

CHAPTER VIII

FAMILY PLANNING AND BIRTH CONTROL

In the past, underdeveloped countries had experienced fairly low rates of population growth, as a consequence of high birth rates and high death rates. In most parts of Asia and Africa, birth rates were in the region of 4 per cent per annum and were matched by equally high death rates of about 4 per cent. However, with the introduction of a modern administration, application of public health measures, and the increase in the number of doctors and hospitals, death rates have fallen to 1 per cent. As birth rates remain constant at 4 per cent and death rates are reduced to 1 per cent per annum, the maximum possible rate of growth in population would approach 3 per cent annually. This rapid population growth tends to increase year by year, with a high rate of acceleration.

The effects of the population explosion on economic development, we have discussed in the 1st chapter, are not only favourable to underdeveloped countries, leaving little room for them to raise their living standards. In certain cases, population can even go to the extent of lowering the existing standards of living because increases in national output are unable to cope with greater increases in the number of inhabitants.

Some measures must therefore be taken immediately to ensure that the people in these underdeveloped areas have a chance at least to maintain, if not to raise their own standards of living. It has been found out that one possible solution to the population problem is to reduce high birth rates by the adoption of family planning.¹

"It is politically and morally impossible to reduce this rate of growth by checking the decline in mortality, which is still high in comparison with the rates of western countries. For that reason, fertility control is the solution that will have to be adopted."²

¹ Family planning is often defined as the deliberate attempt on the part of married couples to space births so that they can plan the size of their family in accordance with their social, economic and health conditions.

Family planning or birth control is thus imperative for our process of economic development. The sooner fertility reduction occurs the greater would be the ultimate benefits of its reduction. To just one the reduction of fertility is to forego the opportunity for a more rapid rise in the immediate well-being, as well as the potential growth in incomes per capita for the indefinite future.

But, can birth control programmes be successfully implemented in the underdeveloped countries? Since the role of the government concerned is considered vital for its success, are the willin g enough to family planning?

Several governments have shown different attitudes towards family planning programmes. Some writers fear argue that it is doubtful whether they are willing enough to give birth control planning a priority. J. Nyons Stycos claims that most of the underdeveloped nations are experiencing waves of nationalism. Hence, they view a large population as a necessary condition of power on the grounds that giant armies and industries require large population bases. Chinese leaders, for instance, have even suggested extending their population size to guaranteed survival in strength. Moreover, the very concept of population control in any way links to the once 'imperialist' nations. The anti-colonialists, in particular those charged to former colonial power of attempting to do away with them, or at least, inhibit their rule, in a subtle and insidious form of genocide. In connection with the spirit of nationalism, admission of a population problem, to the people of the underdeveloped countries, may sound like an admission of weakness and defeat. Marxist ideology, up to a large extent, the Roman Catholic religion regard population problem as a pretext to conceal the failure of economic and social system. In China, the orthodox Marxists regard admission of population problem as an admission of weakness of the nations economic policies. Stycos continues that population pressure has been used, in most extreme form as a rationale for territorial expansion, as in the case of Japan, Italy and Germany prior to second World War. Colonialists not only, however, use it to justify the necessity for heavy taxation to accelerate industrial growth.

In his arguments, Stycos admits that many people believe that a typical couple desires for large families. This is not true because several surveys have revealed that the people, longer wish to have large families. Surveys carried out in USA, Canada and America suggested that most lower class women regard 3 or 4 children ideal. In Puerto Rico, according to samples studied by Paul R. Witt, many believe two children to be the ideal family size. Table 11 shows that the people in India are also in favour of small family size.

In contrast to the arguments made by Stycos, most governments in the developing nations, however, are ready to introduce family planning

TABLE II

PERCENTAGE OF MARRIED PERSONS DESIRING NO MORE THAN 3 CHILDREN BY
SEX AND RESIDENCE IN INDIA, 1960'S

	URBAN		RURAL	
	HUSBAND	WIFE	HUSBAND	WIFE
Poona	22	26	15	11
Nasik	26	32	20	12
Kolaba	13	16	10	8
Satara North	15	17	13	12
Mysore State	25	30	14	17

