

*Population and Reproductive Health  
Oral History Project*

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**Everett M. Rogers**

Interviewed by  
Deborah McFarlane

June 27, 2004  
Albuquerque, New Mexico

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## **Narrator**

Everett M. Rogers, Ph.D. (1931–2004) formalized the diffusion of innovations theory (1962), explaining how new ideas are incorporated into a culture. He applied these ideas to family planning and population communication in the late 1960s, explaining how taboo communication differs from other subjects. In his oral history he discusses his international experiences in Pakistan and India in particular, as well as his recollections of General Bill Draper.

## **Interviewer**

Deborah R. McFarlane is professor of political science at the University of New Mexico. She is the author, with K.J. Meier, of *The Politics of Fertility Control: Family Planning and Abortion Politics in the American States* (Congressional Quarterly Press, 2001). McFarlane worked as an administrator and a consultant in reproductive health in the U.S. and internationally for more than three decades.

## **Restrictions**

None

## **Format**

Three 60-minute audiocassettes.

## **Transcript**

Transcribed, audited and edited at Baylor University. Transcript has been reviewed and approved by Everett Rogers.

## **Bibliography and Footnote Citation Forms**

### *Audio Recording*

**Bibliography:** Rogers, Everett M. Interview by Deborah McFarlane. Audio recording, June 27, 2004. Population and Reproductive Health Oral History Project, Sophia Smith Collection. **Footnote:** Everett M. Rogers, interview by Deborah McFarlane, audio recording, June 27, 2004, Population and Reproductive Health Oral History Project, Sophia Smith Collection, tape 2.

### *Transcript*

**Bibliography:** Rogers, Everett M. Interview by Deborah McFarlane. Transcript of audio recording, June 27 2004. Population and Reproductive Health Oral History Project, Sophia Smith Collection. **Footnote:** Everett M. Rogers, interview by Deborah McFarlane, transcript of audio recording, June 27, 2004, Population and Reproductive Health Oral History Project, Sophia Smith Collection, p. 23.

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**McFarlane** This is June 27, and I'm Deborah McFarlane. And I'm about to interview Everett Rogers in Albuquerque, New Mexico. Do you want to start with where you were born and when?

**Rogers** Sure. I was born on March 6, 1931, on a farm near Carroll, Iowa, and this was a family farm. I grew up on the farm and left home to go to college, Iowa State University, in 1948. I was an undergraduate in agriculture and I was also in advanced Air Force ROTC, so this meant that on graduation I got a second lieutenant's commission. And the Korean War was underway at that time, so I went almost immediately into military service.

My father had received about two years of engineering in college and did not want to be a farmer, but circumstances forced him into farming the family farm. My mother had been a school teacher, had a year of so-called normal schooling, basically a year of college after high school, and had taught elementary school for a couple of years. Both parents were quite eager to see their children get college degrees, but they didn't particularly force us. It was made plain they thought it was something we should do, but much short of, You have to go to college. I have two older sisters, both of whom went to Simpson College in Indianola, Iowa, and got degrees in math,

went to work for a large insurance company in Des Moines until they got married to their husbands—brothers—just after World War II. I also have a younger brother, eight years younger, and he followed in my footsteps, went to Iowa State, went into the military service, got married. But then instead of taking over the family farm, which would have made sense, he worked for a government agricultural agency all of his career, until he retired a couple of years ago.

My father was fairly inactive religiously. My mother was a Methodist and saw that her children went to the local Methodist church. I wound up being rather like my father more than my mother, although at various times I've learned a great deal about Hinduism. And my present wife is Jewish, so I've learned a lot about the Jewish religion. So, I guess I'm a fairly inactive multi-religious person.

My high school education was at the local Carroll High School, which was five miles from our farm. I had gone to a one-room country school, and there was quite a distinction between the city kids and the country kids, farm kids, and usually the farm kids didn't do as well in high school. They hadn't gotten as capable a background. My mother encouraged her children to read, and we read vociferously, and I think that helped me in high school. I graduated near the top of my class, got a fellowship to go to Iowa State, and did very well in college.

**McFarlane** What did you intend to do with your degree?

**Rogers** That's a good question. I intended to do something related to agriculture, maybe be an agriculture teacher in high school. That was possible, but it

wasn't very clear even at the time I graduated, partly because I knew I would be going immediately into the Air Force and that was going to take care of that. There were a couple of faculty members who encouraged me to think about graduate school. This was during my senior year, so I suppose that was on my mind. Now through the strange way that the Air Force works or the military services work, I was assigned to be an aide to a high-ranking Air Force officer who was in charge of what the Air Force called human factors. This was social science, issues of morale and training effectiveness, and it included hardware, the flight suits. It included uniforms. It included aircraft controls that were possible for a human to use, and there was a long, sad history of many planes that had been designed and then humans couldn't fly them or could only fly them with great difficulty. This was very exciting research to me, and I went from being an undergrad who probably had a very dim idea of what research was all about to, in a couple of years, having a very good idea of what research could do and how to do it. And I worked with civilians and with Air Force officers who had Ph.D. degrees.

**McFarlane**

Were you in Korea?

**Rogers**

I was a short time in Korea, but most of the time I was in a research and development laboratory either in Dayton, Ohio, Wright-Patterson Air Force Base, or at the headquarters of the Air Force research and development unit, which was in Baltimore. And so, I fought in the Korean War mostly in Dayton, Ohio, and in Baltimore, Maryland. But by the time I got out of the Air Force, I was sure that I wanted to go to grad school. And I had the GI Bill, which made it economically, I would say, very feasible, and so I actively

looked at graduate schools. This Air Force unit that I was in had many, or several, at least, contracts with different universities to do different kinds of research projects, so I also got to know a bunch of, I guess I would call them famous social scientists and physiologists of that day. And part of my job was to liaison with them, so I naturally went to the university campuses. So, of course, I was looking all these places over as future grad school sites. During this time—this was while I was an undergraduate and probably while I was in the Air Force—I developed an interest in the diffusion of innovations, diffusion of agricultural innovations initially. And the mecca for studying diffusion was Iowa State, the place I had been an undergrad, and the faculty member in charge of the research was someone that I knew fairly well from my undergraduate days. So, it seemed logical that I was going to go back to Iowa State and study diffusion.

**McFarlane**

Was your interest broader than agriculture at that point?

**Rogers**

No, it was really just agriculture. I'll tell you how the broadening happened. While I was writing my dissertation, I had a faculty member on my doctoral committee who was a professor of education who taught statistics in the school of education. And one day I went to see him about some statistical problem, and he was occupied. And so, I sat in his outer office with his secretary and to pass the time picked up some journals that were on her desk. I think they were journals in educational research. I think the journal was called the *Journal of Educational Research*. Anyway, these were studies of educational diffusion, all new ideas spread among schools. I had not even been aware that that existed.

During this same time that I was at Iowa State—I was there three years to get my master's and Ph.D.—I got a grant from a small foundation. It's a non-existent foundation today, but it was interested in how consumers purchased new products—not agriculture products, just new products. And I made a proposal, got by today's standards a very modest grant, and this getting a grant involved going to a two-day workshop in New York. This was high living for a twenty-three-year-old Ph.D. student from Iowa State University in Ames, Iowa. And there were several top scholars of the day presenting at this seminar. It was very posh, held at Ardsley-on-Hudson, above New York City. And a study had just been completed at Columbia University of the diffusion of a new medical drug—it was tetracycline—among medical doctors. Thus, I became aware of different breeds of diffusion.

My review of literature chapter—my dissertation was strictly a study of the diffusion of an agricultural innovation in an Iowa farm community. What could be more prosaic than that? But in my review of literature chapter, I had a thorough review of these other fields of diffusion, and, of course, noted the fact that they found very similar findings, an s-shaped curve, et cetera. And my committee, five old men, took a dim view of—

**McFarlane**

I was going to ask you.

**Rogers**

—of this. They said, Yes, but you studied an agricultural innovation, a weed spray. What are you trying to do bringing in these other fields? And they weren't—my main point was that diffusion is a general process. There are lots of common qualities, whether it's agricultural or a medical drug or

whatever. Basically, they weren't convinced in that fact. They disputed that. In fact, that was most of the two hours, was dispute over that, but that inspired me. I took my first job then, the next day actually, at Ohio State University at Columbus, where I was hired to teach, but also in part to study the diffusion of agricultural innovations, so the job really was a continuation of what I had done for my Ph.D.

**McFarlane** So, it was in agriculture, the position?

**Rogers** Actually, it was in a department of rural sociology, and I got my Ph.D. in rural sociology at Iowa State. But on arrival at Ohio State I started writing a textbook about the diffusion of innovations in general. At that time, a lot of the findings were in agriculture, but there were these interesting contrasts with other fields. And the argument in the book—it was published in 1962—was that diffusion was a general process. It seemed so obvious, and that book helped bring in many other fields to study diffusion. There's almost not an academic field today that doesn't study diffusion, in which somebody hasn't studied diffusion or at least studying diffusion.

