

SOCIO-ECONOMIC AND MIGRATION DIFFERENTIALS IN MENTAL DISEASE, NEW YORK STATE, 1949-1951

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IN a preceding paper, (1) Lazarus, Locke and Thomas examined migration differentials in mental illness as demonstrated by first admissions to hospitals for mental disease in New York, Ohio and California, defining migrants first on the basis of nativity and then, for natives, in terms of state of birth. Despite considerable differences in completeness of coverage of the basic data among the states they found a remarkable concordance in relative levels of rates. They concluded that for the three states there were no consistent differences in rates of mental illness between native and foreign-born whites, but found that "migration status *per se* is apparently a major determinant of admission to hospitals for mental disease for all classes of natives." This conclusion is in accord with that reached by Malzberg and Lee with data for New York State for 1939-41, (2) by Lee with data from the same state for 1949-51, (3) and by Astrup and Ødegård with Norwegian data for 1916-30 and 1931-45. (4)

This study was supported by grants from the National Institute of Mental Health (M-1140, Benjamin Malzberg, Principal Investigator, and M-5375, Dorothy S. Thomas, Principal Investigator.) The report draws upon analyses prepared by Harry Bash, Judith Lazarus and Francine Spiegel. The charts were prepared by Lydia F. Christaldi.

In a second paper in this series, Thomas and Locke turned to differentials by marital status, education, and occupation for the states of New York and Ohio. (5) Again there was concordance in relative levels and there was no mistaking the differentials, which were often great. The general conclusion was that lower educational and occupational status was accompanied by higher rates of mental illness, as was family instability. Again, their work substantiated previous studies of this kind. (6)

Interpretation of the differentials in the second paper, however, was limited because controls for color could not be introduced. This was unfortunate because rates for nonwhites are often two or three times those of whites, and nonwhites are disproportionately represented in broken families, in lower educational groups, and at the bottom of the economic scale. Thomas and Locke pointed out that whereas nonwhites constituted about one in fifteen of the population aged 25-54 in both New York and Ohio, they accounted for one in three to two in five of the separated, about one in six of the widowed, and one in ten of the divorced. Furthermore, 8 to 26 per cent of those with no schooling were nonwhite, as were 16 to 26 per cent of unskilled laborers. High rates for the most disadvantaged groups by marital, educational, and occupational status, therefore, reflect in part the generally high rates for nonwhites which, in turn, are affected by the high rates for persons in low social and economic status. And, inasmuch as the socio-economic structures of migrant and non-migrant populations are probably quite different, the observed "migration" differentials may relate to socio-economic differences and bear no true relation to migration *per se*.

In this paper an attempt is made to carry the analysis of the preceding two papers somewhat further by examining the differentials between males and females, between native and foreign-born whites and among groups of differing migration status when controls are introduced for education, marital status, and occupation. By restricting ourselves to data for

New York State it is possible to utilize first admissions to all hospitals for mental disease for 1949-51 by age, sex, color, migration status, education, marital status, and occupation. Unfortunately, the census data which must furnish the bases for rates are not so detailed; therefore, we cannot prepare a series of rates specific for each of the variables listed above. However, we can resort to a standardizing procedure which requires only the total population in each group for which a relative rate is obtained. Even so, it was necessary to estimate certain populations as parts of groups for which totals were known.¹ It does not seem likely, however, that the estimated populations could have been so different from the true population that any conclusions were affected.

The standardizing technique was dictated by the nature of the census material and is not one that has been widely used. It is generally known as the relative mortality index, and by substituting first admissions for deaths we have converted it to a relative first admissions index.² So amended the formula is:

$$R.F.A.I. = \frac{\sum \left(\frac{FA_{ua}}{R_{sa}} \right)}{P_u}$$

Instead of standardizing within occupational, marital, and educational groups for age, we have standardized within age

¹ For New York State, census distributions were available for whites and nonwhites by sex and age and by years of school completed, marital status, and occupation of employed males. These data, however, were not classified by nativity. Utilizing regional data for foreign-born whites from Special Reports Series Number 3-A and unpublished census tabulations, first approximations to percentage distributions by these characteristics were obtained and applied to the age-sex distributions of foreign-born whites which were available for New York State. The characteristics of native whites were then determined by subtraction from total whites. The same percentage distributions were used for foreign-born nonwhites as for foreign-born whites, and native nonwhites were again obtained by subtraction. To obtain age distributions by state-of-birth for ages 30-44 and 45-54, interpolation was used within age groups 40-49 and 50-59. Complete details of the estimating procedures are available in manuscript form.

² This technique is discussed in Linder, Forrest E. and Grove, Robert D.: VITAL STATISTICS RATES IN THE UNITED STATES, 1900-1940. Washington, D. C.,

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Table 1. Relative rates of first admission to hospitals for mental disease by broad age groups, sex, color, nativity, and birthplace of natives, standardized for education, for occupation, and for marital status: New York State, 1949-1951.

	Ages 20-29			Ages 30-44			Ages 45-54			
	Standardized for			Standardized for			Standardized for			
	Ed.	Occ.	Mar. Stat.	Ed.	Occ.	Mar. Stat.	Ed.	Occ.	Mar. Stat.	
TOTAL	100	100	100	100	100	100	100	100	100	100
Male	114	111	103	94	100	91	97	100	95	95
Female	87	89	97	105	104	109	104	104	104	104
White Male	99	100	88	86	86	80	92	92	97	90
Native, Total	98	99	87	87	86	81	96	98	103	93
Born N.Y. State	94	96	82	81	80	75	90	92	97	88
Born Elsewhere	120	115	114	110	111	105	119	122	128	114
Foreign Born	118	115	—	80	84	76	84	82	88	85
White Female	80	84	—	89	97	102	101	101	—	102
Native, Total	79	83	—	87	97	101	94	98	—	94
Born N.Y. State	73	78	—	80	91	94	89	92	—	89
Born Elsewhere	105	105	—	121	122	129	113	120	—	114
Foreign Born	98	97	—	111	100	108	113	108	—	118
Nonwhite Male	283	248	266	203	226	226	172	161	—	172
Native, Total	290	254	274	210	234	236	188	176	—	192
Born N.Y. State	261	251	—	164	164	—	166	—	—	—
Born Elsewhere	302	255	—	247	219	250	192	179	—	196
Foreign Born	184	—	—	155	—	—	117	—	—	—
Nonwhite Female	156	145	177	165	178	186	157	148	—	147
Native, Total	157	147	181	169	182	191	160	152	—	153
Born N.Y. State	127	130	—	150	130	144	95	—	—	—
Born Elsewhere	169	153	199	173	187	198	169	160	—	161
Foreign Born	109	—	—	116	116	—	138	—	—	115

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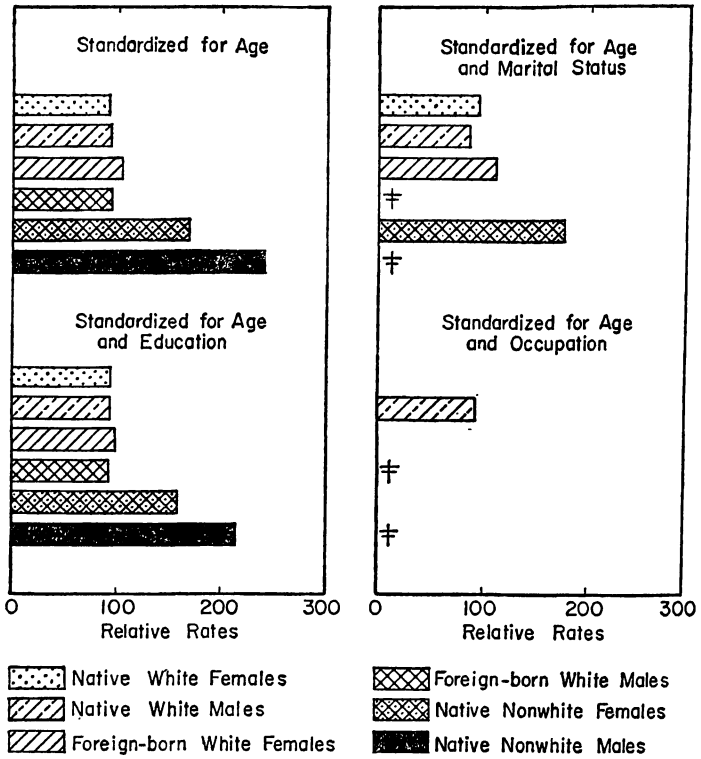
Table 2. Relative rates of first admission to hospitals for mental disease by sex, color, nativity, and birthplace of natives, standardized for age, age and education, age and occupation, age and marital status: New York State, 1949-1951.

