

POPULATION

the Singapore experience

**Clyde Sanger finds a lesson
for the rest of the world in
Asia's second most crowded city**

There are stereotypes for people writing about the population issue in Asia, just as there are about most other subjects. The rule of thumb seems to be: if you want to write a gloomy story, pick India or Bangladesh; if you want to express hopefulness, write about Singapore. The best of publications obey this rule. The *Asia 1975 Yearbook*, published by the Far Eastern Economic Review, comments: "The rest of Asia could learn from China and Singapore, both nations having tough population policies." A feature article in *The Asia Magazine* (December 29, 1974) carries the cheerful headline: "Tiny Singapore Tackles Big Issue with Audacity and Verve".

Both statements about Singapore are obviously correct, as far as they

go. But there are government officials, doctors and professors who don't complacently leave the matter there. What exactly can the rest of Asia learn from Singapore? That the tough policies, including the five "social disincentives", are working well? Or that a broader and more human approach is needed if people of all income groups are to be motivated into family planning?

Three current studies being supported by IDRC all touch on this question of motivation. Each is approaching the question from a slightly different angle. Dr Aline Wong, Professor of Sociology at the University of Singapore, is interviewing Chinese working-class women and their husbands to find out how much of a deterrent each of the five disincentives

is proving to be. Mrs Pavala Gopinathan, a social worker by background, is working with Tamil-speaking families who have recently been moved into the high-rise New Estate; her object is to estimate how intensively such families need to be visited and helped before they become responsive to family planning. And Professor S. S. Ratnam, head of the Department of Obstetrics and Gynaecology at the Kandang Kerbau Hospital for Women, is coordinating a study of the attitudes of women who come to the hospital for abortions, with follow-up interviews at intervals after the operation.

Before going into more detail about these three studies, it is necessary to sketch in the background of Singapore's population picture.



Posters play a major role in the Family Planning and Population Board's publicity campaign.

When Singapore's modern history began with the establishment of Raffles's trading site in 1819, the settlement consisted only of 120 Malays and 30 Chinese. As the harbor developed and business thrived, the population grew rapidly, mainly through the influx of migrants from China and India. In 1901 it stood at 230,000 and by 1911 it had reached 311,000. During the 1930s the British authorities enacted the Alien Ordinance which limited male immigrants to a monthly quota. But in a five-year period (1935-39) no fewer than 190,000 Chinese women immigrants arrived; their coming restored a balance between the

sexes, and led to the postwar baby boom. In the decade 1947-1957, the annual population increase rose to 4.3 percent, and the problems of overpopulation began to be faced.

This involved organization, plans, services. A voluntary organization, the Singapore Family Planning Association, did important work for 17 years in health education programs. But by 1965 it was clear that a comprehensive national scheme was needed, and the government took over responsibility for all the activities.

The Singapore Family Planning and Population Board was inaugurated in 1966, with a five-year program to

provide services to 180,000 women – or 60 percent of all married women between 15 and 44 years old. The Board has come close to its target: the number of acceptors recorded up to the end of 1973 was 211,073 women. The Abortion Act and the Voluntary Sterilization Act were both passed in 1969, and under their provisions a total of 14,102 abortions, 23,445 female sterilizations and 874 vasectomies were performed up to December 1973.

At the same time, five types of disincentives to having large families were added. Delivery charges at government hospitals were graded so that each additional child cost more than the last. A fourth or subsequent child lost any guarantee that he could enrol in the primary school preferred by the family. No income tax relief and no maternity leave was granted for later children. Finally, large families lost the priority they had enjoyed until 1967 in the allocation of Housing and Development Board apartments (this penalty was subsequently discontinued in February this year). As a positive incentive to sterilization, three of these penalties are waived if the mother is sterilized after the delivery of this extra child.

The rate of population increase came tumbling down – at least until 1971. From a peak of 4.3 percent in 1957, it dipped to 3.6 percent in 1962, went more sharply down to 2.5 percent in 1966 and – under the government's new pressure – dropped to 1.7 percent in 1971. But at that point it levelled off, and even rose a little. However, in 1974 the growth rate was down again to 1.6 percent. Now Singapore has 2.2 million people living in 225 square miles, second only to Hong Kong in population density.

