

**DELIVERY OF HEALTH CARE SERVICES IN LESS DEVELOPED COUNTRIES
WITH EMPHASIS ON INTEGRATION OF FAMILY PLANNING
WITH MATERNAL AND CHILD HEALTH**

A LITERATURE SEARCH

performed for

American Public Health Association
**Development and Evaluation of Integrated
Delivery Systems (AID/csd-3423)**

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**Biological Sciences Communication Project
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Introduction

This publication results from a request from the American Public Health Association to perform a literature search on the subject of integrated health services in less developed countries for the DEIDS (Development and Evaluation of Integrated Delivery Systems) program. Particular attention has been directed to the inclusion of references to publications relating to the integration of family planning and maternal and child health. Although it had been suggested that health programs for depressed or remote areas, ethnic groups and other populations not unlike those of less developed countries might be useful, only a very few references on such programs were found.

The period represented proved chiefly to be that of the past five years although there are some earlier references which were considered of some importance. The total number of citations is 180, two having been inserted after the original numbering of 178 was completed. Annotations or abstracts accompany all entries for examined publications. It was not possible to locate some of the citations found in bibliographies but since the titles are indicative of pertinent material they have been included together with the statement "not examined".

Arrangement is alphabetical by personal and corporate author.

There are two indexes, one includes all personal names mentioned in either the citations or descriptive notes. The other includes countries and identifies organizations mentioned in the studies cited.

The current literature on health services is voluminous but much of it was found to be too generalized for use in this bibliography. The type of material which would seem to be most significant does not always receive coverage in the usual abstracting and indexing services available for searching purposes. With the realization that various Foundations, social service and church related organizations are interested in funding studies concerning health and welfare, letters were sent to a number of them requesting information, or copies of, such studies in developing countries. The following were most generous in responding to our inquiry:

National Council of the Churches of Christ
in the United States
Christian Missions in Many Lands, Inc.
Board of National Missions
Catholic Medical Mission Board, Inc.
Seventh Day Baptist Missionary Society
Medical Group Missions of the Christian
Medical Society
Mary Reynolds Babcock Foundation, Inc.
Health and Welfare Ministries, the United
Methodist Church

The Commonwealth Fund
Missionary Research Library
CARE, Inc.
Catholic Relief Services, Nutrition
Education Program
China Medical Board of New York, Inc.
Church of the Brethren, Community
Development Consultant
Foreign Mission Board
W. K. Kellogg Foundation
Rand Corporation
Rockefeller Foundation

Inquiries were also sent to the Embassies of developing countries. Two replied, the Embassy of Ghana and the Embassy of Lebanon, suggesting names of individuals who might be helpful.

Exceptional assistance in the task of accumulating references and publications was provided by Miss Sue McLean Carter who resides in Geneva, Switzerland. We were fortunate in obtaining her services to search the catalog and files of the World Health Organization headquarters in Geneva. She was able to locate a great deal of material which would not, otherwise, have been available.

Abstracting and indexing services searched are:

Bibliography of Family Planning and Population
Current Literature in Family Planning
Current Publications in Population/Family Planning
Excerpta Medica. Health Economics
Government Reports Announcements
Index Medicus
Psychological Abstracts
U.S. Government Publications, Monthly Catalog

Bibliographies consulted include:

BREDESEN, N. Catalog of health services research. Abstracts of public and private projects 1967-70, Science Information Exchange, Smithsonian Institution. Rockville, Md., U.S. Department of Health, Education and Welfare, Public Health Service and Mental Health Administration, 1971. 344 p. (DHEW Publication 72 3009) (HSRD 71 20).

DE GEYNDT, W., and GUPTA, V. B. Delivery of family planning services. An annotated bibliography. Minneapolis, Minn., Systems Research, Inc., May 1972. 243 p.

FOGARTY INTERNATIONAL CENTER. INTERNATIONAL COOPERATION AND GEOGRAPHIC STUDIES BRANCH. National Institutes of Health international awards for biomedical research and research training, fiscal year 1971. Bethesda, Md., U.S. Department of Health, Education and Welfare, Public Health Service, National Institutes of Health, 1972. 125p. (DHEW Publication (NIH) 72-63.)

HILL, R. A classified international bibliography of family planning research. Demography 5:973-1001, 1968.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION. Family planning and health. An annotated bibliography. London, International Planned Parenthood Federation, 1972. Revised edition. 33p. (IPPF Bibliography, new series 8)

NATIONAL LIBRARY OF MEDICINE. Medicine and health in China, January 1969-March 1972. Bethesda, Md., National Library of Medicine, 1972. 173 citations. (L.S. 72-5.)

NATIONAL LIBRARY OF MEDICINE. Medical care in developing countries, January 1970-April 1972. Bethesda, Md., National Library of Medicine, 1972. 400 citations. (L.S. 72-3.)

PAN AMERICAN HEALTH ORGANIZATION. Publications, 1964-1971. Washington, D.C., Pan American Health Organization, 1972, 45p.

U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE. MATERNAL AND CHILD HEALTH SERVICE. Publications of Maternal and Child Health Service. Washington, D.C., U.S. Department of Health, Education and Welfare, 1972. 23 p. (DHEW publication (HSM) 72-5004.)

WHITE, P. E., and VLASAK, G. J. Inter-organizational research in health. Bibliography (1960-70). Baltimore, Md., The Johns Hopkins University School of Hygiene and Public Health, 1972. 80p. (PB 210 751.)

[WORLD HEALTH ORGANIZATION]. Organization and evaluation of family planning training programs. [Geneva, World Health Organization]. 21p. Unpublished.

WORLD HEALTH ORGANIZATION. WHO publications 1971-1972. Supplement of the Catalogue of WHO publications 1947-1971. Geneva, World Health Organization, 1972. 7p.

WORLD HEALTH ORGANIZATION. World Health Organization publications. Catalogue 1947-1971. Geneva, World Health Organization, 1971. 171p.

In connection with the review of material the catalogs and holdings of the following libraries were helpful:

Agency for International Development
Pan American Sanitary Bureau
Population Reference Bureau
U.S. Department of Health, Education, and Welfare

Grateful acknowledgment is due Dr. Donald T. Rice, Associate Director, DEIDS Project, American Public Health Association who introduced us to the problems and accomplishments of health care in less developed countries by lending his personal copies of several studies of special interest.

Particular attention is directed to the assistance given by Mrs. Helen Kolbe, Librarian, Population Information Center, Biological Sciences Communication Center. Because of the Center's interest in family planning she alerted us to bibliographies and new material as it crossed her desk.

Recognition and many thanks are also due Mrs. Mary Ellen Hashmall who assisted in the search for references and Miss Helen Selvig who spent many hours in locating publications in various libraries in the Washington, D.C. area.

Mildred Benton
Compiler

1.

ANONYMOUS

An integrated concept of the public health services in the African region. Brazzaville, World Health Organization, Regional Office for Africa, 1970. (AFRO Technical Paper 2)

Only properly constituted basic health services can carry out the necessary maintenance activities following mass campaigns and guarantee permanent results. WHO Regional Office for Africa has concluded that only by adopting a unified integrated concept of such services will it be possible to meet the minimum needs of populations in a reasonable amount of time and at minimum cost.

Not examined. Information supplied by WHO Library, Geneva.

2

ANONYMOUS

Canadians to aid Thailand midwives.

Journal of the American Medical Association 223:89, 1973.

Canada's International Development Research Center has made a grant of \$30,500 to Mahidol University in Thailand to be used in the study of the best means for making full use of "granny" midwives in Thailand's expanded program of maternal and child health, including family planning. The study is to be conducted under the supervision of Thailand's Ministry of Public Health.

3

ANONYMOUS

Family planning in health services.

WHO Chronicle 26:73-79, 1972.

The interrelationships of family planning with other health services are discussed. The definition of program goals is considered, as are the problems of assessment of needs and resources, of increasing utilization of services provided, of education and training of health manpower, and the evaluation of the costs and effectiveness of the program. Specific suggestions for the integration of family-planning services into other programs, such as first-level medical care, maternal and child care, communicable disease control, public health nursing and midwifery, health education activities, environmental sanitation, and health data collection and record maintenance, are made.

This article is a condensed version of World Health Organization. Expert Committee on Family Planning in Health Services. Family planning in health services. Report. Geneva, WHO, 1971. 65p. (Technical Report Series 476)

4

ANONYMOUS

Pakistan: report on the family planning program by the UN/WHO advisory mission. Studies in Family Planning 40:4-10, 1969.

Excerpts are included from chapters 13 and 14 of the Joint UN/WHO Advisory Mission's final draft report entitled "An Evaluation of the Family Planning Programme of the Government of Pakistan".

Information is given on organization; public knowledge and attention; provision of services and supplies; an independent organization; and prospects of attaining the programme's goals. There is also a summary of recommendations.

The report states that "particularly in the early stages of the expanded Family Planning Programme, the establishment of an independent organization offered the most effective approach to Pakistan's problem, and only an organization with administrative and financial autonomy could achieve, within the short space of two and a half years, the results noted. Pakistan's earlier experience supports the view that a high priority mass campaign in family planning cannot be mounted by general health services where intermediate and local health structures are weak or lacking, and we

would not favour a premature effort to bring about a fusion of the family planning organization with the health services which we believe might seriously weaken both",

In the summary of recommendations the following statement appears: "The ultimate goal of integration of family planning with the general health services should always be kept in mind".

5
ANONYMOUS

The role of the nurse and midwife in family planning services.
Far East Medical Journal 6:56-59, 1970.

Not examined.

6
ANONYMOUS

Towards a philosophy of health work in the African region. Brazzaville, World Health Organization, Regional Office for Africa, 1970. (AFRO Technical Paper 1)

This study is divided into 5 parts. Part 1 is devoted to some basic concepts; it discusses the interactions of health and economic growth and shows the advantages of an integrated approach to the development of health services. The 2nd and 3rd parts are concerned with the assessment of priorities and the planning of a national health program. Part 4 discusses the manpower requirements necessary for the successful implementation of such programs. Part 5 is intended to illustrate the application of the philosophy to some special programs.

Not examined. Information supplied by WHO Library, Geneva.

7
AFRICAN POPULATION CONFERENCE, GHANA, 1971

Health aspects of family planning by World Health Organization, Session X. New York, United Nations, Economic and Social Council, 1971. 16p. (United Nations Document E/CN.14/POP/43)

Following a discussion of health conditions in Africa suggestions are made for health services. Maternal and child health, including family planning, are listed among the basic services. Some suggestions are offered relative to channelling family planning through a system of health care.

8
AGENCY FOR INTERNATIONAL DEVELOPMENT. BUREAU FOR TECHNICAL ASSISTANCE.
OFFICE OF POPULATION

Population program assistance. Aid to developing countries by the United States, other nations, and international and private agencies. Washington, D.C., U.S. Government Printing Office, December 1971. 232p.

This, the fifth annual report on "Population Program Assistance", reviews the scope and nature of population and family planning activities throughout the world.

Since activity in each country is treated briefly little information is presented on the actual operation of programs. Some indication of integrated health delivery systems is given for the following countries:

Africa: A.I.D. provides support for family programs as integrated components of maternal and child health services, where emphasis is on the relationship between child spacing and better health for both children and mothers.

Botswana: The District Council of Serowe is building three clinics that will provide maternal and child health and family planning services.

Burundi: Action has begun to incorporate family planning into maternal and child health services.

Ethiopia: World Neighbors has joined with the YMCA Rural Development in a total rural development program which includes emphasis on family health and welfare, nutrition, immunization, and sanitation. Family planning and maternal and child welfare are included in such programs.

Ghana: The population program is being developed "as an organic part of social and economic planning". A National Family Planning Council is to be set up as a planning and policy making body, with representatives of all agencies and groups working in family planning.

Kenya: The Government of Kenya is the first in sub-Saharan Africa to adopt a national family planning program. It is an integral part of the economic and social development effort.

Liberia: Acceptance of family planning is growing in Liberia as a part of the maternal/child health program.

Mauritius: The Government of Mauritius has officially adopted a population policy, established a family planning division in the Ministry of Health, and has begun implementation of a countrywide family planning program.

Morocco: The Government of Morocco initiated a family planning program in 1965 as a means of improving maternal and child health. Implementation of family planning policy is the responsibility of the Ministry of Public Health.

Nigeria: In 1958, the Marriage Guidance Council and the Marital Health Clinic began organized family planning work as an extension of the Lagos City Council's maternal and child health services.

Rhodesia: The Government has approved the inclusion of family planning as part of routine health services in its hospitals and clinics.

Rwanda: The Pathfinder Fund is supporting a project at the Medical School of Butare University to incorporate family planning in the public health program in the Prefecture of Butare.

South Africa: The Government helps support family planning. In 1966, it began giving refunds for family planning services on the same basis as for other health services.

Togo: At the request of the Togolese Government, the Unitarian Universalist Service Committee will assist with a project to develop maternal and child health services and education. The project will also introduce family planning when appropriate.

Tunisia: In 1964, family planning clinics began operation in hospitals and maternal and child health centers. The program was expanded sharply in 1966 to meet a goal of providing family planning assistance to between 30 and 40 percent of Tunisian women. In order to achieve this objective, family planning is being integrated into the national health services, with planning services being offered in clinics, in all hospitals, and at all maternal and child health centers.

Hong Kong: Though the Government does not have an official program or policy on family planning, it subsidizes around 40 percent of the Hong Kong Family Planning Association's expenses and assists the operation of family planning clinics at maternal and child health centers and hospitals.

Indonesia: The U. N. Fund for Population Activities has provided funds toward a project to integrate family planning services into the national health program.

Korea (South): In 1963, a special unit for family planning was established in the maternal and child health section of the Ministry of Health and Social Affairs. Similar units were formed in the provincial health departments and in Seoul and Pusan. From these bases, the program has spread throughout the country.

A new National Family Planning Institute has been set up. Administratively, it is part of the Ministry of Health and Social Affairs but its board of directors has wide representation from the various planning agencies.

Malaysia: U.S. Peace Corps volunteers are participating in family planning activities being carried out by a village health program.

Thailand: The family planning activities of the Ministry of Public Health are supplemented by those of other Government and non-Government institutions in the fields of medical services and education, clinical research, demographic studies, research in reproductive biology and applied social research.

Chile: The Government plans to centralize all family planning services in its National Health Service and to increase coverage. In 1965, the Ministry of Health established a Family Planning Committee, and in 1966 the National Health Service included family planning in its maternal and child health program.

Colombia: The Ministry of Health maternal and child health program, including family planning, has been extended to 500 health centers. These clinics provide comprehensive maternal and child care, as well as family planning services.

Costa Rica: Early in 1968, family planning was included as an integral part of the National Health Service, and in 1970 the Population Office was placed in the Maternal and Child Care Division of the Ministry. An immediate operational target was established to provide family planning services in all health facilities in the Ministry of Health. Ninety such clinics now offer such services.

Dominican Republic: Family planning services were incorporated into the maternal and infant care program in 1967.

Ecuador: A Department of Population in the Ministry of Health has 29 health centers which have received equipment and supplies for family planning. Services are provided as part of an integrated health program.

El Salvador: In 1968, the Ministry of Health adopted a 5-year program under which it has institutionalized family planning clinical services within most of its countrywide network of health installations.

Guatemala: The Ministry of Health, under law, is responsible for all family planning services. All health centers (70) and regional hospitals (60) now offer family planning services as an integrated part of maternal and child health care.

Honduras: The Government of Honduras has had a national family planning program since 1966. That year, family planning services were included in the Ministry of Health's maternal and child health program. In 1969, a reorganization resulted in establishment of a special section, under the Director of Health, to promote family planning, maternal and child health, and nutrition activities.

Nicaragua: Nicaragua has had a national family planning program since 1967 when the Ministry of Public Health established an Office of Family Welfare within the Maternal and Child Health Program. The agency is charged with coordinating the activities of the Ministry with all other family planning programs.