**McFarlane** Did you know at the time it was going to make such a mark?

**Rogers** No, I had no idea. I was teaching a course of diffusion to advanced undergrads and master's students, and I wrote this mostly as a textbook for this course. The publisher was Free Press, a sort of ideal publisher, I think, in retrospect, but the editor had a very gloomy view of how many copies we were going to sell. So, it appeared in '62. I taught overseas on a Fulbright Lectureship in Columbia in '62, '63. It came out in October of '62. So, I didn't really know how the book was going. I didn't come back to the U.S.

during that year, and then I did come back. I came back to take a job at Michigan State, in the department of communication, and that was partly because I could study any kind of innovation I wanted to study. And, of course, I won't go into the details. It would be immodest to do so, but suddenly I would meet somebody—whoever, wherever, in academia—and they'd say, Oh, yes, you're the Rogers that wrote *Diffusion of Innovations*. I think that's a great book. So, this is a hard act to follow, of course.

**McFarlane** Are you sure you don't want to include some of the details or something that sticks out?

**Rogers** Yeah, one of the details was I got my first royalty statement when I came back. I didn't have mail forwarded to me while I was in Columbia, and so when I came back I had a royalty check which was quite surprising. The book was in its sixth printing.

**McFarlane** By then?

**Rogers** By then, so it had had a very successful first year, and the publisher provided me with a list of universities whose bookstores had ordered many copies—thirty copies, fifty copies, which was a sign that there was a course being taught on it. So, this was sort of sudden success any way you look at it. It also led to my getting a very large grant from USAID to study diffusion in three countries. At the time it was sort of a record grant. I think it was 1.236 million. And it was a five-year study in three countries, so you could see how it would use up that much money. The three countries were Brazil and Nigeria and India, and this, of course, gave me a world view. Instead of studying a farm community someplace I was studying three big nations.

These were national studies in three large developing countries, and my book led to this grant—no surprise there. AID had purchased copies almost immediately. In fact, they purchased one for each of the seventy-five AID missions around the world, and this started AID officials talking about the fact that we ought to be sponsoring this kind of research.

So, they contacted me, and—anyway. So, the first five years I was at Michigan State I spent about half my time running this large project. It was too large, actually. By the end of it, I was worn out at a young age and told myself, Don't ever do a multi-country, big study like this, because what it means is you don't really do the research. You're the manager of the research. So, at the height of the project, there were seventy-five people working on it in the three countries, and a few of them are at Michigan State.

**McFarlane**

Was this about agriculture as well?

**Rogers**

It was heavily agriculture and it depended on each country. I'll ignore the way the countries got selected, but they were countries that wanted the project done in their country. And there was a very weak private family planning program in Brazil at the time, so nothing on the government side, and it was fairly taboo. So, even if I had wanted to study family planning innovations in Brazil, it probably wouldn't have been possible. I did study health and agriculture innovations, so I broadened the agricultural parts somewhat.

In Nigeria, similarly, there was a private association but no government program and very low political concern. The years were '64 to '69. In India, however, there was a very active national family planning program. It had

not been particularly successful, I would say, but there was, I would say, pressure on me, strong encouragement, to include health, agricultural, and family planning innovations. And so, you could say that's one way that doing diffusion research became also doing studies of the diffusion of family planning.

**McFarlane** Had you been interested in family planning?

**Rogers** I had been interested. I was interested in innovations and how they diffused, and the same people that I was gathering data from in Brazil and Nigeria—but in India—let's take India, is a better example. This was the time of the Green Revolution, so the new—in all three countries, but especially in India—so [with] the new rice and wheat varieties, the project obviously focused partly on them on the agricultural side. And on the family planning side, the IUD was under way in India, no oral contraceptive pills yet. That wasn't to come for some years, and there was vasectomy. The IUD was the main method, and so we had an innovation over a two-year study, family planning innovation to study, and I think that got me interested in it. A couple of other things were also getting me interested. One was the Don Bogue workshops in Chicago in the summers. Do you know about these?

**McFarlane** I know about those, but how did you—this was at University of Chicago?

**Rogers** The University of Chicago. I knew Don, and—

**McFarlane** Because of sociology, or—

**Rogers** I don't even know. The one thing I can remember that's sort of funny is I usually went for about two days. I think it was a six-week or two-month workshop. So basically I came in, taught about diffusion—although that was

important because I met people from all the countries that—now the funny thing I was about to tell you is, he paid a one hundred dollar honorarium per day for married people and two hundred dollars for divorced—he was divorced at the time, and he thought divorced people needed a little more money, so.

**McFarlane** And he could get away with this.

**Rogers** Somehow he got away with it.

**McFarlane** That is funny.

**Rogers** It was a funny thing. I met some very key people at those summer workshops. I guess I went there every summer for six or seven or eight years, something like that. And some of those years overlapped the three-country project, so they were happening at the same time. I remember I met Haryono Suyono over there. He was a little different in that he was also getting his Ph.D., but I think he was the first Indonesian family planning official that I was to get to know, to be followed by many more. So, I was making personal acquaintances with people, which were to pay off in later years. So, there were the Don Bogue workshops. They were an important influence, and then there was another influence going on at the same time. How this came about I'm not certain, but because I had this AID project and that entailed going to Washington several times a year, I got to know the first AID officials in family planning, and that exposed me to the sort of political and policy side of family planning. Now I was studying the ground-root side in India in graduate school, but I remember being quite intrigued by this high-level policy side, and I became rather personal friends with these

AID officials that were there at the very beginnings. One was called Berman.  
Ever run into this name before?

**McFarlane** I believe so.

**Rogers** Edgar Berman, I think his name was. He was a Jewish medical doctor, and he was some kind—I think he was maybe a State Department official, actually, and his job was to get countries interested in family planning, a very delicate matter at that time.

**McFarlane** About what year would this be?

**Rogers** That was probably about '66.

**McFarlane** Okay, thanks.

**Rogers** So, pretty early on. I got to know quite well another—this was an AID employee, not the State Department—an Irish Catholic medical doctor who was in charge of getting family planning underway in Latin America, a Notre Dame graduate. You could see he was picked in part for his personal qualities. He was a very affable, pleasant man and not a hard-sell character. His last name was Duffy. What else could it be? I think his first name was Bill, and he was very eager to encourage the family planning part of the India project and to see if there was anything we could do in Brazil. There actually never was. The project was over before family planning really got underway in Brazil. These were the days when I'd say there was fear in Washington about the government doing anything in family planning, especially in Latin America.

And so, he had a very dicey job. He came to visit me at Michigan State, so we were personal friends somewhat as well as professional acquaintances.

It happened it was the weekend in November when Michigan State played Notre Dame for the national championship. Both schools had been undefeated. This was the last game of the season. So, I got tickets, and we went to the game together and had a great time. It ended in a 10-10 tie, so it couldn't have been better probably for our friendship. He introduced me, Duffy, and Berman [Edgar Berman].

Berman was Hubert Humphrey's personal physician, originally in Minneapolis and then moved to Washington. And Humphrey wasn't vice president yet, but he had clout on the liberal side of Washington legislators. So, I think Humphrey helped him get this high appointment in the State Department in family planning. It wasn't called family planning. It was called population—safer word in those days.

I'm probably dwelling on this too much, but through Duffy, especially, I got to know General Draper, interesting character he was. And Phyllis Piotrow was his assistant at this time. She just had or was getting her Ph.D. at [Johns] Hopkins [University] in population policy, mostly studying the U.S. as it went through the stages of gradual acceptance, and I remember a young Phyllis Piotrow carrying the general's papers. He was fairly old already by this time, and she would very nicely remind him, "Don't forget your attaché case, please. Remember this." You know the Draper story? Interested to hear anything?

**McFarlane**

No, and I'd like to—I think that would be important.

*Tape 1, side 1, ends; side 2 begins.*

**Rogers**

—General Draper story. He's from a wealthy San Francisco family that is

still mainly headquartered in San Francisco. I think it's a grandson, Bill III, today who's a very important venture capitalist, and so I found out. So, it was money family. Draper enlisted in the military in World War II and rose to be a general, so I'm not sure exactly what all he did. He was in Europe, but it was enough to get him promoted general. And he loved his title, and so he was General Draper from then on. Of course, he got to know General Eisenhower during the war, and when Eisenhower was elected president, and soon after he was elected president a few months, he pondered whether the Soviet Union had far more troops under arms than the U.S. did. And they didn't demobilize as much as we did after the war, and this made Eisenhower wonder whether this really was a threat or not. So, he appointed a commission, commonly called the Draper Commission, because General Draper headed it. Draper was a civilian at this time.

**McFarlane**

But called General.

**Rogers**

But still called General. And this commission of about eight or ten people had had several demographers on it, analyzed this situation. And its report mainly said the next war will be settled technologically in space and by advanced armaments, better tanks and so on, on land. It won't depend on the number of troops under arms. This was, of course, good news for the U.S. It also meant that starting with Eisenhower during his presidency the emphasis was begun on satellite technology, this for purposes of military surveillance originally, and it was also the beginnings of putting big money into computer science. So, space and computer science were the two main technological thrusts, viewed in retrospect quite wise, undoubtedly. And a

new unit with a lot of money was created in the Pentagon, inside the Pentagon, named ARPA, Advanced Research Projects Agency, still exists. It's called DARPA [Defense Advanced Research Projects Agency] today, and it was basically a funnel to funnel money, tax money, into departments of computer science, mostly at universities, about thirty of them, and into aerospace companies that pioneered on the satellite side.

