

[This book chapter authored by Shelton Upatissa Kodikara, was transcribed by Dr. Sachi Sri Kantha, Tokyo, from the original text for digital preservation, on July 20, 2021.]

FAMILY PLANNING IN CEYLON¹

by S.U. Kodikara

Chapter in: *The Politics of Family Planning in the Third World*, edited by T.E.Smith, George Allen & Unwin Ltd., London, 1973, pp 291-334.

Note by Sachi:

I provide foot note 1, at the beginning, as it appears in the published form. The remaining foot notes 2 – 235 are transcribed at the end of the article. The dots and words in italics, that appear in the text are as in the original. *No deletions are made during transcription.*

Three tables which accompany the article are scanned separately and provided.

Table 1: Ceylon: population growth, 1871-1971.

Table 2: National Family Planning Programme: number of clinics and clinic-population ratio by Superintendent of Health Service (SHS) Area, 1968-9.

Table 3: Ceylon: births, deaths and natural increase per 1000 persons living, by ethnic group.

The Table numbers in the scans, appear as they are published in the book; Table XII, Table XIII and Table XIV. These are NOT altered in the transcribed text.

Foot Note 1: In this chapter the following abbreviations are used: FPA, Family

Planning Association, LSSP, Lanka Samasamaja Party, MOH, Medical Officer of Health, SLFP, Sri Lanka Freedom Party; SHS, Superintendent of Health Services; UNP, United National Party.

Article Proper

The population of Ceylon has grown rapidly over the last 100 years, increasing more than four-fold between 1871 and 1971. There was a near doubling of numbers between 1871 and 1921, a period of 50 years, and a full doubling between 1921 and 1963, a period of 42 years. In the first period immigration of Tamils from India played an important part in the growth of population. More recently, and especially since 1946, the high rate of growth has been due to a declining death rate and a high and near static birth rate. Details of population growth since 1871 are given in Table XII. [i.e., Table 1 of the chapter]

The combination of Tamil immigration and a long period of colonial government by a Christian power has given Ceylon a varied ethnic and religious composition. This has been an important factor in the development of population policy. A recent socio-economic survey^{2,3} of Ceylon shows that, of Ceylon's population of about 12.3 million, 71.7 percent are Sinhalese, 12.7 percent Ceylon Tamils, 9.4 percent Indian Tamils, 5.4 percent Ceylon Moors and under 1 percent made up of other ethnic groups. By religion the same survey gives 66.7 percent of the population as Buddhist, 18.2 percent Hindu, 9.4 percent Christian and 5.6 percent as Muslim. The Sinhalese majority, most of whom are Buddhist, live largely in the south-western, North-western and north-central parts of the country, and in the central uplands. The main areas of Ceylon Tamil

settlement are the northern and eastern parts of the country. The Indian Tamils, mostly tea and rubber estate workers, are concentrated in the central highlands, while the Muslims are scattered throughout the country.

Ceylon's crude death rate has shown a dramatic decline in the present century, the drop from 20.3 per thousand in 1946 to 14.3 in 1947 being, in the words of one commentator 'an event unparalleled in the annals of world demography'.⁴ The chief reason for the sudden decline in mortality was the spectacular advances made by the island's health services, the increased use of antibiotics and the virtual eradication of malaria, one of the diseases which had been responsible for the earlier high mortality.⁵ By 1963 the crude death rate stood at 8.5 per thousand, a very low figure to which the youthfulness of Ceylon's population age structure contributed.

The crude birth rate, which stood at about 38 per thousand at the beginning of the century, remained fairly static until the 1960s when a very gradual decline commenced. As a result the birth rate, which had stood at 36.6 per thousand in 1960, had fallen to 30.4 in 1969. This decline has been subjected to careful academic scrutiny by Nicholas Wright, Selvaratnam, Abhayaratne and Jayewardene, among others. Selvaratnam on the basis of Wright's findings, argues that,

'the decline in the birth rate between 1953 and 1963 was due primarily to changes in the age structure and to a rising age at marriage. Marital fertility changed very little. The continuing decline between 1963 and 1968 occurred in spite of, rather than because of, changes in the age structure and was caused by continuing postponement of marriage and a decline in marital fertility among women over 25 (and possibly among women

over 20)' .⁶

The rate of population growth in Ceylon had declined from 2.8 percent in 1960 to about 2.2 percent in 1969.⁷

ECONOMIC DEVELOPMENT AND POPULATION GROWTH

There has been no significant shift in the distribution of the population between town and countryside since 1963. 8.8 million or 71 percent of the population lived in the rural sector, 2.2 million or 18 percent in the urban sector, and 1.3 million or 11 percent in the estate sector. Since independence, Ceylon has continued to depend on her three major exports – tea, rubber and coconuts – which contributed nearly 90 percent of her export earnings to finance the consumer and capital imports required to sustain the economy. Until the mid-fifties the Government was able, largely owing to the high export prices resulting from the Korean boom, to siphon off a significant proportion of the surplus from the exports of tea, rubber and coconuts for investment, mainly in peasant agriculture. Towards the end of the 1950s, however, the terms of trade became adverse to Ceylon. Increasing import prices and declining export prices have, since then, engendered a continuing economic crisis which has only been aggravated by the high rate of population growth. Per capita real incomes did, indeed, increase by roughly 2.1 percent a year during the period 1959 to 1970, but, as pointed out in the Government's present Five Year Plan,

‘such national income statistics are an inadequate measure of development, especially when the fundamental problems of the economy remain unsolved. The trend in Gross National Product does not indicate the growing crisis in employment, in income disparities and in the balance of payments’ .⁸

The number of unemployed persons has been estimated in the Plan to be 550,000 out of a labour force of 4.5 million – a rate of over 12 percent – with an additional 120,000 persons seeking employment every year. With the economy providing employment for only an additional 100,000 persons a year, the backlog in unemployment has been steadily increasing.⁹ In terms of cultivated land, the density of rural population per cultivated acre has increased steadily from 1.34 persons in 1946 to 2.02 in 1969, with the amount of new land available for cultivation becoming more and more scarce.¹⁰

Rice production has shown a sustained increase over the past 15 years with the introduction of high-yielding varieties, improvement of methods of cultivation, through better agricultural instruction, expansion of rural credit, and tenurial reform; but increased food production has been used largely to feed the increasing population and has been inadequate to bridge the gap between production and consumption. Ceylon's annual imports of rice and other food requirements are, at present, of the order of nearly Rs 1,000 million and constituted approximately a quarter of the Government's total recurrent expenditure in the financial year 1970-1.¹¹

Moreover, Ceylon's social welfare policies, to which successive Governments since independence have strongly committed themselves, have further limited the funds available for productive investment. Since independence in Ceylon, education from kindergarten to the university and medical services have been provided free; houses have been built and made available on rent purchase terms and at low subsidized rents; bus and railway fares have been kept low; the price of rationed rice is subsidized and

kept well below the world market price; colonization and village expansion schemes are subsidized; and wages are kept at a fair and reasonable level.¹² Explaining the implications of the rice subsidy, the Minister of Finance explained in Parliament:

‘...the subsidy on rice to the consumer comes to Rs 430 million. This subsidy alone represents more than 10 percent of the recurrent expenditure and is also greater than the current account deficit which I am endeavouring to bridge. If we take into account the subsidy to the paddy procedure, the combined subsidy is Rs 807 million. This is a very big slice of the total income for the period of 15 months 1971-2.’¹³

In 1962, the government’s Short-Term Implementation Programme compared the plight of Ceylon with that of developed countries in the corresponding stage of economic development and pointed out that Ceylon’s population was increasing at a rate three times as fast as had been the case in developed countries. Ceylon therefore had to face population pressure ahead of economic development, whereas the reverse had been the case in western countries.

‘Hence the magnitude of our problems in regard to creating additional employment opportunities, raising more capital, building more houses and schools, opening up new land etc. is both absolutely and relatively to our resources much greater.’¹⁴

Ceylon’s social welfare policies had assuredly gained important objectives and catered to the aspirations of the people, but the emphasis on human investment had been heavy in comparison with investment in physical capital. In consequence, ‘our rate of

economic growth has been hindered and unemployment has increased almost continuously'.¹⁵

THE ORGANIZATION OF FAMILY PLANNING SERVICES IN CEYLON UP TO 1965

Although the island's population has doubled itself in the first fifty years of this century and the inter-sensal annual percentage increase of population between 1946 and 1953 was as high as 3.1 percent, official policy in the earlier years after independence reflected little continuing concern over this rate of growth. Indeed the incidental, though not intended, effects of Ceylon's social policies were strongly pro-natalist in their tendencies in these years in consequence of the extensive welfare schemes which every elected Government since independence felt constrained to support. In the fifties and early sixties, the Government's efforts were devoted more to restricting population growth by a strict control of international migration, especially from India, and to seeking India's agreement for repatriation of persons of Indian origin in Ceylon, mainly tea and rubber estate workers, whom the Government of Ceylon did not consider to be permanently settled in Ceylon.¹⁶ A restrictionist immigration and citizenship policy has been implemented with effect from 1948-9, with the enactment of the Immigration and Emigration Act of 1948, the Ceylon Citizenship Act of 1948, and the Indian and Pakistani Residents (Citizenship) Act of 1949. The second objective of controlling international immigration, namely, the repatriation of persons of Indian origin in Ceylon, has been incorporated in the Indo-Ceylon Agreement of October 1964, which seeks to repatriate from Ceylon to India 525,000 persons of Indian origin in Ceylon and grant Ceylon citizenship to a further 300,000 of such persons over a 15 year period from

the date of the agreement.¹⁷

Official disinterestedness in family planning did not, however, connote a positive resistance to population control. The fact that important Government leaders were beginning to see the dimensions of the problem soon after independence is shown by Health Minister S.W.R.D. Bandaranaike's address to the Fourth Plenary Session of the Second World Health Assembly held in Rome on June 14, 1949, in the course of which he referred to the growing need for the consideration of the problem 'on which we have hitherto been discreetly silent' of birth control on an international plane. 'Do you realise', he asked, 'that the very health work we are doing is making that problem increasingly urgent?'¹⁸ Bandaranaike urged the Assembly to address itself to the compilation of statistics and data under the guidance of UN specialized agencies, so that later 'even next year we can consider this problem which is becoming a most urgent one in the world today'.¹⁹

