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THE PROBLEM OF POPULATION
AND NATIONAL DEVELOPMENT

by

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THE PROMOTION OF FAMILY PLANNING
IN JAPAN AND ITS POSSIBLE IMPLICATIONS

by

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Preface

This is the reprint of the two working papers on "The Problem of Population and National Development", and "The Promotion of Family Planning in Japan and Its Possible Implications", prepared respectively by Minoru TACHI, Institute of Population Problems, and by Minoru MURAMATSU, Institute of Public Health, and presented to the Consultation on "The Churches in Asia and Responsible Parenthood" sponsored by the East Asia Christian Conference which was held at Paknam, Thailand, on February 21-25, 1964. In this reprint, some corrections of the original papers were made by the authors, and a summary of the presentation on the Problem of Population and National Development by M. TACHI is attached for reference.

Aknowledgements are due Mrs. Kazuko I. Suzuki, Executive Secretary of the National Christian Council of Japan, who undertook all arrangements in distributing the original papers at the Conference, and Miss Seiko TAKAHASHI, a staff member of the Institute of Population Problems, who helped M. TACHI in collecting materials and English translation of his original paper.

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THE CONSULTATION ON
"THE CHURCHES IN ASIA AND RESPONSIBLE PARENTHOOD"
EAST ASIA CHRISTIAN CONFERENCE
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THE PROBLEM OF POPULATION AND NATIONAL DEVELOPMENT

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1. Introduction

1. Among all the favourable impressions I collected after learning the activities of the World Church Council, what particularly attracted my attention was the fact that the Council had already taken up problems of "Responsible Parenthood", and has been discussing the basic principles and concepts at previous conferences. This conference is especially impressive for me, firstly because this is being held just after the Asian Population Conference sponsored by the ECAFE and invited by the Government of India, where family planning, responsible parenthood or family welfare were discussed and its necessity for the most Asian countries was strongly emphasized, and secondly because it seems to me that, this time, the conference has adopted

* The views expressed by the author are not necessarily those of the Japanese Government.

topics not only on the theological basis, but also on the matters related to the action programmes of "responsible parenthood".

II. Demographic Situation of Asia

2. According to the United Nations estimates, the world population reached 3,069 million in 1961, among which 1,721 million or over 56% are in Asia (Table 1).

The population density of Asia is 64 persons per km², and the second highest, following that of 87 persons per km² in Europe, and is by far higher compared with that in other continents (Table 1). As many Asian countries are agricultural countries, this high population pressure on land and low economic productivity is already severe in this part of the world. The ECAFE calculated ^{1/} that persons per km² of arable land in 1960 was, comparing with 207 persons for world total, 374 for Asia, 279 for Europe, 121 for Americas, 109 for Africa and 94 for USSR to show that those for Asia was the highest

^{1/} ECAFE Secretariat, The Demographic Situation and Prospective Population Trends in Asia and the Far East, paper presented to the Asian Population Conference, APC/WP/1, 23 October 1963.

Table 1. World Population by Continents, 1930 - 1961.

Continent and region	Population				Population density per km ² 1961
	1930	1940	1950	1961	
Mid-year estimates (in million)					
World total	2,015	2,249	2,509	3,069	23
Africa	157	176	207	261	9
Americas	244	277	329	422	10
Asia	1,072	1,212	1,384	1,721	64
South West	47	53	60	79	14
South Central	362	410	471	575	112
South East	128	155	174	223	50
East	538	594	679	844	72
Europe	356	381	395	430	87
Oceania	10	11	13	17	2
USSR	176	192	181	218	10
Percentage distribution					
					Index number
World total	100.0	100.0	100.0	100.0	100.0
Africa	7.7	7.8	8.3	8.5	39.1
Americas	12.1	12.3	13.1	13.8	43.5
Asia	53.2	53.9	55.2	56.1	278.3
South West	2.3	2.4	2.4	2.6	60.9
South Central	18.0	18.2	18.8	18.7	487.0
South East	6.4	6.9	6.9	7.3	217.4
East	26.6	26.4	27.1	27.5	313.0
Europe	17.7	16.9	15.7	14.0	378.3
Oceania	0.5	0.5	0.5	0.6	8.7
USSR	8.7	8.5	7.2	7.1	43.5

Source: United Nations, Demographic Yearbook, 1962,
New York, 1963.

among the world's continents. Among Asian countries, those whose specific density exceeds 500 were Japan with 1,535, North Viet-Nam with 1,262, Republic of Korea with 1,225, China (Taiwan) with 560, and Indonesia with 553.

3. Population increase rate showed sudden upwarding trend throughout the world during the period from 1950 to 1961 (Table 2). The highest annual increase rate during that period was recorded in Oceania as 2.5%, followed by 2.5% in Americas and 2.1% in Africa, and that of Asia followed them with 2.0%.

Table 2. Annual Average Population Increase Rate by Continents, 1930 - 1961.

Continent and region	1930-40	1940-50	1950-61
World total	1.1%	1.1%	1.8%
Africa	1.1	1.6	2.1
Americas	1.3	1.7	2.3
Asia	1.2	1.3	2.0
South West	1.2	1.2	2.5
South Central	1.3	1.4	1.8
South East	1.9	1.2	2.3
East	1.1	1.3	2.0
Europe	0.7	0.4	0.8
Oceania	1.0	1.7	2.5
USSR	0.9	-0.6	1.7

Source: Table 1.

4. During the period 1950-61, the highest annual increase rate in Asia was 2.5% in South West Asia, preceeding 2.0% in South East Asia and the lowest was 1.8% in South Central Asia. This indicates the complete inversed order to population density rank. In Table 3, very many numbers of countries with high increase rate over 2.0% or with extremely high rate over 3.0% are noticed.

Table 3. Distribution of Countries on the Basis of Annual Average Population Increase Rate in ECAFE Region, 1950 - 1960.

1.0-1.4%	1.5-1.9%	2.0-2.9%	3.0-3.9%	4.0% and over
Japan	Afghanistan	Ceylon	Cambodia	Brunei
	Bhutan	Hong Kong	China: Taiwan	
	Burma	Indonesia	Laos	
	China: Mainland	Iran	Malaysia	
	India	Pakistan	Philippines	
	Rep. of Korea	Viet-Nam	Thailand	
	Mongolia			
	Nepal			

Source: ECAFE, op. cit.

5. According to Table 4 it is evident that in Asia birth rate is extremely high to effect extremely high annual average increase rate. The very high annual increase rate in Oceania

Table 4. Crude Vital Rates by Continent, 1957 - 1961.