So, this was all at least of partial consequence of the Draper Report. Working on this report, Draper had cared nothing about demography and population and so on. He told me this, at least. I think it's true—until this commission. And mostly the commission left him worried about too fast rates of population growth. If population was no longer a factor in future warfare, too much population would probably be a negative, and he got thoroughly acquainted with rates of population growth in the U.S., in developing countries, and became an advocate for population policy, actually for family planning.

**McFarlane**

Did he just come to this kind of looking at the data or were there political pressures?

**Rogers**

He just really believed that the world was on its way to its own self-destruction through population growth, and so he became a one-man pressure group in Washington. I don't think he was employed at this time. He was wealthy and could do whatever he wanted to do. He was middle-aged, roughly, and so had plenty of time to devote to this issue. He cultivated certain legislators and spent a lot of time with them, and I think in retrospect he played a key role in getting things started.

Let me now share with you one little vignette which probably tells you a lot about him. Through this whatever you want to call it—my gradual involvement in Washington, I suppose you could say, policy matters, because it had not much to do with my research findings—I was finding in India that the IUD was not going well and there was a very low rate of adoption, especially among villagers. They were studying large village dynamics, and India was a village nation. So, I certainly had some things to say about mostly bad moves of that family planning program, but this was mostly a hobby of knowing these people in Washington and meeting more. Sometime along in there, it was before the end of the sixties, so it was probably '68 or '69, I was appointed a member of an advisory committee funded by AID, carried out by—what's our big museum in Washington?

**McFarlane**

Smithsonian?

**Rogers**

Smithsonian. Carried out by the Smithsonian Institution in Washington. There were fifteen or twenty people on this committee, and they were very big people. Compared to me, they were very big people. There were two lords on it, English lords. (laughs)

**McFarlane**

On a USAID committee.

**Rogers**

AID was paying for it. It was really an advisory committee to the Smithsonian Foundation, shade of difference there. We met twice a year for two days in Washington. There was a maharajah on it from India, more about him and the general. The general was on it, of course. And so, I got to know these other, I'd say movers and shakers from various countries, and that was a great education. For some reason, after about two years of being a

member, I was an active member and tried to bring research findings into the discussion. The discussion was mostly practical policy matters: is x country getting interested in having a program, things like this.

Well, on this occasion I'm about to tell you about which was in the late sixties, we always began with a cocktail party at the Cosmos Club. Do you know the Cosmos Club in Washington? It's sort of an elite—or [was] at that time an elite men's club, and, in fact, sometimes we met at the Cosmos Club. Sometimes we just had this initial reception there. Anyway, this was the initial reception, and it happened I was talking with the maharajah. His full name was the Maharajah Gaekwar of Baroda, and this was a fairly minor maharajah-ship. But it did carry the title, and he was, in essence, the king of this piece of territory, not a small piece of territory. It included the city of Baroda and much of the state that it was in. And he'd been educated in England and was definitely an advocate for family planning in India. He was a member of Parliament, and he dressed rather like the Air India symbol. You remember, it was a sort of round Indian man with a red turban. And he was rather short and round and always wore a turban and usually a sports coat with an Ascot. You get the picture.

Okay, so I'm talking to him, having a drink, and General Draper comes into the room. This was certainly in the Cosmos Club, and comes right over to us. And the general knew I was doing a study in India and knew, of course, that the maharajah was from—oh, the maharajah always told people, Just call me Jackie. (McFarlane laughs) He was very friendly, not a stuck-up guy. So, the general comes over, and the general had just come back from a

fact-finding trip in India. The general liked to make fact-finding trips to countries, and he especially thought India was a key country, as indeed it certainly was. And while there, of course, he acted like an advocate, just as he did in Washington.

So he was just back from India and rushed over to us and said, “Jackie, I’ve just come back from your country, and it’s in a terrible crisis. It’s doing nothing effective about population.” And then he would quote some figures that population increased last year by so many million. Well, Jackie wasn’t really interested in that topic at that time. It seemed—he was very polite, however, and so he let the general talk on for several minutes. And then he said, “Dash it, I’ve got a date with the Pan-Am stewardess that flew me over here this afternoon, and you’ll have to excuse me because I’m sure she won’t wait.” So, Jackie went off to his date with the Pan Am stewardess, and I think the general was quite disappointed in him not playing a bigger role.

I lived in India for much of—okay, well, I’ll get to that. I guess that’s my little input about General Draper. He, I think, was very important in those early days in Washington. And without him I don’t think we, the U.S., would have moved as quickly, and AID wouldn’t have gotten the money for population that it got in those early days, had it not been for Draper.

Now there was another big event that really got me into family planning. This five-year project is over. I’m a happy professor teaching at Michigan State revising my diffusion book, and a former Ford Foundation official was a dean at Michigan State. He was the dean for international affairs. Exactly what that means, I never was very sure, but his first name was Ralph. What

was his last name? It doesn't matter. In any event, I remember this. I was coming up for a sabbatical. I had been there six years, and the next school year was going to be my sabbatical year. And it was May, and I didn't have a clue what I was going to do. Nothing leaped out at me as the obvious thing I should do. I sat next to this Ralph at a luncheon at Michigan State honoring somebody or something, and during the luncheon he rather innocently asked, "You've got a sabbatical leave coming up next year. What are you going to do?" This tells you something about a dean that would know that about a lowly faculty member. Of course, he was the dean of international programs, and I probably was one of the most active faculty members internationally, what with this big project.

**McFarlane**

It was a huge draw, yeah.

**Rogers**

So, I guess he was keeping his eye on me. So I said, "I don't have a clue, Ralph. I'm vacuous. I don't know." The next day I got a call from the Ford Foundation in New York asking if I would be receptive to a one-year travel and study grant to look at how family planning programs were using diffusion, and that was immediately appealing. I'm like, Ah, that's what I wanted to do with them. And they went on to explain that it included all travel costs and half my salary—I had the other half sabbatical—and I could go anywhere I wanted and stay there as long as I wanted to stay there.

So, it was like a ticket to go see the world. In many ways that changed my life and my lifestyle. Until then—you won't believe this, probably—but I always wore a different suit each day of class. So, each term I saw to it that I never wore the same clothes twice to class, and so I had this whole closet

full of suits. Of course, going on this kind of assignment, well, I had a small leather bag that I had purchased from Columbia about that long and about that big around, zipper tag, and so I planned to live out of it for a year. And I did have one suit in it because I imagined I would be going to see some big people occasionally, and sure enough I was, but mostly it was wash-and-wear shirts and a couple of jeans and very everyday sabbatical clothes. When I got back from that year, I gave all my suits to a worthy cause and got along with far fewer suits.

Anyway, the year entailed—Ralph certainly had arranged this year, and the countries that were—Ford Foundation gave me some advice. I obviously wanted to go back to India, and it probably had the mostly active family planning program then. So, it had the mostly experience to study, so I thought I would start there. And then Pakistan was coming on quite strong, and there was an East and West Pakistan still at this time.

**McFarlane**

What year is this, approximately?

**Rogers**

Yes, I wrote that down so I would have it. It was '70, '71. It was the '70-'71 school year, so it was the right thing at the right time. So, I spent the fall in India, I guess from mid-September through the first of January then to Pakistan. Spent a month in West and then a month in East Pakistan, now Bangladesh, then to Indonesia. I had never been in Indonesia, knew very little about it, but it was just starting a family planning program, and part of my assignment was not to give advice. It didn't say I couldn't give advice if asked, but that wasn't my job. My job was to see family planning diffusion at the grassroots, and there was plenty to see both in India and in Pakistan.

So, by the time I got to Indonesia, they were just really launching the national family planning program on a sort of pilot basis. Urban, there was an urban pilot in Jakarta and several rural projects, so, of course, I visited them. And how long did I spend in Indonesia? A couple of months, and I liked it a lot. It was a country that really clicked with me. I'll go back and tell you a little bit about each of these countries in a minute. Then Kenya was also getting started in family planning, so I flew from Indonesia to Kenya and spent a month in Kenya. And then on sort of the way home I spent a week in Ghana, which was just getting started during that time.

And then part of the year was to write up what I had learned. I was actually taking notes. I had plenty of time to write while I was in these countries, but then I came back and spent the last several months of that sabbatical year at Stanford [University] as a visiting prof, teaching a little but mostly writing a book out of this. And the main thing I was to look at—I forgot to say this—was communication. It was thought—I was in the department of communication at Michigan State.

So, the specific thing—well, what the Ford Foundation thought, and they were quite correct, is that in several of these countries family planning programs had outrun diffusion theory. In each of these countries that I visited, they used diffusion theory to a certain degree. They'd read my book and so on, but they found that a lot of it didn't work or had to be modified at least. And so, that was what I had been especially interested in. But more generally, each of these countries thought that communication was an important part of family planning, and it was such a big issue in most of

these countries. In fact, even deciding on the right word for family planning was a big issue in Indonesia. So, the Pop Council really had sort of taken the lead in thinking there was a potential in communication. And Bob Gillespie, his Isfahan project in Iran probably exemplified that best, and the program that George [Cernada] whatever his name is ran in Taiwan, also, so—okay, now a little more about each of the countries.

**McFarlane**

Will you get to what they were doing as you go through the countries?

