

6 Public Health Demography

Local, National, and Transnational Efforts to Govern Lower-Class Populations

Shinozaki had an effective colleague at the Institute of Public Health (IPH), just six kilometers south of central Tokyo where the government offices were clustered, to help with his birth control campaign and the initiative to launch the first association for population science: Koya Yoshio (1890–1974), the IPH director-general, also a renowned scholar, government advisor, and social reformer advocated to eugenics and racial hygiene.¹ During World War II (WWII), Koya was involved in developing reproductive policies.² He continued to do so after the war, but this time, going along with the government line, he promoted birth control instead of pronatalism. Koya spearheaded the move within the “trinity” to promote a birth control policy on the grounds of maternal health and eugenics. For the same reasons, he joined force with birth control activists to form the Family Planning Federation of Japan (FPFJ) in 1954. Koya, even more so than Shinozaki, was at the center of the movement to popularize birth control in 1950s Japan.

Like Shinozaki, Koya also integrated his scientific activities with policy-relevant birth control advocacy work. However, Koya did it on a larger scale. Far more advanced than Shinozaki in terms of his career, Koya was able to influence the government birth control policy and popular birth control movement on a more fundamental level. An outcome of Koya’s policy-oriented birth control work was the formation of the Department of Public Health Demography (DPHD), the academic department Koya created within the IPH. Reflecting Koya’s position, the DPHD fostered a lively community that consisted of collaborations among health officials, research specialists in reproductive medicine and

¹ For Koya’s biography, see Izumi Takahide, ed., *Nihon kingendai jinmei jiten 1868–2011* (Igaku Shoin, 2012), 265; “The Rockefeller Foundation, Division of Medicine and Public Health, Personal History Record and Application for Travel Grant: Koya Yoshio,” n.d. c.1954, Rockefeller Foundations Archive, Record Group 1.2, Series 609, Box 6, Folder 46, RAC.

² Koya was also closely working with Tachi during the war. Koya Yoshio and Tachi Minoru, *Kindaisen to tairyoku, jinkō* (Osaka: Sogensha, 1944).

population statistics, and birth control activists. Through these collaborations, the DPHD supported the post-WWII government's effort to govern the population via the promotion of birth control. Like Shinozaki's survey research, stories about the DPHD certainly point to the intimate relationship between the development of population science and the postwar domestic population policy, which unfolded within the movement to popularize birth control across the nation.

What was particularly remarkable about Koya's stories, which was less obvious in those about Shinozaki, was that this seemingly "national" endeavor was buttressed both by "transnational" and "local" elements.³ Specifically, through the birth control pilot studies based at the DPHD, Japanese population science and the state's efforts to govern the population became woven into the transnational endeavor to manage the world's population. At the same time, fieldwork for the DPHD pilot studies fundamentally relied on various local governing infrastructures in order to actualize the intended goal. This chapter thus elaborates the history of the science–state collaboration on population management by showing how local, national, and transnational population governance efforts were entangled in the process to develop science – which, in this case, was the field of public health demography.

Koya's Birth Control Advocacy and Public Health Demography

Stories about the Japanese government's engagement with the issues of reproductive bodies in the period between the 1930s and 1960s are incomplete if they do not mention Koya Yoshio. Koya, a graduate of Japan's top medical program, the Department of Medicine at the Imperial University of Tokyo, cultivated his career as a specialist and promoter of racial hygiene. After studying in Berlin – as many elite medical students had done since the Meiji period – Koya taught racial hygiene at Kanazawa Medical University. In 1939, he joined the MHW as a technical bureaucrat (*gikan*), and from December 1940 on, he directed the MHW-RI Department of Welfare Science. After the war, appointed by the SCAP, Koya assumed directorship of the IPH, which last until September 1956, when he moved to Nihon University. Throughout his career, Koya maintained close contact with population scientists in

³ On the "transnational" aspect of Shinozaki's birth control work, see Nobuo Shinozaki, Akira Kaneko, and Kazumasa Kobayashi, "Summary of The Investigation of the Actual State of the Practice of Contraception (First Report)," n.d., Taeuber Papers, C2158, Folder f.2235.

various fields, including those introduced in this book, and he was a central figure at the institutions that critically shaped – and were shaped by – official reproductive policies.

Yet, in part due to his proximity to official reproductive policies, Koya had a rather complicated history with birth control advocacy.⁴ In the early 1930s, as a conservative racial hygiene scholar, Koya firmly opposed the popular birth control movement. Like Nagai Hisomu (see Chapter 3), Koya feared the current state birth control – highly popular among the urban educated class but not among the less-educated lower socioeconomic class – would jumpstart “reverse selection” and consequently “lower” the quality of the Japanese race. In 1930, together with Nagai Hisomu, Koya established the Japanese Association of Racial Hygiene (*Nihon Minzoku Eisei Gakkai*) and lobbied for eugenic policies that would prevent the use of birth control and induced abortion from spreading further. During the war, and now a technical bureaucrat at the MHW, Koya helped draft key wartime eugenic and population policies that banned contraceptives now deemed “harmful.”⁵

After the war, Koya completely flipped his position on birth control – as did the government. Witnessing the surge in abortions after the amendment of the Eugenic Protection Law (EPL) in 1949 (see Chapter 5), Koya persuaded Minister of Health and Welfare Hashimoto Ryōgo to consider promoting birth control as an alternative to induced abortion.⁶ He was also a leading figure in the “trinity” structure, actively involved in drafting the proposal that culminated in the birth control policy of 1951.⁷ In the 1950s, he led birth control advocacy by acting as a go-between for the government and existing birth control activists. By the end of the decade, Koya was known as the most eminent health official involved in the popular birth control movement.

The above story suggests that Koya’s attitude toward birth control shifted dramatically after the war. Yet, in reality, his philosophy supporting the attitude changed very little. Beginning in the prewar era, the fear of laissez-faire birth control facilitating “reverse selection” continued to dominate his understanding. Thus, when the government was inclined to adopt birth control as a national policy, Koya problematized *unchecked* birth control practice, while fervently endorsing a *guided* birth control

⁴ Miho Ogino, “*Kazoku keikaku*” *eno michi*, 179–81.

⁵ Hiroyuki Matsumura, “‘Kokubō kokka’ no yūseigaku: Koya Yoshio wo chūshin ni,” *Shirin* 83 (2000): 102–32.

⁶ Yoshio Koya, “The Program for Family Planning in Japan,” *Journal of Japanese Medical Association* 24, no. 9 (September 1950): 2.

⁷ Yoshio Koya, “Whither the Population Problem in Japan,” *Bulletin of the Institute of Public Health* 1 (1951): 2.

program. A *guided* program would specifically target the lower socioeconomic classes. It would be carefully coordinated by local public health authorities, supervised by medical practitioners who were familiar with eugenics, and assisted by a trained midwife or a nurse.⁸ Koya believed such a program could successfully lower abortion and pregnancy rates without triggering “reverse selection.” Thus, what appeared on the surface as a drastic transformation was in fact not so drastic, and even after the war, Koya’s attitude was fueled by his fervor for racial hygiene.⁹

Another aspect of Koya’s work that changed very little was his willingness to use scientific expertise for his cause. In wartime, Koya applied his expert knowledge in racial hygiene to mold reproductive policies. After WWII, he insisted that the birth control movement should be informed by science. In 1957, from his position as the president of the FPFJ, Koya argued “the correct way for spreading F.P.” was one predicated on “a scientific basis” and insisted the FPFJ advocate for such “scientific” birth control.¹⁰ As a technical bureaucrat who specialized in racial hygiene, Koya firmly believed that knowledge and techniques buttressed by eugenics and population science were essential for birth control advocacy.

In the latter half of the 1940s, using his position as the IPH director-general, Koya strove to create an academic department that would provide “a scientific basis” for his birth control advocacy. He used the widespread anxiety about “overpopulation” to negotiate with the SCAP-GHQ and the Japanese government and managed to persuade the MHW to authorize the formation of a department that would respond to the population problem from the viewpoint of public health. Consequently, on May 17, 1949, the DPHD was established within the IPH, with Koya as its head.

Because Koya was a driving force behind the department’s creation, the DPHD unabashedly reflected Koya’s ambition to build a scientific institution that would directly contribute to his birth control campaign. The official document defined the area of expertise for each IPH department

⁸ Yoshio Koya, “The Family Planning Program Should Be Promoted in Cooperation of Physicians More Intensively,” n.d. c.1958, Series III, Box 95, Folder 1565, Gamble, Clarence James Papers, 1920–1970s, Center for the History of Medicine. Francis A. Countway Library of Medicine, Boston, MA. (Hereafter referred to as Gamble Papers).

⁹ Maho Toyoda, “Sengo nihon no bāsu kontorōru undō,” 58.

¹⁰ Edna McKinnon, “Report for the Far East and Australasian Region of I.P.P.F. Tokyo, Japan, September 14 to 26, 1960,” 3, 1960, Series III, Box 97, Folder 1582, Gamble Papers; “FPFJ Is Planning to Conduct Important Projects Shortly,” *Family Planning News*, no. 2 (March 1957): 1.

that the DPHD oversaw: “(1) Matters concerning public health linked to the population phenomenon; (2) Matters concerning family planning; and (3) Matters concerning eugenics and physical quality.”¹¹ This focus directly corresponded to the objectives Koya frequently articulated in his post-WWII birth control activism: to reduce a population size through contraception and to improve the biological quality of the Japanese population through eugenics. They would be realized through a scientifically informed *guided* family planning program tied to government policy.

The recruitment process in the early days also illustrate Koya’s ambition. The IPH recruited staff from within the organization who would be able to instantaneously assist Koya’s birth control research. Ultimately, Kubo Hidebumi (Hideshi), Kumazawa Kiyoshi, and Muramatsu Minoru were transferred to the DPHD. Along with Koya, they constituted the founding members of the new department.¹² In June 1950, epidemiologist Yuasa Shū replaced Kumazawa. In May 1952, Ogino Hiroshi, son of the prominent gynecologist Ogino Kyūsaku, became the fifth member of the DPHD, and in 1957, biostatistician Kimura Masabumi joined the department.¹³ In addition to this permanent staff, in the 1950s, external colleagues either taught courses for the DPHD or joined the department for specific research projects. They included eminent Professor of Obstetrics-Gynecology Moriyama Yutaka from the Yokohama Medical School and Koya’s son, the gynecologist Koya Tomohiko from the Department of Obstetrics and Gynecology at Tokyo Teishin Hospital. Staff members at the DPHD were well versed in either biostatistics or obstetrics-gynecology, the two medical fields Koya deemed were key to sustaining his policy-relevant birth control research.

Once established, the DPHD became a hub for the Japanese birth control movement. Notable figures such as Katō Shizue and Kitaoka Juitsu were among the frequent visitors to the department.¹⁴ They met with Koya at the DPHD to discuss a wide range of topics, such as the future of activism, methods of contraception, and the eligibility of doctors permitted to perform induced abortions under the EPL.¹⁵ In the mid-1950s, after Koya became the FPFJ president, the organization

¹¹ Kokuritsu Kōshū Eisei In, *Kokuritsu kōshū eisei in sōritsu jūgo shūnen kinenshi* (1953), 22.

¹² Kokuritsu Kōshū Eisei In, *Kokuritsu kōshū eisei in sōritsu jūgo shūnen kinenshi*, 29.

¹³ Ogino Kyūsaku was internationally renowned for his Ogino contraceptive rhythm method.

¹⁴ Diary of Oliver R. McCoy, August 20, 1949; December 13, 1949; December 30, 1949, Rockefeller Foundations Archive, Record Group 12.1, Box 83, Folder 266–7 at RAC.

¹⁵ Diary of Oliver R. McCoy, August 20, 1949; December 13, 1949.

moved its institutional base to the DPHD. It was the DPHD that administered the budget for the FPFJ and published its English-Japanese bilingual newsletter, *Family Planning News*. The DPHD provided Koya with a physical space in which he could develop his birth control activism.

As well as offering him a venue for his activism, the DPHD was doubly valuable for Koya because its core activities also directly fed into his birth control advocacy. Like the other departments within the IPH, the DPHD's core work consisted of professional teaching and scientific research in public health. With regard to teaching, family planning dominated the DPHD teaching curriculum shortly after the government turned birth control into a national policy in 1951. The training program was a direct outcome of Koya's birth control activism. As the FPFJ president, he once commented that both doctors and healthcare practitioners should learn contraception systematically so they could effectively run a guided birth control initiative.¹⁶ With this idea in mind, in September 1951, Koya met Minister of Health and Welfare Hashimoto and recommended that the government should train local doctors, health practitioners, and health officials in the "methods of regulating contraception."¹⁷ After the government amended the EPL in 1952 in accordance with the cabinet decision and created the role of "birth control field instructor" (see Chapter 5), the government entrusted the DPHD with offering a week-long course on contraception to prefectural health officials and medical professionals. After completing the course, the attendants were expected to return home and train and certify local midwives and nurses to act as "birth control field instructors." In 1952 alone – the first year the course ran – 111 individuals completed the course.¹⁸ For the rest of the 1950s, the course continued, acting as an integral part of the state birth control initiative Koya fervently promoted.

The research conducted at the DPHD was significant for Koya's birth control advocacy. Between the early 1950s and mid-1960s, DPHD researchers carried out a stream of policy-relevant, applied, semi-longitudinal public health and demographic studies on people's birth control practices that primarily aimed to assess the efficacy of a contraceptive method or the impact of a birth control initiative on vital statistics, in particular on birth, pregnancy, and abortion rates.¹⁹ Starting with the

¹⁶ Koya, "The Family Planning Program Should Be Promoted."

¹⁷ Diary of Oliver R. McCoy, September 24, 1952.

¹⁸ Kokuritsu Kōshū Eisei In, *Kokuritsu kōshū eisei in sōritsu jūgo shūnen kinenshi*, 76.

¹⁹ For the list of publications coming out of the aforementioned projects at DPHD, see Yoshio Koya, "Papers of Dr. Koya and his associates, Department of Public Health Demography, The Institute of Public Health, Tokyo, Japan. 1950–1959," January, 1959 (PC, Box 19 Folder 302).

abortion survey in 1950, DPHD staff and associates launched the internationally celebrated seven-year birth control pilot project, the “three-village study” (1950), “Research Concerning Induced Abortions” (February 1952), a sterilization study (May 1953), the five-year birth control pilot scheme involving coal miner’s communities in Ibaraki Prefecture that were employed by the Joban Coal Mine Co. Ltd. (October 1, 1953), the Kajiya Village study experimenting with the recently developed foam tablet (October 1, 1953), and another pilot study involving the employees of the National Railways (1961). Finally, when the neighboring countries of Taiwan and South Korea began to use modern intrauterine devices (IUDs) for their state-led family planning activities in the mid-1960s, the DPHD also launched a collaborative project in 1966 that first tested the Japanese intrauterine contraceptive device Ota Ring and later American-made IUDs, with researchers affiliated with ob-gyn departments at the Iwate, Gunma, Tokyo, Niigata, Osaka Medical, Okayama, and Kyushu universities.²⁰ These DPHD projects directly supported Koya’s birth control advocacy by producing medico-scientific evidence that would undergird his campaign to promote “scientific” family planning.

