

**FAMILY PLANNING AND POPULATION PROBLEMS**

— from Medical Students' Point of View —

CADUCEUS has organized a survey concerning the opinion of medical students on family planning and population problems in Hong Kong in late January. The following are the results:

	Male	Female	Total
Number of questionnaires collected	163	30	193
Number of students enrolled in Faculty of Medicine (by September 1973)	646	112	758
% of responses	25	27	25

Unless otherwise stated, the % indicated below refer to the fraction of total responses (not to the % of total medical students).

1. Q. Have you paid any attention to the present Family Planning Campaign in Hong Kong?
  - A. Yes ..... 51% 27% 47%
  - No ..... 49% 73% 53%
2. Q. Do you find interest in the posters and advertisements concerning the Family Planning Campaign?
  - A. Much ..... 12% 23% 14%
  - Not much ..... 61% 54% 60%
  - Scarcely any ..... 26% 23% 26%
3. Q. What is your opinion on the work done by the HKFPA?
  - A. Excellent ..... 1% 0 1%
  - Good ..... 9% 3% 8%
  - Satisfactory ..... 48% 67% 51%
  - Unsatisfactory ..... 10% 13% 11%
  - Bad ..... 1% 0 1%
  - Haven't heard of it ..... 12% 3% 11%
4. Q. Do you agree with family planning?
  - A. Yes ..... 94% 100% 95%
  - No ..... 3% 0 3%
  - No idea ..... 3% 0 2%
5. Q. If you agree with family planning, then what are your reasons?
 

(The percentages below refer to the fraction of those who AGREE with family planning and consider the reason to be of the first three preferences.)

- A. (a) Family planning helps a woman to space her pregnancies in order to safeguard her health and that of her children ..... 46% 60% 48%
  - (b) Family Planning protects a woman from pregnancy until her baby has been weaned and she wants to have another baby .. 19% 37% 22%
  - (c) Family Planning gives parents an opportunity to provide a better start in life for each of their children ..... 80% 73% 79%
  - (d) Family Planning helps men and women to enjoy their married life without fear of unwanted pregnancy .. 45% 43% 45%
  - (e) Family Planning helps husbands and fathers to provide for the future well-being of their families ..... 67% 63% 66%
6. Q. What do you think are the most important beliefs that place a barrier against the Family Planning programme in Hong Kong?
 

(The % indicated below refer to the fraction of the total responses that consider the beliefs to be of the first three preferences.)

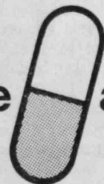
    - A. (a) 'Family Planning is against the will of God' ..... 18% 17% 18%
    - (b) 'Family Planning makes women unfaithful and promiscuous!' .. 8% 0 7%
    - (c) 'Family Planning is unmasculine — children are a sign of a man's virility!' ..... 13% 7% 12%
    - (d) 'Family Planning is for the poor — if you have money you can afford lots of children.' ..... 29% 17% 27%
    - (e) 'A man needs to produce heirs who will

- continue to work his land.' ..... 33% 23% 31%
- (f) 'The country needs more citizens to make it powerful and strong.' ..... 4% 7% 4%
  - (g) 'Contraception is troublesome, dangerous and affects health.' .. 45% 40% 45%
  - (h) No idea ..... 12% 23% 13%
- Other opinions include:
- (a) Some people are shy, unwilling to consult the agencies.
  - (b) Many people are ignorant to family planning.
  - (c) The traditional Chinese belief in having many children is still deep-seated.
7. Q. What do you think is the most suitable number of children for a family?
    - A. 0 ..... 0 3% 1%
    - 1 ..... 2% 0 2%
    - 2 ..... 51% 60% 52%
    - 3 ..... 37% 33% 37%
    - 4 ..... 12% 7% 11%
    - 5 ..... 1% 0 1%
    - No idea ..... 3% 3% 3%
  8. Q. Do you think that it is necessary to impose restrictions on the number of children per family?
    - A. Yes ..... 49% 47% 49%
    - No ..... 51% 53% 51%
  9. Q. If your answer to number 8 is Yes, which of the following methods would you prefer?
    - A. (a) Legal restriction .... 15% 14% 15%
    - (b) Restricted privileges to a family with many children ..... 60% 50% 59%
    - (c) Awards given to participants in Family Planning scheme .... 20% 43% 22%
    - (d) No idea ..... 3% 0 2%
  10. Q. What do you think is the most suitable age for marriage?
    - A. (a) M & F over 25 ..... 28% 67% 34%
    - (b) M over 25, F under 25 ..... 65% 30% 60%
    - (c) M & F under 25 ..... 1% 0 1%
    - (d) No idea ..... 5% 3% 5%

