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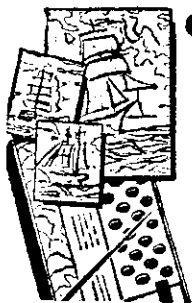
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Population in Asia

BETWEEN 1940 and 1950 world population increased from about 2200 million to over 2400 million, or by 200 million. This increase is greater than the population of North America. Asian populations increased by over 100 million to a total of over 1280 million. So half of the increase in world population took place in Asia. In the area which we describe as South and South-East Asia, extending from Pakistan and India to Indo-China and down to the Philippines and Java, the number of people increased from 665 million to 735 million, or by 70 million.

The rates of increase are not great—one per cent per year compounded for the world and for Asia, and below one and a quarter per cent for South and South-East Asia. In one or two countries the annual rates are rapid; but not more so than in some developed countries. Except for Ceylon, and for Hong-kong and Singapore, which have had considerable immigration, there is no country in Asia with a faster rate of growth than New Zealand of recent years, and most have a much slower rate of growth. Thus the Indian rate of one and a quarter per cent is about half that of New Zealand. Poverty in Asian countries is not due to a very rapid rate of population growth. Nor is it due to density of population. Density per square kilometer is 48 in Asia as against 81 in Europe. It is 112 in India and 121 in Ceylon, as against 196 in Germany and 320 in the Netherlands. Despite much greater population density, the European countries are many times as prosperous.

Of course, density of population is an important factor. But I should express the position in a different way. Poverty in Asia is due to density of population in relation to the resources which can be exploited with existing capital, technology and economic and social organisation. The problem of improving living standards is one of increasing the rate of growth of capital, developing new techniques, and improving organisation so that national production grows faster than population.

This problem is likely to become more difficult because nearly every country in Asia is introducing mass methods of preventive medicine before productive power has increased. The dynamic possibilities are indicated by what has happened in Ceylon. As a result of malaria control costing only 15 cents per head, the rate of population increase doubled from one and a half per cent about 1947 to three per cent in 1951. At current rates the population will double in 24 years. I do not think it likely that in most Asian countries the rate of growth will increase as fast as in Ceylon. Nevertheless, it is very likely to increase.

Even at present rates of growth, the absolute increase in numbers will be stupendous. The present annual increase in India is about four million: twice the population of New Zealand and even though their rate of increase is only half that of ours. In 25 years there would be over 380 million people more in Asia, greater than the present population of India. In South and East Asia there would be 180 million more over the same period. Meanwhile world population at present rates would increase by 620 million.

So we are face to face with a population problem of great significance, not

This is the text of a broadcast given recently from YA and YZ stations of the NZBS by H. BELSHAW, Professor of Economics at Victoria University College

only economically, but politically. If the enormous populations of South and South-East Asia move into the Communist camp, the strategic consequences to the West and especially to Australia and New Zealand, may be very serious.

The extension of preventive health measures will increase the rate of population growth because the practice of family limitation is unlikely to extend with sufficient rapidity. It will affect death rates before birth rates decline sufficiently to offset them. The decline in birth rates in Europe was comparatively recent. In no country did it begin more than a hundred years ago, and in most it has happened over the past 80 years. The economic development which we describe as the industrial revolution had been going on for two or three centuries before it was reflected in declining birth rates. In Japan it took place after about 80 years, a much shorter period.

The objections to family planning in Asia do not appear to be based so much on religious beliefs as on the so-called familial attitudes among the mass of peasants who form the majority of the population: on the great sense of family responsibility, the need for family labour on farms and the importance which is attached to security in old age and the perpetuation of the family. But there is also the difficulty of discovering and spreading a knowledge of cheap and efficient methods of birth control which are acceptable within the culture. A recent survey in the city of Baroda, in India, showed that a majority of mothers were in favour of family limitation, and a population policy in support of family limitation is included in the Indian Five Year Plan. Indeed, it may well be that as from now the decline in birth rates will come sooner than it did in Europe; but no change sufficient to offset the effect of improved health measures is likely to occur within the next three or four decades. This is the critical period both economically and politically—economically because the break through into a movement of progressive growth will be more difficult the longer it is deferred, politically because failure to satisfy the aspirations of the people for improved economic conditions by an evolutionary process will cause them to turn to revolution, which will endanger world peace.

Since health measures will increase the rate of population growth, some may be disposed to suggest that they should not be extended until productive power has actually increased. Apart from the importance of reducing human misery on humanitarian grounds, there are other reasons why I would strongly disagree with such a view. To make these reasons clear it is useful to compare population patterns in an Asian country such as India, with those in a country such as New Zealand.

Birth rates in India are about 40 per 1000, as against 25 in New Zealand; but death rates are 27 per thousand as against nine in New Zealand. This is why natural increase is higher in New Zealand than in India. Differences in infantile mortality are much greater: under 24 per thousand births in New Zealand as against 113 in India. The

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