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DEVELOPMENT OF FAMILY PLANNING PROGRAMMES  
IN SOUTH-EAST ASIAN COUNTRIES <sup>1/</sup>

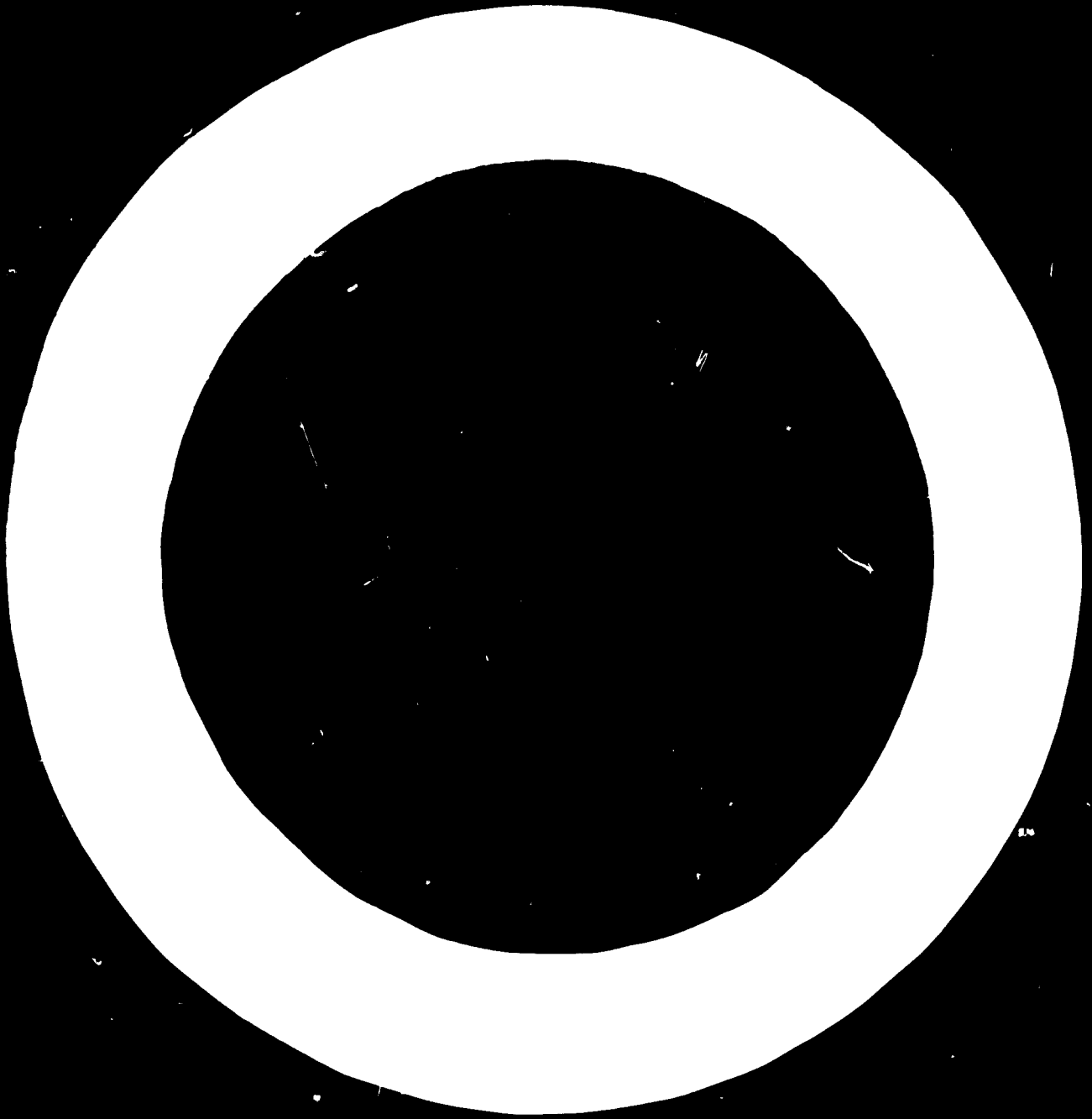
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We regret that some of the pages in the microfiche copy of this report may not be up to the proper legibility standards, even though the best possible copy was used for preparing the master fiche.



South-East Asian countries have made considerable progress during past years in initiating and expanding family planning programmes designed to reduce population growth rates. Eight countries, on which I will report, comprising a population of approximately 256 million people, have national programmes or support the efforts of private groups and associations working in this field.

