

## EDITORIAL

### BIRTH CONTROL AND FAMILY PLANNING

To say that the case of population control is still to be made does not mean that doctors should refuse to know about birth control or family planning. Birth control is a study of the technological side of the question of the control of births, and as such would be equally concerned with limiting birth in cases of excess as in promoting birth in cases of sterility. Family planning is a sociological approach to the problem of family size, and may or may not be related to population control (Editorial Alumni Proceeding 1959). It is stressed that we need to know what is the real capacity of the world with regard to accommodation and food, and what is the ideal size of population regarding personal comfort and racial health before population control can rise above vague conjecture into the realm of science. In other words, it is not enough to say that the population will double itself every 30 years or that the world as a planet is limited in area particularly with regard to arable land and habitable regions. To judge if Singapore needs population control, we must know what is the need of a Singaporean to have a healthful living in the way of food and living space, and what are the resources of Singapore so that we can say that for Singapore with so many square miles of land and so many tons of raw produce, a population of so many millions would be ideal, and that if we have too little, we must increase the population, and if we have too much, we must reduce.

Birth control, however, is a science not necessarily related to population control for it is part of human knowledge to know about the phenomenon of birth irrespective of the state of the population. Often, pure science is not approached from the pragmatic side, and the potential value or harm of a project should be of scant consideration to a seeker of knowledge per se.

From a theoretical point of view, birth can be adversely influenced at various stages. One can interfere with the production of gametes or their quality, or hinder the fertilisation, or destroy the zygote, or kill the foetus, or murder the infant. Hence control measures in the male may be through orchidectomy, irradiation of testis, ligation of vasa deferentia or use of condoms or spermatocidal agents. All these measures would either kill or disable the sperms or prevent them from reaching the ovum. In the female, the measures would extend from the ovum to the pregnant state. One can suppress

ovulation, remove ovaries, ligate the Fallopian tubes or employ Dutch caps. Measures may also be adopted to prevent implantation of the fertilised ovum or to commit foeticide or infanticide. Each of these measures has its benefit or disadvantages, and each has from time to time its advocates. Many more techniques exist, but they are of the same aim. On the contrary, birth can be favourably affected by the cure of diseases, use of artificial insemination, and the correction of pelvic or genital faults.

In the way of family planning, it seems a good thing for an individual to budget his capacity for bringing up a family just as he budgets for his monthly expenditure. A wise mother should reasonably be expected to plan to have babies at her best state of health just as a provident father would not want to produce children to starve or suffer. In the personal angle, the resources are easily known, the ideal figure can be a matter of personal wisdom and taste, and family planning should be considered on the basis of logic and common sense.

To want personal comfort is not a sin, provided, however, that we do not put our own personal comfort above the existence of another. To desire knowledge is not unreasonable whether it be of atoms or of birth. Hence, there can be little objection theoretically at least to the study of birth control and family planning. What is distasteful, however, is the present tendency for people to link these up with population control. Some are unable to make the fine distinction between birth control, family planning, and population control. That is a state which is easily remedied by learning. Others, however, choose to exploit the ambiguity so as to propagate a doctrine without the need of a satisfactory justification. Such people can only do harm to the advance of knowledge of the science of birth control, and the promotion of a better understanding of family planning. A cynic once exclaimed that a man's worst enemy is his best friend! It would appear that by the closeness of the subjects, population control may be doing the maximum harm to the cause of family planning and birth control. Let us separate the issues so that each of them may stand or fall on its own merit, rather than seeking to benefit by an ambiguity created partly out of confusion and partly with vested interest.

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