	Age	Standardized for		
		Age and Education	Age and Occupation	Age and Marital Status
TOTAL	100	100	—	100
Male	102	100	100	96
Female	99	100	—	104
White Male	91	92	93	85
Native, Total	92	93	94	86
Born in New York State	87	88	88	80
Born Elsewhere	116	115	120	111
Foreign Born	94	91	—	—
White Females	93	96	—	98
Native, Total	91	94	—	95
Born in New York State	85	89	—	89
Born Elsewhere	115	119	—	123
Foreign Born	103	99	—	111
Nonwhite Male	229	205	—	—
Native, Total	239	214	—	—
Born in New York State	193	—	—	—
Born Elsewhere	249	219	—	—
Foreign Born	154	—	—	—
Nonwhite Female	166	155	—	173
Native, Total	169	158	—	178
Born in New York State	129	128	—	—
Born Elsewhere	177	164	—	189
Foreign Born	120	112	—	—

groups for each of these variables. For example, in standardizing for marital status within the group of native white males aged 20-29, the first admissions of those males who were single, married, and widowed and divorced (FA_{ua}) were divided by the corresponding rates for single, married, and widowed and divorced persons aged 20-29 in the total population (R_{sa}), and the sum of these quotients was divided by the number of native

Government Printing Office, 1947, pp. 83-85. See also Dorothy Thomas' introduction to the Malzberg-Lee monograph, *op. cit.*, p. 29 for Ødegård's use of this method. In many cases it was possible to compare the relative rates arrived at by this method with those obtained by the more conventional method of direct standardization. For example, the two types of standardization for education yielded the following relative rates, respectively: native white males, 99 and 101; foreign-born white males, 115 and 116; native white females, 83 and 80; foreign-born white females, 98 and 96; native nonwhite males, 253 and 255; native nonwhite females, 147 and 149.

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‡ See note on Table 2.

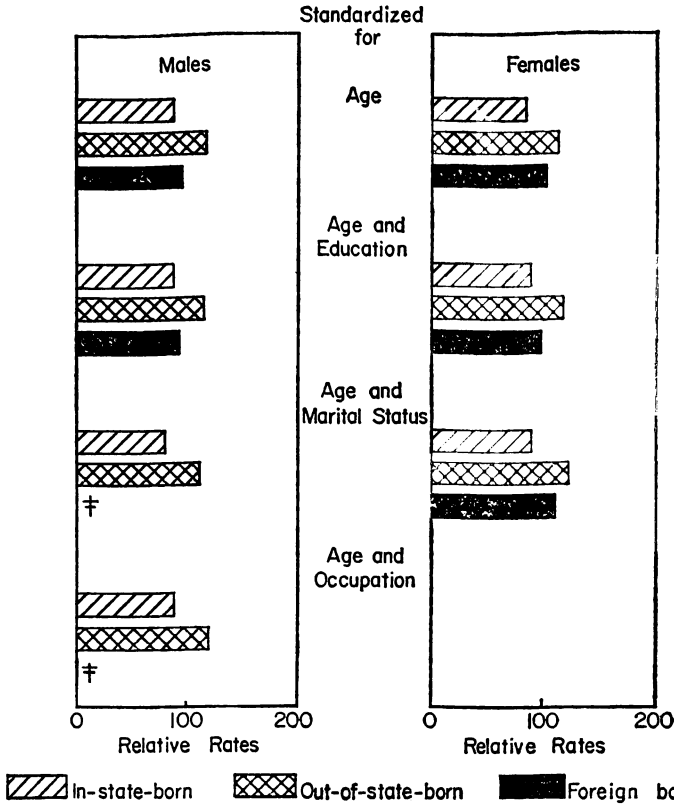
Source: Table 2

Fig. 1. Relative rates of first admission, all disorders, ages 20-54, to hospitals for mental disease by sex, color, nativity, and birthplace of natives: New York State, 1949-1951.

white males aged 20-29 (P_u). Such standardizations were carried out within age groups 20-29, 30-44, and 45-54 by sex for marital status and education, and for employed males by broad occupational groups. For the latter, the rates for total employed males in the various occupational groups were used as standardizing factors.

The rates shown in Table 1 are relatives of the rates for the total population, except for occupation, where they are relatives of the rate for the total male population. For males and females by color, nativity, and state of birth of the native population, rates are shown for three broad age groups: 20-29,

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† See note on Table 2.

Source: Table 2.

Fig. 2. Relative rates of first admission, all disorders, ages 20-54, to hospitals for mental disease by migration status, whites by sex, New York State, 1949-1951.

30-44 and 45-54. A comparison is made between the unadjusted age-specific rate and the corresponding rates adjusted for education, marital status, and occupation. As a final step, and in order to arrive at a single figure for the three component age groups, the relatives for each age group were weighted in accordance with the proportions in the total population of New York State. These weighted relatives are shown in Table 2 and in Figs. 1 and 2. Rates are not shown where there were fewer than 10 first admissions in any category that entered into the standardization process.

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While standardization for education, occupation, and marital status represents a step forward in our analysis of differentials in mental disease, it should be noted that the effect of these variables is only partially removed. For education, only three categories could be used: elementary, high school, and college, with the first including also those with no schooling and those with unknown education. Obviously, the more underprivileged would have completed fewer years of elementary school than others in the same educational grouping and were less likely to have completed college after matriculating. In particular, such considerations affect comparisons of whites and nonwhites and perhaps those of native and foreign-born whites as well.

The classification by marital status was hardly more satisfactory. Three groups entered into the standardization process: the single, the married, and the widowed and divorced. Unfortunately, the married but separated could not be distinguished in the estimated populations discussed in Footnote 1, from those living with their spouses. Therefore, this group includes both those with the lowest rates and those with the highest rates. It is also true that rates for the divorced are much higher than those of widows or widowers.³ The significance of this is that certain groups have high rates of separation while others have low rates, and the ratio of the widowed to the divorced varies greatly. Among Negroes (who dominate the nonwhite category to the extent that rates of mental disease for nonwhites in New York State are highly representative of those for Negroes but indicate little about

³ By detailed marital status, rates of first admission, ages 20-54, standardized for age by five-year age groups by the direct method are:

	<i>White</i>		<i>Nonwhite</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Married (Spouse present)	62	85	154	137
Single	266	206	508	349
Widowed	227	165	472	217
Divorced	461	298	419	295
Separated	482	287	555	290
	256			

other nonwhites) a very high proportion of the married are separated as against a low proportion among whites.

More categories were used in the standardization for occupation but again the groupings were only partially satisfactory. Six broad groups were used: professional and managerial, clerical and sales, craftsmen and operatives, services (including armed forces), farmers and farm laborers, and other laborers. The difficulties inherent in such broad classifications may be illustrated by inter-racial comparisons. In the category of professionals and managers, white doctors and lawyers and managerial personnel are included with a group of nonwhites which was heavily weighted for clergymen, many of the itinerant or store-front variety, undertakers, and proprietors of very small and marginal businesses. In short, the standardization which has been done modifies but does not completely remove the effect of differences in marital status, education, and occupation.

DIFFERENTIALS BY SEX

As indicated in Table 2 there is little difference in age-adjusted rates for males and females. This is a relatively new phenomenon and has been brought about by a rather sharp rise in overall rates for females, while rates for males have remained more or less stable. This, of course, may be an artifact of the data since there is perhaps an increasing tendency to treat mentally ill veterans in general hospitals for veterans rather than in hospitals for mental disease. And, while reports were received by the New York State Department of Mental Hygiene on admissions to veterans hospitals for mental disease, none was received from general hospitals for veterans. Other reasons for sex biases are found in the pattern of specific psychoses which are important for the ages covered in this study. There has been, for example, a sharp decrease in general paresis, a syphilitic disorder more common in males, and an increasing rate of alcoholism among females.

Actually the overall near equality of the age-adjusted rates

for males and females results from a balancing of considerable but contrary differences for the included age groups (See Table 1). At ages 20–29 the rate for males is 30 per cent higher than that for females, but at ages 30–44 and 45–54 the rates for males are well below those for females. One reason seems to be the heavy weighting of schizophrenia in the overall rate of mental illness for persons in their early twenties. At these ages schizophrenia bears more heavily upon males.

However, it is only among whites that males have lower rates than females. Whereas the age-adjusted rate for white males is 98 per cent of that for white females, the rate for non-white males is nearly 40 per cent above that of nonwhite females. Among nonwhites, however, the reduction in the excess of male over female rates is much sharper as age increases, falling from about 80 per cent for the youngest age group to 30 per cent for ages 30–44 and only 10 per cent for ages 45–54.

