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LAW AND POPULATION GROWTH IN SINGAPORE

TABLE OF CONTENTS

INTRODUCTION	1
I. HISTORY	3
A. The Four Phases of Singapore Demographic History	3
B. The 1965 Singapore Family Planning and Population Board Act: The Creation of A System of Social Control and Change	8
C. Organization and Administration	10
D. Accomplishments	16
E. Conclusion: First Five Years	17
II. LEGALIZATION OF ABORTION AND VOLUNTARY STERILIZATION: A Sequel to the 1965 Family Planning and Population Board Act	19
A. The 1969 Abortion Act: Law as a Response to Social Change	19
B. The 1969 Voluntary Sterilization Act: Law as an Instrument of Social Change	28
III. DISINCENTIVES	33
A. Limitations on Maternity Benefits	33
B. Accouchement Fees	34
C. Housing Policies	34
D. Conclusion	34
IV. OTHER MEASURES AFFECTING POPULATION GROWTH	37
A. Minimum Marriage Age, Polygamy, and Divorce	37
B. Tax Deductions for Children	38
C. Contraceptive Supplies	38
D. Child Labor Laws	40
E. Education Laws	40
F. Social Security Program	41

V. SUMMARY 43

VI. EPILOGUE 47



APPENDICES 51

ATTACHMENTS 56

LAW AND POPULATION GROWTH IN SINGAPORE

by Peter Hall*

INTRODUCTION

Strategically located at the southern end of the straits of Malacca, the island city state of Singapore links the Indian and Pacific Oceans and has historically served as a center of entrepot trade for Southeast Asia. With an overall population density of 9,200 persons per square mile and a total land area of 225.7 square miles,¹ the Republic of Singapore is one of the smallest and most densely populated countries in the world. According to the 1970 census some 2,074,507 persons² inhabit the island and form an urbanized, multi-racial population which is 76.2% Chinese, 15% Malay, 6.7% Indian and Pakistani, and 2.1% others. The population is unevenly distributed throughout the island with 80% of the people residing on 22% of the urban land area.³

Under the dynamic leadership of Prime Minister Lee Kuan Yew, whose Peoples' Action Party has been in power since 1959, Singapore has experienced an unprecedented rate of economic growth with the Gross Domestic Product rising from S\$1,918 million (Singapore dollars) in 1959, to S\$4,840 million in 1969, resulting in an average rate of increase of 9.4% a year.⁴ The per capita income has risen to S\$2,657, the second highest in Asia. The rate of economic growth has been accompanied by an increasing emphasis on industrialization and a steady growth in the rate of domestic trade as important adjuncts to Singapore's entrepot trade. Individual initiative and

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The author wishes to acknowledge the cooperation and assistance of the Faculty of Law at the University of Singapore.

- 1 Republic of Singapore, Singapore '71 (Singapore: Government Printing Office, 1971), p. 67 & 70.
- 2 Republic of Singapore, Census of Population: 1970 Singapore: Interim release (Singapore: Government Printing Office, 1970), preface.
- 3 Southeast Asian Regional Seminar on Manpower, Development, and Educational Planning, Country Report--Singapore, p. 46.
- 4 Singapore '71, p. 65. One American dollar equals 2.80 Singapore dollars.

private enterprise are actively encouraged in the economy, and in striking contrast to other Asian economies, only 3% of the labor force is engaged in agriculture, forestry, and fishing.⁵ The expansion of the industrial base has facilitated a shift in the industrial sector towards the production of more sophisticated technological goods and the employment of skilled laborers.

These changes have been facilitated by Singapore's tightly controlled, compact, and cosmopolitan environment which has enabled the Government in an optimum situation of controlled social change and rising material and human expectations to implement new programs and introduce far-reaching social legislation. One such area of concern and involvement where the Government has sought to influence the most personal of attitudes and behavior patterns has been family planning. Here the government early recognized the importance of limiting population on the densely populated island state, and implemented a national family planning program and system of social disincentives to reduce the rate of population increase and improve the quality and conditions of human life.

In 1959, when the newly formed Singapore Government began officially supporting family planning as an essential medico-social need for the people, the annual rate of population increase was 4%.⁶ By 1964, when the Singapore Family Planning Association "SFFPA" requested the Government to take over in government institutions all family planning activities previously carried out by them, the rate of population increase was down to 2.5%, a rate still too high for a small city state attempting to maintain its rapid economic growth. In 1965, therefore, the Government assumed full responsibility for the family planning program that had existed on a voluntary basis since 1949 under the guidance of the SFFPA, and instituted a full-fledged national family planning program which helped reduce the annual rate of growth to 1.7% in 1970.

For an explanation of the success of Singapore in substantially reducing the level of fertility from one of the highest in the world to one approaching that of the more developed westernized nations, one must consider the administrative system created by the 1965 Singapore Family Planning and Population Board Act and the phases of demographic transition through which Singapore has passed.

5 Ooi Jin-Bee and Chiang Hai Dang, eds., Modern Singapore (Singapore: University of Singapore, 1969), p. 11.

6 Republic of Singapore, Monthly Digest of Statistics, Vol. XI, No. 2 (February, 1972), p. 2.

I. HISTORY

Family planning had an early and well organized start in Singapore. The first effort of its kind in Southeast Asia, the SFPA was formed in 1949 with the objective of improving the welfare of the family and providing for the health needs of the mother by helping couples avoid unplanned pregnancies. The Association, maintaining that it was a voluntary undertaking which did not seek to influence long held beliefs, defined its objectives as follows: "to counter ignorance, poverty, and to ensure that no family is condemned to grow to a size beyond its means and beyond its wishes simply through lack of knowledge."⁷

The SFPA's purpose, however, went further than the provision of information and family planning services to women who desired to limit their families. The establishment of the SFPA was a response to the need for fertility control as the rapidly increasing birth rate after the Second World War resulted in large numbers of children. The need for family planning services became apparent to volunteer workers when the Social Welfare Department began to deal with the problems of feeding and caring for undernourished children by setting up 19 feeding centers.⁸

The volunteer workers were quick to recognize that if lower income parents could not afford to maintain their children, there was an immediate need to assist these parents in planning the size of their families according to their socio-economic means.

A. The Four Phases of Singapore Demographic History

Singapore experienced four phases of demographic transition which led to its present population situation.

Phase I, characterized by high mortality rates, abnormally low birth rates due to unbalanced sex ratios, and a net population increase due to the tremendous number of immigrants seeking work, lasted from

7 Singapore Family Planning Association: Fourth Annual Report (July 1, 1952 - December 31, 1953) (Singapore: Malaya Publishing House, Ltd.)

8 Saw Swee-Hock, Singapore: Population in Transition (Philadelphia: University of Pennsylvania Press, 1970), p. 150.

early settlement to 1920.⁹ As one of the main trading ports designed to facilitate and protect British commercial interests in Southeast Asia, Singapore's population problem literally began with the expansion of commercial exchanges between Europe and the Far East when Singapore became the free trade and distribution center of the Orient.¹⁰ Prior to the arrival of the Governor of Bencoolen, Sir Thomas Raffles, on January 29, 1819, the population consisted of some 150 Malay fishermen who occupied a cluster of huts at the mouth of the Singapore River.¹¹ In the days of rival imperialisms with the opening of the Suez Canal, the invention of the steamship, and the need for cheap unskilled and semi-skilled labor, laborers and merchants came to Singapore from China, South Asia, and the Dutch Indies seeking work and quick money. The large influx of poor laborers greatly altered the size, ethnic composition, and sex ratios of the colony.

Young Chinese men came to Singapore from the Southern Chinese provinces of Kwanghung and Fukien to improve their economic status. As unskilled peasants speaking the different dialects of Hokien, Teochew, Cantonese, Hakka, and Hainanese¹² they fully expected to return to China once they had enhanced their economic condition. More often than not those who prospered stayed and those who could not extricate themselves from poverty also remained. They worked as laborers in the tin mines, on the pepper and tapioca farms, and the gambier and sugarcane plantations. Similarly, a smaller number of Malays seeking work came from the Malaysian peninsula.

The Indian traders and indentured laborers who came to Singapore from South India, in contrast to the Chinese and Malays, helped build the railroads, cultivate the rubber plantations, and construct the public works which served the commercial and administrative needs of the Straits settlements.¹³ Free immigrants also came to participate in the private and public sector seeking expanded employment opportunities in government service, commerce and industry.

9 Stephen H. K. Yeh, "One Hundred Years of Demographic Transition in Singapore," paper presented at the Annual Meeting of the Pacific Sociological Association, Honolulu (April, 1971), p. 2. Stephen Yeh describes the four phases of demographic transition characterized in this paper. See pp. 1-4.

10 Saw Swee-Hock, Singapore: Population in Transition, pp. 6-8.

11 Riaz Hassan, "Population Change and Urbanization in Singapore," p.2.

12 See R. N. Jackson, Immigration Labour and Development of Malaya 1782 - 1920, (Kuala Lumpur: The Government Press, Federation of Malaya, 1961), pp. 1-72.

13 Saw Swee-Hock, Singapore: Population in Transition, pp. 45-47.

Similarly, Indonesians from the Dutch Indies were likewise brought to Singapore to serve as indentured servants. They intermarried with the indigenous Malays and were slowly assimilated into Singaporean society.

During Phase II of Singapore's demographic transition from 1920 through 1940, there was a normalization of the sex ratios as more females came to live in Singapore. Birth rates began to increase while death rates decreased with improvements in health conditions and medical standards. Migration, however, continued to be the main factor responsible for the rate of population growth as the total population nearly doubled between the world wars.

During the period 1940-1955 (Phase III), there was a reversal, the increase in the birth rate replacing migration as the primary factor affecting population growth. The birth rate continued to rise from 45.9 per thousand in 1945 to 47.8 per thousand in 1955, while the death rate dropped drastically from 21.5 to 9.6 per thousand. By 1957, the rate of population increase had reached 4.4%, and the total population has tripled since 1931. It is during this period that immigration was no longer a major factor, for the Japanese occupation in 1942-1945 prevented any further immigration from China and the Indian sub-continent, and the Immigration Ordination of 1953¹⁴ was enacted, bringing immigration under careful government supervision. This Ordinance, in addition to its subsequent amendments, replaced the old Aliens' Ordinance of 1933 and regulated Chinese, Indian, Malay, and other immigration. It considerably tightened immigration requirements, limiting entry to:

- (a) persons who could contribute to the expansion of commerce and industry;
- (b) persons who could provide specialized services not available locally;
- (c) families of local residents; and
- (d) others on special compassionate grounds.

In 1959, the entry requirements were restricted still further, when the 1953 Ordinance was amended to:

- (a) prohibit the entry of wives and children of local residents who had been living separately from their husbands for five continuous years after December, 1954, and children of citizens who are six years of age and more; and

14 Federation of Malaya Annual Report, 1953, (Kuala Lumpur: Government Press, 1954), p. 9.

- (b) prohibit the entry of children of those persons admitted as specialists or on the grounds of economic benefit if six years of age and above.¹⁵

The 1959 Act contained a list of groups not allowed in Singapore. Beyond the usual exclusion of vagrants, prostitutes, convicts, mentally disturbed, etc., any person unable "to show that he has the means of supporting himself and his dependents (if any) or that he has definite employment awaiting him, or who is likely to become a pauper or a charge on the public"^{15a} as well as his family, are classified as prohibited immigrants. To lawfully remain in Singapore a person must either possess a valid pass or be a citizen of Singapore. Any person, under Section 46, who is not a citizen, and is destitute, or mentally incapable, or can not pay the cost of his passage and his family's passage to the country of his birth or citizenship and is likely to become a charge on the public, can be repatriated by the Government upon his application. Thus, the Government clarified its decision to limit immigration to those groups which would be productive citizens, bringing Singapore skills and technical expertise needed to further its development.

The effect of the 1953 ordinance and the subsequent 1969 amendment was to ensure careful control over the quantity and quality of persons immigrating into Singapore. The amendment was intended to protect the employment opportunities of local residents "to bring about a more balanced and assimilated Malayan population whose ties and loyalty are to this country alone, without which the foundation of a true Malayan nation cannot be laid."¹⁶

In 1970 two new acts: the Immigration (Amendment) Act, and the Passports Act were passed in Parliament. The Immigration (Amendment) Act prohibited trafficking and employment of illegal immigrants, and the Passports Act broadened the Minister's powers to make regulations on matters pertaining to Singapore passports and travel documents.

