

## FAMILY PLANNING PROGRAMS IN ASIA

M. S. DIXON, JR., M.D.

*The Wooster Clinic, Wooster, Ohio*

### ABSTRACT

The population explosion in Asia has reached crisis proportions. Fortunately many of the countries in Asia, as well as the developed countries in the West, recognize the severity of the crisis and are actively supporting Family Planning Programs to bring contraception education and supplies to the populace. The Programs are still in their infancy, but some of them (Taiwan, South Korea, Hong Kong, and Pakistan) have made great strides. Experts differ in their long-range predictions for the success of the movement, but all feel that it is essential to the future of mankind. Because of the early success in several countries, and the expectation of new simple and inexpensive methods of contraception, there is reason for guarded optimism.

Mr. Monroe Bush has ably presented, in the previous paper, the frightening figures of recent world population growth and current growth rates projected into the remainder of this century. It should be emphasized that these figures are not idle slide-rule statistics, but facts about what is happening now, and there is no reason to suspect a change in the future unless aggressive efforts are made to decrease birth rates dramatically or unless famine or a holocaust decimates the population.

The population of Asia today is 1.9 billion. This is 55 percent of the world's population on a continent which encompasses only 40 percent of the world's land. The population growth of Asia is estimated to be 2.5 percent per year; at this rate the population prediction is 4.4 billion people by the year 2000 A.D. This would be 60 percent of the world's predicted total population of 7.4 billion. Thus it is apparent that Asia's already dense population is becoming more dense at a rate greater than the world's average rate of population growth.

Because of my close association with Pakistan's Family Planning Program in 1965-66, I would like to discuss, in some detail, the country of Pakistan and its attempt to decrease fertility, as an example of what can be done. I shall then briefly discuss other Asian countries from a population viewpoint.

When Pakistan became a country in 1947, its population was 70 million. Now, in 1967, its population is 115 million. Its birth rate is 48 per thousand population and its death rate is 18, giving a population growth rate of three percent per year. Its infant death rate is still high—about 150 per 1000 live births. Fifty percent of its population is under 16 years of age, which suggests the likelihood of a continuing high fertility rate. Eighty percent of the people are illiterate; eighty percent of the work force is employed in agriculture.

The country of Pakistan is made up of two separate provinces. West Pakistan is the larger of the two provinces and has a population of over 50 million. This is a population density of 150 people per square mile. Most of this population is squeezed into the fertile Punjab plain and along the Indus River. The sparsely populated Sind Desert occupies much of the central part of the Province.

One thousand miles to the east, across India, is East Pakistan. It has a population of over 60 million people and, with a population density of 1100 people per square mile, is one of the most densely populated rural areas in the world. The land of this Province is primarily one large delta formed by the Ganges and Brahmaputra Rivers, and is intensely cultivated in rice and jute. East Pakistan is so crowded that it is almost impossible to be out of sight of other human beings at any place at any time of the day or night.

Pakistan is a very poor country, with little industry and natural resources. Its per capita income is about \$85.00 per year (contrasted to that of \$3200 per year in the United States). The government has created three 5-Year Plans for

Economic and Social development. The First 5-Year Plan (1955-60) was relatively unsuccessful because of political turmoil, but the Second Five-Year Plan was considered very successful. It provided a five percent annual increase in gross national product, but this was nullified considerably by the three percent annual increase in population. A Family Planning Program was included in the Second 5-Year Plan and 1000 Family Planning Clinics were created. They were ineffectual, however, because they offered only conventional contraceptives and had no motivation organization. The census average was only eight patients per clinic per month.

The Third 5-Year Plan started in July, 1965. The goal assigned to it by the Planning Commission was to reduce the birth rate from 50 to 40 per thousand population by 1970. To accomplish this, over five million births must be prevented. The Third 5-Year Plan is the first part of a twenty-year program to cut the birth rate in half (to 25 per thousand) by 1985. Part of its success is due to the fact that President Ayub appointed one of his strongest administrators as Family Planning Commissioner and that the Government has provided adequate financial support for his program. The contraceptive methods used are: (1) conventional contraceptives (principally condoms and foam tablets), (2) sterilization of males and females, and (3) intrauterine device or IUD (Lippes Loop). Oral contraceptives are available commercially, but not through the program. Conventional contraceptives are sold at subsidized prices, and the patient receives a small remuneration for having a sterilization performed or an IUD inserted.

To bring family planning to the people, a massive organization of almost 90,000 people was trained and placed in position during the latter half of 1965. The personnel can be divided into four general categories:

1. Administrative personnel. The Central Family Planning Council has a small staff which administers research and evaluation, and obtains foreign aid. The two Provincial Family Planning Boards are in charge of hiring and training personnel, supplying contraceptives, and general implementation of the scheme. The Program has been decentralized for increased efficiency, so most of the actual administration is at the District level and below.