Continent and region	Birth rate	Death rate	Natural increase rate
World total	36‰	18‰	18‰
Africa	46	25	21
Americas	34	13	21
Asia	41	21	20
South West	46	21	25
South Central	40	22	18
South East	44	21	23
East	40	20	20
Europe	19	10	9
Oceania	25	8	17
USSR	25	7	18

Source: UN, Demographic Yearbook, 1962.

indicated in Table 2 has totally different conditions compared with that in Asia. Namely, in Oceania, natural increase rate is high mainly because of the extremely low death rate while birth rate is not much high. The high annual increase rate can be regarded to have been caused by additional factor of in-migration excess.

6. In many countries of Asia, general decreasing trend in death rate is recorded since World War II. Table 5 shows, however, that the level varies greatly among countries

whereas in some countries the rate has dropped down to 5-10% but in others it still maintains as high as over 20%.

Table 5. Recent Estimated or Recorded Crude Death Rates in Some Asian Countries.

Country	Year	Death rate
Brunei	1960	10.9 [%]
Burma	1959	18.9
Cambodia	1959	19.7
Ceylon	1960	8.6
China: Mainland	1953	21.0*
Taiwan	1960	6.9
Hong Kong	1960	6.4
India	1959-60	21.6*
Indonesia	1953-54	about 20
Iran	1956-59	about 20
Japan	1961	7.4
Korea, Rep. of	1955-60	16.0*
Malaysia		
Fed. of Malaya	1960	9.5
North Borneo	1960	8.3
Sarawak	1960	5.8
Singapore	1960	6.3
Nepal	around 1960	36.6
Pakistan	1960	28.8
Philippines	1948-60	19.0*
Thailand	1960	13.0*

Source: ECAFE, op. cit. * denotes estimated scores.
See original foot note.

7. Infant mortality rate is not only one of the important determinants of death rate, but important also as one of the indicators for levels of living.^{2/} Table 6 shows that the infant mortality rate varies greatly among countries but countries which have that rate lowered to around 30 are only a few and generally speaking the level of infant

Table 6. Recent Infant Mortality Rate in Some Asian Countries.

Country	Date	Infant mortality rate per 1,000 births
Brunei	1961	47.8
Burma	1952	195-300
Cambodia	1959	127.0
Ceylon	1960	56.8
China: Taiwan	1961	30.7
Fed. of Malaya	1960	68.9
Hong Kong	1962	36.9
India	1958-59	145.9
Indonesia	1953-54	150
Japan	1961	28.6
Philippines	1960	73.1
Singapore	1962	31.2
Thailand	1960	48.7

Source: UN., Demographic Yearbook, 1962.

^{2/} United Nations, Report on International Definition and Measurement of Standards and Levels of Living, E/CN.3/179, E/CN.5/299, New York 1954, p.55.

mortality rate is still very high. However, decreasing trend is being experienced in many countries and particularly fast decreasing trend is seen in such countries as Brunei, Ceylon, China (Taiwan), Federation of Malaya, Japan and Singapore.

8. In reference to Table 7, we can see generally that the decrease of mortality rate is extending the life expectancy. It draws our attention in the Table that contrary to the usual pattern of shorter life expectation for male than that for female, male life expectation is longer than that for female in Cambodia and Ceylon and in India during the period 1941-50 and 1951-56, assuming the difference between those for male and female are statistically significant.

9. In many Asian countries, successful endeavors to control infectious diseases with wider utilization of new drugs in public health programmes are working as a main factor to lower the death rate but in some countries infectious diseases have not been satisfactorily controlled and along with malnutrition, death rate is still kept high. Generally speaking, in many countries, although mortality rate declined, improvement of levels of living is not attended with the

decline nor public health programmes are sufficiently permeated through general public.

Table 7. Expectation of Life at Birth in Some Asian Countries.

Country	Period	Male	Female
		(years)	
Cambodia	1958-59	44.2	43.3
Ceylon	1945-47	46.8	44.7
	1948	54.9	53.3
	1950	56.4	54.8
	1954	60.3	59.4
China: Mainland	1950-55	about 40 (both sexes)	
Taiwan	1936-41	41.1	45.7
	1956-58	60.5	65.0
	1959-60	61.3	65.6
India	1941-50	32.5	31.7
	1951-56	37.8	37.5
	1956-61	41.7	42.1
Indonesia	1960	about 47.5 (both sexes)	
Japan	1947	50.1	54.0
	1949-50	56.2	59.6
	1955	63.6	67.8
	1962	66.2	71.2
Korea, Rep. of	1955-60	52.5 (both sexes)	
Malaysia			
Fed. of Malaya	1956-58	55.8	58.2
Singapore	1960	about 60 (both sexes)	
Philippines	1951-55	47.5 (both sexes)	
	1956-60	52.5 (both sexes)	
Thailand	1947-48	48.7	51.9
	1960	57.2 (both sexes)	

Source: ECAFE, *op. cit.*

See original foot note. Some figures of Japan were substituted by the author.

10. Crude birth rate stays in very high level in many Asian countries. Table 8 shows high crude birth rate, leaving Japan as an only exception, where the lowest rate is 34% for Hong Kong and some countries maintain the rate exceeding 50%.

Table 8. Recent Crude Birth Rate and Gross Reproduction Rate in Some Asian Countries.

Country	Date	Crude birth rate	Gross reproduction rate
Brunei	1960	48.9%	-
Burma	1948-54	43 *	2.6 *
Cambodia	1948-54	51 *	3.3 *
Ceylon	1960	36.6	2.5
China: Taiwan	1961	38.3	2.7
Hong Kong	1961	34.2	2.4
India	1958-59	40.4*	2.7 *
Indonesia	1951-56	52 *	2.8 *
Iran	1946-51	48 *	3.1 *
Japan	1960	17.2	1.0
Rep. of Korea	1950-55	45 *	3.1 *
Malaysia			
Fed. of Malaya	1960	40.9	2.9
North Borneo	1950-55	53 *	3.4 *
Sarawak	1950-55	54 *	3.4 *
Singapore	1960	37.8	2.8
Nepal	1944-49	45 *	2.7 *
Pakistan	1946-61	48 *	3.3 *
Philippines	1950-55	50 *	3.5 *
Thailand	1950-55	46 *	3.2 *

Source: ECAFE, op. cit. See original foot note.
* denotes more or less rough estimates.

In order to compare fertility irrelevant of difference in sex-age distribution, it is convenient to use gross reproduction rate. This is the lowest in Hong Kong at 2.4, making Japan at 1 as an exception, and not a few countries show the rate at 3 or over. Thus, in many countries of Asia because of the status that fertility rate is not nearly controlled though mortality rate is being controlled and lowered, demographic gap is developing fast.