The SFPA began its activities in November, 1949, in 3 clinics where services were offered by volunteer doctors, nurses, and clerks in private dispensaries. This number of clinics soon grew to 25 by 1956 and 29 in 1964, widely spread throughout the country (26 in Government institutions - MCH centers - one at Kandang Kerbau Maternity Hospital, and three at non-government centers). A full-time staff was recruited and trained to man the clinics and administer the program and government

15 Immigration Ordinance, 1959, No. 12 of 1959.

15a Sec. 8(3) (a), No. 12 of 1959.

16 The Straits Times, November 3, 1959. Singapore was then part of Malaysia.

facilities made available to the SFPA.¹⁷

Initially, financial support was almost solely based on private contributions. But in the early 1950's the government unexpectedly began to contribute money to the program, increasing its contribution significantly from less than S\$10,000 to S\$100,000 when family planning was recognized as an integral part of the national health program in 1959. The Government was also responsible in the early 1960's for initiating widespread family planning campaigns to extend the knowledge and practice of family planning. A successful three month family planning campaign was held at the end of 1960 as part of a mass health education program and a year-long campaign was conducted in 1963 through radio and television announcements and rediffusion leaflets.¹⁸

The number of new family planning acceptors rose from 600 acceptors in 1949 to 9,845 new acceptors in 1964.¹⁹ Figures on income levels and ethnic composition reveal that the vast majority of new acceptors were Chinese (75%) with three quarters of them coming from the lower income groups.²⁰

The SFPA prepared the way and laid the foundations for acceptance of family planning. Early efforts in the face of strong religious and ethnic opposition led the way to an increased awareness and exposure to the benefits of family planning. As a Straits' Times editorial commented, the SFPA "rendered noble service preparing Singapore for the day when an elected Government might take over this once untouchable field. It has educated the populace in the personal blessing of family planning."²¹ But it was only the Government which could extend family planning services on a large scale and persuade the people to accept

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- 17 Republic of Singapore, Family Planning in Singapore, (Singapore: Government Printer, 1966), pp. 15-16.
- 18 Singapore Family Planning Association, 12th Annual Report, January 1961 to December 1961 (Singapore: Malaya Publishing House Ltd., n.d.) p. 1, and Singapore Family Planning Association: 1963 Annual Report, (Singapore: Malaya Publishing House, n.d.) pp. 14-15.
- 19 K. Kanagaratnam, "The National Programme in Singapore - A Review of Two Years, 1966 and 1967," Singapore Family Planning and Population Board, Paper 1, p.2.
- 20 Saw Swee-Hock, Singapore: Population in Transition, p. 155. Data on income of new patients in 1959 indicates that some 32 percent earned less than S\$100 per month and 52 percent earned less than S\$200 per month.
- 21 "Family Planning" Editorial, Straits Times, October 1, 1965.

the idea of family limitation by initiating the fundamental social processes which would change basic behavior patterns and attitudes toward family size ideals.

Population growth continued to increase at an average rate of nearly 4% from 1947 to 1957 with the population growing from 938,200 persons in 1947 to 1,445,900 in 1957.²² By 1964 the rate of increase had fallen to 2.5% but even this rate was still too high if the small city state was to maintain its rapid rate of economic growth.

It was during Phase IV of the demographic transition (1955 to 1969) that immigration sank to an insignificant level and there was a decrease in the rate of natural increase from 34.2% in 1958 to 16.8% in 1969²³ reflecting a drop in the crude birth rate from 41.4 per thousand to 21.8 per thousand and a leveling off of the mortality rate (5.0 per thousand).

B. The 1965 Singapore Family Planning and Population Board Act: The Creation of A System of Social Control and Change

In November 1964, and again in January 1965, the SFPA in view of its limited financial and human resources and the demands for expansion of services, requested that the Ministry of Health assume responsibility for the family planning activities which were being carried out in government institutions.²⁴ In response to this request the Minister of Health established a Review Committee composed of the Deputy Vice Chancellor of the University of Singapore, the Deputy Director of Medical Services, and the President of the Singapore Family Planning Association, to determine when and how the transfer of responsibility to the Government was to occur as well as the future role of the SFPA and its staff.

The Review Committee produced a unanimous report on family planning, recommending that the Government assume full responsibility for family planning matters, and suggesting that the Government reduce the SFPA budget support allotment from S\$100,000 to S\$10,000, as well as give sympathetic consideration to the employment of SFPA staff whose services would no longer be required subsequent to the change.²⁵ The Government of Singapore accepted the recommendations of the Review Committee and

22 Monthly Digest of Statistics, Vol XI, No. 2, p. 2.

23 Ibid.

24 Family Planning in Singapore, p. 4. Or see White Paper on Family Planning (Comd. 22 of 1965).

25 Ibid., p. 5.

in September 1965 published a White Paper on Family Planning which outlined a Five-Year National Family Planning Program aimed at reaching 60% of the currently eligible married women within the fertile age range of 15-44 years. The goal was to reduce the crude birth rate from over 30 per thousand to around 20 per thousand and to bring "the message to every married woman (within the fertile range) in Singapore that family planning brings her immeasurable benefits."²⁶ The White Paper proposed the establishment of a Family Planning and Population Board, and the introduction of a bill authorizing the board to assume responsibility for all family planning matters.

The chief purpose of the White Paper Five-Year Plan was to "liberate our women from the burden of bearing an unnecessarily large number of children and as a consequence, to increase human happiness for all."²⁷ The Plan emphasized the positive economic advantages of a reduced population growth rate. The family planning program was in accordance with the 1961-1964 Development Plan which called attention to the seriousness of the rapid rise in population growth and the 42.8% of the population under 15 years of age (1957 census).²⁸ The Plan further estimated this percentage would increase to 46.9% in 1982. In all, if one added the old age group, 60 years and above, and the "houseworkers" and "full-time students" in the age group 15-59 years, this meant that approximately two-thirds of the population were dependent on the productivity of one-third of the population. Moreover, population control contributed to the long-term solution of Singapore's basic economic problem, since Singapore had very few natural resources to draw upon. The program was directed at those people who were largely ignorant of family planning methods, and unaware of the benefits which could accrue from having smaller families.

In introducing the draft Bill the Minister of Health stated that:

The chief purpose of this Bill is to provide the legal means whereby the Five-Year Plan for Family Planning could be given effective direction and execution. If this Family Planning Programme succeeds, and we are determined that it should, besides increased welfare and happiness

26 Ibid., p. 1. The target figure was based on certain assumptions of fertility, mortality, and marriage patterns derived from the 1957 census. It was considered that of the 450,000 women in the fertile age group, approximately 300,000 were married. The target was to reach 180,000 of these eligible women over the Five Year Period, reaching 25,000 women the first year, 30,000 the second, 35,000 the third, and 45,000 in each of the last two years.

27 Ibid., p. 14.

28 State of Singapore, Development Plan 1961-1964 (Singapore: Lim Bian Han, 1963), p. 2.

for hundreds of thousands of people, Singapore's future annual net increase of population in the 1970's can be brought down to one half of its present rate, and thus be brought in line with the prevailing rates of population increase now found in the prosperous and advanced countries of the world.²⁹

C. Organization and Administration

The Family Planning and Population Board Act³⁰ of December 1965 established a Family Planning and Population Board ("SFPPB") as "the sole agency for promoting and disseminating information pertaining to family planning in Singapore." Specifically the Board was given the power to:

- a. initiate and undertake population control programmes;
- b. stimulate interest in demography; and
- c. advise the Government on all matters relating to family planning and population control.³¹

As the sole executing agency, the Board was given far-reaching powers to oversee any group or person which planned to promote or disseminate information or distribute medicine relating to family planning.³² The Board had the power to act as a corporate body which could, through registration, regulate the activities of any groups involved in family planning in Singapore. At its discretion, the Board could cancel or suspend the registration of any person, group or association³³ and, if so directed by the Minister of Health, take over the functions, assets, and property of any registered body.³⁴

The 14-man SFPPB is composed of the Deputy Director of Medical Services (Health); the Medical Superintendent, Kangang Kerbau Maternity Hospital; the Senior Obstetrician and Gynaecologist, Kangang Kerbau Maternity Hospital; the Senior Health Officer (Maternal and Child Health); the Senior Health Officer (Training and Health Education); the Deputy

29 Kanagaratnam, "The National Programme in Singapore - A Review of Two Years, 1966 and 1967," pp. 7-8.

30 No. 32 of 1965.

31 Sec. 11 (1), No. 32 of 1965.

32 Sec. 11 (2), No. 32 of 1965.

33 Sec. 11 (5), No. 32 of 1965.

34 Sec. 12, No. 32 of 1965. The sanction for failure to register or comply with the Act was imprisonment for a term of not more than one year or a fine not exceeding \$2,000 or both. See Sec. 17.

Chief Statistician (Statistics Department); the Assistant Director of Social Welfare (Public Assistance), Social Welfare Department as ex-officio members; two members appointed by the Minister from the academic staff of the University of Singapore; and not more than six other members appointed by the Minister. Broadly representative of three important functional groups - the university, the government, and public-minded citizens - the Board is in fact a policy-making body controlled by the majority of eight government representatives.

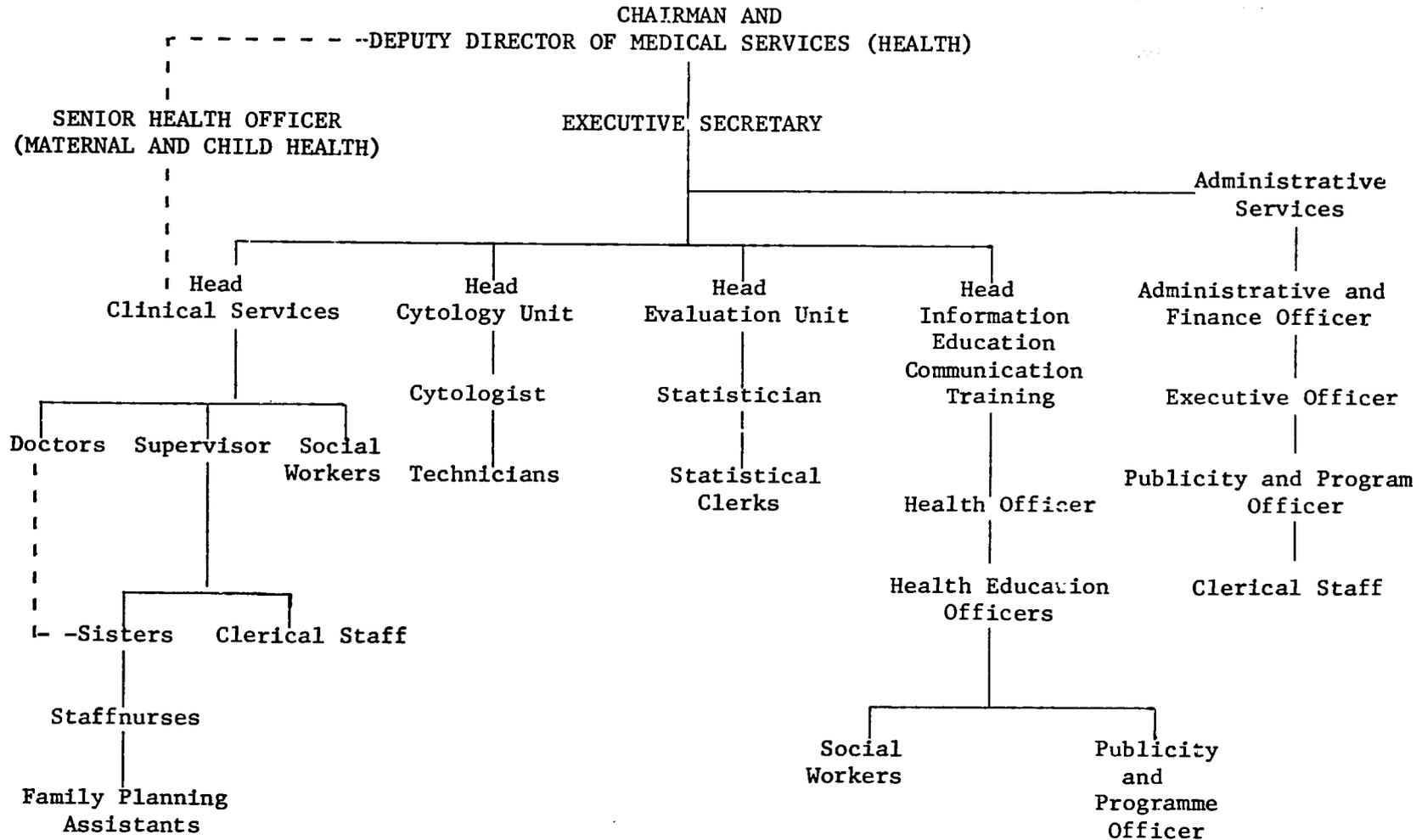
The above membership and registration provision, in addition to the Minister of Health's right to revoke the appointment of any member of the Board representing either the University or the six members of the public, ensured that the Board could function as a semi-autonomous agent of the Ministry of Health and, at the same time, have the benefit of a wide range of views. The law was intended to ensure that there would be no special interest groups competing with the Government, at least in the formative stages of the national program. Thus, the SFPPB could effectively direct its efforts and administrative machinery toward implementing the Five Year Family Planning Plan.