**Rogers**

Yeah, in both Isfahan, which was inspired by Taiwan, because Bob had been in Taiwan before he went to Isfahan—in both countries, basically it was a family planning communication game, and, of course, it was infrastructure to support it, clinics and provision of services. But the main new thing—the main initiative was a pretty large-scale communication campaign using some fairly daring methods of communication, and I didn't visit Isfahan that year. That was the following year. I found an excuse to stop off for a week in Isfahan and visit Bob. When did I visit Taiwan? Not during that year. That must have been the following year, also. That year got me good and interested in family planning.

There was actually one predecessor to all of this. Does the name Bernard Berelson mean anything to you? Well, he worked for the Pop Council. He was later to become director of the Population Council, but at that stage he was hired to be in charge of its communication division. So, the Pop Council really took the lead in thinking that communication could be part of effective family planning progress, a fairly radical idea at its time. Anyway, Berelson called me one day, and this must have been in early '62, summer of

'62, and asked—well, he told me he had read a draft of my diffusion book. The Free Press was also publishing one of his books, and so somehow he had found out that they had my book underway.

So, he asked to see the manuscript, and they allowed him to do so. So, after reading it, he called me and asked if I'd come to New York for a day just to chat, and here I am, a little professor out in—or was I at that time? I was still at Ohio State at that time. So, I did, and, of course, we had a very nice long and liquid lunch together, New York, and it was obvious that he had really read this book very thoroughly. And he could see the similarities and differences to the so-called Taiwan project, the project that Ronald Freedman and Berelson had done. You know about that project?

**McFarlane**

Somewhat.

**Rogers**

Somewhat. Well, the short version is it was funded by the Pop Council. The Taiwan government was happy to have it. It was in the sort of in the second city of Taiwan, Taipei, and so it is commonly called the Taipei Project, or it used to be back in those days. Now you hear nothing about it. It's expounded history. It was, in essence, a field experiment with four interventions, cumulative. Let's see, the simplest one was, I think, just posters in a neighborhood. The second one was posters and group meetings run by a fieldworker. The third were those two plus a fieldworker making house calls on eligible couples. Only the IUD was promoted. The IUD was new at that time, and before this project there was no IUD in Taiwan. So, they knew they had a good measure of effect. That's three interventions and there was a fourth. Ah! The first one was nothing. Then the three that I

described.

**McFarlane**

So, a trial?

**Rogers**

Yeah. These were carried out in about 250 lins, or neighborhoods, from the city in Taipei. It ran for a year. It was tremendously successful, and the highest impact was from the most expensive intervention, the fieldworkers calling on homes. Its surprise finding, and in retrospect I personally think it was the most important finding, was many of these lins with nothing had a lot of IUD adoption, which could only happen by word of mouth from adopters and neighboring neighborhoods talking to the women there. During that year of the project, there was about a 20 percent adoption rate of the IUD, so this was pretty spectacular. It perhaps in retrospect was also a little dangerous because it made everybody think, Oh, family planning is easy. Everybody wants it, and here we are.

That project must have been 1961, and they wrote a book out of it. You can get the book, but the first publication was an article in *Scientific American*, which summarized the whole project. And that had already come out, and I had read it before Berelson called me. Anyway, that one-day trip to New York was a day of discussion about how well this diffusion model applied to family planning. Not perfectly and sometimes with a surprise and so on. So, that was a long time before this Ford Foundation fellowship, but it helped convince me that that could be a year well spent.

Okay, now let's go back to India where I started the year. And there the Ford Foundation knew I was coming and tried to treat me like an employee. There was a large Ford Foundation presence in India at that time, and they

had a good relationship with the government of India. So, basically I became an informal advisor to the family planning unit in the ministry of health and was assigned a young Indian scholar, just back from getting a Ph.D. in the U.S., to work with. He has become a life-long friend and runs a large survey/research company in India today. Bhaskara Rao was his name, and he and I traveled around India to look at promising contracts, places where there was something happening. And maybe it was a vasectomy campaign in a state or city that was—

*Tape 1 ends; tape 2, side 1, begins.*

**Rogers**

—and mistakes were being made. The Indian government was so big that it couldn't be very flexible, but there were local projects, some of them quite sizeable, that were quite promising. It removed some of the gloom about family planning in India that I had developed earlier on this three-nation project from gathering data at the national level. However, by this time, 1970, the IUD had disappeared. It had so many disadopters, and they told potential adopters that it was dead in the water. Vasectomy was going pretty strong, and there were many international efforts to try to get India to approve the pill. In 1970, by this time, there was such extensive experience with the pill that I remember a visit that Malcolm Potts made to India— Potts, he was the medical advisor to International Planned Parenthood of London. Do you know Potts? Ever heard of him?

**McFarlane**

Mm-hm.

**Rogers**

The meeting was with the All India Council of Medical Sciences, and they hosted the National Council on Family Planning, which was, I think, entirely

gynecologists, old men, nine or ten or twelve of them. And they met from time to time, and this meeting had been arranged to consider again the pill. Pottsy was a fabulous salesman, and he brought to the meeting a bag of rice and spilled it out on the mahogany table that we sat around and said, "These are a million grains of white rice that represent a million Indian women of fertile age." Then he spilled out a smaller sack. I forget exactly how many but something like a hundred red grains of rice, rice that had been dyed red, red the color of death in India. And he said, "These are the women that will die from complications." It was less than 160 per year if these million Indian women adopted the IUD or the oral pill. These are the women who die from complications, aneurism and so on. Then he spilled out another sack of rice. I think that was a hundred and something grains of rice. He said, "These are the women that will die from childbirth of children they don't want to have." So, here are the two consequences of the decision. And he said, "Now you decide. It's your decision."

Of course, they decided that Indian women were not yet prepared to adopt oral contraceptive pill. And the main argument was that most were illiterate—80 percent—and so they couldn't count, so they couldn't properly take the pill. That was the argument. It was a silly argument, but that's—so another year or two went on before the pill began in India.

That year, however, the fall that I was in India, 1970, was the year that the government family planning program got into the condom business in a big way, social marketing. And I saw that from the ground up and took part in a pilot project, first in one village, then in one province where the condom

distribution program was tested. Then it went into effect nationally the following year. So, it was a good time to be in India. Then on to Pakistan. The only way to get from India to Pakistan was there was a twice-a-week Pan Am[erican Airways] flight from Delhi to Islamabad, the capital. This was part of an around-the-world trip, Pan Am 1. Then Pan Am 2 went the other way because PIA [Pakistan International Airlines] couldn't land in India, and Indian Airlines and Air India couldn't land at Pakistan. So, this was the only connection.

Okay, so in early January I take this flight to Islamabad. It arrives about three or four in the morning, and the airport is just crammed with people, beggars pawing at you and people grabbing your bag, and not a very pleasant welcome and strange at that hour in the morning it seems, as well. But anyway, I got out of the airport, out to the curb, and there was a government of Pakistan car and driver. And the driver had an envelope for me which was a very fancy envelope, and the letter inside said, "Dr. Rogers, Welcome to my country. Please proceed to the Marala Barrage Guesthouse." Now, I didn't know where Marala was, and a barrage left me puzzled. It actually means a very low dam. It's a British word for a very low dam, and there was a government rest house at this Marala Barrage. It was signed—well, there was a typed signature block, Wajih Hudein Ammad, deputy minister for family planning, government of Pakistan, and it was signed Wajih. I had never met him, and I had not heard of him actually by that time. He had made his way up through the Pakistan elite government service. They'd been in charge of a variety of different projects, and they had all been, fortunately

for him, successful. His most recent assignment had been to be mayor of Islamabad, the capital city, and then he was appointed in charge of family planning, deputy minister in charge of family planning, which was part of the ministry of health.

So, the driver and I drive up the Grand Trunk Road to Morala, which turns out to be in Sialkot District. Sialkot District is a border district with India. The Punjab of India is on the other side, and it had been the scene of a very large tank battle during the India-Pakistan war, which had happened three years before I got there in January of '70. On the way, the driver and I got caught in a road trap, you could call it. You were in it before you knew you were in it. It was in a market town in the heart of the market, and you were surrounded by a line of cars moving slowly and then people on all sides. And before we knew what was happening, a gang of young guys grabbed the driver and I out of the car and beat us up. And he had a uniform, sort of a government uniform on, almost a military-like uniform, and before I could know what was happening a machete flashed and his necktie was cut off just below the knot. I thought he was going to have his throat cut, but it wasn't that. The driver was, of course, furious about this. I think he was in part a bodyguard as well as a driver, and this wasn't supposed to happen.

Well, we go on to the Marala Barrage Guesthouse, arrived about mid-morning, and there's Wajih Hudein Ammad indeed in a three-piece suit with a silk tie cut off below the knot. So, when we meet each other, he sees the driver and he says, "Oh, you met these young guys back in the market town,

didn't you?" And I say, "Yeah, we did." And he said, "Well, you may not approve of what they did, but they're historically correct." And I said, "Oh, great, historically correct."