This short upward curve is partly due to the fact that the large number of women who were born during the postwar baby boom are now in their years of childbearing. But a survey carried out by the Board late in 1973 among 2078 married women between 15 and 44 showed that the desired family size was, on average, more than three children; and two-thirds of the women said that, if they already had three daughters, they would want to have a fourth child in hopes of having a son.

To counter this attitude, the Board began a fresh publicity campaign for a two-child family, featuring only girls (well spaced in age) on the poster. "Girl or boy, two is enough".

And the old jingle was resuscitated:

*"A son is a son
Till he gets a wife;
A daughter is a daughter
All her life."*

The phrase "hard core" has crept into hospital reports and official documents to describe women who seem to have closed their minds to the need for family planning. But, as the FPPB's report on the 1973 survey points out, the fact that nearly one in three of the respondents in the 15-24 age-group had never used any form of contraception (compared with less than one in five in the 25-34 age-group) is not sufficient reason to call them "hard core"; they may simply want to start a family early.

Mrs Gopinathan also has strong reservations about the phrase, and prefers to call the non-acceptors "hard to reach". With the help of an award under SEAPRAP (Southeast Asia Population Research Awards Program), she is setting out to get to know on a personal basis some 90 Tamil-speaking families who already have three children and no definite intention to practice family planning.

She plans to test her belief that such people have a variety of reasons for not visiting a clinic: perhaps a woman organizes her day badly, spending hours doing housework; or she hesitates to go to the clinic because she doesn't speak English (although her teenage daughter does, and could have accompanied her). Other women, she recalls, have said: "I don't get any privacy for sex for months on end; so what's the point of



Mrs Pavala Gopinathan: reaching the "hard to reach".

taking the pill every day?" With all the vigor of someone who has been a probation officer and a social worker, she plans to help the 90 families organize their time better. Some of the families she is visiting more frequently than others, in order to gauge how much it may cost (in a social worker's time and salary) to produce a worthwhile response.

Aline Wong's study of the deterrent effects of the disincentives is also based on getting to know whole families on a personal basis over a period of months. She has two housewives working with her as interviewers, because she is convinced they can relate better to Chinese working-class women

than her university students can. There are no set interviews, but in each of five visits they steer the conversation round to particular topics (Conversation One: the structure of the family and arrangements for child care). Dr Wong has become interested both in the role of the mother-in-law and in the use which mothers with jobs make of fosterparents, possibly a neighbor who charges S \$100 a month. She suggests all these relationships have an important bearing on a couple's decisions about how many children to have.

Eventually she will have interviewed about 100 families, who have two or more children. Her findings so far indicate that the disincentives are not by themselves a full deterrent to large families. Rather than worrying about losing priority on the housing list, for instance, parents may have decided to "stop at two" because HDB flats are uncomfortably crowded with more children. Certainly it is revealing that, in the 1973 survey, women nearly twice as often said they thought the disincentives would affect other people's decision about family size as said it about their own situation. (It is a case where, the more people say it, the less true it can be!). In that survey, the accouchement fee was shown to be the most effective deterrent, particularly among the poorer Malay section.