The Chairman of the SFPPB is the Republic's Deputy Director of Medical Services (Health), and the Executive Secretary is the Senior Health Officer (Training and Health Education) (SHO) (THE) of the Ministry of Health. The Chairman is directly responsible for the operation of the program, and is assisted by the Executive Secretary who also sits on all the Committees of the Board. The SHO (THE) is in charge of the training of family planning workers as well as with carrying out the health, education and family planning campaigns in the Ministry of Health, thus serving as Head of the Information, Education, Communication and Training Unit of the Board. A Clinical Services Unit is run by the Senior Health Officer for Maternal and Child Health Services (SHO) (MCH). Family planning services are, therefore, conveniently administered through the MCH program under the SHO (MCH) who is directly responsible to the Deputy Director of Medical Services. Forty-nine family planning clinics are situated in MCH centers throughout the island. In addition, there is also an Evaluation Unit and a Cytology Unit.

The Board, with a support staff of 103 persons³⁵ including clerical staff and laboratory assistants, relies heavily on the MCH staff (government mid-wives, staff nurses, and sisters-in-charge) to distribute contraceptives, to motivate new and continuing acceptors, and to follow-up family planning acceptors (and rejectors) during their home visits. The close cooperation between MCH and SFPPB staff is facilitated by the fact that the Chairman of the Board is also the Deputy Director of Medical Services (Health) who is in charge of MCH activities. Singapore's extensive system of MCH clinics contributed greatly to the success of the program by providing easily accessible family planning services.

35 Singapore Family Planning and Population Board, Fifth Annual Report 1970, (Singapore: Government Printing Office, 1972), p. 2.

ORGANISATION CHART OF
SINGAPORE FAMILY PLANNING & POPULATION BOARD



The SFPPB staff, mainly family planning assistants and clerks, are in charge of the post-partum contact service at Kandang Kerbau Maternity Hospital and Thomson Road Hospital, which handle respectively 75% and 5% of all births in Singapore. These staff members also have general responsibility in the Government family planning clinics for the sale of contraceptives, the issuance of receipts and the keeping of stock, the assisting of doctors, and the sending in of returns. Under the above arrangement family planning assistants interview and motivate the recent mothers giving them appointments to attend the MCH family planning clinics in their home areas. If the clients neglect to show up at the clinics, follow-up letters and home visits are undertaken. This face-to-face post-partum motivation has thus far proved most successful. Results have shown that 90% of the post-partum women verbally accept family planning, and approximately 50% of those women show up at the MCH clinics for family planning services.³⁶ Some 36% of all new acceptors in the 1966-1970 Five Year program were post-partum women.

The SFPPB serves as the general policy making body whereas the specialized committees of the Board were created to render particular advice and assistance in helping the Board implement the family planning program in specific areas: administration, medicine, publicity, and evaluation. The committee which meets most frequently and is responsible for the day-to-day administration of the program is the Executive Committee, composed of the Deputy Director of Medical Services, the Senior Health Officer (Training and Health Education), the Senior Health Officer (Maternal and Child Health), the Accountant, and the Assistant Secretary (Public Health). The Committee is responsible for the delivery of services and dissemination of family planning information. Besides the Executive Committee, there is also a Medical Committee and Publicity and Health Education Committee which is composed of leading officials from the private as well as the public sector. These committees meet whenever there is a need for their services; i.e. when there was a pill scare or publicity campaign about to be undertaken. At the time of the formation of the SFPPB, an Evaluation Committee was also established with the specific responsibility for devising a system of routine program evaluation. The Evaluation Committee was dissolved, however, upon the completion of its task and the present Evaluation Unit set up in July, 1967, to provide the program with fairly detailed tabulation of acceptor and continuing user characteristics. Administrative continuity was maintained in all the Committee meetings through the attendance of the Chairman and the Executive Secretary of the Board.

36 Wan Fook Kee, "The First Five Years of the Singapore National Family Planning Programme, 1966 to 1970," Singapore Family Planning and Population Board, Paper No. 10, p. 7.

The SFPPB was inaugurated on January 12, 1966, by the Minister of Health, Yong Nyuk Lin.³⁷ By the end of the first year of operation, the Board was holding 103 clinic sessions per week in 33 clinics throughout Singapore, nearly doubling the number of sessions held previously by the SFPA.³⁸ Despite the problems of transferral of services from the SFPA, the target of 25,000 new acceptors for the year was exceeded by some 5,410 persons.³⁹ Moreover, by the end of 1967 the Board, in recruiting and training new staff members, arranged for 91 staff members - 12 doctors, 21 nurses, 15 staff nurses, and 22 mid-wives and 21 Family Planning assistants to be given special courses in motivation, service, follow-up, supplies and evaluation. The post-partum program at Kandang Kerbau Maternity Hospital was expanded and revised in accordance with the hospital's role as the primary center for the motivation and recruitment of new family planning acceptors.

The early months of the family planning program were concerned with the creation of a viable infrastructure of good service through the training of staff and the expansion of clinic activities. The emphasis soon shifted to wide-spread information and education campaigns directed at changing basic familial attitudes and persuading new acceptors. The Publicity and Health Education Committee of the Board, with representation from the Ministry of Health, Education, and Culture including its Radio and Television Department, was established to develop the educational program and to help coordinate and supervise the campaign. Begun in September 1966, the propaganda campaign emphasized the negative features of having a large family. "Designed to put the island's massive family planning program into national focus,"⁴⁰ the program was conducted via radio, television, newspapers, exhibitions, and pamphlets and was focused at reaching men and women in the lower socio-economic groups. Later the campaign turned to the use of film shows and exhibitions in local communities and face-to-face motivation by individual follow-up of hospital and clinic patients. As a result of this campaign, family

37 Family Planning in Singapore, pp. 37-39.

38 Singapore Family Planning and Population Board, First Annual Report--1966, (Singapore: Government Printing Office, 1967), p. 1.

39 Singapore Family Planning and Population Board, Second Annual Report--1967, (Singapore: Government Printing Office, 1968), p. 55. Figures computed by adding numbers trained in 1966 and 1967. 1966 figures came from p. 37 of the First Annual Report.

40 Straits Times, "S'pore Will Halve Birth Rate by 1970," January 14, 1967. These campaigns were no doubt helped by the fact that the over-all literacy rate is 75%--with 90% of the persons under the age of 35 literate.

planning was openly discussed and made a socially acceptable theme.⁴¹

Marriage guidance talks were also begun to assist newlyweds in planning their families. Newlyweds were invited by the Family Planning Advisory Service to attend a film show and discussion session.⁴² By the end of 1967 the Board reported "all methods of health, education and personal motivation were utilized to persuade women to attend the clinics."⁴³

In 1968 another propaganda/education campaign was launched, this time emphasizing "the practical and positive advantages of family limitation rather than the disadvantages involved in not embarking upon it."⁴⁴ The shift in emphasis signalled a new approach stressing the values and benefits of having a small, healthy, happy family. Spacing as well as family limitation was stressed. Campaign posters reinforced the message that smaller families have more to eat, to spend, enjoying better education and health, and higher living standards. Singaporeans were reminded of their responsibilities to the larger unit of which they formed a part - the nation, and its development objectives.

41 K. Kanagaratnam, "Singapore Meeting the Test," Bernard Berelson, ed. Family Planning Programs (N.Y. Basic Books, 1969), p. 62.

42 Second Annual Report 1967, pp. 40-41.

43 Ibid., p. 39.

44 Straits Times, Dec. 7, 1968.

D. Accomplishments

By 1970, the end of the first five-year National Family Program, the Board could claim a "fair measure" of success in reaching the targets established in the 1965 White Paper on Family Planning.⁴⁵ The number of live births had declined dramatically from 54,680 in 1966 to 45,779 in 1970 and the crude birth rate had dropped from 28.6 per thousand in 1966 to 21.1 per thousand in 1970. Fertility had continued to decline in all age and ethnic groups with the general fertility rate declining by as much as 36.5%. Some 64% of the married women within the reproductive age groups were family planning acceptors, that is, 162,485 had been reached, thereby exceeding the target of 60% established in the Government White Paper. Attendance at the Board's clinics rose to 403,566 in 1970 with more than 1.4 million persons visiting family planning clinics.⁴⁶ Increased demand for family planning services caused the number of weekly clinic sessions to rise from 48 weekly sessions in 24 clinics in 1966, when the SFPPB took over from the SFPA, to 211 weekly sessions in 49 clinics in 1970. Similarly, during the same time period, in response to the demand for family planning services, the Board's staff was doubled from 50 to 103 posts.⁴⁷

The modal (average) age groups of new acceptors over the five-year period steadily shifted downwards from 25-29 years in 1968 and 1969 to 20-24 years in 1970.⁴⁸ This shift was primarily related to changes in the age-structure of the female population as a result of the "baby boom" in the years immediately following W.W.II. Changes in age and sex composition were found to have had little effect during the five-year period on the falling fertility rate.⁴⁹ While, there was indeed, an increase

45 Singapore Family Planning and Population Board, Fifth Annual Report 1970, (Singapore: Government Printer, 1972), p. 1.

46 Ibid., pp. 1-2.

47 Ibid.

48 Wan Fook Kee, "The First Years of the Singapore National Family Planning Programme, 1966 to 1970," p. 11.

49 See Stephen H. K. Yeh's article, "Some Observations on Fertility Decline in Singapore," Paper No. 7 presented to the 11th Pacific Science Congress, Tokyo, Symposium No. 1, "Population Problems in the Pacific," 23-26 August, 1966. See also Yoh Poh Sing, "The Falling Birth Rate in Singapore," paper presented at the Seventh International Conference on Planned Parenthood, Singapore, 1963 and C.T. Chang, "Factors Influencing the Declining Birth Rate in Singapore," *The Malayan Economic Review*, Vol. XV, No. 1 (April 1970).

in average age at first marriage for women from 22.8 in 1969 to 23.8 in 1969⁵⁰ and an average of two years higher for men, the crucial role in the reduction of fertility was played by the First Five-Year National Family Planning Program which made contraceptive devices available and educated the people to the benefits of family limitation and spacing. Moreover, the income distribution of the new acceptors revealed that the program had successfully reached all income groups,⁵¹ thereby successfully extending family planning services to those people who heretofore could not afford them.

E. Conclusion: First Five Years

The SFPPB Act in establishing a statutory Board charged with the responsibility for family planning and making the Deputy Director of Medical Services (Health) the Chairman of the Board, and the Senior Health Officer (Training and Health Education) the Secretary, created a highly effective organization and institutional infrastructure designed to act as a system of social ordering and control. As a corporate body the Board coordinated and oversaw all family planning activities in Singapore, functioning as a regulatory quasi-governmental agency. A well coordinated, hierarchical organizational structure with clear lines of authority and differentiation of functions was a basis for the extension of family planning services in the MCH clinics throughout the island Republic. The Publicity and Health Education Committee of the Board launched two successful family planning campaigns to increase public awareness of family planning and to educate the people to the benefits of having a small family. Face-to-face motivation was conducted at all MCH clinics, on home visits, and at the government maternity hospitals. A newlywed family planning advisory service was begun in February, 1967, with weekly film shows and discussion sessions in four languages. The Evaluation Unit of the Board conducted routine tabulations of family planning acceptors and provided detailed information on them. Thus, in the short space of five years the Board, under the dynamic leadership of the Chairman, extended family planning services throughout the Republic, motivated post-partum women, educated the public on the benefits of family planning, and reached 64% of the married women within the reproductive age groups resulting in a drop in fertility from 157.5 per thousand in 1965 to 100.7 per thousand in 1970. By all accounts the first five years had been successful ones.

