

## BOOK REVIEWS

### *Fertility Policies of Asian Countries*

Edited by K. Mahadevan

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81-7036-110-9 (India).

Many nations in Asia have adopted population policies and promoted population control programs for a long period of time. India and China, for example, launched their earliest official programs in the 1950s. The success or failure of efforts to control the population for each country depends upon a number of complex factors. To synthesize scattered information on various experiences of population control in Asian countries, this volume is a collection of papers on fertility policies in eleven countries in the Asian region, namely, Australia, Bangladesh, China, India, Iran, Kuwait, Malaysia, Pakistan, Sri Lanka, Taiwan, and Thailand.

The first chapter has an opening discussion on various aspects of fertility control policy and the need for specific policies relating to child survival, status of women, old age security, and changes in the social structure and policy programs. In addition, the authors provide basic concepts, definitions, dimensions, a conceptual scheme and a multi-sectoral approach to policy in general.

The following chapters cover specific nations, focusing on the formation and development of population policies, the main characteristics of the family planning programs and the trends and changes in the demographic situations. The experiences of the countries covered in this volume can be classified into three categories, namely, those with successful programs, those which encounter difficulties, and those which are pronatalist. Each country-specific chapter examines the population control policy from the perspectives of its operation, implementation, and program promotion. The profiles of the policies of these Asian nations have certain features in common. Several essays contained in this volume reveal that in almost all countries, the population control program is integral to the health department. The administrative hierarchy involved in the implementation of the family planning

program also shows similar characteristics. For almost all countries examined, the programs lay emphasis on sterilization, condom, loop and pill, except in Pakistan, where sterilization is the least acceptable method. Exceptionally high priority is given to sterilization in India, the condom in Pakistan and the loop in Taiwan.

Unique characteristics are also found in some Asian countries, particularly Kuwait and Iran which are pro-natalist countries. The Kuwaiti government encouraged high fertility in order to replace the alien labor force with local people. For Iran, the government abolished family planning programs after the Revolution and early marriage as well as procreation have been promoted as a part of the Islamic value system. The impact of this pronatalist policy is evident as the population grew from 34 million in 1976 to 48 million in 1986, which is a major setback for Iran's future development. The experience of Australia, on the other hand, represents a unique case as it is a more developed society.

While this volume provides different experiences of many countries in Asia, it remains to be further investigated the causal factors of the success or failure of each fertility control program. This task will not be achieved through a mere descriptive analysis at the aggregate level. However, based on preliminary information from this book, causal models of factors determining the achievement of each population policy can be developed to test with empirical data. If further steps are taken in this direction, we will have a better understanding of policy mechanism in each country.

This volume is worth reading for not only scholars interested in population studies, but also those in the fields of social and preventive medicine, sociology, social work, public administration, and development studies. It is also a valuable source of reference for policy-makers, planners, and family planning administrators.

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