No immediate impact of this early realization of the importance of birth control is discernible in respect of official policy in Ceylon. Bandaranaike's secession from the ruling party, the UNP, in 1951 appears, in retrospect, to have delayed any serious official response to this problem. In any event, economic conditions in the early 1950s did not augur an impending economic crisis for Ceylon; on the contrary, post-war sterling balances held in London and boom prices for rubber owing to the Korean War appeared to give the economy the necessary resilience to withstand adverse movements in the terms of trade. These factors helped to tide over the setback caused by declining export prices of tea, rubber as well as coconuts, in the aftermath of the Korean boom, in

1952. In December 1952 the first Government of Dudley Senanayake entered into the Rubber-Rice Agreement with the Peoples' Republic of China, under the terms of which Ceylon was assured of 270,000 metric tons annually of Chinese rice at a price well below the world price, in return for Ceylonese rubber at a price 40 percent higher than that obtaining in the West, for a period of five years.²⁰

Dudley Senanayake himself had seen the relevance of family planning for Ceylon even before he became Prime Minister. Dr Abraham Stone, a prominent family planning worker, visited Ceylon under WHO auspices soon after independence on the specific invitation of Senanayake, then Minister of Agriculture and Lands. Senanayake's interest in family planning stemmed from the excessive fragmentation of land holdings, arising from the division of smaller and smaller plots of land among a larger and larger number of heirs in the context of an increasing population.²¹ But in October 1953, following a political crisis caused by his attempt to reduce the subsidy and increase the consumer price of rice, Dudley Senanayake was forced to resign the office of Prime Minister.

The Department of Medical and Sanitary Services had been reconstituted, with effect from April 9, 1952, soon after Dudley Senanayake's assumption of premiership. Under the Health Services Act which came into operation on that date, medical and health organizations were placed under a Director of Health Services, with three Deputy Directors in charge of Medical, Public Health, and Laboratory services, respectively. Maternity, infant and pre-school hygiene, including Welfare Clinics and domiciliary midwifery services, were organized under the Health division. There was no specific mention of family planning.²² The early 1950s was a period when the Health

Department was priding itself on its gigantic achievement in eradicating malaria from the country. After this, the biggest public health problem was seen to be that of environmental sanitation.²³ Bandaranaike's early vision, that the very success of the health work that the country was doing was making population control increasingly urgent, had not yet translated itself into the realm of official policy. The Department of Health did, indeed, circularize all Medical Officers of Health to cooperate with the work of the FPA²⁴, but the Government was still reluctant to declare itself one way or the other on family planning.

THE FAMILY PLANNING ASSOCIATION

Organized family planning activity in Ceylon began with the founding of the Family Planning Association in January 1953. This was the culmination of a series of individual and conjoint voluntary endeavours of a number of enthusiasts, such as the Canadian-born Dr Mrs Mary Rutnam, Mrs E.C. Fernando, Dr Mrs Ram Aluvihare and others. Dr Mary Rutnam adopted family planning as an adjunct of the social work she was doing in the slums of Colombo. She was led on to family planning, not by Malthusian economics, but by the stark realities of poverty and malnutrition among the mothers and children who attended the Milk Feeding Centre at Dean's Road, Maradana, run by the Ceylon Social Service League. 'The pregnancy-ridden mothers and their emaciated children drove Mrs Rutnam to seek in family planning some respite for them from their recurring tribulation.'²⁵ Encouraged and assisted by interested foreign visitors, she was able to inaugurate the first family planning clinic in Ceylon in 1937. This proved to be short-lived endeavor, as the outbreak of war in 1939 led to the interruption of its activities, but the interest in family planning was kept alive by the periodic visits of

foreign experts and enthusiasts. In 1952 Dr. Abraham Stone revisited Ceylon, together with Mrs. Margaret Sanger and Mrs Dorothy Brush, and impressed upon those interested in family planning the necessity of forming an association. After the inauguration of the FPA, Dr Stone succeeded in interesting Dr Clarence Gamble, a pioneer researcher, in the potential for family planning in Ceylon, and with his assistance contraceptives, mainly foam tablets, were distributed in a few places by volunteer and paid workers.²⁶

In August 1953, the FPA was requested to send helpers to give family planning advice at a Mother's Welfare Clinic which had begun under government auspices, and from the first the clinic was manned almost entirely by by FPA volunteers, remaining up to the present the premier clinic of the Association. The clinic soon became a centre for the dissemination of family planning knowledge. In response to a government circular from the Director of Health Services inquiring whether there was a demand for family planning information and whether doctors would be willing to dispense such information if needed, 40 government doctors attended the Mothers' Welfare Clinic at their own expense to familiarize themselves with family planning methods. On the other hand, letters addressed by the FPA to 97 Medical Officers of Health in the country, in the same sense, elicited only a poor response.²⁷

From its inception, the FPA intended that family planning clinics should branch out from Colombo to rural areas, but organizational difficulties at first militated against any rapid development. Clinics organized under branch Associations did not last long, and the idea of the branch Association itself was given up. After 1959, the FPA began to

make use of government personnel and government hospital space for its clinic work. The FPA had already, in 1957, begun training courses in family planning for doctors, and doctors in government service were allowed leave on full pay, with travelling and subsistence allowances, to attend these courses.²⁸ The responsibility for the training courses was later taken over by the Sweden-Ceylon Project, for the period 1963-5, and after 1965 by the Government. But the FPA has always played a major part in their organization.

The training programme resulted in the development of a nucleus of well organized clinics, managed by doctors familiar with family planning work in all parts of Ceylon, the organization of family planning clinics being the condition for attendance at training courses. During the period 1953 to 1956 the FPA had opened 159 clinics in Colombo and other parts of Ceylon. Some of these were, of course, short-lived, and at the end of 1965 only 109 clinics were actually functioning. But the idea of family planning had caught on and, especially in Colombo, clinic work was productive of results: there was an increasing demand for family planning advice and contraceptives and multiplication of clinics.²⁹

The FPA has received financial support from a diversity of sources. The first government grant of Rs 2,500 in 1954 would appear to have been made as a result of intervention with government leaders by Mrs Barbara Cadbury, who visited Ceylon in that year.³⁰ With the expansion of the FPA's range of activities, the government grant has progressively increased. It was raised to Rs 7,500 in 1956, Rs 10,000 in 1957³¹, Rs 50,000 in 1967³², and since 1968 has stood at Rs 75,000.³³ Although the present direct

government grant represents less than a quarter of the total FPA budget, it has been estimated that the time spent by government health personnel working part-time on family planning is roughly equivalent to Rs 1.6 to 1.9 million. The total government contribution to the island's family planning services would, therefore, appear to be in the region of Rs 2.64 to 2.97 million.³⁴

The International Planned Parenthood Federation which the Ceylon FPA has been affiliated since 1954, has provided financial assistance from time to time to defray the expenses of some of the full time staff of the Association for travel, films and educational material, and it is now the most substantial contributor to FPA funds. In 1967, the Ford Foundation, through Population Council, New York, provided a 2 year grant of \$271,000³⁵, and in 1968 the FPA received a grant of Rs 68,000 from OXFAM.³⁶

An important factor in the growth of Ceylon's family planning movement has been aid from the Swedish International Development Authority (SIDA) which began with a bilateral agreement between the two governments in May 1958. In collaboration with the Family Planning Association, SIDA undertook a family planning pilot project with the object of investigating attitudes towards and prospects for family planning, instructing the public in methods of family planning, and assisting the training of Ceylonese public health staff in family planning work. The pilot project, which began in June 1958 and terminated at the end of 1965, was confined to two rural areas. The areas were selected by the Ceylonese authorities and represented areas of Sinhalese and Tamil settlement respectively – Bandaragama, a Sinhalese area in the south-western littoral, and Diyagama, a tea estate about 100 miles south-east of Colombo.³⁷ The pilot project

revealed that nearly 70 percent of the married couples interviewed wanted to limit their families and learn about family planning.³⁸

POPULATION AND FAMILY PLANNING IN THE DEVELOPMENT PLANS, 1955-65

All three development plans during the period 1955 to 1965, the Six Year Programme of Investment of the Kotelawala Government (1953-6), the Ten Year Plan of the Bandaranaike Government (1956-9), and the Short Term Implementation Programme of the Sirimavo Bandaranaike Government (1960-5), laid much emphasis on the relation between economic development and population growth. The Six Year Programme stated that only an expansion of the productive capacity of the economy would solve the problem created by rapid population growth and low living standards. The Programme stressed the fact that 'the minimum degree of expansion required in the future is determined by the rate of population growth'.³⁹ Accordingly, it was concerned with alternative rates of population growth in the future. Three series of population projections were worked out.⁴⁰ According to the low projection, which assumed a birth rate decline of about 37.5 percent between 1955 and 1985, Ceylon's population was expected to be 10.6 million in 1963, 12.4 million in 1970, and 12.7 million in 1971, an estimate which has accorded very closely indeed with Ceylon's actual growth of population since 1955, Taking the average rate of population increased to be about 2.7 percent it was concluded that 'a higher rate of increase in national income would be needed if income per head is to improve over its present level.'⁴¹ The Programme relied largely on the expansion of the productive capacity of the economy to meet the challenge of increasing population; but, dealing with the greater emphasis that was to be

given to Maternal and Child Health, it was stated:

‘In this context it might be mentioned that Family Planning plays an important part in bringing forth healthier babies and in maintaining the health and well-being of the mother. Education of the parents to space and limit the family is to be carried out whenever necessary.’⁴²

Though a guarded statement, this is nevertheless important as being the first official advocacy of family planning in Ceylon.