50 Yeh, "Some Observations" Ibid.

51 Wan Fook Kee, op. cit., supra. p. 14, see Appendix I.

II. LEGALIZATION OF ABORTION AND VOLUNTARY STERILIZATION

A Sequel to the 1965 Family Planning and Population Board Act

As important sequels to the 1965 Family Planning and Population Board Act, the 1969 Abortion Act⁵² and Voluntary Sterilization Act⁵³ provided the National Family Planning Program with two alternative measures of population control and family limitation. These Acts widened the base of social action to include male and female surgical sterilization and legalized abortion on socio-economic as well as on medical grounds. In both cases the government clarified the legal position on abortion and sterilization and institutionalized a procedure whereby it could control and oversee abortions and sterilizations. In addition to giving the government a wider range of social action in fertility reduction, the two controversial pieces of legislation enhanced the effectiveness of the program. Law was being used as an instrument of social change and control to modify personal attitudes and behavior patterns in accordance with the development objectives of a modern Singapore.

A. The 1969 Abortion Act: Law as a Response to Social Change

However, while law was being used to guide social change there was clear evidence to suggest, in the case of the Abortion Act, that it was also a response to a demand for more flexible, liberal legislation which would permit abortion on socio-economic grounds. By 1967 the Minister of Health, Yong Nyuk Lin, reported to Parliament what was already widely known, that on the average 4,770 illegal criminal abortions were being reported in government hospitals every year.⁵⁴ This figure represented 8% of the total number of yearly births in Singapore and 83% of the 5,500 abortions performed yearly. This number was symptomatic of the need for reform. The problem was the high number of illegal street abortions performed by untrained mid-wives which was endangering the health of pregnant mothers, who would then go to the hospitals claiming that natural circumstances had caused their septic abortions. There was also the added embarrassment to the Board of the women who had accepted the I.U.D., become pregnant, and could not then legally terminate their pregnancy. The Board, in this rare situation, had had to recommend against its better judgment that the women have the un-wanted child.

52 No. 25 of 1969.

53 No. 26 of 1969.

54 Straits Times, September 8, 1967.

In legalizing abortion on non-medical grounds, the Government was recognizing that a law is only as effective as the social sanctions it can bring to bear on societal problems. If a law moves too far ahead or lags behind changing societal norms, it runs the risk of being ignored, with the consequence that people choose to act outside the social system. In matters involving such personal decisions as abortion, it is far more difficult for the government, no matter how extensive the system of social control, to monitor the actions of its citizens if its laws are not in accord with the informal social customs operating within the community.

The Minister of Health announced on August 11, 1967 the Government's intention to legalize abortion.⁵⁵ He reported in Parliament that the government expected to charge a nominal fee of S\$5.00 for termination of pregnancy, with every child henceforth becoming "a wanted child, allowing our womenfolk to thus be liberated from the clutches of nefarious people, who are unscrupulous enough to exploit and profit in the anomalous situation which regards abortion as being an illegal abortion." The announcement provoked controversy, discussion, and in some instances opposition between the proponents of liberalization and those who viewed the making abortion freely available on socio-economic grounds with great concern. Discussions were held at the University of Singapore,⁵⁶ editorials were written and the lively debate continued through 1969.

The most outspoken groups against liberalization were the Singapore Medical Association and religious groups - especially the Catholic Church. The Archbishop of Malacca and Singapore perhaps best typified religious opposition when he flatly rejected legalization and suggested alternative solutions to the problem:

among them the fostering of a solid moral education based on natural and divine law, and particularly for the youth to develop in them a personal and social moral discipline, a sense of responsibility and respect of human person and life, appreciation of sanctity of marriage and of family life.⁵⁷

55 "Abortion to be Legalized," Straits Times, August 11, 1967.

56 "The Cases For and Against Legalized Abortions," Straits Times, October 13, 1967.

57 Straits Times, September 9, 1967.

In a letter published in the Malaysian Catholic News, the Archbishop linked abortion with the "deliberate destruction of the unborn child," saying that whatever the motive:

God's law is clear 'Thou shalt not kill.' The life of the child, whether born or unborn, is sacred. From the time of its conception it must be respected and protected by all, parents, society and its laws.⁵⁸

The Catholic Church thought legalization of abortion would lead to increased promiscuity, a breaking down of the traditional family fabric, and a sanctioning of illicit behavior. This view was also expanded upon by the Dean of St. Andrew's Cathedral, who voiced his opposition to large numbers of abortions maintaining "a society which is prepared to accept the suppression of human life as a general solution to its economic and social problems cannot expect to escape the consequences in a coarsening of its behavior patterns and in a lowering of its respect for the individual human person."⁵⁹

Another group, the Singapore Medical Association, questioned the Government on whether individual doctors would be able to refuse abortions for ethical reasons. They warned against coercion and deliberate violation of the Hippocratic oath⁶⁰ and opposed legalized abortion the grounds that: (1) induced abortion carried significant risks to the life and health of the mother even when performed under ideal conditions in hospitals and clinics, and (2) if care and a full awareness of the possible social and medical consequences were not appreciated it might lead to reliance on legalized abortion rather than contraceptive methods to control the size of families.⁶¹ They were against abortion being made freely available on demand and suggested pregnancy be terminated only when there was a "serious injury to the physical or mental health of the pregnant woman."⁶² They were also wary of any government encroachment on their professional freedom and strongly recommended that if socio-economic factors were to be recognized as a basis for approval of abortion, the legislation be qualified by considerations of the family and financial circumstances of the pregnant woman.

58 Ibid.

59 "All Human Life is Entitled to Respect and Protection," Straits Times, January 12, 1969.

60 Straits Times, January 2, 1968.

61 Report of the Select Committee on the Abortion Bill and the Voluntary Sterilization Bill, Parl. 6 of 1969, Paper No. 1, memorandum from the "Council of the Singapore Medical Association," (April 16, 1969), p. A-1.

62 Ibid., p. A-2.

The new Minister of Health, Chua Sian Ching, very effectively stated the case for acceptance of a new Abortion Bill when he introduced the Bill for its second reading on April 8, 1969.⁶³ The Minister explained that under the existing law an artificially induced abortion was a statutory crime governed by criminal law. The laws governing abortions were found in the Singapore Penal Code and were based on the old Indian Penal Code.⁶⁴ There could be no interference with pregnancy except on medical grounds and then only "to save the life of the woman" or to preserve her physical and mental health. So-called "therapeutic abortions" presented the medical practitioner with a conflict between response to the needs of the patient and his duty to obey the law. The Bill therefore was an attempt to clarify the legal ambiguities under which a practitioner could terminate a pregnancy and enable him to deal with the problem of unwanted pregnancy by allowing for consideration of abortion on environmental and social grounds.

Instead of responding to the minority viewpoints of the Catholic Church or the Singapore Medical Association, the Minister chose to defend the case for liberalization through reference to the existing socio-economic realities. Again reiterating the point that there were over 5,000 criminally induced abortions occurring every year, he further stated that the laws were not being observed or enforced and there had only been three prosecutions and one conviction since 1964.⁶⁵ The problem was one of demand for abortion by large numbers of women who were prepared to turn to incompetent and expensive back-street abortionists. In support of his point, the Minister cited several case studies reported by Dr. Y.K. Lee in his M.D. thesis on criminal abortions. The case studies of patients over a six month period dramatically demonstrated the need for a new abortion law which would provide a mechanism for monitoring abortions. One such case gave the following background history of a 30 year old Chinese seamstress:

(Case A 481) Mother of 6 children, ages ranging from 11 to 2 years. Husband is a carpenter who earns S\$150 per month. Has been using vaginal tablets for contraception since the birth of the youngest child. She paid a Malay

63 Republic of Singapore, Parliamentary Debates, 1st session of the Second Parliament, Part II of First Session, Vol. 28, (April 8, 1969), col. 860.

64 Ibid., col. 861, Singapore's law on abortion was to be found in the Penal Code, cap. 119, Sections 312-316. This law was derived from the old Indian Penal Code which in turn was based on English Law. The 1967 United Kingdom Abortion Act subsequently liberalized British laws on abortion.

65 Ibid., col. 866.

woman S\$10 to abort her baby on 21st December, 1964. This woman called at her house and brought along with her a thin rubber piece about a foot in length. This was inserted per vagina and patient was told to take it out only when bleeding became excessive. She was advised not to give information to her friends or relatives. Patient did as she was told. She was admitted to hospital on 22nd December, 1964, with a temperature of 105° F.A.⁶⁶

Emphasizing that the Bill was not a means of population control but a piece of "social" legislation which established "the right of an individual to have a choice to abort an unwanted pregnancy under specified conditions,"⁶⁷ the Minister drew attention to the inequities of a system which permitted the rich to afford the services of a doctor and left the less fortunate to the devices of the back-street midwives. The Bill recognized the right of the poor to have access to good medical facilities and practitioners in government hospitals. At a time of rising economic and social costs, unemployment and a high density of population concentration, it was a law intended to help improve the quality of human life.

The Minister underscored these points when he said:

It is needless for me to say that decently cared and provided children grow to their maximum potential, make the most of the opportunities offered by society and in return make a successful contribution to it. Conversely, it is mainly from the ranks of the unwanted children, the illegitimate and broken homes where most of the delinquents, the criminals and the anti-social elements are derived. The central purpose of the Bill may, therefore, be stated thus: to assure the quality of life of children born in Singapore, to ensure that the children born are wanted children--being children who will be properly cared for and have opportunities for education and the full development of their facilities so that they can grow up to lead meaningful lives and be useful members of our society.⁶⁸

66 Ibid., col. 868. Dr. Y.K. Lee's thesis was entitled, "The Non-Clinical Aspects of Induced Abortions in Singapore."

67 Ibid., col. 889.

68 Ibid., col. 873.

One of the most controversial Bills ever to have been discussed in Parliament, the Bill was referred to a Select Committee hearing⁶⁹ where public evidence was heard and written testimony received from 33 sources. The second reading of the Bill was a highly charged session with a high level of discussion and views tending to be polarized along religious and ethical lines. On December 24, 1969, the Abortion Bill with the few amendments suggested by the Select Committee was placed before Parliament for its final reading. The Prime Minister in speaking for passage of the Bill warned that it "was possible the quality of the population would deteriorate if the present trend of less educated parents producing larger families than better educated parents, continued."⁷⁰ On Monday, December 29, 1969, the Abortion Bill was passed into law with 32 for, 10 against, and one abstention.⁷¹ The Voluntary Sterilization Bill was also passed. Discussion on this Bill was limited, however, as the Abortion Bill had carried the day and the arguments against liberalization of the law on socio-economic grounds had been defused.

The Abortion Act "To reform and liberalize the law relating to abortion" created an eleven-member Termination of Pregnancy Authorization Board which had the authority to allow treatment to terminate pregnancy under the following conditions:

- a. that the continuance of the pregnancy would involve serious risk to the life of the pregnant woman or serious injury to the physical or mental health of the pregnant woman,
- b. that the environment of the pregnant woman, both at the time when the child would be born and thereafter so far as is foreseeable, justifies the termination of her pregnancy,
- c. that there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped, or

69 See Report of the Select Committee on the Abortion Bill and the Voluntary Sterilization Bill, Second Parliament of Singapore, first session (Parl. 6 of 1969).