Official programmes are operating in South Korea, Taiwan, Malaysia, Singapore, the Philippines and Indonesia. In Thailand, the Government approved family planning as a national policy only early in 1970, and the Ministry of Public Health has recently prepared a Five-Year Plan to expand and intensify its family planning information and service programmes. In Hong Kong, family planning programmes are being conducted largely by private organisations, notably the Hong Kong Family Planning Association. However, the Government provides about 35% of the Association's financial support. On the other hand, in Burma there is officially little activity in the family planning field as the Government believes that the country is underpopulated.

Family planning programmes in South-East Asia have encountered little religious opposition. Even in the Philippines, where there is growing concern, an official programme to reduce the population growth rate got underway in late 1969, and the Catholic Church there is developing its own programme to encourage responsible parenthood.

Throughout the region, growing literacy and urbanisation have boosted family planning programmes. However, the main obstacles to promoting these programmes include communication difficulties in countries with several languages and large rural populations, as well as socio-cultural attitudes which promote large families.

In some countries in the region, notable progress has been made in reducing population growth rates:

In Taiwan, where a voluntary association has been active since 1954 and the Government has supported family planning since 1964, the birth rate in 1956 was 45 per 1,000; today it is 28. In approximately the same period, the birth rate in Singapore has been reduced from 48 to 22; in South Korea from 45 to 31, and in Hong Kong from 40 to 21. Malaysia, with a current birth rate of 37 per 1,000 and a population growth rate of 3%, plans to reduce its growth rate to 2% by 1985.

Indonesia, the Philippines and Thailand all have relatively high birth rates, ranging from 42 to 45 per 1,000. The population in the Philippines is growing at a rate of 3.5% annually - this represents the highest rate in South-East Asia. The Government of the Philippines plans to reduce the growth rate to less than 3% already by late 1973. Thailand's growth rate of 3.3% is the second highest in the region.

Some countries are only able to maintain their current standards of living with little or no added income for economic and social development. Most governments of South-East Asian countries recognise this problem and seek to improve the quality of life by planning population growth in order to secure economic and social progress.

However, one difficult challenge confronting family planning in South-East Asia is still to come. After World War II, births increased tremendously in almost all countries of the region. The result will be that an exceptionally large number of young people will be reaching marriageable age within the next few years. This applies particularly to Singapore, Hong Kong and Taiwan.

For this reason, family planning efforts are more and more directed to younger age groups. They have become a principal target group of the national programme in Malaysia which, as some observers believe, will achieve a more rapid decrease in fertility than any other country in South-East Asia - provided that in Malaysia the current programme drive is maintained and the programme is successfully extended to rural areas.

#### Malaysia

Malaysia has had an official population programme since 1966, when its Parliament passed the Family Planning Act. The Government's programme is administered by the National Family Planning Board (NFPB), which has wide-ranging representation from the Government sector, voluntary family planning groups, trade unions, chambers of commerce, and religious and medical associations. The NFPB is concentrating its efforts on the eleven states of West Malaysia, which contain 85% of the country's total population. Family planning programmes in the other two states in East Malaysia - Sarawak and Sabah - are being carried out by voluntary associations assisted by the International Planned Parenthood Federation (IPPF).

In West Malaysia, NFPB operates some 60 clinics, and an additional 115 units are served by mobile clinics. All principal contraceptive methods have been available since 1968, but some 90% of the patients at Government clinics choose oral contraceptives.<sup>1)</sup> The standard price of oral contraceptives is equivalent to US\$ 0.33 per month. However, oral contraceptives are given free to women who are unable to pay - this is the case with about one-fourth of all users. I.U.D. insertions are also made free of charge.

The Government has held about 50 courses to train programme workers in 1967. In January 1969, with UNICEF support, a programme was started to train village midwives in family planning. Twenty of these courses were scheduled for 1970 to train 500 midwives. Courses are given for doctors from all over the country, utilising films, lectures and demonstrations on the use of oral contraceptives and I.U.D.s. There exists a full-time information office to build up its information services and to produce materials for distribution via radio, television, the press, leaflets, films, home visits and group meetings.

#### Singapore

A National Five-Year Family Planning Programme is included in Singapore's Five-Year Development Plan 1966-1971. By the end of this year, the Government hopes to have achieved a birth rate of 20 per 1000 per year, compared with 30 in 1965. As of 1969, this goal was nearly reached with a birth rate of 22; however, in each of the next four to five years, as many as 45,000 people will reach marriageable age, compared with 22,000 when the programme started.