Paraguay: A.I.D. is assisting the Ministry of Health in setting up new clinics in various parts of the country as part of the MPH's maternal and child health and nutrition program.

Trinidad and Tobago: Government family planning services are being offered through the Maternal and Child Health Services as part of the public health system.

Afghanistan: Family Planning Services are expected to be incorporated into the health services of the maternal and child health, maternity and basic health centers as part of the Fourth Five Year Plan, implemented in March 1972.

Nepal: The Government of Nepal has had a family planning program since 1966 as part of maternal and child health activities of the Directorate of Health Services.

Turkey: The family planning program has grown slowly, and opportunities for expansion have been limited by social and political factors. By the end of 1970 family planning clinics had been established in 540 maternal and child health centers, maternity hospitals, and health centers.

9

AGENCY FOR INTERNATIONAL DEVELOPMENT. OFFICE OF TECHNICAL COOPERATION AND RESEARCH. HEALTH SERVICE. POPULATION BRANCH

Assistance for family planning programs in developing countries. Washington, D.C., Agency for International Development, January 1967. 80p.

In this first over-all report by AID, summarizing its assistance for population programs of developing countries, key data are given, country by country of population growth, status of population

programs, and the help provided to such programs, and activities by AID and other institutions and agencies.

In only a few countries is any indication of integrated health services mentioned. They are: *Nepal* (In the organizational framework, family planning is included in the Maternal and Child Health Section within the Directorate of Health Services. Implementation of services will be through existing maternal and child health centers with plans for 8 urban centers and possible rural mobile units); *Pakistan* (The Second Five-Year Plan program of family planning was administered through the existing health services as a normal function of the government hospitals, dispensaries and rural clinics); *United Arab Republic* (A strong organizational framework has been created, with authority beginning in a supraministerial "Supreme Council for Family Planning", directly under the Prime Minister. Implementation of services is through existing government health centers and health units. In rural areas, these now number about 2,000); *Kenya* (Some government health centers are being used for Family Planning Association clinics and in Nairobi family planning has been incorporated into the city health services); *Nigeria* (Organized family planning work was begun in 1958 by the Lagos Marriage Guidance Council and the Marital Health Clinic as an extension of the Lagos City Council's Maternal and Child Health Services. The Family Planning Council of Nigeria was set up as a national organization in 1964 with the assistance of the IPPF, and under the auspices of the National Council of Women's Societies; its main goals are the expansion of clinic facilities and eventually public and government support for a family planning program within the official health services); *South Korea* (In June 1963, a new sub-section for family planning was created within the MHSA Section for Maternal and Child Health under the Bureau of Public Health. This was followed by establishment of family planning sub-sections in the provinces during the first half of 1964).

10

AGENCY FOR INTERNATIONAL DEVELOPMENT. OFFICE OF THE WAR ON HUNGER.

Population Service.

Population program assistance. Aid to developing nations by the United States, other nations and international private agencies. Washington, D.C. Agency for International Development, 1968. 175p.

Information regarding family planning activity not included in other AID reports is as follows:

South Africa: The South African Government encourages family planning. With national municipal government support, the National Council for Maternal and Family Welfare coordinates the activities of five branch family planning associations, which have a total of about 120 family planning centers.

Tanzania: The Tanzanian Government has no stated policy on population growth and family planning. The municipality of Dar es Salaam has ambitious plans for maternal and child health centers.

Uganda: The Ministry of Planning and Economic Development announced in 1967 that while it does not advocate family planning as a means of limiting population growth, it recognizes the desirability of family planning to preserve the health of mothers and children.

Zambia: Fifty to sixty maternal and child health clinics are to be built and staffed by 1970. The emphasis in these clinics is on nutrition and child spacing to avoid malnutrition.

11

AKINLA, O.

Social obstetrics in Africa. A strong indication for family planning. West African Medical Journal 18:47-49, 1969.

In a paper read at a Seminar on the Role of Family Planning in African Development held in Nairobi, Kenya in December 1967, the point is emphasized that there is a very intimate relationship between maternal health and child health and both, it is generally agreed, are very sensitive indices of the health of any nation.

The following concluding statement appears: "The promotion of maternal and child health is a most important aspect of both preventive medicine and obstetrics, and family planning is without

doubt an essential component of any complete Maternal and Child Health Service. This is especially so in Africa . . . It is therefore in the context of the promotion of maternal and child health that family planning is being and should continue to be preached and practiced".

12

ANAND, D.

Family planning through hospital care. New Delhi, Central Family Planning Institute, 1969. 372p. (Monograph series 5)

According to the introductory note "it was felt that incorporation of family planning advice and service as an integral part of total patient care in a hospital would help in increasing the acceptance of family planning". Accordingly, a study was undertaken, with a "multipronged approach to investigate the problem and develop work principles towards its solution". Particular attention has been directed towards evolving methodology that may help in strengthening the relationship between the teaching and learning of medical and nursing students and opportunities for service in family planning.

The suggestion is made that students and interns work in Maternal and Child Health Centers in order to familiarize themselves with local situations and environment.

13

ANDERSON, L. S.

Turkey. Country profile. New York, The Population Council and the International Institute for the Study of Human Reproduction, Columbia University, January 1970. 8p.

Under an April 1965 law a Family Planning Division was authorized within the Ministry of Health. Amalgamation of the Family Planning and the Maternal and Child Health Divisions of the Ministry of Health is being planned.

14

APELO, R.

Family planning in the Philippines. Basic problem, attitudes, and programs. *Journal of Medical Education* 44(2): Supplement p. 170-172, 1968.

The history, teaching and present status of family planning in the Philippines are described.

Family Planning Clinics have been established in urban and rural areas. In addition, family-planning services have been integrated into the post-partum services available to maternity patients in the Philippine General Hospital, and in the services offered by the Maternal and Child Health Clinics With Family Planning, one of which is to be established in each of the eight regions of the country.

15

APELO, R.

Philippine general hospital post-partum program. In Zatuchni, G. I., editor. *Post-partum family planning. A report on the international program.* New York, McGraw-Hill Book Company, 1970, p. 221-229.

Activities of and difficulties encountered by the family-planning service of the Department of Obstetrics and Gynecology in the Philippines are outlined. A maternal and child health family-planning clinic in each of the eight health regions of the country is proposed.

16

ASAVASENA, W. and HAWLEY, A. H.

Thailand.

In Berelson, B. and others, editors. Family planning and population programs. Proceedings of the International Conference on Family Planning Programs, Geneva, August 1965. Chicago, University of Chicago Press, 1966, p. 95-104.

With the approval of the Government of Thailand, the Population Council was asked for aid in launching an exploratory demonstration project to discover the response of a sample of the population to family planning services. A project was initiated called "The Family Health Research Project". This name was used because it is hoped that eventually this activity will be integrated into the general health services, especially as far as maternal and child health is concerned. It was also felt that this name provided some security against intervention that might jeopardize the project.

Although the project was considered a success, lack of a national family planning project endangers possible future development of a continuing program.

17

AWAN, A. H.

The system of local health services in rural Pakistan and planned administration and technical support. Lahore, Public Health Association of Pakistan, 1969. 189p.

An integrated rural health service for Pakistan is discussed in chapter 5 along with possibilities of improving health service in general.

18

AWON, M. P. and KHANNA, S.

Trinidad and Tobago. Country profile. New York, The Population Council, August 1971. 11p.

In 1968 a National Maternal and Child Health Program Formulation Committee was established by the Minister of Health to review existing maternal and child health services; to formulate a comprehensive maternal and child health program integrated with family planning activities; and to establish norms, procedures, and targets for maternal and child health services. The broad structure for such a program has been formulated.

19

BAIN, K.

The international maternal and child health program.
Woman Physician 26: 503-505, 518, 1971.

The programs of various agencies involved in maternal and child health (MCH) are briefly described. One of these is UNICEF, the primary agency in the UN system concerned with maternal and child health. Recently UNICEF has expanded its aid to basic health services to include family planning when requested by the government of a given country.

20

BANNERMAN, R. H. O.

Maternity care in the developing countries. Document prepared for the 16th International Congress of Midwives, Washington, D.C., October 28 to November 1, 1972. n.p., 1972. 21p. Mimeographed.

The role and functions of the midwife are reviewed as well as other categories of midwifery personnel engaged in the health care of mothers and children including family planning. Education and training needs that could assist in the extension of these services to the more needy rural communities in the developing countries of the world are also discussed.

21

BEHAR, M.

Health problems in preschool children. 3. Worldwide experience: special problems and preventive programmes. (2) Central America.
Journal of Tropical Pediatrics 14:233-241, 1968.

The author discusses the profile of infant malnutrition in Central America and outlines long- and short-term programs of action to deal with the problem. He notes that "programs of . . . health education for the control of intestinal infections and parasitism; and the maternal and child programs which should consider the need of family planning and birth spacing to protect the health of mothers and children and which can contribute to decrease the gap between population growth and food availability" will contribute to the control of malnutrition.

22

BERELSON, B. and others, editors.

Family planning and population programs. Proceedings of the International Conference on Family Planning Programs, Geneva, August 1965. Chicago, University of Chicago Press, 1966. 848p.

The volume contains papers on the major family planning programs underway throughout the world in mid-1965 and on the major substantive problems confronting the specialists involved.

For analysis of contents see the following author entries: Asavesena, W. and Hawley A. H.; Cha, Y. K.; Daly, A.; Fisek, N. H.; Hsu, S. C.; Hsu, T. C. and Chow, L. P., Husein, H. M.; Kinch, A.; Muramatsu, M.; Taylor, H. C.; and Yang, J. M.

23

BERELSON, B.

National family planning programs: where we stand.

In Behrman, S. F., Corsa, L., Jr., and Freedman, R., editors. *Fertility and family planning: A world view.*

Ann Arbor, University of Michigan Press, 1969, p. 341-387.

The characteristic progression of events leading to the establishment of family planning programs is outlined. When the effort begins it is usually placed under medical auspices. The official program becomes the responsibility of the Ministry of Health, and is closely tied to maternal and child health services and health centers.

Although this review attempts to answer the questions such as "Where do we stand? What has been the experience?, What have we learned from it?, and What does it come to?" no definite information is provided as to integration of family planning with maternal and child health services. It is only assumed.

24

BHATIA, D.

Teaching of population dynamics and family planning in the curriculum of undergraduate medical education.

Journal of Medical Education 44(2): Supplement, p. 140-146, 1969.

The teaching of family-planning theory and techniques in Indian medical schools is discussed. The concept of integrating these services with other health and medical services is increasingly favored, and considerable time is devoted to the advantages of such integration, and methods of bringing it about, in the medical school curriculum.

25

BROWN, G. F.

Moroccan family planning program—progress and problems.
Demography 5: 627-631, 1968.

Initiated in February 1966, the Moroccan Family Planning has been the full responsibility of the Ministry of Public Health. The cornerstone of program policy has been the integration of family planning services into the existing health infrastructure. It was felt that only by such integration could available resources be utilized without duplication, sound medical standards insured, and the full cooperation of the medical profession be obtained.

26

BRYANT, J.

Health and the developing world.
Ithaca, Cornell University Press, 1969. 345p.

This book was written following visits to a number of developing countries for the purpose of looking at the health problems in each, the diseases, the systems of health care, the education of health personnel, the efforts and obstacles to improving health and, insofar as possible, to identify or suggest more appropriate approaches to the problems. The countries visited were Barbados, Brazil, Chile, Colombia, Ecuador, El Salvador, Ethiopia, Ghana, Guatemala, Hong Kong, India, Jamaica, Kenya, Malawi, Nigeria, Senegal, Sudan, Tanzania, Thailand, Trinidad, and Uganda. The suggestion is made, as a result of the observations in various places, that problems cannot be met without radical innovation in systems of health care and the education of personnel. Problems include: the obstructive forces that lie in tradition; the myopic pride of professional groups; the rigidities of administrative systems; and the limited vision of ordinary men.

27

BYER, M. A., DYER, H., GOURLAY, R. J. and STANDARD, K. L.

The role of the Health Centre in an integrated health programme in a developing country.
Medical Care 4:26-29, 1966.

The advantages of an integrated and comprehensive curative and preventive medical service are described. The role of the Health Centre in such a service is emphasized and a broad plan for the regionalization of Health Centres providing community care in Jamaica is described.

Among the services suggested as appropriate for a Health Centre to provide are total child care and family planning.

28

CANDAU, M. G.

The WHO approach.
Victor-Bostrom Fund Report 15:22-25, 1971-72.

Attention is directed to the relationships between family planning and maternal and child health, and nutrition, and it is noted that the World Health Organization tries to foster "the development of family planning activities within the general health services, in direct relationship to the maternal and child health component or other relevant services",

29

CARTY, C.

Integration of family planning with a Public Health Department.
Journal of the Christian Medical Association, India 46:550-551, 1971

A tubectomy camp is indicated to be "an excellent place" in India to begin the integration of family planning and maternal and child health. With each mother coming to the camp are one or two

children under five years of age who remain with her during the usual three day period of hospitalization. Factors are enumerated which may prove to be obstacles in the services proposed. Means of solving the problems are also delineated. Education through individual approach seems to offer the best possibility of success.

30

CASTADOT, R.

Perspectives on family planning in Maghrib.

Bulletin de la Societe Royale Belge de Gynecologie et d'Obstetrique 38:379-384, 1968.

Various conditions capable of influencing family planning are reviewed. One of the recommendations suggested for obtaining acceptance of a family planning program is that it be linked with the maternal and child health program. Maghrib is a section of North Africa.

31

CHA, Y. K.

South Korea.

In Berelson, B. and other, editors. Family planning and population programs. Proceedings of the International Conference on Family Planning Programs, Geneva, August 1965. Chicago, University of Chicago Press, 1966, p. 21-30.

Responsibility for the family planning program in South Korea was assigned to the Ministry of Health and Social Affairs which created a new family planning section in June 1963. To bring the program to the public, and to integrate it with the maternal and child health services, family planning field workers were added to the regular staff of 189 nationwide health centers.

32

CHEN, L. C.

Nutrition and fertility.

Lancet 1(7793): 47-48, 1973.

Reference is made to the article by Gopalan and Naidu (see entry 63) which draws attention "to the relationship between two of the world's most pressing health problems—malnutrition and rapid population growth". The article concludes by suggesting that increased demographic and health benefits can be achieved from integrating nutrition and family-planning services".

A critical discussion follows of several propositions advanced to suggest that results from family-planning programs can be improved by linking them to nutritional services. "While these propositions seem reasonable there is real lack of scientific data to support them . . . Insufficient understanding of the interactions inhibits the planner's ability to allocate scarce health and family-planning resources effectively. Further research in elucidating the important relationship between health and family planning are badly needed".

33

CHOPRA, J. G.; CAMACHO, R., KEVANY, J., and THOMSON, A. M.

Maternal nutrition and family planning.

American Journal of Clinical Nutrition 23:1043-1058, 1970.

The nutritional needs of the pregnant and lactating woman are considered, and the lack of data on the actual nutritional status of such women in Latin America is deplored. The integration of programs of nutritional supplementation into maternal-child health service programs is recommended. Such nutritional supplementation should be undertaken with regard not only for the dietary needs of the recipients, but also for the dietary habits and preferences of the people and for the possible distribution of the food within the family. The importance of family planning services for the long-term promotion of maternal and child welfare is briefly mentioned, with the recommendation

that these services be part of the comprehensive health services offered to all women of childbearing age.

34

CHOW, L. P.

Family planning and teaching in family planning in the medical schools in Taiwan, Republic of China. *Journal of Medical Education* 44(2): Supplement, p. 168-170, 1969.

The author describes the history and dimensions of the family-planning effort on Taiwan, and the treatment of family planning in the medical curriculum.

In 1959, the family planning activities were included in the maternal and child health program under the name of "Pregnancy Health" (PPH Program) by the Taiwan Provincial Health Department.