70 Straits Times, December 30, 1969.

71 Ibid.

- d. that the pregnancy is the result of rape or incest under the Penal Code or of unlawful carnal connection under the Women's Charter or of intercourse with an insane or feeble-minded person.⁷²

Clearly the Board's terms of reference were sufficiently broad to enable consideration of cases which would result not only in physical or psychological damages but to include socio-economic grounds as well. Members of the Board included the Director of Medical Services as Chairman, the Deputy Director of Medical Services (Hospitals), the Director of Social Welfare, an obstetrician-gynaecologist, and a psychiatrist employed in the public service, as well as five other members appointed by the Minister, three of whom were to be women of which two must be professionally qualified social workers.⁷³

Under the Act, a registered medical practitioner, in consultation with another medical practitioner, may perform an abortion "in good faith" if of the opinion that the abortion is necessary under paragraph (a) above.⁷⁴ Such a termination of pregnancy does not require the authorization of the Board if: (1) it is carried out in a Government hospital or in an approved institution (unless treatment is immediately necessary) and (2) registered with the Board within fourteen days after the operation. In order to qualify for treatment under the Act, a pregnant woman has to be a citizen of Singapore or a resident for a period of at least four months immediately preceding the date on which the treatment is to be undertaken.⁷⁵

The Board will not authorize treatment to terminate pregnancies under (a) and (c) above, when the pregnancy is more than twenty-four weeks advanced, unless such treatment is warranted to save the life or prevent injury to the physical or mental health of the pregnant woman; or on grounds of (b) and (d) if the pregnancy is more than 16 weeks duration.⁷⁶

All applications for treatment to terminate pregnancies, unless authorized by a registered medical practitioner, have to be made to the Board. An applicant must first arrange for a medical examination by a registered medical practitioner and then submit an application form

72 No. 25 of 1969, Sec. 5(2).

73 No. 25 of 1969, Sec. 3(1).

74 No. 25 of 1969, Sec. 5(3).

75 No. 25 of 1969, Sec. 5(8).

76 No. 25 of 1969, Sec. 6(1).

with a medical certificate justifying the reasons for termination. The Board may, if it is of the opinion that further information is required, call for further evidence, ask the applicant to appear in person, or direct the applicant to submit to a medical examination.⁷⁷ Within 7 days of submission of the application, the applicant is informed in writing of the Board's decision and the reasons for acceptance or rejection of the application. If accepted, the applicant is given within the week an appointment time for the abortion to be performed in a government hospital or approved institution. If rejected, the applicant has no right of appeal against the decision, but can request the Board to reconsider her case.⁷⁸ In such a case, the Board will refer the matter to the registered medical practitioner issuing the certificate, and require him to submit further medical advice or evidence on the applicant's state of health or environment and then the application will be reconsidered. The Board will not give its consent to termination, however, unless written consent is given by an applicant over eighteen years of age, or if married under eighteen years of age, or in the case of an unmarried applicant under eighteen years of age, by the parent or guardian if no parent is living. If an applicant under 18 years of age does not have a parent or guardian the Board may itself give permission for treatment to terminate pregnancy.⁷⁹

The penalties for failing to comply with the provisions of the Abortion Act are directed at any persons coercing or intimidating a pregnant woman against her will to have an abortion,⁸⁰ or revealing any facts or information relating to such treatment.⁸¹ They are designed to ensure that medical practitioners comply with the provisions of the Act when they do conduct an abortion.

Of the 3,093 applications for termination of pregnancy submitted during the first 10-month period, 2,724 or 88% were approved by the Board, and 1970 terminations were performed 98% of which were carried

77 No. 25 of 1969, Sec. 7(2), (3), and (4).

78 No. 25 of 1969, Sec. 7(9).

79 No. 25 of 1969, Sec. 8(2) and (3).

80 Under Sec. 8(7) the person coercing or intimidating the pregnant woman is liable on conviction to imprisonment for a term of not more than three years and a fine not exceeding S\$3,000 or both.

81 Under Sec. 11(1) and (2) any person who reveals any facts or information relating to treatment to terminate a pregnancy except to prescribed persons will be guilty of an offense under the Act and liable on conviction to imprisonment for a term not exceeding twelve months or a fine not exceeding S\$2,000 or both.

out in government hospitals and 2% in approved private institutions.⁸² 94% of the applicants were between the ages of 20-44 years and married, 50% had no formal education while 34% had a primary education, and 30% had a total monthly income of between \$35 and \$117 per month.⁸³ Moreover, of all the applicants, only 3% were under 20 years of age, in contrast to the U.S. and U.K. where 26% and 27%, respectively, are under the age of 20. In Singapore all but 5% were married and only 1% were divorced or separated. These statistics indicate that abortions are not given freely on demand to young unmarried women, and that the program was reaching less educated housewives in the lower income groups.

A follow-up study⁸⁴ of the 367 applicants rejected by the Board further revealed that the major reasons for rejection were:

1. no children or too few children in the family (32%)
2. the pregnancies were too far advanced (18%); and
3. no reasonable justification for termination was given (43%).⁸⁵

More startling, however, was the large number of patients (756) who, having had their application accepted, were not terminated in government hospitals either because they refused or did not turn up at the hospital on the day of their appointment. A follow-up study on 227 patients who were scheduled to have terminations done at Kandang Kerbau Hospital revealed that roughly half decided to continue pregnancy (45%), 18% had spontaneous abortions, 9% induced abortions outside the hospital, 19% did not appear when a hysterotomy was offered as a method of termination and 5% could not find time due to family circumstances.⁸⁶ These figures, although they cover only the first 10 months of the program, suggest that the procedures as well as the week's time for the application to be reviewed do deter a certain number of successful applicants from going through with legal

82 See S.B. Kwa, S.T. Quah, and M.C.B. Ching, "The Abortion Act, 1969-- A Review of the First Year's Experience," Singapore Medical Journal, Vol. 12, No. 5 (October, 1971), pp. 250-255.

83 Ibid. See Appendix II.

84 See article by Dr. D. Vengadasalam, Dr. M.S. Sidhu, Dr. H. T. Choo, and Dr. Mark Ching on "Legalized Abortions in Singapore: A Follow-up Study of Pregnancies Not Terminated," Proceedings of the Obstetrical and Gynaecological Society, Singapore, Vol. 2, No. 2 (October, 1971), pp. 187-188.

85 Ibid., p. 187.

86 Ibid., p. 185.

abortions. Moreover, the 1970 and 1971 figures for Kandang Kerbau, Thomson Road, and Alexandra Hospitals verify the fact that a good number of illegal abortions are still occurring despite legalization on socio-economic grounds. Of the 5,308 abortions performed in the above government hospitals 3,335 were legal abortions performed under the 1969 Abortion Act. The other 43% of the recorded abortions which occurred in government hospitals, were probably the end result of artificially induced abortions undertaken illegally by back-street midwives.

The results of the first year of the Board's experience confirmed the fact that abortions were not being made freely available but that there was a definite bias among Board members against approving abortions on socio-economic grounds for those in the under 30 years, low parity, and high income groups.⁸⁷

The Abortion Act as a piece of social legislation went a long way towards establishing a system of controlled abortions, but it still did not prevent a large number of women from continuing to act outside the system. The Act gave the Government considerable control over a delicate situation, but in not permitting abortions on demand and in requiring women to go through the Board for approval of terminations of pregnancy, it did not provide for a large number of women who might otherwise have acted within the system. The large number of recorded abortions admitted to government hospitals and the even larger number of unrecorded illegal abortions indicated that despite the presence of the Termination of Pregnancy Authorization Board a sizeable number of women were continuing to seek abortions as a last means of fertility control outside the Act's procedures. In this regard, the Act was a compromise measure which sought to cut the high rate of illegal abortions while mollifying the charges by doctors, religious leaders and concerned citizens that liberalization could only lead to increased promiscuity and moral decay amongst the youth.

B. The 1969 Voluntary Sterilization Act: Law as an Instrument of Social Change

Tubal ligation of women had been practiced as a once and for all contraceptive method for a number of years prior to the enactment of the 1969 Voluntary Sterilization Act. The Government White Paper had authorized its use of tubal ligation for those women with six or more living children and in 1967 the SFPPB's Medical Committee had further relaxed this restriction to four or more living children if the consent of both the husband and wife was obtained.⁸⁸ These restrictions were further

87 Kwa, Quah, and Ching, "The Abortion Act," pp. 250-255.

88 Kanagaratnam, "The National Programme in Singapore--A Review of Two Years, 1966 and 1967," pp. 17-19.

relaxed in 1968 to allow women of 30 years of age or older with three or more living children to have the operation. Male sterilization or vasectomies were not given prior to the 1969 Act.

The 1969 Voluntary Sterilization Act⁸⁹ also created a five-man Eugenics Board with the power to authorize and monitor treatment for sexual sterilization. The Eugenics Board was composed of a chairman, who had to meet the qualifications of a District Judge; two registered medical practitioners, one employed in the public service; and two persons appointed by the Minister of Health, one a professionally qualified social worker.⁹⁰ It was empowered to authorize treatment for sexual sterilization on any applicant 21 years of age or over if:

- (a) such applicant applies to the Board in writing requesting treatment for sexual sterilization and giving consent to such treatment; and
- (b) such request is accompanied by a consent in writing of the wife or husband, if there is one, of the applicant; and
- (c) such applicant is the father or mother, as the case may be, of three or more existing children;⁹¹

or under the age of 21 if:

- (a) the parent or parents, if they are living, or the guardian of such person, if there is no parent living, applies in writing to the Board requesting such treatment and certifies consent to such treatment; and
- (b) such person is afflicted with any hereditary form of illness that is recurrent, mental deficiency or epilepsy; and
- (c) the Board considers that the treatment is in the best interest of such person and of society generally.⁹²

89 No. 26 of 1969.

90 No. 26 of 1969, Sec. 4(2).

91 Ibid., Sec. 5(2).

92 Ibid., Sec. 5(3).

The Board is required to interview an applicant and give "a full and reasonable medical explanation as to the meaning and consequences of such sterilization treatment."⁹³ Once approved, a successful applicant is informed of the Board's decision, and of the date and place of treatment in a Government hospital or approved institution. A period of thirty days must lapse from the date of the written request and the time of the operation and a fee of S\$5 is levied.

The thirty day waiting period is not, however, applicable to a pregnant mother of three or more living children who is in an approved institution either for the purpose of delivering a child or terminating a pregnancy under the Abortion Act. In such cases treatment for sexual sterilization is legally authorized immediately following the birth or abortion if a written request, accompanied by written consent of the wife or husband, is filed.⁹⁴ As under the Abortion Act, a registered medical practitioner can, without prior consultation with the Eugenics Board carry out treatment for sexual sterilization where treatment is necessary on medical or therapeutic grounds.⁹⁵ The Act gives registered medical practitioners immunity from civil or criminal prosecution for treatment for sexual sterilization authorized by the Board since it stipulates that sterilization does not constitute "grievous hurt" under the Penal Code.⁹⁶ But the Act does provide penalties for coercion or intimidation in compelling a person to undergo treatment, and poses the threat of a fine or imprisonment for any person, not a registered medical practitioner concerned with a Board application, who contravenes the provisions of the Act.

The number of male sterilizations was insignificant compared to the number of female sterilizations recorded. The males as an important target group had not been reached under the Act. The number of female sterilizations did rise from 2,310 in 1970 in government hospitals to 3,848 in 1971. Key factors in this rise were the receptivity of women having just gone through childbirth and abortion to the idea of sterilization as well as the accessibility of these female patients for the spread of this information during their stay in the government hospitals. In the case of the Voluntary Sterilization legislation even more than the Abortion Act the procedures must have affected the demand for sterilization. The requirements that an applicant must appear before the Board, already have three living children, and then remain certain for thirty

93 Ibid., Sec. 5(5).

94 Ibid., Sec. 5(6).

95 Ibid., Sec. 6.

96 Ibid., Sec. 14.

days that he or she wants the operation, must have acted as strong deterrents, however much they protected the rights of the individual contemplating the operation.

The Government recognized these substantive limitations when it submitted to Parliament in March 1972 a Voluntary Sterilization (Amendment) Bill which proposed to:

1. reduce the waiting period after an application had been approved to seven days;
2. authorize surgical sterilization where there are two children instead of three; and
3. not require the patients' appearance before the Board.⁹⁷

The Bill was passed by Parliament on March 23rd and brought into effect on May 2, 1972. The Voluntary Sterilization (Amendment)⁹⁸ gave the Eugenics Board considerably more flexibility and authority to permit surgical sterilization. The Eugenics Board could now allow sterilization if the applicant was the father or mother of one existing child:

where the Board is of the opinion formed in good faith that treatment for sexual sterilization is necessary or desirable on medical, therapeutic or environmental grounds.⁹⁹

Environmental grounds in this instance were defined to include the financial and social circumstances of the applicant. Moreover, the Act clarified the cases in which the Board could authorize treatment, namely:

- (a) an applicant over twenty-one, unmarried, who applies to the Board for treatment and gives his consent;
- (b) a married applicant whether over twenty-one or not if the application for treatment is made with the consent of the spouse;

97 "Easier Terms for Sterilization: Bill Now Cuts Minimum to Two Children," The Straits Times, March 10, 1972.

98 No. 13 of 1972.

99 Sec. 3(a), No. 13 of 1972.

- (c) in either case, if the applicant is afflicted with any hereditary form of recurrent illness, mental illness, mental deficiency or epilepsy, and the Board considers treatment in the best interest of the applicant and of society generally.

Where a person is afflicted with a mental illness or deficiency such as to be incapable to apply to the Board in writing and give his consent:

- (a) for unmarried persons 21 or over, the parent or guardian if no parent is living, may apply to the Board for sterilization treatment;
- (b) for married persons, the wife or husband of that person, may apply to the Board requesting treatment for sexual sterilization,

and the Board may authorize treatment for sexual sterilization on that person if it considers that the treatment is in the best interests of that person and of society generally.¹⁰⁰ Thus, Parliament gave the Eugenics Board a much wider latitude in permitting treatment for surgical sterilization.