11. Up to present, there has been little sign of declining birth rate in developing countries of the world. It is noteworthy, however, that a few of such countries have appeared among Asian countries. For example, Japan showed birth rate decline so rapid as never experienced before since 1950 and her recent birth rate is included as one of those of the industrially highly developed countries of the lowest birth rate. Ryukyu Islands are undergoing considerable rapid birth rate decline since 1950. In China (Taiwan), relatively clear birth rate decline has been seen since 1955, but her recent rate still remains in high level of 38.4%. . In Singapore, similar trend has been seen since

1957 but her recent level is still high at 34% . However, it is attention attracting to note that this trend is more obvious in Chinese population. In Federation of Malaya, similar trend has also been seen since 1957 although her recent rate is still at 41.9% . In this case again, Chinese population there is showing clearer declining trend.

12. Immediately after the termination of the War, Japan's level of living dropped to 1/2 of the pre-war level. This firstly stimulated a strong desire to limit their family size among the mothers between the ages 30 and 34. In pre-war Japan, dissemination of information on family planning was still at its premature stage and the practice was extremely limited. Therefore, a number of wives resorted to the illegal induced abortion which was prohibited by the Criminal Law. Apprehending this situation, the Japanese Diet drafted Eugenic Protection Law, and it was enforced in 1948. This law provides for (1) sterilization as an eugenic policy, (2) fundamental provisions for national family planning dissemination policy and (3) operation for artificial termination of pregnancy carried out by the gynaecologists designated by the Law, under prescribed conditions to prevent the danger of illegal

induced abortion. Thus, the dissemination policy in family planning has been taken up as a national policy in Japan not as a simple population policy but with a purpose of protection of material and child health, and enhancement of family welfare.

13. The number of cases of induced abortion reported by this Law followed a sharp increasing trend since the enforcement of the Law, but making 1955 as the peak, it changed into a considerable rapid decreasing trend (Table 9). According to the public opinion survey conducted by The Mainichi Newspapers^{3/}, since 1952, the opinions in favour of induced abortion have been declining steadily. In 1963 survey, the psychological reaction to the induced abortion operation was questioned to mothers who received such operations. As the result, 33% answered "felt sorry for the embryo", 27% "felt guilty", 5% "were afraid of the possible sterility after the operation", and 19% "did not care anything". The decreasing

^{3/} Population Problems Research Council of The Mainichi Newspapers has been conducting regular public opinion survey on family planning, once in every three years since 1950. Sample size is 3,000 - 4,000 couples or wives, 1/4,000 of the eligible ones.

trend of the number of cases of induced abortion since 1955 can be considered to have been effected by the offensive feeling raised against induced abortion on the one hand, and the dissemination of family planning on the other.

Table 9. Number of Cases of Induced Abortion Reported in Japan.

Year	Number of cases of induced abortion	Year	Number of cases of induced abortion
1950	489,000	1957	1,122,000
1951	638	1958	1,128
1952	806	1959	1,099
1953	1,068	1960	1,063
1954	1,143	1961	1,035
1955	1,170	1962	985
1956	1,159	1963	955

14. According to these surveys, as shown in Table 10, married couples who practised contraception in Japan at the time of the survey in 1950 occupied only 19.5% and the figure was 29.1% even after including those who ever practised it. However, family planning spread year after year and in 1963 survey, the percentage rose to 44.0% and 63.0% including those who ever practiced contraception.

Table 10. Percentage Distribution of Couples Practising Contraception in Japan.

Year	Surveyer	Whole country	6 big cities	Other cities	Rural areas
1950	The Mainichi	19.5%	23.7%	23.6%	17.4%
1954	Ministry of Health & Welfare	33.2	37.2	-	30.4
1955	The Mainichi	33.6	37.7	34.0	31.9
1963	The Mainichi	44.0	43.0	42.5	46.0

15. As can be seen in Table 10, difference in dissemination rate between 6 big cities, other cities and rural areas is gradually decreasing and 1963 survey is noteworthy in its reveal that the dissemination rate in rural areas was higher than that in 6 big cities. What is also to be noted here is that the ratio of 60.7% of those who answered in favour of contraception in 1950 rose gradually to about 70.4% in 1961. In 1963 survey, the question was asked on family planning to which 88.0% answered that "it is a favourable thing". This shows that contraception or family planning is being increasingly spread supported by public opinions. These public opinion surveys as well as other surveys reveal that family planning is more rapidly and extensively spreading

through people hand in hand with the modernization of traditional family system which enabled more rational approach to the elevation of the level of living in small family unit, relieving mothers from excessive domestic work, giving opportunities for more thorough education to adequate number of children, and further stimulating clearer consciousness of the need to enjoy highly cultural way of life. While around 1950-1955, the economic trouble occupied the majority in the reasons of starting contraception, the afore-mentioned 1963 survey shows that 43% of mothers answered "to give better education by limiting the number of children", 29% "to protect maternal health", 12% "economic reasons because of small income", and 9% "to enjoy her own life". What draws our attention here is that the major interest of mothers has turned from the economic trouble to the education of children ^{4/}.

16. In many Asian countries, because of fertility rate remaining in high level and mortality rate having declined, the proportion of child population under 15 years of age is very

^{4/} Minoru Tachi, Implication of Population Trends for Planning Social Welfare Services, prepared for the Asian Population Conference, APC/WP/6, 1963.

big. While economically developed countries generally maintain that proportion at 25-30%, majority of Asian countries find the proportion at over 40% and in some countries it is over 45%. Further, reference shall be made here in Table 11 as to the ratio of dependent population to working-age population. While in economically developed countries the

Table 11. Ratio of Dependent Population in Some Asian Countries, around 1960.

Country	Year	Ratio of dependent population	
		under 15 and 60 and over	under 15
Brunei	1960	109.4%	97.6%
Burma	1960	86.9	77.2
Cambodia	1959	94.8	87.0
Ceylon	1955	79.1	72.8
China: Taiwan	1960	97.1	88.9
Hong Kong	1961	84.0	75.1
India	1961	82.1	71.9
Indonesia	1961	86.3	78.4
Iran	1956	91.5	80.8
Japan	1960	63.8	49.2
Korea, Rep. of	1960	91.0	79.2
Malaysia			
Fed. of Malaya	1957	94.0	85.0
North Borneo	1960	90.2	82.8
Sarawak	1960	98.7	88.4
Singapore	1960	87.4	80.2
Philippines	1960	100.0	91.4
Thailand	1960	91.6	82.7

Source: ECAFE, op. cit.

ratio of dependent population is a round 70% generally, in most of Asian countries it exceeds 80% and in some countries it occupies more than 100%. Particular difference can be noticed between these two groups of countries in the ratio of population under 15 years old where in economically developed countries the ratio is usually around 50% and in Asian countries it is 70% or over or in some cases it is over 90%. Regarding the ratio of 60 years old and over, it is generally as high as 20-30% in economically developed countries while in Asian countries it is 6-10%. Demographic burden born by working age population of dependent population is great in many Asian countries and particularly the burden of children under 15 years old is heavy.