Public health demography, however, was not merely the title of an academic department. In the 1950s, it also represented a research strand that dominated the field of population science in Japan. This was apparent in the administrative structure and research activities of the PAJ. First, the secretariat of the PAJ was located at the DPHD in the early years. Second, the first seven PAJ annual meetings took place at the IPH. Third, the presentations given at the PAJ were mainly on topics exploring the relationship between public health and demographic issues, similar to the kind of research conducted at the DPHD. For instance, the very first meeting on March 19, 1949 had presentations that included ones by: Shinozaki on birth control social surveys, Tachi on the relationship between social and population dynamics, Tachikawa Kiyoshi on the current trend in induced abortion, and Kubo and two other colleagues on the link between occupation and fertility in Tokyo’s suburbs.²¹ Needless to say, Koya was behind this profile of the PAJ. While assuming the positions as the IPH director-general and the DPHD director, Koya was also the vice president of the PAJ and the editor of the association’s flagship journal, *Journal of the Population Association of Japan*. Under Koya, the

²⁰ See the annual reports of Kokuritsu Kōshū Eisei In (*Kokuritsu kōshū eisei in nenpō*) published 1966–73.

²¹ Nihon Jinkō Gakkai Sōritsu 50-shūnen Kinen Jigyō Iinkai, *Nihon jinkōgakkai 50-nenshi*, 163.

research agendas of the DPHD and PAJ became blurry. Consequently, the kind of fertility research conducted under the name of public health demography became mainstream in population science in the 1950s.

As the subsequent sections elaborate, Koya actively used the research in public health demography to influence population policies. At the same time, Koya's policy agenda directly shaped the contours of the scientific research undertaken in this field of inquiry.

Policy-Relevant Abortion Studies and Birth Control Pilot Projects

Among the DPHD research, studies on induced abortion were among the first to tangibly influence Koya's policymaking activities. The impetus for abortion studies came with the rising abortion rate after the amendment of the EPL in 1949.²² Some in or affiliated with the DPHD, such as Moriyama, were concerned it could become a medical ethics issue, especially since many doctors seemed to be performing abortions repeatedly for financial benefit and at the cost of a mother's health.²³ Moreover, officers within the SCAP-GHQ, not least Sams, feared the phenomenon might turn into a political controversy if the department was implicated in promoting abortion.²⁴ Witnessing this trend, Koya, too, was alarmed that the rising abortion rate would be a serious problem for public health in the near future.

In this context, in the early 1950s, the DPHD organized a fact-finding mission on induced abortions. The team first conducted a preliminary survey, asking doctors who were registered to perform abortions under the EPL to collect questionnaires from their patients. After the preliminary survey, the team, managed by Muramatsu, conducted a pilot study in January 1952 in the working-class Kawasaki Health Center district in Kanagawa Prefecture. In the meantime, DPHD staff and affiliates, Dr. Agata, Dr. Teramura, and Koya Tomohiko, were assigned to conduct interviews with ninety-nine women who had an abortion between August 1949 and August 1950 under Article 13 of the EPL.²⁵ Based on these test studies, starting in mid-February 1952, the team conducted interviews

²² Yoshio Koya, "Preliminary Report of a Survey of Health and Demographic Aspects of Induced Abortion in Japan," December 1951, Rockefeller Foundations Archive, Record Group 1.2, Series 609, Box 6, Folder 45, RAC; "Wither the Population Problem in Japan: Report at the 7th Annual Meeting of the Association of Public Health and Welfare," n.d. c.1950, Rockefeller Foundations Archive, Record Group 2-1950, Series 609S, Box 501, Folder 3354, RAC.

²³ Diary of Oliver R. McCoy, January 12, 1950.

²⁴ Diary of Oliver R. McCoy, June 2, 1950.

²⁵ Diary of Oliver R. McCoy, January 21, 1952.

in the three health center districts in Shizuoka Prefecture, which is to the west of Kanagawa Prefecture.²⁶ In March, the investigation expanded to include interviews with residents of health center districts in Yokosuka, Odawara, Mizaki, and Atsugi under the auspices of the Kanagawa Prefectural Health Department.²⁷ The team managed to cover cities, towns, and villages. By the winter of 1953, the team had completed a total of 1,487 interviews, but only 1,382 fit the specifications for the study (462 in “large cities,” 464 in “small cities,” and 456 in “rural areas”).²⁸

The preliminary survey, examining the women’s motivations for opting for induced abortions instead of contraception, gave Koya an indication of how to organize a policy-relevant birth control program effectively. From the questionnaires returned by 337 doctors, the team found that the majority of respondents answered that either a lack of information on contraceptive methods (37%) or it being “too troublesome” to use contraceptives (35%) were their primary reasons for their decision.²⁹ The survey convinced Koya of the importance of education when it came to replacing abortion with contraception.

Meanwhile, the full-scale abortion study presented two points that could affect policy. First, it showed that abortions were practiced widely, cutting across geographical and social boundaries.³⁰ This point was indeed problematic from the perspective of public health, especially because it confirmed women, irrespective of their social status and areas of domicile, were exposed to the health risk of abortion.³¹ Second, it revealed women who had induced abortions tended to have shorter interval between subsequent pregnancies than women who went through “normal” childbirth. This finding was disturbing from a demographic point of view. It indicated that women who had induced abortions would contribute to rising fertility rates in the long run. In other words, as Koya and Muramatsu saw it, “induced abortion cannot be regarded as an efficient means of family limitation.”³² Based on these findings, Koya

²⁶ Diary of Oliver R. McCoy, March 10, 1952.

²⁷ Diary of Oliver R. McCoy, March 24, 1952.

²⁸ Diary of Oliver R. McCoy, March 26, 1953.

²⁹ Diary of Oliver R. McCoy, June 1, 1950.

³⁰ Yoshio Koya and Minoru Muramatsu, “A Survey of Health and Demographic Aspects of Induced Abortion in Japan-Special Report No. 2,” *Bulletin of the Institute of Public Health* (December 1953): 18–24.

³¹ Yoshio Koya and Minoru Muramatsu, “A Survey of Health and Demographic Aspects of Induced Abortion in Japan-Special Report No. 3,” *Bulletin of the Institute of Public Health* (1954): 1–9.

³² Yoshio Koya and Minoru Muramatsu, “A Survey of Health and Demographic Aspects of Induced Abortion in Japan-Special Report No. 4,” *Bulletin of the Institute of Public Health* (June 1955): 7.

concluded that induced abortions were not only a public health risk but also a liability for the government, which was tackling the problem of surplus population by fertility regulation.

The results of these abortion studies substantiated Koya's campaign to persuade the government to establish a birth control policy from the point of public health. Koya's wish came true with the cabinet's decision to popularize birth control in October 1951 (see Chapter 5). However, Koya was simultaneously confronted with another problem: There was a dearth of information on the kind of guided birth control initiative he wanted to promote in Japan. Then, "the idea occurred to [Koya] of setting up test-projects for family planning in order to get much needed information which would assist the Government when it started its campaign."³³ This was the idea behind the series of family planning pilot projects Koya ran with DPHD staff and associates in the 1950s.

The first pilot project Koya headed was the aforementioned "three-village study," which began in September 1950. Reflecting Koya's objective, the project was designed to test the effectiveness of a guided birth control program for lowering the birth *and* abortion rates. In cooperation with local health authorities and other community-based organizations, DPHD researchers set up three "family planning model villages" (*kazoku keikaku moderu mura*) and recruited a total of 7,133 persons from 1,325 households.³⁴

The "model villages" selected for the pilot study were Kamifunaka and Fukuura Villages in Kanagawa Prefecture and Minamoto Village in Yamanashi Prefecture. According to the project, Kamifunaka represented a "rice-cultivating" village, Fukuura a "fishing" one, and Minamoto a "farming" one.³⁵ Together, the three villages epitomized "typical" Japanese rural communities.³⁶ The choice of the rural area for the pilot project was obvious for Koya. The birth rate in the countryside was higher than in cities. Recognizing this fact, Koya thought rural communities should be a target of the government's guided birth control program, thus he selected these "typical" villages for the pilot project.

To test the efficacy of medical guidance, Koya made sure medical practitioners played a central role in the pilot scheme. He assigned his medically qualified subordinates at the DPHD to the roles of local

³³ Yoshio Koya, "The Experience of Seven Years Guidance in Family Planning in Farming Areas in Japan," October 1957, 2, Series III, Box 96, Folder 1570, Gamble Papers.

³⁴ Koya et al., "Seven Years of a Family Planning Program," 364.

³⁵ *Ibid.*, 363–64.

³⁶ Koya et al., "Test Studies of Family Planning," 3.

doctors, in addition to being medical researchers. Thus, to start with, the DPHD researchers visited the villages at least once a month. At one visit quite early on, the principle staff in charge of the village gathered some women and gave them a lecture on the benefit of contraception. After the lecture, he ran group sessions to discuss the techniques for using contraceptives in more detail. At another visit, he stayed for several days and conducted one-on-one interviews with the women.

After the initial stage, a local midwife employed by the study ensured the day-to-day running of the initiative. For instance, in Minamoto Village, the local nurse and midwife Mrs. Amari Tatsuyo checked whether or not the women had correctly recorded their menstrual cycles and use of contraceptives.³⁷ She then collected the data from the women and hand them over to the local intermediaries, who passed them on to the DPHD staff. The DPHD team compiled a two-page summary sheet every six months based on the data; it contained charts on the birth rates, pregnancy rates, contraceptive use, reasons for the contraceptive choice, and so on.³⁸ This data became the foundation for the pilot project's analysis. Throughout the process, the principle DPHD staff fulfilled the roles of local doctors and midwives to assess the feasibility of birth control guidance work.

The pilot project, which in the end lasted for seven years, was evaluated as a success, at least by Koya. First, it showed that the crude birth rate dramatically decreased over the period. From 1949–50, before the beginning of the project, the crude birth rate per 1,000 persons was 26.7. The rate began to decrease soon after the pilot study commenced. The decline was so steep that it went down to 13.6 in 1956–57, the final years of the project. Second, the rate of induced abortions per 1,000 persons in all three villages began to decrease from the third year of the project, while the national average kept rising throughout the period. Toward the end of the project, the rate was kept as low as 1.4 in the model villages, whereas the nationwide figure rose to a phenomenal 13.0. Based on these figures, Koya concluded that medical guidance work was effective for persuading women to opt for contraceptives instead of induced abortions.

³⁷ Homei, "Midwife and Public Health Nurse Tatsuyo Amari."

³⁸ Kokuritsu Kōshū Eisei In Eisei Jinkō Gakubu, "San moderumura ni okeru kazoku keikaku jisshi jōkyō (Shōwa 30-nen 6-gatsu 1-nichi genzai)," June 1955, Unit 398-E1016, Slip Number 0116, Folder 180, Files 0182-0186, 0189-0190, 0201, Minamoto Aikukaikan Hozon Shiryo, Minamiarupusu-City, Yamanashi-Prefecture, Japan [thereafter Minamoto Papers].

The pilot study gave a boost of confidence to Koya as a policy advisor. Now, inspired by the study's results, Koya tried to exert further influence within the government. He negotiated with a succession of health ministers to increase the government's budget for the birth control guidance work. Koya's lobbying activities were effective. In 1952, the national appropriation of birth control education increased from the equivalent of \$75,000 to approximately \$110,000 in 1953 and 1954.³⁹ Furthermore, when the government raised the budget for family planning again in the fiscal year of 1957, the government earmarked an increase in paying allowances to "case-workers (midwives and nurses) to encourage their work."⁴⁰ The government clearly responded to Koya's requests he made based on the three-village study.

As such, the three-village study illustrates how Koya used the pilot project to carve out his role within the government. At the same time, Koya's perception of the project's value can be explained by his position within the broader popular birth control movement. In the mid-1950s, when the study was in full swing, Japan witnessed a convergence of the until then fragmented birth control campaigns. In April 1954, the FPFJ was launched as a nationwide birth control advocacy organization, and the activists united to host The Fifth International Conference on Planned Parenthood in Tokyo in October 1955. However, beneath the surface, schisms continued to exist. Some doctors participating in the activism were dissatisfied with the fact that they were seen in the same light as "lay" activists under the united front.⁴¹ As a medically trained technical bureaucrat, Koya was similarly unhappy with the loosening boundary between medical and lay activists. What bothered him most was that "lay" activists, who he saw did not have any knowledge of statistics, were gaining public attention by stressing the effectiveness of their campaigns using numbers. Koya's opinion of The Research Institute for Better Living – led by Ishikawa Fumiko and Tanabe Hiroko and consisting of twenty-two wives of prominent industrialists and businessmen – perfectly epitomized his views on such "lay" activists. When Edna McKinnon visited Japan as a member and representative of the

³⁹ R. B. Gamble and C. J. Gamble, "Summary of Japan," 1, March 1953, Series III, Box 94, Folder 1539, Gamble Papers; "Yearly Budget for Family Planning," n.d. c.1959, Series III, Box 95, Folder 1568, Gamble Papers.

⁴⁰ "The Budget for Family Planning in the Fiscal Year of 1957," *Family Planning News*, March 1957, Series III, Box 95, Folder 1561, Gamble Papers.

⁴¹ However, the tension between "lay" and "medical" birth control activists was nothing new. According to Tenrei Ōta, a socialist birth control activist and the doctor credited with the invention of an intrauterine device, it already existed in the 1920s. Tenrei Ōta, "Ōta ringu no hanseiki," *Gendai no me* 20, no. 9 (1979): 236–45.

International Planned Parenthood Federation (IPPF) Far East and Australasian Region to observe the birth control situation and asked Koya to comment on the organization, Koya dismissively told McKinnon: "I ... can't understand what they are doing, though they are always talking about how they have got effective results ... they have never shown them clearly scientifically."⁴² Koya thought lay activists who were untrained in biostatistics could never show the effectiveness of their campaigns "scientifically," unlike doctor-activists such as himself. In this context, Koya's birth control pilot projects could be read as his attempt to draw a clearer line between "medical" and "lay" activists.

Koya's birth control pilot projects also depict how public health demography and the state-led population management endeavor influenced each other. Based on Koya's campaign to promote a scientifically proven birth control program, public health demography supplied useful knowledge to policymaking, while the agenda in the national policy further molded the research content in public health demography. Through Koya, birth control research in public health demography and the government birth control policy had a coproductive relationship. As the next section shows, the coproductive relationship also worked to consolidate the preexisting social order.

The Coproductive Effort to Govern Lower- and Working-Class Populations

Though the three-village study was going smoothly, in the first half of the 1950s, Koya increasingly saw the need for further pilot studies. The three-village study was demonstrating how effective birth control education work was at lowering the birth rate, but Koya thought it did not sufficiently engage with the issues of population quality. Specifically, the study was not responding well to the question of whether or not the education work could stop, or at least slow, the process of "reverse selection."⁴³ During this period, he felt a sense of urgency, particularly when he found out that the birth control endorsed by the government had "become widespread only among the intellectual class and is not easily disseminated among extremely poor people of the lower class of

⁴² McKinnon, "Report for the Far East and Australasian Region," 1.