A clearer enunciation of official policy on the subject was incorporated in the Ten Year Plan for Ceylon drawn up during the Government of S.W.R.D. Bandaranaike. In discussing the relation between economic development and the dynamics of population growth, the Plan stressed the difficulty for capital accumulation to keep up with and exceed the increase of population, thereby precluding all possibilities of achieving a rise in standards of living. It went on to say:

‘What can be done in Ceylon? Obviously the Malthusian path of a return to high death rates must be ruled out. The alternative course concerns the birth rate. Can the course of the birth rate be influenced by a deliberate effort on the part of social policy which excludes at the same time all forms of compulsion? Although there are other factors outside the field of conscious decision which affect fertility among married couples, it is in fact the conscious decision to limit births that has elsewhere played a crucial part in the reduction in family size. The question that arises is whether such decisions can be

actively influenced by policy. The answer would appear in the affirmative.’⁴³

Analysing some of the factors that would lead to a decline in the birth rate, the Plan made mention of increase in the number of surviving children as a result of mortality decline, fragmentation of holdings, and the spread of education and literacy among the people, especially among females. In such a context the role of family planning programmes ‘would essentially be to strengthen the factors favouring a decline in birth rates in the interests of both the individual family and society as a whole’,⁴⁴ Noting that the time was propitious for developing family planning services ‘on a far bigger scale’ the Plan went on to declare that

‘...unless there is some prospect of a slowing down in the rate of population growth and of relative stability in at least the long run it is difficult to envisage substantial benefits from planning and development.’⁴⁵

Despite the strong emphasis on population problems in the Plan, however, it was not until late in the Plan period that family planning received the attention which had been envisaged for it. Although the Plan had anticipated that the time was opportune for expanding family planning activities, the troubled times of S,W.R.D. Bandaranaike’s three-year regime probably proved to be an obstacle. Bandaranaike himself reportedly told a confidant that the climate of opinion internationally was not favourable for family planning.⁴⁶

The sense of urgency of the economic problem and its integral connection with the rate of population expansion could not have been stated with greater clarity and force than in

the Sirimavo Bandaranaike Government's Short-Term Implementation Programme of 1962, which had been prepared on the instructions of the Prime Minister to review the national economy and explain the nature, scope and magnitude of the development task that had to be accomplished if conditions of rapid growth were to be achieved in a period of expanding population. In her forward to the Plan, the Prime Minister declared: 'We are now launching a struggle for our very survival as a free community.'⁴⁷ The Programme took note that population growth was now one of the factors which militated against the growth of the economy, especially against the rise of *per capita* income. Pointing out that in the past fifteen years Ceylon had achieved a rate of economic growth 'which slightly exceeded the rate of population growth' and that as a result the gross domestic product per head had increased by about 1 percent, the Programme stated that the improvement, though measurable statistically, was so small that it was hardly felt in real life. Two schools of thought on the significance of population growth for economic development were mentioned. The first, 'which usually prevails in developing countries like ours', took the occurrence of rapid population growth rather lightly, pointing out that economic growth had outstripped population growth by a small margin and that when the standard of living rose the birth rate would begin to decline. Alternatively, both leaders and people become conscious of rapid population growth, and its implications come to be regarded as serious. This stage had been reached under the Government of S.W.R.D. Bandaranaike, whose Ten-Year Plan attached great significance to the problems created by the rapid growth of the population of Ceylon. The Short-Term Implementation Programme was much concerned with the fact that rising standards of living in Ceylon had not, as generally expected, been accompanied by a decline in the birth rate.⁴⁸

In December 1960, a few months after the Sirimavo Bandaranaike Government had taken office, the Minister of Health, Senator A.P. Jayasuriya, in replying to a question raised by a member of the Opposition, had declared that family planning was certainly an important problem, which deserved the consideration of every citizen in the present economic situation and in the interests of the health of the population. But he had added: 'Government has not formulated any plans as yet. We hope to take this matter under consideration and see how we could tackle it.'⁴⁹ In 1962, the Government of Mrs Bandaranaike made a more positive statement on family planning: the Prime Minister ruled that family planning should be integrated with maternal and child health programmes, and she directed the Department of Health Services to arrange for more educational work. In 1964, the last year of this Government, the Minister of Finance made the FPA an approved charity for income tax purposes.⁵⁰ By the 1960s, therefore, official attitudes towards family planning were becoming more positive, although the political climate of the country did not yet permit a categorical avowal of family planning.⁵¹

OFFICIAL POLICY AFTER 1965

When the Government of Dudley Senanayake took office after the general election of March 1965, there were already strong economic compulsions in favour of official support for the family planning programme. A note of despondency had been sounded in the last budget speech of the previous Government. As the then Finance Minister, Dr. N.M. Perera, stated in 1964,

'1963 has been a somewhat disappointing year from the point of view of production.

According to the provisional figures prepared by the Central Bank, Ceylon's Gross National Product in money terms increased by 4.8% in 1963 as compared with 4.5 percent in 1962. When we take into consideration the increase in prices during this period the increase of the Gross National Product in real terms was only 1.8 percent in 1963 compared with an increase of 3.7 percent in 1962. This looks still more alarming when we take into account the increase of population of nearly 2.6 percent during this period. Thus the *per capita* real product in 1963 declined.⁵²

During the sixties, Ceylon's terms of trade continued to show an adverse trend, owing to rising import and falling export prices. Imports of consumer goods in *per capita* terms continued to show a downward trend and the scope for further substantial cuts in import expenditures became severely limited. Besides these compelling reasons, the experience gained by the Swedish-Ceylon Project and the favorable response to it were significant and formed the basis of the Government's policy for the future.⁵³

With effect from August 1965, the Government of Ceylon, by a Cabinet decision, made family planning an official responsibility. However, instead of creating a special family planning organization with its own staff and field workers, the Government sought to integrate family planning within the already existing well-developed maternal and child health service. The agreement with the Swedish Government was extended in 1965 for a further period of three years, to August 1968, and has been further extended since that date.⁵⁴ Under the terms of the Swedish-Ceylon treaty, Sweden undertook to provide technical know-how, contraceptives and equipment for the programme.⁵⁵ To implement the Cabinet decision, a national family planning programme covering the 10-year period

1966-5 was devised, the objective being to reduce the island's crude birth rate from its 1965 level of 33 births per thousand population to 25 by 1975.

The most significant change resulting from the adoption of family planning as a national programme was the take-over of family planning work after 1965 by the Department of Health. The Swedish-Ceylon project headquarters in Colombo was converted in August 1968 into the Family Planning Bureau by the Ministry of Health. The training centre at Bandaragama continued to function, but under the aegis of the Department of Health, being thenceforth manned completely by Departmental personnel. The training centre at Ulapane (for estates and Tamil trainees) continued as before, but under the Health Department. The Government was operating 415 of the 435 family planning clinics in the island with an average of 3.6 per hundred thousand population by 1968-9.⁵⁶ Table XIII (i.e., Table 2 of the chapter) gives the distribution of clinics among Superintendent of Health Service Areas and the clinic population ratio by SHS area.

As a consequence of the Government undertaking family planning on an island-wide basis since 1965, the role of the FPA has undergone a radical change. Since 1965 the FPA has been called upon to devote its efforts largely to the dissemination of propaganda on family planning. The information unit of the FPA, set up in September 1969, made possible a more effective use of mass media, such as the newspapers, radio and films, to popularize family planning. Radio advertising, begun with funds provided by the IPPF, did not receive a ready response; more practical results were obtained from large newspaper advertisements setting out the headquarters clinics of the Association and their consultation hours. In addition, Propaganda Officers attached to the

Association have visited different parts of the country to give talks and conduct film shows on family planning.⁵⁷

The Government's participation in the family planning programme was heralded in 1966 by articles in the official journal *Ceylon Today*, including one from the then Director of Health Services in which the objectives of the national family planning programme, its economic justification and the hazards of excessive population growth were carefully explained.⁵⁸ In a message to the FPA on its fifteenth anniversary in 1968, Prime Minister Dudley Senanayake himself declared that the country was confronted with serious economic and social problems arising out of rapid population growth and that 'concerted and urgent action becomes therefore urgent and imperative'.⁵⁹ Opening an FPA exhibition the next day the Governor-General stated:

'With our population increasing by 380,000 a year the economic growth we achieve tends to be negative... We must step up population control in order to safeguard our living standards.'⁶⁰

Despite these avowals of support for the programme, official policy on family planning, for political reasons, tended to become ambivalent and cautious. Governments in power were peculiarly vulnerable to the charge that family planning could turn out to be a device which would inevitably turn the prevailing ethnic balance of population against the Sinhalese. As one correspondent to the press put it:

'The fact remains that as a result of the campaigns of the FPA more Sinhalese and

Buddhists proportionately are taking contraceptives than other communities and thus the Sinhala and Buddhist birthrate will be declining at a faster rate than those of the other communities.’⁶¹

In consequence, it was argued, the Sinhalese population would be reduced to a minority⁶² or ‘would gradually disappear’.⁶³ A sustained attack on family planning campaigns was set in motion by members of the Buddhist clergy, led by the Mahanayake Theras of Malwatte and Asgiriya and the Reverend Madihe Pannasiha, a redoubtable champion of the cause of Sinhala Buddhists. Not long after it had been made a national programme in Ceylon, the Mahanayake of Malwatte declared family planning to be inimical to the Sinhalese people and called upon Sinhalese women to abstain from using family planning methods.⁶⁴ In a series of articles to the press written in 1969 and 1970, the Reverence Madhihe Pannasiha pointed to the inexorable and inevitable effect which family planning would have of undermining the ethnic constitution of the population of the country, to the disadvantage of Sinhala Buddhists.⁶⁵ Pannasiha Thero used statistics to argue that the majority community of Ceylon would eventually be transformed into a minority community as a result of the family planning movement.