35

CHOW, L. P.

Integration of family planning with maternal and child health; experience in Taiwan, Republic of China. Paper prepared for the Development of Family Planning Aspects of Maternal and Child Health Activities including Postpartum approach. Geneva, World Health Organization, June 1970, 27p.

The current family planning program is moving more and more toward the direction of integration with the general health program, particularly with the MCH services. Experience generally endorses the idea that this integration is not only desirable for the family planning, but also for the MCH program. The article presents the less successful as well as successful experiences of Taiwan.

35a

CHRISTIAN MEDICAL COMMISSION

Report of fifth annual meeting Evangelisches Johannesstift Berlin-Spandau, Germany, 8-13 June 1972. Geneva, World Council of Churches, 1972. 64p. (Cmcm/72)

Remarks of the Chairman, J. H. Bryant indicate a trend of the work of church associated hospitals toward integration with community health services. Reports are included on several health projects, all involving some degree of integration, in Hong Kong, India and Nigeria.

36

CONCEPCIÓN, M. B.

The Philippines. Country profile. New York, The Population Council and the International Institute for the Study of Human Reproduction, Columbia University, June 1970. 8p.

Within the Government of the Philippines, the agency charged with the overall responsibility for administering a population program is the Project Office for Maternal and Child Health (POMCH). This Office was created in 1968 in the Department of Health following an agreement between the National Economic Council (NEC) of the Philippines and the United States Agency for International Development. Objectives of the Office's program are to make available to the people current knowledge on maternal and child health, including problems of family planning; to provide facilities; and to elicit and disseminate pertinent information and data regarding maternal and child health.

37

CORSA, L., Jr. and OAKLEY, D.

Consequences of population growth for health services in less developed countries—an initial appraisal. *In* National Academy of Sciences, Office of the Foreign Secretary. Study Committee. Rapid population growth. Consequences and policy implications. Baltimore, The Johns Hopkins Press, 1971, p. 368-402.

"The effect of family planning on requirements for health services, such as maternal and child health, is assumed to be unimportant in most LDC's because demand for other services will greatly exceed

the supply under any foreseeable circumstances in the next 20 years . . . A consideration that will not be uniform among LDC's is the extent to which efficiency can be achieved by simply incorporating the administrative and service responsibilities for family planning into existing maternal and child health programs. Ideally, family planning services should be incorporated into maternal and child health services. However, it appears that most maternal and child health programs still have far to go in achieving their prime objectives of basic maternity, infant and child care. Not only can few economies be achieved, but also a new and controversial service like family planning is unlikely to be introduced effectively if administered as a new objective of maternal and child health".

38

CROCKER, C. L., TRUSSELL, R. R., WALLACE, H. M. and GOLD, E. M.

A study of knowledge, attitudes and practices of family planning in Uganda, East Africa.
Journal of Reproductive Medicine 7:235-238, 1971

A study of maternal and child health services in Uganda resulted in the establishment of a family planning clinic. An analysis of the first 500 patients revealed the need for intensive family planning education.

39

DALY, A.

Tunisia.

In Berelson, B. and others, editors. Family planning and population programs. Proceedings of the International Conference on Family Planning Programs, Geneva, August 1965. Chicago, University of Chicago Press, 1966, p. 151-161.

The experimental family planning program of Tunisia is administered directly by the official responsible for medical services, under the authority of the Ministry of Health. This facilitates the integration of the program into the health services. The midwives, who are the senior personnel in the family planning services, undergo training in a demonstration maternal and child health center which has a family planning service.

40

DATTA, S.

Family planning—a major public programme in India.
Journal of the Royal Institute of Public Health 31:7-21, 1968.

It is asserted that one of the achievements of the Indian Government is the Maternity and Child Welfare Service. "This and other health services, though started during pre-independence days, were in an absolute rudimentary state, and inadequate for the country's needs. This branch of health service has been rapidly developed since independence. Today, almost all the villagers are getting full benefit from it. The clinics not only give advice on ante and post natal care of mother, child care and mothercraft, but also distribute free milk, vitamins, etc., as well as advice on family planning. As a result of improved maternity and child welfare service both maternal and infant mortality has gone down appreciably".

41

DAVID A. S., editor.

Infant and child mortality and fertility behavior conference held on February 17, 1971 at Research Triangle Institute Campus, Research Triangle Park, North Carolina. Washington, D. C. U.S. Agency for International Development, Office of Population Programs, Near East/South East Asia Bureau, 1971. 71p.

The conference was held for the purpose of examining the validity of the following proposition: Deliberate improvement in health and nutrition programs will reduce infant and child

mortality. This in turn will have a positive effect upon the demand for family planning since reduced infant-child mortality results in a decline in desired family size. Thus, it is cost-effective to allocate family planning resources to health and nutrition programs.

Frederic Kennedy, one of the participants at the conference and leader of Work Order SU-513 entitled *Promoting Family Planning Through Health Services* reported that "in the literature search . . . no conceptual or reported direct connection between improved health services and changes in desired family size could be found". He also stated that "this investigation did not find any direct effects between improving health services and reduction of fertility behavior".

Dr. Carl Taylor offered for discussion, in cost-effectiveness terms, the proposal that family planning resources be added to the health services and both be developed as an integrated program deliberately designed to meet both the health and the family planning needs. Although arguments pro and con were presented, based on experience in various countries, the conclusion seemed to be that integration of health services depends on the individual country to a large extent.

DAVID, A. S.

Nepal: National development, population, and family planning.
Studies in Family Planning 42:6-16, May 1969.

Family planning activities got under way in Nepal as early as 1958 when a voluntary family planning association was established. By the beginning of the Third Plan, i.e., 1965, His Majesty's Government took a positive step by including in its health program, on an experimental basis, plans to offer family planning services in Kathmandu Valley. The responsibilities of implementing the experimental plans rested with the Maternal and Child Health Section of the Directorate of Health. The program, to the surprise of many, moved rather quickly from the experimentation stage to the implementation of an expanding program.

43

DERRYBERRY, M., DOOLEY, S. W., LEEDAM, E. J., and STIMSON, R. H.

Maternal and child health care services in the Kinshasa area, Republique Democratique du Congo, June 27-July 27, 1971. A report. Washington, D.C., American Public Health Association, n.d. 34p., and Appendix A, B, C, D, E, and bibliography. (APHA/AID Contract AID/csd. 2604)

As a result of a survey of health facilities in the Kinshasa area a proposal for the development of a decentralized and coordinated system of maternal and child health care services including family planning is presented, p. 8-26. Long-range considerations are presented, p. 29-34.

44

DEVERELL, C.

The International Planned Parenthood Federation—its role in developing countries.
Demography 5:574-577, 1968.

The role of IPPF is indicated to be that of convincing "governments that family planning is an integral part of maternal and child welfare service and to work with all agencies who aim to provide these services and are willing to accept assistance in the training of doctors and para-medical personnel".

45

DYSINGER, P. W.

Implications of international health for health and medical care planning in the U.S.A.
Loma Linda, California, School of Public Health, Loma Linda University, April 1970. various paging.

In a report presented in follow-up to a World Health Organization travelling fellowship observations on health and medical care programs in Somalia, Ethiopia, India, Nepal and Burma are summarized.

A list of issues and recommendations covers the following topics: (1) Limitations of financial resources; (2) Preventive vs curative medicine; (3) Organization of health services; (4) Auxiliary health workers; (5) Relation of training to job description or analysis; (6) Program worker vs the multipurpose worker; (7) Relationship between educational institutions and employing agencies; (8) Job satisfaction; (9) Relationship between professional and auxiliary health workers; (10) Health behavior change; (11) Continuing education; (12) Coordination with other programs; (13) Experience; (14) Traditional practitioners; (15) Family planning. A selected bibliography for health planners is included with emphasis on recent journal publications on training and utilization of auxiliary health personnel. Special situations in the various countries visited are highlighted:

Somalia—The National Health Training Institute was originally organized to train personnel to man health centers that were to be established throughout the country. After training these types of workers for six years, it became evident that the government would not soon be able to establish the health centers and the training program was reoriented to upgrade the nurses and other health care personnel currently employed in institutions and programs throughout the Republic.

Ethiopia—The government health policy dates from 1952 at which time the development of health centers in rural areas to serve as nucleus units for the basic health services was decided . . . While Ethiopia has pioneered in the development of a health plan and training programs to provide personnel, especially for its own needs, there is currently a reevaluation being made and some uncertainty as to the best direction to proceed toward the establishment of basic health services serving the whole population as evenly as possible.

India—Family planning programs were originally operated separately, but are now quite well integrated into the maternal and child health programs throughout the country and it is generally felt that family planning can only be successful as it is associated with other health services. Considerable research is being carried on in India in efforts to improve the type and delivery of health services.

Nepal—The organization of health services for Nepal is based on a concept of zonal hospitals . . . The malaria eradication program continues to receive high priority . . . Currently efforts are being made to integrate this very expensive single disease eradication program into the general health services as quickly as possible with the hope that the eradication program can provide a base for regionalization of health services.

Burma—The new health organization, inaugurated in 1965, was designed to mobilize available resources and aimed to extend its frontier to the workers and farmers in the country. It envisages a completely integrated health service from the top to the lowest rung, and plans to practice preventive and social medicine with the base at the township hospital.

46

EAST-WEST COMMUNICATION INSTITUTE

Information, education, communication in population. Reports on international assistance. Honolulu, Hawaii, Inventory Analysis Project, East-West Center, 1972. various paging.

This is a product of a worldwide inventory and analysis of support for population and family planning communication and education provided to developing countries by donor agencies such as Church World Service; Pan American Health Organization; Pathfinder Fund; Population Council; Population Reference Bureau; Rockefeller Foundation; Swedish International Development Authority; United Nations Fund for Population Activities; and World Education.

Projects funded by Pan American Health Organization; Pathfinder Fund; Swedish International Development Authority; and United Nations Fund for Population Activities include several concerned with integration of family planning with maternal and child health.

47

ELDER, R. E., Jr.

Development administration in a North Indian state: The family planning program in Uttar Pradesh. Chapel Hill, University of North Carolina, Carolina Population Center, 1972. 195p.

The organization and operation of the government family-planning services are described. Among the Recommendations included in the study is the suggestion that "Family planning could profit by its

workers being integrated with the health staff and given medicines and assigned to search out and treat minor diseases at the village level in addition to their regular duties . . . Although this would give workers less time to devote to family planning, the gains made in terms of respect and friendship from the villagers might be well worth the loss."

48

FAMILY PLANNING ASSOCIATION OF HONG KONG.

Hong Kong. Country profile. New York, The Population Council and The International Institute for the Study of Human Reproduction, Columbia University, November 1969. 8p.

Since April 1966 the Family Planning Association (a voluntary organization) has participated in the postpartum project, sponsored by the Population Council, which is aimed at integrating family planning into the prenatal, delivery, and postpartum services of a maternity hospital. A new postpartum program began in May 1969 and includes six hospitals and three Maternal and Child Health Centers.

49

FAN, K. Y.

MCH and family planning; issues on integration.
Taiwan, MCH Institute, no date. 4p.

An account of the government promoted family planning policy of the Republic of China which is carried out by MCH workers at local health centers and organized by the MCH Institute.

Not examined. Information found in IPPF Demographic new series 8.

50

FAUNDES, A. and LUUKKAINEN, T.

Health and family planning services in the Chinese People's Republic.
Studies in Family Planning 3(7) Supplement: 165-176, 1972.

The organization and delivery of maternal health care and family planning services are discussed in some detail. Family planning in China is considered to be an aspect of maternal health, generally provided in connection with prenatal or postnatal care.

51

FELICIANO, A.

Mother and child.
Reproductions 1:1-2, 4, 1970.

The author advocates the combination of maternal and child health services with family planning services in the Philippines, emphasizing the following advantages: 1) Filipinos identify family planning with health service; 2) most of the target population for family planning would be reached in MCH clinics; 3) motivation for family planning is highest during pregnancy, at postpartum, or at times when the children are sick.

52

FENDALL, N. R. E.

Auxiliaries in health care. Programs in developing countries.
Baltimore, Md., The Johns Hopkins Press, 1972, 200p. (Macy Foundation Series of International Problems of Medical Education)

Findings and proposals are based on firsthand experience in Nigeria, Malaya and Singapore. They will assist those closely involved with developing more extensive health measures—the health planners and administrators, the qualified practitioners, and the teachers and supervisors of auxiliaries. The utilization of both the auxiliary and the professional, together with adherence to the concepts of

referral and informed supervision, is necessary if both a qualitative and quantitative service is to be developed.

53

FENDALL, N. R. E.

Comparison of family planning programs in Iran and Turkey.
HSMHA Health Reports 86:1011-1024, 1971.

The Iranian program integrated within maternity and child health activities with action spread over voluntary, government and quasi-government organizations and with a trend towards "beyond family planning", is vigorous, diversified, emphasizes programmatic aspects, and has the hallmark of success.—From Author's summary.

54

FENDALL, N. R. E., and GILL, J.

Establishing family planning services in Kenya.
Public Health Reports 85:131-139, 1970.

In this review of the development of family planning services in Kenya, details are given of organization funding and logistics, communication with prospective clients, training of personnel and research and evaluation. The drafted development program of the Ministry of Health for 1969-70 through 1973-74 has reiterated Kenya's commitment to family planning as an integral part of health services in general and of maternal and child health services in particular.

55

FISEK, N. H.

Problems in starting a program.

In Berelson, B. and others, editors. Family planning and population programs. Proceedings of the International Conference on Family Planning Programs, Geneva, August 1965. Chicago, University of Chicago Press, 1966, p. 297-304.

Problems of starting a family planning program are reviewed in the capacity of an administrator who has had five years' experience in starting a population control program in a country (Turkey) where birth control has been illegal for many decades. He claims that there are three main reasons in support of an integrated service. First, population control is a continuous operation and requires confidence and close relations between the public and the workers in order to get satisfactory results. Second, women, especially in conservative countries are shy and do not like to be seen taking an interest in birth control as such. It is much easier for them to apply to a multipurpose clinic or worker for advice on birth control. Third, since the type of personnel and equipment necessary to run a population control program would duplicate those of maternal and child health clinic, an independent organization for population control would be unnecessary and wasteful use of resources.

56

FRANKS, J. A.

Maternal and child health project for the Gambia, West Africa, Dahomey, West Africa, Lesotho, Southern Africa. First semi-annual report, July 1-December 31, 1971. Santa Cruz, University of California Extension, 1972. Various paging. (Contract AID/Afr.-799)

The report describes A.I.D.'s interest in the project countries; U.C.S.C. Extension's initial interest; the feasibility studies; the A.I.D. generated non-capital project paper (PRO?); the African MCH/CS proposal prepared in response to PRO?; the contract; the Project Work Plan and the Letters of Agreement.

One of the stated objectives of the program is "to coordinate efforts with existing related programs within the region, such as WHO, Catholic Relief, voluntary family planning efforts, private foundations, missions, Red Cross, Departments of Agriculture, etc."

57

FREEDMAN, R., and TAKESHITA, J. Y.

Family planning in Taiwan; an experiment in social change. Princeton, N.J., Princeton University Press, 1969. 501p.

Presented as a partial guide for future studies in Taiwan and elsewhere, this study attempts to answer such questions as: 1) What were the existing patterns of fertility and family planning before the organized program began? 2) How effective was the experimental family planning program; and, 3) What happens after acceptance?

Although integration of health services is not specifically described, the cooperation of Chinese health workers is clearly indicated. The study is important because at the time of its initiation by the Taiwan Provincial Health Department in 1963 it was the largest intensive program for family planning ever carried out for a sizable population in a limited geographical area. In several ways Taiwan's program has become a model for those in other countries.

58

FREYMANN, M. W.

India's family planning program: some lessons learned.