(Note: Minimum age suitable for marriage recorded in the questionnaires is 20.)
  11. Q. What is your opinion on contraception?
    - A. (a) Encouraged and compulsory ..... 4% 3% 4%
    - (b) Encouraged but NOT compulsory ..... 88% 90% 89%
    - (c) NOT encouraged .... 7% 7% 7%
  12. Q. Contraception should be the duty of:
    - A. (a) Male only ..... 1% 0 1%
    - (c) Both ..... 85% 93% 86%
    - (b) Female only ..... 12% 3% 10%
  13. Q. 1974 is the 'UN population year'. Do you think that this is rightly chosen from so many problems in the world?
    - A. Yes ..... 74% 83% 75%
    - No ..... 15% 10% 15%
    - No idea ..... 11% 7% 10%
  14. Q. What do you think is the most important implication of the UN population year?
    - A. (a) That population over-growth has not been controlled adequately previously ..... 17% 17% 17%
    - (b) That population over-growth has thrown a threat on the food supply of the world .. 50% 60% 51%
    - (c) That people now recognize that it should be the duty of an international organization to carry out population control ..... 29% 37% 30%
    - (d) That Family Planning is the main theme of the population year .. 11% 0 9%
    - (e) No idea ..... 11% 7% 10%
  15. Q. What do you think should be the most suitable agent in carrying out the Family Planning Campaign in Hong Kong?
    - (a) Government ..... 70% 80% 72%
    - (b) International organizations ..... 22% 10% 20%
    - (c) Voluntary agencies .. 18% 17% 18%
    - (d) No idea ..... 2% 3% 2%

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# Medical Aspects of Family Planning

Adapted from  
Winning Essay in Essay Contest by FPA

by Robert H. K. Mak  
(4th year)

Perhaps, there is really no justice in this world. Whereas the recent decades have witnessed a revolution in sanitation and dramatic advances in medical care, public health is often blamed for the "population problem", a misconception attributing this urgent issue to the remarkable fall in death rates, which should, no doubt, be a heralded success per se. Fair or unfair, the world population explosion is now a problem which dwarfs all other social, economic and political issues and we are faced with the cold solid fact that if a crash program of population control is not effected in the very near future, the world is irrevocably committed to the tragedy of the "death rate" solution, where the problem enters a vicious circle and ends largely because of rising famine.

Considerations of withholding improvements in sanitation and medical care as measures of population control will, of course, be most unreasonable and unethical. After all, there is little prospect of limiting the family size unless people have assurance that their children have a good chance of surviving. The logical approach, then, to the problem of the overwhelming demographic gap which is the divergence between death and birth rates is a concerted effort to reduce the latter. It is exactly here that contraception or a better organised form of the movement, family planning, comes in. Indeed, community health activities in family planning are increasingly being accepted as public responsibility. Countries like Japan, Egypt, Poland and India are even having national policies and programs for family planning — giving high priority to developing ways of helping families to space their children and to limit them to a number they can support.

National patterns of contraceptive usage are often quite heterogenous. These are in part the consequence of historical, legal and religious traditions. They are affected too by the subcultural influence which determine in each specific family whether birth control will be practised, in what form will it be effected and with what degree of success it will be used. Age, religion, education and socio-economic

status are some of these influences which have an important effect on reproductive behaviour. Thus although unwanted pregnancies resulting from failure or habitual non-use of contraception occur at every social level, the majority of them are confined to the lower economic classes of every society. Family limitation in such families would be most desirable from the point of view of parents, existing children as well as the community as a whole. Of course, sociological factors are not our primary concern here; after all, it is the medical side that we are interested in in this essay. We need, however, to keep them at the back of our mind when evaluating contraceptive techniques.