Of particular interest is the difference between natives and the foreign born in the male-female ratio of rates of first admission. Whereas age-adjusted rates are almost the same for native white males and females, the rate for foreign-born white males is about 10 per cent below that for foreign-born white females. Indeed, at ages 45–54 the rate for foreign-born white males is less than three-fourths of that for foreign-born white females. Among nonwhites the age-adjusted rate remains higher for foreign-born males than for the corresponding group of females, but the disparity is considerably less than among natives. This has been noted before and has been explained as due to the lesser assimilation of the foreign-born female who remains at home, perhaps in a foreign enclave, and retains much of the old culture while her husband and family, by necessity, become increasingly Americanized. An alternative explanation, of course, is that males are more positively “selected” for health before migrating since they are more likely to be the initiators of the migration. Theoretically, similar results could occur among native migrants but a comparison of the

rates for persons born in New York State and natives born elsewhere reveals no striking or consistent differential of this kind.

Up to this point, only age-specific and age-adjusted rates have been discussed. We may now introduce other variables and consider the effect of adjusting for education and marital status upon the sex differential. The results may be summarized by saying that the effects of adjusting for education are slight for both whites and nonwhites and that adjustment for marital status scarcely affects the comparison of male and female rates among nonwhites. Among whites, however, the change in the relation of male to female rates is dramatic when an adjustment for marital status is made.

In general, adjustment for education is favorable to males. The change in the male-female ratio of rates, however, is very slight among whites and only a little more noticeable among nonwhites. The improved position of males is greatest at the youngest ages and negligible for ages 45-54.

Among nonwhites, adjustment for marital status produces about the same effect as adjustment for education, that is, a slight downward movement in the male-female ratio of rates, but one which still leaves male rates 30 to 40 per cent above those of females. Among whites, however, adjustment for marital status reduces the male rates from about equality to 90 per cent of the rates for females. The change is particularly sharp for ages 20-29 where unadjusted rates for white males are about 25 per cent above those for white females. But after adjustment for marital status the rates for males and females are approximately the same.

The differential effect of adjustment for marital status among whites and nonwhites and the markedly favorable effect upon rates for white males is intriguing. A check upon the age-specific rates reveals that rates for nonwhite males are almost invariably above those of comparable nonwhite females regardless of marital status. Among whites, however, the age-specific rates for males in the age range from 20 to 54 years are well

above those of females in the categories single, married but separated, widowed and divorced, but the rates for married males living with their spouses are lower than those of comparable females. It seems evident that, insofar as mental disease is concerned, the married state is peculiarly favorable to white males while the unmarried or separated state is unfavorable. Durkheim, in his study of suicide, remarks upon a similar phenomenon. (7)

Why the same considerations do not apply to nonwhites is not clear but may relate to differences in family structure and in the different roles that males and females play in the two color groups. For example, it is well known that the female is more likely to be the economic mainstay and the stabilizing influence in the Negro than in the white family. It may also be that marriage is a more regularizing influence upon the white male than upon the Negro male.

In summary, we may conclude that white males in the 20-54 age group have lower rates of first admission to hospitals for mental disease than do white females, and that adjustment for marital status is necessary to an adequate comparison of the rates for the two sexes. By contrast, nonwhite males have significantly higher rates of first admission than do nonwhite females, and adjustment for education and marital status does not greatly alter conclusions that could be based upon age-adjusted or age-specific rates alone.

DIFFERENTIALS BY COLOR

As is usual in the study of differentials in mental disease the color differential was the most striking. In terms of age-adjusted rates, those for nonwhite males are about two and a half times as great as those for white males, while those of nonwhite females are about one and three-quarter times those of white females. The differential, however, decreases sharply with age, being highest for ages 20-29, where rates for nonwhite males and females are 286 and 195 per cent of the respective rates for white males and females, and lowest for ages 45-54 where the

differentials have shrunk to 87 per cent for males and 55 per cent for females. Interestingly, the rates for foreign-born nonwhites are much closer to those of the corresponding group of whites than the rates of native nonwhites are to those of native whites.

On the whole, standardization for marital status does not affect the comparison of whites and nonwhites and, if anything, renders the comparison less favorable for nonwhites. This, however, may be due to the fact that the standardization we have been able to make for marital status does not really equate the color groups in this respect. As noted above, inclusion in the same marital status group does not mean that family structures are the same.

Standardization for education, however, does make a noticeable reduction in the differential between whites and nonwhites, the differential falling from about 150 per cent for males to 120 per cent, and from about 80 per cent for females to about 60 per cent. This reduction is greatest for the youngest ages and least for the oldest ages.

Standardization for occupation has no more effect than standardization for education, not too surprising a result considering the close relationship between educational and occupational attainment. Among employed males this adjustment reduces the differential between color groups by relatively little, from 150 to 130 per cent for ages 20-54 taken together. Furthermore, the effect of standardizing for occupation is moderate within each age group, and at ages 20-29 even has the effect of increasing the differential over that found in the simple comparison of age-specific rates.

But, it should be emphasized again that the kind of standardization we have been able to do for education, marital status, and occupation does not equate the two color groups in any of these respects. Therefore, in order to pursue the question of the racial differential somewhat further, rates of first admission standardized for age by the direct method are shown in Table 3 and Fig. 3 by sex and color for the various educational

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and marital classes, and for males by color for broad occupational groups.

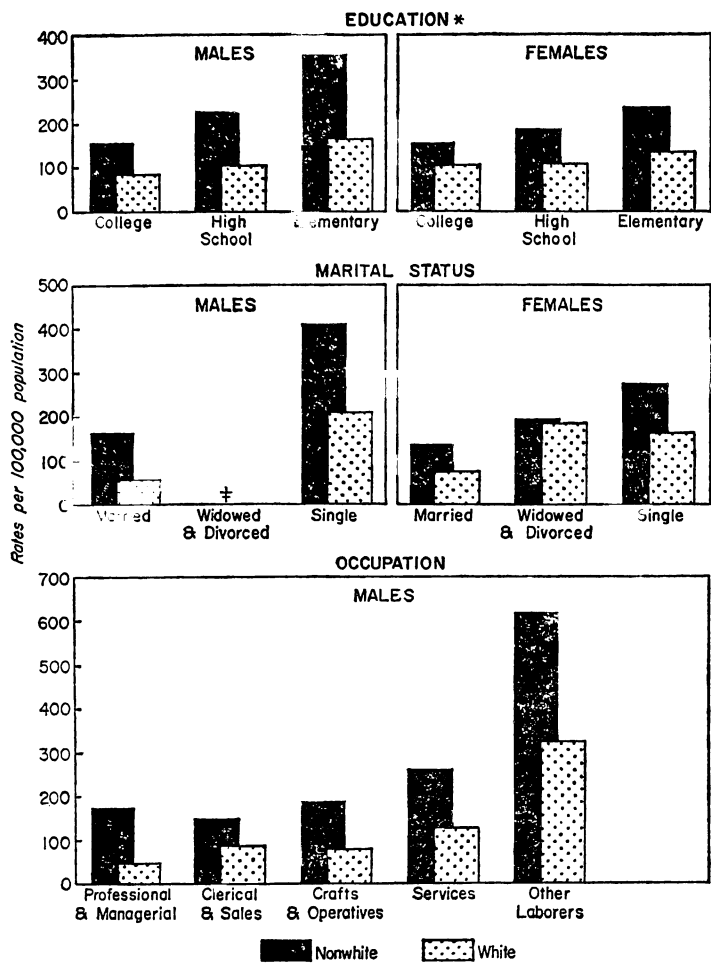
For males and females of both color groups the effect of increasing education, as shown in Fig. 3, is a reduction in the age-adjusted rate of first admission. For white males the rate for the college educated is but half of that for those with only elementary school education, and among nonwhite males the reduction is even greater. The effect, however, is much less among females, the college educated having rates only 30 to 35 per cent lower than those with elementary education. For those with less than college education the color differential is large, about 120 per cent for males and 70 to 80 per cent for females, but the differential is reduced for the college educated to 90 per cent for males and 50 per cent for females. In both color groups the rates for males are much higher than those for females in the least educated groups, but male rates are much

Table 3. Rates of first admission to hospitals for mental disease, by sex and color and by education, marital status and occupation, standardized for age: New York State, 1949-1951.

	<i>Males</i>		<i>Females</i>	
	<i>White</i>	<i>Nonwhite</i>	<i>White</i>	<i>Nonwhite</i>
<i>Education:*</i>				
Elementary	161	352	131	233
High School	102	227	106	181
College	81	155	102	153
All Classes	114	296	113	209
<i>Marital Status:</i>				
Single	210	410	162	274
Married	56	162	73	139
Widowed & Divorced	300	—	184	194
All Classes	91	229	93	165
<i>Occupation:</i>				
Professional & Managerial	48	170		
Clerical & Sales	84	149		
Crafts & Operatives	75	185		
Services (incl. Armed Forces)	126	260		
Farmers & Farm Laborers	98	—		
Other Laborers	321	617		
All Classes	88	268		

* By education, rates are for native whites and native nonwhites.

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* † See notes on Table 3.

Source: Table 3.

Fig. 3. Rates of first admission, all disorders, ages 20-54, to hospitals for mental disease, by education, marital status, and occupation, and by sex and color, standardized for age: New York State, 1949-1951.

more responsive to education with the result that rates for college-educated white males are only 80 per cent of those for college-educated white females, while they are approximately equal for nonwhite males and females with college training.