‘Owing to the methods of birth control now being practiced, in another hundred years time the majority community would be non-Sinhala and the Sinhala race would be reduced to third place.’⁶⁶

While recognizing that a family planning programme had many facets, Pannasiha Thero took strong objection to birth control as prevalent in Ceylon, which discriminated

against the growth of the Sinhalese population.⁶⁷

In a political system such as Ceylon's, in which Buddhist interest groups have acquired considerable influence in recent times, opinions such as those expressed above were bound to have a significant impact on the course of official policy on family planning. Besides, 1969 was a pre-election year and, though family planning did not become an election issue in the May 1970 election, the Government was averse to drawing attention to its family planning programme. Indeed, Cabinet Ministers, the Prime Minister himself included, often made public statements which negated the official support given to family planning. Responding to the question 'Why is a Minister in charge of family planning opening a maternity ward?' the Minister of Health, E.L. Senanayake, declared: 'Sinhalese and Tamils in Ceylon must keep their races growing...To fulfil this noble task their women should be provided with all facilities to propagate the races...'⁶⁸ The previous year, Minister of Education, I.M.R.A.Irigyagolle, had roundly declared: 'I am fully against family planning and I consider it murder.'⁶⁹

With the approach of the general election in 1970 the attitude of Government spokesmen towards family planning became more and more equivocal. As the Minister of Local Government, R. Premadasa, put it:

'The population explosion in the country should not cause alarm since the development projects initiated by the Government will need thousands of more people to man them. What is presumably needed is an increased birth rate instead of birth control.'⁷⁰

The Prime Minister himself, at all times waving off critics of family planning with the assurance that ‘the Sinhalese were an ever increasing race with no threat of lessening in numbers now or in the future’,⁷¹ began increasingly to point to the development projects of the Government as being the real panacea for population growth.

‘Only development can save the country...the Mahaweli scheme...would mean the development of 750,000 acres of hitherto undeveloped land. This project will give employment to many and therefore the present unemployment problem is a temporary one. On the other hand I am afraid there may not be enough people to do the work that will be required.’⁷²

In the course of the same speech the Prime Minister categorically declared that he did not endorse family limitation by birth control.

‘The ever increasing birth rate will be no problem when the Mahaweli diversion scheme...is completed. It will provide employment to thousands of technicians, agriculturists, electrical workers and skilled workers. My fear is that when the scheme comes to bear fruit the country will be faced with a scarcity of workers to fit themselves into the new jobs.’⁷³

Harping on the same theme the Minister of Lands, Irrigation and Power (C.P. de Silva) declared that ‘Ceylon’s population would be double what it was today by 1990’ and this challenge of the future had to be borne in mind when formulating present policies. That was why many development projects were being initiated and implemented by the

Government.⁷⁴

Statements such as these, though perhaps made under the pressures of a general election campaign, could not but have an adverse effect on the family planning programme in the country.⁷⁵ Indeed, the Government decided to reduce publicity on family planning to a minimum and cancelled a scheme of monetary incentives to family planning workers which had been instituted in October 1969. Although towards the end of 1969 the Government could have availed itself of funds from the Agency for International Development to promote family planning work, it decided, presumably for political reasons, not to use AID funds for this purpose. The Minister of Health reportedly informed AID that Ceylon was not interested in expanding its population control programmes until the general election was over.⁷⁶

POLICY OF THE PRESENT GOVERNMENT

This official ambivalence continued for some time, even after the Government changed with the return of a coalition led by Sirimavo Bandaranaike in the general election of May 1970.⁷⁷ Indeed, the new Government's initial policy decisions on family planning appeared to indicate that it was going back on the national programme adopted in 1965 and even on the case implicitly made for population control in the Short-Term Implementation Programme during Mr. Bandaranaike's first term of office as Prime Minister. Radio advertising by the FPA, for instance, was temporarily stopped on a directive from the Government. A booklet prepared by the Family Planning Bureau, giving the basic facts and charts on population growth and family planning, was not permitted to be distributed to the public, though it was circulated among Cabinet

ministers, and all mention of targets of family planning acceptors, as envisaged in the scheme of 1966, was discouraged.⁷⁸

When, finally, the Government declared its policy on family planning in July 1970, it was framed in the following ambiguous terms:

‘It was agreed that Family Planning is not a solution for the economic ills of the country and that facilities should be made available for parents to make use of advice given on Maternal and Child Welfare in the interests of the mother and the child. These facilities will be intensified to reach the parents in the rural areas as well as the Estates. It was assumed that ‘Maternal and Child Health Bureau’ will undertake this function. The Cabinet express its gratitude for aid received in the country for the said functions from Sweden and other donor countries.’⁷⁹

The agreement with Sweden was, indeed, renewed; but, in accordance with the new approach, the name of the Family Planning Bureau was changed to that of ‘Maternal and Child Health Bureau’. The UN Family Planning Evaluation Mission which visited Ceylon early in 1971 has recorded that ‘at its first meeting with the Ministry of Health, it was left in no doubt that the Government attaches high priority to an intensification of a family health programme which would provide family planning facilities as an integral component of that service.’⁸⁰

It was not, therefore, that the new Government objected to family planning *per se*. But, like the previous Government it was particularly wary of charges that family planning would in the long run be harmful to the interests of Sinhala Buddhists, and desired that

family planning services should be evenly distributed in the Tamil as well as the Sinhala areas. In its 17th Annual Report (for the period ending June 1970), the FPA recorded the uncertainty of its future in the following terms:

‘...although the general lines of policy have been indicated, actual work in the field is not absolutely clear.

The Association has therefore decided to concentrate in the immediate future in those directions which Government has indicated. There is a crying need for education and action specially in the Estate areas and more so in remote rural areas and among very, very conservative groups.’

Mention of conservative groups was, presumably, a reference to the Tamils of the north and east. [*Note by Sachi: This presumption by Kodikara is incorrect. The ‘very, very conservative groups are NOT Tamils, but Muslims and Roman Catholics.’*]

A qualitative change in the Government’s attitude to family planning, however, would appear to have come about as a result of the events of April 1971, when the Government was faced with a serious threat to its existence. The insurrection of April 1971, engineered predominantly by young men and women under the age of 25, espoused a negative philosophy of destruction and was aimed at the overthrow of the establishment at all levels. It did not receive the support of any of the established political parties in the island; nor did it generate the sympathy of intellectual elements in the country. Nevertheless, it was symptomatic of the fact that the accumulated frustrations of the youth of the country owing to unemployment, rising living costs and fragmentation of land, could easily be exploited by designing adventurers and erupt into violence.

A determined effort to devise ways and means of escaping from the island's present economic impasse is, therefore, incorporated in the Government's present Five-Year Plan, prepared during the months of travail after the insurrection. In a section devoted to population policy, the Plan dwells upon the hazards to health of mother and child of excessive child bearing, and notes that it is essential that 'facilities for family planning should be made available to all groups in the population and not be confined to the privileged sections of society'.⁸¹

Moreover, the rate of population growth had important implications for development policy. Given Ceylon's present age structure, if the population were to grow at the current high rates the burden of childhood dependency would also continue to be heavy. This would affect the rate of investment as well as its composition. Even the present level of births had led to a heavy strain on the country's resources. The importance of family planning work could not, therefore, be over-emphasized.

'But what has been done so far in this field appears to be insignificant in relation to the magnitude of the problem. Today family planning work is carried out only in about 40 percent of the maternal and child welfare centres in the Island, and this too in complete isolation from the ante-natal and post-natal activities of these centres. Provision has been made for the establishment of family planning clinics integrated with maternal and child welfare work in all the centres throughout the Island.'⁸²

The phraseology of the Plan is not untypical of the customary caution of most official

pronouncements on family planning in Ceylon. Nor did it contain any indication regarding the implementation aspects of its population policy. Subsequent decisions of the Government have made it clear, however, that its earlier hesitancy on family planning is now a thing of the past.

In her interview with the press in April, the Junior Minister of Health (Mrs Siva Obeyesekere) expressed her determination to accelerate the family planning programme throughout the island.

‘There is no dilly-dallying on this question. Either we practice family planning now and arrest the present rate of 370,000 births per year or face the prospect of more difficult times ahead.’⁸³

The Junior Minister, who had been entrusted with the task of improving the preventive health services, had already launched preventive health campaigns in sixteen selected areas covering every aspect of preventive health services, family planning being an important part of the campaign.⁸⁴ To facilitate the reorganization of family planning work, the Health Ministry created a new unit, the Bureau of MCH/Family Planning Services, with the task of planning, co-ordinating and directing these services throughout the country.⁸⁵ To finance the expanded programme contemplated, the Government has recently negotiated a \$5 million grant from the United Nations Fund for Population Activities to improve and extend the services of Family Planning Clinics in every MOH area. The Ceylon Government’s rupee commitment to this scheme is 25 percent of the UNFPA assistance in its first year of operation. The scheme envisages the integration of all Family Health Clinics at present maintained by local bodies under the

Department of Health to provide services which include pre-natal and post-natal work, 'well baby' and family planning activities.⁸⁶

The Prime Minister herself, though a former Vice Patron of the FPA, has not so far made any official pronouncement on the subject. Nevertheless, present indications suggest that both the official interest in and the political climate for the development of family planning services are more favorable at present than has been the case at any time in the past.

