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*Abstracts; Annotated Bibliographies; Demography; *Family Planning; *Population Trends; Publications; Reference Materials; Social Sciences

Abstracts of current publications in the fields of population and family planning are presented in this pamphlet. Topical areas include: demography and social science, human reproduction and fertility control, family planning programs, population policy, and general publications. Research studies, monthly reports, journal articles, and general literature are reported. (BL)
Demography and Social Science


The first in a projected series of detailed national studies on the decline of European fertility from 1864, the date of the first modern Portuguese census, to 1960. Measures of marital pattern and fertility (Coale indexes) for each province are related to measures of social and economic development (literacy, urbanization) over time and area. The influence of regional differences in religion and family structure on fertility is also discussed. The study reveals a surprisingly low fertility level before the start of the modern decline together with a clear north-south differential. The decline of national fertility is associated with trends in modernization, but regional differences bear a more complicated relation to these factors (standard of living, literacy, and urbanization) and is explicable largely in terms of cultural and religious factors, particularly adherence to traditional Catholicism.


A pill scale and two stratified samples of American and Korean university students are used to test the hypothesis that "the modernization of a given nation is accompanied by increasingly liberal attitudes toward birth control." The section on the Korean family system discusses historical and present characteristics as well as development, nature, and effects of family planning programs. The data, secured through interviews involving the pill scale and a personal data questionnaire, are analyzed by statistical tests. The findings support the hypothesis and lead to the following conclusions: (1) cross-cultural investigations are useful in determining the degree of modernization; (2) the Korean respondents, concerned with overpopulation, are very interested in scientific studies of birth control; (3) Korean females are significantly more conservative than males whereas pill scores of American males and females differ insignificantly; (4) Korean students of agriculture tend to be highly liberal; (5) gainful employment among American mothers does not affect their college children's attitudes toward oral contraception; (6) an insignificant relationship exists in both countries between the subject's attitude toward the pill and the following factors: age, number of siblings, birth order, parents' education, and religiosity.

Chaudhury, R. H. "Differentia! fertility by religious group in East Pakistan." *Social Biology* 18, no. 2 (June 1971): 188-191. 20-6

Mean child-wife ratios for ever-married women, by religious group (Muslims, Caste Hindus, and Scheduled Castes), in 17 districts in East Pakistan showed a statistically significant difference between the Scheduled Caste Hindus (2.59) and Muslims (2.89). Caste Hindus had a fertility of 2.89 whereas pill scores of American males and females differ insignificantly; (4) Korean students of agriculture tend to be highly liberal; (5) gainful employment among American mothers does not affect their college children's attitudes toward oral contraception; (6) an insignificant relationship exists in both countries between the subject's attitude toward the pill and the following factors: age, number of siblings, birth order, parents' education, and religiosity.


A study of statistical data to determine if there is a substantial difference in the women's situation in socialist and capitalist countries. Population by sex and age, marital status, mortality, and female-male education in socialistic and capitalistic countries are compared in part one, whereas part two compares in detail female and male professional activity. Crime and suicide rates by sex are also given. In conclusion, the statistical data do not deliver evidence that women's situation in capitalist and socialistic countries is substantially different. One can further conclude that in both socialist and capitalist countries women's liberation is still far from being a social reality. (Adapted from author's abstract.)


The problems of access to abortion have shifted from legal to logistical, with unequal access to sources of information and unequal access to suppliers for economic, social class, and geographical reasons. The potential of many people is significantly influenced by size and spacing of family, and the negative effects of limited access are found more frequently among the poor. The presence of unplanned children in the poverty family reduces food, goods, and services per capita; the incidence of impaired development, parental neglect, and exclusion of children from the family is increased. Choice of family size through various methods including altering the form of artificial birth control is high, but the probability of adoption was high only if the education and incentives favored over coercion. Legalized abortion and mandatory sterilization ranked low as means of curbing population. The main sample was stratified by race according to the population distribution in California. The result was a sample in which 20.9 percent were white, 9.1 percent black, 5.3 percent Spanish surname (Chicano), 3.0 percent oriental, and 1.5 percent native American. Expanded subsamples of Chicano and black students revealed significant differences from the main sample in ideal number of children desired (4.0 and 4.1 respectively), in their lower perception of the population problem as a serious one, and in their generally hostile reaction to the idea of population control.
methods including abortion must, at least for the present, seek wider use on its own merits, and personal freedom, equal access to care, and medical protection for the poorest involved. Future research design should reveal financial needs, effects of nonhospital service programs, use of manpower and space facilities, continuing disparity of payment coverage and gaps, and training to overcome manpower shortages.