As among whites, rates for nonwhite married males and females are far lower than those of their single or widowed and divorced counterparts, but the comparison is not so favorable

for married nonwhites, partly because of the higher proportion of the separated among them. As a consequence, the comparison between color groups of the same marital status favors the single and the widowed and the divorced as against the married. Thus, the rate for married nonwhites males is nearly three times that for married white males, while the rate for single nonwhite males is about twice that of the corresponding group of white males. The comparison of color groups of similar marital status is never so unfavorable for nonwhite females, and for the widowed and divorced the rate for these females is only slightly higher than that for whites.

There are also differences in the progression of rates from class to class by occupational group within the two color groups and marked differences in the relationship of white and nonwhite rates for specific occupational groups. Among whites there is a progression from very low rates for persons in the professional and managerial category to intermediate rates for the clerical and sales and the crafts and operatives groups to higher rates for service workers and finally to very high rates for non-farm (that is "other") laborers. Rates for the latter group are over six times as high as those for professionals and managers. Among nonwhites, however, the relative variation is much less, with rates for non-farm laborers little more than four times as high as for the class with the lowest rate. Contrary to the pattern among whites, it is the clerical and sales and not the professional and managerial group for which rates are the lowest. This, of course, is due to the relatively low socio-economic level of the persons in the managerial and professional class among nonwhites, even as compared with clerical and sales personnel and craftsmen and operatives.

While the overall adjusted rate for employed nonwhite males is three times that of the employed white males (268 as against 88), the differential is not nearly so large for any occupational group except the professional and managerial, within which grouping whites and nonwhites are probably least comparable. For other classes the excess of nonwhite over white age-

adjusted rates ranges from about 75 per cent for clerical and sales personnel to 150 per cent for craftsmen and operatives.

For nonwhites then, the comparison of rates of first admission remains unfavorable no matter how refined we have been able to make the analysis. In general, the rates for nonwhite males tend to be about twice those of white males and those of nonwhite females about 50 to 75 per cent above those of white females. But, there is some evidence, particularly in regard to education, that as nonwhites ascend the socio-economic ladder their rates of first admission decline and also move closer to those of whites. Without question, the magnitude of the color differential is such that any comparison of rates of mental disease without control for color is likely to be misleading.

MIGRATION DIFFERENTIALS

In all our previous work on migration we have emphasized the possibility that the differentials which we have consistently found may be due to differences in socio-economic composition of migrant and nonmigrant populations rather than to some element of the migration process itself, and we have stressed the necessity for controls for rural-urban residence, marital status and such socio-economic indicators as education and occupation. While we cannot claim to have resolved this problem, our standardizations for education, occupation, and marital status do represent a step forward and support, rather than challenge, our previous conclusions.

In Fig. 2, the relative rates of nonmigrants—that is, persons born in New York State—are compared with two groups of migrants, the foreign-born and the native migrants. [The latter are persons born within the United States but outside of New York State.] For both whites and nonwhites the conclusions reached by Malzberg and Lee for New York State in 1939-41 and by Lee as well as by Lazarus, Locke and Thomas for 1949-51 on the basis of age-adjusted rates are barely modified by the introduction of other controls.

Among whites the lowest rates are generally for the non-

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migrants, the highest rates are for migrants from other states, with intermediate rates for the foreign born. There is, however, a marked difference between the sexes in this regard. Whereas the rates for foreign-born males are but little higher than those of native nonmigrants and well below those for native migrants, those for foreign-born white females are considerably higher than those of nonmigrants and are closer to those of native migrants.

That the effect of introducing controls for education, occupation, and marital status is minimal is indicated in Fig. 2 and Table 2 where the age-adjusted rate is compared with rates which have been weighted both for age and for one of the other variables. Whereas the age-adjusted rate for native white male migrants is 33 per cent above that of the corresponding nonmigrants, the introduction of controls for education, occupation and marital status merely changes the differential to 31, 36, and 39 per cent, respectively. The relative effect of such adjustments is scarcely greater with rates for foreign-born white males and native white migrant females. The only change of any consequence over the age-adjusted rate among whites is the reduction of the differential between nonmigrant and foreign-born white females from 21 to 11 per cent when adjustment is made for education.

Among nonwhites so detailed a comparison is not possible since we had too few first admissions in some cells to justify the standardization procedure. We may conclude, however, that standardization for education tends to lower the differential between native migrants and native nonmigrants, while standardization for marital status has an opposite and approximately equal effect. In either case the differential remains considerable and does not vary greatly from that found among whites.

CONCLUSION

For the most part, standardization for education, marital status, and occupation does not greatly alter conclusions which

would have been reached on the basis of comparison of age-specific rates alone. However, there are a number of instances in which the differentials are significantly altered or even reversed.

The effect of standardization for education is, in general, to reduce the differential between the sexes and between color groups. Standardization for occupation has a similar effect upon rates for whites and nonwhites. With one exception, standardization for marital status has little effect, but in that one instance the change is dramatic. Whereas age-adjusted rates for white males and females are about equal for ages 20-54, a further adjustment for marital status brings the rates for males well below those for females. Curiously, a similar result is not obtained for nonwhites.

We may conclude, therefore, that rates for white males are essentially lower than those of white females while the reverse is true among nonwhites. Rates for nonwhites are invariably much above those of whites, but standardization for education and occupation reduces these differentials. Furthermore, it is probable that a closer equating of the color groups in terms of occupation and education and real, rather than reported, marital status would reduce the differential much further. Nevertheless, the racial or color differential remains one of the most important in the study of mental disease.

In regard to migration differentials, the introduction of controls for education, occupation, and marital status had no significant effect. Our several-times-reached conclusions—that rates for migrants within this country are considerably higher than those of nonmigrants, and that rates for foreign-born whites are intermediate between the rates for the two groups of natives—therefore, still stand.

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BIRTH CONTROL IN MAINLAND CHINA: IDEOLOGY AND POLITICS

H. YUAN TIEN

THE epic campaign to promote birth control in Mainland China several years ago aroused wide interest, and its ebb and flow has been chronicled in the press and other publications the world over. Such terms as “unexpected,” “sudden,” “spasmodic” and the like have often been used to describe the beginning and the ending of this official attempt at mass contraceptive education. The notion that the campaign was sudden and abrupt owes much to the unavoidable reliance on Chinese newspapers and periodicals for information about developments in Mainland China since 1949. In order to extract information from these sources it is necessary to read between the lines which, in itself, is not easy. But, when items from these sources are pursued apart from the over-all situation, the chance for errors is accordingly greater, especially with respect to the chronology of specific events (such as the birth control campaign), the circumstances which gave rise to them, and their connections with other developments.

It is maintained here that the beginning of the birth control campaign was not as abrupt as has been generally believed, nor was its subsequent abatement. It is further maintained that

This study was supported by a grant from the Social Science Research Council.

the latter development was not attributable to a desire to disguise the imminent failure of the birth control program, which was said to have occurred because the government could neither supply the necessary paraphernalia for effective contraception, nor convince the people to apply them.

The problem of supply and persuasion, in any birth control program in the Chinese situation, does indeed present very real difficulties. In the recent attempt in 1957-8, the resistance among rural peasants appears to have been substantial, and a great majority of them were not even reached during the campaign. But, why then could not the effort have been limited to urban areas only, where the reception was relatively favorable and where the amount of supplies required would be much smaller than for the whole nation? No nation gives up so easily and completely unless there is a lack of deep conviction from the start, or a change in thinking and policy.¹

Accordingly, the present paper has two aims, one of which is to rectify some of the inaccuracies as regards the inception and evolution of the birth control campaign. The other is to suggest a more plausible explanation for its subsequent deflation. Briefly stated, the paper takes into account both the ideological setting and the political milieu in which the whole episode transpired. While ideology is a pervasive force in Communist China, population policies are also politics, and are necessarily and intimately tied to individuals who participate in this oldest form of human drama. A policy and its proponents invariably succeed or fail together on the open stage, particularly when high stakes are involved. At times, moreover, drastic actions may be taken to eliminate both the policy and those closely identified with it, even if there are objective imperatives for the continuation of the policy itself. Such actions are only the more easily resorted to when the ideological definition of the situation takes precedence over a realistic assessment of existing circumstances.

¹ Cf. Cheng, Chu-yuan: The Changing Pattern of Rural Communes in Communist China, *Asian Survey*, November, 1961, 1(9): 3-9.

THE INNOCUOUS BEGINNING

Events in the birth control campaign in China can be conveniently divided into four phases. A speech by Shao Li-tzu on September 18, 1954, at the First National People's Congress, has been generally, and erroneously, taken to be the beginning of the first phase of the birth control campaign. Shao was a deputy to the Congress and also had held high positions in the previous regime.