THE OPPOSITION TO FAMILY PLANNING

Not unlike other multi-racial societies where political power is based on contests within an organized multi-party system, attitudes to family planning in Ceylon have been determined to a considerable extent by political considerations. Ceylon has the oldest democratic electorate in South Asia and the parliamentary form of government has a remote history in the island. At the same time, however, there has been a continuing tendency for the political system to aggregate and organize political interests on communal lines, partly owing to a tradition of communal representation in pre-independence times and partly also owing to the fact that the constitution embodies a system of representation and electoral demarcation which was meant to ensure the election of a minimum number of candidates belonging to different communal groups.⁸⁷ Any disruption of the communal balance was likely to become a hotly contested political issue.

In such a context, it is surprising that family planning has not become a live party

political issue of debate in Ceylon. Indeed, not a single parliamentary debate has been generated by the subject, and though there may be divergences regarding the specific way in which family planning programmes are implemented, there would appear to be implicit agreement among the political parties on the economic justification of family planning.

The FPA could claim in 1970 that,

‘... it has never involved itself in politics nor been favoured or shunned by any political party. All major parties have realized it has a role to play, but none has publicly associated itself with population control while all have welcomed Family Planning as an integral part of the Maternal and Child Health programme.’⁸⁸

The opposition to family planning has come, therefore, not from organized political parties but from individual politicians and religious interest groups. The most powerful opposition has emanated from a section of the Buddhist sangha.⁸⁹

ATTITUDES OF THE BUDDHIST SANGHA AND OTHER BUDDHIST ORGANIZATIONS

From a strictly religious point of view, there is nothing in family planning, abortion excepted, which conflicts with the Buddhist tradition. For the Buddhist, life does not exist before conception, and so long as no taking of life is involved there can be no intrinsic objection to family planning. On the other hand, the view has persisted in Buddhist circles that popularization of family planning must inevitably lead to sexual promiscuity, which conflicts with the Buddhist way of life. Because of this, family

planning was often regarded as an offshoot of Western materialism, which was sought to be foisted upon the unsuspecting people of Ceylon by western nations. 'A cry must be raised,' said a lay correspondent to the *Ceylon Daily News*, 'to wake up the inhabitants who are being threatened with vicious practices such as Family Planning, mini-skirts and lewd literature.'⁹⁰ The Reverend U. Dharmajoti, General Secretary of the International Buddhist Association, asserted:

'Buddha never advocated birth control anywhere. What the Buddha advocated was self control...to rid [his followers] from lust and desire...Self-control reduces desire for sensual pleasures, while birth control increases desires for sensual pleasures.'⁹¹

The charge has been made that Sweden, which gave financial aid to Ceylon for family planning, did not practice what it preached and that even unmarried Swedish mothers were encouraged to have babies.⁹² Simplistic views such as these tended to distort the real nature of family planning work carried out in the island and gave a wrong image of family planners to the public.

More than these religio-cultural grounds, however, it has been the political factor in family planning which has elicited most opposition from the sangha and Buddhist organizations. From time immemorial, the Buddhist sangha have played a significant social role as educators, doctors and counsellors to both rulers and ruled in the country. A close link had always existed between the state and religion in the traditional Sinhalese political system. The Sinhalese king became the defender of the Buddhist faith, and it came to be looked upon as the king's special duty to uphold the religion and

its institutions. This function has now been inherited by the secular state and, indeed, the dominant motif of contemporary Ceylonese politics is Sinhala Buddhism.⁹³ As intellectual leaders of the village community and repositories of the traditional culture of the Sinhalese, the sangha have therefore become deeply involved in issues of contemporary politics touching upon the interests of the Sinhala race and culture. It has become customary for the sangha to communicate directly with the Prime Minister on matters affecting state and religion and family planning has been the subject of such communication.⁹⁴ The numerical ratio of the Sinhalese population in relation to other ethnic groups, especially the Tamils, has been the chief cause of concern among the sangha. In a memorandum to the Constituent Assembly, one member of the sangha even suggested that polygamy be legalized among the Sinhalese in order to maintain the numerical supremacy of the Sinhalese.⁹⁵

The most sustained attack on family planning came from the Reverend Madihe Pannasiha, who argued that family planning may be a broad-based programme having many facets, but what was really prevalent today was birth control, 'which discriminates against the growth of the Sinhalese population'. In his article entitled 'The Sinhala Race 400 Years Hence', the Reverend Pannasiha exhorted 'the Sinhala race to consider whether or not the present programme of birth control endangers their future existence as an ethnic group'.⁹⁶ The Reverend Pannasiha's article had been inspired by an FPA release which argued that if birth control were practiced only by the Sinhalese and rejected by all other ethnic groups, the Sinhalese would still be two-thirds of the population in 1990; and that, since it was unlikely that all Sinhalese would practice birth control and even more unlikely that non-Sinhala would not practice birth control, there

was no reason for the Sinhala race to fear extinction.

On the hypothesis that only Sinhalese would practice birth control, the Reverend Pannasiha argued that, given the current trend in birth rates,⁹⁷ Tamils would outnumber the Sinhala population by AD 2114 and that Muslims would also outnumber the Sinhala population by AS 2121. By AD 2135, it was argued, Muslims would become the major race, Tamils the second, and Sinhalese would be relegated to third place. If 20 percent of non-Sinhala ethnic groups practiced family planning, as against 75 percent of Sinhalese practicing family planning, the Sinhalese would still become the third racial group between AD 2135 and 2235.

It seems futile to attempt any appraisal of the validity of population projections extending so far into the future, especially those made on such hypothetical grounds. The ethnic composition of Ceylon's population today is very little different from that shown by the 1953 census, the proportion of Ceylon Tamils in the total population having registered a slight increase and that of Indian Tamils a decrease.⁹⁸ This is partly the result of emigration or repatriation of Indian Tamils, and partly because Indian Tamils, registered as Ceylon citizens under the citizenship Acts and the 1964 agreement look upon themselves and are enumerated in censuses thereafter as Ceylon Tamils.

Table XIV [i.e., Table 3 of the chapter] gives figures of the rate of natural increase of Ceylon's population by ethnic groups for the years 1960-68. It will be seen that there is no significant difference in the rate of increase as between Sinhalese and Ceylon Tamils, while the rate of increase for Indian Tamils has dropped from 21.5 per thousand of

population to 15.8 per thousand of population, the lowest among the principal ethnic groups. The Ceylon Moor rate of increase has remained more or less static.

The most influential Buddhist interest group, apart from the sangha, the All Ceylon Buddhist Congress, has also cast its lot against family planning. Harping on a familiar theme, the President of the Congress (H.W. Amarasuriya) told its 21st annual general meeting that:

‘It would be far better to improve the country’s economy than attempt to impost family planning...If the economy was improved the question of family planning would not arise.’⁹⁹

Individual members of the Congress always have direct personal access to the Prime Minister, and on occasion they have intervened to influence decisions taken at the highest level on family planning.¹⁰⁰

Influenced by these views, various local government bodies have in the past adopted resolutions opposing family planning, of which the following, passed by the Dehiwela-Mt Lavinia Municipal Council, is typical:

‘This Council condemns the action of the Health Department for issuing birth control pills to mothers within the Municipal limits and requests the Minister of Health to stop this campaign.’¹⁰¹

As noted above, local authorities are now being drafted as an integral part of the intensified family planning campaign organized by the Health Ministry.

MINORITY RELIGIOUS GROUPS

The Hindus

Although fertility cults are an integral part of the Hindu religion, and although Hindus set great store by the birth of sons who had a part to play in religious ceremonies and duties, there has been no opposition to family planning by Hindus on purely religious grounds. One reason for this may be that the top leadership of the main Tamil party, the Federal Party, is Christian dominated. S.J.V. Chelvanyakam, leader of the party since its inception, is a Methodist, and the Methodist Church has declared itself in favour of population control.¹⁰² Such opposition to family planning as has been encountered in the past in Jaffna has stemmed more from the innate conservatism of the Jaffna people than from religious scruples. In his empirical study of family planning in Ceylon, the former Swedish adviser, G. Nycander, observed that the social worker who had worked in the Tamil areas talked in her report more about resistance towards family planning – especially male resistance – than did the social workers who covered the Sinhala areas.¹⁰³

But it had also been observed that attitudes in the north were rapidly changing:

‘The general opposition to family planning is less now than before... People are becoming increasingly aware of the necessity of small family norms because of the economic strain felt by them. Due to family planning publicity, the sense of embarrassment which our so-called conservative Jaffna people used to feel about family planning now seems to be giving way.’¹⁰⁴

The Moors

It would appear that the Moors, as an ethnic group, are more influenced by traditional norms than modern views in their attitudes to family planning. Apart from the influence of traditionalism, strong religious also affected Muslim attitudes to family planning. Muslims have been told that birth control conflicted with Islam. Trust in Allah was an article of faith and anyone who feels that his family would starve if it was not planned was only Muslim in name.¹⁰⁵

The Roman Catholics

The Roman Catholic attitude to family planning has been determined by the papal encyclical of 1968 upholding the Church's view of artificial birth control. Roman Catholics constitute 7 percent of the total population and form the predominant majority of the Christian community in the island. The Roman Catholic community's cohesiveness and the fact that they are concentrated in the littoral extending north from Colombo to Puttalam have given them a considerable political influence, and directions on political and social questions given by the Church hierarchy are usually obeyed by the faithful.¹⁰⁶ Nevertheless it is interesting to note that the district of Negombo, with the highest proportion of Roman Catholics in the population, had the lowest birthrate among districts in Ceylon during the 1960s.