Although much uncertainty still exists about the size and growth rate of China’s population, the population according to the author’s estimate was 753 million with a growth rate of 1.5 percent annually. Rural to urban migration has been encouraged, and 80 percent of the population still live in rural areas. Over the past 20 years the regime’s attitudes toward family planning has fluctuated. In recent years the family planning program has had strong support at high levels of government. Contraceptives are readily available and fertility control is apparently widely practiced. Health and general living conditions have improved dramatically in both urban and rural areas. Consequently, the crude death rate is estimated to have declined from just under 35 per 1,000 per year in the late 1940s to about 17 today. The birth rate is believed to have declined from about 43 to 32 during the same period.


A discussion of changing public attitudes in Japan on parent-child relationships, family size, changing experience in the use of contraceptive methods, and abortion. Data obtained in previous surveys conducted in various years over the past decade are compared with the data from the tenth survey; printed out in 1969. The survey was made by the Population Problems Research Council in cooperation with the Public Opinion Survey Division of the Mainichi Newspapers.


A sample of Mexican and Negro migrants from selected rural southern counties to cities had high migration incentives and did not migrate, even before the move took place. On the other hand, Anglos who migrated tended to come from somewhat lower income groups than did those who remained in the rural counties.

Once they arrived in the city, the urban migrants had higher average incomes than did rural nonmigrants remaining in the selected counties, within each of the three groups. Individual median annual income for male Negro rural nonmigrants was $1,845, and for urban migrants, it was $5,447. Comparable median incomes for Anglos were $4,200 and $6,778, respectively. For rural Mexican Americans the median individual income was $2,500; for urban migrants it was $4,167 or more, depending on the city to which they migrated. Employed Anglos and Mexicans in urban areas at the time of interview were less than two for Anglos, seven for Negroes, and 20 for Mexican Americans.

Mexican Americans and Anglos were more likely to move encouraged by Mexican; Negroes tended to move alone or in twos.

Large majorities of all three groups felt they were financially better off or happier in the city. One quarter of more of the Negroes and Mexican Americans stated they would never return to their rural area of origin under any condition. About 40 percent of the Anglos took such a position.


This special issue focuses on the involvement of the social sciences in the study of population, policy formulation, and family planning in sub-Saharan Africa. Radel presents the problems of rapid population growth, an overview of contraceptive needs and programs, and information on new and needed social science research in fertility and family planning policies. The articles included are an important article outlining 64 current projects in population and family planning research and a 600-item bibliography covering the period 1965-1971.


Religious preference and educational level account for most variation in age at marriage among Americans. Differences by educational attainment have been definitively documented in census reports, while those by religion have been based largely on experience in the two states (Iowa and Louisiana) where religion is on the marriage certificate. This study of kind of ceremony as reported on marriage certificates indicates that this item, for some purposes, can serve fairly adequately as a substitute for specific religious information. Maryland residents involved in Jewish and Catholic weddings marry later than those in Protestant churches. These findings agree closely with a national probability sample that ascertained religious preference and age at marriage. (Adapted from: author’s abstract.)


Patterns of family size, family stability, and timing of family formation are contrasted, and consequences of demographic differences for group achievement are explored. Mexican-Americans are found to have a demographic system marked by early ages at marriage, early ages at beginning of childbearing, high rates of reproduction, and high rates of marital instability. Japanese-Americans display just the opposite pattern of behavior on each of these variables. Using existing research on determinants of individual achievement, relevant findings are described, and why the demographic environment encountered by Japanese-American youth is more conducive to educational and economic achievement than that encountered by Mexican-American youth. (Adapted from: author’s abstract.)