The inception of the campaign to promote birth control was much more innocuous than this widely publicized speech of 1954. In an editorial in the *People's Daily* more than two years later, in March, 1957, it was disclosed that the State Council (the highest administrative organ in China) had in August, 1953, quietly instructed the Ministry of Health to help the masses to control reproduction and also had approved the Ministry's revised regulations governing contraception and induced abortion.² The original regulations, therefore, must have already existed for some time, and the actual work to revise them must also have begun before that date. The other significant point here is this: the introduction of birth control programs was not, as has also been generally assumed, simply a reaction to the consequences, real and imagined, of the fact that the 1953 population of Mainland China was nearly 600 million; the action by the State Council in 1953 preceded the 1954 announcement of the census results by some ten months.

To be sure, the census "confirmation" of the size of the large and growing population undoubtedly furnished a great deal of support to the person or persons who apparently had already made some small headway in introducing a *de facto* change in the official view regarding fertility control. Who were they? Available information suggests that Shao Li-tzu was one of them, or indeed could have been alone in this endeavor. He was then a member of the State Council, serving apparently in a non-Communist capacity. But there were other non-Party

² *People's Daily* (Hereafter *JMJP*), March 5, 1957.

members on the Council at that time, six of whom were later purged when the so-called rightists were accused of using the birth control issue to advance their own political ambitions.³

While Shao Li-tzu certainly played an important role in the birth control campaign, the timing of his open advocacy of its necessity in September, 1954, seems to have been accidental as the National People's Congress then met for the first time and provided an opportunity which did not previously exist. The significance of his speech lies in the fact that it anticipated much of what was said subsequently in the birth control campaign. Shao introduced the subject in language which, in harmony with official views, discredited Malthus and argued for birth control in terms of the welfare of mothers and children during the transition to socialism.⁴

THE SLOW ACQUIESCENCE

Shao's speech therefore probably should be regarded as the beginning of the second phase of the birth control campaign. Whether Shao spoke out on his own or was the spokesman for himself and others, similarly inclined on the birth control issue, seems immaterial. In either case, the seed of the birth control campaign was, from the point of view of the Party, of an "alien" variety. And its germination was very slow in the then ideologically unfavorable soil; the article in *People's Daily* (November 1, 1954) which discussed the result of the 1953 Census, played up the theme "Six Hundred Million People—A Great Strength for Socialist Construction." Note also the long interval of over two years between the first steps taken in August, 1953 and the appearance in October, 1955, in the Party's chief journal for ideological indoctrination, of the first major article defining and accepting the need for birth control.⁵

³ See *People's Handbook* for 1953.

⁴ See Communist China—The Population Problem, *Current Notes on International Affairs*, Department of External Affairs, Canberra, Australia, November, 1958, 29(11): 713-26.

⁵ Yang, Ssu-ying: On Malthusianism, *Hsueh Hsi (Study)*, October 2, 1955, (10): 24-5.

In all probability, the leadership of the Party was not then prepared for an all-out acceptance of birth control, even if it did tacitly allow the adoption of the 1953 measure by the State Council. At best, it was probably a marriage of convenience rather than true love. Nonetheless, some steps were taken to cultivate the ground for possible further developments: "following the symposium on the problem of birth control called by Comrade Liu Shao-chi on December 27, 1954, the Second Bureau of the State Council designated the responsible officials of the government departments concerned to form study groups on the question of contraception, (and) put forth a number of methods to promote birth control."⁶ The Central Committee of the Chinese Communist Party, which, in fact, is the highest policy-maker in China, followed with instructions in March, 1955: "under the present historical circumstances and in the interest of the nation, family, and the new generation, our Party seconds appropriately planned births."⁷

But the climate remained unfavorable as far as any concrete measures to implement the policy were concerned. At the Second Plenary Session of the Chinese People's Political Consultative Conference in February, 1956, Chen Po-ta, a highly-placed theoretician of the Party, proclaimed, "There is no sign of overpopulation in China, . . . (and) China can provide room for at least another 600 million people."⁸ It was also reiterated that "under the leadership of the Communist Party, as long as there are people, any miracle known to men can be accomplished."⁹

This unfavorable climate was later recalled by Ma Yin-chu (who was to become the most vocal advocate of birth control

⁶ *JMJP*, March 5, 1957.

⁷ See Wu, Ching-chao: A New Treatise on the Problem of China's Population, *Hsin Chien She (New Construction)*, March 3, 1957, (3): 8.

⁸ *New China News Agency (Hereafter NCNA)*, February 2, 1956.

⁹ Chao, Ching: A Critique of Recent Reactionary Population Theories in China, *New Construction*, December 3, 1955, (5): 26-32. This thesis was first stated by Mao Tse-tung in 1949. See *SELECTED WORKS OF MAO TSE-TUNG*, Vol. IV. Peking, Foreign Languages Press, 1961, p. 454.

in 1957-59): "in 1955 . . . I drafted a speech concerning the population question (New Population Theory), . . . and planned to deliver it at the 1955 session of the National People's Congress. Before doing so, I submitted it to the Chekiang subcommittee for discussion. At the meeting of the subcommittee, all but a minority of the members either refrained from expressing any opinions, or disagreed with my views. There were people who asserted that my statements were the same as Malthus'. There were also people who maintained that, though my phraseology differed from that of Malthus, the essence of my thought was of the same persuasion. Although their opinions were not acceptable to me, I felt that they were given in goodwill. On my own initiative, I therefore withdrew the draft of the speech and waited quietly for the time to ripen enough for its presentation to the whole Congress."¹⁰ It was not until March 31, 1957, that Ma made the contents of the speech known to the public.¹¹

Another salient indication of the unfavorable climate lies in the more or less completely silent treatment accorded to birth control in the pages of the *People's Daily*. From August, 1953, when the State Council first took action, to the end of 1956, only a handful of items on the subject were given space, none of which was of any consequence. Apart from a few short articles in *New China's Women* and *China Youth* (both of which have a nation-wide circulation),¹² news about birth control appeared mostly, and infrequently, in newspapers in major provincial capitals and in Peking and Shanghai.¹³

¹⁰ Ma, Yin-chu: *New Population Theory, THE COMPLETE REPORT*. First National People's Congress, 4th session, Peking, 1957, pp. 297-317. A revised version of this speech later appeared in *New Construction*, November 7, 1959, (11): 52-53.

¹¹ *Kuang-ming Jih-pao* (Peking), April 4, 1957. It has been erroneously reported that Ma first publicized his "Population Theory" at the National People's Congress on July 3, 1957.

¹² See *China Youth*, February 16, 1955, (4): 39-40; and *New China's Women*, April 28, 1955, (4): 27, and May 28, 1955, (5): 28.

¹³ This is based on the author's examination and classification of over 500 news items on birth control which appeared in Chinese newspapers in the course of the birth control campaign.

The appearance of these articles seems to have emanated from the almost single-handed and persistent efforts of Shao Li-tzu, who repeatedly raised the issue at both the 1955 and 1956 sessions of the National People's Congress. He urged in 1956 the acceleration of birth control propaganda and the relaxation of restrictions on the use of birth prevention techniques, particularly sterilization. Instead of limiting either vasectomy or salpingectomy to couples with six or more children, he recommended that sterilization be permitted after the birth of three or four children if both the husband and wife give the consent for one of them to undergo the operation.¹⁴ About a year later, the Ministry of Health announced that sterilization would be allowed without reference to family size.¹⁵

Meantime, in his report to the Eighth National Congress of the Communist Party of China on September 16, 1956, Premier Chou En-lai declared: "To protect women and children and bring up and educate our younger generation in a way conducive to the health and prosperity of the nation, we agree that a due measure of birth control is desirable."¹⁶ However, Li Teh-chuan, the Minister of Health, devoted only two sentences to birth control in her report to the 1956 People's Congress and placed it far behind such other pressing issues as the control of plague, malaria, and schistosomiasis and the establishment of health clinics at the local level.¹⁷

Thus, a real improvement in the over-all situation had yet to evolve and it did so in February, 1957, when Mao Tse-tung is reported to have said the number of births each year was indicative of:

great progress made in medical service and the general rise in

¹⁴ The recommendation was contained in Shao's speech in *THE COMPLETE REPORT. The First National People's Congress, 3rd Session, Peking, 1956*, pp. 372-75.

¹⁵ *JMJP*, May 23, 1957.

¹⁶ Chou, En-lai: *REPORT ON THE PROPOSALS FOR THE SECOND FIVE-YEAR PLAN FOR DEVELOPMENT OF THE NATIONAL ECONOMY*. Peking, Foreign Languages Press, 1956, p. 99.