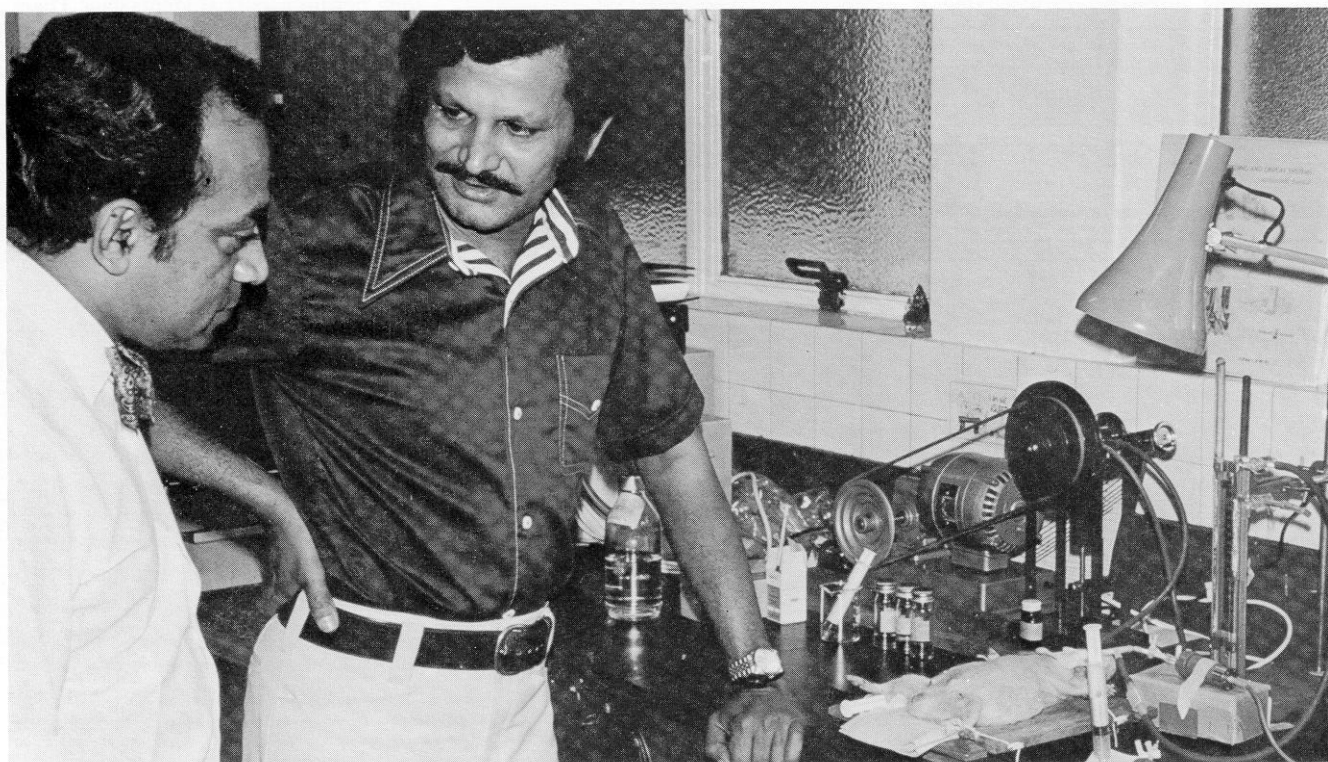
The third study, supervised by Professor Ratnam, is designed to assess the effect which an abortion has on the mental health of the mother and also to provide information that will



*"A daughter is a daughter
all of her life . . ."*



Dr Aline Wong (right): getting to know families on a personal basis.



Professor Ratnam (left) in his laboratory: motivators should take a broader and more human approach.

be helpful in motivating people towards pre-conceptive contraception. His team is interviewing 1200 married women who have applied for abortions (which cost S \$5 in public hospitals), dividing them into 12 "cells" by age-group and number of living children, and also matching them with an equal number of pregnant women who are proceeding to delivery. The 34-page questionnaire, administered to them before the abortion, explores many subjects: attitudes to children, contraceptive knowledge and practice, medical history, the effect of the disincentives. A follow-up questionnaire, some six weeks later, focuses on the quality of abortion or delivery services, and upon attitudes towards children at that stage.

Professor Ratnam says that Singaporean officials do a good job of making sure nobody leaves hospital after an abortion without being contacted by a health worker whose job is to explain about family planning services and the 51 clinics that offer them. But he also thinks the findings of the study will add weight to the argument that motivators in Singapore should take a broader and more human approach, and should help solve some of the domestic problems which preoccupy many women to the neglect of family planning.

This is a sobering lesson for other governments to learn, who may think that a rise in general standards of living, combined with heavy official support and enterprising publicity for family planning campaigns, will bring a steady reduction in the rate of population growth. The Singapore experience suggests that this is true only up

to a certain point. After that point, it becomes a matter, not of compiling statistics nor of printing posters, but of dealing with all the complexities of humanity.

Clyde Sanger, director of IDRC's Office of Public Information, was in Singapore earlier this year.



New housing estate in Singapore: 2.2 million people living in 225 square miles.