At a press conference given on his return from a visit to the US and Canada, in November 1968, Cardinal Thomas Cooray upheld the Church's traditional view on family planning. 'Coming generations', he said, 'will bless Pope Paul VI for his encyclical on birth regulation, for any other way would have led to world suicide.'

Citing Colin Clark's view that, if land that was cultivable at present was brought fully under production, there would be enough food to feed 10 times the present world's population for 200 more years, he concluded that 'people who practiced unnatural methods suffered psychologically, became effete, and in many cases were even rendered sterile'.¹⁰⁷

This remains the official Catholic view on family planning in Ceylon; but it would appear that local leaders within the Catholic fold are questioning the validity of this position. In one documented instance, at least, the local Catholic leader had exhorted Catholic doctors to follow the government policy on family planning.¹⁰⁸

CONFLICTING ATTITUDES OF THE PRESS

Of the three big newspaper combines in Ceylon, the Associated Newspapers of Ceylon (Lake House Group) and The Times groups have generally extended support to the family planning programme, while the Independent Newspapers Ltd has tended to question the necessity for population control.

Representative of the stand taken by the last mentioned group of newspapers is a leading article in *The Sun*, which pointed out that many prominent men and women were opposed to family planning on the grounds that the island's population balance would be upset if one section of the people practiced birth control and others did not. The article suggested that issues pertaining to family planning should be fully discussed and a stable policy on population control formulated.

‘We suggest that the Government appoint a Royal Commission to explore the whole problem and report on it before allowing the present sustained programme of population control to continue.’¹⁰⁹

The Dawasa, a Sinhalese daily belonging to this group, has given prominence to articles critical of the national family planning programme and highlighted the ethnic factor in family planning in Ceylon. ‘What is going to happen to our Sinhalese nation through family planning?’ asked one article.

‘Does the Sinhalese man know how this started and the connections some non-Sinhalese have with it? The Health Department of Ceylon...is not devoid of doctors who are anxious to decrease the Sinhalese...with the aid given by foreign countries. The Health personnel are stepping up a vicious programme...Isn’t I good for Sinhalese to be born?’¹¹⁰

The ethnic argument, however, has been strongly contested by the *Ceylon Daily News*, chief organ of the Lake House group of newspapers, which commented editorially in August 1969:

‘Racists willing to politicalize [*sic*] any issue have been producing their own stillborn babies by protesting that family planning would alter the communal balance of our society. The best of studies have refuted that view. If feasible at all, family planning could upset our national structure not by use but by selective misuse.’¹¹¹

Supporting this point of view, the *Times Weekender* declared:

‘Most of the birth-rate decline in Ceylon is due to marriage postponement, not family planning. All races will continue to grow. Not a single ethnic group in Ceylon will be harmed as a result of using family planning services.’¹¹²

The Lake House group’s positive stand on family planning is exemplified by the following comment of the Sinhalese weekly *Silumina*:

‘...the world finds it increasingly impossible to cope with the current rapid population growth. Population control through family planning is therefore a vital necessity of our times. Any attempt to raise the standards of living [of our people] through development programmes without evolving a population control policy is futile.’¹¹³

Going a step further, the *Ceylon Daily News* has urged the Government to have a clear-cut policy on family planning. In a leading article beginning with the rather dramatic sentence ‘A spectre is haunting the world, the spectre of Malthus, not Marx’, the article affirmed that in most countries governments as well as educators, economists and sociologists had realized that their future prosperity and the enrichment of the lives of the people depended on the problem of population growth. Ceylon was still behind other developing countries in this respect.

‘Here in Ceylon, the public and official initiative still lacks conviction, resolution and coordination. It is more a vague, half-hearted gesture than a planned campaign to

combat what may well determine, more than any other cause, the material standards of living and the very quality of our lives in the next few decades...'¹¹⁴

Reverting to the subject later the same year, the Ceylon Daily News commented in a hard-hitting editorial:

‘What Ceylon has to do for herself can be stated simply. Her people have to be awakened to a disturbed awareness of population and what it means. No serious attempt has been made to do this and the attempts to drive home the meaning of population to the individual has [*sic*] been left to well-intentioned enthusiasts like the Family Planning Association. Even then, the patronage of their efforts has been sporadic and furtive. There is reason for official squeamishness in this business. There are religious orthodoxies and bigotry to be faced. There is popular prejudice associated with birth control, that naughty term. There have been preposterous fantasies publicly voiced with a spurious solicitude for the unborn of particular races, and there have been monstrous, absurd prophesies of the havoc population control may do to the balance of race in our small country.’¹¹⁵

‘A spectre’, concluded the article, ‘is surely harming us. The ghost of Malthus.’

Despite its strong views on the subject, however, the *Daily News* has, from time to time, given fair coverage to all views, pro and con, on family planning.¹¹⁶ In December 1969, the *Times of Ceylon* editorially criticized the Government’s refusal of assistance from AID for family planning work.¹¹⁷ On balance, it may be said that press opinion in

Ceylon has generally been favourable to family planning and critical of Government's hesitant policy on the subject.

THE FRAMEWORK OF FAMILY PLANNING SERVICES IN CEYLON

The national family planning programme envisaged the reduction in Ceylon's crude birth rate from 33 births per thousand population, its level in 1965, to 25 births per thousand population by the end of 1975. Annual targets of 55,000 new and effective users of family planning methods throughout the ten year period, making up a total of 550,000 couples practicing family planning by the end of 1975, were considered necessary to achieve the desired reduction in the birth rate. Appraisal of continuation rates of family planning devices in Ceylon indicated that approximately 115,000 new acceptors per year would be necessary to attain 55,000 effective users.¹¹⁸ It was envisaged that the programme would use existing medical and paramedical personnel in the Department of Health Services and existing hospitals and clinics, and that it would be staggered over four roughly equal population areas into which the country was divided for purposes of implementing the programme. The training of medical officers and other personnel for the programme commenced in November 1965 under the joint auspices of the Ministry of Health, the Sweden-Ceylon Family Planning Project, and the Family Planning Association of Ceylon. The major part of the expense for the training programme, which is continuing, has been undertaken by the Swedish Government.¹¹⁹ In implementing the programme, the Ministry of Health has taken responsibility for the health education aspects of family planning, while responsibility for propaganda campaigns has been delegated to the FPA with assistance from the Sweden-Ceylon project.

Central administration of government family planning work was made more effective by the appointment in March 1967 of an Assistant Director of Health Services (Maternal and Child Health), under whose responsibility the national programme was organized. By 1968, Deputy or Assistant Superintendents of Health Services were administering the programme in addition to their own duties in nine of the fifteen SHS divisions in the country. Each of the fifteen SHS divisions now has the services of a Medical Officer (MCH) who looks after the peripheral supervisory work of family planning.

The operation of family planning services in the field devolves on three key personnel: the Medical Office of Health (MOH), the midwife, and the Public Health Inspector. The MOH is responsible for preventive medical activities in one of 95 health districts into which the island is divided, the population in each district varying from 80,000 to 200,000. His duties include maternal and child health, school health, malaria and filarial eradication, environmental sanitation, as well as family planning. The Superintendent of Health Services directs and coordinates all elements, curative and preventive, of the implementation of policy. There are approximately 2,000 field midwives in the 95 MOH areas (i.e. an average of roughly 20 midwives per area), each midwife being assigned a district with 3,000 to 7,000 inhabitants. The midwife delivered roughly 30 percent of the average of 125 children born in her area, the remainder being delivered in hospitals and maternity wards. Each midwife was expected to introduce approximately 40 cases a year to family planning. Apart from her professional education, most midwives have had nine days of family planning training. In addition, approximately 1,000 Public Health Inspectors are attached to the MOH areas, each PHI covering a district equal to between

two and four midwife areas. From the inception, it was felt that Public Health Inspectors should have an important role to play, especially in motivating the male population for family planning and, up to October 1969, 610 had been trained for this task.¹²⁰

THE NATIONAL FAMILY PLANNING PROGRAMME IN OPERATION

Statistics compiled by Nicholas Wright and the Evaluation Unit of the Family Planning Bureau show that there were 197,113 new acceptors of family planning during the period 1966 to the end of the third quarter of 1970.¹²¹ This figure falls far short of the annual target of 115,000 new acceptors contemplated in the Programme. However, follow-up surveys conducted by the Population Council Ford Foundation Project on Ceylon have indicated that continuation rates, especially for IUDs, have been fairly high.¹²² According to Wright, by the end of 1969 about 9 percent of eligible couples (married women 15-49) had become new acceptors (45 percent are required by 1975) and about two-thirds of these were still using the original method. The Family Planning Bureau statistics show that female sterilizations have been increasing slowly in numbers between 1967 and 1969 and that the large variation in female sterilization-delivery ratios from hospital to hospital suggested that sterilizations could be further increased, perhaps to three times the current number. On the other hand, male sterilization was found to be uncommon in Ceylon.¹²³ In a follow-up study conducted in Galle, continuation rates for IUDs were 86 percent at the end of 12 months and 79 percent at the end of 24 months. The corresponding rates for the Bandaragama Sweden-Ceylon Project were 89 percent and 80 percent, respectively.¹²⁴ A similar survey in Jaffna indicated rates of 79 percent after 12 months and 70 percent after 24 months.¹²⁵

Nycander's study analyses some of the factors which have militated against the achievement of family planning targets in Ceylon. At an organizational level, much depended on the Medical Officer of Health who was manager of the family planning team in his district and was usually a relatively young physician assigned to his district for two years as a compulsory duty for all doctors. Though he had had training in family planning work, he might give it a low priority in relation to other aspects of preventive medicine entrusted to him. Or, he might be concerned with the ethnic implications of family planning. In such cases the progress of family planning in his district was bound to suffer. On the other hand, in some cases the MOH might be very positive and take a great interest in family planning, imparting his interest to the paramedical staff under his charge. Thus, the degree of efficacy of family planning programmes within MOH districts tended to vary with the degree of interest of the MOH himself.¹²⁶ The expectation that Public Health Inspectors, the majority of whom had been trained in family planning work, might play a major role in the Programme has not been realized, and their participation to date has been very minimal.¹²⁷