¹⁷ Li, Teh-chuan: *THE COMPLETE REPORT. The First National People's Congress, 3rd Session, 1956*, pp. 143-150.

living standards, especially in the countryside; and of the faith people have in the future. But this figure must also be of great concern to us all. . . . The increase in grain harvest for the last two years has been 10,000,000 tons a year. This is barely sufficient to cover the needs of our growing population. . . . It is estimated that at present 40 per cent of our youth have not been placed in primary schools. Steps must therefore be taken to keep our population for a long time at a stable level, say, of 600,000,000. A wide campaign of explanation and proper help must be undertaken to achieve this aim.¹⁸

The above quotation appears to have been one of the portions of a speech which Mao delivered at a meeting of the Supreme State Council, but which was later deleted. The revised version of this speech was published in June, 1957, under the well-known title "On the Correct Handling of Contradictions among the People." The reason for the deletion is unknown, but may have been due to its Malthusian overtone and to a lack of unanimity in the Party leadership on birth control. Be that as it may, the pronouncement represented an acquiescence, however reluctantly arrived at, to the need for birth control.

THE AUSPICIOUS MOMENT

Meeting less than two weeks after Mao's speech, no fewer than twenty-five deputies to the Third Session of the Second National People's Political Consultative Conference, spoke out on birth control early in March, 1957. Li Teh-chuan, the Health Minister, delivered her longest and most informative speech in public in favor of contraception. All these speeches were carried in full in the *People's Daily*, even though one of them contained the most specific and undiluted remarks echoing Malthus: "if this year the number of babies should be 23,310,000, . . . then each year thereafter the population would be larger, and the total number of children born would be still larger. It would be just as astonishing as the rate of accumula-

¹⁸ As quoted in *Communist China—The Population Problem*, *op. cit.*, p. 717.

tion of high compound interest on loans. The proverb 'Two in the first generation means a thousand in ten generations' (1, 2, 4, 8, 16, 32, 64, 128, 256, 512, 1024) is therefore not without foundation."¹⁹

The moment was indeed auspicious and ripe for birth control. Yet, as Chuang Hui-nan expressed it, the need for birth control was no longer confined to the original arguments of Shao Li-tzu, who emphasized its necessity exclusively in terms of the welfare of mothers and children. This line of reasoning proved, perhaps, expedient, but acceptable as evidenced in the decision to institute intensive fertility control programs in 1957.

Throughout the ages people everywhere have been called upon (implicitly or otherwise) by society to be fruitful or to desist, as the case may be. "Population control" may be used to denote this regulation of population numbers in the interest of the society as a whole. Yet, in the modern era, the number and timing of pregnancies increasingly reflect the desire and decision of individual parents. In other words, "fertility control" refers to the regulation of childbearing in accordance with personal circumstances and inclination. This distinction is important; and, as a case in point, fertility control gained support and momentum in the West only when it was wedded to a line of appeal ". . . which insisted that over-large families were a cause of poverty, that restraint of late marriage was an overheavy burden to lay upon people at large, and that some artificial check might regulate the size of families to economic bounds and enable the conception of children to be checked." Cast in these utilitarian terms and known as neo-Malthusianism, this appeal fell a step short of recognizing Malthus' natural checks to population.²⁰

Thus, the invocation of the Malthusian threat, however dis-

¹⁹ Chung, Hui-man: *JMJP*, March 17, 1957. Subsequently, in 1958, Ching was accused of being a "bourgeois expert" and of resisting the leadership of the party. See *THE JOURNAL OF CHINESE MEDICINE*, October 10, 1958, 10.

²⁰ Micklewright, F. H. Amphlett: *The Rise and Decline of English Neo-Malthusianism*, *Population Studies*, July, 1961, 15(1): 32-51.

guised in the writings of Ch'en Ta, Wu Ching-chao, Fei Hsiao-tung and others²¹ during this third phase of the birth control movement, transformed the need for fertility control into a question of "population control." Almost no effort is required to demonstrate empirically the advantages of controlled fertility in terms of the immediate well-being of individual families; whereas, Malthus' principle of population has never been factually validated. Nor is it free from inconsistencies and ambiguities.²² Nor, of course, have the counter-arguments of the Communists been verified by concrete examples. In the name of intellectual freedom and academic discussion, a staunch defence should and can be made on behalf of Ch'en, Wu, Fei and others who, intentionally or otherwise, resurrected the controversy centered on Malthus. But that would be far beyond the present scope.

In the name of a viable program designed to promote "fertility control," might it not be a reasonable conclusion that Ch'en, Wu, and others had unnecessarily broached the subject? The aurora of the short day of the Hundred Flowers may well have tempted them to traverse this so obviously forbidden zone, and apparently caused them to disregard the auguries of yester-years: in December, 1955, there appeared in *New Construction* a lengthy article in which Ch'en, Wu and others were vociferously assaulted for their pre-1949 "reactionary" population views.²³ This partisan attack developed, indeed, from faiths rather than facts about economics and society and, for that very reason, probably should not have been lightly dismissed. In terms of "population control," the official arguments were

²¹ See Wu, Ching-chao: *op. cit.*; Ta, Ch'en, Deferred Marriage, Birth Control, and Population Problems of New China, *New Construction*, May, 1957, (5): 1-16; and Fei, Hsiao-tung: What Is Meant by Demographic Research? *New Construction*, April, 1957, (4): 5-6.

²² See Davis, Kinsley: Malthus and the Theory of Population, in Paul F. Lazarsfeld and Morris Rosenberg, eds.: *THE LANGUAGE OF SOCIAL RESEARCH: A READER IN THE METHODOLOGY OF SOCIAL RESEARCH*. Glencoe, The Free Press, 1955, pp. 540-553.

²³ Chao, Ching: *op. cit.*

indirect, and indirection should have seemed preferable to inaction.

But, the "indiscretion" of non-Communist demographers and others were not limited to discussing the need for population control in Malthusian terms. In one instance, Chen Po-ta's thesis that China could in twelve years' time absorb another 600,000,000 people was declared to be "rather too optimistic." And the attack on Wang Ya-nan, the President of Amoy University and one of the most ardent anti-Malthusian partisans in Communist China, could not have been more forceful and forthright: "Wang can be regarded as the representative of the blindly optimistic school. His great book, *Marxist Population Theory and China's Population Problems*, is nothing but an exercise in the rigid transposition of dogmas and cannot have any relevance for China's existing circumstances. Therefore, his population theory has fallen behind the times and cannot solve any problems."²⁴

Wang's personal indignation must have been considerable, for he had been suspicious even of the motives of Shao Li-tzu, whose views proved acceptable. In the preface to his own book, Wang declared,

As regards the current birth control propaganda, . . . it is very possible for people to consider the question of contraception and the population problems together, and even to look upon supporters of birth control as the supporters of the Malthusian population theory. . . . Childbearing, especially when it is too frequent and too close, is rather troublesome for the mother in any society. At the same time, it will be difficult to take good care of the children already born. This is why there are no restrictions against the use of various methods of fertility control (by those who have too many children or who have had them too closely together) in the Soviet Union where unemployment has been completely eliminated and where labor shortage is often felt. I hope this is the precise motive which led Mr. Shao Li-tzu to promote birth control. . . . If

²⁴ Chen, Chang-hen: *Wen Hui Pao* (Shanghai), May 3 and 4, 1957.

this is really true, and if we are able to view this question from the point of view of Marxism, we shall then not have to fear that, in the course of the current birth control campaign, the widespread thought remnants of Malthusianism would be able to resurrect themselves in a borrowed body.²⁵

Ch'en Ta, Wu Ching-chao, Fei Hsiao-tung and others evidently misjudged the situation, even though they had no quarrel with the argument that childbearing, if unregulated, is troublesome for the mother in *any* society. What divided them and Wang Ya-nan and his optimistic school lies in their respective extrapolations, into both the immediate and distant future, of post-1949 trends in industrial and agricultural developments in *this* society,—the People's Republic of China. The dialogue ran like this:

WU CHING-CHAO: The employment of an additional 1.5 million workers each year is not a small number according to the experience of other countries. . . . In 1900, there were 28.3 million job-holders in the United States, and in 1956, there were 68.8 million. During these 56 years, the increase amounted to a total of 40.5 million, or an annual average of 0.7 million. . . . At the beginning of her First 5-year Plan, a total of 10.8 million persons were employed in the Soviet Union, but by 1955, 48.4 million were employed. The total gain of 37.6 million job-holders in 27 years meant an annual average of only 1.4 million. In our own country, the increase in the number of employed persons reached an annual average of 1.1 million during the period of the First 5-year Plan (1953–1957). . . . The Second 5-year Plan (1958–1962) calls for an increase of an additional 6 to 7 million persons, . . . (or) at most, an annual average of 1.4 million. . . . But, if our rate of natural increase were still to be 20 per 1000, then in 1967 (the end of the Third 5-year Plan) there will possibly be more than 6 million people who will demand new jobs each year!²⁶

²⁵ Wang, Ya-nan: *Marxist Population Theory and China's Population Problems*. Peking, Science Publishing Co., 1956, p. 2.