The Government hoped these changes would ensure speedier, more efficient service and permit more emphasis to be placed on male and female sterilization in its population program.

100 Sec. 3(b), No. 13 of 1972.

III. DISINCENTIVES

A population control program is usually only as effective as the demand it evokes from the citizenry to limit their offspring and space their children. The decision to have fewer children is not only related to the presence of a well-run national program which makes contraceptive services readily available and easily accessible and educates people to the practice of family planning, but is also affected by the type of social system and the economic environment. Much depends on whether the person involved is part of a money economy with access to the material and non-material benefits which accrue from his relationship to that society. A family's decision to have fewer children is affected by such factors as maternity benefits, child allowances, laws affecting inheritance and distribution of property, educational costs, taxation on income, family allowances, social security programs, marriage and divorce laws, polygamy, and child labor laws. Education, urbanization, socialization--all describe processes whereby the individual's attachment to the family unit is lessened and his dependence upon the larger unit, the state, is strengthened. A man who is part of a growing middle class involved in the economic production of the society is more likely to limit his family's growth than a peasant tilling his land in India where there is an added utility to having additional children to farm the land, work for extra income in the city, and to provide old age security and crops for his parents when they can no longer work.

Economic development in Singapore has been associated with far-reaching improvements in the social sector. The Lee Government has complemented its family planning program with a wide range of social disincentives and fiscal measures designed to relate more closely changing fertility norms and behavior with Singapore's population policy. Together with the progressive social legislation, the disincentives have been directed at influencing the decision of the common man to have fewer children and to take advantage of the economic benefits which accrue from his active participation in Singapore society. The cumulative impact of these measures has brought specific pressures against having three or more children and supplemented the rising social and economic costs of living in a rapidly modernizing state.

More specifically, the social disincentives have included:

A. Limitations on Maternity Benefits

Through the Employment Act (Cap. 122) in 1968 the Government sought to gain acceptance of the idea of a smaller family by providing for paid maternity leave up to the third pregnancy. Under the Act every female worker is entitled:

to abstain from work during terms of four weeks each before and after confinement and in respect of such

terms--to receive from her employer a maternity allowance--¹⁰¹

A female worker giving notice within one month of confinement is paid a maternity allowance during the benefit period at the rate of S\$4.00 a day or her ordinary rate of daily pay, whichever is less.¹⁰² Failure to comply with the Act is an offense punishable by a S\$500 fine or imprisonment for a six month period.¹⁰³ This maternity leave, however, does not apply to women with three or more children. Thereafter the absence of the benefit is a potential limiting influence. To the working woman the loss in maternity leave after the third child acts as a strong deterrent against having more than three children.

B. Accouchement Fees

As a further disincentive the Singapore Government in April, 1969 boosted the accouchement fee assessed at Government Maternity Hospitals from S\$10 to S\$50 for the third child and S\$100 for the fourth.¹⁰⁴ This was a social policy which directly affected lower class non-working women with two or more children and brought pressure to bear upon the decision to have three or more.

C. Housing Policies

The public housing urban-renewal program has relocated and housed approximately 40% of the Singapore population in low-cost Housing and Development Board flats. Improvements in, and availability of, public housing in Singapore have enabled the Housing and Development Board to offer public housing to couples without children. Thus, whereas public housing was previously allocated on a point system which gave priority to couples with larger families,¹⁰⁵ inexpensive housing is now equally available to smaller families. This policy means no couple will be penalized or given lower priority for having fewer children.

D. Conclusion

The Abortion and Voluntary Sterilization legislation, together

101 Sec. 95(1), cap. 122.

102 Ibid., Sec. 95(2).

103 Ibid., Sec. 106.

104 Singapore Family Planning and Population Board, Fourth Annual Report 1969 (Singapore: Government Printers, 1971) p. 3.

105 Ibid.

with the social disincentives, complemented the SFPPB's activities under the First Five Year Plan. Family Planning was considered by Singapore leaders within the broader context of changing familial attitudes and behavior patterns in response to a rapidly developing country. The Board showed considerable insight in quickly moving beyond the extension of medical services to a wider range of measures which directly affect decisions to regulate family size. Decisions on marriage, sex, child-rearing, and adoption, are influenced by the economic conditions and social status of the family. The Board decided that in order to facilitate a rise in the per capita income and to bring about a more equitable distribution of the benefits of economic growth, it had to bring Singapore's birth rate down to around 20 per thousand. The future possibility of the rate reaching around 15 per thousand in the 1970's was foreseen.¹⁰⁶

Legalization of abortion on socio-economic grounds, clarification of the legal status of voluntary sterilization, particularly vasectomies, and the linking of family limitation and planning to paid maternity leave, delivery service fees, and housing policies through negative social disincentives clearly show the recognition during the formative stages of the Singapore program's development that an effective family planning program must be related to the changing familial and social norms.

106 Family Planning in Singapore, p. 14.

IV. OTHER MEASURES AFFECTING POPULATION GROWTH

Other measures and laws indirectly affecting population growth include: marriage, polygamy and divorce; tax deductions for children; availability and cost of contraceptive supplies; child labor laws; education laws; and social security programs for the aged.

A. Minimum Marriage Age, Polygamy, and Divorce

Under the Women's Charter all marriages, other than Muslim marriages, must be registered with the Registrar of Marriages unless a special exemption is granted by the Minister for Social Affairs. Cruelty, desertion, and adultery are sufficient grounds for divorce with the separation period lasting seven years.¹⁰⁷ Three months after the marriage is declared "nisi" parties can remarry.

All people in Singapore are free to marry according to their religious preference. Polygamy is prohibited amongst all people in Singapore except members of the Muslim faith. Muslim marriages and divorces are controlled by the 1966 Administration of the Muslim Law Act¹⁰⁸ which conferred on the Muslim Law Court, known as the Shariah Court, the powers of the Magistrate's Courts.¹⁰⁹ Under the Act the minimum marriage age for both parties is 16, although in exceptional circumstances the Kadhi can permit marriage as young as the age of puberty. Marriages have to be solemnized by the Kadhi and divorces have to be registered under his auspices. The 1966 Act, by providing for the appointment of arbitrators, an application procedure for divorce and the recognition of Muslim divorce, cut down upon the number of divorces in Singapore from 1,149 in 1958 to 219 in 1970.¹¹⁰

Although the statutory minimum marriage age was raised from 16 to 18 years of age,¹¹¹ if the parties are under 21 they must receive the written consent of their parents or legal guardians, or obtain an Order of Court permitting the marriage, unless the parties were married before.

A minimum age requirement is useful in delaying child bearing. The average age at first marriage for women in Singapore has steadily risen from 22.8 years in 1961 to 23.8 in 1969. The age for men, who on the average are two years older than their wives, has also increased

107 Cap. 47, (see particularly Secs. 81 and 82).

108 No. 27 of 1966.

109 Singapore '71, p. 72.

110 Ibid., pp. 72, 73.

111 Ibid.

by approximately the same proportion. The most likely explanation of this increase in the marriage age is the postponement of marriage because of the longer time spent on education by the average Singaporean and the national service requirement for all able-bodied young men above the age of eighteen. Nevertheless, while the average marriage age has increased slightly, the number of registered marriages in Singapore has risen from 8,891 in 1966 to 13,066 in 1970 amongst non-Muslims and 1,911 to 2,272 amongst Muslims.¹¹² This increase can be attributed to the large number of women now entering the reproductive age-groups.

B. Tax Deductions for Children

Under the Income Tax Act¹¹³ a taxpayer is entitled, in addition to the deductions for husband and wife, to claim certain deductions for children under 16 years of age, or older than 16 if the children are attending any university, college, school or other educational establishment full time, or serving articles of indenture during that year. In such cases a taxpayer can claim the following deductions up to five children:

S\$750 for the 1st child
S\$500 for the 2nd child
S\$500 for the 3rd child
S\$300 for the 4th child
S\$300 for the 5th child¹¹⁴

No relief, however, is available where the child has an income in his own right which exceeds the amount authorized above. Although these measures do allow deductions they provide a negative incentive against having more than five children.

C. Contraceptive Supplies

The SFPPB is responsible for maintaining a register of all persons, bodies, and associations which "sell or distribute any medicine, preparation or article" dealing with family planning.¹¹⁵ It makes available family planning devices at the Government clinics. Contraceptives are also distributed in the pharmacies and condoms are sold through street vendors. The First Five Year Plan specified that the Board would offer a "menu card" choice of family planning methods with emphasis on the IUD, with the contraceptive pill as the preferable alternative method. This approach was reversed, however, when adverse publicity on the side effects

112 Monthly Digest of Statistics, Vol. XI, No. 2 (February 1972), pp. 8-9.

113 Cap. 141.

114 Sec. 39 of cap. 141.

115 Cap. 168, Sec. 11(2).

of the IUD threatened to undermine the newly established program. Consequently, the contraceptive pill was given first priority and its popularity has caused it to be used by 51% of the contraceptive users, with condoms as the second most popular method (41%), followed by the IUD (3%) and other methods (5%).¹¹⁶

In December 1969, and again in December 1970,¹¹⁷ studies were undertaken on continuation rates amongst pill users. The studies revealed higher continuation rates among pill users than experienced elsewhere. The studies confirmed that 39% of the oral contraceptive acceptors were still using the pill and, of the continuing users, 59% had done so continuously. Of the 61% who discontinued, more than 30% terminated use after one cycle and more than 50% after four cycles. Fifty-six per cent of discontinuers were using other methods of contraception, mainly the condom. The main reasons for discontinuation were based on the medical side effects and pregnancies, planned and unplanned.¹¹⁸ It is interesting to note that women with no formal education and those with secondary education had higher continuation rates than those with only primary education.

Since 1967, use of the contraceptive pill has declined ten percentage points, while the use of the condom has increased by the same amount, causing speculation that some users might be accepting the condom and then not seriously practicing contraception. The Board, after a pill scare in 1969, discontinued the use of three brands of contraceptives with high estrogen counts, on the recommendation of the Medical Committee.

It has been the policy of the Board to levy a small fee for family planning devices to lighten the load of the total cost of the program while making family planning services "available" to the public.¹¹⁹

116 Fifth Annual Report, 1970, p. 27.

117 The 1969 study covers the pill acceptors who first came to the clinics from July 1967 to August 1968 with a cutoff date of December 1968. See Kanagaratnam, K. and Khoo, Chian Kim, "Singapore: The Use of Oral Contraceptives in the National Program," Studies in Family Planning, No. 48(December, 1969). The December 1970 study covers a 30-month maximum period. See Wan, F. K. and Quash, S. T., "Report of the Use of Oral Contraceptives in the Singapore National Programme - II," Family Planning and Population Board Paper No. 8, (December, 1970).

118 See Wan, F. K., "The First Five Years of the Singapore National Family Planning Programme, 1966 to 1970," pp. 4-5 for summary of results.

119 Kanagaratnam, The National Programme in Singapore - A Review of Two Years, 1966 and 1967, p. 10.

The SFPPB's price for a one month cycle of pills is S\$1.00.¹²⁰ The fee for insertion of the Intra Uterine Contraceptive Device (IUD) was S\$5.00, and a good quality lubricated condom was sold at 50¢ per half dozen. These prices were lower than the respective prices offered by private medical practitioners or by drug stores. The lower prices are another inducement for a woman to come to the clinics to replenish her supply, thus providing the family planning staff with a chance to re-motivate her as a continuing user.

D. Child Labor Laws

Under the Employment Act there are certain safeguards concerning the employment of children and young persons which limit the amount of time, working conditions, and age at which a young person can be employed.¹²¹ No child can be employed unless he has completed his 12th year and then only in light work. Children as well as young persons cannot be employed in any underground work, in industrial undertakings unless they are registered with the Ministry of Labor, or in any occupation or place where working conditions may be injurious to health. Where the child or young person is attending school, the period of work plus school attendance should not exceed 6 or 7 hours unless the work is conducted in a government or technical school. These strict requirements, plus the fact that children cannot enter the active labor force until 12 years of age, accentuate the dependency of children and younger people and reduce the value of children for income by delaying and restricting access to jobs for children.