17. It can be assumed that the level of urbanization of population is generally low in developing countries of Asia. Excluding Hong Kong and Singapore, it can be assumed that Japan is a long way off from the others by her high degree of urbanization, and that the degree is relatively high in China (Taiwan), Republic of Korea and Thailand. Statistical informations on internal migration are extremely limited, but it can be expected that internal migration is considerably voluminous from the fact

that population increase rate in main cities of Asian countries exceeds by far that of respective countries.

Also we can draw inference that the population pressure on land in rural areas is becoming increasingly heavy and that it is promoting internal migration of "push" type.

18. According to the future population estimates for the countries in the ECAFE region worked by the ECAFE, the population increase rate of the countries of the ECAFE region which maintain high birth rate at present will remain stagnant in generally similar level at least for 10 years to follow, and even after that, considerably high population increase rate will be maintained for a few decades more if declining trends in birth rate would start. However, when birth rate starts to decline, the increase rate of child population will decline which will then drop the ratio of dependency as the influence factor to the increase rate of adult population will become smaller. And also, looking at the projection made for economically active male population, we can assume that their increase will be on acceleration until 1980.^{5/}

^{5/} ECAFE, op. cit.

III. Implication of Demographic Situation of Asia for National Development

19. In many countries of the ECAFE region, levels of living measured by per capita national income are very low (Table 12).

Table 12. Distribution of Countries on the Basis of Per Capita National Income in the ECAFE Region, 1960.

Per capita national income (in US dollars)	Countries
0 - 50	Burma, Laos, Mongolia, Nepal
51 - 100	Afghanistan, Cambodia, India, Indonesia, Iran, Pakistan, Thailand, Rep. of Viet-Nam
101 - 150	Ceylon, China (Taiwan), Hong Kong, Rep. of Korea, Philippines
151 - 200	Sarawak, Singapore
201 and above	Brunei, Fed. of Malaya, Japan

Source: ECAFE, Economic and Demographic Situation in Asia and the Far East, E/ICEF/472.

And "countries where the average annual rate of growth in aggregate product fell short of the 5 per cent rate of growth envisaged for the United Nations Development Decade included Cambodia, Ceylon, Federation on Malaya, India, Indonesia, South Korea, and Pakistan. The only countries which exceeded

the 5 per cent rate of growth were China (Taiwan), Japan, the Philippines and Thailand". "It may, however, be noted that the growth rate of Burma seems to have been over-estimated."^{6/} It is also noted that in many countries, growth rate of per capita product is tremendously low compared with that of aggregate product. This is naturally due to relatively high demographic growth rate to economic growth rate (Table 13).

Table 13. Annual Average Growth Rate of Real National Product in Some Asian Countries, 1950-1960.

Country	Growth rate per annum	
	Aggregate product	per capita product
Burma	6.1%	5.1%
Cambodia	4.0	1.3
Ceylon	4.1	1.4
China: Taiwan	7.9	4.2
Fed. of Malaya	3.9	0.7
India	3.6	1.6
Indonesia	3.3	1.1
Japan	9.3	8.1
Korea, Rep. of	4.6	2.5
Pakistan	2.4	0.5
Philippines	5.8	2.3
Thailand	5.6	2.5

Source: ECAFE, op. cit., E/ICEF/472

^{6/} ECAFE, op. cit., E/ICEF/472, p.5.

20. A trial computation has been made for the value gained dividing economic growth rate by demographic growth rate (the author has called it the demographic elasticity coefficient) and is shown in Table 14. Although it is a difficult question to decide theoretically what the minimum requirement of elasticity coefficient is for economic development or especially for "economic take-off", it requires attention that at least

Table 14. Demographic Elasticity Coefficient
in Some Asian Countries, 1950-1960.

Country	Coefficient
Burma	5.5
Cambodia	2.0
Ceylon	1.6
China: Taiwan	2.3
Federation of Malaya	1.3
India	1.9
Indonesia	1.6
Japan	7.8
Korea, Rep. of	2.6
Pakistan	1.1
Philippines	1.8
Thailand	1.6

in Japan's experience, at the periods of 1880-90 which was the final stage of her preparation for economic take-off and of 1890-1900 which was her initial stage of economic take-off,

as against her economic growth rate at 4-5%, her demographic growth rate was considerably low at 0.6-0.8% which made this coefficient remain at around 7 (Table 15).^{7/} So far has been a macroscopic rough observation, but it can be expected for many Asian countries that population growth rate is excessively high for economic growth rate and that high population growth rate is reducing the savings rate, staggering the capital formation, and presenting a heavy burden for economic development or even hampering it.

Table 15. Demographic Elasticity Coefficient in Japan, 1880 - 1960.

Period	Real national income growth rate (1)	Demographic growth rate (2)	(1) / (2)
1880-1890	4.3%	0.6%	7.2
1890-1900	5.3	0.8	6.6
1900-1910	2.9	1.1	2.6
1910-1920	4.0	1.2	3.3
1920-1925	5.1	1.3	3.9
1925-1930	5.9	1.5	3.9
1930-1935	3.8	1.4	2.7
1935-1940	3.9	0.8	4.9
1950-1955	8.7	1.4	6.2
1955-1960	9.4	0.9	10.4

Source: Minoru Tachi, op. cit.

^{7/} Minoru Tachi, Forecasting Manpower Resources: Population and Labor Force - Some experiences in Japan, Institute of Population Problems, Japan, English Series No.55, 1962.

21. For many Asian countries, the most serious problem accompanying population increase is that of food. It has been too frequently pointed out that food supply is already insufficient at present and that malnutrition is widespread. Affected by the high population increase rate, recent per capita food production is at the stage of up and down the pre-war level.^{8/}

It is appropriate that the Asian Population Conference mentioned in the Recommendations that "In view of the large increase of population foreseen for the next two decades and the urgent need to raise nutritional levels, it is imperative to step up the rate of growth of agricultural production, with due attention to the various components of food intake."

22. Although mortality rate has come down in Asian countries, in many countries the improvement in mortality rate has not yet been satisfactorily attained and generally, the level of health is still low. Public health facilities are too insufficient to elevate the health level of the general public. Further, from the standpoint of population problems, the

8/ ECAFE, op. cit., E/ICFP/472.
United Nations, Report on the World Social Situation,
New York, 1961, pp. 4-6.

following two points are particularly important:

One is the point that although the decline of mortality rate is a favourable factor, this decline is remarkably raising the population increase rate in many countries because in those countries fertility rate is not nearly controlled and remaining in high level. The other point is that the need for maternal and child health is very acute as the child population is rapidly increasing as one of the characteristics of population trend. It has therefore been proper that the Asian Population Conference in its Recommendations mentioned that "In countries where it is found desirable and feasible to promote measures for the moderation of fertility as a means of promoting family welfare and health" and referring that health needs are not served merely by medical activities, pointed out that "the consequences to health arising from social and economic changes are very considerable."