²⁶ Wu, Ching-chao: *op. cit.*, p. 6.

WANG YA-NAN: Because [the socialist system] absorbs and mobilizes a great many more people in production, and because it can stimulate all those joining in production to exhibit selfless enthusiasm and to activate all hidden potentials, (it) can speedily increase the social wealth. . . . Having witnessed the high tide in agricultural cooperation in August, 1955, the attainment of the increases in agricultural production as envisaged in the First 5-year Plan for the expansion of our national economy has become a very conservative goal. According to the National Program for Agricultural Development, 1956-1967, agricultural production will be very greatly increased on the basis of cooperativized agriculture. . . . After the (1955) high tide in agricultural cooperativization, only about three years will be needed to bring to full maturity a new form of the socialist revolution. The elimination of unemployment and the total utilization of surplus manpower obviously need not wait until the Second and Third 5-year Plans.²⁷

The gap between these estimations of future trends could not have been wider by any standards. Thus, by raising the larger question of "population control" which, in any case, can only be solved in terms of individual "fertility control," Ch'en, Wu, and others appear to have hastened, as it were, the transplanting of young seedlings before they could take root. And they also transferred the issue into a different context wherein opinions rather than facts are likely to be decisive.

THE ACRIMONIOUS REPERCUSSION

It began with the "exposure" of Chang Nai-chi, Lo Lung-chi, Chang Pai-chun, Huang Shao-hung, Wang K'un-lun, and T'an Pin-shan who were accused of being anti-Party, anti-people, anti-socialist, and anti-democratic dictatorship, and of harboring political ambitions. All six were members of the State Council when it first acted on birth control revisions in 1953, and belonged to either the China Democratic League or some other minority political parties. Chang Po-chun and Lo Lung-

²⁷ Wang, Ya-nan: *op. cit.*, pp. 41-2.

chi were the leaders of this so-called "Chang-Lo Alliance." They and Chang Nai-chi consequently were removed from their ministerial posts in the Departments of Communication, Forest Industry, and Food, respectively.²⁸

While the ideological conviction of Wang Ya-nan, and those whom he typified, is unequivocal, their suspicion of Shao Li-tzu is also not without foundation; for, as Taeuber noted in passing, Shao is "a late convert from the old regime."²⁹ Notwithstanding this suspicion, Shao was not purged from the government along with the other rightists. In fact, he joined in the attack on them.³⁰ In answering the call to go after the rightists, Shao Li-tzu may well have acted either to salvage, or forestall the turning tide against birth control as a national policy. There were already clear signs of its retrenchment.

As previously noted, in March, 1957, Li Teh-chuan delivered her most vigorous speech in favor of birth control; at the July, 1957 session of the National People's Congress, however, Li was even more curt than she was at the 1956 People's Congress, covering birth control in only one sentence in her report.³¹ Shao seems to have been successful at that juncture as reports and articles on birth control continued to appear in newspapers even after the removal of the rightists, and might well have carried the campaign further had Ma Yin-chu also yielded to the same pressures which brought about the retreat of the rightists. Ma Yin-chu was not affiliated with any political party or clique, and until he was relieved of his post as the President of Peking University on March 26, 1960, he was increasingly more aggressive in spite of all official "persuasions"

²⁸ See *People's Handbook* for 1956 and 1957.

²⁹ See Taeuber, Irene B.: Population Policies in Communist China, *POPULATION INDEX*, October 1956, 22(4): 261-274.

³⁰ Shao Li-tzu's speech delivered before the First National People's Congress, 4th Session, Peking, 1957. See *THE COMPLETE REPORT* [of the conference], pp. 880-881.

³¹ See Li's speech, *ibid.*, pp. 749-755.

to induce a change in his population and economic views.³² His refusal to yield may have been the last straw that decided the final outcome of the previous attempt at mass education in contraception. Nevertheless, it does not seem tenable that Ma Yin-chu could have been connected with the first wave of reactions against birth control in the spring of 1957. In his speech calling for a clear line to separate the rightists from others, Shao Li-tzu even expressed his basic agreement with Ma's "New Population Theory."³³ Wu Ching-chao, Ch'en Ta, and Fei Hsiao-tung were, among others, the rightists under attack.

A member of the China Democratic League, Fei Hsiao-tung was, according to his own "admission of crimes," involved in various activities in which the Chang-Lo Alliance had an interest.³⁴ Of particular significance was the "conspiracy" to restore "bourgeois" sociology in 1957 which, according to the official account, was a joint effort of Fei, Ch'en Ta, Wu Ching-chao, and others.³⁵ Wu Ching-chao is also a member of the Democratic League.

The abolition of sociology departments and sociology courses took place in China in 1952, when a re-organization of the curriculum of institutions of higher learning was made. In January, 1957, Wu published in *New Construction* an article "Does Sociology Still Have a Place in New China?" Fei followed with a statement in a Shanghai paper, *Wen Hui Pao*, on February 20, and also formally requested a change in the official attitude towards sociology at a conference on propaganda activities called by the Central Committee of the Chinese Communist Party (March 24). On April 10, *New Construction*

³² See Ma, Yin-chu: *My Philosophy and Economic Theory*, *New Construction*, November, 1959, (11): 51-55; and *To Repeat My Request*, *New Construction*, January, 1960, (1): 5-7.

³³ Shao, Li-tzu: *op. cit.*

³⁴ Fei, Hsiao-tung: in *THE COMPLETE REPORT*. First National People's Congress, 4th Session, Peking, 1957, pp. 1334-1340.

³⁵ For a fuller account of this episode, see the author's letter to the editor, *American Sociological Review*, June, 1962, 27(3): 413.

organized a symposium on sociology, which was chaired by Fei. Less than two weeks later (April 23), Fei, Wu, and six others were elected at a meeting of the Department of Philosophy and Social Sciences of the Academy of Sciences, to form an "organization subcommittee." Its functions were, at the suitable opportunity, to assist in establishing (within the Department) a committee of research in "social problems."

Simultaneously, Ch'en, Wu, and others were also engaged in a number of other activities: in a petition to the National Committee of the Chinese People's Political Consultative Conference (March 7), they urged the establishment of a population research organization and the re-introduction of courses in demography at the university level. In an interview published in *Wen Hui Pao* on April 16, Ch'en reiterated his view about the restoration of sociology. In May, Ch'en and others wrote a letter to the Ministry of Higher Education, voicing their opposition to the previous elimination of sociology departments. And, there was a "private" meeting in June, which was attended by Ch'en, Fei, Wu and others and was held at Ch'en's home. It was alleged that the name of the research committee on social problems was changed, without proper authorization, to "Sociology Work Committee," and Ch'en was elected the committee chairman. The resolutions of that meeting included: 1) a systematic recruitment of those academic colleagues trained in "bourgeois" sociology, 2) the reestablishment of the Chinese Sociological Society, 3) the restoration of sociology departments in universities, firstly, in Peking and Shanghai and then Canton and Chengtu, and 4) the tentative appointment of Wu Ching-chao as the director of a sociological research center at the People's University in Peking.

The "conspiracy" proved a complete failure as was the attempt of Wu, Fei, and Ch'en to expand the need for fertility control into a question of population control. Apart from the flood of criticism of the state of affairs during the Hundred Flowers and the allegation that the Chang-Lo Alliance sought to advance the status of minority political parties to be at

parity with that of the Communist Party, Fei, Wu, Ch'en and others were also accused of using the huge population of China to prove that ". . . the transformation of China into a socialist country is impossible; it is like the building of palaces on a sand beach, a totally wasteful effort."³⁶ Thus, it seems that the issue of birth control was implicated in a situation where ideology, politics, and personalities were poignantly entangled and where the climate of opinions once again became hostile to a factual appreciation of population trends.

THE ACCELERATED SOLUTION

But, solutions must still be found to escape the demographic dilemma in which China finds herself, irrespective of the party in power. How could her existing millions be effectively (the meaningful criteria here must be related to the over-all Chinese situation rather than to Western standards of efficiency) and usefully accommodated? As Mao Tse-tung has often been quoted by writers in Communist China since 1957 to have said, "China has a population of 600 million people. This must never be forgotten," it does not seem merely a coincidence that the Great Leap Forward and the People's Commune followed closely the deflation of the birth control campaign.

Both the Great Leap Forward and People's Commune appear to have been in the making for some time before they were extensively publicized as formal national policies. Directives calling for some de-centralization of industrial and commercial enterprises were issued by the State Council as early as November, 1957. In December of the same year, a National Economic Planning Conference approved the draft of the 1958 economic plan, which already embodied the Leap Forward theme—that is, to catch up to or surpass Britain within 15 years or so in the output of steel and other major industrial products. The idea itself must therefore have been under consideration prior to that conference, though it was not until

³⁶ Li, P'u: Do Not Allow the Rightists to Use the Population Question to Advance their Political Conspiracy, *JMJP*, October 4, 1957.