⁴³ Another reason was because the three-village study had also received criticism that it had purposefully chosen the villages in order to succeed. Oliver R. McCoy, "Oliver R. McCoy to Donald H. McLean, Jr.," April 15, 1953, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC.

society.”⁴⁴ As in wartime, Koya feared the trend would ultimately “lead to a lowering of the average quality of the nation.”⁴⁵ He began to think that the situation would need to be investigated thoroughly, and if necessary, there would need to be government intervention.

Government officials shared Koya’s sentiments, not least represented in Minister of Health and Welfare Ashida Hitoshi’s statement about Japan’s being confronted with the racial crisis (see Chapter 5). Following Ashida’s remark, the Round-Table Conference on Population Problems (*Jinkō Mondai Kondankai*), organized by the MHW in January 1946, recommended that the postwar Japanese government should prioritize measures that would assist the “improvement of the hereditary and acquired quality of the population.”⁴⁶ Following this recommendation, after the enactment of the EPL in 1948, the MHW promoted “eugenic marriage” and entrusted the local Eugenic Marriage Consultation Offices to propagate a practice of birth control that would follow eugenic principles.⁴⁷ Yet, in the early 1950s, as Koya pointed out, a rift in the practice of birth control emerged among social classes, heralding “reverse selection.” Under these circumstances, MHW officials were seeking countermeasures to this trend.

In this context, in April 1953, Koya launched pilot projects aiming to assess the feasibility of a birth control “education program” for the two distinct populations he deemed as making up “the lower class of society,” “a most miserable group because of their poverty and excessive family size.”⁴⁸ One was the Katsushika Ward study, targeting the residents of Katsushika Ward in Tokyo who received public relief under the Livelihood Protection Law.⁴⁹ Another was the Joban study, which involved coalminers employed by the Joban Coal Mine Co. Ltd. in Fukushima

⁴⁴ Yoshio Koya, “Family Planning in the Population on the Public Relief Program,” n.d. c.1956, 3, Rockefeller Family Archive, Record Group 5, Series 1, Subseries 5, Box 80, Folder 671, RAC, 3, Gamble Papers.

⁴⁵ Yoshio Koya, “Review of Past Achievements and Planning of Future Studies,” n.d. c.1961, Series III, Box 97, Folder 1585, Gamble Papers.

⁴⁶ Cited in Naho Sugita, *Jinkō, kazoku, seimei*, 209.

⁴⁷ Takeuchi-Demirci, *Contraceptive Diplomacy*, 164–67.

⁴⁸ Yoshio Koya, “Family Planning Practice in Households on Public Relief of Katsushika Ward, Tokyo,” April 1956, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC; and Yoshio Koya, “Present Situation of Family Planning among Farmers and Coal Mine Workers in Japan,” *Archives of the Population Association of Japan* 3 (March 1955): 6.

⁴⁹ *Ibid.* For a social history of poverty and social benefits in post-WWII Japan, see Yoshiya Soeda, *Seikatsu hogo seido no shakaishi [zōhoban]* (Tokyo Daigaku Shuppankai, 2014); Masami Iwata and Akihiko Nishizawa, *Poverty and Social Welfare in Japan*, Japanese Society Series (Melbourne: Trans Pacific Press, 2008).

Prefecture, approximately 160 kilometers northeast of Tokyo.⁵⁰ For the Katsushika Ward study, researchers initially recruited 418 women but in the end could only analyze 277.⁵¹ For the Joban study, the study initially selected Joban's Iwasaki District, with a population of 3,672 forming 716 households.⁵² On October 1, 1953, the site expanded to include Nakago District, and Kaminayama District was included on October 1, 1955.⁵³ For both studies, Koya headed the project and Kubo, Ogino, and Yuasa from the DPHD did the fieldwork.⁵⁴ The Katsushika Ward study lasted for three years and the Joban study for five.⁵⁵

By assuming that their subjects were fertile because they had no idea about birth control, researchers in both studies were initially convinced that their projects would encounter challenges. For the Katsushika Ward study, Kubo had anticipated that participants would reject their pilot project because of the “fixed opinion that poor people are more ignorant and uncooperative toward conception control.. as attested by the proverb, ‘poor people have more children [*binbō kodakusan*].’”⁵⁶ Likewise, researchers in the Joban study started the fieldwork without doubting the “reputation” that coalminers “produc[e] many children, and [these children are] attendant hardships.”⁵⁷ According to them, coalminers’ quality, “known colloquially in Japanese as *Tanko Binbō Ko-dakusan* [‘coalmine poverty and fecundity’],” originated from their low level of education, lack of skills to organize life and fatalistic attitude to life

⁵⁰ Yoshio Koya, “Five-Year Experiment on Family Planning among Coal Miners in Joban, Japan,” *Population Studies* 13, no. 2 (November 1959): 157.

⁵¹ Yoshio Koya, *Pioneering in Family Planning* (New York: Population Council, 1963), 59.

⁵² Yoshio Koya, “A Study of Family-Planning in Coal-Miners,” n.d., 2, C2158, Folder f.2240, Tauber Papers.

⁵³ Yoshio Koya, “The Progressive Reduction of Pregnancy Rates and Birth Rates during Five Years of Family Planning Programs in Japan,” n.d. c.1958, 2, Series III, Box 96, Folder 1570, Gamble Papers.

⁵⁴ Yoshio Koya, “Good Result of Conception Control in Down Town. Poor Families Welcome Contraception. Deliveries Decreased to One Third,” April 13, 1954, Series III, Box 94, Folder 1548, Gamble Papers.

⁵⁵ Koya, “Five-Year Experiment on Family Planning among Coal Miners in Joban.”

⁵⁶ Koya, “Family Planning Practice in Households on Public Relief of Katsushika Ward.”

⁵⁷ Koya, “Five-Year Experiment on Family Planning among Coal Miners in Joban,” 157. However, Koya also acknowledged the status of coal miners as “an economically important group because this industry furnishes a valuable source of energy to Japanese industrial development.” Koya, “Present Situation of Family Planning among Farmers and Coal Mine Workers,” 6. The coal mine industry in Joban would see a decline as Japan’s source of energy shifted to petroleum. To survive, Joban Coal Mine Ltd. diversified its operations to tourism and opened a spa resort called Joban Hawaiian Center in 1966. Joban was also an area affected by three disasters – an earthquake, tsunami, and the nuclear explosion that occurred in northeastern Japan – in March 2011. Mire Koikari, *Gender, Culture, and Disaster in Post-3.11 Japan* (London: Bloomsbury Publishing, 2020), 108.

originating from the exposure to risk at work.⁵⁸ This way of portraying the research subjects was based on widely held assumptions about the lower socioeconomic classes. Phrases such as *binbō kodakusan*, which linked poverty, ignorance, and fecundity, was a common trope describing this social group, and it certainly informed the medical researchers' views of their research subjects at the beginning of the pilot studies.

But, as the studies progressed, researchers were compelled to revise their views. In the Katsushika Ward study, Koya and his colleagues were pleasantly "surprised" that 63.1% of the research participants "actually wanted teaching [on birth control]."⁵⁹ On one occasion, a woman desperately expressed her wish for their guidance by confiding in the researchers that she intentionally stayed up and did extra manual work "just to avoid the chance of pregnancy."⁶⁰ In view of this, they came to think that the majority of the research participants in Katsushika had a large family size, not because they were inherently fecund but because various external circumstances had prevented them from accessing contraceptives thus far.

Likewise, in Joban, 352 out of the 716 coalminers' wives in Iwasaki District who were interviewed for the study expressed their willingness to practice birth control. Of the 352, 204 even stated they wanted to practice contraception *because of* their economic condition.⁶¹ Furthermore, they also learned that 106 already had previous experience with contraceptives⁶² and 172 with induced abortions.⁶³ Also surprising to them was the fact that 45 of the 106 women who had practiced birth control opted for the "safe period," or the rhythm method, which Koya had deemed unsuitable for individuals with a low level of education, allegedly because it required calculation skills.⁶⁴ These findings compelled the medical researchers to conclude that "coalmine poverty and fecundity" was a myth, at least in Iwasaki.

⁵⁸ Yoshio Koya, "Preliminary Report: Study of Family Planning Guidance in a Coal Mining Village in Fukushima Prefecture, Japan," July 15, 1953, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC, 1; "A Study of Family-Planning in Coal-Miners," 5.

⁵⁹ Koya, *Pioneering in Family Planning*, 57.

⁶⁰ Yoshio Koya, "Good Result of Conception Control in Down Town."

⁶¹ Koya, "Preliminary Report: Study of Family Planning Guidance in a Coal Mining Village in Fukushima Prefecture, Japan," 4.

⁶² "The methods used by the 106 women ... in the past were as follows: Condom 41; Tablet 5; Jelly 2; Withdrawal 3; Safe period 22; Safe period with condom 22; Safe period and withdrawal 1; Condom or withdrawal 7; Condom or tablet 2; Douche and tablet 1." *Ibid.*, 6.

⁶³ Koya, "Five-Year Experiment on Family Planning among Coal Miners in Joban," 158.

⁶⁴ Koya, "Preliminary Report: Study of Family Planning Guidance in a Coal Mining Village in Fukushima Prefecture, Japan," 5–6.

Faced with these findings, researchers in both sites conducted further interviews to ascertain the reasons behind the high birth rate. In both cases, they found many couples were indeed not practicing birth control and thought this was certainly a factor for high fertility. But they also discovered not all nonpractice was culpable. For instance, some reasons women provided for their nonpractice, such as they “were sterile or had been sterilized,” “passed childbearing age,” lactating, or just married and wishing to have the first baby, had no bearings on the fertility rate.⁶⁵ At the same time, other reasons, in particular that couples “did not know [about] the methods of contraception” and that they “could not buy the contraceptive chemicals or instruments,” could have a direct impact.⁶⁶ When analyzing the interviews, researchers therefore focused on these latter statements and concluded that they would stress the guidance work and distribute contraceptives for free in their studies. Consequently, both in Katsushika and Joban, the research teams tested how much impact these specific measures had for lowering the birth rate.

In the end, both the Katsushika Ward and Joban studies produced impressive results, at least in numbers. In Katsushika Ward, among the 277 women who stayed in the project until the end, pregnancies dropped from 92 to 33 cases between the start of the project in April 1953 and its completion in April 1956. In tandem with this, the number of live births and abortions was more than halved during the period.⁶⁷ Like the three-village study, the decline in fertility corresponded to the fall in the number of induced abortions, from 45 to 22 cases. Similarly, in Joban, the pregnancy rate calculated using the Stix-Notestein method declined from 41.0 between 1952 and 1953 before the project began to 15.9 between 1957 and 1958 at the end of the project, which marked a reduction of 61 percent. During the period, the number of live births in Iwasaki dropped from 130 cases out of 716 families participating in the project to 17 out of 590.⁶⁸ Furthermore, in the third year of its guidance, the decline in pregnancy and birth rates occurred simultaneously with a reduction in abortions.⁶⁹ With the pilot studies, the DPHD team showed that targeted birth control guidance work, combined with the free distribution of contraceptives, could reduce the number of induced abortions and pregnancies.

⁶⁵ Koya, *Pioneering in Family Planning*, 57.

⁶⁶ Koya, “Good Result of Conception Control in Down Town.”

⁶⁷ Koya, *Pioneering in Family Planning*, 59.

⁶⁸ Koya, “Five-Year Experiment on Family Planning among Coal Miners in Joban,” 160.

⁶⁹ *Ibid.*

Based on this experience in Katsushika Ward, Koya expanded his campaign to include education work specifically targeted at populations whose fertility practices he reckoned would exacerbate differential fertility. One element of this was what Koya called an “enlightenment” or “educational” activity, namely, a lecture tour he made in rural areas to preach the benefits of birth control. In the 1950s, Koya traveled across Japan, from Aomori, the northern tip of the main Honshu Island, to as far south as Ibusuki, located in the southern shores of the southern island of Kyushu.⁷⁰ Everywhere he went, he seemed to attract a crowd. In 1959, when he made a tour in the north, Koya found himself with “more than 1,000 people” who wanted to try the contraceptives he introduced while there.⁷¹ As Koya saw it, these “enlightenment” activities were particularly effective precisely because they enabled him to reach out to the populations that he considered should practice birth control.

The Katsushika Ward study also encouraged Koya to persuade the government to support a family planning program targeting the poor.⁷² The study’s results gave “a good reference to the Government,” and consequently, the government “establish[ed] a budget” for this purpose.⁷³ In 1955, the government enforced a birth control program among “the extremely poor.”⁷⁴ The government scheme aimed to cover approximately 276 thousand couples, which consisted of 155 thousand who were on the public relief scheme and the remaining 121 thousand were “so-called borderline groups – not so indigent as the former groups but ... living at the subsistence level.” By 1957, the amount the government allocated to the project amounted to 32,375,000 yen (90,000 US dollars). Within the scheme, contraceptives were distributed free

⁷⁰ Yoshio Koya, “Statement of Expenditure of the Fund Provided by Pathfinder Foundation from 1962,” January 1963, Series III, Box 97, Folder 1596, Gamble Papers; Yoshio Koya and Tomohiko Koya, “Statement of Expenditure from the Grant in Aid by Pathfinder Foundation (January 1–December 31, 1961),” February 1, 1962, Series III, Box 97, Folder 1588, Gamble Papers; Koya to Gamble, September 4, 1959, Series III, Box 95, Folder 1567, Gamble Papers.

⁷¹ Koya to Gamble, September 4, 1959.

⁷² Koya, “Family Planning in the Population on the Public Relief Program,” 4.

⁷³ Yoshio Koya, “Supplementary Note on the Items Discussed with Mr. Rockefeller 3rd on February 27, 1957,” 1957, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 19, Folder 301, RAC.

⁷⁴ Koya, *Pioneering in Family Planning*, 53; “Family Planning for the Poor,” *Family Planning News*, June 1961, Series III, Box 97, Folder 1587, Gamble Papers; “Fertility Control among Indigent People,” *Family Planning News*, July 1957, Series III, Box 95, Folder 1558, Gamble Papers; Frederick Osborn, “Memorandum of Conversation with Dr. McCoy of the Rockefeller Foundation, September 22, 1955 Re Japan,” September 1955, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC.

of charge, or at one-half the normal price, to the groups, and the participants were offered opportunities for “practical consultations about conception control.” As of March 1957, reportedly over 217 thousand couples were covered by this program.⁷⁵ The Katsushika Ward study led to the government program to popularize birth control among the lower socioeconomic classes.

