Trends: Bolivia": U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census, (March 1998), p. 1.

¹⁰⁴ Chant / Craske, *Gender in Latin America*, pp. 72-74.

modernizing force, but one that selectively embraced aspects of global development discourse and reframed them in a way that was useful for national objectives.

MNR officials considered pro-population control arguments, then disputed and rejected them, as shown in Navarro's 1953 report and Brown's article from the late 1960s. They felt that overpopulation did not exist in Bolivia and that family planning measures would harm the country and its economic development. This reality demonstrates the centrality of population growth to the MNR's political and economic agenda, its connection to nationalism, and the central role of gender, which politicized female bodies. It also shows that, when it came to matters of reproduction and gender equity, the MNR was fundamentally conservative and more aligned with Catholic and patriarchal values.

Bolivia was not the only country that had pronatalist tendencies in the mid-20th century. However, in Bolivia, tensions flared in spectacular fashion when Bolivia ejected the Peace Corps from the country and Banzer banned family planning programs. Bolivian leaders rejected population control initiatives at precisely the moment when other countries, like Mexico, began to welcome them. Bolivian pronatalism acted as a link between the soft eugenics of the past and the nationalist rejection of population control and anti-U.S. sentiment of the 1960s and 1970s. The vitriol with which Bolivians attacked population control measures and organizations associated with them demonstrates the embeddedness of pronatalism within Bolivian nationalism and state political ideology.