An appraisal of various approaches to estimating health manpower requirements used in selected studies. The report reviews the methods of health manpower planning with the purpose of developing guidelines for the future and discusses the planning process in terms of an analysis of the national situation and selection of a study design. It contains a list of recommendations “concerned with the future role of WHO and with the need for health manpower planning study units, for the training of skilled personnel to undertake studies, and for the clarification of the concepts and methods to be used.”

Family Planning Programs


A total of 143 state family planning clinics, with an enrollment of approximately 77,000 women of whom 75 percent were currently up to date in their clinic appointments, were opened in the 64 parishes of Louisiana from June 1967 to June 1971. Identification of potential patients was made through interviews with postpartum women, vital records on file of women who had recently given birth, and women in the Aid to Families with Dependent Children program. The economic status criteria imposed by the Office of Economic Opportunity and the fact that the program, at first, did not serve never-married or never-pregnant women reduced the medically indigent segment of the population eligible for the program, estimated at 171,000 women, by at least 25 percent. The program is serving about half the black women estimated as medically indigent compared with about 11 percent of the estimated white women in need. The authors give as possible reasons for the difference that “. . . poor white women who have had an integrated medical program (more than half the program staff, including one-fifth of the professionals, are black), and they may have easier access to low-fee services from private physicians. A larger fraction of poor whites than blacks also are marginally above the official poverty line, and were not eligible for the program.”


A treatment of the first nine years of the Korean government’s efforts to reduce fertility in Korea. Chapters describe the demographic setting, historical development of organized birth control activities in the society, the administrative setup of the program, interlocking contributions of the private association, public education work, training program, the role of the program in the work of mobile teams. A special chapter covers program performance, and another deals with future expectations. The social effort begun in Korea in 1962. Korea’s experience through 1970 is set down.
within the context of recent history and the ongoing population dynamics.


A study was conducted in 24 villages in three consecutive blocks of Ludhiana, Punjab. A total of 85 village panchayat (council) men and women members were interviewed to determine their knowledge and practices of family planning. In India, panchayats are being made to involve village panchayats for the promotion of family planning, and this study is thus aimed at evaluating their potential effectiveness. All the panchayats members interviewed had heard of sterilization; 91.4 percent had heard of the loop, and 85.7 percent had heard of the condom. Acceptance of family planning by panchayat members was correlated with literacy, and 79.2 percent of the respondents were not using any family planning method. Findings of the study suggest that the involvement of panchayat members for the promotion of family planning can be increased by educational and motivational programs.


This critical overview of problems and progress in family planning in the United States is helpful as a quick introduction for social workers and other professionals. The services available under various auspices, and obstacles to program implementation, follow a discussion of alternative perspectives in family planning. Demographic, health, and social consequences are analyzed, and unresolved issues relating to risks of methods, nonconventionality, sexual behavior, abortion, and genocides are explored. New roles and responsibilities are established for social workers dealing with family planning.


Family planning program evaluation is not a well-developed art, much less an exact science. The subject has received much attention but methods are still controversial and results inconclusive. Reasons are a wide variety of constraints, not all technical, and most not unique to family planning. Prospects for improvement depend, to a great extent, on overcoming these constraints. (Adapted from author's abstract.)


The Tunisian postpartum family planning program is implemented in 58 maternity centers. In 1970, 67,337 obstetrical admissions were treated in these centers. 20,886 patients received an appointment to the family planning clinic; only 3,905 patients went to the clinin. Acceptance of family planning was given by province, family planning clinic, month, and method. A comparison with results from 1969 shows an increase of 3 percent in number of appointments given but a decrease of 20 percent in number of acceptors. Mean number of children per patient receiving family planning has increased from 1.3 in 1967 to 1.4 in 1968, and the patient mean age was 30 years. The motivation program seems to be successful at maintaining the 58 centers as staffed by only 35 motivators.


An analysis of the relationship between desired family size and family planning practices was conducted on a probability sample of 1,600 currently married women from a rural area of East Pakistan. Results indicated that women whose desired family size is equal to or less than their actual family size have significantly greater frequencies of practicing family planning than women who desire a family size greater than their desired family exceeds their actual. This relationship generally persisted while selected social and demographic factors were held constant. Thus, to reduce levels of reproduction through practice of family planning more attention must be given to the effects of family size norms and the factors related to these norms.