In turn, the Joban study maintained close ties with state-endorsed corporate family planning campaigns, not least the one that became the New Life Movement. At quite an early stage of the Joban study, Nagai Tōru, as the New Life Movement’s IRPP representative, and Fujiwara Kanji, a consultant for *Mainichi Newspaper*, visited the president of Joban Coal Mine Ltd. to take part in the New Life Movement.⁷⁶ The company was initially reluctant, but after meeting with the president, it responded positively to their invitation and joined the movement. Eventually, Joban Coal Mine Ltd. received an award from the MHW for its pioneering role in the corporate-led birth control program and “for the striking interest and co-operation with the [state-initiated] family planning program.”⁷⁷ The Joban study certainly triggered the private-government cooperation in regulating workers’ fertility for the sake of economic prosperity of the nation.

The Katsushika Ward and Joban studies show how the coproductive relationship between the scientific practice in public health demography and the government’s policy to control size and quality produced a set of concerted efforts to regulate lower- and working-class fertility. Underlying these efforts was the anxiety, fueled by a classist attitude, about the possibility of the nation’s decline brought about by the unhinged sexual activities of poor and blue-collar workers. Spurred by this anxiety, the coproductive relationship produced knowledge about how to reduce fertility among the target groups as well as concrete policy actions that aimed to intervene in their reproductive lives. From the perspective of policymakers and population experts concerned about “overpopulation” and the decline in the quality of the Japanese population, the science-policy nexus observed in this episode yielded the intended outcome. However, by not seriously addressing the prevailing class ideology inscribed in the ways knowledge about the target groups’ fertility was produced, the coproductive relationship ultimately failed to lead to a conceptual shift in the existing social order.

⁷⁵ Koya, “Fertility Control among Indigent People.”

⁷⁶ Yasuko Tama, “*Kindai kazoku*” to *bodī poritikkusu*, 108–9.

⁷⁷ Koya, “Five-Year Experiment on Family Planning among Coal Miners in Joban,” 163.

Struggling to Produce Relevant Knowledge: Local Conditions and Infrastructures

What made the DPHD pilot studies particularly successful in terms of policy terms – what made the coproductive relationship actually “productive,” as described above – was that the studies produced relevant knowledge in the eyes of the policymakers. The policymakers wished to see evidence that a public health program promoting contraception would sway the behaviors of women, in particular wives from poor families and married to blue-collar workers, away from induced abortions and toward contraceptives. The DPHD studies impeccably demonstrated that the women taking part in the pilot schemes took up contraceptives and turned away from abortion and, consequently, fertility rates fell. The DPHD delivered knowledge almost tailor-made for the policymakers.

Yet, the process of making this tailor-made knowledge was not easy. Unlike the three-village study, both the Katsushika Ward and Joban studies were rife with problems from the beginning. To start with, in Katsushika, the staff found it difficult to keep track of research participants because of the high turnover rate. For the study, the three staff managed to recruit 418 women from the community. However, by April 1, 1955, they had to shed the data collected from 60 participants because they no longer were relief recipients, had moved elsewhere, or for some other reason had dropped out of the project. By April 1, 1956, a further 133 had left the project for the same reasons.⁷⁸ In the meantime, a few new women joined the project. In the end, only data from 277 households was valid for analysis.⁷⁹

Next, the routine guidance work established by the three-village study did not work in Katsushika.⁸⁰ Women simply did not attend the group sessions, which were a core component of the guidance work. The trend became most conspicuous when the participants were asked to pay for the transportation to attend the sessions.⁸¹ Home visits, another crucial activity for the guidance work, turned out to be futile as well. Typically, a home visit included conducting interviews that required a space where the research participants felt comfortable enough to share their personal information with the interviewers. However, the DPHD staff found that the participants' houses were typically crowded and thus not conducive to the interviews.⁸²

⁷⁸ Koya, “Family Planning Practice in Households on Public Relief of Katsushika Ward.”

⁷⁹ Koya, *Pioneering in Family Planning*, 59.

⁸⁰ *Ibid.*, 58–59; Koya, “Family Planning in the Population on the Public Relief Program,” 15–16.

⁸¹ Koya, “Family Planning in the Population on the Public Relief Program,” 15.

⁸² *Ibid.*

Finally, in an entirely opposite manner from the three-village study, the DPHD team failed to offer a variety of contraceptive options to the Katsushika Ward study participants. The challenge stemmed from the lack of an appropriate physical setup for proper guidance. In Katsushika, the research team could not offer diaphragms, for example, because this would require a room with at least basic healthcare equipment.⁸³ This potentially had a negative impact on the study's outcome. In the three-village study, one crucial factor leading to the study's success was the wide range of contraceptive choices given to the research participants. The limited contraceptive choices in the Katsushika Ward study therefore meant the pilot study itself might fail.

In Joban, the biggest challenges were the lack of company support in the initial stage and the recalcitrantly high abortion rates.⁸⁴ With regard to induced abortion, to the researchers' dismay, they found that the abortion rate in Iwasaki was already higher than the national average when the project began, and it became even higher as the project progressed.⁸⁵ Even worse, in the first year, it was induced abortion, not contraception, that brought a sharp reduction in crude birth rates, from 33.5 to 20.8 per 1,000 persons.⁸⁶ The research team speculated that the high abortion rate was ironically facilitated by the medical subsidy offered as part of the company welfare package.⁸⁷ As Koya once pointed out, "facilities of the Company-operated hospital were made readily available to those who wanted to [have] induced abortion.... For wives of employees the charge for this operation was only 300 yen (80 cents)."⁸⁸ Because of the locally specific health infrastructure, women found it easy to have abortions, which contributed to the rising abortion figures.

Faced with these challenges, the DPHD research team was compelled to be flexible when adapting to local conditions. In Katsushika, after

⁸³ Koya, "Family Planning Practice in Households on Public Relief of Katsushika Ward."

⁸⁴ With regard to the lack of company support, see Yoshio Koya, "Estimates of Economic Effect to Be Obtained by Birth Control at Joban Coal Mine," April 9, 1955, Series III, Box 95, Folder 1553, Gamble Papers; "Birth Rate Has Fallen Half – Results of 2-Year's Guidance of Family Planning Revealed," May 16, 1955, Rockefeller Family Archive, Record Group 5, Series 1, Subseries 5, Folder 671, RAC. With regard to the high abortion rates, see Koya, "Present Situation of Family Planning Among Farmers and Coal Mine Workers in Japan," 6.

⁸⁵ Koya, "Five-Year Experiment on Family Planning among Coal Miners in Joban," 160.

⁸⁶ The figures look even more remarkable when compared to the nationwide average, which were 23.4 before the project and 21.5 in 1954. *Ibid.*, 160; Koya, "Yoshio Koya to Clarence J. Gamble," n.d. c.1954, Series III, Box 94, Folder 1548, Gamble Papers.

⁸⁷ Koya, "Present Situation of Family Planning Among Farmers and Coal Mine Workers in Japan," 4–5.

⁸⁸ Koya, "Preliminary Report: Study of Family Planning Guidance in a Coal Mining Village in Fukushima Prefecture, Japan," 7.

exploring various possibilities, the team eventually decided to liaise with the local welfare agency.⁸⁹ They thought that waiting at the local welfare office would be a sure way to “get in contact with [the research participants] satisfactorily,” because relief recipients came to the office once a month to receive funds. Taking advantage of these circumstances, the team managed to run interviews and individual guidance sessions once a month in a separate room within the welfare office.⁹⁰ In turn, to solve the issue of the limited range of contraceptives, the team in the end decided to change the framework of the Katsushika Ward study. They now argued they were focusing on analyzing the increased use of “simple contraceptive methods” (e.g., condoms and foam tablets) women could use without prior medical knowledge or supervision.⁹¹

In Joban, to tackle the problem of noncooperation, Koya used a financial argument to persuade the company.⁹² He claimed:

At present, the Company provides its employees with the childbirth allowance of ¥1,000 nursing allowance of ¥300 per month for six months, as well as with the family allowance of ¥400 per month per child up until the child gets [to be] 18 years old. If it was assumed that the birth rate ten years later would be 13.7 per 1,000 population [instead of 33.5 currently], it is estimated that a huge sum, 266 million yen, will be saved by the practice of family planning for the Joban Coal Mining Company alone ... covering 8,700 households in total.⁹³

The financial incentive presented by Koya seemed to shift the company’s attitude. By 1955, there had been a clear sign that the company was endorsing the program fully.⁹⁴ By then, the preliminary results “pleased the company staff greatly,” so much so that “another coal mine village, which [is] situate[d at a] 10 mile distance from Nakago, also is hoping to have our guidance very earnestly.”⁹⁵ In addition, “[c]o-operation reached a point in 1956 where the company offered to pay part of the cost of contraceptives and salaries of midwives.”⁹⁶

⁸⁹ Koya, “Family Planning in the Population on the Public Relief Program,” 15.

⁹⁰ *Ibid.*, 16.

⁹¹ Among the 277 participants, figures for their contraceptive use were as follows: “Condom alone 103; tablet alone 40; condoms or tablet 8; withdrawal 5; sponge 5; safe period 3; condom or withdrawal 2; tablet, safe period 1; condom or tablet, safe period 1; intrauterine ring 1; sterilization 6.” Koya, “Family Planning Practice in Households on Public Relief of Katsushika Ward.”

⁹² Koya, “Estimates of Economic Effect to Be Obtained by Birth Control at Joban Coal Mine”; “Birth Rate Has Fallen Half.”

⁹³ Koya, “Birth Rate Has Fallen Half.”

⁹⁴ Yoshio Koya to Clarence J. Gamble, March 4, 1955. Series III, Box 95, Folder 1553, Gamble Papers.

⁹⁵ *Ibid.*

⁹⁶ Koya, “Five-Year Experiment on Family Planning among Coal Miners in Joban,” 163.

In conjunction with this, to rectify the issue of the high abortion rate, the team took two strategies: First, in the guidance work, the DPHD team stressed the health hazard of repeated induced abortions.⁹⁷ Second, they aligned themselves with the company doctor Kimura to persuade the women to opt for contraceptives instead of induced abortions. The two tactics seemed to work.⁹⁸ From the second year on, the abortion rates began to decline.⁹⁹

Ultimately, the challenges in both studies made the DPHD staff acutely aware that birth control education work was so embedded in locally unique situations that it would be impossible to implement a standardized program across the country. Time and again, the DPHD team observed how the methods established in the three-village study could not be replicated in Katsushika or Joban, and each time, they were compelled to come up with creative solutions to adapt to the specific needs of the local community in order to tease out reliable data. Behind what seemed, at least on the surface, as an impeccably policy-relevant pilot program on the national level was researchers' efforts to flexibly adapt to locally specific issues on the ground level.

In addition to the ability to flexibly adapt to unexpected local situations, the support of existing local organizations, especially local women's groups, mitigated researchers' struggles with fieldwork. For the Joban study, a housewives' association in the Iwasaki District helped the midwife in charge, Mrs. Sagawa, and made sure that its members participating in the study would gather to watch the birth control promotion video and receive the pamphlet.¹⁰⁰ A similar phenomenon was observed outside of Joban and Katsushika. In Minamoto Village – from the three-village study – the local branch of the Imperial Gift Foundation Aiiiku-kai, which had already been providing maternity and infant care for the villagers since before the war, provided the venue for the study and recruited women on behalf of the researchers.¹⁰¹ In Kajiya, another test site, leaders of the women's organization affiliated with the local branch of the Japan Agriculture Cooperation offered reliable help.¹⁰²

⁹⁷ *Ibid.*, 160; Koya, "Present Situation of Family Planning Among Farmers and Coal Mine Workers in Japan," 5.

⁹⁸ Koya, "Five-Year Experiment on Family Planning among Coal Miners in Joban," 159.

⁹⁹ Yoshio Koya to Dudley Kirk, July 30, 1955, RAC Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300.

¹⁰⁰ "Joban tankō no genchi wo yuku," *Kazoku keikaku*, May 20, 1956, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC.

¹⁰¹ Yoshinaga, "The Modernization of Childbirth."

¹⁰² "Jōzai ga unda mikan mura no kazoku keikaku," *Kazoku keikaku dayori*, July 15, 1960, 2–3, Series III, Box 97, Folder 1580, Gamble Papers. The Kajiya pilot study will be introduced in more detail below.

As Sheldon Garon's canonical work on prewar social management illustrates, in Japan, since the prewar period, women's organizations mobilized local women to reform everyday lives for the sake of the nation.¹⁰³ The DPHD researchers took advantage of this existing infrastructure to ensure the smooth operation of the pilot studies.

Finally, local midwives also helped the DPHD researchers tackle issues arising in the pilot projects. In many test villages, the biggest obstacle for the study was recruiting local women in the first place. Especially in small villages, mothers-in-law posed as an obstacle for the recruitment. In Kajiya, for instance, an elderly woman refused to let her daughter-in-law join the study, saying "the god of the child would punish them if you let women use medicines to stop a child from being born."¹⁰⁴ In this hostile environment, local midwives, working alongside female leaders in the local communities, helped the researchers recruit a sufficient number of women for the study.¹⁰⁵ In Kajiya, the midwife Mrs. Kimura did a round of home visits with Mrs. Kashiwagi, the head of the local branch of Japan Agriculture's women's group, to persuade the women directly. For the distribution of contraceptives, Mrs. Kimura talked with the head of the local neighborhood group (*hanchō*). Finally, in the actual fieldwork, Mrs. Kimura made sure to visit a woman at home when she knew the mother-in-law was absent. If the mother-in-law was in, she tried to pass the contraceptives to the wife discretely behind her back.¹⁰⁶ These efforts by the local midwives in their everyday conduct were certainly behind the success of the DPHD pilot projects.

However, what was particularly remarkable about the midwife in the DPHD pilot projects was that she also determined the quality of the pilot project's outcome as a *scientific investigation*.¹⁰⁷ For the pilot project to work as scientific research, it was vital that the project organizers obtained information about the sexual lives of the couples participating in the study. However, as Muramatsu recalled, this was a challenge. Out of "shyness," wives in the test villages often hesitated to talk about a subject as intimate as sex directly with the DPHD researchers, who were male and outsiders.¹⁰⁸ Under these circumstances, the midwife surfaced

¹⁰³ Sheldon Garon, *Molding Japanese Minds: The State in Everyday Life* (Princeton: Princeton University Press, 1997), 115–45.

¹⁰⁴ "Jōzai ga unda mikan mura."

¹⁰⁵ Homei, "Midwife and Public Health Nurse"; "Shidō rokunengo wo miru," *Kazoku keikaku*, August 20, 1956, Series III, Box 95, Folder 1557, Gamble Papers; "Joban tankō no genchi wo yuku."

¹⁰⁶ "Jōzai ga unda mikan mura no kazoku keikaku," Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC.

¹⁰⁷ This did not mean that the DPHD researchers did not play any role in this task.

¹⁰⁸ Minoru Muramatsu, "Some Field Studies on Family Planning Practice among the Japanese and Their Overall Implications," 6, April 1959, Series III, Box 95, Folder 1569, Gamble Papers.

as the most reliable research assistant. She was not only a female health practitioner well connected with the local women but also well versed in their reproductive histories through her usual work. Furthermore, in the context of childbirth culture in 1950s Japan, where home visits and home births were still dominant, a midwife was used to visiting women at their homes, and in turn, many women shared the intimate details of their lives with the midwife. In other words, the midwife was a particularly effective data collector for the DPHD studies because she possessed a unique set of social attributes that allowed research participants to willingly disclose the information necessary for the study. For this reason, wherever possible, the DPHD assigned the local midwife taking part in the pilot scheme to gather raw data on behalf of the researchers.