When the Government took up responsibility for family planning in early 1966, it found the groundwork for its programme already well laid by the Singapore Family Planning Association. Nowadays, the Government's family planning programme is administered by the Singapore Family Planning and Population Board, which operates almost 40 clinics as part of maternal and child health services.

Under the Five-Year Plan, US\$ 1 million is provided for the National Family Planning Programme, and it is officially stated that some 150,000 women, representing 42% of those eligible, are now practising family planning.

Approximately 60% of all family planning patients choose oral contraceptives.<sup>1)</sup> I.U.D. insertions reportedly have been suspended due to lack of demand for this method.

An extensive postpartum programme is operated at Kandang Kerbau Maternity Hospital, where over 90% of Singapore's births take place. More than half of all new patients have adopted family planning through this programme. In Singapore, continuous publicity has also contributed successfully to the programme, with extensive use of posters, slogans, various types of publications, exhibitions and advertising. In 1968, emphasis was changed from family planning to the small family resulting in the programme's slogan: "Keep your Family Small".

#### Korea

The Government of South Korea adopted a National Family Planning Programme as early as 1962, a year after the formation of a voluntary group, the Planned Parenthood Federation of Korea (PPFK).

Implementation of the national programme began with the abolishment of a long-existing law prohibiting the importation of contraceptives. The programme is incorporated in all Five-Year Plans so far, and today the Government and PPFK co-operate in administering an extensive family planning programme that covers the entire country, even all the way down to village level.

The goal of the Korean Programme 1972-1976 is to reduce the population growth rate from currently 2.2% to 1.5% by the end of 1976. In order to achieve this, the Government has set a target of 48% of eligible couples to practise contraception. It hopes that Government clinics by providing free contraceptives, will reach 33% of the couples, and that the remaining 15% will purchase traditional and oral contraceptives through the commercial channel.

In 1963, a special unit for family planning was established in the maternal and child health section of the Ministry of Health and Social Affairs. Similar units were formed in the provincial health departments and in Seoul and Pusan. From this basis, the programme spread throughout the country. Starting in 1966, mobile units were introduced to train rural doctors mainly in I.U.D. insertion and to take family planning services to remote areas.

The approximately 140 county health centres in Korea nowadays employ two nurses each. Furthermore, a family planning worker amongst other employees is assigned to each of the 1,473 townships of the country. It is expected that each of these townships will have a health sub-centre where family planning and maternal and child health work will be practised.

Results of the family planning programme by 1969 were not as favourable as had been expected. The specific obstacles could mainly be seen in a high I.U.D. dropout rate of about 40%, the traditional desire for a large family with one or more male children and budget problems.

However, recent developments show an overall improvement in the situation from 1970 onwards. In July 1969, the Ministry of Health and Social Affairs declared eligible for oral contraceptives all women who could pass medical screening. Before that time, the Korean programme had been based mainly on I.U.D.s with oral contraceptives available only to women who had discontinued I.U.D. use. Although I.U.D.s continue to be the programme's principal method, this action increased the overall number of prospective oral contraceptive users in the group of married women of reproductive age.

After a sharp year-end surge in November and December 1969, the number of pill users declined to a monthly average of 60,000 during the first two months in 1970. This average figure rose sharply during the year from 150,000 and 190,000 in September/October to 243,000 and 278,000 in November/December.

The number fell again to 154,000 in January and 166,000 in February 1971. These figures represent two trends:

- (a) a gradual rise to whatever unknown stable level the programme can take and the population can absorb, and
- (b) another sharp year-end surge in order to meet annual targets set by the Government.

As a reflection of the recent development of the oral contraceptive programme, it can be stated that in no month in 1969 did the number of pill users

fall as low as the 26,000 monthly average for 1968, and in no month in 1970 did it fall as low as the 98,000 monthly average for 1969. While the gains in the oral contraceptive programme have been considerable and the 1971 monthly average may rise as high as 225,000, this is still below the initial target for 1971 of 320,000.

To make family planning efforts more effective at village level, a new technique called "mothers' classes" was introduced in 1968. The classes, each consisting of a leader and 10-15 members, meet monthly in the villages and act as spokesmen for family planning in those areas. There are now some 1,700 - 2,000 such groups throughout the country.