Because the practice of birth control was for so long regarded as legitimate boundaries of scientific study, the comparative assessment of different contraceptive methods, and even the overall evaluation of family planning practice, is of very recent development. A contraceptive method is not for an individual, but for a couple. Although only one mate may be involved in its use, any method, because it affects their interpersonal as well as their sexual relationship, actually involves both husband and wife. The contraceptive effectiveness of any method is dependent upon a complex of social and psychological variables collectively summarised in the concept of "acceptability". Thus, a method which may have high theoretical efficiency, such as total or partial abstinence, may be ineffective for most couples because of its low acceptability. Conversely relatively inefficient, even irrational, methods may survive because they are found to be acceptable. Acceptability involves a wide range of factors amongst which the extremes are represented by individual psychological motivations on one hand, and broad regional or ethnic influences on the other. Within a particular society, however, the most important components are those subcultural influences, including education, social status, age and income, which affect the care, perseverance and consequent success with which a particular method is used.

There is no one method suitable for

all couples, and it is often helpful to prescribe one method for usual use, and one or more alternate methods that may be applicable to varying circumstances. Any method prescribed must always be safe, effective and acceptable to both husband and wife. Keeping this in mind, we shall now make a brief survey of the contraceptive techniques which are in common practice, namely, the pill, diaphragm, IUD, chemical spermicides, condom, rhythm and sterilization.

The use of family planning depends upon family decisions. As in many other public health programs, community responsibility can be exercised only by assisting parents in their daily living. These personal preventive services require an approach to the people quite different from legally sanctioned measures such as sanitation which can be directly applied to the community as a whole. The provision of family planning services in Hong Kong has entirely been through family planning clinics of the Hong Kong Family Planning Association. Historically, the fact that family planning was not generally accepted made it necessary for the voluntary organisation which started this work to set up their own clinics. Among the services offered are contraception, diagnosis and treatment of the infertile couple, education for marriage and marriage counselling. Indeed, family planning does not consist only of spacing and reducing the number of children in a family. It is also helping the premarital couple in anticipating, meeting and fulfilling their emotional adjustments as man and woman. It is aiding the infertile couple to achieve pregnancy and the birth of a normal child. It is advising the patient with endometriosis or juvenile diabetes to become pregnant as soon as possible and equally important, advising against pregnancy in the complicated diabetic or nephritic patient. Offering measures to avoid or postpone a possibly crippling pregnancy — this is preventive medicine.

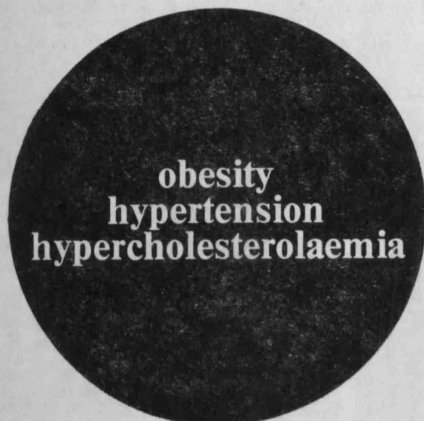
Adequate contraceptive service provide opportunity for preventive medicine. Women coming to the physician for

contraception constitute a large segment of the young and healthy population who otherwise would not be seen by a physician at all. These are some of the areas in which this program has a favourable influence on preventive medicine. In the first place, child spacing per se protects the health of mothers and babies, for prematurity and infant mortality rates have been shown to be higher in babies born a year apart than in those born two or three years apart. Also, maternal mortality rates have a direct bearing on infant mortality rates, because a child's survival depends to a significant degree upon the mother's survival. The mortality rate of older children in the household of a motherless home is also higher than in one in which the mother is alive.