During the past decade, the governments and peoples of Latin America have shown increasing awareness of family planning, both as a means of improving individual welfare and as a method of population control. This book examines the attitudes of Latin Americans, both among the elite and the general public, towards family planning. Prepared by Dr. Stycos with the assistance of several of his students, it includes four sections: The Context of Public Opinion Formation; Public and Private Opinion of Elites; Private Opinions of the Public; and The Future of Family Planning.


A study was made of tubectomy adopters in Tarikere in Mysore State, India, in November 1969. A total of 195 women were interviewed. Of these 130 were from rural areas, 71.8 percent were 26.3 years of age, and average number of children was 4.8. Women who had been married 14.6 years constituted the largest group. The majority of adopters were motivated to undergo the operation because they were "satisfied with the present number of children." The most effective motivating agents were paramedical staff. The women were asked why they, rather than their husbands, had undergone the sterilization operation. The three most important reasons were: "He has to do hard work to earn"; "he is too old and weak to withstand any operation"; and "it is a difficult operation for men and I don't like him to suffer." Most of the women indicated that they had not utilized the incentive money paid to them for improving their health, mainly by buying food and medicinal items.


Sixty-seven percent of 165 Family Planning Association patients in Sheffield, England, had stopped attending the clinic after three years. Half the loss was accounted for by transfers, moves, and no further need for contraception. The dropout rate did not appear to be related to age, social class, or number of children. Of the three methods generally prescribed, the greatest attrition occurred among patients using the cap (diaphragm). Of the remaining group of lapar patients, a substantial number consisted of those who "hated the cap." Other reasons frequently mentioned for discontinuing contraception were "just had not got around to coming back" and adverse effects of the pill.

Human Reproduction and Fertility Control


Hysterography was performed on 254 women from two to six years after IUD insertion to investigate uterine size and shape as well as IUD orientation. Although most women reported only minor side effects, changes in the uterine cavity appeared in virtually all instances, but to a lesser degree when the IUD had been in place for longer periods. Women bearing distorted or laterally placed IUDs displayed a somewhat higher incidence of side effects. No definite correlation appeared between implanting of an IUD and the incidence of endometriosis and bleeding or pain. Tubal patency was established in 87 percent of the women studied.


A study at four Bombay clinics of 579 women who had a total of 7,411 women-months of use of the Soonwala IUD. This type of IUD has not been used extensively in India but was accepted by a substantial number of women in Bombay. The mean age of the women was 25.9 years, which is low compared with other IUD acceptor studies, and the mean number of living children per acceptor was 3.3. Net closures per 100 IUD acceptors, pregnancy, abortion, expulsion, and removal were as follows: 3.9 percent; 3.9 percent; 3.9 percent; and 15.1 percent. For medical reasons, 12.1 percent. In conclusion, compared with other reported studies, the removal rate was relatively low whereas the expulsion rate seems to be higher and pregnancy seems to be lower. All factors must be viewed in the context that the acceptors of the Soonwala IUD were considerably younger and were of lower parity, that is, belonging to groups that are expected to have higher event rates as reported by studies that had large samples.
The Minnesota Multiphasic Personality Inventory was employed in two studies to investigate a possible relation between oral contraceptives and feelings of depression. First, 32 women who had never taken oral contraceptives were compared with 72 women about to begin using the pill. The two groups were found to have similar depression scores, suggesting that women who chose the pill were not predisposed toward depression. Another group of 49 women was tested before taking the pill and three months after use. Their mean depression scores did not change significantly, but there was a definite decrease in premenstrual moodiness and irritability after taking the pill.


To estimate the demographic impact of an IUD, we need to estimate retention rates beyond the period of actual observation. A mixed exponential was fitted for this purpose since it fits actual observation rather well. Based on Taiwan IUD experience, the function for retention is:

$$R(t) = 0.18 \exp(-r_1 t) + 0.82 \exp(-r_2 t)$$

with values of $r_1 = 0.32$ and $r_2 = 0.027$. About 0.25 and 0.01 for $r_1$ and $r_2$ respectively may be close to the empirical situation. With this function of IUD retention, one can estimate life expectancy, half-life, and cutoff date (no IUD will be worn forever). (Adapted from authors' abstract.)


