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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Population growth and contraception in Africa

SIR,—In recent correspondence on the future of Third World children, Mr J K Monro (26 September, p 859) urged that the overriding need is to "teach family limitation and hygiene." In Africa, according to the Food and Agriculture Organisation, population is likely to increase by 76% from 1969-71 to 1985, but food production by only 45%.¹ Hence the repeated urges for a brake on population growth. Is this likely? Are there hopes?

African families almost invariably are large. In Kenya the average number of children is about eight.² In rural South African black families the corresponding figure according to our surveys is somewhat lower—five to six, with four or five surviving childhood. Importantly, the local birth rate is falling, although its effect is partially offset by a greater survival rate from improved nutrition and public health measures. In Johannesburg, between 1960 and 1979 the birth rate of the black population fell from 42 to 20 per 1000 of population.^{3,4} While falls have been less marked in small towns and in rural areas, meaningful decreases in birth rate are certainly occurring. Furthermore, soon these changes

may be accelerated. For in rural areas black girls leaving school now maintain that their "ideal" family on average will be three or four children; in cities their desire is for two or three children. Moreover, in rural areas, among series of schoolgirls of 18 years, our surveys showed that contraception—by pill, injection, and intrauterine contraceptive device—was practised by 10-29%. The proportion was higher, 22-38%, in big cities, where, as in country areas, oral contraceptives may be obtained from clinics (gratis under certain conditions) or through private doctors at £1-2 per month. The proportions among black women at 20-25 years, of course, are much higher. As a rough comparison, in a survey made in Aberdeen on university students of modal age 19 years "49% of all sexually active women used adequate contraception."⁵

Changes are also taking place, although on a lesser scale, in other parts of Africa. In a series of university female students questioned in Ibadan, Nigeria, 75% were participating in contraception; 28% were using the pill.⁶ Their "ideal" family averaged 3.8 children—half the average favoured by a semiliterate moiety

questioned, which, alas, represents the huge bulk of the population.

The falling birth rate of South African blacks, especially among urban dwellers (40% of the total black population) is most gratifying, as are the expressed intentions of young mothers-to-be, a stratum 95% literate. For perspective, in the white population in Johannesburg the birth rate is now about 13 per 1000 of population⁷—similar to that in big Western cities. At the extreme of population restriction are the heroic changes advocated in China. In 1979 Premier Hua Guofeng asserted, "The State demands that each couple should ideally have only one child and not more than two. To produce a third child is to violate State regulations."⁸ Compliers "will enjoy priority in labour recruitment." Were the family average to become 1.5 children, the predicted Chinese population would be 1125 millions in 2000, but would become phenomenally reduced to 777 millions by 2080. "China now openly maintains the most stringent antinatalist policy in the world."⁹

In Africa, with its limited capacity for food production, and with the virtual impossibility