And he then went on to explain that neckties arose as a result of the Crusades when the crusaders went to the countries they went to to fight. As they left England and France, their girlfriends and wives, whatever, gave them their scarves. They tied the scarves around their necks outside of the body armor, and in the confusion of battle this was how you told Christians from Muslims. This evolved into the necktie, and indeed I don't think many people in Christian countries know this. But in the Middle East it's very well known, and if you notice, let's say these new leaders of Iraq that you see on TV, almost never do they wear a necktie, same thing in Iran. So, that whole part of the world—business people do wear neckties, so there's exceptions to this, but government officials generally don't wear neckties. And giving a necktie as a gift is a bad offense in those countries, you can imagine.

**McFarlane**

(laughs) Here, I brought you a present.

**Rogers**

Okay, so I asked Wajih, "Okay, why are these guys out on a necktie-cutting mission?" And he said, well, a book was published in London the previous day and it was critical of the prophet Mohammed and it set off rioting throughout the Middle East. In Pakistan, the U.S. Embassy and the British Embassy were both burned, and some U.S. companies were also destroyed. And this happened in other countries throughout the Middle East, so it was a day of rioting throughout the Middle East about this. But I was happy to be out in Sialkot District with a high government official. He had four or

five staff members there, and he had chosen Sialkot as a pilot project for a fieldworker campaign modeled after the Taiwan campaign.

So, following were three or four days of rather exciting discussions out in the field or at his guesthouse drinking tea or riding around Sialkot District or hearing reports from the staff members. They were mostly doing evaluation of this intervention. It was expensive, and the question was, Is it worth the expense? They were getting results, but were the results cost effective?

Okay, so that was my introduction to the family planning program in Pakistan. As I said, I spent a month in West, most of it in Lahore, which was where most of the family planning activities were underway, a little of it in Islamabad. And then I flew to Bangladesh and East Pakistan and the very different family planning program that was underway there in a very different culture. Then on to Indonesia. So, it was a great year. I don't know how I could have learned more about family planning mainly in Asia than spending a year driving around looking at it at the grassroots. And, of course, the Ford Foundation was always there if I needed help. Usually they provided transportation, ground transportation, a car and a driver. So, you could see a lot of a country under that kind of an arrangement. It was a great year. I learned Bahasa Indonesian in the months that I was there—it's an easy language to learn—most of it from the driver who drove this car. And guess what? He had been the driver for Ralph, the guy back at Michigan State, who had been in charge of the Ford Foundation operation in Indonesia before he came to Michigan State.

**McFarlane** Well, that's fascinating, yeah.

**Rogers** That was quite fascinating. Anyway, I came home and wrote this book. The book was called *Communication Strategies for Family Planning*, and it basically argued that in the typical country the first era was one of establishing clinics and getting them staffed and so on. And then a next era some years later—Corinne [Rogers's wife], come over and say hi.

**McFarlane** Do you want to stop?

**Rogers** Do you want to say hi on tape or not on tape? Okay, well, we'll keep going then. But eventually that dried up. There weren't many new adopters at the clinics. It leveled off. That was more correct. And so, this was then an era of outreach, and that meant family planning fieldworkers and a more active mass communication campaign. And in some countries it meant paying incentives, more incentives. So, what my book advocated was moving more swiftly into this outreach era.

Of course, it was additive. It was clinics plus—it was competent services plus outreach. And in countries and pieces of countries that I analyzed, after several years of the clinic era, the number of family planning adopters was more or less leveling off, and then the outreach would begin, let's say, in a province. Sialkot District is an example. A number of adopters would shoot up and continue shooting up for some time, but eventually it would level off again. And then there was a potential third era in some countries like Indonesia. This was our friend Haryono Suyono, who organized very intensive campaigns to coerce—my word—potential adopters into adopting, and that seemed to work okay in places like Indonesia. In some other

countries with other values it wouldn't work at all, and he never claimed it would. There's an interesting article written about the family planning campaigns in Java for the—what method? I think the—what's the name of it?

**McFarlane** Oh, Depo?

**Rogers** Yeah, basically Depo-Provera. What's the particular name for the little things that are inserted usually in the underarm?

**McFarlane** Norplant, now.

**Rogers** Norplant, and there's an article published in *Studies in Family Planning*, came out three years ago, and it's quite critical of this approach in Indonesia. It did get adopters, lots of adopters. Eventually up to 60 percent of couples in the fertile age range were using a contraceptive, so that's pretty miraculous. But this article argued that adopters weren't told that there could be side effects of Norplant, nor that they could be removed, and, in fact, very few were, compared to other parts of the world, other countries, and that in the long range this could be disastrous. It was an invitation for complications when you do that. So, I think there's a lot of truth in this article, and it has aided and backed up many of these decisions. So, this third era of let's call them coercive campaigns worked sometimes, just didn't work others and have the potential for some severe side effects. I think Asian countries in general have values that differ from the West, and there's a much greater tolerance for coercion: China, Indonesia being cases in point. Well, let's see.

So, where does that leave me? I come home, write this book. It was published in '73, and I made several trips back to those countries at their

invitation to give advice, typically for a month in Indonesia or whatever. But the other noteworthy item from my career that I ought to mention, and then we'll get perhaps to some of these points, was a study that I did in Korea, (pause in recording)

And this began just before moving to the University of Michigan. Now that move was important. I had been nine years at Michigan State, but there was a new Ph.D. program in mass comm starting up at Michigan, and they were interested in hiring half of me. And the department of population planning wanted the other half, so nothing could be finer. So, I spent '73, '75 at Michigan, and Stanford offered me an endowed professorship in '75, and I moved there. But during the last year or two at Michigan State, and this would have probably been '72, '73, I had become very interested in networks, particularly at the village level. I would see outcroppings of them, but I didn't think that anyone had done a very good study yet of networks.

By coincidence, I was invited to spend two or three months, I think, at the East-West Communication Institute, and basically they were studying family planning. There was the Population Institute, but there was also in those days a communication institute. And so, I taught short courses, made contacts with officials from various countries. And in one seminar that I taught, there was a very sharp youngish Korean professor named K. K. Chung, C-h-u-n-g. He regularly taught in the School of Public Health at Seoul National University in Seoul, and it happened that he was also interested in networks and in family planning diffusion, and so was his boss, the dean of the School of Public Health. His name was Dr. Park, who had a

Ph.D. in public health from Minnesota.

So, while K. K. Chung and I and Larry Kincaid—Kincaid was a regular faculty member in Hawaii. I was there temporarily. We spent hours together planning how to do a study of the diffusion of family planning through networks in Korea. K. K. Chung and Park then submitted the proposal with Larry Kincaid and I as consultants to the project. Their project—they were consultants, too, to the Asia Foundation. Miracle of all miracles it got funded, not a lot of money, fifty thousand, but research was cheap in Korea at that time.

And Kincaid and I spent a summer in Korea while the study was underway helping finalize the questionnaire and the methodology and so on. It was a very enthusiastic study for fifty thousand bucks. We interviewed all of the women of fertile age in twenty-five villages, and there was on the average about thirty-five women per village—some were bigger; some were smaller—so we could analyze all kinds of things we could do. One of the first things that leaped out at us and has been found in other countries like Thailand in other sense is that some villages, 100 percent of the adopters had adopted the oral contraceptive pill. In a neighboring village we studied, 100 percent adopted the IUD. So, we began to call these “pill villages” and “IUD villages,” and we had a “vasectomy village” also. There were also villages that had a variety of methods, maybe half of them.

But when you think about it, how the hell could all the women who adopted family planning method adopt the same one? It just was—there were family planning fieldworkers who called on these villages regularly, and

by law the national family planning program included five methods. And they were all to be promoted equally, so it didn't seem that it was due to the fieldworkers. We also interviewed the fieldworkers. It seemed clearly that it was due to a woman in a village, a couple of women in a village, adopting a method, and then it spread to other women through informal discussions. Korean villages are clustered villages. All the homes are together, and then people go out and work in the fields outside. Okay, so we asked sociometric questions. Who do you talk with about family planning, who do you get advice from, and so on, leaving us a lot of data to analyze. All of the fifty thousand was used up in gathering the data. The interviewers were master's students, men and women, in the School of Public Health, so national. One of them was particularly capable, (name unclear). Did you know him, mention him?

**McFarlane** No.

**Rogers** Probably don't remember him. Well, he—

**McFarlane** Oh, yeah.

**Rogers** Anyway, he got his Ph.D. out of the data at Michigan. There was a book in Korean mainly written by Chung and Park which didn't deal so much with networks. It was more a KAP study, of which we already had lots of at that time. But then Kincaid and I wrote a book published in English by Free Press called *Communication Networks*, and it was a general book about how to analyze network data, but it used as examples the Korean data.

We, among other things, compared one village—we called it A, in which I think there was about 70 percent adoption by eligible couples—with B, a

village of the exactly same size that had about 15 percent adoption, and tried to figure out why. And, of course, we especially analyzed A, and that's the first chapter of this *Communication Networks* book, called "The Miracle of Orvlyi." The real name of that village was Orvlyi, which means "village beside the willow trees," and there were willow trees alongside this little stream, small river, that went through the village. And it's a fascinating story of two cliques, a majority clique and a smaller clique, and a very dynamic leader that led the larger clique, a Mrs. Ching. And the miracle really was the economic miracle. This Orvlyi was the poorest village in its township, which was the poorest township in its county, which was the poorest county in its province, which was the poorest province in Korea, so this must have been one of the poorest villages in Asia, by money measures. But they had a very effective women's club of family planning adopters led by this Mrs. Ching who was anything but an obvious leader. She was very modest and very good at getting consensus, and she had an unusual leadership style. You eventually—the mother's club—

*Tape 2, side 1, ends; side 2 begins.*

**Rogers**

Women individually couldn't own money in Korea. It was illegal for a woman to have money individually. Now her husband could give her some money, that was possible, but as a group they could have money. The law didn't say anything about that. So, they started a variety of penny capitalism kind of projects which were successful and grew, and ultimately they led to the thing this village badly wanted. They had a neighboring village which was richer upstream, and the richer village had a bridge, and Orvlyi didn't have a

bridge. So, whenever there was a flood, the children had to get their feet wet because the upper village wouldn't let them go across on their bridge. They hated this upper village. The people in Orvlyi claimed that the people in that village urinated in the water, which then came down to Orvlyi.