In Minamoto Village, midwife/public health nurse Mrs. Amari was singled out for the role, and she diligently obtained data.¹⁰⁹ She checked whether or not the women taking part in the study in the village correctly filled in the postcard-sized calendar sheet they were given to record their menstrual cycles. She also interviewed the woman and noted relevant details, such as their choice of contraceptives, number of children, children's approximate age, and future family plans. These were cursory memos but contained personal information vital for the study, for instance: "Name: Mr. and Mrs. A; Number of Children: 3; Current Methods of Contraceptives: diaphragm and jelly; Notes: the youngest child in school this year. Planning to stop with three children."¹¹⁰ Finally, if she found a woman became pregnant, Mrs. Amari paid an extra home visit and through an interview ascertained whether or not the pregnancy was due to a failure in the use of contraceptives. For instance, she noted that Mrs. B, who chose to use condoms for the study, became pregnant between January and June 1930, and she scribbled "sometimes [Mrs. B and her husband] didn't use [a condom] because they couldn't be bothered."¹¹¹

The data collected by the midwife then became the basis for the study. Back in Minamoto Village, once she was done with home visits, Mrs. Amari passed the memos and calendars on to the local Aiiku-kai branch office, which collated her data and made fortnightly reports to the IPH with lists and charts.¹¹² Based on the reports, the IPH team did a more

¹⁰⁹ However, this did not mean that the midwife was a docile follower who simply obeyed the researcher's request. Sometimes she gave advice to women based on her own decisions. Homei, "Midwife and Public Health Nurse."

¹¹⁰ "Kazoku keikaku," n.d., Unit E1298, Folder number 0200, 0601-0673, Files 0200-607, Minamoto Papers. In the original, the memos noted their full names.

¹¹¹ "Kazoku keikaku," n.d., Unit E1298, Folder number 0200, 0601-0673, Files 0200-620, Minamoto Papers.

¹¹² Ibid.

sophisticated calculation on contraceptive usage, as well as birth, fertility, and abortion rates, and produced their own reports.¹¹³ Finally, based on their reports, Koya and his colleagues at the DPHD authored scientific papers.¹¹⁴ Local midwives such as Mrs. Amari were therefore the initial point at which knowledge about the test villagers' reproductive habits and contraceptive use was entered and turned into scientific knowledge. The midwife's contribution was immeasurable for the production of what policymakers deemed relevant knowledge.¹¹⁵

Behind what appeared to be a smooth interplay between the research in public health demography and the national birth control policy was a number of challenges in the fieldwork that were rooted in locally specific conditions. The DPHD researchers tried to overcome the problems by flexibly adapting to the conditions and by gaining support from the local women and midwives. The midwife's support was invaluable. She not only helped the study by managing the day-to-day running of the pilot initiative but also by acting as a reliable fieldworker collecting data for the study. Because of the efforts of various groups participating in the pilot studies, the studies managed to produce the kind of knowledge that was highly desirable for domestic policy.

However, the reach of public health demography was not confined to domestic policy. During the 1950s, it became widely recognized within the international scientific communities that specialized in family planning and population studies. The discipline's globally celebrated status was due to cooperation with US-based philanthropists, in particular the Rockefeller Foundation, the Population Council, and Clarence J. Gamble played pivotal roles.

Integrating Public Health Demography into the Transnational Population Network: Rockefeller Foundation, Population Council, and Clarence J. Gamble

In the 1950s, in parallel with establishing public health demography as an applied research field primarily accountable for the domestic birth control policy, Koya also looked beyond the national government to expand the field. Fortunate for him, at the time, the transnational

¹¹³ Kokuritsu Kōshū Eisei In Eisei Jinkō Gakubu, "San moderumura niokeru kazoku keikaku jisshi jōkyō (Shōwa 30-nen 6-gatsu 1-nichi genzai)," June 1955.

¹¹⁴ Koya et al., "Seven Years of a Family Planning Program"; "Kazoku keikaku moderu mura no kenkyū," *Nihon iji shinpō*, no. 1475 (August 2, 1952): 3–11.

¹¹⁵ "Kazoku keikaku shō ni kagayaku hitobito," *Kazoku keikaku*, 4–5, November 20, 1956, Series III, Box 95, Folder 1557, Gamble Papers.

movement aiming to contain the growth of world's population through fertility reductions in "developing countries" was quickly expanding, giving a great impetus to policy-oriented demographic studies. In particular, noted US-based philanthropic organizations pushed the movement forward by offering generous financial support to population research on a global scale. Koya saw the trend as an opportunity. Over the decade, he approached these American organizations to receive assistance and also urged his colleagues in the field to do the same. Thanks to this American support, public health demography became an internationally recognized field. Population experts outside of Japan called the DPHD a "unique existence in the world" and acknowledged its "pioneering" role in the field of population and family planning.¹¹⁶

The American philanthropists and organizations involved in the expansion of public health demography were the Rockefeller Foundation (RF), the Population Council (PC), and Clarence J. Gamble. Throughout the 1950s, they helped to integrate the scientific field into the transnational population network by financing the kind of research activities in Japan – in particular, those based in the DPHD – that they deemed would satisfy the needs of the international communities specifically dedicated to demographic science and population control.

The involvement of the RF in DPHD population research stemmed from its long-standing interest in the issues of population and race biology in Asia.¹¹⁷ After WWII, the conversation between RF officer Roger F. Evans at the Social Sciences Division and SCAP-GHQ advisor Warren S. Thompson, as well as the reports by a number of RF officers who visited Japan, additionally raised John D. Rockefeller III's interest in Asia's population growth. In 1948, through the urging of Rockefeller III, the RF scientific directors authorized a survey trip to East Asia called the "Reconnaissance in Public Health and Demography in the Far East," or the Far East Mission as it was more commonly known. The delegates consisted of Frank W. Notestein and Irene B. Taeuber from the Office of Population Research at Princeton University (OPR) and Evans and Marshall C. Balfour from the RF, and the Far East Mission was to advise the RF on its future policy concerning population issues and studies in East Asia. The delegates toured Japan, China, Taiwan, Korea, Indonesia, and the Philippines from September to December 1948.¹¹⁸

¹¹⁶ Kokuritsu Kōshū Eisei In, ed., *Kokuritsu Kōshū Eisei In sōritsu gojūshūnen kinenshi* (1988), 103.

¹¹⁷ Takeuchi-Demirci, *Contraceptive Diplomacy*, 99–103.

¹¹⁸ *Ibid.*, 123–26.

The report the Far East Mission produced after the tour explicitly recommended a US-Japan interaction within population studies. The report claimed that, despite the imminent population crisis, the “research necessary for policy is neither available nor in process” in Japan. Based on this observation, it recommended the RF concentrate on assisting activities that would foster “cooperation” between Americans and the Japanese in “demographic research untrammelled by restrictions.” In Japan, this specifically meant the “strengthening of the Institute of Population Research [most likely it referred to the IPP] and the Institute of Public Health for population study.”¹¹⁹ Such assistance, the report concluded, would “contribute indirectly to the development of feasible solutions” for the Japanese population problem.¹²⁰

Between the two Japanese institutions that the Far East Mission suggested to be the recipients of the RF assistance, the IPH had a special historical link with the RF. In the first place, it was the RF’s International Health Division (IHD) that gave financial assistance for the establishment of the IPH in 1938. After the war, in June 1948, the IHD dispatched its officer, Oliver R. McCoy, a Johns Hopkins graduate and specialist in parasitology, to Tokyo. McCoy was officially affiliated with the IPH as an advisor, while also serving for the SCAP-GHQ as an informal consultant. Through McCoy, the RF established its special status within Japan as an unofficial liaison between American and Japanese state and nonstate actors who had a say in the country’s public health administration. The IPH offered a venue for the RF to establish this status.

Partly due to the IPH’s special role with the RF, after the Far East Mission, the RF began financially supporting population research within the IPH.¹²¹ After the establishment of the DPHD in 1949, the RF concentrated its funding stream on the DPHD. Recognizing that the Far East Mission produced a long report on the Japanese response to the EPL, the RF was willing to support research on the effects of abortion and on demography and public health. Thus, the RF funded the aforementioned abortion study.¹²²

¹¹⁹ Frank W. Notestein et al., “The Rockefeller Foundation Reconnaissance in Public Health and Demography in Far East,” November 1949, 44c, Rockefeller Foundations Archive, Record Group 1.2, Series 600, Box 2, Folder 12, RAC.

¹²⁰ *Ibid.*, 40.

¹²¹ “Grant In Aid to Japan – Institute of Public Health, Tokyo, to Provide Additional Funds for the Purchase of Teaching Materials, Including Foreign Books, Periodicals, Motion Pictures, Etc.,” November 1950, Rockefeller Foundations Archive, Record Group 1.2, Series 609, Box 6, Folder 44, RAC.

¹²² “Grant in Aid to the Institute of Public Health, Tokyo, Japan for the Department of Public Health Demography for Continued Investigation of the Health and Demographic Aspects of Induced Abortion and, in Addition, Sterilization, as

Behind the scenes, McCoy made every effort to bring RF funding to the DPHD. For instance, it was McCoy that suggested Koya apply for RF funding for the abortion study.¹²³ Once Koya decided to apply for RF funding, McCoy helped him with the application process. Prior to the application, McCoy circulated application drafts among other RF staff for “comments” and lobbied for the application within the RF once it was submitted.¹²⁴ Thanks to the tireless efforts of McCoy, Koya’s application was accepted. During the term of his office at the IPH, McCoy offered the DPHD staff generous help, and consequently, the DPHD as an organization managed to enjoy quite a sum of RF funding.

Despite its involvement in population research, the RF played a smaller role when it came to the birth control pilot studies. In the early 1950s, the RF as institution was reluctant to be seen openly supporting birth control research because of the politically charged nature of the subject.¹²⁵ For this reason, while in principle the RF would happily fund DPHD demographic studies, it avoided supporting its birth control pilot studies. Under these circumstances, the PC filled the void created by the RF, and it supported the birth control pilot project that presented the DPHD to an international audience in the 1950s.

The PC was founded on November 7, 1952 as a result of John D. Rockefeller III’s arduous campaign to boost the transnational population control movement. Since the late 1940s, John D. Rockefeller III had been making efforts to persuade the RF to get involved in global population control, but he often met with resistance. A turning point for John D. Rockefeller III came in December 1951, when he met with Detlev Bronk, Lewis Strauss, and Warren Weaver.¹²⁶ Spurred by Harry

Authorized by the Japanese Eugenic Protection Law,” December 10, 1952, Rockefeller Foundations Archive, Record Group 1.2, Series 609, Box 6, Folder 44, RAC; “Grant in Aid I the Amount of \$2,500 to the Department of Public Health Demography, Institute of Public Health, for the Investigation of the Influences of Induced Abortion and Guidance in Conception Control upon the Recent Downward Trend in the Birth Rate in Japan,” November 29, 1951, Rockefeller Foundations Archive, Record Group 1.2, Series 609, Box 6, Folder 43, RAC.

¹²³ See, for example, Diary of Oliver R. McCoy, July 12 1951.

¹²⁴ Oliver R. McCoy to Marshall C. Balfour, July 13, 1951, Rockefeller Foundations Archive, Record Group 1.2, Series 609, Box 6, Folder 44, RAC; Oliver R. McCoy, “Oliver R. McCoy to Andrew J. Warren,” October 16, 1952, Rockefeller Foundations Archive, Record Group 1.2, Series 609, Box 6, Folder 44, RAC.

¹²⁵ Rebecca Williams, “Rockefeller Foundation Support to the Khanna Study: Population Policy and the Construction of Demographic Knowledge, 1945–1953,” Rockefeller Archive Center Research Reports Online (Rockefeller Archive Center, 2011), www.issuelab.org/resources/28011/28011.pdf, p. 3.

¹²⁶ Bronk, at the time, was the director of the National Academy of Sciences but was soon to become the president of Rockefeller University. Strauss was the chairman of

S. Truman's famous inaugural address in 1949, which called for a US foreign policy that would offer technical assistance to developing countries in the context of the Cold War, the four agreed to plan a conference discussing the issues of global population and socioeconomic development.¹²⁷ The plan came to fruition with the Conference on Population Problems at Colonial Williamsburg, Virginia on June 20–22, 1952. The conference gathered notable demographers and public health specialists in the United States. At the end of the conference, the participants passed a resolution to establish an organization dedicated to issues related to global population control. The resolution gave birth to the PC.

Since its inception, Japan played an important role in the PC. As mentioned above, it was the Japanese population problem that ignited John D. Rockefeller III's interest in global population control in the first place. Moreover, among the attendants of the Williamsburg conference were demographers such as Thompson, Notestein, and Taeuber, who had recently visited Japan and observed the various governmental and non-governmental responses to the problem of the surplus population. These demographers highlighted the importance of the Japanese case: It created a precedent, especially in Asia – arguably the problem area in terms of world population growth – for the kind of birth control program that should be endorsed as part of the transnational population control movement.¹²⁸

The interest in Japan was maintained by those inside the country as well. For that, McCoy played a key role. McCoy saw the establishment of the PC as an opportunity for the DPHD, giving it an extra source of income. Thus, within six months of its establishment, McCoy contacted Donald H. McLean, Jr. of the PC and explored the possibility of the organization “mak[ing] a grant of assistance” to the “Department of Public Health Demography.” In so doing, McCoy promoted DPHD birth control research with fervor, arguing that it was “a worthy project which should contribute to the solution of the population problem in Japan” and that the “implications [of the research] have had considerable influence on government policy.”¹²⁹ By lobbying for the DPHD

the U.S. Atomic Energy Commission but also was a consultant for the Rockefeller brothers.

¹²⁷ Michael E. Latham, *The Right Kind of Revolution: Modernization, Development, and U.S. Foreign Policy from the Cold War to the Present* (Ithaca: Cornell University Press, 2011), 93–122.

¹²⁸ Yu-ling Huang, “The Population Council and Population Control in Postwar East Asia,” Rockefeller Archive Center Research Reports Online: Rockefeller Archive Center, 2009, accessed June 28, 2011. www.rockarch.org/publications/resrep/huang.pdf.

¹²⁹ McCoy, “Oliver R. McCoy to Donald H. McLean, Jr.,” April 15, 1953.

study, McCoy not only informed the PC of the population situation in Japan but also kept the PC's interest in the country high.

In part due to McCoy's campaign, starting in the mid-1950s, the PC began to bankroll the DPHD's birth control studies. To start with, in 1953, it granted the DPHD \$3,200 "for a three-year study of the feasibility of guidance in family planning among the lower economic classes in Japan," which was used to run the Katsushika and Joban studies.¹³⁰ In 1954, Koya requested further assistance on the projects, to which the PC gave approximately \$2,730 to the DPHD.¹³¹ In the face of the RF's noncommittal attitude to applied population research, public health demography nevertheless thrived in the early 1950s, in part because of the PC's financial support.