In Population dynamics. International action and training programs. Proceedings of the International Conference on Population, May 1964, The Johns Hopkins School of Hygiene and Public Health, edited by Minoru Muramatsu and Paul A. Harper. Baltimore, The Johns Hopkins Press, 1965, p. 13-26.

A brief sketch of the development of India's national family planning program is presented. As a result of a study of experiences thus far, India has developed a revised program pattern which especially emphasizes community-level educational approaches and easy availability of contraceptive materials. Attention is now being turned to strengthening three essential elements for the implementation of this plan: an adequate contraceptive supply line, a firm organizational base, and a massive training program.

59

GARNIER, J. C.

Morocco: Training and utilization of family planning field workers.
Studies in Family Planning 47:1-15, 1969.

To realize the educational objectives of its family planning program, included in its Five-Year Development Plan, Morocco decided to train para-medical personnel already employed in maternal and child health clinics and other workers connected with family planning clinics, and in addition, to create a corps of full-time family planning workers to be engaged outside health centers, but in close cooperation with the Ministry of Health. This report reviews the experience of training the first class during a 14 week period.

60

GHOSH, B. N.

An exploratory study of midwifery practice of the local indigenous dais in Pondicherry and utilisation of domiciliary midwifery services of a health centre by a semi-urban slum community.
Indian Journal of Public Health 12:159-164, 1968.

This is a report of a study undertaken to know the extent and the type of services mainly utilised from a Maternal and Child Health Centre by the slum community. Reasons for non-utilisation of the

services have also been investigated. Patterns and indigenous midwifery practices are mentioned. The suggestion is offered that future midwives may be asked to take a more active part in health education and family planning.

61

GHOSH, B. N.

M.C.H. services and family planning in a semi-urban slum community in Pondicherry.
Indian Journal of Public Health 12:91, 1968.

With a view to probe into existing M.C.H. services vis a vis the indigenous midwifery practices along with the motivational aspect of family planning by the South Indian community in Pondicherry, a study was undertaken. Results show that domiciliary delivery services of the maternity centers were utilized to the extent of 20% only. The rest were conducted either in general hospital or by the barber-women. This situation is prevailing although 90% of the ante-natal mothers are contacted by the Health Center midwives and Public Health nurses.

62

GOLDSMITH, A., GUTIERREZ, H. and SANHUEZA, H.

Chile. Country profile. New York, The Population Council and the International Institute for the Study of Human Reproduction, Columbia University, October 1970. 10p.

The program in Chile is based mainly on the provision of family planning services and education through the maternal and child health clinics of the National Health Service. In 1968, the number of NHS maternal and child health clinics offering family planning services was 138; by 1969 it had increased to 170.

63

GOPALAN, C. and NAIDU, A. N.

Nutrition and fertility.
Lancet 2(7786):1077-1079, 1972.

Family planning programmes and nutrition programmes in India must be closely integrated. Unless nutritional status is improved so that the desired family size can be achieved with minimum number of pregnancies, family planning programmes will not be accepted; unless family planning is accepted and practised, nutritional improvement will be difficult. What are needed are composite "package programmes" which will include such mutually reinforcing components as nutrition, health education, sex education, family planning, immunisation and improvement of sanitation.

64

HAN, D. W., WORTH, G. C., KIM, E. I., BACON, T. and HUDSON, S.

The Republic of Korea. Country profile. New York, The Population Council and the International Institute for the Study of Human Reproduction, Columbia University, April 1970. 7p.

The national family planning program operates through the Family Planning sub-section of the Maternal and Child Health (MCH) Section of the Bureau of Public Health, one of five bureaus in the Ministry of Health and Social Affairs.

The actual services have been implemented through the already existing national and provincial health service network, which consists of 191 health centers.

65

HARDEE, J. G. and SATTERTHWAITE, A. P.

Pakistan. Country profile. New York, The Population Council and the International Institute for the Study of Human Reproduction, Columbia University, March 1970, 10p.

In the second Five-Year Plan (1960-1965) an amount of Rs.30.5 million was provided for family planning, to be implemented through the existing Health Services. Progress has been made since that time leading to the statement that "accomplishments in family planning in Pakistan since 1965 have been impressive".

66

HELFENBEIN, S.

Mass nutrition programming: development strategies for CARE. New York, CARE, Inc., 1972. 98 p. (AID Nutrition Incentive Grant no. AID/csd 2898)

The objective has been to define new program directions on the basis of a comprehensive review of current applied nutrition programs and the investigation of new concepts and approaches to problems of both serious malnutrition and debilitating chronic undernourishment factors in social and economic development. Emerging programs aim at more effective intervention in the cycles of underdevelopment through the delivery of interrelated services in nutrition, family planning and child care, as well as appropriate information and education.

CARE overseas missions are working on more effective systems for reaching women and children. In conjunction with the Government of Korea an integrated nutrition and family planning service/education program has been designed.

In *Afghanistan* a specialist investigated ways of linking the nutrition program more closely to family planning and MCH related activities. Government interest in strengthening preventive medicine programs has created a favorable atmosphere for early coordination of these three complementary fields of endeavor.

The National Council of Nursery Centers is interested in a nutrition program in *Chile* and a model was prepared. The objective was to suggest channels for community based education programs that would include family planning and child care as well as nutrition awareness as components for the various institutions serving the communities.

66a

HELLBERG, J. H.

Community health and the church. Geneva, World Council of churches. 74p.

This booklet, according to the introduction, "is an attempt to explore the significance of the present emphasis on comprehensive health care and its bearing upon church-related medical work in a community setting with concern for man in all his relationships." Possibilities of integration are briefly mentioned.

67

HIGGINS, M.

The agglutinative approach. Position paper, CARE World Conference, Southampton, L. I., May 2-6, 1971. New York, CARE, Inc., Program Department, 1971. 11p.

The advantages of integrated health care programs are discussed.

Since malnutrition, infant mortality, poverty, and family planning are interrelated, a realistic health services program must take these factors into account.

From the administrative viewpoint, integrated facilities are less complicated and less expensive to operate, since duplication of effort is rendered less likely.

From the standpoint of the consumer-recipient, integrated facilities are easier to use: several services may be used on a single trip to a facility. Less familiar services may benefit from association with better-known and accepted services and programs. "Once involved in a single phase of such an integrated (program), the mother can avail herself of some or all of the other existing services with

minimum of struggle, against either her own apathy and preoccupations or the opposition of her family or neighbors."

68

HSU, S. C.

Personnel problems in family planning programs.

In Berelson, B. and others, editors. Family planning and population programs. Proceedings of the International Conference on Family Planning Programs, Geneva, August 1965. Chicago, University of Chicago Press, 1966, pp. 335-343.

The paper concludes with the following statements: "In developing countries where the existing facilities and available professional personnel are inadequate to cope with the sudden development of a nationwide family planning program there is need and justification to employ and train sub-professional workers to carry the major load of motivational activities among the people . . . However, adequate provision should be made so that when the family planning program has passed the promotional stage and become a regular routine activity it may be effortlessly integrated into the general health program as a normal function of local health organization . . ."

69

HSU, T. C. and CHOW, L. P.

Taiwan, Republic of China.

In Berelson, B. and others, editors. Family planning and population programs. Proceedings of the International Conference on Family Planning Programs, Geneva, August 1965. Chicago, University of Chicago, Press, 1966, pp. 55-70.

Government participation in family planning started in 1959, when family planning was included as an integral part of the maternal and child health programs. The program has since been designated as the "Pre-pregnancy Health (PPH) Program which implies maternal care before pregnancy.

The PPH clinics were established in all of the thirteen government general and maternity hospitals. Despite its moral support participation through the maternal and child health (MCH) program the government so far has no formal policy with regard to family planning.

Although integration was considered a wise approach, it is reported that regular activities of MCH were too diluted. Complaints have been received that the family planning program hampered the regular MCH work.

70

HUSEIN, H. M.

United Arab Republic.

In Berelson, B. and other, editors. Family planning and population programs. Programs, Geneva, August 1965. Chicago, University of Chicago Press, 1966, pp. 143-150.

Early in 1965 the Ministry of Public Health, on a recommendation by the Egyptian Association for Population Studies, started including family planning services in their maternal and child health centers. By the end of May of that year about forty such centers were providing this service about equally divided between urban and rural areas. During the first half of June six more MCH centers in Cairo were added.

71

INTERNATIONAL LABOUR OFFICE. UNITED NATIONS FUND FOR POPULATION ACTIVITIES

Report to the Government of Iran on the incorporation of family planning care within the medical services of the Social Insurance Organization. Geneva, International Labour Office, 1971. 35p. (ILO/FPA/Iran/R.28)

The Government of Iran, within a national policy of improving maternity and child health, is implementing a substantial national program of family planning services. In line with this policy, the

Social Insurance Organization is incorporating the provision of family planning information, advice and services through its network of medical facilities. The objective of the combined MCH and family planning clinics which are proposed, might be concisely summarized as follows: "to provide anti-and post-partum care to mothers; to supply appropriate baby care including prophylactic inoculations to infants; and to provide family planning information and services".

72

INTERNATIONAL LABOUR OFFICE. UNITED NATIONS FUND FOR POPULATION ACTIVITIES

Report to the Government of the Arab Republic of Egypt of approaches to an intensive family planning programme for the organized sectors.

Geneva, International Labour Office, 1971. 35p. (ILO/FPA/ARE/R.12)

"The object of the mission included a review of the current activities of the social institutions and the education, health and welfare services in the organized sector and an assessment of the latter's potential capacity to contribute to the national family planning programme, with special attention to the results which could be achieved by mobilizing technical organisational and financial resources within this sector and coordinating them with efforts under the national family planning programme. Such a scheme should be designed progressively to lead up to an intensive programme of family planning information, education and services, and related measures, both as an aspect of labour welfare and as an element of population strategy".

73

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Family planning in five continents. London, International Planned Parenthood Federation, July 1971. 34p.

The family planning situation is given in capsule form for Africa, America, Asia, Europe and Oceania. Integration of family planning with maternal and child health services are indicated as follows: in the continent of *Africa-Congo* (No organized fp activities. Government interested in expanding MCH services. Some missions do fp work): *Mali* (Government not opposed to fp as part of MCH); *Morocco* (Government program since 1965, includes fp in MCH); *Nigeria* (Government program to integrate fp into health services as part of 1970-1974 Development Plan); *Senegal* (Government supports idea of fp. Pathfinder Fund supports work of private MCH clinic), *Tunisia* (Fp offered as part of MCH). In the continent of Asia governments are only beginning to include family planning in health programs—*China Mainland* (Fp is part of MCH and is taken to rural areas by "bare-foot doctors"); *Kuwait* (Government favors provisional fp within MCH).

74

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Nepal. Situation report. London, International Planned Parenthood Federation, January 1972. 6p.

The government accepted responsibility for providing family planning services in 1966 and together with the Family Planning Association is promoting its family planning program, The Maternal and Child Health and Family Planning Project started in 1965 and originally operated only in the Kathmandu Valley but has, since 1970, extended its activities to 25 districts.

Brief information concerning history, services, training and information/education is included.

75

JAFAREY, S. A.

The administration of the family planning programme in Pakistan with special reference to the employment of para-medical personnel.

Journal of Medical Education 44(2): Supplement, pp. 153-157, 1969.

Family planning services in Pakistan are described. These services are integrated with maternal-child health programs in that active responsibility for both is entrusted to the Lady Health Visitors who

operate the maternal-child health centers. In addition, further training has been available to midwives interested in IUD work, and a large proportion of IUD insertions in rural areas are done by this group. Dais (traditional village midwives) have also been encouraged to add family planning skills to their delivery and abortion services.

76

JOHNS HOPKINS SCHOOL OF HYGIENE AND PUBLIC HEALTH. DEPARTMENT OF INTERNATIONAL HEALTH

Annual report to AID/NESA Population Division [on] Population project, Rural Health Research, Narangwal, Punjab, India, Baltimore, Maryland. Johns Hopkins School of Hygiene and Public Health, September 1971. various paging.

The introduction states that "the major theme of this annual report is our response to the continuing issue of whether our findings can be replicated in government programs for rural family planning and health services . . . we have given highest priority to developing patterns of integrated services because this has been the primary interest of the Indian government . . . The body of this report includes statements on service routines which are appropriate for the various members of the health team and some implications for modifying educational programs".

An action study of family planning integrated with child care and women's services appears in section II, pp. 1-15.

Underlying principles in the organization of services are outlined in Section IV, pp. 3-5.

The general pattern of integrated child care, women's services and family planning is indicated in section IV, pp. 5-8.

77

KANAGARATNAM, D. and LEONG, T. K.

Role of post-partum program in the national program of Singapore.

In Zatuchni, G. I., editor. Post-partum family planning. A report on the international program. New York, McGraw-Hill Book Company, 1970, p. 210-221.

The role of the post-partum program as adopted in Singapore and worked into the context of its National Program is discussed. The program using the Kandang Kerbau Maternity Hospital and maternal and child health clinic facilities provides motivation which is currently responsible for nearly 60 per cent of new family-planning acceptors in Singapore. Integration of family-planning work into the existing extensive network of maternal and child health service enables the post-partum follow-up to be as complete as possible.

78

KANE, R. L.

Community medicine on the Navajo Reservation.

HSMHA Health Reports 86:733-740, 1971.

The health services available to the Navajo Indians served by the Public Health Service Indian Hospital, Shiprock, N.M., are described. The comprehensive program includes inpatient and outpatient and emergency care, as well as optometric, dental, pharmaceutical, preventive, home and environmental services. Particular attention has been paid to accident prevention and alcoholism. Brief mention is made of the fact that midwives perform both obstetrical and family planning functions. Indications are that constant effort is exerted to look at the health problems of shiprock in an integrated way.

79

KAPIL, K. K.

Organizational procedures in integration of family planning education with maternal and child health service.

Journal of the Indian Medical Association 50: 433-437, 1968.

A staff rendering MCH services has opportunities of maintaining prolonged contact and rapport with mothers, and both these factors are conducive to setting up specific and effective family planning

education programs. The purpose of this paper is to describe a scheme for integrating family planning education work with the services of maternity centers. Experience gained from the operation of such a program in the postnatal clinic of a maternity home in Bombay serves as a model.

80

KEENY, S. M., CERNADA, G. P., HSU, T. C., SUN, T. H., HSU, S. C. and CHOW, L. P.

Taiwan. Country profile. New York, The Population Council and the International Institute for the Study of Human Reproduction, Columbia University, February 1970. 15p.

From 1964 through 1968 the action administration of the population program was carried on by the Committee on Family Planning, the research and evaluation by the Taiwan Population Studies Center, and the supply administration by the Maternal and Child Health Association (MCHA). In 1969 the Committee and the Studies Center were merged into one unit, the Institute of Family Planning. Its functions are to administer and evaluate the Taiwan family planning program. The voluntary MCHA now functions under the new title of Planned Parenthood Association of China.

81

KELLER, M. D. and GIRALDO, J.

Supplement to report of pilot study of community health in Bolivia. (Integrating general recommendations with the Family Planning Program). [Columbus, Ohio State University. College of Medicine. Biometrics Laboratory, Division of Community Health, Department of Preventive Medicine] July 1968. 14p.

Stated elements of a program responsive to the current situation in Bolivia is preceded by the suggestion that "the introduction of family planning in Bolivia cannot be accomplished, at present, as an isolated program. It will find acceptance and relevance only in the context of already perceived health needs. The program can, however, proceed at the same time that the essential groundwork is being laid and the integration of this service with the overall health program is being accomplished". Proposed are (1) an organization involving the Ministry of Health and the College of Medicine in a coordinated program of education and community projects; (2) establishment of Departments of Preventive Medicine with augmented curricula, including family planning; (3) a Department of Family Protection of the Bolivian Ministry of Health (this Department is planned to integrate the maternal and child health (MCH) services and family planning (FP)); (4) Centro Nacional de Familia (CENAF). (This agency will serve to review and advise with regard to the coordination of all related projects and programs).