May, 1958, that the Second Session of the Eighth National Congress of the Chinese Communist Party, "guided by Mao Tse-tung's thinking, . . . formulated the general line of going all out, aiming high and achieving greater, faster, better and more economic results in building socialism."³⁷

In his report on the proposals for the Second 5-year Plan at the Eighth National Congress on September 16, 1956, Chou En-lai also referred to a discussion then under way: ". . . some hold that we should establish more large enterprises and few small or medium enterprises. . . . Some other people, however, think we should set up more small and medium enterprises and few large enterprises, because to set up the former requires less time and the investments yield a quicker return. We think that neither is true in all cases. . . . In order that the enterprises may be built in a more rational way, we may, whenever this is necessary and feasible, establish a large enterprise stage by stage. As regards small and medium enterprises, wherever resources are plentiful and other conditions are available, we may draw up a comprehensive plan to pave the way for future development. Further, when planning the co-ordination of small and medium enterprises with large ones, we should first utilize the existing small and medium enterprises and handicrafts under state ownership or joint state-private ownership so as to exploit their productive potentialities."³⁸

It must be stressed that, even if the intensive campaign of 1957 had been continued, the effect of its possible success would not have become evident until, at least, some fifteen or twenty years later. That means that birth control is a long term investment. Judging from Chou En-lai's presentation, the establishment of the People's Commune and the Great Leap Forward, particularly the mushrooming of backyard industries, seem to have been the simultaneous implementation of the two

³⁷ Tan, Chen-lin: Strive for the Fulfillment, Ahead of Schedule, of the National Programme for Agricultural Development, in NATIONAL PROGRAMME FOR AGRICULTURAL DEVELOPMENT, 1956-1967. Peking, Foreign Languages Press, 1960, pp. 31-2.

³⁸ Chou, En-lai: *op. cit.*, pp. 69-70.

divergent views regarding industrial development. They also assumed significance in the demographic context. The belief was that the people's communes could fully mobilize and make rational use of rural manpower, and that "the countryside is like a vast expanse of the sea in which the labor force is swallowed up."³⁹

Since 1949, though briefly entertaining the idea of a short-term need for fertility control, the Party leadership has also consistently maintained a fairly sanguine outlook on the long-term demographic prospects. Typical of this line of reasoning is the following:

the population of various nations can be grouped into three categories: 1) Colonial, semi-colonial countries, or countries whose productive power is low, or whose development is at the early stage of capitalism. Fertility and mortality are both high, but the rate of natural increase is small. Countries included in this group are Old China, India and Egypt before independence, Chile, Imperial Russia before the Revolution, England, France, and Germany in the 19th century; 2) Countries which have a relatively high productive capacity, or which have already reached the last stage of capitalistic expansion. Even though mortality has declined, fertility has decreased even further; therefore, the rate of natural increase is also not very high. England, France, West Germany, the United States of America, Australia, and New Zealand belong to this second group; and 3) The third group includes all socialist countries. Apart from the U.S.S.R., the other socialist nations are still in the early stages of socialist construction. In these nations, the rate of natural increase tends to go up because of the improved standard of living, a rapid decline in the death rate, and little changed fertility. And, in response to further advancement in socialist construction and a still higher standard of living, the practice of late marriage and birth control will emerge. There will be a gradual drop in the birth rate, but the speed of the decline in the death rate (which has already approached the

³⁹ As quoted in Orleans, Leo: Problems of Manpower Absorption in Rural China, *China Quarterly*, July-September, 1961, (7): 58.

minimum) will also slow down. A reduction in the rate of natural increase will, in turn, become evident. In short, in the course of socialist construction, population numbers will proceed, step by step, from an initial rapid increase to a stable growth.⁴⁰

This politically-flavored population typology and prophecy serves to emphasize and outline the framework within which the question of population growth was viewed in some influential quarters in Communist China. If (as seems to be the case) the Great Leap Forward and the People's Commune were to be vehicles for economic development as well as solutions to the short-term population question in terms of labor-intensive projects,⁴¹ questions associated with rapid population growth in the long run were postulated out of existence as the Party and government confidently pushed the plans for accelerated industrialization: economic development and its concomitant social transformation would, in due course, stimulate the practice of fertility control and, as a consequence, a reduction in the rate of natural increase.

Thus, aside from internal politics and political developments of which the birth control debate was a part, the financial and ideological costs also may have seemed too large and unnecessary. All indications, so it appeared, pointed to a quick transition from an agricultural and backward nation to an industrialized and advanced state, implying the automatic emergence of the practice of fertility control, as it were, at no extra cost. Up to the end of 1957, both the rate and volume of economic development were impressive, and agricultural forecasts to the end of the Third 5-year Plan (1967) had not been shattered by the march of events since 1958.

A QUIET RESUMPTION

Nevertheless, even though the vigorous birth control cam-

⁴⁰ Chang, Pai-kun et al.: A Socialist Theory of Population and China's Population Problem, *Economic Research*, August 17, 1957, (4): 36-63.

⁴¹ *E. g.*, irrigation schemes.

paign in Communist China was gradually brought to a standstill, the population problem itself has not been entirely or permanently dismissed. The door has been left ajar to allow the admission of fertility control as a national policy: "whether the stable growth in population (a by-product of socialist construction) will be at a relatively high or low level is related to whether or not the Party and government encourage fertility. In this connection, we know that, in the socialist countries, if the Party and government do not adopt a pronatal policy, the birth rate will decline and become stablized at a comparatively low level or that, if the Party and government follow a policy designed to curb population numbers the birth rate then will decrease and become stable at a still lower level."⁴²

As late as in March, 1959, draft regulations of one people's commune contained provisions for birth control instructions.⁴³ And in the bitter aftermath of the Great Leap Forward, the National People's Congress again met after an interval of two years: among the ten tasks set for the adjustment of the national economy is one (the 4th) which reads: "To reduce the urban population and the number of workers and functionaries to an appropriate extent by persuading, first of all, those workers and functionaries who had come from the rural areas to return to rural productive work and strengthen the agricultural front."⁴⁴ Of course, even if this policy should be successfully implemented, it would not resolve the question of population numbers.

But, it has also been reliably reported that, from March 8 to April 10, 1962, an exhibition of planned parenthood was held in Canton, and over 10,000 visitors saw the display of charts, models and specimens during the first two weeks.⁴⁵ A few

⁴² Chang, Pai-kun: *op. cit.*, p. 43.

⁴³ See *Jen-min Pao-chien* (People's Health Protection), March, 1959, (3): 276-77.

⁴⁴ Press Communique of the 3rd Session of the Second National People's Congress of China, *NCNA*, April 16, 1962.

⁴⁵ *Yang-cheng Wan-pao* (*Canton Evening*), March 25, 1962.

months earlier in January, the State Council approved a revised schedule of important duties to allow the importation of contraceptive appliances and drugs into China duty-free.⁴⁶ And, since early April, 1962, a series of articles has appeared in the *People's Daily* and other newspapers, arguing that "it is not good to get married and give birth to a child too early."⁴⁷

These new signs may presage a resumption of birth control activities. But, it seems clear that the road to success in fertility control in China will be neither smooth nor short.

Of still greater significance, *People's Daily* has recently (since November, 1962) printed advertisements to promote the sale of publications in which birth control is advocated. Descriptions of various conventional contraceptives now available in retail stores in China also appeared in *Ta Kung Pao* (Peking). In four of the six recent issues of *China's Women* since December, 1962, planned parenthood was promoted. Along with postponement of marriage and diaphragms, condoms, and jelly, sterilization (vasectomy and salpingectomy) has been strongly recommended in recent months.⁴⁸ No mention, however, was made of abortion as a suitable means of fertility control.⁴⁹

A resumption of birth control activities clearly is under way. But, in view of the enormity and complexity and delicacy of the question of population control in China, it also seems clear that the road to success in fertility control in China will be neither smooth nor short.

⁴⁶ *Ta Kung Pao* (Hong Kong), January 16, 1962.

⁴⁷ *JMJP*, April 4, 1962; *Chung-kuo Ch'ing-nien Pao* (*China Youth Daily*, Peking), April 12, and May 10, 1962; and *Kung-jen Jih-pao* (*Daily Worker*, Peking), May 4, 1962. For a fuller account of these developments, see Tien, H. Y.: *Population Control: Recent Developments in Mainland China*, *Asian Survey*, July, 1962, 11(5): 12-16.

⁴⁸ *Ta Kung Pao* (Peking), April 22, 1963, and *China's Women*, December 1, 1962, (12); February 1, 1963, (2); April 1, 1963, (4); and May 1, 1963, (5).

⁴⁹ For a discussion of the prospects for using abortion as the principal means of population control in China, see Tien, H.Y.: *Induced Abortion and Population Control in Mainland China*, *Marriage and Family Living*, February, 1963, 25 (1): 35-43.