Along with the PC fund, equally significant to the expansion of public health demography was the funding offered by the medically trained American philanthropist Clarence J. Gamble (1894–1966).¹³² Gamble, an heir of the famed Proctor and Gamble fortune and a graduate of Princeton University and Harvard Medical School, stumbled across the birth control movement after his academic research career with the pharmacologist Alfred N. Richards at the University of Pennsylvania became compromised. Using the financial independence granted by his family fortune, Gamble first joined in the cause by offering the Pennsylvania-based Committee for Maternal Health Betterment services for assessing contraceptives, which included jelly, suppositories, foam powder, and condoms.¹³³ Based on this experience, in 1934, Gamble established a research program at the National Committee on Maternal Health (NCMH), which aimed to discover better, more affordable, and "simple" contraceptives for the "unprivileged masses."¹³⁴ Between the 1930s and 1957, when he established the Pathfinder Fund, NCMH was the institutional base for Gamble to develop collaborative relationships

¹³⁰ McCoy, "Oliver R. McCoy to Yoshio Koya," April 23, 1954, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC; Donald H. McLean, "Donald H. McLean Jr. to Yoshio Koya," May 5, 1953, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC.

¹³¹ Frederick Osborn to Yoshio Koya, July 1, 1954; Yoshio Koya to Frederick Osborn, June 11, 1954, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC; Oliver R. McCoy to Frederick Osborn, June 19, 1954, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC.

¹³² Toyoda, "Sengo nihon no bāsu kontorōru undō."

¹³³ James Reed, *The Birth Control Movement and American Society: From Private Vice to Public Virtue* Princeton Legacy Library (Princeton: Princeton University Press, 1978), 233.

¹³⁴ *Ibid.*, 241.

with researchers and public health officials who were striving to ascertain the best contraceptives and birth control initiatives for their locales. His activities were initially confined to the US South, but soon he also worked in Puerto Rico.¹³⁵ After WWII, Gamble joined the transnational movement to control the population in Asia and Latin America through his quest for “simple” contraceptives.¹³⁶

Japan was the first country in Asia that received Gamble’s support for birth control work. In 1949, Gamble learned about the population debate and birth control movement in Japan when he stopped to see Notestein at his Princeton reunion.¹³⁷ At the urging of Notestein, Gamble wrote to McCoy and Thompson to ask if it was possible for him to “give a contraceptive program there a push” by giving out “a few hundred dollars, a thousand or less” for each cause.¹³⁸ This initial contact led to Gamble’s involvement in the Japanese birth control movement, enabling him to become connected to prominent figures such as Katō Shizue, Kitaoka Juitsu, Majima Yutaka (Kan), Tanabe Hiroko, and the Amano couple. Throughout the 1950s and until shortly before his death in 1966, Gamble, behind the scenes, bankrolled some of their birth control work and acted as their foreign mentor.

Among the Japanese birth control activists, Koya transpired to be by far the closest to Gamble. Koya and Gamble quickly forged an amicable relationship due to their shared intellectual profile and interests (Figure 6.1). To start with, Koya was medically trained, like Gamble. Furthermore, for both Koya and Gamble, eugenics was the driving force behind their birth control advocacy. As has been explained above, eugenics was the backbone of Koya’s professional activities.¹³⁹ In turn, Gamble became a proponent of birth control when he became concerned that the post-Depression era policies, such as the New Deal, were leading to an expansion of the welfare-dependent population. Gamble believed birth control could cut

¹³⁵ Johanna Schoen, *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005); Laura Briggs, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002).

¹³⁶ Raúl Necochea López, “Gambling on the Protestants: The Pathfinder Fund and Birth Control in Peru, 1958–1965,” *Bulletin of the History of Medicine* 88, no. 2 (2014): 344–71.

¹³⁷ Clarence J. Gamble to Warren S. Thompson, June 17, 1949, Series III, Box 94, Folder 1530, Gamble Papers.

¹³⁸ *Ibid.*; Clarence J. Gamble to Oliver R. McCoy, September 10, 1949, Series III, Box 94, Folder 1530, Gamble Papers.

¹³⁹ Yoshio Koya, “Statement of The Expenditures For The Work on Family Planning in Japan. From Jan. 1959 to Jan. 1960.” Koya to Gamble, January 22, 1960, Series III, Box 97, Folder 1578, Gamble Papers.



Figure 6.1 A snapshot of Gamble and Koya, 1963.
Source: Private collection of Clarence J. Gamble's family member.

the welfare cost down, as well as the socially undesirable population's numbers.¹⁴⁰ Their common professional background and shared sense of values about population management facilitated the collaboration between Gamble and Koya.

Throughout the 1950s, Gamble tirelessly supported a wide range of Koya's birth control work. Among the activities he funded, some, such as the aforementioned "enlightenment" or "educational" activity, contributed to Koya's work as a birth control activist. Still, as medical researchers, both Koya and Gamble were convinced of the importance of birth control pilot studies. For Koya, they were indispensable for the growth of the DPHD. For Gamble, they provided a valuable opportunity to test the efficacy of a recently developed contraceptive in an actual village in Asia, the target of global population control. For this reason, Gamble ceaselessly funded the DPHD's birth control studies. It was Gamble who

¹⁴⁰ Toyoda, "Sengo nihon no bāsu kontorōru undō," 61–62; Reed, *The Birth Control Movement and American Society*, 233–35.

bankrolled the three-village study.¹⁴¹ He also supported others, namely, the part of the Joban study targeting the Nakago District, the Kajiyi Village foam tablet experiment, and the National Railways pilot study.¹⁴² Following his usual style, Gamble authorized the payment of between \$1,000 and \$3,000 annually, and an additional \$500–\$700 each time for extra research projects that he thought were worth supporting, and sent the funding to Koya via the NCMH and later the Pathfinder Fund.¹⁴³ Although the amount sent each time was small, it eventually accumulated into a large sum. Between 1950 and 1957 alone – the period during which the three-village study took place – the amount Gamble funded to Koya’s pilot projects totaled \$23,500.¹⁴⁴ In each of these studies, Koya duly produced and supplied Gamble with the data.

Over the 1950s, the news about DPHD birth control research reached noted demographers and advocates of global population control. Tauber believed the “activities of Dr. Koya and the Institute of Public Health in the field of the diffusion of contraception are one of the most significant demographic experiments in the world today, if not the most significant, and those activities are very courageous ones” for the proponents of global population control.¹⁴⁵ Likewise, John D. Rockefeller III commended Koya after reading a number of his papers: “Each time I hear of the research work in the population field undertaken in Japan under your leadership, I am more impressed as to the magnitude and importance of the contribution which you have made. And what you have done is not only significant for Japan, but also on a much wider basis.”¹⁴⁶ The financial support offered by the RF, PC, and Gamble not

¹⁴¹ Koya et al., “Seven Years of a Family Planning Program in Three Typical Japanese Villages”; Koya et al., “Kazoku keikaku moderu mura no kenkyū”; “Review of Past Achievements and Planning of Future Studies,” 1, Series III, Box 97 Folder 1585, Gamble Papers.

¹⁴² Yoshio Koya, “A Family Planning Program in a Large Population Group: The Case of the Japanese National Railways,” *The Milbank Memorial Fund Quarterly* 40, no. 3 (1962): 319–27; Yoshio Koya, “Economic Impact of Instruction in Family Planning,” *Eugenics Quarterly* 7, no. 4 (December 1960): 212–16; Yoshio Koya and Tomohiko Koya, “The Prevention of Unwanted Pregnancies in a Japanese Village by Contraceptive Foam Tablets,” *The Milbank Memorial Fund Quarterly* 38, no. 2 (1960): 167–70; Koya, “Five-Year Experiment on Family Planning among Coal Miners in Joban”; Koya, “Present Situation of Family Planning among Farmers and Coal Mine Workers.”

¹⁴³ About Pathfinder International, see, e.g., James A. Miller, “Betting with Lives: Clarence Gamble and the Pathfinder International,” Population Research Institute, July 1, 1996, www.pop.org/betting-with-lives-clarence-gamble-and-the-pathfinder-international/.

¹⁴⁴ Reed, *The Birth Control Movement and American Society*, 295.

¹⁴⁵ Irene Tauber to Frederick Osborn, June 26, 1954, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC.

¹⁴⁶ John D. Rockefeller III to Yoshio Koya, December 7, 1959, Rockefeller Family Archive, Record Group 5, Series 1, Subseries 5, Box 80, Folder 671, RAC.

only stimulated population research in Japan, it also enabled the DPHD research to form an integral part of the transnational population control movement.

In addition to developing internationally recognized demographic research in Japan, the RF, PC, and Gamble supported various other activities that encouraged Japanese researchers in public health demography to forge links with international population studies communities. The first was a fellowship that allowed Japanese researchers to study at renowned academic institutions in the United States. The RF supported Muramatsu Minoru's study at the School of Public Health at Johns Hopkins University between 1950 and 1951 and then between 1958 and 1959 as a RF fellow.¹⁴⁷ Later, the PC funded Ogino Hiroshi, a DPHD staff, to study at the same institution as Muramatsu.¹⁴⁸ These fellowships gave the DPHD researchers a valuable opportunity to learn the latest knowledge and trends in the field and to connect with specialists through their studies.

Second, PC and RF travel grants enabled Japanese researchers to network with foreign colleagues by attending international meetings. The travel grants the PC awarded to Koya and Muramatsu in 1954 allowed them to present at the World Population Conference that took place in Rome in September of that year.¹⁴⁹ After the conference, Muramatsu proudly reported how his joint presentation with Koya was well received at the conference and was attended by "first-class demographers," even including "'iron curtain' delegates."¹⁵⁰ The PC gave another travel grant to Koya and one of his sons, Koya Giichi, in 1957.¹⁵¹ This time, Koya not only participated in a population conference in Berlin in October, he also

¹⁴⁷ "Second Fellowship for Dr. Minoru Muramatsu – Japan," April 21, 1958, Rockefeller Foundations Archive, Record Group 10.1, Series 609, Subseries 609.E, Box 367, Folder 5417, RAC.

¹⁴⁸ See, e.g., Minoru Muramatsu to Marshall C. Balfour, June 19, 1959, Population Council Collection, Accession II, Foreign Correspondence Series, Box 15, Folder: Japan, Institute of Public Health, Muramatsu, Minoru, 1959–1964, RAC; Marshall C. Balfour, "Marshall C. Balfour to Paul A. Harper," September 8, 1959, Rockefeller Foundations Archive, Record Group 10.1, Series 609, Subseries 609.E, Box 367, Folder 5417, RAC.

¹⁴⁹ Frederick Osborn to Yoshio Koya, July 15, 1954 and Frederick Osborn to Minoru Muramatsu, July 21, 1954, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC; "Grant in Aid for Travel and Living Expenses of Dr. Yoshio Koya, Director of the Institute of Public Health, Tokyo, Japan," July 8, 1954, Rockefeller Foundations Archive, Record Group 1.2, Series 609, Box 6, Folder 46, RAC.

¹⁵⁰ Minoru Muramatsu, "World Population Conference," October 1954, 8–9, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 18, Folder 300, RAC.

¹⁵¹ Yoshio Koya to Clarence J. Gamble, August 12, 1957, Series III, Box 95, Folder 1559, Gamble Papers.

visited India, Ceylon, and Egypt – the focus countries of the PC population control initiatives at the time – and shared his past experiences with colleagues in the respective countries.¹⁵² The RF made a similar arrangement when it gave a travel grant to Muramatsu in 1960. The grant permitted Muramatsu to make a world tour en route from his studies at Johns Hopkins University. With the grant, he was able to visit population experts in London, Copenhagen, Stockholm, Paris, Geneva, New Delhi, Calcutta, and Hong Kong.¹⁵³ Similar to the fellowships, the travel grants helped the Japanese researchers to connect with their international colleagues.

Among the many international links forged thanks to the travel grants, the one that left an impression on the DPHD researchers was with Indian colleagues. In the 1950s, India was one of the most active transnational birth control advocates.¹⁵⁴ The Family Planning Association of India (FPAI), established in 1949, was a founding member of the IPPF. Its founding president, Dhanvanthi Rama Rau, served as the president of the IPPF. The FPAI also hosted the Third International Conference on Planned Parenthood in Bombay between November 24 and 29, 1952. In parallel, the postcolonial Indian state, like the postwar Japanese government, considered birth control to be a solution to the problem of its surplus population. In 1951, the same year the Japanese Diet adopted birth control as a national policy, the Indian government set up a Ministry of Health and Family Planning as a sign of its state-level commitment to the popularization of birth control as part of its public health measures. Meanwhile, in the aforementioned Williamsburg conference, the problem of overpopulation in India attracted as much attention as

¹⁵² Frederick Osborn to Yoshio Koya, June 26, 1957, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 19, Folder 301, RAC.

¹⁵³ Minoru Muramatsu, “A Report of the Activities As Rockefeller Foundation Fellow,” January 1960, Population Council Collection, Accession II, Foreign Correspondence Series, Box 23, Folder: Institute of Public Health Muramatsu, Minoru FC-O Japan 59–64, RAC.

¹⁵⁴ Mytheli Sreenivas, *Reproductive Politics and the Making of Modern India* (Washington, D.C.: University of Washington Press, 2021); Savina Balasubramanian, “Motivating Men: Social Science and the Regulation of Men’s Reproduction in Postwar India,” *Gender & Society* 32, no. 1 (February 2018): 34–58; Sanjam Ahluwalia and Daksha Parmar, “From Gandhi to Gandhi: Contraceptive Technologies and Sexual Politics in Postcolonial India, 1947–1977,” in *Reproductive States: Global Perspectives on the Invention and Implementation of Population Policy*, eds. Rickie Solinger and Mie Nakachi (Oxford and New York: Oxford University Press, 2016), 124–55; Rebecca Jane Williams, “Storming the Citadels of Poverty: Family Planning under the Emergency in India, 1975–1977,” *The Journal of Asian Studies* 73, no. 02 (May 2014): 471–92; Schoen, *Choice & Coercion*.

the Japanese actions.¹⁵⁵ Under the circumstances, Indian demographers and public health specialists participated in the transnational population network along with their counterparts in Japan.

In most instances, the institutions and individuals driving the transnational population network facilitated the encounters between the Japanese and Indian colleagues. Health Minister Rajkumari Amrit Kaur's visit to Japan was a result of the connection established through the PC. At Koya's invitation, Amrit Kaur arrived in Japan on July 4, 1956. During her stay in Japan, Koya took her to Fukuura Village, one of the villages in the three-village study.¹⁵⁶ When he visited India and Ceylon between October and November 1957, and later when Muramatsu visited in 1960, it was Marshall C. Balfour, a RF officer and staunch proponent of population control who was stationed in India, connected Koya with important birth control advocates, health officials, and population scientists in India, including Rama Rau.¹⁵⁷ As both Koya and Muramatsu testified after their trip, the visit to India was "one of the most interesting experiences."¹⁵⁸ The connections with the US-based foundations that were forged through their population research allowed them to network with their colleagues in Asia who were also participating in the transnational movement.