82

KENNEDY, F. D.

Report on topical investigation and analysis of promoting family planning through health services [prepared at Research Triangle Institute, Research Triangle Park, North Carolina] [Washington, D.C.] Near East-South Asia/Office of Population Programs under United States Agency for International Development, October 1970. various paging.

The purpose of the investigation is "to structure, by means of systematic analysis, the principal factors that are required in the evaluation of the role which health services can perform in optimally realizing family planning objectives given the significant environmental circumstances extant in the Near East-South Asia region".

The first chapter discusses the general problem, provides a structure of hypotheses for investigation, and describes the two general health service programs that are generally considered a means for promoting family planning. One, MCH (Maternal and Child Health Program) is the program "of choice". Specific reasons for this are given as are descriptions of several types, one for India in

particular, which is largely a rural based program with an emphasis on health improvement. The second general health service program is the International Postpartum Program. Usually, it is hospital-based, with emphasis placed upon accepting a particular method before the patient is discharged, i.e. on the short-term, delivery of service aspect.

The second chapter provides three general models for analyzing aspects of the health service problem. First, an aggregate model of the mortality-fertility behavior hypothesis is developed. This is followed by an elementary model that attempts to define the essential aspects in the delivery of family planning within health services. The final model has the potential of determining an optimal mix of family planning and health service programs.

The third chapter provides, first, an initial quantification of the mortality-fertility hypotheses, then reviews data available for estimating the models. Table V, p. 40-42 depicts effects of considering country-type situations on the three models. The significant differences in the countries include: extent of health infrastructure; maturity of health programs; rural-urban population mix; economic status; sociopolitical structure; belief syndromes; extent of family planning infrastructure; previous family planning policies and programs; degree of health services and family planning integration.

"Prescriptive propositions about health services as family input rest on two broad premises; (1) the surviving son syndrome and (2) access to clients. On both counts, the arguments are far more involved and interwoven in the case of health services than in that of nutrition. They also appear to be overlain with value judgements about the importance of sustained confidence of a public in both the quality and purpose of services rendered, of anonymity for the client, of population control in the public interest vs family limitation as a human right, etc. There is also more than a little indication that many advocates of integrated health and family planning services actually are mainly interested in capitalizing on the current popularity of family planning as a means of getting funds for improving health services."

83

KESSLER, A.

Maternal health and infant mortality. *In* International Congress of the IPPF. Proceedings 8:97-101, 1967.

The vicious circle of poor maternal health, high pregnancy rate and high infant mortality is discussed and promotion of MCH programs in developing countries is urged. It is suggested that in such a context of MCH promotion that family planning and fertility regulation can most safely and effectively be carried out.

Not examined. Information obtained from IPPE Bibliography, new series 8.

84

KINCH, A.

Ceylon.

In Berelson, B. and others, editors. Family planning and population programs. Proceedings of the International Conference on Family Planning Programs, Geneva, August 1965. Chicago, University of Chicago Press. 1966, pp. 105-110.

"The Public Health Service of Ceylon is regarded as one of the best in Asia, and the bilateral project (initiated by agreement between the Government of Ceylon and Sweden) has worked toward integrating family planning with maternal and child health services. If this could be done, family planning could be conducted on a nationwide scale by Ceylon's MCH services without very great increases in personnel or expenditures. In this connection the program in the village area is of particular interest because the Maternal and Child Health Service subdivision with which it works is typical of the smallest administrative unit in the Public Health Service . . . Based on the achievement of the Village Area Project, its director is of the opinion that family planning can be successfully integrated into the nationwide MCH service".

85

KINCII, A.

Family planning in the context of community health services in rural Ceylon.

In Proceedings of the World Population Conference, 2d, Belgrade, 1965, volume II: Selected papers and summaries, fertility, family planning, mortality. New York, United Nations, Department of Economic and Social Affairs, 1967, pp. 290-293.

The activities of the Sweden-Ceylon Family Planning Pilot Project in Ceylon – a country with one of the best public health services in the region of the United Nations Economic Commission for Asia and the Far East are based on a bi-lateral agreement (Treaty series 10/58) between the Royal Government of Sweden and the Government of Ceylon. The aim of the Project is to give the Government of Ceylon recommendations of running and administering a governmental program on family planning. The activities of the Project are run through the channels of the public health services. This is a report on some of the experiences gained.

86

KING, M., editor

Medical care in developing countries. A primer on the medicine of poverty and a symposium from Makerere. London: Oxford University Press, 1966. various paging.

The papers presented at this symposium deal with most aspects of medical care in developing countries and the organization, administration, and integration of health services. Chapter headings include: The organization of Health Services, The Health Center, An Approach to Public Health, Administration and Teaching, Paediatrics, Family Planning, Maternity Care; chapters are also devoted to more specific problems encountered in these areas. The efficient use of auxiliary personnel and their training in simple medical techniques are also discussed.

The integration of family planning with existing MCH services is briefly discussed on p.18:6-7.

87

LABOUISSSE, II.

Children suffer most.

Victor-Bostrom Fund Report 15:26-28, 1971-1972.

The integration of family planning services into an "expanded health services network", and the addition of other educational services is endorsed.

88

LAPHAM, R. J.

Family planning in Tunisia and Morocco: A summary and evaluation of the recent record. *Studies in Family Planning* 2:101-110, 1971.

In both countries the programs are organized within the Ministries of Health, although the Moroccan program operates on the basis of complete integration of family planning services into the existing health infrastructure, while the Tunisian program has developed a separate Department for Family Planning and Maternal and Child Health, in the Ministry of Health.

Family planning activities and accomplishments during 1969 and 1970 in Morocco and Tunisia are summarized. Twelve criteria that are utilized to evaluate the overall progress of the family planning progress are set forth and an attempt is made to apply them. In some instances the programs can be judged a success, in others there have been failures, as indicated.

89

LE NOBEL, C. P. J.

Maternal and child health planning. A framework.

Tropical and Geographical Medicine 22:381-387, 1970.

The history of maternal and child health is traced from its beginning in the 19th century. In many developing countries, MCH services have not yet "come off the ground". The possibility of applying

modern concepts of MCH to developing countries is then discussed. Integration into the general health plan is stressed.

90

LEE, C. A.

[Family planning and maternal - child health].
Korean Nurse 8:31-40, 1969.

In Korean. Not examined.

91

LIKIMANI, J. C. and RUSSELL, J. J.

Kenya. Country profile. New York, The Population Council, May 1971. 14p.

A national program was authorized to be undertaken in cooperation with the Family Planning Association of Kenya (FPAK). The program was launched in 1967. Policy supervision and coordination are the responsibility of the Ministry of Health. The basic aim of the program is to make family planning information, education, and services available on request, through free clinics in all government hospitals and health centers. The program is closely linked with the maternal and child health program.

92

LIMA, O. R.

Assistencia materno-infantil e planejamento familiar [Maternal-child assistance and family planning].
Maternidade e Infancia 31:1-4, 1972.

A Brazilian author, writing in the Portuguese language, refers to World Health organization policies relative to integration of family planning and health services.

93

MARZUKI, A. and TEN HAVE, R.

Malaysia: The family planning program, 1967.
Studies in Family Planning 26:12-15, 1968.

The National Family Planning Board has seven objectives all established by law in June 1966. One of them is "the formulation of policies and methods for the promotion and spread of family planning knowledge and practice on the grounds of health of mothers and children and welfare of the family".

94

MONTEE, R. D., REISINGER, M., and PAIZE, R.

Perspectives on CARE programming and family planning. Program Department Position Paper/Report.
[New York, CARE, Inc.] n.d., 16p.

Family-planning programs are intimately related to child health and nutrition programs in developing countries: the former can be attractive to the population only if the latter are present to insure that the children who are produced will live to adulthood. "It is now recognized that broad educational

and action programs using an approach that combines improved nutrition through child feeding and nutrition education, maternal and child care training, and family planning services offer the most acceptable chance of succeeding in a lowering of rates of population growth. This integrated approach is receiving increasing attention from CARE as a strategy as it becomes more involved in family planning." The second portion of this report summarizes CARE family-planning assistance operations and programs in Egypt, Poland, Jordan, Hong Kong, Tunisia, Malaysia, India, Turkey, Honduras, Vietnam, and Nicaragua, and projected programs in Ecuador, Kenya, Costa Rica, and Pakistan.

95

MUNDIGO, A. I. and STYCOS, J. M.

Family planning in Honduras. A review of the national program.
[Ithaca, N.Y.], Cornell University, International Population Program, December 1970. 97p.

A comprehensive evaluation of the family planning aspects of the Maternal-Child Health Program in Honduras was undertaken at the request of the Agency for International Development. This is a report of findings.

Not examined. Information obtained from Current Publication in Population/Family Planning 14:3, 1971.

96

MUNDO, F. del and FULGENCIO, O.

Introduction of family planning to Philippine communities through maternal and child health clinics (1968-1969)
Journal of the Philippine Medical Association 46:263-275, 1970.

This paper describes how rural communities have been reached and how MCH services in the country have been strengthened through family planning integrated in routine MCH clinic activities.

97

MURAMATSU, M.

Action programs of family planning in Japan.

In Population dynamics. International action and training programs. Proceedings of the International Conference on Population, May 1964, The Johns Hopkins School of Hygiene and Public Health, edited by Minoru Muramatsu and Paul A. Harper. Baltimore, The Johns Hopkins Press, 1965, pp. 67-75.

The advisability of promoting family planning through public health organizations as part of maternal and child health services is stressed. Family planning programs can best be conducted as part of community development programs. If family planning is not separated from other community programs but, rather, integrated with them, there are certain practical advantages such as the total involvement of the community, ready acceptance of the teaching and the cooperation of local leaders.

98

MURAMATSU, M.

Japan.

In Berelson, B. and others, editors. Family planning and population programs. Proceedings of the International Conference of Family Planning Programs, Geneva, August 1965. Chicago, University of Chicago Press, 1966. p. 7-19.

In the initial step of the government-sponsored family planning programs in Japan, the administrative scheme put the task of family planning teaching upon health center personnel . . . the health officers in charge of maternal and child health were in function also for family planning. Thus, through lack of time and personnel, health centers mostly turned to midwives for their active participation in

individual education. The midwives, on the other hand, took interest in training so as to obtain the official title of "family planning instructor". They soon realized that family planning teaching was time-consuming and painstaking but not necessarily gainful economically. In consequence, family planning clinics held at health centers were not active, and the home visits to be carried out by the instructors were infrequent.

99

MURAMATSU, M.

Japan. Country profile. New York, The Population Council, March 1971. 10p.

The national family planning program operates under the Maternal and Child Health Program administered by the Ministry of Health and Welfare. Family Planning information and services are made available in conjunction with maternal and child health services.

100

MUSOKE, L. K.

Health problems in preschool children. 3. World-wide experience: special problems and preventive programmes. (4) East Africa.

Journal of Tropical Pediatrics 14:245-248, 1968.

Health programs in East Africa, especially Uganda, are described.

A Maternal and Child Health demonstrator travels with teams of the immunization program, to teach the waiting mothers. The activities of these demonstrators are also integrated into the nutrition programs, for they give food demonstrations and classes at hospitals and health centers, in addition to carrying out family planning health education on the wards and in clinics.

Maternal and Child Health demonstrators are recruited from among ex-nurses and nurse-midwives.

101

PAN AMERICAN HEALTH ORGANIZATION

Coordination of medical care. Final report and working documents of a study group (Washington, D.C., 4-8, August 1969). Washington, D.C., Pan American Health Organization, Pan American Sanitary Bureau, Regional Office of the World Health Organization, 1970. 88p. (Scientific Publication 201)

Section IV is entitled: Description of activities of an integrated health program. In a list of actions that, as a whole, might characterize an integrated health program maternal and child health is included. It is said to encompass: 1) education in child care and family welfare; 2) professional supervision during pregnancy; 3) institutional or professional natal and postnatal care; 4) supervision of child growth, development and welfare during the nursing and pre-school periods; and 5) school health.

102

[PAN AMERICAN HEALTH ORGANIZATION]

PAHO evaluation report. [Washington, D.C., Pan American Health Organization, 1972] unnumbered paging.

There are two parts to the publication. Part I "answers PAHO and AID questions". In this section the role of PAHO is defined and the hope is expressed that "PAHO soon will develop: 1) models for delivery of integrated MCH/FP services for urban and rural areas; and 2) a comprehensive formal strategy integrating the various components or inputs need to establish self-sustaining MCH/FP programs". Several recommendations are made which, if adopted "would largely replace the opportunistic approach which has depended heavily on the inspiration of dedicated project advisory".

One of these recommendations is that "PAHO should take the lead in developing MCH and FP services, emphasizing preventive aspects and placing greater reliance on paramedical and auxiliary personnel with well-defined functions".

The effectiveness of PAHO's expanded MCH-FP program is discussed, from "a theoretical standpoint" since most Latin American programs are less than two years old.

Delivery systems for family planning are also discussed.

In Part II the discussion is related to the following topics: Headquarters organization; Education, training, communications; Research and evaluation; and Country projects (Columbia and Costa Rica).

103

[PAN AMERICAN HEALTH ORGANIZATION]

Report on two work groups on population dynamics and family health services, conducted in Panama City, Panama 11-15 August 1969; Port of Spain, Trinidad 18-22 August 1969. [Washington, D.C. Pan American Health Organization 1969] various paging.

A number of governments in the Latin American region expressed interest in the development of Family Planning services within the context of their basic health services, but the need was felt to prepare their nursing and midwifery personnel to participate effectively in these programs. Nursing and midwifery personnel play an important role in these programs as they are the most frequent channel through which these services are brought to the people.

Objectives of the work groups were to: 1) bring together key nurses, nurse-midwives and midwives from different countries of Latin America and the Caribbean area to study and to be oriented in how to broaden their contribution in family planning and maternal and child health programs; 2) to discuss existing conditions as well as the demand for services, the human resources available, their preparation and the role of the nurse, nurse-midwife and midwife in the team which acts to orient and serve the community in this health area; 3) to make available to nursing and midwifery personnel, regardless of formal preparation, some additional knowledge in the different aspects of family planning, sex education and maternal care.

104

PAN AMERICAN SANITARY BUREAU.

Maternal nutrition and family planning in the Americas. Report of a PAHO technical group meeting, Washington, D.C. 20-24 October 1969. Washington, D.C., Pan American Health Organization, Pan American Sanitary Bureau, Regional Office of the World Health Organization, 1970. 47p. (Scientific Publication 204)

A Technical Group was convened to consider critically the different aspects of health services in the Americas, taking into account biological, socioeconomic and cultural factors and the interrelationships of program activities in nutrition and family planning. The present report summarizes the evidence reviewed and the conclusions reached, with the expectation that the information will assist in evolving procedures for improving maternal nutrition through local health services in the Region.

105

POERWODIHARDJO, S.

Mother and child health and family planning.
Unicef News (Berita Unicef) 3:12-13, 16, 28, 1971.

The Department of Health for Indonesia is presently pursuing a policy in which family planning receives first priority. The family planning program is integrated with MCH activities. The necessity for a family planning program in Indonesia and for its combination with MCH activities is outlined.

Not examined. Information obtained from IPPF Bibliography, new series 8.

106

POORTMAN, H. M. C.

The importance of family planning for paediatrics. A paper presented at the Second National Paediatric Congress, Bandung, Indonesia, 11971. 9p.

It has been demonstrated by research and statistics that family planning has considerable importance as a contributing factor to the health and welfare of mothers and children and eventually of the whole family. As such it can be an important tool for paediatric work. In turn, paediatricians can play an important part in the promotion of family planning. Adequate maternal and child health services are a pre-requisite for a successful family planning program and, in their constant contact with mothers and children paediatricians have excellent opportunities to introduce family planning information and services.

Not examined. Information obtained from IPPF Bibliography, new series 8.