The Programme came to depend for its success, therefore, very largely on the performance of midwives. Nycander attempted to evaluate the extent to which failure to achieve family planning targets was due to shortcomings of midwives, and particularly to failure to give all necessary information to clients in their motivational interviews. His conclusion was that 'midwives as a group' have a 'keen sense of duty' and that they are 'rather interested in their family planning work'. Nycander rejects the explanation of carelessness; but midwives appeared to have been discouraged from using flip charts which they had been trained to use; nor did they, as a rule, give the client information

about the reproductive organs and how conception takes place.¹²⁸ Nor did the midwife refer clients to the clinics as often as was expected; less than one-third told clients about the importance of keeping appointments at clinics.¹²⁹ There also appeared to be some correlation between the age of the midwife and the quality of her work as a motivator. Younger midwives tended to work more according to expectations and their approach to mothers was more appreciated. This correlation, however, was not a strong one. Generally, midwives' performance tended to depend mainly on their personality and motivation towards family planning, and not on age, marital status and the like.¹³⁰ But the midwife, too, like the MOH and other family planning personnel, was likely to be influenced by the attitudes of influential political and religious groups of her own community or by distorted versions of family planning appearing in the Press and give a lower priority to family planning than was officially assigned to it.

FAMILY PLANNING AND THE DECLINE IN THE BIRTH RATE

In conclusion, it remains to attempt to assess the impact of family planning in Ceylon, by no means an easy task. As indicated earlier in this chapter, Ceylon's crude birth rate had declined from 36.6 in 1960 to 29.4 in 1970 and the rate of population growth from 2.8 percent in 1960 to about 2.2 percent in 1969. Wright's analysis¹³¹ showed that the birth rate had, in fact, been declining slowly since the late 1950s, when it was in the region of 38.4 per thousand population. Part of the decline appeared to be due to an unfavourable change in age distribution. Another component was the increasing average age of women at marriage, 22.6 in 1950 and 24 in 1964. The changes between 1953 and 1963 (10.6 percent decline in the birth rate) had been due mostly, if not entirely, to these two factors. But the pace of the crude birth rate decline had increased after 1963; and, in

view of the increasing numbers and proportion of women in the age group 20-39 after 1963, the decline in age-specific birth rates from 1963 to 1965 and crude birth rate from 1963 to 1967 suggested that declines in marital fertility might be contributing more to crude birth rate decline than before 1963. Also, the probable declines in marital fertility after 1963 occurred before the National Family Planning Programme had begun to have an impact on the birth rate.¹³²

The UN Family Planning Evaluation Mission analyzed figures of women currently married by age for the period 1963 to 1969 and found that the proportion currently married had gone down considerably in the three youngest fertile age-groups, that is 15-19, 20-24 and 25-29 years. Since some of the women who did not get married when still young would tend to remain unmarried, it would be reasonable to expect that, in the future, the proportions married in the older fertile age-groups would also decline. The Mission inferred that as much as 40 percent of the birth rate decline in Ceylon from 1963 to 1969 could be attributed to changes in the proportions of married women between these years.¹³³

Further, while it appeared there had been only a slight decline in the marital fertility rate of young women in the broad age-group 15-29 years, the 20 percent decline for the older women, aged 30-44, was quite substantial and suggested that contraception was being used increasingly.¹³⁴ Crude calculations had indicated to the Mission that about 25,000 births had been prevented between 1963 and 1969 by contraception outside the National Family Planning Programme.¹³⁵ If this is a reliable yardstick to go by, it is not unreasonable to infer that family planning has contributed in no small measure to the

decline in marital fertility rates in Ceylon.

The present writer is especially indebted to Mr S Selvaratnam, Deputy Director, Perspective Planning Division in the Ministry of Planning and Employment, Mrs E.C. Fernando, former Secretary of the Family Planning Association, Mr G. Nycander, former Swedish Adviser on Family Planning in Ceylon, and Professor B.A. Jayaweera, Dean, Faculty of Medicine in the University of Ceylon, Peradeniya Campus, for enlightenment on many of the multifarious facets of family planning in Ceylon. In completing the writing of this chapter in London, the author was able to benefit greatly by the guidance of Mr. T.E. Smith and to draw upon the services and facilities of the Institute of Commonwealth Studies, University of London.

Foot notes [2-235]

- 2) Department of Census and Statistics, Government of Ceylon, *Preliminary Report on the Socio-Economic Survey of Ceylon 1969-70*.
- 3) The provisional results of the 1971 Census give Ceylon a population of 12.7 million.
- 4) S. Selvaratnam, 'The Demographic Revolution in Ceylon' in *Proceedings of the Ceylon Association for the Advancement of Science* (1970), 2, p. 258.
- 5) Gavin W. Jones and S. Selvaratnam, *Population Growth and Economic Development in Ceylon* (1972), pp. 23-4. Commenting on Ceylon's malaria eradication campaign, Professor D. McDonald, Director of the Ross Institute and Professor of Tropical Hygiene in London University, stated: 'It amazes me that people in Ceylon had not realized the magnitude of what they have achieved in bringing malaria under control. Ceylon's malaria control campaign is the best in the East. Any country interested in

malaria control should study Ceylon's progress in this direction'. Quoted in Planning Secretariat, Government of Ceylon, *Six Year Programme of Investment, 1954-5 to 1959-60*, 1955), p. 377.

6) Jones and Selvaratnam, *Population Growth*, p. 26.

7) Selvaratnam, 'Demographic Revolution', p 261.

8) Ministry of Planning and Employment, Government of Ceylon, *The Five Year Plan 1972-76* (Colombo, 1971), p.1.

9) *ibid*, p.4. Over 25 percent of the unemployed comprise persons who had passed at least GCE (O) level examination, most of whom have displayed a reluctance to take on other white-collar jobs.

10) United Nations Department of Economic and Social Affairs, *Report of the Family Planning Evaluation Mission to Ceylon* (TAO/CEY/14) (hereinafter cited as the Deverell Report), p. 7.

11) Ministry of Finance, Government of Ceylon, *Budget Speech 1971-2* (Colombo, 1971), p. 17.

12) In 1971 a nominal charge of 25 cents per patient for out-door hospital treatment was imposed, and bus and train fares have been increased. *ibid*, p.54.

13) *ibid*, p. 60. The budget presented in 1971 was in respect of a fifteen-month period, extending from October 1971 to December 1972.

14) Department of National Planning, Government of Ceylon, *Short-Term Implementation Programme* (Colombo, 1962), p. 18.

15) S.W.R.D. Bandaranaike, *Speeches and Writings* (Colombo, Department of Broadcasting and Information, 1963), p. 275.

16) This subject is treated in detail in S.U. Kodikara, *Indo-Ceylon Relations since*

Independence (Colombo, 1965), passim; see also S.U. Kodikara 'An unassimilated minority- the case of the Indians in Ceylon' in Ratna Dutta and P.C. Joshi, *Studies in Asian Social Development No.1* (New Delhi, Tata McGraw-Hill for Institute of Economic Growth, 1971), pp. 211-31.

17) *ibid*, pp. 228-31.

18) Bandaranaike, *Speeches and Writings*, p. 275.

19) *ibid*.

20) see *The Times*, December 22, 1952. The agreement has since been renewed for five-yearly periods in 1957, 1962, 1967 and in 1972, although its terms have varied.

21) *17th Annual Report of the FPA of Ceylon, 1969-70*.

22) Department of Health, Government of Ceylon, *Health News* (new series), vol.I, no.2, April-June 1952, pp. 1-2.

23) *Health News*, vol.III, no.3, July-September 1954, p.7.

24) *17th Annual Report of the FPA of Ceylon, 1969-70*.

25) *ibid*.

26) O.E.R. Abhayaratne and C.H.S. Jayewardene, *Family Planning in Ceylon* (Colombo, 1963), p.3.

27) *ibid*, p.4.

28) *17th Annual Report of the FPA of Ceylon, 1969-70*.

29) Abhayaratne and Jayewardene, *Family Planning*, pp. 6-7 and Table I. With the development of the government family planning programme after 1965, many of the FPA clinics were taken over by the Ministry of Health, there being at the same time great expansion of the number of clinics. In 1969, e.g., of a total of 435 clinics, the government was operating 415 and the FPA only 20. See *16th Annual Report of the FPA*

of Ceylon, 1968-9.

30) *17th Annual Report of the FPA of Ceylon, 1969-70.*

31) Abhayaratne and Jayewardene, *Family Planning*, p. 7.

32) *15th Annual Report of the FPA of Ceylon, 1967-8.*

33) *16th and 17th Annual Reports of the FPA of Ceylon.*

34) Jones and Selvaratnam, *Population Growth*, p. 214.

35) *Deverell Report*, p.11. The Population Council has also assisted in field studies of fertility trends and attitudes by the University of Ceylon. These studies have an analysis of existing demographic data, a survey of 78 villages to determine knowledge of attitudes towards family planning, a sample survey of persons patronizing clinics of the FPA in the Greater Colombo area, as well as a survey of population policy in Ceylon.

See Abayaratne and Jayewardene, *Family Planning*.

36) *15th Annual Report of the FPA of Ceylon, 1967-68.*

37) Hannes Hyrenius and Ulla Ahs, *The Sweden-Ceylon Family Planning Project: Analysis and evaluation undertaken on behalf of the Swedish International Development Authority, Demographic Institute, University of Goteborg, 1968*, pp. 6-7.

38) Abhayaratne and Jayewardene, *Family Planning*, p. 9.