Contraception gives the physician the added opportunity to provide yearly examination for deadly diseases like breast cancer, the early form of which usually presents with no symptoms, and is only an accidental finding in the course of a careful physical examination. Family planning also helps to improve emotional stability and mental health by providing the foundation of a harmonious home and the nourishment of a good sex life. Fear of pregnancy can disrupt marital relations and a dependable and acceptable contraceptive is one of the essentials for good emotional health, not only for the parents but also to protect the emotional climate for the children in the family.

The more turbulent the outside world, the more important it is that the home be the heaven of the human spirit. Most of the serious problems confronting our communities and, therefore, our nation, stem from emotional instability and hostile relationships within the home. It has been said, "No nation can be ultimately overthrown which is founded on healthy homes." The physician who has a wise, humane and accepting understanding of the whole psychosexual area, the whole family planning program, will play a major role in the development of such greatly needed healthy homes.

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### ..... Stars of Heaven

Sand upon the Shore ..... By D. C.

"I will bless thee,  
And in multiplying, I will multiply thy seed:  
As the stars of the Heaven,  
And as the sand which is upon the seashore ....."  
(Genesis 22:17)

So promised the Lord to Abraham. His promise is from everlasting to everlasting and unto children's children; and so, Abraham's seed multiplied, multiplied, multiplied ..... If there were any God, He should be astonished by what His blessing had brought — 38 billion chaps in this tiny little dust of the Universe, increasing at a rate of 1.5 million every single week! Terrifying?

Ever since man emerged as an accidental branching off the evolutionary tree, he has been struggling for survival, from the Pleistocene Period upto the present moment, against both physical and biological adversaries. The sole aim for man's existence is but the perpetuation of his species. "Family", "Society", "Love", "Rules", "Religion" etc. were built, not because of the supremacy of mankind (though claimed by many), but for the very need of individual survival and species maintenance. (You might damn me for this, but it's the truth that this is the Law which none can escape — at least on earth). Everything is subjected to selection and only the fittest can survive, thus resulting in a state of equilibrium.

Before the advent of men, or more precisely, the development of "sophisticated human culture", natural selection did do a fine job; and the whole wide world rejoiced in this balance for millions of years. Then came the "civilization" of men: animals were killed, trees were axed ..... Men did enjoy this seemingly never-exhausting resources for the past 20,000 years, with ever-advancing technology and instrumentation. But are we really successful as an "animal"? Have we really subdued Nature? Sadly we have to confess: **NO!**

Just as the law of chemical equilibrium, change in the concentration of one reactant will shift the whole system to a new state of equilibrium, so is the Law of Natural Selection. The temporarily fulminating state of mankind will sooner or later end in tragedy. Resources are being used up; ecological environment has been completely upset ..... What then shall we do to rescue the human species? It's really a dilemma.

It's quite popular nowadays to talk of "family planning" and "population control", basing on the belief that overpopulation results in the shortage of supply and upsets the balance of nature and that restriction of population can somehow compensate for this. But have we ever thought of the consequence of the want of candidates for competition if birth rate is to be limited, thus leading to deterioration of the human gene pool? Some recent statistics reveal that the "intelligence level" (a vague term indeed) of mankind has been decreasing for the last few decades, owing to the late marriage and reduced number of children of the intellectuals who are presumed to possess "better" genotypes. Though there are controversies concerning this, we should not overlook the significance of the shortage of candidates. It is through ages of natural selection that unfit genomes are eliminated. **Why don't we just let our children come and combat, and let those unfit be expelled?** "Good" genes, which may one day prove vital for human survival, are likely to be missed under birth control.

Both are for the perpetuation of human species. Which to choose is indeed a quandary and must await further investigation. But be reminded that the Day of Judgement isn't that far ahead.