107

POPULATION COUNCIL. ADVISORY MISSION ON POPULATION

Family planning in Kenya. A report submitted to the Government of the Republic of Kenya by an advisory mission of the Population Council of the United States of America [Dr. Richmond K. Andersen, chairman]. [Nairobi, Government of Kenya] Ministry of Economic Planning and Development, no date. 45p.

Members of the mission tried to comply with the terms of the request from the Government of Kenya by presenting data on population trends, by discussing the "ideal" rate of increase, by suggesting a program for obtaining a more suitable rate, by making suggestions on the structure and administration of a program and by commenting on cost, financing and technical assistance. By way of introduction certain basic principles are stated which must guide any program directed toward a reduction in the rate of population growth. (1) a population program must be viewed as an integral part of - rather than an alternative to - efforts toward social and economic development of the country; (2) a program designed to produce a lower birth rate should have an especially close link with the national health program (family planning is important to health itself . . . A strong health organization, especially in maternal and child health is an invaluable asset - perhaps a prerequisite - for successful promotion of family planning).

108

POPULATION COUNCIL OF INDIA

Report of the workshop on family health, December 8 to 10, 1971. New Delhi, Population Council of India, 1972. 274p.

The workshop was organized to define the concept of family planning and to elucidate the many aspects of the practice of family health. A continuously recurring theme in national and regional conferences has been that "the family planning program has a future only: 1) if it is truly integrated into the total health care program, from the top to the bottom, with special emphasis on maternal and child care; 2) that child survival and infant mortality are intimately linked with the level of health and nutrition of the family"

Among the recommendations resulting from the workshop is one relating to integrated health services, p.240-241.

For analysis of one of the papers see entry for Sehgal, B. S. (see entry 131).

109

POVEY, W. G. and BROWN, G.

**Tunisia's experience in family planning.
Demography 5:620-626, 1968.**

Brief mention is made of combining family planning services with maternal and child health centers during the reorganization period of the first half of 1968.

110

PRADERVAND, P.

Family planning programmes in Africa. A paper presented at an Expert Group Meeting held at the Development Centre, Paris, 6-8 April 1970. Paris, Development Centre of the Organization for Economic Cooperation and Development, 1970. 76p.

The author of this paper is convinced after years of research in Africa, that only an integrated approach to family planning offers reasonable chance of success. He offers some arguments substantiating this thesis.

He indicates that "family planning introduced as an integral part of maternal and child health would have some chances of success if introduced cautiously and little by little." He considers it necessary "to state very clearly that he considers this the only approach to family planning on a relatively large scale in tropical Africa and certainly so in the French speaking countries, although some countries like Chad, the Central Africa Republic, Upper Volta might not even be ready for this . . . The need for the integration of family planning with maternal and child health becomes evident when one studies the close relationship of weaning patterns, birth spacing and undernourishment. Integration of Family Planning with maternal and child health is not only feasible but certainly by far the most natural way of introducing the idea of birth planning to illiterate populations. Also, the concept of maternal and child health care and its necessity is well accepted in all these countries, which would be only too pleased to open up as many MCH centres as are administratively and financially feasible".

111

RABEAU, E. S. and REAUD, A.

Evaluation of PHS program providing family planning services for American Indians. American Journal of Public Health 59:1331-1338, 1969.

The family planning activities component of the comprehensive health program of the U.S. Public Health Service for American Indians is analyzed. The program encompasses a large number of activities that have a direct effect on the health of mothers and children.

112

RAGHU RAM, N. V., editor.

Perspectives in family planning. Bella Vista, Hyderabad, Administrative Staff College of India, March 1972. 186p.

Maternity, child health and family planning needs in India are discussed from the viewpoint of managerial style, action and topology. Integration of family planning and maternal and child health programs are given particular consideration, p. 7-14.

113

RANGANNA, M. G., PRASAD, B. G. and BHATNAGAR, J. K.

A study of medical care services provided by the Primary Health Center, Sarojini Nagar, Lucknow, India. Medical Care 6: 412-419, 1968.

The services provided to the community are medical relief; control of communicable diseases; improvement of environmental sanitation; maternal and child health services, including family planning; school health; health education; and vital statistics maintenance.

The study which is the basis for this article attempted to determine: 1) productivity (i.e. work-load on the staff of the center); 2) consumption of medical care by the people of the area; and 3) attitudes of the patients towards the primary health center services and staff. No definite information is provided relative to family planning and maternal and child health.

114

REIS, A. D., and ESTRADA, F.

Maternal and child health.

Reproductions. 2:1-4. 1971.

A number of aspects of maternal and child health, including health education, are discussed. The importance of including family planning services in premarital and marriage guidance counseling and in programs for antepartum and postpartum maternal care is emphasized.

In addition, the relationship of family planning to improvement of the nutritional status of children is outlined: the greater the number of children in a family, the less able the family is to provide adequate nutrition for the children.

The authors conclude: "The aim of Maternal and Child Health services is the production of quality instead of quantity babies. Properly used, these services should lead to a limitation of births, so that those few that are born, will be given adequate medical care, to insure survival as useful citizens of the nation."

115

[REPUBLIC OF KOREA. MINISTRY OF HEALTH AND SOCIAL AFFAIRS]

Summary report: A study of administrative status and working conditions of personnel at various levels of the national family planning program. [Seoul] Republic of Korea, December 1969. 162p.

Results are reported of a survey questionnaire collected from 1,759 Korean family planning workers. Among the facts gleaned from the survey is the indication that "eighty percent favor integrating family planning with maternal and child health".

Not examined. Information obtained from Current Publications in Population/Family Planning 8:4, 1970.

116

ROBINSON, J. C.

An experiment in the interrelation and coordination of family planning, maternal and child health.

Yonsei Medical Journal 7: 86-92, 1966.

Family planning has gained a great deal of impetus in Korea and is being increasingly accepted by the people. For it to become an integral part of the Korean way of life it must fit into the maternal and child health services of the country. This paper describes, in some detail, a program which was started at Severance Hospital with the cooperative effort of the Departments of Preventive Medicine, Obstetrics and Gynecology and Paediatrics.

117

ROEMER, M. I.

Evaluation of community health centres. Geneva, World Health Organization, 1972. 42p. (Public Health Papers 48)

This report represents an attempt to clarify the various meanings of "health centres", to review the literature on their evaluation, and to suggest ways of studying them in greater depth. The report is significant in the context of integrated health services only because, on p.14, one of the publications referred to is quoted as specifying functions of a primary health center in the following sequence: "(1) medical care; (2) maternal and child health services; (3) school health services; (4) family planning; (5) control of communicable diseases; (6) environmental sanitation; (7) health education; and (8) vital statistics".

118

ROMNAY, S. L.

The responsibility of the medical school in family planning.

In Zatuchni, G. I., editor. *Post-partum family planning. A report on the international program.* New York, McGraw-Hill Book Company, 1970. p.169-176.

This report briefly surveys expanding commitments generated by acceptance of family planning as an integral feature of total health. These commitments represent opportunities for physicians, medical students, nurses, sociologists, demographers, social workers and other groups having related interests. There is an additional valuable development -- that out of the context of family-planning needs important questions are being raised in what are termed family life programs. Such developments form the basis for bringing together the health sciences with the behavioral and social sciences.

119

ROSA, F. W.

Health aspects of family planning -- integration of family planning services into maternal, child and other health services.

In *The teaching and practice of family health. Proceedings of a conference sponsored by the Association of Medical Schools in Africa.*

Kampala, Uganda, Faculty of Medicine, Makerere University, 1971, p. 119-136.

Reasons for integrating family planning with other MCH concerns are discussed.

120.

ROSA, F. W.

Impact of new family planning approaches on rural maternal and child health coverage in developing countries: India's example.

American Journal of Public Health 57:1327-1332, 1967.

The organization of rural health coverage in India is described, with emphasis on maternal-child services and family planning.

India's rural health services system is based on some 4,900 primary health centers, most of which have a male doctor. MCH activities in the primary center include antenatal, postnatal, and children's services, and milk distribution; family planning work is also undertaken and these activities are often integrated with each other.

Each primary center generally has three subcenters, staffed by an auxiliary nurse-midwife, who does home visiting, conducts classes, and dispenses some contraceptive supplies.

"Logistical considerations are the first reason for basing family planning in maternal and child health services. As sparse as they are, these are the only services which are in place for the rural community . . ."

121

ROSENFELD, A. G., HEMACHUDHA, C., ASAVASENA, W., and VARAKAMIN, S.

Thailand: Family planning activities 1968 to 1970.

Studies in Family Planning 2:181-192, 1971.

A pilot project is planned to test various aspects of an accelerated development of maternal and child health services. It is anticipated that this will lead to significantly greater practice of family planning.

122

ROSENFELD, A. G., and VARAKAMIN, S.

The postpartum approach to family planning: experience in Thailand from 1966 to 1971.

American Journal of Obstetrics and Gynecology 113:1013. 1972.

The success of the Maternal and Child Health Center in Thailand provide a model and rationale for more rapid expansion of these services as a means of improving both maternal and child care and family planning.

123

ROSS, J.A., HAN, D. W., KEENY, S. M. and CERNADA, G. P.
Korea/Taiwan 1969. Report on the national family planning programs.
Studies in Family Planning 5:4 1-16, 1970.

One of the accomplishments listed for Korea is the attempted integration of family planning with the health services. The Ministry of Health's intent was to advance the integrated health program, with simultaneous training of all township workers in family planning, maternal and child health care, TB program, and public health. Future efforts using the provincial centers would benefit if groups were smaller, if health educators in each local area were drawn in to provide technical assistance; and if more teaching aids and supplies were prepared centrally to improve quality and were standardized according to the need of differently experienced and trained workers.

124

SADIK, N.

Population problems in Pakistan: program and policies.
In Population dynamics. International action and training programs.
Proceedings of the International Conference on Population, May 1964, The Johns Hopkins School of Hygiene and Public Health, edited by Minoru Muramatsu and Paul A. Harper. Baltimore, The Johns Hopkins Press, 1965, p. 27-34.

The Third Five Year Plan, 1966-1970 calls for family planning to be integrated into the entire development policy, planned programs and service systems. All public and private agencies and institutions are to be utilized; for example, the health services, the social welfare and community development projects, the social education projects, the basic democracies, education departments, industrial and commercial areas, agricultural extension services, semigovernmental agencies, voluntary agencies, and the ministries of Finance, Information, and Broadcasting.

125

SANGAR, U., and RAO, A. R.

Maternal and child health services in Delhi.
Indian Journal of Public Health 13:43-50, 1969.

The sixty-one Maternity and Child Welfare Centres of Delhi were surveyed in 1965. These centers were staffed by twenty-two Lady Doctors, who were assisted by Lady Health Visitors and indigenous midwives (Dais) in providing an integrated program of maternal-child health services, midwifery services, and family planning aid. Detailed descriptions of responsibilities, services, hours of operation, staff qualifications, and training are given.

126

SARDARI, A. M.

Family Planning in Iran.
Journal of Medical Education 44(2): Supplement, 147-152. 1969.

Family planning activities in Iran are described. These activities are under the supervision of the Undersecretary of State for Health and Family Planning. Family planning services will be provided through all existing medical and general health services and through fixed urban and mobile rural clinics. Health Corps personnel and traditional midwives also receive family-planning training.

127

SARDARI, A. M. and KEYHAN, R.

The prospect of family planning in Iran.
Demography 5:780-784, 1968.

The Ministry of Health has decided to establish family planning in all organizations offering medical care. First, the Maternal and Child Health Clinics included family planning activities to their services

and orders were issued to other agencies to provide family planning services and to appropriate a part of their budget for family planning. Up to September 1968, 235 family planning clinics have been established in towns and cities throughout the country, and over 1,000 Health Corps centers and sub-centers include family planning in their activities in rural areas.

The 4th Five Year Plan for Iran (1968-1972) calls for further expansion of services.

128

SARRAM, M.

The concept of perinatal care in Iran.

In International Planned Parenthood Federation. Europe and Near East Region. Conference 5:170-173, 1966.

Rapidly developing medical facilities of Iran, particularly in the field of MCH and family planning are surveyed.

Not examined. Information obtained from IPPF Bibliography, new series 8.

129

SCHALLER, K. F.

Integration of leprosy control into the Health Center scheme.

Leprosy Review 40: 243-248, 1969.

In connection with a description of health centers in countries where leprosy prevails the following statement appears: "The activities of the health centers include control of communicable diseases; maternal and child welfare; environmental sanitation; health education; medical care with some laboratory facilities; collection of vital statistics; and, to an increasing extent and mainly in Asian countries, family planning.

130

SEHGAL, B. S.

Educational significance of some MCH and family planning practices.

Swasth Hind 14:356-363, 1970.

Not examined.

131

SEHGAL, B. S.

Health education for family health.

In Population Council of India. Report of the workshop on Family Health, December 8 to 10, 1971. New Delhi, Population Council of India, 1972 p. 75-81.

An integrated approach to health and family living combined in the term "family health" is highlighted in Dr. Sehgal's paper. He contends that family is as much a unit for sickness as for health. Spelled out are the implications of child health, maternal health, considerations of the close relationship between family size and health, mental health, disease prevention and house medication, as important elements in the family health program.

132

SOUTH PACIFIC COMMISSION

Report of seminar on maternal and child health (including family planning) Nuku'alofa, Tonga. Noumea, New Caladonia, South Pacific Commission, 1967. 35p.

The report sums up the technical side of maternal and child health and family planning and provides guidelines for the administrative set-up of programs on a territorial basis, as well as taking into

account various socio-cultural aspects which are too often neglected when a campaign is launched. The report advocates the integration of family planning activities into the public health services. Not examined. Information obtained from IPPF Bibliography new series 8.

133

SUTEDJO

Health problems for children and youth in Indonesian nation development planning. Paediatrica Indonesiana 10: 109-113, 1970.

Mention is made of the recent "wise step to change the conventional M.C.H. centers into integrated Health Centers where minor curative procedures can be done . . . M.C.H. centers up to now do not respond very well to the expectations. Consultative visits of infants after the age of 2 months drop very sharply, visits of the vulnerable age group from 1-5 years are practically nil".

134

TAIT, H. P.

Health services in India and Burma: their evolution and present status. Medical History 16: 169-178. 1972.

The health services of India and Burma are briefly examined. In India, family services and maternal and child health services have been integrated into a single Department headed by a Commissioner. Administrative organization is outlined, and other health services (sanitation, nutrition, communicable disease control, and specific programs for the eradication of malaria, tuberculosis and smallpox) are described. In Burma, maternal and child health and school health constitute a single integrated program. This program, like national programs for sanitation, nutrition, control of communicable disease, and smallpox, malaria, tuberculosis, and leprosy, is based on the nearly nine hundred health centers which have been established. The government does not undertake any form of family planning scheme at the present time.

135

TAYLOR, C. E.

Ethics for an international health profession. Science 153: 716-720, 1966.

One of the first and most difficult lessons an international health worker must learn is to minimize his own feelings of alienation and to identify himself with local goals and hopes. The most difficult ethical adjustment for a doctor going into international health is to learn to think like an economist is coordinating health work with the total national effort in economic development. Close cooperation between all technical specialists and health workers is necessary.

136

TAYLOR, D. and THAPA, R.

Nepal. Country profile. New York, The Population Council, April 1972. 8p.

Family planning activity in Nepal is through independent organization: the private Family Planning Association (FPA) founded in 1958 and funded by the International Planned Parenthood Federation (IPPF) and the official government Family Planning and Maternal and Child Health Project (FP/MCH Project) started in 1965. An integrated FP and MCH program entails considerably more training of staff and more complicated logistics to supply clinics than would separate programs. However, integration is mandatory, politically. While Family Planning offers Maternal/Child Health and infrastructure, MCH develops rapport for family planning among MCH clients, wins trust, and provides an excellent contact point for family planning motivation.