A group of 181 women using the Dalkon Shield was matched by age, race, and parity with the same number taking oral contraceptives. A one-month study showed the dental pregnancy rate for the IUD group was 2.2 percent compared to 7.7 for the pill users; continuation rates for the IUD and the pill were 70 and 55 percent respectively, a significant difference. The authors suggest two reasons for the different continuation rates: women desiring protection against pregnancy for a short time would be more inclined to select oral contraceptives, and taking the pill every day is inconvenient and troublesome.


This volume contains the formal papers presented at a workshop held in Bethesda, Maryland, in December 1969. The papers fall into the broad categories of mortality and morbidity associated with abortion, mental health and related considerations, abortion and family planning, and socioeconomic aspects of abortion. Summaries of the discussions and a list of the major research proposals are also included.


Dalkon Shields were accepted by 348 women who had had no children and 978 who had had some. In most women duration of menstrual flow increased, but usually returned to normal after two cycles. Pregnancy and expulsion rates were each 1 percent and, when coupled with a removal rate of 9.7 percent, resulted in an 88.2 percent continuation rate for the nine months. These rates compared favorably with findings for other IUDs in a similar period.


Prostaglandin F2-alpha was administered intra-amniotically to 37 women during the second trimester of pregnancy in dosages of five to 25 mg. Abortion was incomplete in 16 cases, incomplete in 17, and failed in four. Frequency and intensity of uterine contractions were recorded. Higher prostaglandin dosages led to more successful abortions, but they also markedly increased diarrhea and vomiting. The authors postulate that the injected prostaglandin slowly diffuses through the amnion and then acts directly upon the myometrium.

**Population Policy**


An outgrowth of an AAAS symposium organized by Singer while he was Deputy Assistant Secretary of the Interior. Contributors include physical and biological scientists, engineers, economists, sociologists, psychologists, and demographers. The articles examine how the physical limitations of the earth and its resources relate to population size, and how population levels affect various factors relating to the quality of life.


A collection of 17 essays on population, divided into three parts, written during the past four decades by the noted economist at Duke University, Joseph J. Spengler. In part one, Spengler discusses the history of population theory in separate articles on Malthus, Pareto, and Marshall. Part two is an examination of the distinct theoretical motifs that an economist must consider in formulating any population theory. In part three, parts one and two are brought into focus as Spengler reflects on the population and economic climates of developing nations.


This special issue of the journal of the National Council for the Social Studies is devoted almost exclusively to population education in the schools. Included are excerpts from Viedereman's report to the Population Commission defining population education and indicating its status in the United States; articles by Byron Massialas exploring ways to present materials in the classroom; by Nancy Russo on the psychological readiness of students to study population; by Robert Veach on ethics and population education; and by Sheri Naditch and J. M. Sykes.

**General**


"Recognizing the responsibility of psychologists in an area of growing social concern, the APA Council of Representatives established a Task Force on Psychology, Family Planning, and Population Policy in October 1969. The Task Force was charged with preparing a review of psychological activities related to population and with making recommendations that stimulate the participation of psychologists in research, training, and professional services in this area. This report is to inform psychologists of the activities and future plans of the Task Force, to cite types of population-related activities engaged in by psychologists, to encourage psychologists to enter the population field, and to invite colleagues to maintain communication with the Task Force." (Author's abstract.)

THE POPULATION COUNCIL

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Current Publications in Population/Family Planning is issued every other month by The Population Council and contains books and articles deemed by the Council staff to be of particular interest to administrators and scholars in population and family planning. For a fuller listing of items, see particularly Population Index, published quarterly by the Office of Population Research, Princeton University, and Bibliography of Reproduction, published monthly by the Reproduction Research Information Service Ltd., 141 Newmarket Road, Cambridge, England.

Subject to availability, individual articles listed above (not books) will be sent on request to administrators and scholars in Africa, Asia, and Latin America. All requests must be received within four months of publication. Please order by the bisection number following each listing from the Information Office.

Other publications issued by The Population Council are Studies in Family Planning, Country Profiles, and Reports on Population/Family Planning. Persons wishing to receive them, without charge, should address their requests to the Information Office of The Population Council. Bulk orders may be requested for educational purposes.