23. Population trends in many Asian countries call for the extension of social welfare services mainly in maternal and child welfare or family welfare services. Particularly requiring attention is the fact that family welfare services

as social welfare service have serious influence on marriage or attitude and behavior of child bearing.

24. Generally speaking, literacy rate, education level and school attendance ratio are low in many Asian countries.

However, as stated before, because of the expected rapid increase of school-age population from present to the future and economic development, improvement of manpower quality is required and thus need for education is great. In Japan, continuous studies have been made concerning how the compulsory education started in 1872 and development of formal education and vocational education since then contributed to Japan's economic development. While the demographic situation holds apparent influence on educational needs, the effect of development of education on demographic trends is also important.

There have been many similar studies made in various countries but particularly in Japan, it has been proved as the results of numerous surveys that there is close interrelationship between educational level of married couples and practice of family planning or family welfare.

25. Under-employment and unemployment are generally numerous

in Asian countries. However, since the working-age population will increase rapidly in the future in many countries as afore-mentioned, it is one of the most important requirements to distribute appropriate jobs to the population. In order to attain economic development, a suitable way of utilization of such human resources must be implemented. It was emphasized at the Asian Population Conference, in view of the extreme shortage of skilled labour force, the need for such plans to promote programmes of training, labour productivity and employment and plans for the promotion of labour-intensive methods and for the use of surplus labour in rural works. In Japan also, labour-intensive medium and small scale industries at one time played an important role in coping with the sudden increase of working-age population by absorbing considerable volume of the increase.

26. So far, a few important implications of demographic situation in Asia for national development have been suggested, considering the discussions at the Asian Population Conference and retrospectively some experiences of Japan. At this point, a few quotations of the conclusions reached

at the Conference are felt necessary. The Conference agreed to admit the following facts, duly recognizing that "the problems of population and social and economic development are interrelated and the acceleration of social and economic progress is in its turn of great importance to the removal of obstacles created by high rate of population growth."^{9/} Namely, "rapid population growth in many of these countries is impeding the progress of economic and social development and threatening the success of efforts to reach satisfactory levels of living within a tolerable length of time. The high proportion of dependent children in the population which results from the high birth rate in the majority of ECAFE countries is also an impediment to progress, especially in education. Further difficulties are created by the migration to the cities, which may be caused at least in part by the rapid growth of population in the countryside and consequent pressure of population on the land."^{9/} In all the sessions of the Conference, family planning as a population policy to moderate the population growth rate as well as to enhance the family welfare was discussed and its need was emphasized.

^{9/} Recommendation of the Asian Population Conference (Draft).

The Conference further recommended that the Governments of the ECAFE region will take up national population policies in the formulation and execution of their general policies and plans for economic and social development.

IV. Favourable Factors and Obstacles to Family Planning

27. "Proceedings of the Conference show that there are no cultural or religious objections in most of the ECAFE countries to responsible parenthood and to a regulation of the family and that methods known to regulate the family size were compatible with 'every value system'".^{10/} And it is the fact that the Recommendations point out that "several Governments in the region, including those of India, Pakistan and the Republic of Korea, have made family planning a national policy. Some other governments in the region are assisting voluntary organization in family planning work. Still others have expressed concern with respect to the consequences of the high birth rates prevailing in their countries, for mothers' health and

^{10/} Asian Population Conference, Press Release, 20 December 1963.

family welfare as well as national social and economic development.^{9/} This fact can, in a way, be regarded as favourable factors for the dissemination of family planning.

28. However, in order to analyse the factors to affect family planning dissemination, peculiarity of each country and degree of difference among countries must be duly taken into consideration; since the pattern of attitudes and behaviors in fertility is regulated by complicated economic, social and value system. If considered from a practical viewpoint of family planning dissemination programme, it is convenient to consider these factors as obstacles to the dissemination. Possible obstacles, in author's mind, are as the following:^{11/} (1) Economic underdevelopment with prevalence of predominantly rudimentary agriculture, (2) low degree of urbanization, (3) social system - (A) joint or extended family or patriarchal family system, (B) existence of "status system" rather than achievement-reward system of social stratification, etc., (4) value system - (A) traditionalism, (B) lack of motivation to get ahead (lack of

^{11/} With the help of Dr. Shigemi Kono, staff member of the Institute of Population Problems, Ministry of Health and Welfare, Japan.

aspiration and ambition for higher social stratum), (C) fatalism, (D) lack of object-achieving rationality, (E) taboo attitude toward sexual matters, (F) lack of urban way of life, etc., (5) lack of education or illiteracy, (6) religious objection, (7) unconsciousness of Government, (8) unconsciousness of the general public, (9) insufficiency in spreading information on family planning; lack of the effective network of mass communication, (10) lack of communication between husband and wife on sexual matters and family planning, (11) lack of effective transportation, (12) shortage of trained midwives and nurses, (13) shortage of qualified leaders, (14) difficulty in getting contraceptives, (15) lack of proper housing conditions (lack of privacy, water, shortage of facilities, etc.,) and so forth.^{12/}

29. Taking these conditions into consideration, in order to effectively realize the family planning dissemination,

^{12/} For analysis of these facts, the following material is very useful: Clyde V. Kiser (edited), Research in Family Planning, papers presented at a Conference sponsored jointly by The Milbank Memorial Fund and The Population Council, Inc., held Oct. 13-19, 1960, Princeton University Press, 1962.

it is necessary in most of the Asian countries to remove and reform various obstacles in economic, social and cultural systems. Dissemination programmes of family planning are a part of a link of social development programmes, and also a factor to promote the social reform.

30. In view of experiences in Japan, a few additional words will be made in closing. Dissemination of family planning can be most effectively realized if closely interwoven in social development programmes particularly in public health programmes and social welfare services programmes. Also, policies designed by the Government are not sufficient unless backed up by the activities of voluntary organizations to permeate the programme into daily living of each and different families.^{13/}

^{13/} Minoru Tachi, op. cit., APC/WP/6, p.10.

CONSULTATION ON "THE CHURCHES IN ASIA
AND RESPONSIBLE PARENTHOOD"

February 21st 1964

Swanganivás, Paknam, Thailand.

Summary of the Presentation on the Problem
of Population and National Development

by Minoru TACHI

Among all the favourable impressions I collected after learning your activities what particularly attracted my attention was the fact that the World Church Council had already taken up problems on "Responsible Parenthood", and has been discussing the basic principles and concepts at previous conferences.

This conference is especially impressive for me, firstly because this is being held just after the Asian Population Conference sponsored by the United Nations Economic Commission for Asia and the Far East and generously invited by the Government of India, where family planning, responsible parenthood or family welfare were discussed and its necessity for the most Asian countries was strongly emphasized, and secondly because it seems to me that, this time, the conference has adopted topics not only on the theological basis, but also on the matters related to the action programmes of "responsible parenthood".