Apart from being primarily responsible for training, the PPFK produces all educational and publicity material and has made wide use of all media, such as the press, radio, television, films and exhibitions. Its family planning magazine "Happy Home" has a circulation of over 30,000, and is distributed free to the "mothers' classes".

In future, a wider range of persons will be trained in family planning, from pharmacists and midwives to provincial administrators. Information programmes will take on a new emphasis towards social groups and institutions including the army reserve, libraries, high schools and colleges.

#### Taiwan

An unofficial family planning programme got underway in 1964. Later on in May 1968, the Government assumed responsibility for the programme and declared family planning a national policy.

During 1969, the Institute of Family Planning was established under the Provincial Health Department to administer the programme. Incorporated in the Institute were the Taiwan Population Studies Centre and the Committee on Family Planning, the latter to help promoting the idea of family planning in Taiwan.

Presently, family planning services are provided by private and public institutions. About 450 family planning field-workers refer potential acceptors to some 1,000 private doctors, who are contracted by the Government, as well as to 380 health stations and about 30 public hospitals. By the end of 1969, I.U.D. insertions totalled more than 635,000 and acceptors of oral contraceptives nearly 100,000. Although programme targets have been met, the rate of retention of I.U.D.s has been less than anticipated, with only half of the I.U.D.s remaining in place two years after insertion. However, it is estimated that only 10% of the original acceptors are no longer protected against unwanted pregnancies since most of the women discontinuing I.U.D.s have shifted to other contraceptive methods - mainly oral contraceptives.

In December last year, the result of the first island-wide oral contraceptive acceptor follow-up survey was published<sup>2)</sup> which can be summarised as follows:

- (a) Because oral contraceptives were mainly introduced for I.U.D. drop-outs, a large majority of users (84%) had practised contraception prior to pill use.

- (b) Women with three to four children constituted a large proportion of the total pill acceptors (54%), whereas those with zero to two children constituted only 17%. This is understandable, because in Taiwan child-spacing is not a common reason for family planning.
- (c) Women with more years of schooling were more likely to accept oral contraceptives than women with fewer years of schooling.
- (d) Acceptors of oral contraceptives were mainly from urban areas - 45.6% compared with 31.1% for I.U.D. acceptors.
- (e) The average number of months of pill use for continuing cases was 10.3 months, compared with 4 months for terminated ones. Among the latter, one-half discontinued after taking the first or second cycle.
- (f) The major reasons for termination were medical, followed by personal reasons and then by supply problems.
- (g) Nausea, vomiting and other gastro-intestinal upsets, breakthrough bleeding and menstrual disorder were the four major types of side-effects experienced by those who terminated for medical reasons.

To promote family planning in Taiwan, mass communication media are used extensively, including radio and television spots, slides at movie houses, posters in buses and trains, advertisements on match boxes.

Under the new policy concerning a more liberal distribution of oral contraceptives introduced in May last year, oral contraceptives are now made available to all women and are virtually free. Since then, the monthly demand has doubled and seemingly without any adverse effect on I.U.D. acceptors.

As it is in Singapore and Hong Kong, further declines in Taiwan's birth rate will heavily depend on the adoption of family planning by younger women, of whom large numbers will be reaching child-bearing age in the next few years.

#### Hong Kong

Family planning activities in Hong Kong are carried out by the Hong Kong Family Planning Association which is affiliated to the International Planned Parenthood Federation. Though the Government does not have an official programme or policy on family planning, it subsidises around 35% of the Association's budget.

So far, some 54 clinics have been established and operate over 150 sessions weekly. Attendance has grown from less than 3,000 in 1951 to over 273,700 in 1970.

Oral contraceptives have become the most popular method. Of 27,700 new patients in 1969, nearly 60% preferred oral contraceptives and 13% I.U.D.s.<sup>1)</sup> The low cost of oral contraceptives of about US\$ 0.10 per monthly cycle is one reason for their wide use. Another is that no medical prescription is required and oral contraceptives are available widely through commercial outlets.

In addition to family planning clinics, the Association employs some 50 welfare workers who promote family planning through consultations at maternal and child health centres. The Association publicises family planning over radio and television and through film spots in movie theatres, exhibitions for organisations and factories, and poster-design competitions. Its latest educational effort is a large campaign to broaden knowledge about family planning on the resettlement estates through films, lectures, pamphlets and posters.

