

ANNOTATIONS

Christian A. Herter, in the Foreword to this book, says of Dr. Rock: "Personally, I believe his proposals are worthy of implementation by the best minds, with the best research facilities, governmental and philanthropic, of many nations—whatever is necessary to give them the best chance of success. The consequences of failure to find effective, acceptable ways of meeting the population crisis are unthinkable." (x)

MYRNA E. FRANK AND CLYDE V. KISER

Milbank Memorial Fund

PIONEERING IN FAMILY PLANNING

THE spectacular decline in fertility that Japan has evinced since 1949 constitutes one of the major social changes of our time. Understandably, it has had many eager spectators and it is also one of the best documented cases of the demographic transition. Part of the documentation—the English reports by Dr. Yoshio Koya concerning his research on Japanese fertility attitudes, reproductive histories, and family limitation methods during the fifties—is now available in one volume entitled, PIONEERING IN FAMILY PLANNING. A number of the papers have already appeared in this *Quarterly* and elsewhere,

Koya, Yoshio: PIONEERING IN FAMILY PLANNING: A COLLECTION OF PAPERS ON THE FAMILY PLANNING PROGRAMS AND RESEARCH CONDUCTED IN JAPAN. [Published with the assistance of the Population Council, New York.] Tokyo, Japan Medical Publishers, Inc., 1963, 173 pp.

but it is enlightening to view the papers as a group and to have previously unpublished material included as well. Critical readers must be reminded, however, that Dr. Koya is not a social scientist but rather an action-oriented physician devoting himself during the last 15 years to finding what he considers to be morally acceptable solutions for Japan's high fertility. Hence this book is a document in a double sense. It tells about the simple people Dr. Koya and his colleagues studied, and it tells us indirectly about how Dr. Koya came to be the man on the scene to chronicle for us some crucial aspects of what is now the demographic history of Japan. Necessarily, in reading these papers we regret that their author is an amateur at social and demographic research, often not doing justice to his own most important findings. But we are at liberty ourselves to re-analyze some of his materials in terms of our own disciplines, and herein lies the unquestionable scientific and historical value of Dr. Koya's published work.

Dr. Koya's immediate post-war concern with his people's fertility apparently had two facets. On the one hand, after the war Japan experienced a high crude birth rate for an industrial country—33 in 1948—while the death rate had started to drop sharply. The Japanese Diet and Dr. Koya were convinced that the birth rate should be brought down as well. On the other hand, almost simultaneous with official recognition of the dangers inherent in a population spurt, the Japanese people began to reduce their fertility. But this desired effect was being accomplished (in large measure apparently) by induced abortion, a means unacceptable to Dr. Koya and, it seems, to other influential Japanese also. Consequently, Dr. Koya defined his task as helping to promote both the decline in fertility and the use of family limitation means other than abortion.

Many of the papers report on experiments (as Dr. Koya calls them) on sub-groups of the Japanese population. The "treatment" was similar in each case involving a delineation of the advantages of small families, education and assistance in contraceptive use, dispensation of free contraceptives, and help and encouragement in contraceptive practice by project personnel throughout the study period. One article presents

ANNOTATIONS

seven year's worth of data from three rural villages; another is about similar research among coal miners; a third depicts the reactions of recipients of public relief; and a fourth deals with a large population group (the employees of the Japanese National Railway). In all cases the number of pregnancies, births, and abortions declined. Dr. Koya joyfully interprets these results as being due to the educational campaigns and other ministrations involved in the experiments. However, here I must register some caveats in the interest of valid interpretation and of the morale of workers in other countries who may not be getting such thrilling results as Dr. Koya appears to have achieved in Japan.