137

TAYLOR, H. C. and BERELSON, B.

Comprehensive family planning based on maternal/child health services; a feasibility study for a world program.

Studies in Family Planning 2:1-54, 1971.

A report is presented on a current study, in several countries, of what would be required to provide a minimal professional service of maternal/child health and family planning to every pregnant woman in the society.

In addition to an analysis of needs and costs, other aspects of the program are characterized and discussed only in general terms. They include requirements for success; some special advantages and promising by-products; and possible next steps toward a worldwide undertaking.

138

TAYLOR, H. C.

A family planning program related to maternity service.

American Journal of Obstetrics and Gynecology 95:726-731, 1966.

The advantages of a system in which family planning would be treated as an integral part of the health and medical organization for maternity care is the concern of this paper. The discussion is divided into four sections: (1) the statistical advantages of the introduction of contraception in the postpartum period; (2) the educational opportunities afforded during pregnancy and puerperium; (3) an illustrative organization for a pregnancy-postpartum program; and (4) a view of some maternity services about the world with respect to their suitability for a postpartum family planning program.

This article also appears in Berelson, B. and others, editors. Family planning and population programs. Proceedings of the International Conference on Family Planning Programs, Geneva, August 1965. Chicago, University of Chicago Press, 1966, p. 433-441.

139

TAYLOR, H. C.

Integration of maternity care and family planning services.

Excerpta Medica International Congress Series 133:955-966, 1967.

Reasons are given for the belief that, at this time and in most parts of the world, an organization requiring an integration of family planning services with those for maternal care, is the most promising and the one on which most efforts should be concentrated. Discussion of such an organization centers on (1) the predictable advantages of a maternity service integrated family planning program; (2) essentials in a maternity service integrated family planning program; (3) recent experiences in the United States; and (4) special problems in the adaptation of maternity services for family planning programs throughout the world.

140

TAYLOR, H. C. and BERELSON, B.

Maternity care and family planning as a world program. In Zatuchni, G. I., editor. Post-partum family planning. A report on the international program. New York, McGraw-Hill Book Company, 1970, p. 385-399.

The reasons for believing that family-planning programs may be very effective when developed in association with maternity services are first discussed on a theoretical basis. Reference is then made to the demonstrated success of the post-partum programs developed in relation to organized hospital maternity services. The predictable advantages of a combination of maternity and family-planning services, particularly as they seem to apply in the developing countries are reviewed. Consideration is then given to the problems that would have to be faced in the expansion of such combined services to the urban and rural sectors of the world, where maternity care, itself, is incomplete or lacking.

An article with the same title appears in American Journal of Obstetrics and Gynecology 100:885-893, 1968.

141

THAPA, R.

M.C.H. and family planning in Nepal.

Journal of the Nepal Medical Association 4:303-311, 1966.

Not examined.

142

UNHANAND, M., ASAVASENA, W., VARAKAMIN, S., PRACHUADMOH, V., OSATHANOND, V., ROSENFELD, A. G. and THOMLINSON, R.

Thailand. Country profile. New York, The Population Council, March 1972. 18p.

After the Thai government announced a national population policy in March 1970, the Ministry of Public Health established the National Family Planning Program (NFPP). Specific objectives include a proposal "to integrate family planning activities with overall maternal and child health services and thus mutually to strengthen the activities in these closely related fields".

143

UNICEF-WHO JOINT COMMITTEE ON HEALTH POLICY, twelfth session, Geneva, 3-5 December 1959.

Child care and nutrition education in maternal and child health centres presented to the twelfth session of the UNICEF-WHO Joint Committee on Health Policy, 3-4 December 1959. n.p., October 27, 1959. 270p. (JC12/UNICEF-WHO/1)

On p.81 of the section entitled General considerations, conclusions and recommendations the following statement appears: "Interdependence between child health and community health and the overall environment call for integrated services. There is a clear trend in this direction in some regions, notably in the Americas, but also in Africa and South East Asia, especially in India. In some areas, however, MCH services still function in relative isolation. It is recommended that every effort be made to encourage and accelerate the process of integration".

144

UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY, nineteenth session, Geneva, 1-2 February 1972.

Note on advanced inter-regional training in maternal and child health, obstetrics and paediatrics. n.p., [1972] 4p. (JC19/UNICEF-WHO/WP/72/2)

Specific needs are briefly described for advanced training in maternal and child health, obstetrics and paediatrics and the facilities currently available to meet these needs. The point is stressed that "since 'health work is team work' and since maternal and child health care is one component of family health care in the basic health services, maternal and child health workers should receive some orientation on the role played by each member of an inter-disciplinary team and should learn the dynamic of working in teams".

145

UNITED NATIONS. DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS. POPULATION DIVISION.

Measures, policies and programmes affecting fertility, with particular reference to national family planning programmes. New York, United Nations, 1972. 162p. (Population Studies 51)

This is a world survey of policies related to family planning and fertility. Among the subjects discussed are: social, legal, economic, and demographic measures affecting fertility, current population policies, health aspects of programs, methods of fertility regulation, evaluation of national

family-planning programs, popular motivation for family planning, and social and cultural perspectives in national family planning programmes.

It is noted that where national family planning programs exist, "there is some degree of integration of family planning with existing health services", and that recent developments "show an increasing trend towards closer integration of family planning with existing health services." Brief examples from Pakistan, India, Nepal, Korea, Tunisia, and Singapore are mentioned, as are the advantages of such integration.

A section entitled, "The relationship between family planning and other health programs" appears on p.82-86.

146

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

Population, The multilateral approach. [New York, United Nations Fund for Population Activities [1972]. 48p.

The Fund will encourage and support the development and improvement of family planning delivery systems, both within organized health services and through other appropriate channels, by strengthening the critical components . . . Public health services, and, in particular, maternal and child health facilities where they exist, represent the best frame work for initiating family planning activities. Currently most UNFPA assistance in family planning seeks to strengthen the delivery of services within maternal and child health. Projects of this kind are underway in Algeria, Botswana, Iraq, Laos, Republic of Vietnam, Swaziland, Tonga and Western Samoa. Requests have also been received from Algeria, Nepal and Senegal. Support for the strengthening of family planning within maternal and child health also forms a substantial part of comprehensive country projects in Chile, Iran, Mauritius, Pakistan and the Philippines.

Family planning activities are described on p.35-37.

147

UNITED NATIONS INTERAGENCY MISSION

Population and family planning in Iran. Prepared for the Government of Iran by a United Nations Interagency Mission appointed under the United Nations programme of technical cooperation with the financial assistance of the United Nations Fund for Population Activities. New York, United Nations, Commissioner for Technical Cooperation, Department of Economic and Social Affairs, April 7, 1971. 140p. (Report TAO/IRA/60)

There is a "Director-General of Maternal and Child Health under the head of the Family Planning Division. This illustrates the policy decision to link family planning services to MCH services. The objective is not merely an integration of MCH and family planning services in terms of using the former as a vehicle for the latter. The recent upgrading of the Directorate of MCH to a Directorate-General, the plans to support non-government and private agencies to strengthen their MCH activities and the intention to include applied nutrition and education in the family planning educational approach to the public, indicate that there are intentions to make MCH and family planning services mutually supporting".

148

UNITED NATIONS OFFICE AT GENEVA. DIVISION OF SOCIAL AFFAIRS

Family planning and social policy in Europe. Expert group meeting, Karlovy Vary and Prague (Czechoslovakia) 5-13 October 1970 . . . Seminar Kiljava (Finland) 16-25 May 1971. New York, United Nations, 1971. 85p. (SOA/ESDP/1971/2)

The report contains ideas expressed at two meetings sponsored by the European Social Development Program. While the report concerns family planning in many aspects only a brief paragraph refers to maternal and child health. It is as follows: "Much evidence for the reported connection between reproductive behavior and the health of mothers is of questionable value. For example, an observed association between large families and poor maternal health does not prove that the former causes the

latter; both may be independent consequences of a low standard of living. However, there is not much doubt that connections do exist between health and reproductive behavior, in both directions. According to one summary of the evidence, pregnancy spacing is essential to allow for optimum maternal and child health, nutrition and child rearing. Family size and infant mortality rates are positively correlated".

Chapter IX, p.47-52 is entitled The integration of family planning objectives into sectoral programmes.

149

UNITED NATIONS, UNESCO and WHO

Family planning evaluation mission of Ceylon. New York, United Nations Interagency Mission, 1971. 70p.

This is a review of the National Family Planning Program of Ceylon – general and maternal and child health services, education and training of personnel, family life education of children and adults, and motivation and communication. It contains recommendations designed to broaden the scope of the family health services through wider integration with existing preventive and curative health services.

Not examined. Information obtained from Current Publications in Population/Family Planning 22:3, 1972.

150

WALLACE, H. M., GOLD, E. M., and DOOLY, S.

Relationships between family and maternal and child health.
American Journal of Public Health. 59:1355-1360. 1969.

Medical and health facts are presented to illustrate the close relationship between maternal and child health and family planning, and the advantages and disadvantages of integrating family planning into maternal-child health services in any new program regardless of country. Both administrative (more efficient allocation of trained personnel and resources, use of already-familiar facilities) and technical advantages of integrated services are discussed. Suggestions are made for the possible introduction of family-planning services into existing hospital, health-center, midwifery, nutrition, educational, and community programs.

151

WILLIAMS C. D.

Social medicine in developing countries.
Lancet 1: 863-866, 919-922, 1958.

Inadequacies of so-called social medicine in developing countries are pointed out; also, the "serious defects in the organization of child health work". A maternal and child health program should be concerned with the care of the child, the whole child, and everything to do with the child, including the family. It should include school health. "It is obviously one of the finest instruments for social medicine". Some suggestions are offered for improving the situation.

152

WILLIAMS. C. D.

Social paediatrics.
Courrier (Centre International de l'Enfance) 14:505-516, 1964.

Two lectures are included which were given in Beirut, Lebanon on the planning and organization and responsibilities of a MCH and family planning service in developing areas.

Not examined. Information obtained from IPPF Bibliography, new series 8.

153

[WORLD HEALTH ORGANIZATION]

Development of activities in the health aspects of family planning . . . Uses of additional resources. n.p., [1969] 22p.

"The WHO recognized that maternity services, maternal-child care services, and general health services should include family planning services as a proper and integral part of their total program. In order to carry out the broad purpose of the World Health Assembly resolutions, the WHO is extending its present work in the field of family planning by developing a broad program of assistance to member countries to institute and expand family planning services as a component of maternity, maternal-child, and general health service in such countries".

154

WORLD HEALTH ORGANIZATION.

Health education in health aspects of family planning. Report of a WHO study group. Geneva, World Health Organization, 1971. 47p. (Technical Report Series 483)

The study group views family planning "as an important component of basic health services, particularly of maternal and child health". Primary consideration is given to an analysis of the educational components that are fundamental to achieving the objectives of family planning services within the context of health services: the programming process, implementation, evaluation, methodology, co-ordination, and needs for studies and research.

155

WORLD HEALTH ORGANIZATION

Maternal and child health in the USSR. Report prepared by the participants in a study tour organized by the World Health Organization. Geneva, World Health Organization, 1962. 70p. (Public Health Papers 11)

The objective of this report has been to outline the structure and mode of operation of the maternal and child health services in the USSR. The maternal and child health services in the USSR constitute an important section of the Ministry of Health, with a certain amount of autonomy, but the general organization is such that integration is complete and this autonomy does not affect the functional unity of the public health services.

156

WORLD HEALTH ORGANIZATION

Maternity-centered family planning program: guidelines. Geneva, World Health Organization, 1971. 34p. (MCH/71.2)

Guidelines designed to facilitate the organization and implementation of family planning activities within the framework of an MCH program are presented. Three components of the program are identified: (a) an operational program designed to provide hospital-based family planning services in an estimated 500 institutions; (b) the extension of the MCFP program to small maternity units and rural areas; (c) programs concerned with training and special research studies. Training is considered an integral part of every maternity-centered family planning program.

Not examined. Information obtained from a bibliography entitled: Organization and evaluation of family planning training programs.

157

WORLD HEALTH ORGANIZATION

Nursing and midwifery in family planning. Geneva, World Health Organization, 1969. 66p. (WHO/Nurs/69.79)

Where family planning is considered an integral part of health care, nurses and midwives will inevitably become involved in this activity. This comprehensive guideline is designed to assist nursing

personnel in their participation in family planning programs by a thorough examination of the multiple roles and functions of nursing staff and through suggestions on training for those preparing this group. In-service education and short course are advocated.

Although not specifically stated, involvement in maternal and child health services is implied in several instances.

158

WORLD HEALTH ORGANIZATION

Report of the consultation of the teaching of family planning in maternal and child health in schools of public health, Geneva, 21-26 August 1969. Geneva, World Health Organization, 1970. 13p. (MCH/70.1)

In the promotion of family planning as a part of health services, there is a particular need to support the improvement of training for the health personnel who administer, implement and evaluate family planning activities. Maternal and child health instructors in schools of public health have an important role to play in the improvement of such training. This report, written by a selected group of MCH and public health educators, examines the current scope, content and approaches of training in family planning and in maternal and child health at schools of public health as well as the relation of such schools to other MCH training.

Not examined. Information obtained in a bibliography entitled: Organization and evaluation of family planning training programs.

159

WORLD HEALTH ORGANIZATION

The work of the World Health Organization in 1971. Annual report of the Director-General. Geneva, World Health Organization, 1972. 401p. (Official Records 197)

The section dealing with maternal and child health (p.129-132) stresses the importance of a comprehensive approach to the integration of maternal and child health activities, including family planning, into the general health services and reports on current programs in various parts of the world.

Some examples of these programs follow: *African Region* – With support from WHO and UNFPA, *Mauritius* has launched a program which seeks to integrate into the Government's maternal and child health services the family planning activities that were formerly conducted by non-governmental organizations. In January 1970 existing WHO-assisted projects in maternal and child health and environmental health in *Gabon* were combined in a project for the development of basic health services. Prior to that date, the maternal and child health activities of the project had been carried out at an urban pilot center at *London, Libreville* and at regional centers at *Port-Gentil, Makokou, and Oyem*.

Region of the Americas – *Guyana* prepared a maternal and child health program in which the health education component of family health services is emphasized.; Twenty-two Member States received technical and financial assistance for integrated family planning and maternal and child health programs. In *Columbia* a program in maternal and child health and family welfare was extended to cover 474 clinics. A maternity-centered program to provide maternal and child health and comprehensive family planning services to 97% of the child-bearing population of *Costa Rica* was started in five hospitals. Maternal and child health courses were organized to train Latin American professional health workers in *Argentina* and *Chile* and at the School of Nursing, *University of Panama*.

South-east Asia Region – Help was given to *India* in the preparation of a guide for the integration of family planning in the auxiliary nurse-midwife syllabus, and to *Indonesia* in the conduct of a short course to help teachers of nursing and midwifery to develop the family planning and population dynamics content of their curricula. In *India*, assistance was given in organizing a workshop and preparing a plan of operation for a project on integrating maternal and child health (including family planning) activities into the general health services. In *Burma* a study was made and advice given on strengthening the organization and management of maternal and child care. In *Mongolia*, the Government has given particular attention to the improvement of the health care of mothers and children through the progressive integration of maternal and child health activities into the general health services.

Eastern Mediterranean Region – Seminars on the teaching of maternal and child health and family planning in medical schools were held in *Egypt, Iraq and Pakistan*.