**"THE KINGDOM OF HEAVEN IS AT HAND." REPENT NOW!!**

# 啟文

香港大學學生會  
醫學會月刊

六卷二期

本期發行四千份  
一九七四年二月

本編委會就西貢政府侵略我國領土，西沙、南沙群島一事，支持港大學生會對此事所發表的聲明，並且呼籲各醫科同學關心國家大事。



同是寫於大除夕的文章

## 年卅晚

風

正當家家戶戶都趕着辦年貨，共團年之際，卻有廿數位醫科同學走到灣仔參觀香港戒毒會，而其中有正讀得水深火熱的二年班同學，真是難得，更可貴的是該會的負責人亦犧牲了原本可以休息的下午來接待我們，以滿足我們的求知慾！

集合之後，我們就浩浩蕩蕩的來到一座大廈面前，舉頭一望，嘩！可複雜啦，什麼桃桃池，介毒會，健身院等；只不過穿了幾條街，就見到這許多東西，真是好一個社會的縮影！

到達目的地後，戒毒會與康復中心的負責人分別給我們介紹情況，解答疑問，跟着又領我們參觀康樂室和婦女戒毒所，使我們對於香港吸毒——戒毒的一些情形有所知。

原來戒毒會是聯合醫務人員和社會工作者為那些自願戒毒的人服務。戒毒所的牀位只有數百，戒毒的成功率則只是男的百分之二十五，女的百分之卅四，對於一個有十萬八萬的吸毒者和遍地都有地下毒品交易的香港來說，戒毒會所做的雖然已經有顯著的成績，但仍然是很有限的呢！香港也有反吸毒和禁販毒的組織，在消除毒品為害市民的問題上會經互相商榷，反吸毒人士對禁販毒人士說：「如果你們禁得嚴密，社會就沒有毒品可買，我們也不用反吸毒啦。」而後者則對前者說：「如果我們宣傳得好，反吸毒做得徹底，就算有毒品存在，也沒有人願意吸了。」究竟是那一方的錯呢？確有研究的價值！在外國，往往反吸毒的同時兼任販毒，賊即是兵，兵即是賊，兵兵賊賊，關係真可謂奧妙！

會吸毒的人最理解解毒的害處，當然是極力挽救受害者，積極辦好康復中心，反吸毒宣傳運動等，更希望政府能有決心幫助戒毒者，在石鼓洲多建宿舍，容納更多的受害人。但這個問題真是談何容易啊。

正如有些同學說：「一些人戒了毒，可是有更多人吸毒，做得多吧！這是個複雜的問題，有根的問題！」現在百物騰貴，毒品也不例外，但已經上了毒癮的人是不會因此而減少的，那麼他們又往那裏得來這些錢買毒呢？一個統計數字給了我們部份解答：三分之二的監犯都是吸毒的。此外，還有一些有意思的統計：吸毒的人多聚居於深水埗，黃大仙和觀塘；毒品的供應地區主要是九龍城，銅鑼灣，荃灣和西營盤；女吸毒者多為娼妓，吧女；近年來年青的吸毒者愈來愈多……這些都不是可以反映到一些社會問題嗎？而這些不正是香港才獨有的呀！

新歲在即，人人都說要除舊迎新，可是我們底社會何時才可以來個大掃除，把污穢洗刷乾淨呢？

## 歲晚雜感

雲

轉瞬間又是臘鼓催催，急景殘年的光景了，一年的時光，又在指間溜過，新的一年又在喜氣洋洋中誕生。一年又一年的，到底歲月為我帶來了些什麼？是莊嚴肅穆的生命，是璀璨綺麗的夢幻，是真摯友情的衝動，是姊妹親情的難忘，還是一片混雜的憂憂怨怨？放學一回到家，原是大除夕，但還是抑制不住心頭的一股衝動，只想以淚水來洗滌那一切一切太多的感嘆！

偶然人與人間的不慎之言，冷漠之情，固然難受，但發覺自己承受不起的，却不是世態炎涼的所作所為，而是過多感情的負荷。那天黃昏，披着淡淡的夕陽餘暉，迎着深冬特有的寧靜氣息，與芳一起走回宿舍，訴說了不少心靈細語，撫平了不多少日來感情上起的波折，亦拾回了不少失落於繁忙中的純真之情，真的，就是這般熱誠純樸的友誼，加上家庭那般辛勤的養育之恩，扶持着我一天又一天的，堅強地生活下去。許多許多的事情，開心與不開心的，像小石一樣在平靜的心湖掀起圈圈的漣漪之後，我總讓它在心中擴大，然後隱去以至，恢復原狀，只是那一塊塊的小石子，始終存積在心湖之底，重重疊疊的，造成了不可磨滅的多感。