First, his work did not really constitute experiments on the effectiveness of educational campaigns in transforming large-family attitudes into small family desires, or anti-birth control sentiments into pro. We do not know how his subjects felt before he came on the scene. We suspect that they were already small-family minded and in favor of family limitation. For example, in the year before observation all the groups (except the rural villagers) had impressive abortion rates—from 25–49 per cent of all pregnancies ended in abortion. Second, the pregnancy data are not standardized for age so that some of the declines in fertility showing up at later periods may be due to this fact alone. Third, since Dr. Koya and his colleagues apparently lectured strongly against abortion, there is a possibility that pregnancies and abortions were underreported by subjects who knew the sentiments of the experimenters. He does not satisfy us on this point. Fourth, although admitting that abortions rose in the early stages of the experiments, Dr. Koya makes no estimate of how much the declining birth rates were due to this fact and not to a decrease in pregnancies. Among the Japanese Railway workers (the largest group), abortion seems to have played the major role in the early stages. Because the percentage of pregnancies ending in abortion rose from 25.4 (before the study) to 38.8 (during the first year), even if there had been no reduction in pregnancies the decline in births would have been 18.1 per cent as against the 22.1 per cent reduction that actually occurred. So, Dr. Koya's subjects did not immediately become successful contraceptors,

any more than have highly motivated subjects in other countries.

Finally, a special word must be said about Dr. Koya's data on abortions. He reiterates—perhaps for political reasons—that the greatest value of his work was to bring down the number of abortions. I have already noted that such a finding may in part be a methodological artifact. But, in addition, a concentration on the declining *number* of abortions bypasses an exceptional finding from all his experiments. This is that the propensity for abortion, the probability that a pregnancy will end in abortion, goes up strikingly during the periods of the study. After years of anti-abortion propaganda, the proportion of induced abortions among rural villagers is about 7 times greater than before “guidance”. The coal miners terminate over half of all pregnancies in abortion whereas 5 years previously only 30 per cent of all pregnancies met this fate. The relief workers move from 49 per cent to 67 per cent and the railroad workers from 25 to 40 per cent of pregnancies aborted. Combining these data with the rise in sterilization and the undoubted increase in contraceptive practice, we have an impressive picture of human determination to bear and rear only the small number of children each set of parents desires. If contraception fails, abortion takes up the slack. If the repetitive and troublesome character of both becomes too demanding, sterilization is frequently a resort. Dr. Koya thus chronicles (perhaps *malgré lui*) the astonishing initiative and adaptability whereby the Japanese common man is solving his family-size problems in a hurry.

The author seems appalled by the rise in abortions in Japan generally. Doubtless many interested Americans are as well. But why? Dr. Koya himself does not believe properly timed and well performed abortions to be damaging. Recent research by Tietze and Leheldt on abortion statistics in Eastern Europe shows that the risks involved in abortion (when performed on healthy women by an experienced physician in a hospital during the first trimester of pregnancy) are far less than for pregnancy and childbirth in the United States.¹ In view of such

¹ Tietze, Christopher and Leheldt, Hans: Legal Abortion in Eastern Europe, *Journal of the American Medical Association*, April 1, 1961, 175: 1149-1154.

ANNOTATIONS

findings, the Japanese were probably fortunate in not being overly burdened and confused in their family planning by institutionalized superstition and unreasoned fears concerning abortion. For all we know, Dr. Koya may privately agree.

JUDITH BLAKE

University of California, Berkeley.

ETHNIC PATTERNS IN AMERICAN CITIES

Liebertson, Stanley: *ETHNIC PATTERNS IN AMERICAN CITIES*,
A comparative study using data from ten urban centers. New
York, The Free Press of Glencoe, 1963, 230 pp. \$4.95.

THIS book ends with the curious non-statement: “. . . the greater the degree of differentiation of a group residentially, the greater their differentiation from other aspects of the general social structure.” As the title implies, the author wants to be an empiricist and his flat finale is supposed to confirm it. Yet, in spite of himself and the Chicago school which bore him, his book goes further. There is much more food for thought here than is provided by the majority of urban ecologists. Compare most of the papers at the “Urban Population Studies” sessions of the last Population Association meeting.

Since Mr. Liebertson does not give a conclusion, the reviewer must suggest one. The “Overview” at the beginning does not mention all the findings, particularly the most interesting.

This study examines the residential segregation and assimila-