The topic which was assigned to me is a very broad one, "The problem of population and national development". I would like to make some comments in my capacity as a demographer, on my paper which has been circulated. This paper is just a preliminary one which includes some typographical mistakes, and I would like to make corrections afterwards. The purpose of my comment is just to furnish you with some demographic facts regarding Asian countries and from the viewpoint of the interrelationship between demographic situation and national development including economic and social development, to point out some important problems.

In the first place, I should like to summarize up the present demographic situation among Asian countries and some prospectives.

1. In many Asian countries, while mortality rate has remarkably been improved along with the development in public health activities including improvement in the environmental sanitation and wider use of new drugs, either fertility rate is totally uncontrolled or birth rate still maintains high levels in spite of a few instances of slight declining trend which is expanding the demographic gap between birth rate and death rate, and increasingly rapid population growth is

occurring. In age distribution, child population is sharply increasing both absolutely and relatively occupying already considerably big percentage to the total population. The ratio of the child population against working age population which ranges from 15 to 59 years old is very big, and this means that the burden of the adult population to support children is demographically very heavy.

2. According to the future population estimate prepared by the ECAFE Secretariat and presented to the Asian Population Conference, working age population is expected to increase acceleratingly in the future two decades.

3. Due to the sharp increase in population in rural areas, population pressure on the land is conspicuously increasing and the rural area is supposed to push out many emigrants to cities.

4. According to the above-mentioned future population estimate worked out by the Secretariat of the ECAFE, rapid population increase among most of Asian countries is estimated to continue for the coming two decades.

In the second place, in many Asian countries, levels of living measured by the per capita national income belong to the lowest group in the world. And economic growth rate

measured by the real national product is very low. If the economic growth rate is compared as such with the demographic growth rate, there remains a very narrow room for saving to make capital formation. The United Nations' Resolution of "Development Decade" makes it a target to attain 5% of economic growth rate and 15% savings rate among the developing countries.

In this connection, I would like to refer to some experiences in Japan when she has been preparing "economic take-off". It was in 1872, when Japan decided on the national policy to introduce Western industrial revolution in order to make economic take-off and modernization of Japan. She took a national count of population in 1872. The result of the population count showed that the population of Japan was as big as 35 million against a very narrow area of 370 thousand square kilometers. And the population density was 91 per square kilometer. If we consider the fact that in Japan we have many mountains and that cultivable land was severely limited to only one seventh of the total area, substantive population density was extremely high. According to this national count of population, around 80% of the working population was engaged in agriculture, and only 4% was in manufacturing industry. This shows that when Japan prepared economic take-off, Japan

was much more agricultural country than many Asian countries today. And this agricultural country had to prepare to make economic take-off with a very big and dense population. Only one favourable condition for economic take-off which attracts attention was a very low population increase rate such as 0.6 to 0.8% per year against 4% to 5% economic growth rate which is very common among developing countries. Because of very slow population increase, savings rate is estimated at around 22% to make capital formation.

In the present situation in many Asian countries, economic growth rate is around 4% and savings rate around 6%. In other words, rapid population growth rate is decreasing savings rate and accordingly slowing down the capital formation. In this sense, we may say very roughly that sharp population increase in many Asian countries is impeding economic development.

Rapid population increase rate among many Asian countries also is impeding social development. For instance, it is making very hard to improve insufficient food supply, and widespread malnutrition, and therefore to raise the levels of health in spite of the decline of

mortality rate.

Due to the rapid population growth, shortage of education facilities and low rate of school attendance has been pointed out in some developing countries in Asia. Underemployment and unemployment is also urgent problems in many Asian countries.

Owing to the rapid concentration of population in large cities, shortage of housing and unemployment in the urban area has been pointed out in many Asian countries.

Economic and social development and population problems are closely interrelated with each other. And therefore, slow economic and social development in most Asian countries resulting from the rapid population growth, in turn, is sustaining high level of fertility and population growth rate.

Therefore, it is to be emphasized to moderate fertility rate and adjust population growth rate to the economic and social development.

In the third place, I would like to examine favourable factors and obstacles to the dissemination of family planning, family welfare, or responsible parenthood.

In general, it has been emphasized that among many Asian countries, we have no strong cultural and religious objection against family planning. It may be true, but if we examine

precisely determinants of the attitude and behaviour of marriage and having children, we have many economic, social and cultural factors impeding dissemination of family planning about which I have made a brief list in paragraph 28 in my paper.

Therefore, when we work to disseminate family planning, teaching why we have to practise family planning and how we can use contraception successfully, we have to consider characteristics of economic, social and cultural systems. In other words, taking these conditions into consideration, in order to effectively realize the dissemination of family planning, it is necessary in most of Asian countries to remove and reform various obstacles in economic, social and cultural systems. Dissemination programmes of family planning are a part of a link of social development programmes, and also a factor to promote the social reform. And I would like to underscore that fundamental unit of the society or community is the family. Without reorganization or strengthening of family upon the sound idea, we can hardly expect to accomplish social reform.

Finally, I would like to add a few words, in view of our experience in Japan.

Firstly, dissemination of family planning can be most

effectively realized if it is closely interwoven in social development programmes, particularly in public health programmes and social welfare service programmes.

Secondly, family planning dissemination policies designed by the Government are not sufficient, unless backed up by the activities of voluntary organizations to permeate the programme into daily life of each and different families. Because, I am afraid, Government policies are usually carried out through administrative channels and sometimes accompanied by the so-called red-tapism. On the contrary, a voluntary organization can make very flexible administration, and is very easy to make new trials and the programmes of the voluntary organizations are easily accepted and supported by the general public.

I have described various considerations necessary to the promotion of family planning rather in general terms. If you would care to make any comments, I shall be glad to hear from you. About more practical matters, on the subject, I believe my colleague, Dr. Muramatsu will give you some elaborate ideas when he makes his own presentation later on.

Taking this opportunity, I would like to pay high tribute to the conference, and I do wish you would succeed in your endeavour in responsible parenthood.

I know, that the way to attain our purpose is very hard, but I do hope you will be patient enough in your work.

THE CONSULTATION ON
"THE CHURCHES IN ASIA AND RESPONSIBLE PARENTHOOD"
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THE PROMOTION OF FAMILY PLANNING IN JAPAN
AND ITS POSSIBLE IMPLICATIONS

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As has been already discussed by other speakers, Asia as a whole is now facing an immensely serious problem of rapid population growth. The problem is of paramount importance as it affects not only the present generation but also the possible levels of health and well-being of our future generations.