2. Professional personnel. Pakistan has few Lady Doctors (males cannot examine females) and so the scheme has a financial incentive to persuade the Lady Doctors to do IUD insertions. Paramedicals have also been trained to do the insertions and seem to perform satisfactorily. Altogether there are 927 medical/paramedical personnel registered for Family Planning in West Pakistan and 257 in East Pakistan.

3. Motivation personnel. Some 32,000 village women have been hired for part-time work encouraging motivation for family planning. Most of these women are illiterate, and many are untrained practicing midwives. They participated in a family planning training course in the local area and have been instructed to go from door to door, telling married women about family planning and recommending a method. They have been requested to stress the IUD, but also to sell conventional contraceptives.

4. Distribution agents. In addition to the motivation personnel dispensing conventional contraceptives, 50,000 distribution agents have been appointed. These agents are usually shopkeepers, who sell the contraceptives for a small commission.

An Evaluation Unit has been established in each Province to collect reports of accomplishments and to detect weak spots in the program. They also do knowledge, attitude, and practice surveys to gain more insight into the impact of the program. The several research units also assist with evaluation.

What has been accomplished during the first twenty months of the scheme? The following is a partial list of accomplishments:

1. Family Planning has high priority. This can be illustrated by the fact

that most Government budgets were cut by 30 percent after the war with India in 1965, but military, agriculture, and Family Planning budgets were basically untouched.

2. A massive organization has been hired, trained, and put in position relatively on schedule. This is a tribute to the Family Planning Commissioner and his senior staff.

3. The supply lines for contraceptives and instruments are filled and functioning smoothly and their quality is generally satisfactory. Most of the transport vehicle needs have been filled by funds from US AID and UNICEF, and the remainder (boats for East Pakistan) are on order.

4. There has been very little organized resistance to family planning.

5. Up to the present (March 1967), about 700,000 IUD's have been inserted. They are currently being inserted at the rate of about 54,000 per month, which is 90 percent of the monthly target. Approximately 100,000,000 units of conventional contraceptives have been sold. The current rate is 8,500,000 per month, which is only 33 percent of the target. Roughly 35,000 sterilizations have been performed, and 40,000 women are taking oral contraceptives.

In a program of this magnitude and so revolutionary in concept, there are bound to be many problems. Some of these are:

1. Apathy and resistance to change on the part of many of the people. We think that most of the women accepting family planning are in their middle or late thirties and have more than three children. For maximum results, we must reach the younger woman with one or two children, but this is difficult to do in the face of many of the old traditions. The women of Pakistan marry in their middle teens, and must demonstrate fertility as soon as possible by bearing a child and preferably a son. Sons are treasured as means of support of the parents in old age. The infant death rate is still high and so families usually count on losing at least one child. Many hands can be used in tilling the soil, and so sometimes more children in a family bring greater economic gain. These factors, plus the suspicion of something new, inhibit progress of the scheme.

2. In such a crash program, there are always some oversights and deficiencies. Further training of the administrative and motivation personnel is essential.

3. The shortage of medical/paramedical personnel has inhibited the IUD program. In East Pakistan there are only 193 Lady Doctors and 64 Lady Health Visitors available for Family Planning work on a part-time basis, and there are very few others in the Province from which to recruit. Two hundred and fifty seven part-time professional personnel are completely inadequate to service a population of 60,000,000 people. Therefore the Government has embarked on a program to train girls with a high school education to become Lady Family Planning Visitors and to do IUD insertions in rural areas.

4. The IUD produces some bleeding following insertion, and this is not tolerated well by the women. The removal rate of IUD's is probably quite high in Pakistan, as it is in other Asian countries. Efforts are being made now to follow a sample of the insertions to determine the removal rate.

5. Much research is needed in the field of communication. We now have very little factual knowledge of how best to transmit information about family planning, and what influences people to accept it.

Similar Family Planning Programs have been started in several other countries of Asia, as reported below. Most of these countries have birth rates of 40-45 per thousand, death rates about 20 per thousand, and growth rates of 2.5 percent per year, though there are some notable exceptions (which will be pointed out when discussing the countries concerned).

Turkey, with a population of 31 million, adopted an official population control program in 1965. After the elections in late 1965, there was a change in top

administration, and the present administration has not gained momentum. About 32,000 IUD's were inserted during 1966.

Iran has 23 million people and has adopted a population policy only very recently. At present, contraceptive advice is available only from private physicians and a few hospital clinics.