Philippines

In the Philippines, with the highest rate of population increase in the region, public concern with this problem is widespread and increasing. A family planning movement came into being in 1965 with the foundation of the Family Planning Association of the Philippines. This was followed by the formation of the Planned Parenthood Movement of the Philippines and other voluntary groups. In 1969, a merger into the new Family Planning Organisation of the Philippines (FDOP) took place.

The Government finally adopted an official programme by appointing in 1969 a special Population Commission to investigate all aspects of the problem and to formulate recommendations. In the fiscal year 1971, the Government has made its first large commitment by instituting family planning services in 200 rural health units. Two large private programmes also will be initiated, one through the Philippine Medical Association and the other through the Responsible Parenthood Council.

Plans call for a total of more than 800 clinics by June this year and 2,000 by 1974. Services offered include oral contraceptives, I.U.D.s, rhythm method and conventional contraceptives.

Family planning personnel is receiving training mainly through FPOP and the Department of Health. With Government approval of family planning, mass-orientated information and education programmes are planned to get underway. Arrangements will finally be made with a great number of radio stations throughout the country to carry daily spots on the problems of parenthood and large families.



Thailand

In March 1970, the Thai Government approved voluntary family planning as a national policy. While this policy does not fully meet the broader objectives of population control programmes, it does make a significant step in the development of Thailand's population planning policy. The Government has also approved the use of mass media to promote family planning concepts, a practice that had been forbidden by law.

In late 1970, the extension of family planning services to all 71 provinces was completed after 300 doctors, 630 nurses, 3,000 midwives and 1,200 sanitarians were trained. There are now 325 family planning service units reporting to the Ministry of Public Health.

The family planning activities of the Ministry of Public Health are supplemented by various other Government and non-Government institutions in the field of medical service and education, clinical research, demographic studies and applied social research.

The Ministry of Education has designed a pilot project to collect information on family life, health and family planning through a functional adult literacy programme.

The Bureau of Public Health of Bangkok Municipality has named some of its health centers to offer family planning training to health personnel from its 23 municipal clinics. The Municipality will conduct one-week courses for 30 doctors, 200 nurses, 30 social workers and 30 family planning workers by 1972.

The Chulalongkorn Hospital family planning clinic has had more than 50,000 I.U.D. acceptors since it was opened in 1965. It has extended its mobile unit operations to include other provinces near Bangkok. The McCorwick Hospital, in addition to providing oral contraceptives and I.U.D.s, has attracted world-wide attention to its programme of long-term contraceptive injections. Active family planning programmes are furthermore carried out at Bangkok's Vajira, Mahidol and Sivivaj Hospitals.

#### Indonesia

Indonesia, the sixth most populous country in the world, has a population of over 118 million, which is expanding presently at a rate of 2.5 to 2.6% annually.

In former years, family planning activities were limited because the official policy was not very much in favour of population control. Nevertheless, the Indonesian Planned Parenthood Association (IPPA) was formed in 1957 and is affiliated to the International Planned Parenthood Federation (IPPF). With the change of government in 1965, the family planning policy was revised and IPPA was then able to expand its activities. By 1969, there were 225 clinics in Java, Madura and Bali alone, and the Association has 85 branches.

The national family planning programme is incorporated into Indonesia's Five-Year Development Plan 1969-74. The programme has a target of 3 million acceptors over this period. The Government is concentrating initially on the densely populated areas and plans to gradually extend services to the outer islands.

In 1969, IPPA announced intentions to hand over its clinics to the Government with the exception of "model clinics". With the Government's assumption of responsibility for the clinics, IPPA will concentrate on training and education. In Indonesia, the promotion of family planning education is hampered by language differences and geographical problems.

#### Foreign Assistance

In their endeavour to initiate and expand family planning programmes designed to reduce population growth rates, South-East Asian countries have been provided with various kinds of assistance by more than a dozen organisations in recent years. Foreign governments, including those of Sweden, Japan, the United Kingdom and the Netherlands have contributed to the support of individual programmes directly or through such organisations as the IPPF and the United Nations.

The U.S. Agency for International Development has granted almost US\$ 35 million for bilateral assistance to family planning programmes in South-East Asia starting from 1965 until now.

The International Planned Parenthood Federation supplies substantial financial and commodity assistance on an annual basis to help the programmes of its family planning association affiliates in the region.

The Population Council has assisted a number of South-East Asian countries in family planning activities by maintaining resident staff in Korea, Taiwan and Thailand, in addition to supplying other forms of help, such as training, research and population studies, and contraceptives.