So, their ultimate goal finally was to get a bridge, and this little fund that the club had was getting bigger sort of penny by penny. They did it the hard way. Each family gave up about a tenth of their rice. They had rice three meals a day, and then that rice was put aside and each month donated at the meetings of the Orvlyi club. Then they sold the rice to make some money. I'll spare you all the details. They're all in this chapter.

Eventually, Mrs. Ching won the national prize for civilian service, you could say. I don't know that we have anything quite like it, sort of a national outstanding performance. Not many women win this. It entailed going to the White House—it's the Blue House in Korea—and this is bestowed by the president of the nation. And it includes a dollar award of about three thousand dollars, very big money for a poor Korean woman. She, of course, did the right thing. She donated it to this fund, so now their fund was thousands of dollars, and they built a bridge. This bridge—I wish I had a photograph of it to show you. It's a concrete bridge, and you could drive tanks over it. It was that solid. It's a much bigger bridge than the village upstream has, and it used up just about all of their money. But the bridge has a plaque on it, which says, "This bridge built by the Orvlyi Mother's Club," and they're very proud of it. It'll stand there forever, believe me. Even if the river changes course someday, that cement bridge will be there.

Well, that study, I was analyzing the data with researchers at the University of Michigan while I was at Michigan those two years, and the book, however, *Communication Networks*, took a couple more years. So, the first couple of years I was at Stanford I was finishing up the book. It didn't make a big splash, but once in a while it still gets cited, so. Unlike most previous network studies, we were trying to explain something, the diffusion of family planning. And, of course, we had villages where that had happened a lot and not a lot, and so K. K. Chung collaborated in the data analysis. He was very competent with data analysis, came to the U.S. several times, didn't do quite enough to become a co-author. He never really understood in-depth network analysis, and he played a very important role in the study, but not quite enough, I think, to become a co-author. So, it was myself and Kincaid on the book. Shall we go now to some of these things?

**McFarlane**

Sure, I still have—

**Rogers**

Okay, I think I've talked more than enough about how I got motivated. It happened gradually, in summary, and it grew out of my interest in diffusion and it probably added some new energy to my career. I really lost interest in studying agricultural diffusion, mainly after that three-nation study. Sort of, why could I do the top of that, anyway? It was such a big study. And so, hence population/family planning came along at just the right time. It also interested me for altruistic reasons, the same kind of reasons I guess I've attributed to General Draper. I thought it was an important world problem, and I thought the academic specialty that I had could contribute towards it. I'm going to tell you a study that—a little story here that probably doesn't

bear too much on the total interview, but one of the items here, 13C, is mostly about work.

**McFarlane**

This is just an outline.

**Rogers**

The first village surveys that we did in which we asked sociometric questions, network questions, didn't go well, and people were reluctant to give other people's names. Mainly they suspected us outsiders of being government officials or something. This is one of the first villages in which we gathered network data. It was a village in Ludhiana District in the Punjab in India, and there was a local Indian scholar named Yadiv. He had other names, but no one ever called him anything but Yadiv, which means warrior, and he was a wraith, a very thin man totally committed to this kind of research. And when I met him he was in charge of evaluation research of an agricultural diffusion program in this Ludhiana District. He eventually came to Michigan State and got a Ph.D.

Anyway, I went to Ludhiana and helped Yadiv make up his questionnaire and spent several of the first days of the interviewing there. On the evening of the first day of interviewing—we lived in hammocks in this village. It was in the summer, and food was cooked for us by one of the village women. We paid her, too. She cooked village food. It was pretty expensive. Anyway, while we were sitting around eating that first night, everybody was talking about this one villager who is a very big opinionate named Manmohan Singh. A different Manmohan Singh is today the prime minister of India. It's easy for me to remember his name from this incident in the sixties. Well, we couldn't believe it. All of our respondents are telling

us, Manmohan Singh. So, we ask this village housewife, Who is this Manmohan Singh? What does he do? And she said, “Well, all the men in this village are named Manmohan Singh.”

That was something we had not counted on. So, of course our obvious next question was, How do you tell people apart? And she said, “Well, we add other words like ‘fat Manmohan Singh’ or ‘Manmohan Singh who lives by the village stream,’” whatever. And we said, Why did you decide to call yourselves Manmohan Singh, every male Manmohan Singh? And she said, “Well, we have a belief that we all descended from a common ancestor.” At that time the village was in Pakistan, and at the time of partition they had to move. And so, they walked a hundred and some odd miles to the present site, and so they believed that they had a common ancestor named Manmohan Singh. That’s why they all took the name of Manmohan Singh.

Well, that kind of situation was very hard on sociometric questions and network data. Of course, the next day when somebody said, “Oh, I always talked to Manmohan Singh about that,” we’d say, Which one? And got it straight. The physical difficulties were of some importance. I was ill usually with minor things, diarrhea or fevers, when I was working in villages, and I knew I was paying a price, which would probably ultimately catch up with me, but it didn’t concern me a lot. And I think that did make it more difficult, but the challenge of gathering data of that kind at that time under those conditions was very fulfilling ultimately.

If one asked the question, Did the data really improve family planning? Some of it did, and I can give you some specific examples. Most of it

amounted to writing reports with the co-authors from that country and hoping that somebody read them and did the right thing on the basis of them, but here's an example of direct action. This was on an occasion when I was invited back to Indonesia. Probably it was the following year after the '70-'71 Ford Foundation year, and with four Indonesia officials from Jakarta we decided to do a very practical, on-the-ground research in sixteen clinics. And we picked these sixteen clinics to be typical of the nation, which was actually Java and Bali at the time. It was the only place a family planning program was. So, I think we had a couple of urban clinics in Jakarta and one in another city, and then most of the rest were rural, open country, or small village.

And we spent one day in each of the sixteen, which sounds like you wouldn't learn much, but with five of us we found out quite a bit. And always the morning started with a briefing by the director of the clinic, which was usually a male medical doctor, and he always had his chart showing for each method how many adoptions. And then individually we would interview the staff members and then individually interview a handful of clients. So, we got a pretty good idea of each of these sixteen clinics, and basically we were looking for negatives, for factors that were holding them back, for problems that they thought they had. And we learned a lot, and the fact that these were national family planning officials who were learning them, of course, helped get them put into action also.

But now I'll tell you about the first clinic we went to, which was in urban Jakarta—it was actually in the suburbs of Jakarta. And the clinic director is

giving us his briefing, and everything's going out except condoms, and they're just going down to nothing in the last month. So, the obvious question is, What's going along with the condom program? And he said, "Well, the supply chain is now filled with inappropriate condoms." And we said, Can we see them?

So, a bunch were brought out and put on the table, and they were very oversized condoms. They'd been donated by the U.S. They were made by Oneida Rubber Company, and they must have been large sized even in the U.S. But, in any event, they were surplus, and so they'd been gifted to the Indonesian government, which is the kind of thing you don't want to see happen. And somehow without anybody really knowing it I think they found their way out through the supply chain, and they were all that there was. And so, from then on every one of the sixteen clinics, one of the first things we asked about was the gargantuan condoms. And they were everywhere, and the rate of adoption of condoms was zero or near it.

So, when we get back to Jakarta, we rode in a government vehicle from clinic to clinic, ending up in Bali on the far end of Jakarta and then drove back, and for the next couple of days by agreement it was my job to write up an English draft of that report. The most exciting, important part of it was what was going wrong in each of these clinics and what could be done about it. We made recommendations. Well, of course, the large condoms were one of the items, obviously. And then we presented this report to the consulate that ran the family planning program in Indonesia, and somehow it became my job to present the one about the condoms. And—

**McFarlane**

You're the communication expert.

**Rogers**

And I was a foreigner, so I think that was a part of it. So anyway, I told this sad story and showed a typical clinic graph with condoms going up, and, of course, people were incredulous. They wouldn't believe it. The four people who had been with me believed it, but nobody else. We knew this would happen, so we had a supply of the large condoms and brought them out then. There was a lot of laughter and giggling and stuff like that. The director of logistics, the supply guy—while everybody was laughing, I happened to notice his face. And he wasn't laughing and he wasn't happy, and sort of by accident I think this came out as a slur on him. And indeed at first he insisted that this wasn't happening, that these large condoms were not in clinics.

The general stopped the silliness by ordering us, he said, "Well, find out where those condoms are and destroy every one of them, because they are destroying our condom movement," a very sensible thing to say. So, there's a case of where I know that something we found directly was put into action, and how long it would have gone before this would have come to attention I don't know. But there definitely was a gap between the clinical level, the operation level, and the national level. And so, I'm sure it would have eventually gotten up to the national level.