年晚收到舊友的信，嚷着抖落不下複雜的思潮，捕捉不回昔日愉快的笑靨及無憂的日子。在柔和的燈光之下，提起了久已遺忘的筆桿，原想對她鼓勵一番，藉着新歲月的開始，讓我們重新踏着穩重的步子，兢兢業業地完成自己的本份，但到頭來，字裏行間却充塞着對生活的提心吊胆，新的一年在漆黑中開始了它的踪跡，大地回春，百花吐蕊的日子已不遠了，但這些生氣與希望，彷彿已再也燃不起我那顆死寂的心。

草於一九七四年一月二十二日深夜

## 學醫記

廢城

我學醫，原是要頗經過一番內心掙扎的。這種掙扎至今仍持續着，並常常的紛擾着我，這是我所引以為悲的。

本來嘛，讀書就不是件太難的事，只要有恆心和毅力——我所說的恆心和毅力和小學或者中學教員所說的頗為兩樣。先是，恆心是要有對醫學教員所說的一種心境；而毅力，則是要在午飯後 Lecture 中強忍不睡的一種耐性……

由於我沒有恆心、沒有毅力，所以覺得讀醫就不是件太易的事。問題是我不是肯的耐性的。我看到許許多多令我沮喪而且驚怕的事——一枚鐵鎗，百發百中，數十具死屍，幕起，幕閉，觀衆閑地而起，散場；這不是戲院裏的故事，而是地球的各個角落裏都隨時發生的真事——於是我就有點惶然了。我在惶然之中發覺醫生的孤獨，縱使醫生們都有三隻手，都醫術精深，也不能從閻王手中搶回那幾十個飲彈亡魂呀！而何況這世上每天製造又修正出幾十個冤魂？更且，也有那些冤魂不是鎗彈子道出來的，而是死于其他原因的，好像是被禱頭瘋癲死啦，被政治手段謀殺死啦，被壯壯害死的啦，被這個世界嚇瘋，然後瘋死了啦……而死得最令我驚愕萬狀的，却是那一具具沒有腦袋，只有被人拉着鼻子走的活死人！

這全都是可以悲哀的。可是醫生們都忙於他們的功課，便不什有空去悲哀了。每次我走進圖

「出淤泥而不染」是個人修養上的一個目標，它代表獨立高潔的德性，不受環境支配，能夠自己選擇正確道路的能力。

但我們不能只管「不染」而忽視其方法。一個最常見的錯誤是把自己與一切可能對個人有不良影響的事物完全隔離。用這方法，不染是不染了，但其他問題便應而生。以健康與細菌感為例：我們知道，把一個人自少便與細菌隔離，他終不能會得到正常的健康。同樣地，精神上的過度隔離，即使只對於不良事物，也不能造成一個健康的人格，因為對不良事物的觀察，了解及甚至體驗，也是一種知識，這種知識，每每是將來信心面對社會及與人相處以爭取更大智識及更高修養的基礎。而隔離一開始便只帶來無知的胆怯；因胆怯而再隔離；因隔離而

## 啟思錄



## 不染

每文

更無知……惡性循環，隔離便要超出理性，形成偏見、固執、與人格不入，以至憤世嫉俗。

所以，在個人修養的過程中，如發覺自己愈來愈只屬於一個小圈子，不能適應其他社會環境，或不能為他人所了解，切勿沾沾自喜，以為這便是獨立高潔的一部份，因為這都不是。相反的，它可能是誤入歧途的訊號。

一個真正高潔獨立的人，乃係從實際生活磨練而來。他是容易被了解的，因為他是一的一份子，同時，他也是為人所尊敬的，因為他更能了解別人，由了解而同情及不懼於那惡或他人的缺點，由同情和不懼，他不但能與「淤泥」保持接觸而不染，更能為人類在這方面供給可貴而具建設性的力量。

是「出淤泥」而不是「脫淤泥」。如果脫離淤泥，當然是要凋謝了。

(曹碧)