The abundance in numbers of persons does not in itself present a population problem. The problem may arise when the population growth is considered in relation to economic and social developments of a society. If we make even a cursory analysis of the relationships between the rapid population growth and retarded economic developments which we have observed in the past 10 or 15 years in this part of the world, inescapably we come to know that the imbalance between births

* The views expressed by the author are not necessarily those of the Japanese Government.

and deaths was the major cause for such rapid population growth which has adversely influenced the socioeconomic progresses and to a great extent nullified all the efforts toward a better level of living on the part of both governments and individuals. Under these circumstances it is understandable to see a rapid growing concern over this question of population within many governments in Asia and among many national leaders. When the Asian Population Conference was held last December under the auspices of the ECAFE, it was pointed out emphatically that family planning did not offer a panacea to the problem, but that so obviously it constituted a very major help to solve this urgent problem. Thus, because of the urgency of the situation in which we are running a race against time, attention is now sharply focused on how we can promote family planning with enough rapidity and on a nation-wide basis.

What I intend to do from now on is to give you some brief pictures as to how family planning has been permeated among the general public in Japan in the past one or two decades. Justifications for doing this seem to lie in the fact that I myself have been closely connected with the whole development in this respect from its inception soon

after the war and also that Japan is the only country in this region in which the birth rate has recorded an appreciable decline through family limitation measures taken by the people themselves. On the other hand, basing on Japanese experiences may perhaps be a little irrelevant to this particular group since Japan is not a Christian country and hence her experiences do not tell a story about responsible parenthood within a Christian setup. However, the task we have before us is apparently how we may approach the masses in Asia in the teaching of principles and techniques of responsible planning of family size. The Asian masses do involve a great variety of diverse religious, cultural, social and economic settings, and Christianity is but a small group in Asia today. Implications which might be drawn from a talk about Japan, it is hoped, would give you some suggestions since there are certain common points among Asian peoples as to their desires, ways of thinking and so forth, though undoubtedly an experience of a country can not be copied as it is to a different country.

It is true that family planning is considered so important in many of our countries primarily as a possible check on the accelerated population growth. However, if we advocate family

planning solely as a means to control the population growth of a nation and tend to belittle and sacrifice the value of a family in the interest of population control, we may well question whether it is entirely consistent with our Christian belief. This is indeed an important question particularly to the Church. Moreover, if we take this attitude of taking family planning merely as a tool to reduce the number, forget the positive aspect of family building, and talk about birth limitation only as a population policy, we may well suffer from an ill-advised strategy.

Despite the fact that many foreign observers say Japan has adopted a population policy explicitly designed to reduce the number of births through contraception and induced abortion, the Japanese Government has almost never intended to promote such measures for the purpose of population control. Truly the Government became very much interested in the promotion of family planning and underlying this vast interest was there a serious concern about overpopulation. But the real fact was that the Japanese people themselves had started to do something to limit the number of births before the Government decided to take

official actions and that many of them unfortunately resorted to induced abortion as they were unable to acquire enough knowledge and skill with regard to contraception. Thus, the decision of the Government to promote family planning was made primarily because of the necessity to offer professional advice on family planning to those who already were highly motivated toward the planning of family size, and the official program of family planning was clearly labelled as a policy to safeguard the health of mothers and to promote family welfare. Actual duties to perform necessary services logically rested with public health and welfare organizations, including health centers, nurses, midwives, social workers and community leaders. One important thing which emerges from our Japanese experiences, therefore, is that even from the standpoint of strategy, it is often inadvisable to advocate family planning only as a negative check on numbers, since it may invite highly complicated political, ideological and other arguments. So far as Japan was concerned, family planning as a government program was primarily promoted for the health and welfare of a family and the organizations and personnel interested in such matters provided a reasonable channel for its actual enforcement.

To carry further this line of discussion and to reinforce

the importance and necessity of promoting family planning as a community and family welfare program rather than as a mere negative check on population, a few practical considerations may be added. In the first place, a woman or a couple usually are not interested in the population problem of their country; they are usually interested in their own problem---how many children they are to have within their family. To approach a couple as an individual matter is certainly more effective in this sense in the teaching of family planning. Secondly, in order to deal with the vast masses of people, we naturally need a good many number of hands to work out. A handful of interested persons cannot accomplish much. Community organizations, particularly public health and social welfare organizations which provide an extensive network would therefore be best utilized for this purpose. Furthermore, there is a question of how we can keep up enough interest in family planning of a couple so that they will not drop out of the program. If we ask about the desire for family planning explaining its principles, almost all couples would be willing to accept it. But the fundamental question here is that the stated desire or motivation is often different from what they do.

In order to give them a motivation high enough to practice family planning actually and to make the practice a sustained effort, it is necessary to have many personal advisors who will talk about not only contraception but also many other aspects of marriage, children and family life. For these reasons, too, family planning program can best be conducted as a community activity with family-centered orientation.

The number of births was extremely high in Japan immediately after the war and the crude birth rate for 1947 was 34. It then was cut half to a level of 17 in 1957, only ten years later. This comparison is a little unfair, perhaps, because the birth rate in 1947 was unduly high as a consequence of large-scale repatriation and demobilization which took place in 1945 and 1946, but nevertheless, a substantial decline in the birth rate may still be observed if the 1957 figure was compared to the prewar level of birth rate which was around 30 on the average during the thirties. The latest figure available, 17.0 births per thousand persons in 1962, indicates that Japan is definitely a country with low fertility. The extent to which fertility is controlled by the people in Japan is all the more sharply recognized when we realize that this low level of birth rate is occurring in a country where the age

composition of population is relatively young and therefore favorable to a high fertility level. The average number of children among younger generations in Japan today is somewhere between two and three. Furthermore, the general tendency shows that only a small proportion of couples have four children and more, thus the deviation from the average being remarkably small. According to the recent statistics, 79.5 per cent of all the births registered in 1961 was either the first or second birth and the births of the third order and above represented only 20.5 per cent.

When a survey was conducted by a newspaper organization in May 1963 in relation to the general attitude to family planning, it was found that 44 per cent of respondents admitted to their currently practicing contraception. Surprisingly, this proportion of contraceptors was slightly higher among rural couples than among city dwellers. In addition, when asked of their opinion about family planning, 88 per cent of all the women replied in favor of it.

There are at least three means by which this precipitous decline in the birth rate was brought about in postwar Japan: contraception, induced abortion, and sterilization

(a minor factor compared to the first two). Although one cannot deny induced abortion has been a significant factor in this picture, it is to be emphasized that the Government and many social leaders have been seriously concerned about it because of its too wide prevalence. Many thoughts were given to the possible measures by which induced abortion could be switched to a more reasonable practice of contraception, and it is encouraging to note that a steady decline in induced abortions was recorded in the past eight years. Obviously the efforts must be strengthened furthermore, and an especially great responsibility is given to the Christian Churches in Japan in this connection.