Source:- William Peterson, 'Population', New York, 1961, P. 478

BIRTH RATES, DEATH RATES AND NATURAL INCREASE OF JAPAN

	Rates Per 1,000 Population		
	Births	Deaths	Natural Increase
1947	34.3	14.6	19.7
1948	33.5	11.9	21.6
1949	33.0	11.6	21.4
1950	28.1	10.9	17.2
1951	25.3	9.9	15.4
1952	23.4	9.9	14.4
1953	21.5	8.9	12.6
1954	20.0	8.2	11.9
1955	19.4	7.8	11.6
1956	18.4	8.0	10.4
1957	17.2	8.3	9.3
1958	17.2	7.6	9.6
1959	16.8	7.4	9.5
1960	17.0	7.5	9.5
1963	17.2	7.0	10.2

Sources:- Dorothy L. Mortman, "The Population Problems", New York,
1965, P. 27

programmes. As we shall subsequently see may have spent considerable sums to put a brake to the rapid population increase. Some have gone to the extent of including family planning in their economic planning. The achievement of Japan in reducing her birth rates and in raising her living standards, has, aroused envy and hope of every developing country. In Japan the significant drop in birth rates which came with unprecedented rapidity within a decade after the war, was the fruit of birth control. The rapid decline of birth rates in Japan, resulting mainly from abortion can be illustrated by table 2. Birth control has placed the birth rates of Japan among the lowest in the world. Hence her success has given an aspiration to the people of the developing countries and has explained the increasing popularity in family planning.

India was among the first to respond to the idea of family planning. In an Indian Planning Commission Report in July 1951, it was stated:-

"unless measures are initiated at this stage to bring down the birth rates, and therefore to reduce the rate of population growth, a continuously increasing amount effort on the part of the community will be used up only in maintaining existing standards of consumption. A population policy is therefore essential to planning".

Realising the need to undertake birth control measures, India has adopted a national family planning programme as an integral part of their economic development plans. Since she considers family planning to be at the centre of planned development, India became the first country to embark upon an explicit national family planning programme. Her First Five Year Plan submitted to the Prime Minister on December, 7 1952 thus, recognised the existence of a population problem. It started:-

"The pressure of population in India is already so high that a reduction in the rate of growth must be regarded as a major desideratum. To some extent, improvement in living standards and more widespread education, especially among women will themselves tend to lower the birth rate. But, positive measures are also necessary for inculcation of the need and techniques of family planning."

Peterson, William op.cit.,

Bortman, Dorothy L. The Population Problem, New York, 1955

The Indian government aiming to make family planning a real success in the country, has increased the family planning budget from 6¹ to 50 to 250 million rupees, during the first, second and third Five Year Plans, respectively. Family planning has thus been given a priority in the development plans of India.

India, however, is not the only nation that has an explicit population policy to control birth rates. "Country wide policies to reduce the birth rates are really a phenomenon of the last decade. As Styron points out many countries have now declared it a matter of high policy to expand the means of family planning and to reduce the birth rates. This is done not only for the welfare of the individual families involved at the time, but also because the governments believe that the success of general development programmes depend on a fertility control."² Many other nations such as Pakistan and South Korea have thus adopted explicit population policies.

In Malaysia a great step has been taken by the government recently. About a few months ago, the Parliament has approved without any serious opposition, the establishment of a National Family Planning Board.³ Moreover, a sum of two million Malaysian dollars has been provided under the First Malaysia Plan, for the purpose of popularising family planning. The government has also planned to set up a special section in the Economic Planning Unit to work under Cabinet sub-committee on Family Planning.⁴ Malaysia is devoting her effort towards family planning programmes because she believes that prosperity and national security do not depend upon a rising population. On the other hand, she claims that the stabilisation of the population is a basic foundation for achieving higher living standards. Hence, like Malaysia, many other developing countries are also beginning to take interests in family planning campaigns.

The advocacy of birth control is not confined to the under-developed world alone. Communist nations are also practising birth control. As Freedman puts it, "more governments are trying in more ways to influence population trends by explicit population policies now than at any other time in history. All societies have had population policies as an implicit part of their social arrangements from time immemorial."⁵ Every European communist nation, with the exception of Albania and East Germany in the past years has instituted a national programme of legal abortion often accompanied by contraceptive program. Although traditional communist ideology has tended to deny that population problem per se can be a problem in a socialist society, justification for birth control has

⁵ Freedman, Ronald, The Fetal Revolution, USA 1964.

⁶ The Board has already been established

⁷ Malaysia, First Malaysia Plan, Kuala Lumpur, 1965 p.178

⁸ Freedman, op.cit.

been for times of health. Birth control programmes, in other words, have been successfully labelled as maternal health programs, in communist countries.