E. Education Laws

Though not compulsory, schooling is universal. Over one quarter of the Singapore population is enrolled in primary and secondary schools (518,000).¹²² Primary education is free for citizens between the ages of six and twelve. Study loans, scholarships, and textbook loans are all available to needy students attending secondary and post-secondary educational institutions.¹²³ Greater emphasis is now given to technical education and industrial training, which have been expanded to meet manpower needs. After passing the Primary School Leaving Examination, pupils attend four-year (12-16) secondary schools with a technical, academic or commercial bias leading to a School Certificate examination. A school Certificate is the minimum requirement necessary to get a good job in Singapore. Upon successful completion of Secondary II school examinations, students can proceed to complete their secondary

120 See Appendix III.

121 See A Guide to the Employment Act, 1968.

122 Singapore '71, p. 170.

123 Ibid., p. 173.

school course in one of the areas above (technical, commercial), or attend a two-year pre-university course leading to examinations at Higher School Certificate level. Upon completion of the higher school certificate, students can attend institutions specializing in technical education or, if accepted, go to the University of Singapore or Nanyang University.

In recent years school and sports fees have averaged approximately S\$60 at the secondary level, and S\$100 at the higher school certificate level, in addition to clothing and meal allowances. Educational expenses above primary school level are substantial and are a source of concern in bringing up a child, where the average per capita income is S\$2,657. At the University of Singapore or Polytechnic level tuition fees alone amount to S\$900. These fees contribute towards making extra children an added financial burden.

F. Social Security Program

Social security programs, as a means of insurance against old age, unemployment, and long-term disability, are important areas of family concern which affect a family, and can have a direct correlation with the size of the family. In the private sector, retirement benefits for old age are paid into a Central Provident Fund by the employer and employee at a current rate of 10%, where a person's monthly wage is over S\$200 per month. When the monthly salary is less than S\$200, the employer pays.¹²⁴ At the age of infirmity, or when a worker has reached 55 years of age, or is leaving Singapore for good, the money can be used towards retirement.

In the Civil Service, however, the employee does not contribute to a pension. Rather, retirement benefits based on the years of service and the officer's last drawn salary are totally paid by the Government. Upon retirement, the civil servant has the option of taking a lump sum equivalent to one-third of his wages, or being paid a monthly salary up to two-thirds the original salary (usually 50%). In an extended family situation, offspring provide monetary and other support to parents in their old age. These retirement and pension benefits mean that the state, by providing old age security, lessens the burden that would otherwise fall upon the offspring.

124 Cap. 121, Sec. (6). Legislation introduced at the end of 1970 increased the basic rate of contributions payable to the Fund from eight to ten percent of wages, effective from January 1, 1971. Withdrawals from the Fund for the purchase of Housing and Development Board flats are permitted. Singapore '71, p. 166.

V. SUMMARY

In the dynamic society of Singapore, where rapid economic development has been accompanied by far-reaching improvements in the social sector, law has been used by the Government in the optimum situation of controlled social change and rising material and human expectations to influence the most personal of attitudes and behavior patterns. Recognizing early the importance of limiting its population growth, the Singapore Government, through specific social legislation, established a national family planning program which sought to reduce the birth rate while improving the quality and conditions of human life. During the first five years of the national program, the number of live births was dramatically reduced from 54,680 in 1966 to 45,779 in 1970, and the crude birth rate from 28.6 per thousand to 22.1 per thousand during the same time period. The general fertility rate also declined from 157.5 per thousand in 1965 to 100.7 per thousand in 1970.¹²⁵ The program reached 64% of all married women in the reproductive age group of 15 to 44 years.

The five-year program was accompanied by progressive social legislation on abortion and voluntary sterilization, as well as a trio of social disincentives designed to influence family attitudes and behavior patterns towards fertility. Fertility reduction was associated with a rising per capita income and increased social benefits from membership in an industrializing society. The administration of the program, improving socio-economic conditions, and the reduction of immigration and mortality rates together with a rising marriage age all contributed towards making the first five years of Singapore's program most successful. The reduction in the rate of population increase from 2.5% in 1965 to 1.7% in 1970 was further complemented by Singapore's tightly controlled, compact, urban environment which facilitated the extension of family planning services, the education of the public to the benefits of having a small family, and the increased use amongst newly-weds of family planning for family spacing as well as family limitation.

Law, within the broader context of the administration of the national program, was effectively used as an instrument of social control and planned change. But law can only lead societal change in the personal area of familial behavior to the extent that it is in accord with changing attitudes - its sanctions are as effective as the informal sanctions operating within society. As the machinery of state cannot enforce changes in personal behavior patterns when these changes cut across deeply held beliefs and customs, the law has to guide social development while permitting enough flexibility for some action outside the legal system. Singapore uniquely blended its disincentives with progressive legislation and rapid socio-economic development, and in so doing changed the material and normative basis of society. By increasing expectations and making the increased benefits of development available to a large majority of the people, it not only extended family planning services and educated its people to the benefits of smaller families, but also increased their participation and dependence upon the state rather than the family unit.

¹²⁵ Fifth Annual Report, 1970, p.6.

Future Outlook

However, although the program successfully achieved the First Five-Year Family Planning targets by 1970, the total number of births increased slightly to 45,562 in 1970 from 44,562 in 1969,¹²⁶ and the crude birth rate, which had fallen from 21.8 in 1969, experienced a slight increase to 22.1 in 1970, signaling the initial impact of the large number of women entering the reproductive age group as a result of the post-war "baby boom". The number of women within the reproductive age group in 1970 was almost double the number in 1965 and the number of marriages is steadily rising. Moreover, the impact of this post-war baby boom would have been more dramatic sooner if it were not for the postponement of marriage age. Of equal importance is the apparent weakening in the demand for family planning services indicated by the decline in new acceptors from over 35,000 in 1968 and 1969 to 24,230 in 1970 and the leveling off of revisits.

These trends are indicative of a population program which, having successfully extended family planning services, reduced fertility and educated people to the benefits of family planning, is now facing second generation problems associated with a change in age structure of the population and a slackening in the number of continuing users. In order to prevent a further rise in the birth rate, Singapore will have to undertake additional measures to achieve a significant reduction in fertility amongst the younger couples, as well as to increase the demand for family planning services and reach the small percentage of "hard-core" resisters. This is no small task for a program which has not as yet conducted a Knowledge, Attitude or Practice (KAP) Survey, nor gone beyond routine tabulation of user characteristics in its statistical evaluation. Careful observation and analysis of what motivates people to have fewer children will have to be made to understand what measures will contribute to a strengthening in the demand for family planning services. The medical orientation of the SFPPB also makes difficult the necessary broad based approach which is needed to design and implement a population program which will revitalize family planning efforts.

In order to set new program goals and priorities, the Minister of Health at the opening ceremony on February 21, 1972 of the second official meeting of the Inter-Governmental Coordinating Committee of the Southeast Asia Region Cooperation in Family and Population Planning,¹²⁷ announced the aim of the Singapore Government to achieve a more moderate fertility decline leading to a crude birth rate of 18 per thousand by 1975. With a crude death rate of approximately 5 per thousand, this would lead to a rate of natural increase of 1.3%, a rate almost comparable

126 Monthly Digest of Statistics, Vol. XI, No. 2, p. 4. See Appendix IV.

127 Speech by H.E. Mr. Chua Sian Chin, Minister for Health, 21st February, 1972. Speech reported in papers.

to that of the developed countries. The Minister further clarified that if the 1970 fertility rates were to prevail, the crude birth rate would rise to 24.7 per thousand by 1975. Priority target groups were to be defined and family planning efforts extended to the "hard-core" of resisters and newlyweds, and with increasing emphasis to be placed on male and female surgical sterilization. Widespread publicity and motivation were to be directed at countering some of the major misconceptions and fears about sterilization, i.e., male concern for potency and female reluctance to undergo a potentially scarring operation.

In his 1972 Annual Budget Statement¹²⁸ the Minister for Finance went further in outlining the targets of a Second Five Year Population Program. Noting the importance of promoting higher technology and a strategy of modernization in all sectors of the economy, he mentioned the need for the formulation of a long-term development plan for the 1970's. He set as the target for this plan a "sustained rapid economic growth of 15% per annum with a doubling of the per capita income by 1975, on the basis of a population growth checked by sensible small families."¹²⁹ Stressing the importance of building up a large pool of professional and technical personnel through upgrading of local talents and skills and selective immigration, he indicated that Singapore would become a regional center for brain services and brain service industries, stating:

Success will depend upon the quality of our people, their capacity to improve themselves through education, training, and experience. This is an expensive process which can only be carried out if population growth is kept down to almost Zero Population Growth. Then we can the better afford to attract expertise and technology from outside.¹³⁰

If Zero Population Growth is to be the target, then Singapore will have to begin to assess the impact of its population program on the changing values and patterns of behavior of its multi-racial society. While conducting an action program, it will have to also turn its attention inward towards an evaluation of the effectiveness of its program and the identification of the best approach to use in persuading its people to achieve Zero Population Growth in the next decade. Only then can Singapore be sure that it is increasing the quality as well as the material conditions of human life, while seeking to achieve its new development goals and a doubling of its per capita income by 1975.

128 Republic of Singapore, Parliamentary Debates, Vol. 31, No. 9, (March 17, 1972), cols. 491-538.

129 Ibid., col. 514.

130 Ibid., cols 518-519.

VI. EPILOGUE

In a follow-up statement to the Minister of Finance's Budget speech, the Minister of Health, Mr. Chua, announced on October 24th the Government's intention of discouraging parents from having more than two children by introducing tough new measures.¹³¹ In an apparent effort to strengthen the demand for family planning services and to reach younger couples, the Minister decreed the following specific changes in Singapore's present social policy:

- (a) reduction of income tax relief in the future from the present five children to the first three only;¹³²
- (b) reduction in paid maternity leave both in Government service and under the Employment Act from three to two confinements after August 1, 1973;
- (c) lower priority of allocation of Housing Development Board flats to large families (3 or more children); and
- (d) increase in accouchement fees in Government hospitals. The new rates of accouchement charges will be as follows:

	<u>Class A</u>	<u>Class B</u>	<u>Class C</u>
For the 1st child	\$250	\$100	\$ 50
For the 2nd child	300	150	75
For the 3rd child	350	150	100
For the 4th child	400	250	200
For the 5th or higher order	400	300	250

These fees,¹³³ which are subsidized by the Government, can however, be waived on the condition that the woman or man decides to undergo sterilization. This condition will serve as a further incentive to convince people to come forward for sterilizations. It will mean that after

131 The Straits Times, Wednesday, October 25, 1972.

132 The Minister of Finance is to make a statement on this once the details have been worked out.

133 The new rates are applicable to Singapore citizens and residents in possession of Singapore identity cards or persons married to Singapore residents. Non-residents will not be accepted in the C and B Class maternity wards, and expectant mothers coming into Singapore especially to deliver their children will only be taken into the maximum fee-paying A Class wards. These conditions are meant to distinguish between Singaporeans and non-Singaporeans, and to ensure sanctions preventing outsiders coming to Singapore to have their babies delivered. They protect against the overuse of medical facilities for birth-related services.

delivery, especially if a woman already has three or more children, she or her husband can be sterilized and will not have to pay the sizeable delivery service fee. It will provide another way in which the family planning program can recruit high parity women who in the past have not accepted family planning.

In explaining the rationale behind the introduction of such strong disincentives, the Minister of Health linked malnutrition and physical development of Singapore's young to family size limitation according to economic means. He emphasized that parents must be aware of the costs of bringing a third, fourth, and fifth child into society, saying:

We want higher quality in jobs, schools, hospitals, social and recreational amenities and in homes. The crucial pre-condition for fulfilling these objectives is smaller families. Only then can more resources and care be given to each child by the parents and by the state.¹³⁴

Although there is general agreement with the need to intensify family planning efforts, a number of members of Parliament thought the limit should be three rather than two children, and felt that propaganda campaigns should be stressed instead. In responding to these comments, the Minister of Health indicated that unless prompt action were taken, the standards of living and quality of the environment would suffer and social friction would increase from the disparity between those small families who "would in turn do well, because of better health and social factors, and those with large families whose numerous children would do poorly because they were deprived of adequate food and care." The Government thus was committed to encouraging a policy of the two-child family in all aspects of Singapore's social and economic policy.

These measures once again reaffirmed Singapore's commitment to a strong population policy closely tied to the development efforts and objectives of the small city-state. Directed primarily at lower income families, the measures considerably strengthened the negative deterrents against having more than two children, and would cause parents to seriously weigh the added cost of having three or more children. They were mainly regressive in nature, primarily affecting lower income groups for whom the extra delivery service fees, reduction in paid maternity leave, and adjustment in income tax relief would impose additional financial burdens. The delivery service fee for lower income groups was further increased from S\$50 and S\$100 for the third and fourth child to double those amounts. And yet the new delivery services were broken down by type of ward and care and the housing policy applied to all Singapore residents. The tough measures were also fair in that:

- (a) the delivery service fees did not go up for nine and one half

134 The Straits Times, October 25, 1972.

months from the date of announcement permitting couples to plan and decide whether they wanted to pay the extra fees; and

- (b) those persons already enjoying income tax relief would continue to do so.