India, with 500 million people, has a birth rate of 42 per 1000 population and a growth rate of 2.3 percent. Since 1951 it has had an official government population policy based on distribution of conventional contraceptives through the government health service, and a sterilization program. India pioneered vasectomy camps at which many men would gather for their surgery. India accepted the IUD as a method in 1964, but oral contraceptives are still not a part of the official program. In April of 1966 the Fourth 5-Year Plan was started, and Family Planning received a higher status than in previous plans. Sixty-five thousand full-time high-school-educated Family Planning workers are to be hired for motivation at the grass roots level, while the clinical work is to be done chiefly by Health Department physicians without extra incentive payment. The Peace Corps has sent some volunteers to work in family planning and is carefully watching their acceptance by the people. During 1966, 900,000 IUD's were inserted and 800,000 vasectomies were done. One of the major problems is the frequent lack of coordination between the central government, which designed the program, and the sixteen states which implement it. There has been a wide range of achievement in the various states.

Nepal has 10 million people and is trying to start a program with help from US AID. It is handicapped by poor communications and few physicians.

Ceylon, with a population of 11 million, has the extremely low death rate of 8.7 per 1000 population. It has a very well-developed Public Health Program, with a particularly good corps of trained midwives and a comparatively large number of physicians. The government adopted a Family Planning Program in 1965 which stresses the use of IUD's and condoms, and uses midwives as motivators. Sweden has helped Ceylon with financial aid and advisors.

Burma has 25 million people. It is a rice-exporting nation with a military government which is encouraging population growth.

Thailand has 30 million people and has declined to accept a Family Planning Program. A large pilot project has been successful and 25,000 IUD's were inserted in 1966.

Malaysia, with its 10 million people and the low death rate of 8.9 per 1000 population, has a Family Planning Program, but initially it is moving slowly.

Singapore and Hong Kong both have active Family Planning Programs; a drop in birth-rate has been demonstrated in the latter.

Indonesia is the sixth most populous country in the world, with 105 million people. A Family Planning Association was started by Mrs. Subandrio, wife of the previous Foreign Minister, and it has remained active following the revolution. Indonesia is considering an official program.

Taiwan has a population of 12.5 million, with a birth rate of 34 per 1000, a death rate of only 5.7 per 1000, and a 3.5 percent growth rate. Family planning was incorporated into its Public Health Service in 1959, and it has since been a model for the underdeveloped countries. Taiwan has excellent vital statistics, a literate population, and many doctors and paramedicals. Full-time workers visit each mother following a delivery and discuss family planning. If the patient accepts the idea, she is given a coupon to obtain an IUD at a nominal charge. About 250,000 IUD's have been inserted in Taiwan (110,000 in 1966) and a decline in birth rate has been demonstrated. Oral contraceptives have recently been offered in the program, but early reports are not encouraging.

South Korea, with 28 million people, has a very active Family Planning Program. It has benefited by the experience of Taiwan, and its 2500 full-time workers

have motivated 700,000 women to accept the IUD (390,000 in 1966). Conventional contraceptives and sterilizations are also a part of the program, and abortions, although illegal, are very common. Recently a decline in the birth rate has been demonstrated.

Japan has 100 million people, making it the seventh most populous country. Its birth rate is only 17.7 per thousand, its death rate 6.9 per thousand, and its growth rate slightly more than 1 percent. It has the lowest birth rate and growth rate in Asia, and one of the lowest in the world. This has been accomplished, to a large degree, by a very liberal abortion law, established in 1948. Currently about 900,000 abortions are registered annually by private physicians—a drop from over 1,000,000 annually at the beginning of this decade. Conventional contraceptives are used widely, but the IUD and oral contraceptives are available only in research studies.

China, with its 800 million people, has the largest population. Officially it denies having a Family Planning Program, but competent observers report very active programs in the commune clinics where all methods of contraception (including abortion) are available. Late marriages are encouraged (the average age of women at the time of marriage is 27 years) and there are economic advantages in limiting the family to two children.

Most experts are pessimistic about the ability of Family Planning Programs to control the population explosion in the foreseeable future, and they are probably right. In an already hungry world, population is growing at two percent per year and food supply at only one percent per year. However, there are several reasons for guarded optimism in the years ahead:

1. Looking back over the past year or two, tremendous progress has been demonstrated in such countries as South Korea, Taiwan, and Pakistan. About 2 million IUD's were inserted in Asia during 1966. Five years ago few experts would have predicted this success.

2. In the areas where serious programs have offered effective contraceptives, a high rate of acceptance has been demonstrated. Illiterate village women do want to control their family size, but perhaps insufficiently and with a relatively low degree of motivation. More time and education are needed to strengthen their convictions.

3. More governments, in developing countries, are recognizing the need for Family Planning Programs and are giving them increasing support. The developed countries are also increasing their support of these Programs and of research in developing new contraceptives.

4. New contraceptives, which are easier to administer and have fewer side effects, are being developed. The low-dose progestins, such as chlormadinone, are available for field trials and look very promising for use during the next five years.

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