Many of the communist nations have shown spectacular achievements in their efforts to control fertility. For instance, the number of legal abortions in Bulgaria and Czechoslovakia in 1961 was close to half of the number of births. In Hungary, legal abortions exceeded the number of live births and in Greater Budapest, there were twice as many abortions as births. In China, where the government has rejected population control as a State policy, birth control devices are still available, birth control clinics still supply information, abortion and sterilisation are not made illegal and are available on request. Birth control is thus universal.

The governments of countries such as Ceylon, Taiwan, Turkey, Tunisia, Thailand, Singapore and United Arab Republic are now sponsoring birth control programs. They have realised that private programs organised by voluntary organisations cannot marshall the economic and human resources necessary to make a major impact on birth rates. The governments however should complement, not replace or duplicate private programs. Any birth control programme in developing countries, if it is to be a success, should have the following guides:-

(1) As much attention must be given to males as to females. This is because:

a. Fertility declines have historically been accomplished by means of male contraceptive techniques in many countries.

b. men are more educated and more accessible to more new ideas and more effective disseminators of those ideas. Men are also more sensitive to economic pressures than females.

c. popularity of male sterilisation in India indicates that they cannot be ignored if family planning are to be accepted widely and birth rates are to be reduced drastically.

(2) Bulk of resources should be put into non-clinical system of education and contraceptive distribution. Normal retail channels should be maximised by educating and subsidisation of key shopkeepers, druggists, midwives, barbers, etc. Most of these would be dealing with men in the normal atmosphere of economic transaction rather than the strange world of the clinic. In Western countries, commercial rather than clinical outlets, have been the major sources of supply. A non-clinical distribution system can be highly efficient in rural areas.

(3) Mass media, especially the printed word, should be greatly emphasized. Experimental programs in Puerto Rico and Jamaica have shown pamphlets to be as effective as personal visits or group meeting in getting people to adopt birth control. In Japan, half of women

knowledgeable about birth control learned of it through magazines, nearly 20 per cent through newspaper and nearly 20 per cent through books.

(4) Every effort should be made to reach young couples, with the object of initiating contraceptive practice at an early date for child-spacing purposes. Social and economic disadvantage of excessive child bearing should be stressed. Contraceptive use is becoming as widespread in Japan as in United States. 75 per cent of wives between 25-34 years of age use or have used some form of birth control. It is among older and younger wives in Japan that contraceptive use has yet to reach United States' level. Over 70 per cent of Japanese couples have enough knowledge to practise contraception. It is thus surprising that Japan has low birth rates comparable to those of western countries.

(5) For women and men who have had all the children they desire, sterilisation facilities should be provided. Female sterilisation in Puerto Rico has enjoyed enormous popularity. In India and also Puerto Rico, male sterilisation, especially where subsidisation are getting greater support. The popularity of sterilisation in India, can be seen in table 13.

In carrying out birth control programmes, the underdeveloped countries are often aided by their more advanced counterparts as well as international organs. Sweden, for instance, takes the lead in assisting any country which desires to reduce its birth rates. She has a more ambitious aid program, as compared to the other developed nations. According to Grechko,⁹ Sweden plans to make birth control assistance a major part of its rapidly expanding foreign aid program because the Swedes consider it close to futile to attempt to promote economic development without an accompanying effort to reduce births. Besides Sweden, international bodies have also provided advice and assistance to the developing countries.

With widespread family planning campaigns, the people in the underdeveloped countries are becoming more convinced that it is in their interest to curb their procreation. If the masses have complete faith in birth control, then it is a matter of time for the high birth rates to fall. Hence, family planning is likely to achieve its objectives in the underdeveloped countries, since the people are increasingly aware of the need to limit their family size.

⁹He is an author of an article - 'Birth Control: Swedish government has ambitious programs to offer help to underdeveloped Nations' in Hardin Garrett, Population, evolution, Birth Control, USA, P.21

TABLE 13

**TOTAL NUMBER OF STERILIZATIONS PERFORMED IN THE WHOLE OF
INDIA FROM 1956, TILL FEBRUARY, 1961**

YEAR	MALES	FEMALES	TOTAL
1956	2,333	5,490	7,823
1957	3,671	9,859	18,530
1958	9,072	16,901	25,873
1959	13,925	21,797	35,722
1960	25,957	11,994	37,951
1961	481	310	691
Total	85,420	66,151	121,571