As the possible factors conducive to creating such a small family pattern among the general public in Japan, direct or indirect, a good many number of social, economic, cultural, psychological and personal factors may be listed. As is well known, Japanese people have a high degree of literacy, and when it was combined with the availability of a great many publications regarding family planning, it can easily be recognized that mass communication media have constituted a most significant source of information for the general enlightenment on the subject. The importance of education in the mind

of even ordinary people was also undoubtedly a powerful incentive to the practice of planned parenthood. A strong desire on the part of parents to give sufficient education to their children is mentioned only too often as a reason for their interest in planned childbirths. People in Japan are full of aspiration for selves and their children, and in the absence of rigid social inflexibility, they are eager to do whatever is helpful for them to climb up the social ladder. The shortage of houses is still acute in large cities, and this is rather a sad reason to be mentioned. Many community leaders are interested in the promotion of family planning as a community project particularly in rural areas. Midwives who number some 50,000 in all may be called upon as intimate personal advisors in family planning if necessity arises even in remote places. Also, the intercommunication between the city and the countryside is growing very rapidly, and it has become often difficult for a demographer to make a clearcut distinction whether a couple is typically rural or is virtually an urban couple just living in a farming village. All these are but a small listing of causative factors and one may go on and on mentioning many others. But in any event, it is to be remembered that the success in family planning

programs can be achieved only when these complexities are well taken into account.

Speaking against this background which I have outlined briefly, some of the possible implications for the promotion of family planning in general accruing from the Japanese experiences might be described.

- (1) To try to promote family planning with community-centered orientations is essential. In many of the Western countries, voluntary organizations have been very much interested in providing clinics for the teaching of family planning. The value of such approach is evidently great. However, it is to be noted carefully that in Asian countries, what we are confronted with is, more or less, the proposition of how we can promote family planning quickly among the masses who have been exposed to very little, if any, influence of the idea of conscious planning of family size. In the West, the stage has been already reached where people have a good amount of understanding about family planning and it is largely the practical knowledge of techniques that they really need to have. If we take this difference in the stage into

account, we may say that the teaching of family planning principles in conjunction with many other community development programs must be done in our societies before the establishment of a small number of clinics.

- (2) As an approach on the local level, it is very desirable to secure the actual participation of local women's organizations.

Women's organizations are usually highly susceptible to the idea of family planning, and once they have taken interest, they could be of great help in our conducting local teaching programs. They will cooperate in forming group meetings and frequently assume the responsibility for distributing necessary contraceptive materials, and, among other things, the participation of local women as an organization in the program ensures a continued interest in it of all the individuals involved.

- (3) Likewise, it is important to make the whole community involved in the program. Even today, there are a certain number of couples practicing contraception secretly and individually. When they

know that the matter has been incorporated in a community program and that they are not strange persons doing something against the community's interest, their practice of family planning would undoubtedly be supported and encouraged by this social sanction or endorsement. It is therefore most important to obtain the participation, or at least the sympathetic understanding, of the local community leaders so that the program could be implemented with the total involvement of that community.

- (4) In teaching the general principles of family planning, the use of social workers is significant. Local medical doctors and midwives, these professional medical personnel are, of course, of great value. But, in our experiences in Japan, we have sometimes observed a tendency that medical persons are likely to concentrate their teaching on the technical aspects only. In order to successfully enlighten the general public in family planning, it is necessary not only to make continuous efforts to teach the technicalities but also to review many other social,

economic and psychological conditions surrounding them. For this reason, to enlist the cooperation of some professional social-minded groups, such as social workers, who could take care of various matters other than purely medical one, is highly desirable.

- (5) Again from our experiences in Japan, a demonstration of family planning projects through "pilot programs" may be said to be a good approach.

The significance of a pilot program in a certain area lies not only in the fact that it is useful to that particular area but also in its favorable influence upon neighboring communities. Encouraged by the visible good results of the demonstration project, many adjacent villages which have been half-hearted or even suspicious as to such a project, may turn to be faithful followers in many instances. Thus, the effect of "visual education" is important in the case of family planning, too.

- (6) In order to secure full cooperation with the program and to create a better understanding

about the true meaning of family planning, advice on the treatment of sterility should also be included in the overall program.

- (7) It is usually very worthwhile to try to educate males also. In the past, in relation to family planning teaching, much emphasis has been placed upon the education of women, primarily because of the belief that women are keenly interested in this matter since pregnancy and childbearing relate directly to them. Men, on the other hand, have been neglected to a great extent, as they are believed to be rather indifferent to the idea and practice of family planning. Quite recently, however, more attention has been given to the education of men as it has become clear that men, too, can be motivated, and really effectively motivated, to family planning if we adopt a proper approach. In our experiences among Japanese husbands, men are not always indifferent and are made interested if we talk about their economic responsibility for maintaining a household and sustaining family members, for example. In some

cases, it is felt the teaching of a group of husbands would be better in its result than that of wives. Of course, the education of women is very important and nothing is implied here to deny its value. But, because of this traditional misconception, I just want to stress the equal importance of the education of husbands.

- (8) When we teach actual methods of contraception, we have always to remember one important thing. Among various methods of contraception, we may select certain methods as highly effective. In this consideration, however, the most effective method in theory does not necessarily guarantee the most desirable result. Particularly when we deal with a population with a lesser degree of motivation, a primary concern for us is whether a prescribed method can really be accepted and practiced by the couple concerned. A theoretically effective method does not do anything if it was entirely rejected by the couple. In practice, therefore, the so-called "use" effectiveness is of primary significance, and from time to time, we encounter

those cases in which we have to choose a method which may be second or third in its theoretical effectiveness but nonetheless afford maximum practical effectiveness because of its ready acceptability.

I have described these various considerations on the basis of our Japanese experiences, as was mentioned before. The fundamental fact that in Japan, a high motivation to family planning did exist among the people and that all the family planning promotion activities have been conducted on this ground, may make, under some circumstances, these remarks not so useful. But, in any event, the primary purpose for doing this was nothing but to emphasize again the necessity of promoting family planning not just as a technical information service but rather as a comprehensive social education activity on a community basis.

In conclusion, I want to state that a matter of prime importance for us, particularly for this congregation, is to have a thorough understanding of what is really meant by family planning. Unlike birth control in its narrow sense, family planning has a positive meaning. We need to make

efforts for its promotion for Asian people because it will be helpful for raising their level of living from that of marginal subsistence. We should think about family planning because we put the utmost value to the family, the child, and amongst others, the human life. If we firmly base our consideration on this most fundamental understanding of family planning, we would not suffer very much from any possible hostilities against it due to various political or ideological viewpoints.

Family planning is earnestly desired by our fellow Asian people. I believe it is our obligation to try to meet this demand with the full appreciation of what is meant by family planning.