Financial support from the RF, PC, and Gamble for Japanese fertility research was not an isolated instance. During the twentieth century, US-based charity foundations gave financial assistance to a wide range of research programs across the world to tackle global issues such as poverty and development. Backed by primary mission, the foundations' assistance harnessed national and global networks of intellectuals, which consequently served what Inderjeet Parmar called an "American imperialism," a global hegemony built around American cultural and intellectual

¹⁵⁵ Matthew Connelly, *Fatal Misconception: The Struggle to Control World Population* (Cambridge, MA and London: The Belknap Press of Harvard University Press, 2008), 166–73.

¹⁵⁶ Yoshio Koya to Clarence J. Gamble, July 7, 1956, Series III, Box 95, Folder 1556, Gamble Papers.

¹⁵⁷ Yoshio Koya to Dudley Kirk, November 17, 1957. RAC, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 19, Folder 301; Marshall C. Balfour to Yoshio Koya, November 11, 1957. RAC, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 19, Folder 301; Marshall C. Balfour to Minoru Muramatsu, June 25, 1959, Rockefeller Foundations Archive, Record Group 10.1, Series 609, Subseries 609.E, Box 367, Folder 5417, RAC.

¹⁵⁸ Yoshio Koya, "President Prof. Y. Koya Talks, Coming Back from His Trip," *Family Planning News*, no. 6 (February 1958): 1–2; Muramatsu, "A Report of the Activities As Rockefeller Foundation Fellow."

involvement.¹⁵⁹ By the same token, the financial assistance the RF, PC, and Gamble gave to public health demography integrated the Japanese researchers into the transnational population control network and, in so doing, contributed to the global population control movement that was in many instances buttressed by American leadership. In the 1950s, American leadership within global population control carried a special meaning, as population control was discussed in relation to the American attempt to construct a new world order in the middle of the Cold War. In this context, American support for public health demography was part of the broader movement to create a Cold War world order that revolved around the “American imperium.”

The Japanese, in turn, used the American assistance to their advantage. As mentioned, Koya had long desired to expand the field, and under the circumstance, the American financial help came at an opportune time. For younger scholars such as Muramatsu and Ogino, the American grants gave them a valuable opportunity to build their careers. However, by accepting the American assistance, the researchers inadvertently were co-opted into the transnational network that buttressed American hegemony in global population control.

The support from the American philanthropists did more than simply integrate Japanese birth control researchers into the transnational network. As the subsequent section shows, it also catalyzed negotiations that shaped the Japanese pilot studies in ways that were relevant for the transnational population control network.

Connecting Kajiya with Khanna: Technological Fix and Guidance Work

While the RF, PC, and Gamble all gave financial assistance to the population research in public health demography, their degree of involvement in the studies they funded were different. Generally speaking, the RF and PC kept a hands-off attitude toward the actual fieldwork in the pilot studies, although they would happily offer advice if the Japanese wished. In contrast, Gamble proactively shaped both the content and results of the pilot studies he helped. This difference in approach left a visible legacy among studies conducted under the name of public health demography.

One area that vividly depicts the impact of Gamble’s hands-on attitude was a study testing the efficacy of foam tablet as a “simple”

¹⁵⁹ Inderjeet Parmar, *Foundations of the American Century: The Ford, Carnegie, and Rockefeller Foundations in the Rise of American Power* (New York: Columbia University Press, 2012), 2, 257.

contraceptive method. As mentioned above, since the late 1930s, Gamble had been at the forefront of the research on the development and assessment of “simple chemical contraceptives.”¹⁶⁰ Gamble believed that the diaphragm – one of the few contraceptives available at the time – was too difficult for poor and less-educated women to use, thus he sought contraceptive chemicals as a “simpler” alternative.¹⁶¹ In the 1940s, Gamble, together with NCMH statistician Christopher Tietze, conducted a clinical study to test the efficacy of contraceptive suppositories among women from impoverished rural communities in Alabama and Puerto Rico.¹⁶² The Alabama study was not successful, but the project in Puerto Rico was more fruitful, in part because they used the data provided by local contacts.¹⁶³ After Puerto Rico, Gamble came to believe that birth control research required collaboration with locals. These local contacts should ideally be medically savvy and willingly produce reliable data on behalf of Gamble. In late-1940s Japan, Koya emerged as a perfect candidate for this purpose.

Meanwhile, in Japan, spermicidal chemicals were emerging as the contraceptive of the future. Among them was Eisai Pharmaceutical’s foam tablet, Sampoos, the distribution of which the government approved in 1950.¹⁶⁴ By 1953, Sampoos had become one of the most popular birth control medicines in Japan.¹⁶⁵ The news about the popularity of Sampoos spread quickly among birth control activists.¹⁶⁶ Medical communities were eager to conduct trials of Sampoos, too. In the early 1950s, a small-scale investigation into Sampoos’s efficacy was underway in the district covered by the Shibukawa Health Center in Gunma Prefecture, which was run by a female doctor, Aida Sakiko, and a public health nurse, Kobuchi Aiko, who were stationed at the health center.¹⁶⁷

¹⁶⁰ Ilana Löwy, “‘Sexual Chemistry’ before the Pill: Science, Industry and Chemical Contraceptives, 1920–1960,” *The British Journal for the History of Science* 44, no. 2 (June 2011): 257.

¹⁶¹ Briggs, *Reproducing Empire*, 102–3.

¹⁶² Clarence J. Gamble and Christopher Tietze, “A Field Study of Contraceptive Suppositories,” *Human Fertility* 13 (n.d.): 33–36.

¹⁶³ Briggs, *Reproducing Empire*, 107, 227.

¹⁶⁴ Eisai Co., Ltd., “Ezai no rekishi 80th,” accessed March 11, 2018, www.eisai.co.jp/company/profile/history/index.html.

¹⁶⁵ “More ‘Sampoos’ Tablets Exported,” *IPPF News* 4, no. 3–4 (December 1953): 70.

¹⁶⁶ T. Nasu, H. Nakai, and H. Kawakami, “Contraceptive Efficacy of ‘Sampoos,’” *Japan Planned Parenthood Quarterly* 2, no. 3–4 (December 1951): 25–26.

¹⁶⁷ Sakiko Aida and Aiko Kobuchi, “Collective Experiment on Contraception with ‘Sampoos’ Tablets,” *IPPF News* 5, no. 2 (June 1954): 15, 27.

Gamble latched onto the hype in Japan and tried to encourage Koya to study the foam tablet's acceptability. In June 1952, in response to Koya's letter to Gamble, in which Koya mentioned Sampoos in passing, Gamble told Koya he had "seen an advertisement of Sampoos Tablet" and urged Koya to do the "testing in 200 or 300 families."¹⁶⁸ Three months later, Gamble again asked if any scientific study had been done on Sampoos.¹⁶⁹ Indeed, Koya had been using foam tablets in his pilot studies, but it was presented merely as one of many contraceptive options. Having heard this, in May 1954, while visiting Japan with his son Richard, Gamble and Koya discussed plans to launch an independent "project where only foam tablets would be distributed. This would determine their effectiveness and acceptability." In order to persuade Koya, Gamble stressed the advantage of foam tablets over guidance work "for the budget-conscious mass birth control campaign in Japan" and pointed out how the foam tablet could lower the campaign's cost by "mak[ing] unnecessary the present cost of individual interviews with a physician."¹⁷⁰ Gamble offered to pay for such a test project.

Koya accommodated Gamble's needs. While committed to the guided birth control program, Koya also shared Gamble's sentiment that the contraceptives distributed to a target population should be affordable and "simple" because the population was generally regarded as poor and less educated. Partly for this reason, in the three-village study, Koya had been testing the efficacy of the salt-and-sponge method: a barrier method in which a woman inserted a sponge soaked in a homemade salt solution into her vagina immediately before intercourse.¹⁷¹ He thought that the method was particularly suitable for a poor farmer because it was a budget method. As he said: "No Japanese farmer is so poor that he cannot buy one or two sponges a year. Salt is abundantly found in any farmer's kitchen."¹⁷² However, the women taking in part in the three-village study did not particularly like the salt-and-sponge method, therefore, he was looking for an alternative. Koya thought, "it is quite essential for us to find out the best suited method for Japanese," and for "the Government," and

¹⁶⁸ Clarence J. Gamble to Yoshio Koya, June 18, 1952, Series III, Box 94, Folder 1538, Gamble Papers.

¹⁶⁹ Clarence J. Gamble to Yoshio Koya, September 3, 1952, Series III, Box 94, Folder 1538, Gamble Papers.

¹⁷⁰ R. B. Gamble and C. J. Gamble, "Summary of Japan," May 1954, Series III, Box 94, Folder 1547, Gamble Papers.

¹⁷¹ Toyoda, "Sengo nihon no basu kontorōru undō," 62–63.

¹⁷² Yoshio Koya, "Effectiveness of Contraception by the Use of Sponge (Used in Conjunction with 10% Saline Solution)," 1, n.d. c.1955, Series III, Box 95, Folder 1553, Gamble Papers.

wondered if the foam tablet could become such a method.¹⁷³ Koya agreed to set up a study specifically dedicated to Sampooon.

Based on Gamble's funding, which arrived via the NCMH, Koya set up a foam tablet pilot scheme in Hakusen Town and Hikawashita Town, with about 300 families.¹⁷⁴ Following on the pilot project, in 1955, a foam tablet study was formally launched in Kajiya Village, Kanagawa Prefecture, located about 100 kilometers west of Tokyo (Figures 6.2 and 6.3).¹⁷⁵ Koya was the project leader, but one of his sons, Koya Tomohiko (mentioned above), conducted the fieldwork.

At the beginning of the study, in 1955, Kajiya Village had a population of 1,789 in 298 households.¹⁷⁶ The village was once described as "uncultivated" in regard to birth control.¹⁷⁷ Researchers understood the village to be "of a feudalistic type in which the young people were under the strict control of the parents. Often this control was used to forbid contraception, though fortunately this opposition is now decreasing. As many of the young people had left the village to find employment, the number of families past childbearing age was surprisingly large."¹⁷⁸ In part due to the village's character, the researchers were able to select only 101 wives for the study whom they deemed as fertile.¹⁷⁹ These women were asked to take part in the project for exactly three years, from January 1, 1955 to December 31, 1958. In the end, the data gleaned from eighty-two women were entered for analysis.

In line with the "simple" nature of the contraceptive, the study's procedure was kept simple.¹⁸⁰ The wives agreeing to take part in the study were simply given the Sampooon tablet, told to place it with a finger as far into the vagina as possible just before intercourse, and record the usage. Mrs. Kimura, the aforementioned local midwife employed for the study, visited the wives approximately once a month to record its use, objections to the method if they stopped using it, and pregnancies.¹⁸¹ In

¹⁷³ Apart from the sponge-and-salt method, he thought foam powder would be a "most promising ... for rural areas," Diary of Oliver R. McCoy, November 28, 1950.

¹⁷⁴ Yoshio Koya to Clarence J. Gamble, August 12, 1954, Series III, Box 94, Folder 1548, Gable Papers; Yoshio Koya and Tomohiko Koya, "The Effectiveness of Contraceptive Tablets in a Japanese Village," n.d. c.1956, Series III, Box 95, Folder 1557, Gamble Papers.

¹⁷⁵ "Jōzai ga unda mikan mura."

¹⁷⁶ Koya and Koya, "The Effectiveness of Contraceptive Tablets."

¹⁷⁷ "Jōzai ga unda mikan mura," 2.

¹⁷⁸ Koya and Koya, "The Effectiveness of Contraceptive Tablets."

¹⁷⁹ *Ibid.*

¹⁸⁰ *Ibid.*

¹⁸¹ Yoshio Koya to Clarence J. Gamble, July 26, 1956, Series III, Box 95, Folder 1556, Gamble Papers.



Figure 6.2 A scene from the Kajiya village pilot study. A public health nurse is handing over “tablets” to a woman.

Source: “Mikan mura no kazoku keikaku,” *Kensei nyūsu*, no. 399 (November 9, 1959): 1.



Figure 6.3 A scene of an interview between a doctor and local women in the Kajiya village pilot study.

Source: “Mikan mura no kazoku keikaku,” *Kensei nyūsu*, no. 399 (November 9, 1959): 1.

addition, Koya Tomohiko visited the village fortnightly to interview the women. Based on the interviews and the records collected, Koya Tomohiko made what his father called a “family line,” a horizontal line chart that represented the time each participant’s reproductive life was marked (Figures 6.4 and 6.5). Based on the “family line,” Tomohiko calculated the birth and pregnancy rates among the wives.

As in other pilot studies by Koya, the Kajiya Village study was characterized as a success. The study showed that the pregnancy rates of the 82 wives prior to the study between 1950 and 1954, during which the couples used no contraceptive, was 52.8, while the corresponding rate during the time of the study was 11.9 per 100 years of exposure.¹⁸² With these figures, the Koyas concluded that Sampooon was “effective enough

¹⁸² Koya and Koya, “The Prevention of Unwanted Pregnancies.” The figures are original.

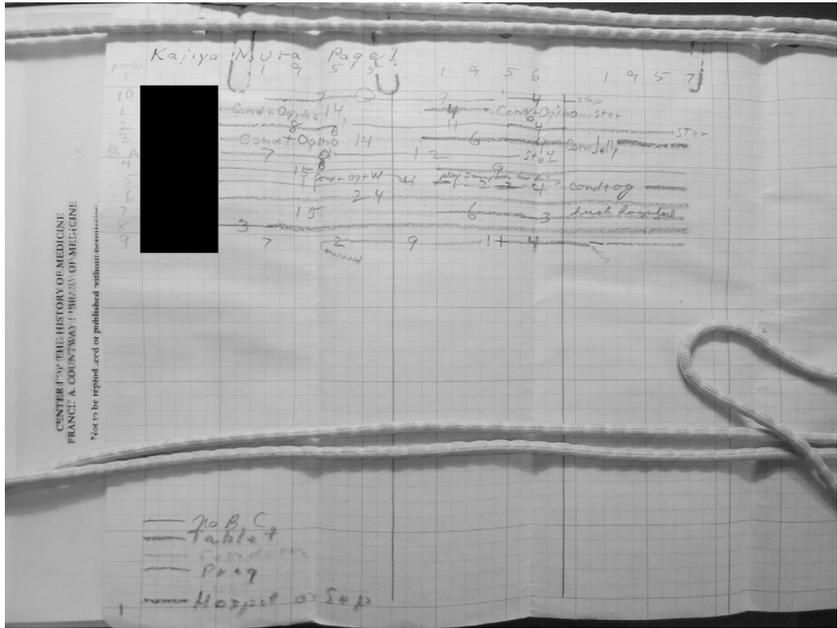


Figure 6.4 The “family line” in a handwritten draft note.
 Source: Japan: two folders of 1957–1960 materials re Koya article, “The Prevention of Unwanted Pregnancies in a Japanese Village by Contraceptive Foam Tablets,” Box 96, Folder 1577, Series: III. Countries Correspondence and Records, 1927–1965, Gamble, Clarence James, 1894-. Papers, 1920–1970s (inclusive), 1920–1966 (bulk): Finding Aid. (H MS c23) [Persistent ID: nrs.harvard.edu/urn-3:HMS.Count:med00082], Center for the History of Medicine. Francis A. Countway Library of Medicine.