39) *Six-Year Programme of Investment, 1954-5 to 1959-60*, pp. 3-4.

40) *ibid*, Table I in Part IV, ch.2.

41) *ibid*, p.5.

42) *ibid*, p. 404.

43) The National Planning Council, The Planning Secretariat, *The Ten-Year Plan* (Colombo, 1959), p. 16.

44) *ibid.*, p. 17.

45) *ibid.*

46) 'I remember a conversation with the late Mr S.W.R.D. Bandaranaike after he returned from an international conference. He told me that he inquired informally from the other delegates to the conference whether they should take up the question of population control. Most of the delegates had considered population control necessary but thought the time was not appropriate for considering it. He told me that he did not pursue the question'. Letter to the Editor by M.W.F. Abeykoon, *Ceylon Daily News*, October 18, 1971.

47) *Short-Term Implementation Programme.*

48) *ibid.*, pp. 16-17.

49) *Senate Debaes* (1960), vol. 15, col. 1480.

50) *17th Annual Report of the FPA of Ceylon, 1969-70.*

51) see pp. 310-13 below.

52) *House of Representatives Debates* (1964), vol. 56, col. 1594.

53) see Report by G. Nycander, *Family Planning in the Field* (mimeo, 1971), p. 6.

54) The latest agreement was signed on October 23, 1970, for a three year period.

55) Abyyaratne and Jayewardene, *Family Planning*, pp. 15-18; *Deverell Report*, pp. 10-11.

56) *16th Annual Report of the FPA of Ceylon.* After the termination of the Sweden-Ceylon Pilot Project, Swedish advisers have continued to assist in the implementation of the Sweden-Ceylon agreements on family planning.

57) *ibid.*

58) see V.T. Herat Gunaratne, 'Family planning for health and prosperity', *Ceylon Today*, vol. 15, June 1966, pp. 1-2; Dalton de Silva, 'Ceylon's bid to check population

growth', *Ceylon Today*, October 1966, p. 23 ff.

59) *The Sun* (Colombo), March 18, 1968.

60) *The Sun* (Colombo), March 19, 1968. See also, *Annual Report of the FPA of Ceylon*, 1967-8.

61) Letter to the editor, *Ceylon Daily News*, October 7, 1969.

62) see article by K.D.D. Perera, MP for Bandaragama, in *Janatha* (Colombo), August 5, 1968.

63) At a meeting of the Marapone Village Committee, it was stated that if birth control were put into practice the Sinhalese race would gradually disappear. Instead of conniving at such a natural disaster, it was the duty and responsibility of every government in power to protect the Sinhala race. *The Sun*, October 6, 1969.

64) Abhayaratne and Jayewardene, *Family Planning*, p. 12.

65) Ven. Madihe Pannasiha, 'Is family planning a way of destroying the Sinhala community?' in *The Ceylon Observer*, August 20, 1969; see also *The Sun*, August 26, 1969; 'The Sinhala race 400 years hence', in *The Ceylon Observer*, September 18, 1969; 'Sinhala Buddhists are in danger – stop all family planning work', in *The Ceylon Observer*, June 27, 1970. The last-mentioned article, written after the change of government in Ceylon in May 1970, began with the sentence: 'It seems ridiculous to go into battle armed with only a pen against these powerful forces: a department of health ruled by non-Sinhalas and non-Buddhists; a family planning organization supported by millions of powerful foreigners; and a host of degenerate men who wish to lead a depraved life, while avoiding the maintenance of law'.

66) *The Sun*, August 26, 1969.

67) *The Ceylon Observer*, September 18, 1969.

- 68) *Ceylon Daily Mirror*, August 6, 1969.
- 69) *Ceylon Daily News*, March 29, 1968.
- 70) *The Sun*, November 11, 1969.
- 71) *Ceylon Daily News*, June 19, 1968.
- 72) *ibid.*, July 9, 1969.
- 73) *Ceylon Daily Mirror*, July 9, 1969. The Mahaveli Development scheme envisaged the diversion of the waters of Ceylon's principal river, the Mahaweli, as a multi-purpose project to extend irrigation facilities in the North-Central Province of the island. The project was ceremonially inaugurated by the Prime Minister on February 26, 1970.
- 74) *Ceylon Daily News*, July 9, 1969.
- 75) *ibid.*, February 1, 1970.
- 76) *Times of Ceylon*, December 18, 1969; and also editorial query 'Has Ceylon a 'Population Policy'? in *Times of Ceylon*, December 19, 1969.
- 77) Besides the SLFP, the coalition includes the Trotskyite LSSP and the Communist Party.
- 78) Personal communication, G. Nycander. See also, *Deverell Report*, p. 12.
- 79) *The Sun*, July 22, 1970.
- 80) *Deverell Report*, p 12.
- 81) *The Five Year Plan 1972-6*, p. 121.
- 82) *ibid.*
- 83) *Ceylon Daily Mirror*, April 22, 1972.
- 84) *ibid.*
- 85) *Times of Ceylon*, May 6, 1972.
- 86) *Ceylon Daily Mirror*, March 25, 1972; *Ceylon Observer*, March 26, 1972.

- 87) see S.U. Kodikara, 'Communalism and political modernization in Ceylon', *Modern Asian Studies*, vol.I, January 1970, pp. 94-114.
- 88) *17th Annual Report of the FPA of Ceylon, 1969-70*.
- 89) Sangha is a term denoting Buddhist monk-fraternities.
- 90) *Ceylon Daily News*, October 16, 1969.
- 91) *ibid.*, October 7, 1969.
- 92) *ibid.*, October 6, 1969.
- 93) Kodikara, 'Communalism and political modernisation', pp. 100-5; Urmila Phadnis, 'Buddhism and state in Ceylon before the advent of the Portuguese', *Asian Studies*, vol.8 (April 1970), pp. 120-34.
- 94) see, e.g. text of letter from a Buddhist High Priest to the Prime Minister in *Davasa*, October 14, 1968.
- 95) Memoranda to the Constituent Assembly, Ministry of Constitutional Affairs, MCA/2/255, 1971.
- 96) *Ceylon Observer*, September 18, 1969.
- 97) No birth rates were mentioned in the article under review, but in a previous article the Rev. Pannasiha compared birth rates for ethnic groups for the years 1953 and 1963 which showed an all-round decline in the birth rate but a slightly bigger proportionate decline for Sinhalese. *Ceylon Observer*, August 20, 1969.
- 98) According to the 1953 Census, the ethnic composition of the population was as follows: Sinhalese 69.36 percent; Ceylon Tamils 10.93 percent; Indian Tamils 12.03 percent; Muslims 5.73 percent.
- 99) *Ceylon Daily Mirror*, July 27, 1968; see also *ibid.*, November 17, 1968.
- 100) G. Nycander, personal communication.

- 101) *The Sun*, October 14, 1969.
- 102) In November 1971, the annual Methodist Conference resolved that 'greater stress should be placed on the need for population control in national planning and calls for a more widespread awareness among the people of the danger of the present rate of increase which is an impediment to the attainment of a higher standard of living among our countrymen'. *Times of Ceylon*, November 9, 1971.
- 103) Nycander, *Family Planning in the Field*, pp. 67-8.
- 104) *ibid.*, p. 68.
- 105) Abhayaratne and Jayewardene, *Family Planning*, p. 12.
- 106) see Kodikara, 'Communalism and political modernisation', pp. 105-10.
- 107) *Ceylon Observer*, November 19, 1968.
- 108) *15th Annual Report of the FPA of Ceylon 1967-8*. A survey carried out by the FPA revealed that Puttalam, a predominantly Catholic and Muslim area, had headed the list of family planning acceptors at the end of 1969. See *Times of Ceylon*, January 28, 1970.
- 109) *The Sun*, September 6, 1969.
- 110) Translated from *Dawasa*, August 3, 1968; see also *ibid.*, October 14, 1969. All references to press reports in this section, unless otherwise stated, are to the English-language press.
- 111) *Ceylon Daily News*, August 10, 1969.
- 112) *Times Weekender*, August 27, 1969.
- 113) Translated from *Silumina*, August 5, 1969.
- 114) *Ceylon Daily News*, February 3, 1971.
- 115) *ibid.*, September 24, 1971.
- 116) see e.g. *ibid*, August 26, 1969; October 7, 1969; September 5, 1969.

- 117) *Times of Ceylon*, December 19, 1969.
- 118) *Deverell Report*, p. 10.
- 119) The total Swedish expenditure for family planning activities in Ceylon during the period June 1958 to June 1970 is in the region of \$1,737,000.
- 120) Nycander, *Family Planning in the Field*, pp. 12-16.
- 121) *Deverell Report*, p. 12, Table 3. The total includes FPA figures for 1967-9. The figures for 1966 were based on crude estimates; those for 1967 on a special questionnaire sent to all clinics.
- 122) Population Council Ford Foundation Project on Ceylon. *Report for October-December 1969* (Wright).
- 123) Family Planning Evaluation Unit, Family Planning Bureau, *Report on Sterilization in Ceylon, 1967-9* (February 1970).
- 124) Population Council Ford Foundation Project on Ceylon. *Report for November-December 1968* (Wright).
- 125) *Deverell Report*, p. 17.
- 126) Nycander, *Family Planning in the Field*, p. 13.
- 127) *ibid.*, p. 16.
- 128) *ibid.*, p. 34.
- 129) *ibid.*, p. 52.
- 130) *ibid.*, pp. 60 ff.
- 131) Nicholas H. Wright, 'Recent fertility change in Ceylon and prospects for the national family planning program' in *Demography*, vol.V, no. 2, 1968.
- 132) *ibid.*
- 133) *Deverell Report*, pp. 15-16.

134) *ibid.*, p. 16.

135) *ibid.*, p. 17.