Now, the consequence for me was not so klutzy. That was my last trip to Indonesia for twenty years, and on a couple of occasions I was invited and I'd apply for a visa, and it never came. And I'm pretty sure this was somehow connected with this debacle of large condoms. Eventually, it was

settled in a funny way. A high official had two grown daughters who went to college in the U.S. This is twenty years later, and he would be invited to a U.S. conference and come to Los Angeles to—well, one of them was in a small private school in Los Angeles, and so he would come. And there were Indonesian family planning officials doing grad work at USC [University of Southern California], and I knew them well and was teaching them and saw them.

**McFarlane** Which is where you went after—

**Rogers** Pardon?

**McFarlane** Which is where you went after Stanford.

**Rogers** Oh, yes, this is where I went after Stanford. So, by this time it was the late eighties, probably. It's more than twenty years, twenty-five years, and one of these students told me, "(name unclear) is here in Los Angeles and visiting his daughter, and he'd like to talk to you." And I said, "That'd be great." So, we talked by telephone. They gave me this number, and we talked for fifteen or twenty minutes, and quite poignantly he said, "You haven't been in Indonesia for a long time, and you ought to come back and see what we've done." Shortly thereafter I got an invitation and got a visa and was back in Indonesia again, and I've been back several times since. But anyway, I cite this as an example of difficult work and also of seeing/applying kind of research that immediately got put into practice. There's one more side to that story. At the time it spread, not widely, but people knew about it, about the large condoms and about my presenting a recommendation to rid of them and so on. Ever heard of Sam Keeney?

**McFarlane**

Yes.

**Rogers**

From Bob Gillespie, for one thing, maybe, no?

**McFarlane**

Yeah.

**Rogers**

He was more or less his mentor then. Keeney was quite a character, and he believed in this on-the-ground operational research, like visiting these sixteen clinics. In fact, that's what he did in Asian countries for the Pop Council, and he was so old and so beloved that when something was wrong he was very blunt. He'd tell about it, and usually it got changed. He didn't think much of what I did. We got along alright, and we'd run into each other from time to time in various Asian countries. But without ever saying so, it was clear that he didn't think much of research of the kind I was doing because he didn't think it led to action, and he may have been at least partly correct. Okay, well, after the Indonesian debacle with large condoms, he came to Indonesia within a month after that event and heard all about it and took various people, Americans and Asians [aside and said,] You know this Rogers? He isn't such a bad guy after all. And I think he wrote me a letter on hotel stationery from one of these decrepit old hotels that he loved to stay in Asia, and he said something very positive about me. Oh, I think he told me the large condoms had all been destroyed. I think that was mainly what the letter was about. Sam Keeney. (pause in recording)

The earliest years doing all this material we've been over and the years we've been over were the early years when I was getting interested in family planning and when our government was trying to play a bigger role in it and being very wary, especially in Latin America, was doing nothing in Africa at

that time. And so, Asia was so much easier but not much going on in Latin America. So, it was a tip-toe era, I would say, and General Draper added considerable spice to that era.

Question 14 asks, I think, what my main focus was. It was mostly on the communication aspects of family planning, and there wasn't much of that going on, and there weren't many people involved in it, Gillespie being one of few. I did get interested in the technology. I guess I couldn't help but get interested in the technology. Starting with India and the IUD in mid-ish sixties, the last half of the sixties, many Indian women did have—it seemed they thought they had pretty severe side effects from the IUD, and at least many reported severe bleeding. And Hindus and Muslims, neither believe that a husband and wife can have intercourse during menstruation, so you can see this is not an incidental side effect.

And then there was a very common rumor, totally false but nevertheless, that in whatever village you were in, in this village, a husband and a wife had gotten stuck having intercourse. The wife had adopted an IUD, and they couldn't get separated. Well, that's impossible with humans. It is possible with canines. Dogs can get stuck, foxes especially and certain kinds of dogs, and so it was a believable rumor. And we tried to trace it to its origins. The first step in trying to combat it is disproving it. And in some villages, at least, it was traditional birth delivery women who were, of course, losing business due to fewer births, and these women were respected, and so in some cases they were spreading this rumor.

Well, so I guess first I got interested in what factors led people, women

especially, to discontinue using some method and then how many people did they tell about their negative experience. That became quite important. I became so interested in the technology side that I wound up being on a WHO committee that met twice a year for two or three days in Geneva, usually, and conducted research on the acceptability of family planning methods and did research to try to find out what would make them more acceptable and so on. That was an important committee. I was the only American on it.

**McFarlane**

When was this work done, approximately?

**Rogers**

Good question. Well, I was living in Ann Arbor, so it was through '75, and it probably started in '71 or '72. Went on for four years and with an Indian scholar, Udai Pareek, we wrote sort of a manual on acceptability, on doing acceptability research and on acceptability itself. Now, this was a committee of the—

*Tape 2 ends; tape 3, side 1, begins.*

**Rogers**

And, of course, it got into it from the medical side, and it got special grants from the northern European countries—Denmark, Sweden, Norway, and so on—to establish this program in human reproduction. And basically they were doing biomedical research to try to find new contraceptives. And they had an advisory committee, not ours, of people from industry, from companies that made oral pills and so on. And these were vice presidents and directors of marketing and so on. They were companies that were selling their product in developing countries, and they forced this program in human reproduction to get interested in acceptability.

They said, Look, when we bring a new drug to market, we would never do so without extensive testing of its acceptability. Will it have side effects? How will people perceive these side effects? And so on. So, the main thing our committee recommended—this is the acceptability committee—is male contraceptives, and there were very few. It was a small percent of all people in Latin America, Africa, and Asia that were adopters that were males at that time, and that was vasectomy and only in a few places and injection. In many countries, an injection sounded powerful to people, and they had a great belief in injections. And they could generally get injections at a local pharmacy, so they didn't have to go to a doctor for injection. These kind of recommendations at the time were pretty useless to this program in human reproduction.

Well, we don't have anything for men. And the male side of pregnancy is so difficult to intervene with, and there are all kinds of reasons why. Now, of course, we do have male contraceptives, some other kind. Also, any method that could avoid genital manipulation would be good. And this made the condom not so good, and it made some other methods not so good. So, an oral pill or an injection looked like it would be very acceptable, mostly, in these countries.

So, this committee in a number of countries did data gathering on what would be an ideal contraceptive for you, and people could give very reasonable answers to this. So, maybe there was an example of where we intervened somewhat on technology. One other little thing, and I'm not so sure of this. In these surveys that I was doing, I was learning about IUD side

effects in some countries. Later on where it was the oral pill, side effects of the oral pill, and a common thing that I was told by respondents is, This is the wrong size. This is too big. This is too powerful. The oral pill, for instance, was by many adopters thought to be too powerful, too strong, and could they get a weaker—of course, now we have them. At the time I reported these findings about a smaller IUD, there was a standard-size IUD. There was a standard oral pill. And when I would report this to various bodies, I won't say I was laughed at, but I was told, No, this is foolishness.

**McFarlane**

But you had actually had data from people?

**Rogers**

I had data from people, and not everybody laughed, so maybe somehow that got through to some of the right decision makers eventually. I never was sure, but the fact that there were low-dose oral contraceptive pills and three sizes of IUDs, *a*, *b*, and *c*, and that there were of much lower rates of side effects with them. I guess there's a general point there, the general point being the quality of contraceptive services, whatever that means exactly. I would say the common belief among family planners used to be that that didn't matter, and I shared that belief. And it was these respondents which eventually wore me down and made me think, Okay, I believe there is something there. But then it was difficult to convince other people.

I remember when Karin [??] told me about one of her projects at Johns Hopkins in East Africa in which training was given to clinic staff to make them more polite and more willing to listen to a client about what method they wanted, simple as that sounds, and what good effects that had on the rate of adoption, not just on the rate of discontinuance of those people, but

on other people, that they said, We were treated very well at this clinic. By that time, the Hopkins program had a gold star on the clinic and a gold star on the nurse's cap and so on, and that was promoted in a mass media campaign. So, there was more to it than just the training, but the training, which was a means of getting higher quality service provided, had sizeable and measurable effects. That helped change my mind also.

And I believe it was a very common belief among most international advisors and most country officials that the task is to get family planning adopters, and the quality really doesn't matter so much. Anyway, so mostly I worked on how to speed up the diffusion of family planning methods, especially in the second era, the outreach era. So, this included training of field workers and creation of and pre-testing of mass media materials and so on. People who were planning and managed programs—I have a story which bears on this.

During those early years of the national family planning program in Indonesia, there were thousands of fieldworkers who were hired, and they were hired from the local community, from people who applied, basically. Usually they were women. Usually they were youngish women, not necessarily young, but youngish married women, and they got two weeks of training. And I helped design their training and give some of the training courses, and then later on I got interested in why some fieldworkers were more effective than others. They filed daily, weekly, and monthly reports, and so one could look at a thousand fieldworkers in a province and see a tremendous variety of results. And so I thought, For starters, let's interview

some of the high performers and the low performers. So, this was in central Java.