The Pathfinder Fund is giving aid to several projects in public communication, motivations, population education and rural and urban health services.

The Ford Foundation has granted up to now approximately US\$ 3 million to population programmes in the region.

The Rockefeller Foundation in 1969 entered a co-operative programme of population studies between the University of North Carolina Population Center and the Center for Population and Social Research of Mahidol University in Bangkok.

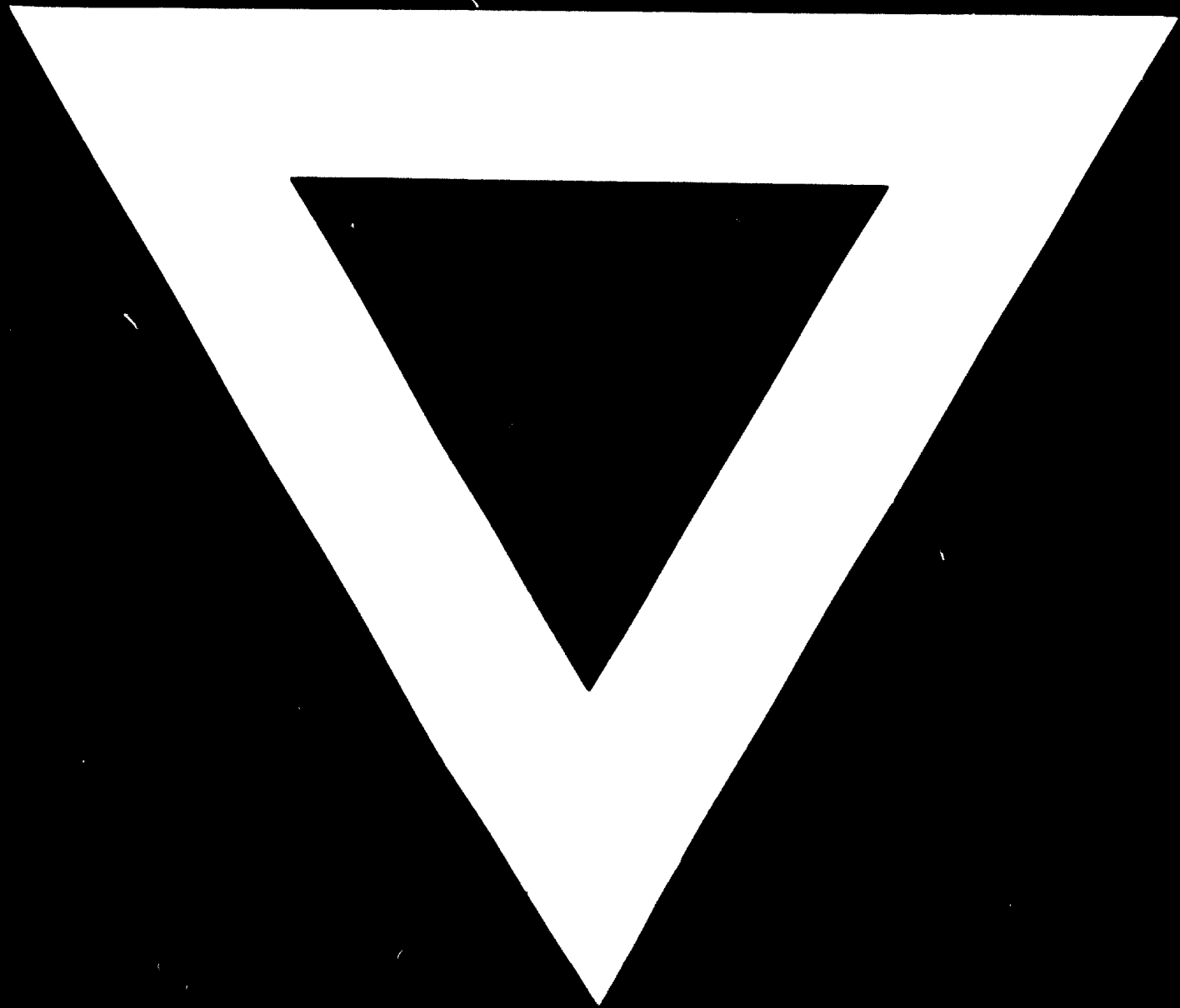
And last but not least, the Swedish International Development Authority has supplied considerable funds, oral contraceptives and other commodities to Malaysia and South Korea where it has provided US\$ 500,000 towards the building of a family planning centre in Seoul.

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