Clearly the thrust of the new measures was directed at the younger couples who were planning their families, looking for public housing,¹³⁵ seeking jobs, and assessing their future income.

These strong measures were further supplemented by the announcement of the Ministry of Education that sex education would be introduced in primary and secondary schools as a compulsory subject in 1973.¹³⁶ The primary school curriculum will include basic subjects on conception and birth, the human reproductive system and child development, and the secondary school subjects will cover boy-girl relationships, the emotional aspects of love and sex, and information will be provided on where contraceptives can be obtained. These new measures are considered to complement present family planning efforts and to educate future parents about family planning and how to prevent unwanted pregnancies among school girls. They are aimed at potential family planning drop-outs who are defined as blue-collar workers with low literacy level and who, in the past, because of their lack of knowledge about family planning, thwarted efforts of the SFPPB to keep the birth rate down.

Thus, the Singapore Government moved to adopt a long-term population program which was based on the utilization of specific social disincentives, the introduction of population education in the school system, the intensification of family planning information and education efforts, and the adoption of new demographic targets¹³⁷ which would lead to the achievement of Zero Population Growth. In response to the problems of a weakening in the demand for services and a sudden increase in the number of women within the reproductive age group, the Government resorted to specific social measures and population education to supplement Singapore's development efforts.

These measures seem to be part of a comprehensive Second Family Planning Plan which would outline a clear population strategy. It is hoped that in addition to the stated emphasis on social disincentives, Singapore will

135 It is expected that by 1979, 80% of Singapore's population will live in Housing and Development Board flats. This means that approximately 40% of the population have yet to be resettled in the new flats, and will be affected by the lower priority given to large families.

136 The Straits Times, October 25, 1972.

137 The targets of the family planning program are to reduce the crude birth rate to 18.5 per thousand in 1975, and 14.8 per thousand by 1980.

also move to adopt positive social policies which will encourage the practice of family planning and maintain a two child norm. Negative sanctions in the long run may be counter-productive if they are not grounded on the basis of sound knowledge of why people act in the way they do, and are not complemented by positive social inducements to limit family size.

An effective population policy should not only seek ways to discourage large families, but should also be based on positive social measures to establish the small family norm which respond to the basic socio-economic needs of the family unit. One of the ways of doing this is to determine what the socio-economic interests and concerns of people are at the micro-level and then initiate anti-natalist policies which will contribute to the achievement of these interests. Since Singapore has decided to accelerate the process whereby decisions are made to have still fewer children, a program of positive social change should be considered to strengthen family unit involvement in national development while supporting the ongoing changes in the norms and structures of a society in transition. This will require an evaluation of the impact of the family planning program and an assessment of what motivates people to have more children and what role children play in Singapore. The motivations for having more or fewer children should be explained in the context of the changing social structure and how technological change has or has not altered the need for children. Careful observation should also be made of the social and occupational structures, the working technology of the population, and of how parents perceive family planning. On the basis of such an evaluation, program administrators can then have a better understanding of what positive measures will help strengthen the demand for family planning services while contributing to the overall development efforts of the island city-state.

APPENDIX I

DISTRIBUTION OF EMPLOYEES' ANNUAL INCOME IN SINGAPORE, 1969

Annual Income (S\$)	No. of Employees	%
0 - 2,400	334,900	60.3
2,401 - 6,000	173,000	30.2
6,001 - 8,000	119,176	3.4
8,001 - 10,000	11,003	2.0
10,001 - 15,000	11,926	2.1
15,001 - 20,000	4,363	0.8
20,001 - 30,000	3,549	0.6
30,001 - 50,000	2,163	0.4
50,001 - 100,000	(799)	
100,001 - 200,000	(142)	0.2
200,001 & over	(34)	
Total	557,155[sic]	100

Source: Wan Fook Kee, "The First Five Years of the Singapore National Family Planning Program, 1966 to 1970," Family Planning and Population Board, Paper #10, p. 14.

APPENDIX II

DEMOGRAPHIC DATA ON APPLICANTS FOR ABORTION

	No.	%		No.	%
<u>Applications Received</u>			<u>Education Status</u>		
Applications approved	2,726	88	No formal education	1,535	50
Applications not approved	367	12	Primary education	1,041	34
Total received	3,093	100	Secondary education	439	14
<u>Abortions Performed</u>			Tertiary education	30	1
Kandang Kerbau Hospital	1,457	74	Others and unknown	48	2
Thomson Road General Hospital	473	24	Total	3,093	101*
Private Institutions	40	2	<u>Activity Status</u>		
Total	1,970	100	Housewife	2,246	73
<u>No. of Sterilization Operations Performed Simultaneously with Abortions</u>			Working full/part-time	731	24
	591	30	Unemployed and others	116	3
<u>Age Distribution</u>			Total	3,093	100*
Under 15 years	3	0+	<u>Economic Status - Total Monthly Income</u>		
15 - 19 years	80	3	Under \$100/per month	135	4
20 - 24 years	412	13	\$100-\$400/per month	2,457	80
25 - 29 years	585	19	\$400-\$1000/per month	305	10
30 - 34 years	869	28	Over \$1000/per month	56	2
35 - 39 years	661	21	Unrecorded	140	5
40 - 44 years	409	13	Total	3,093	101
45 years and over	70	2	<u>Contraceptive History</u>		
Unrecorded	4	0+	Practiced up to time of pregnancy	881	28
Total	3,093	99*	Inconsistent or irregular practice	423	14
<u>Marital Status</u>			Discontinued	966	31
Married	2,899	94	Never practiced	671	22
Unmarried	164	5	Unknown	152	5
Divorced, Separated, Widowed	30	1	Total	3,093	100
Total	3,093	100*			

Source: S.B. Kwa, S.T. Quah, and M.C.C. Ching, "The Abortion Act, 1969 - A Review of the First Year's Experience," Singapore Medical Journal, Vol. 12, No. 2(October, 1971), p. 250-251.

APPENDIX II, CONT.

	No.	%
<u>Contraceptive used</u>		
Condoms	952	31
Contraceptive Pills	920	30
Spermicides	149	5
Intra-Uterine Device	82	3
Others	105	3
Unknown	885	29
Total	3,093	101*

FAMILY SIZE

<u>Number of Living Children</u>		
0	172	6
1	147	5
2	350	11
3	459	15
4	522	17
5 and above	1,416	46
Unrecorded	27	1
Total	3,093	101*

<u>Number of Living Sons</u>		
0	276	9
1	635	21
2	835	27
3	594	19
4	357	12
5 and above	300	9
Unknown	96	3
Total	3,093	100

DECISION OF THE BOARD		
<u>Classification by Board's Decision</u>		
Not approved	367	12
Approved under Section 5(2)(a)-Medical reason	88	3
Approved under Section 5(2)(b)-Socioeconomic reason	2,596	83
Approved under Section 5(2)(c)-Eugenic reason	12	0+
Approved under Section 5(2)(d)-Rape, etc.	4	0+
Approved under Section 5(3)-Two doctor opinion	26	1
	3,093	99*

<u>Reasons for Rejection</u>		
Pregnancy too advanced	90	25
Non-Citizen/Non-Resident	2	1
Form incomplete, inaccurate and applicant traceable	5	1
Reasons given not acceptable to Board	262	71
Others	8	2
Total	367	100

SOCIO-ECONOMIC REASONS FOR ABORTION

<u>Reasons for Approval under Section (52)(b)-Socio-Economic</u>		
Unable to afford another child/too many children	1,946	75
Completed family	400	15
Unmarried	99	4
Too close to last confinement	56	2
Failed contraception	59	2
Others	36	1
Total	2,596	99*

* Due to rounding

+ Less than 1%

APPENDIX III

SCHEDULE OF CHARGES FOR FAMILY PLANNING SUPPLIES, 1969

I.U.D.	\$5* per person for insertion and free check-ups	OTHER SUPPLIES	
				Durex Diaphragms \$2.00 each
				"G.P." Ointment (small) 50¢ per tube
				"G.P." Ointment (medium) \$1.00 per tube
CONTRACEPTIVE PILLS				Orthogynol Cream \$1.00 per tube
Anovlar				Preceptin \$1.50 per tube
Eugynon				Koromex Introducer \$2.00 each
Gynolvlar				Ortho Applicator 50¢ each
Lyndiol				Volpar Foam Tablets 50¢ for 3 strips
Ovulen			\$1.00 per strip	Depo-Provera \$2.50 per injection
Previson					
Serial 28					
Volidan				CYTOLOGY \$5.00
Ovral					
					(Cuppge Road Family Planning Clinic Only)
CONDOMS				SUB-FERTILITY \$2.00 per visit
Durex Gossamer	...		50 cents for 6 pieces.		(Cuppge Road Family Planning Clinic Only)

*All "\$" signs refer to Singapore dollars.

Source: Singapore Family Planning and Population Board, Fourth Annual Report, 1969 (Singapore: Government Printing Office, 1971), p. 6.

APPENDIX IV

Number of Live Births, Crude Birth Rates,
and General Fertility Rates, 1966 - 1970

Year	Number of Live Births Total ¹	Crude Birth Rate (per 1.000 Pop'n.)	General Fertility Rate ²
1966	54,680	28.6	148.6
1967	50,560	25.9	132.3
1968	47,241	23.8	118.8
1969	44,562	22.1	107.4
1970	45,934	22.1	100.7

1 Include unknown sex.

2 Total live births per thousand females, 15 - 44 years.

Source: same as Appendix I.

ATTACHMENT I

POPULATION AND VITAL STATISTICS

Period	Total All Races				Density (No. of people per sq. mile)	Malays	Chinese	Indians	Others	Live Births	Rate of population increase	Deaths	Infant Mortality Rate (per 1000 live births)
	Persons	Male	Female	Males per 1000 Females									
1970 Census	2,074.5	1,062.1	1,012.4	1,049	9,220	311.4	1,579.8	145.2	38.1	45.9	1.7%	0.7	20.5
Mid-1969 Estimates	2,016.8	1,040.1	976.7	1,065	8,964	292.6	1,499.8	161.2	63.2	44.6	1.5%	10.2	20.9
Mid-1968 Estimates	1,987.9	1,028.0	959.9	1,071	8,853	287.7	1,478.6	161.2	60.4	47.2	1.5%	11.0	23.4
Mid-1967 Estimates	1,955.6	1,012.9	942.7	1,074	8,709	283.5	1,454.5	159.4	58.2	50.6	1.8%	10.5	24.8
Mid-1966 Estimates	1,913.5	991.1	922.4	1,074	8,522	276.1	1,427.0	156.6	53.8	54.7	2.6%	10.4	25.8
Mid-1965 Estimates	1,864.9	967.5	897.4	1,078	8,305	266.6	1,396.5	153.7	48.1	55.7	2.5%	10.3	26.3
Mid-1964 Estimates ...	1,820.0	944.9	875.1	1,080	8,105	257.8	1,366.5	149.9	45.8	58.2	2.5%	10.4	29.9

ATTACHMENT II

AGE STRUCTURE

1970 CENSUS OF POPULATION

PERCENT DISTRIBUTION

Singapore Population	All Ages	Age Groups				
		0-4	5-14	15-24	25-59	60 and over
All races	100.0	11.4	27.4	21.7	33.8	5.7
Malays	100.0	14.4	32.0	20.2	30.3	3.1
Chinese	100.0	10.8	26.8	22.5	33.5	6.4
Indians	100.0	10.9	26.5	18.0	41.2	3.4
Others	100.0	11.1	21.3	16.5	45.7	5.4

COMPARISON WITH OTHER REGIONS

Population of Other Regions of the World	All Ages	Age Groups			
		0-4	5-14	15-24	25 and over
WORLD	100.0	14.0	23.0	18.3	44.7
More Developed Regions . . .	100.0	8.8	18.0	16.7	56.5
Less Developed Regions . . .	100.0	16.2	25.2	19.0	39.6
South Asia	100.0	17.4	25.8	18.7	38.1
East Asia	100.0	13.0	22.7	19.4	44.9
Northern America	100.0	9.2	20.1	17.7	53.0
Europe	100.0	8.6	16.4	15.5	59.5
SINGAPORE	100.0	11.4	27.4	21.7	39.5

Source: Singapore '71 (Singapore: Government Printing Office, 1971), p.260.

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