I worked with a family planning official, an Indonesian from the national headquarters office in the evaluation unit. So, he and I went out to central Java and analyzed these records and picked, I think, eight or ten of the highest performers, and they were really up there. They really had big numbers, and then eight or ten—maybe not of the lowest but of the lower. Okay, my story there is on one of these fieldworkers, and she was one of these highest performers out of a thousand fieldworkers or so. She was really up there. And we have to track her down, and that's not easy finding her. But we finally find her, and to my surprise she's quite a young girl, about seventeen, unmarried, no children and unmarried. And these were not the qualities that we had been telling local officials that they ought to be hiring for.

And so, of course, our first questions were, How do you do it? She was averaging eight to ten new adopters a day, and her only means of travel was a bicycle, and this was in the rural countryside. So, she was surprised that we were interested. She said, well, she got up in the morning and started calling on houses and at the end of the day stopped, and the next day the same thing. And we said, Do you get up extra early to contact women in their homes before they've gone to the fields or something? She said no. She found that sometimes women were too busy in their homes cooking and cleaning and so on. So, she didn't think that was important. So, she didn't start especially early. She didn't contact a lot of people. The record also

showed how many homes she contacted and how many adopters she had. She had a good average. I mean, she was above average at success, but not phenomenally. We spent several hours with her. When it was all over, we still didn't know why she was doing such a good job. But there was a supervisor checking closely on her, so these were not bogus figures. These were the real thing. We asked her if she'd be willing to come to the next two-week training course and tell the new fieldworkers how she did it, and she said, well, she would be willing to, but she had nothing to say.

So, that little study got no place. We couldn't really find anything that distinctively set apart the very successful from the less successful fieldworkers. Different ones did different things, but there was no general pattern of things that we could recommend be part of the training of a fieldworker.

Of course, part of the training was about methods, so they would let them talk about that. And the ideal fieldworker was a woman who was using a method and could say so, and they did get asked, Are you using a method? Usually it was very sly. First, whether they were wearing a wedding ring or not. And then they'd be asked, usually near the end of the home visit, Do you have any children? One or two. Well, why do you just have one or two? And then the woman would usually say, Well, we use a contraceptive. That's all the children we're going to have. And in an area where the average number of children was eight or nine, that was quite spectacular. But this young woman didn't have a wedding ring, didn't have children, didn't have—she wasn't a family planning adopter. So, none of that was working

for her. But for some of it, it did.

Any general questions you want to ask? I've about told you the main things that I can remember.

**McFarlane**

You've done work in a number of fields in communication. Has family planning informed your knowledge, study of communication?

**Rogers**

Yes. One very big thing which I observed in India in the fall of '70 and then saw again much more in Pakistan and Indonesia, and it, in turn, was inspired by the Taichung study, the Freedman and Berelson study, and that was the importance of fieldworkers, some professional fieldworkers. Not doctors, not people with nursing degrees, but people that were recruited out of the community, given a little training and then given some supervision, and they could make a family planning program go, and there was nothing quite like that in agriculture. The main change agent was a county extension agent who had a degree, at least one degree, in agriculture, college degree, so there was very little use of sort paraprofessional aides. But there was in family planning, and it worked well in family planning. And in countries that have started new family planning programs since, usually they use family planning fieldworkers. There was quite an evaluation done of the Sialkot project, the one that Wajih was involved in. I think there were two articles published in *Studies in Family Planning*, and those studies showed it was quite effective. The fieldworkers were quite effective, even though they did cost a fair amount of money, even though they weren't paid much per month or per week. But it was a way to really get a family planning program moving, and that's what Wajih was trying to do. He had an enthusiastic plan to expand this approach

from Sialkot District to, I think, next two or three districts and then to more and more, and unfortunately that didn't happen. Within a year, there was a violent change in government, and Wajih was a refugee working as a consultant for the International Planned Parenthood Federation in London. And so, he never got to expand the Sialkot project.

**McFarlane** Did your findings about fieldworkers and family planning—

**Rogers** Did they influence—

**McFarlane** —other work you've done since?

**Rogers** That's a good question. No, I guess not, nothing specific in any kind of program sense as it has so happened. My findings probably most influenced the Indonesian program. It was just starting, and I could tell them very definitely, You've got to have family planning fieldworkers. And they did and went into it in a fairly big way.

**McFarlane** But in your own research, did this lead anywhere besides—

**Rogers** No, I don't think it did.

**McFarlane** A unique context, would you say?

**Rogers** It certainly gave me an interest in, why can less-trained fieldworkers be so much more effective? And I wrote about that and incorporated it in later editions of my diffusion book. So, it did influence my writing, but no, I can't say that there were any other programs that I gave advice to that really used that approach.

**McFarlane** Is there anything else you'd like to add?

**Rogers** I think that's the most of it. I made a few rough notes on some of the things, and we've talked about all of those. When I went from Michigan to

Stanford, then I was a professor of communication 100 percent. There was no School of Public Health, although there was a lasting effect. Since I arrived at Stanford until July 1, I've always had some kind of an appointment, an adjunct appointment or whatever it was called, in some kind of health institute at the university where I was mainly in communication. And like here at UNM [University of New Mexico] for the last ten years—I've been here ten years—I had an appointment in CASAA, the Center for Alcohol and Substance Abuse Addictions, and did health-related projects in that, not family planning, but health related.

At USC, I had a joint appointment. Ten percent of my salary, actually, was in the Institute for Health Behavioral Research, I guess it was called. It's changed its name since and gotten much bigger and more effective, and it was not much involved in family planning. And at Stanford, I was heavily involved in the Stanford Heart Disease Prevention project. So, what started at Michigan has continued with the rest of my career. And I found it very worthwhile to be involved in research projects bearing on various aspects of health. I enjoy the collaboration, and I enjoyed the application of communication to whatever the project was that I was studying. Is that enough for now?

**McFarlane**

I think so. (pause in recording)

**Rogers**

It was in a Columbian village, and family planning was a big taboo. Columbia was a very Catholic country at that time, ideologically. But in this village, there was a very shrewd old priest, and I got to know him because I went to him early on to get permission to do a study in this village. He was quite

helpful and invited me to come—my students and I—regularly to come to mass, and I think we did go a couple of times. And at one of these masses—at the end of it he sort of made announcements. This was sort of coming attractions. This was a small village, so there wasn't that much going on, but he said—this is a Sunday—“The following Friday evening,” he said, “there will be a presentation about family planning in the village hall.” And he said, “Now, you know that our dear pope is opposed and the Catholic Church is opposed to unnatural means of regulating numbers of children in a family. It's at seven o'clock in—”

Now if anybody sort of tattled him to somebody higher up the hierarchy, he could say, “Well, yes, I announced the meeting. It's a public event, but I made clear that the Church is opposed,” which he did. I didn't go to the meeting, although we later learned it was well attended and a lot of questions and so on and so on. This was the same shrewd priest who later at that same mass had me stand up, myself and my students, and he told this people that we were there to do a survey and that he had looked over it and it seemed to be worthwhile, worth their time in providing the answers if they felt like it. And he said, “It's an honor to our village to be selected to be in this study.” He said, “Dr. Rogers has come all the way across the vast oceans to our village with six of his students from the national university.” And he said, “Incidentally, Dr. Rogers has insisted on donating three hundred pesos to our building fund.” (McFarlane laughs) This is the first I knew about the building fund, but it probably was a very nice way to introduce us. It showed that we were interested in the village, et cetera.

I'll tell you one more story. Now you've got me going. We did the interviewing mainly in February, and February in Columbia in the high Andes is very unpleasant weather, cold, rain, and we were probably underdressed. I had a poncho and jeans and a sweater. I think I was cold most of the time. Anyway, one morning one of the student interviewers and myself approached a farmer who was working near his house loading heavy sacks into an ox-bow wagon. And we told him who we were and why we were there, and he was very polite, as is the nature of the Andes. And it's a torrential rain, and so he said could we go inside his house to talk, which was a welcomed invitation. And he said, "At least we'll be dry and warm in there," so we go in his house. It's a one-room building, half the size of this living room. But it's got a cooking fire in it, and he's got a wife and several kids.

So, we sit there and ask him these questions. One series of our questions was sort of to measure socioeconomic status because we knew that was highly related to being innovative in adopting innovations. So, these questions went something like this: How many horses did he have? None. Cattle? None. Oxen? None. Sheep? No sheep. Pigs? No, no pigs. So, this was embarrassing me, that he had to answer no to all of these questions. But finally we got to a yes, and that was one of the last questions in that series. And we asked him how many chickens he had, and he had three chickens.

By this time it's approaching noon, and it's still raining out, and he asked if we could stay for lunch. And he said, "It won't be anything fancy, but we'd love to have you stay for lunch." So, my student and I, polite as we could be,

said, No, we had food and we couldn't. But he insisted, and a few minutes later we heard the unmistakable sound of a chicken having its head cut off. And then about thirty minutes later we were eating chicken stew and potatoes, and it didn't taste very good under those circumstances. When we left his home to go on to the next farmer, my student got out his pencil and eraser and said, "Two, right?" I said, "Yeah, two." So, we'd eaten one third of his livestock net worth, and there was no easy way to get out of it. So, lots of memories. I hope these are of some use and of some interest.

**McFarlane** Thank you very much.

**Rogers** My pleasure.

***End of interview.***

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