Figure 6.5 The “family line” in a publication.
 Source: “Mikan no mura no kazoku keikaku,” *Kensei nyūsu* no. 9 November 1959: 1.

to be recommended to the people at large.”¹⁸³ The study demonstrated the benefit of Sampooon for a mass population control initiative.

Gamble became heavily involved in the study as soon as he learned Koya Tomohiko collated some data. From 1956 on, he began to ask Koya Yoshio about the “progress” in the “foam tablet project” and requested that Koya Tomohiko send him “a tabulation of the foam tablet cases” as well as “a new family line chart” periodically.¹⁸⁴ Once Koya Yoshio sent the requested documents, Gamble did some calculations for the study.¹⁸⁵ Later, when the study’s results were taking shape, Gamble requested if Koya could approve to have a draft of the Kajiya paper mimeographed so it could be distributed it as widely as possible “to the people who are asking about how successful foam tablets can be.”¹⁸⁶ Finally, Gamble steered the Koyas to consider having the article published in *Milbank Quarterly*, a journal highly reputed among proponents of global population control. Gamble even offered to help edit the English for the article.¹⁸⁷

Why did Gamble have a heavy-handed approach to the foam tablet study in Kajiya Village? To start with, it was generally known that Gamble kept a close eye on the birth control projects for which he authorized funding. The Kajiya study was one of them, so it seemed evident that he provided the same oversight for the Kajiya study. However, for Gamble, who was closely watching the birth control initiatives in Asia, the Kajiya study had special meaning. Specifically, Gamble saw the Kajiya study as a parallel study to the Khanna study, another foam tablet study taking place in Asia.

The Khanna study was conducted between 1953 and 1960 in the Ludhiana district of Punjab in India as a collaborative project involving John Gordon’s team from the Harvard School of Public Health, the government of India, and Ludhiana Christian Medical College. The primary aim of the study was to investigate population dynamics, specifically in relation to a birth control pilot initiative. Moreover, as in the Kajiya study, the assessment of the efficacy of foam tablets was an important mission in the Khanna study. The study was supported by the

¹⁸³ *Ibid.*, 170.

¹⁸⁴ See Clarence J. Gamble to Yoshio Koya, December 3, 1956, Series III, Box 95, Folder 1556, Gable Papers; Gamble to Koya, July 26, 1957, Series III, Box 95, Folder 1559, Gamble Papers; Gamble to Koya, July 23, 1958, Series III, Box 95, Folder 1564, Gamble Papers.

¹⁸⁵ See Gamble to Koya, October 28, 1958, Series III, Box 95, Folder 1564, Gamble Papers.

¹⁸⁶ Gamble to Koya, August 24, 1959, Series III, Box 95, Folder 1566, Gamble Papers.

¹⁸⁷ Gamble to Koya, July 7, 1959, Series III, Box 95, Folder 1566, Gamble Papers.

RF grant-in-aid between 1953 and 1954, and Gamble also offered help behind the scenes.¹⁸⁸ The Khanna study, like the Japanese birth control pilot studies, occupied a special space within the history of population control in India and beyond. Specifically, the study became the first family planning pilot project that provided the government of India and international demographers with evidence that India's people wished to limit the size of their families.¹⁸⁹

For Gamble, who had long been working on the development and assessment of "simple" contraceptives, the Khanna study was particularly interesting because it aimed to study a "simple" contraceptive that was quickly becoming popular in India but whose efficacy on population dynamics had yet to be established. In the 1950s, along with his fellow advocates in population control, Gamble began to pursue ways to further promote foam tablets in India. In India at the time, various foam tablets were already available due to the efforts of government officials, international public health and birth control campaigners, and pharmaceutical companies, but the majority of the tablets sold there was exported from outside Asia, so they were expensive due to the shipping charge.¹⁹⁰ An alternative was the Contab tablet, produced locally by Smith Stanistreet, Ltd. from Calcutta, but its quality was deemed questionable.

This was when Gamble discovered the existence of the Japanese Sampoon tablet. The Sampoon tablet was trialed in India during the early 1950s, and in 1952, 2,000 were imported from Japan via the IPH.¹⁹¹ In the eyes of Gamble, the Sampoon tablet had advantages over the majority of foam tablets sold in India for two reasons: The first was the quality. Compared to other foam tablets that deteriorated after one to five months of storage, the Sampoon tablet could be active even after a year of storage.¹⁹² Second, the price of the Japanese Sampoon tablet was competitive in comparison to other tablets exported from outside Asia.¹⁹³ Considering these points, Gamble must have concluded the Sampoon tablet could become a viable option in India or other regions in Asia confronted with overpopulation. However, in the 1950s, the efficacy of Sampoon for fertility reduction had yet to be established.

¹⁸⁸ Connelly, *Fatal Misconception*, 173.

¹⁸⁹ Williams, "Rockefeller Foundation Support," 5.

¹⁹⁰ Ilana Löwy, "Defusing the population bomb in the 1950s: Foam tablets in India." *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 43, no. 3 (September 2012): 584–85, 589–600.

¹⁹¹ "More 'Sampoon' Tablets Exported."

¹⁹² Although it was later discovered that Sampoon produced too much gas to be effective. Löwy, "Defusing the Population Bomb," 585.

¹⁹³ Löwy, "Defusing the Population Bomb," 584–85.

Against this backdrop, Gamble urged Koya to carry out the Kajiya study, and once the study was established, he tried to make it known to the family planning officials and scholars in India via Koya.¹⁹⁴ Gamble contacted Frederick Osborn, vice president of the PC, to help Koya to travel to India so he could introduce the Kajiya study to Indian colleagues.¹⁹⁵ Gamble's lobbying culminated in the aforementioned trip to India in 1957 that was supported by the PC. During the tour of India, Koya tirelessly introduced the Kajiya study to the individuals and groups he met.¹⁹⁶ At the same time, with the help of Balfour, Koya traveled to Khanna. In Khanna, John B. Wyon, the field director of the Khanna study, took Koya around the test villages where he observed and even managed to interview the women participating in the study. After the trip, he excitedly reported to Gamble: "The most important experiences [I] got during this trip was about the foam-tablets. About every person for instance, Col. Raina, Mr. Karmakar, Dr. Balfour, Dr. Wyon, Dr. Mauldin ... asked me to give them information on Sampoon."¹⁹⁷ What excited Koya the most was when Minister of Health Rajkumari Amrit Kaur asked him, "please send me every information on foam tablets which you have."¹⁹⁸ "I was much encouraged to have met such a [sic] great responses and welcomes."¹⁹⁹ It seemed like Gamble's attempt to connect those involved in the Kajiya study to the Khanna study ended in success.

For Gamble, it was evident that the Japanese involved in the Kajiya study and the Indians familiar with the Khanna study should be connected, because in his eyes, the two studies were related. Both the Khanna and Kajiya studies focused on the impact of a single, "simple" contraceptive on the dynamics of a targeted population. Both also took place in Asia, a target area of global population control. From Gamble's point of view, these studies, when combined, could provide him and his international colleagues with invaluable comparative data from Asia in order to consider birth control as a technological fix to the problem of global overpopulation. Thus, it only made sense that those involved in the studies should know each other's work so they could compare results.

¹⁹⁴ Koya to Gamble, August 12 1954, Series III, Box 94 Folder 1548, Gamble Papers.

¹⁹⁵ Clarence J. Gamble to Frederick Osborn, August 20, 1957, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 19, Folder 301, RAC.

¹⁹⁶ Koya to Gamble, November 15, 1957 and November 21, 1957, Series III, Box 95, Folder 1559, Gamble Papers; Yoshio Koya to Dudley Kirk, November 17, 1957, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 19, Folder 301, RAC.

¹⁹⁷ Koya to Gamble, November 21, 1957, Series III, Box 95, Folder 1559, Gamble Papers.

¹⁹⁸ Koya and Koya, "The Effectiveness of Contraceptive Tablets."

¹⁹⁹ Koya to Gamble, November 21, 1957, Series III, Box 95, Folder 1559, Gamble Papers.

In turn, Koya had a distinct perspective on the studies. While partially sharing Gamble's idea that the studies were comparable, Koya also believed they were different in another sense. First of all, the studies led to completely different outcomes: At the time of Koya's visit to India, the pregnancy rate in Kajiya was 13.4, whereas the equivalent in the Khanna village still remained 57.0.²⁰⁰ Seeing the gap, Koya readily applied demographic transition theory (see Chapter 5) and claimed that the gap in pregnancy rates was rooted in the different cultural levels of the test villages: "In Japanese villages 98% can read newspapers, but in Indian villages only 2%. The age construction of wives in Kajiya-mura is much older than in Khanna village. Almost all villages in Japan, even though they are poor, must be said to be 'modern villages,' while the Indian village is to be said an 'ancient village.'" Based on this observation, Koya concluded that there was a "more than 100 years gap between" the Indian and Japanese villages, and this "gap" caused the studies' distinctive outcomes.²⁰¹ Related to this, Koya considered the gap to also stem from the distinctive methodology adopted by the respective pilot projects. He wrote to Gamble:

The way of work ... in Khanna and Kajiya-mura are also different. The way in Khanna is rather a survey, not family planning work. 80% of it is concentrated how to get good records of this acceptability of foam-tablet and only 20% must be educational and leading work. On the contrary, in Kajiya-mura, 80% is educational and leading work ... and only 20% is survey on the results. So, it is nonsense to compare the pregnancy rates of Khannas and Kajiyas.²⁰²

Koya's judgment stemmed from his conviction regarding the value of guidance in a birth control initiative. For as long as he was involved in the birth control campaign, Koya stressed education was effective at curbing the fertility rates and improving the population quality, therefore, it should be at the heart of a birth control program. Koya agreed that the application of a "simple" contraceptive method to the program was important, but only when it was combined with guidance work.²⁰³ Based on this view, Koya reckoned the Kajiya study was successful precisely because it stressed the education work, while Khanna was doomed to fail because of the lack thereof. For Koya, the technological fix to the population problem should be tried in addition to long-term education work.

While holding onto this idea, in the late 1950s, Koya additionally strengthened the DPHD research on Sampooon primarily as a "simple"

²⁰⁰ Koya to Gamble; November 15, 1957, Series III, Box 95, Folder 1559, Gamble Papers.

²⁰¹ McCann, *Figuring the Population Bomb*, 156–98.

²⁰² Koya to Gamble, November 15, 1957, Series III, Box 95, Folder 1559, Gamble Papers.

²⁰³ E.g., "Some Findings in a Recent Survey Conducted by FPFJ," *Family Planning News*, June 1958, 1–2.

contraceptive method offering a technological fix to population issues. Koya managed to extend the period of study for Kajiya. Additionally, Koya Tomohiko, under the supervision of his father and his senior Dr. Furusawa Yoshio, launched a “clinical experiment” on the recently developed variant of Sampooon with female patients at the Sumida-Metropolitan Hospital.²⁰⁴ Finally, in 1959, Koya received the research fund of \$2400 from the PC to “undertake a study of the acceptability of the foam tablet in a Japanese Railway community.”²⁰⁵ What motivated Koya to shift his research emphasis?

Behind the change in the research direction was the combination of domestic and transnational factors. Within Japan, throughout the 1950s, the fertility rate plummeted. Under these circumstances, Koya was made acutely aware that his birth control campaign and pilot studies were quickly losing their *raison d'être* within the Japanese government.²⁰⁶ By the early 1960s, the state-led birth control campaign that Koya had fervently supported ironically robbed him of a research opportunity, but the reception of the Kajiya study in India gave him a glimmer of hope. Koya thought that aligning the DPHD research with current trends in the transnational population control movement would grant the scientific field he had created further legitimacy. Thus, Koya “really recognized how important [the Sampooon] experiment is by the trip in India” and decided to “[strengthen] our work at the Sampooon village.”²⁰⁷ Yet, in practice, this meant that the trend in global population control strongly shaped the birth control research conducted in public health demography.

Conclusion

The birth control advocacy and research that developed in tandem with Koya's effort to expand the DPHD testified how Public Health Demography, a medico-scientific field studying reproductive practices and demographic patterns, was at once a national and transnational project and was strongly shaped by locally specific conditions. This story, on the one hand, confirms the point made in the previous chapters about

²⁰⁴ Koya, “Review of Past Achievements and Planning of Future Studies,” 5.

²⁰⁵ Dudley Kirk to Yoshio Koya, December 23, 1959, RAC, Population Council Collection, Record Group 1, Accession 1, Series 1, Box 19, Folder 302; “Office Memorandum from WPM to DK Re Grant to Dr. Koya,” December 14, 1959, Population Council Collection, Accession II, Foreign Correspondence Series, Box 24, Folder: Nippon Medical School, Koya, Yoshio FC-O Japan 59–62, RAC.

²⁰⁶ Koya to Gamble, May 29, 1962, Series III, Box 97, Folder 1588, Gamble Papers.

²⁰⁷ Koya and Gamble, December 14, 1957, Series III, Box 95, Folder 1559, Gamble Papers.

micropolitics' centrality in shaping the interplay between science making and policymaking. On the other, it also showed how transnational elements clearly participated in the interplay, shaping the scientific endeavor that was explicitly associated with domestic policy. The latter point suggests the fragility of a nation-focused perspective in the analysis of this interplay. It certainly urges us to come up with an alternative interpretation about the interactions between the "national," "local," and "transnational."²⁰⁸

If transnationalism was "a structure that sustains and gives shapes to the identities of nation-states ... and local institutions" as defined by cultural historian Patricia Clavin, I argue that transnationalism shaped the interplay between the DPHD birth control studies and the domestic population policy in two ways. First, by supporting the birth control studies, it helped perpetuate the view of the poor as fecund and uneducated. This view not only sustained the preexisting, locally embedded social hierarchy within Japan but also affected the ways in which Japanese actors caricatured the poor in the transnational population control movement in later years. Second, by supporting Japanese birth control work and making it visible to the relevant international communities, transnational elements that participated in the science-policy interplay aided the creation and consolidation of post-WWII Japan's identity as the nation that miraculously resurfaced from the rubble through economic development – which was achieved by highly organized fertility regulations.²⁰⁹ This interplay was far more complex than a mere "national" endeavor. Instead, it was firmly embedded in, and mobilized by, the diverse networks and practices that entangled the national with the local and transnational.

²⁰⁸ Garon, "Transnational History."

²⁰⁹ Patricia Clavin, "Defining Transnationalism," *Contemporary European History* 14, no. 4 (November 2005): 421.