Western Pacific Region – The establishment of an integrated network of basic health services covering both urban and rural areas is still the major goal of assistance given by WHO. Family planning activities were considerably expanded. They are being carried out as far as possible in conjunction with maternal and child health projects. Nursing and midwifery personnel play a large part in the development of general health services and are involved in maternal and child health work and in the family planning activities that have recently been added to that field. Training programs combining nursing, public health and midwifery elements in a broad curriculum are therefore increasingly needed, and are being developed in the *Khmer Republic* and the *Republic of Korea*. Advisory services in the field of maternal and child health were provided in the framework of overall projects for the development of health services in *Laos, Malaysia, the Philippines, the Republic of Korea* and in several countries and territories in the *South Pacific*. Maternal and child health and family planning projects were started in the *Gilbert and Ellice Islands* and *Western Samoa*. The regional structure has been strengthened by the appointment of a regional adviser on maternal and child health (family planning) and the establishment of a family planning advisory field team consisting of a public health nurse, a statistician and a health educator.

160

WORLD HEALTH ORGANIZATION. EXPERT COMMITTEE ON FAMILY PLANNING IN HEALTH SERVICES

Family planning in health services. Report of a WHO expert committee, C. E. Taylor, Chairman. Geneva, World Health Organization, 1971. 65p. (Technical Report Series 476)

Implementation of family planning care as an integral part of health services is discussed, p.31-54 under the following main headings: integration of family planning care into health services; introduction and integration of family planning activities into health services in different situations; levels of organizational structure: peripheral, intermediate, and central; some aspects of manpower, equipment and supplies, facilities and finance; some special problems in implementation; utilization of services; education and training of health personnel; and coordination between family planning activities of the health services and those of other services.

161

WORLD HEALTH ORGANIZATION. EXPERT COMMITTEE ON MATERNAL AND CHILD HEALTH

Administration of maternal and child health service. Second report.

Geneva, World Health Organization, February 1957. 28p. (Technical Report Series 115)

Administrative principles and methods are reviewed as they apply to maternal and child health (MCH). The Committee considered that "all MCH services, including school health, especially at the local level, should be an integral part of the general public-health services, and that both should have as their aim the health supervision of the family as a unit. The Committee was also of the opinion that the MCH service had the responsibility of giving leadership in promoting the integration of all health services for mothers and children (whether publicly or privately supported) into the total public health and medical care program".

162

WORLD HEALTH ORGANIZATION. EXPERT COMMITTEE ON MATERNAL AND CHILD HEALTH

The organization and administration of maternal and child health services. Fifth report. Geneva, World Health Organization, 1969. 34p. (Technical Report Series 428)

According to the report "it is now widely recognized that comprehensive planning of MCH (Mother and Child Health) programmes, based on careful evaluation and co-ordinated with the over-all health, social and economic plan of a country, is required to ensure the efficient development and even distribution of MCH skills, facilities and services . . . In order to make essential services as wide in coverage and as efficient as possible, integration is taking place; preventive services are being integrated with curative services, maternity services with child health services, and, where policy

allows, family planning services with MCH services. These multi-purpose MCH services are not isolated from other health services, but are built into and often provide a nucleus for basic health services . . . Closer collaboration between training institutions and community services have a beneficial effect on both training and service . . . a determination is now being made as to what is most effective in various settings and new approaches are being tested. This contrasts favorably with the former dependence on subjective opinion, dogmatism, or vague awareness of effectiveness".

163

WORLD HEALTH ORGANIZATION. EXPERT COMMITTEE ON PUBLIC-HEALTH ADMINISTRATION

Methodology of planning an integrated health programme for rural areas. Second report. Geneva, World Health Organization, 1954. 46p. (Technical Report Series 83)

A rural health unit is defined as "an organization providing or making accessible, under the direct supervision of at least one physician, the basic health services for a community". The following health services are declared to be basic, regardless of the situation of the rural health unit: (1) maternal and child health; (2) communicable-disease control; (3) environmental sanitation; (4) maintenance of records for statistical purposes; (5) health education of the public; (6) public-health nursing; (7) medical care (to an extent varying with the needs of the area and the accessibility of larger hospital centers).

Annex 1, p.46 includes a statement outlining the integrated health unit service adopted by the Indonesian government for the Bandung Regency.

164

WORLD HEALTH ORGANIZATION. REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

Report of the technical discussions on the integration of maternal and child health and family planning activities in the general health services. *In* Report of the Regional Committee, 18th session, Taipei, 1967. Manila, World Health Organization, Regional Committee for the Western Pacific, [1968] Annex 4, p. 49-68.

Not examined.

165

WORLD HEALTH ORGANIZATION. REGIONAL OFFICE FOR SOUTH-EAST ASIA

Maternal and child health with particular reference to integration into the general health services. Conclusions and recommendations arising out of the technical discussions held during the twentieth session of the Regional Committee for South-East Asia, Ulan Bator, Mongolia, August 1967. New Delhi, India, World Health Organization, Regional Office for South-East Asia, November 1967. 99p. (SEA/MCH/42)

Discussed in the part devoted to conclusions and recommendations are: Relationships between the maternal and child health services and general health services at the central, intermediate and peripheral levels; and Planning for the health care of mothers and children, with particular reference to integration into the general health services.

Annex 3, p.25-38 is entitled "Planning maternal and child health services as an integral part of general health services".

Annex 4, p.39-48 is entitled "Trends in development of maternal and child health services in the South-East Asia region".

166

WORLD HEALTH ORGANIZATION. REGIONAL OFFICE FOR SOUTH EAST ASIA. REGIONAL COMMITTEE

Planning maternal and child health services as an integral part of general health services (A working paper for the technical discussions). Provisional agenda item 10, twentieth session. Geneva, World Health Organization, June 5, 1967. 12p. (SEA/RC20/TD/1)

The planning and orientation of maternal and child health services is discussed in the context of conditions in developing countries.

Also appears as Annex 3 in World Health Organization. Regional Office for South-East Asia. Maternal and child health with particular reference to integration into general health services. (SEA/MCH/42) (See entry 165)

167

WORLD HEALTH ORGANIZATION. REGIONAL OFFICE FOR SOUTH EAST ASIA. REGIONAL COMMITTEE

Proposed guidelines for the conduct of the technical discussions on maternal and child health, with particular reference to integration into the general health services. Provisional agenda 6, twentieth session. [New Delhi, India], June 12, 1967. 7 p. plus annex of 4 p. (SEA/RC20/8)

Included in the guidelines are various explanatory notes concerning integration of maternal and child health into general health services in the South East Asia region.

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WORLD HEALTH ORGANIZATION. REGIONAL OFFICE FOR SOUTH EAST ASIA. REGIONAL COMMITTEE

Trends in development of maternal and child health services in the South-East Asia region. Provisional agenda item 10, twentieth session. [New Delhi, India], June 2, 1967. 8p. (SEA/RC20/TD/2)

The paper gives an account of some significant trends and draws attention to some identifiable problems in the development of health services for mothers and children in the South East Asia region, with particular regard to the integration of these services into basic health services. Supplementary information relevant to the ensuing comments is given in the statements received from governments.

Also appears as Annex 4 in World Health Organization. Regional Office for South-East Asia. Maternal and child health with particular reference to integration into the general health services. (SEA/MCH/42) (See entry 165)

169

WORLD HEALTH ORGANIZATION. SCIENTIFIC GROUP ON THE HEALTH ASPECTS OF FAMILY PLANNING

Health aspects of family planning. Report of a WHO scientific group, C. E. Taylor, chairman. Geneva, World Health Organization, 1970. 50p. (Technical Report Series 442)

The combination of family planning and other health activities is discussed, p.23-26. Other activities include maternal and gynaecological care; child health services; nutrition activities; specific disease control programs; general medical care; registration of vital statistics; education for family life; and community development activities. The statement is included that "very few assessments have been made of the effectiveness or efficiency of these combinations but they seem to be the most significant and feasible at present".

170

WRIGHT, N. H.

Recent fertility change in Ceylon and prospects for the National Family Planning Program. *Demography* 5:745-756, 1968.

"In 1965 the Government of Ceylon approved a population policy favoring a lower rate of growth. The Ministry of Health began implementing the policy by integrating family planning with its existing maternal and child health services around the island in 1966".

171

YANG, J. M., KIM, C. T., and KIM, M. I.

National family planning program as strategic platform for improvement of maternal and child health in Korea. *Yonsei Medical Journal* 7:76-85, 1966.

The family-planning program of the Republic of Korea is described. The authors discuss problems of health care, including economic and demographic aspects, as well as maternal-child health care.

The family-planning program is supported by both government and private funds. Health personnel trained for the program also receive maternal-child health training, and give maternal-child health services. It is anticipated that as maternal-child health care improves, more women will be receptive to family planning help; this eventuality is seen as one of the advantages of an integrated program.

172

YANG, J. M.

Planning the program.

In Berelson, B. and other, editors. Family planning and population programs. Proceedings of the International Conference on Family Planning Programs, Geneva, August 1965. Chicago, University of Chicago Press, 1966, p. 305-320.

In Korea the main responsibility for the national program was placed with the Ministry of Health and Social Affairs. In June, 1963, responsibility for the family planning program was given to the maternal and child health section of the Ministry, which is directed by a medical doctor with a staff of eight assistants. This is in contrast to the advice given by the Population Council's advisory mission on family planning that there be at least a bureau of family planning with three sections: family planning, maternal and child health, and health education. A section level is not high enough or strong enough in the organization of the program of the Ministry.

173

YANG, J. M.

The national family planning program in Korea.

In Population dynamics. International action and training programs. Proceedings of the International Conference on Population, May 1964, The Johns Hopkins School of Hygiene and Public Health, edited by Minoru Muramatsu and Paul A. Harper. Baltimore, The Johns Hopkins Press, 1965, p. 77-85.

The brief summary of developments and progress points out that the national program in Korea is firmly established as a responsibility of the Ministry of Health and Social Affairs—assuring its integration as a part of the nation's health services—and is being carried out through its network of health centers and referral to official and private hospitals.

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YANKAUER, A.

A health care program for mothers and children. Washington, D.C., Pan American Health Organization, Pan American Sanitary Bureau, Regional Office of the World Health Organization, April 1966. 106p. (Scientific Publication 130)

Nutrition is a major focus in this review of approaches to maternal and child health care services. The concept of such services is in some ways broader than the conventional image of maternal and child hygiene. It includes all types of facilities and personnel who render personal, preventive, educational, curative and rehabilitative service to the mothers and children of a community, regardless of their sponsorship and source of financial support. The system erected for maternal and child care should be consonant with national policy, and completely integrated with the health care services to other age groups rather than an entity apart.

Appendix 2 is entitled, A concept of basic health services; Appendix 5 is National planning and the construction of maternal and child hygiene norms in Latin America. The integration of hygiene and medical care activities at a functional level. (For analysis of this appendix see additional entry under Yankauer, A. No. 175)

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YANKAUER, A.

National planning and the construction of maternal and child hygiene norms in Latin America. The integration of hygiene and medical care activities at a functional level.

In his A health care program for mothers and children. Washington, D.C., Pan American Health Organization, Pan American Sanitary Bureau, Regional Office of the World Health Organization, April 1966, Appendix 5, pp.70-91. (Scientific Publication 130)

Under the impetus of national planning, the administrative integration of maternal and child hygiene with medical care is occurring in Latin America. The term health care is used to express this integration and convey a meaning broader than treatment alone. This integration has, however, not yet extended to the functioning of programs and the duties of personnel assigned to carry out the preventive and curative work with mothers and children.

The discussion focuses on ways in which the actions of maternal and child hygiene can be integrated on a priority basis and at a functional level into the structure of the existing medical care services delivered to the population. In this way maternal and child hygiene will come to take its place in practice as one of the components of a comprehensive health care service to mothers and children which in turn is part of a health care service for the entire community.

176

ZATUCHNI, G. I.

International postpartum family planning program. Report on the first year. Studies in Family Planning 22:1-23, 1967.

In early 1966, the Population Council organized and supported a large-scale postpartum program in twenty-five hospitals in nineteen cities in fourteen countries around the world. This is a summary of the first report on the results of the demonstration study.

The first year of the Postpartum Program demonstrated that "the integration of family planning education and services with a hospital's maternity and postpartum service is an effective and efficient method for promoting family planning. Many hospitals throughout the world have started or plan to start postpartum family planning programs more or less along the lines outlined".

177

ZATUCHNI, G. I.

Overview of program; two-year experience. In Zatuchni, G. I., editor. Post-partum family planning. A report on the international program. New York, McGraw-Hill Book Company, 1970, p. 30-88.

"This two-year demonstration program provides ample evidence that integrating family-planning education and services with a hospital's maternity service is effective and efficient. Cutting across

diverse urban settings as it does and with most major cultures represented, the success for the program documents the universality of this approach. Although the concept is not new, the scope of implementation reported here has not been previously done. The results of the Post-partum Program strongly suggest that family-planning information and services be made an integral part of *all* maternity services wherever they exist".

178

ZATUCHNI, G. I., editor

Post-partum family planning. A report on the international program. New York, McGraw-Hill Book Company, 1970. 477p.

For analysis of contents see entries under: Apelo, R.; Kanagaratnam, K.; Romney, S. L.; Taylor, H. C. and Zatuschni, G. I.

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**DELIVERY OF HEALTH CARE SERVICES IN LESS DEVELOPED
COUNTRIES WITH EMPHASIS ON INTEGRATION
OF FAMILY PLANNING WITH MATERNAL
AND CHILD HEALTH**

An Analysis of the Subject Material

performed for

**American Public Health Association
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Delivery Systems
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**Biological Sciences Communication Project
Department of Medical and Public Affairs
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INTRODUCTION

This report is the response to a request from the American Public Health Association to perform a literature search on the subject of integrated health services in less developed countries for the DEIDS (Development and Evaluation of Integrated Delivery Systems) program. Particular attention has been directed to the inclusion of references to publications relating to the integration of family planning and maternal and child health. Although it had been suggested that health programs for depressed or remote areas, ethnic groups and other populations not unlike those of less developed countries might be useful, only a very few references on such programs were found. This part of the report consists of an analysis of the literature collected and reported separately. The analysis considers the various aspects of the concept of family planning being integrated with programs for improving maternal and child health; and presents what information could be found concerning progress of family planning in various countries.

**Delivery of Health Care Services in Less Developed
Countries with Emphasis on Integration
of Family Planning with National
and Child Health**

An Analysis of the Literature

Introduction

For the purpose of this document we are assuming that there is general agreement with the United Nations(*) resolution which recognized as a basic human right the availability of information and means to enable couples to decide freely and responsibly on the number and spacing of their children. In addition we assume there is agreement with the World Health Assembly (**) when they emphasize the importance of the spacing of births and the limitation of family size for maternal and child health and for individual and family well-being.

In fact I expect that we recognize the seriousness of world overpopulation and the absolute necessity for action to the extent that we agree with the statement made by Dr. Piotrow(***):
"I believe that population growth threatens not only present values and institutions but also the opportunity of billions of people, born and unborn, to live with peace, prosperity, and dignity in years to come. I believe, therefore, that private and public, national and international programs to limit population growth are desirable, necessary and ultimately inevitable."

(*) General Assembly Resolution A/2542 (XXIV), December 1969, Articles 2 and 22.

(**) World Health Assembly, Resolution 21.43, adopted May 23, 1968.

(***) Piotrow, Phyllis. World Population Crisis. The United States Response. 276 pp. Praeger Publishers, New York City, 1973.

Although it is tempting to do so, no attempt has been made to evaluate the various types of contraceptives in use. Mention will be made of the state-approved or predominately-used method/s if they exist in the various countries for which data are available. In the same vein, neither social, economic, or medical aspects of family planning have been considered.

For this report the coverage has been limited to consideration of the central problem of integration of family planning with various other health activities, particularly with maternal and child health (MCH).(*)

FAMILY PLANNING MANAGEMENT METHODS

In the following studies, by various countries, there are examples of every type of approach to the problem of family planning. In order for the presentation to be more meaningful we briefly state the various alternatives. No arguments or proof is presented pro or con.

- Public Health Programs only.
- Maternal and Child Health combined with Public Health
- Family Planning as a separate program
- Family Planning combined with Maternal and Child Health
- Family Planning as part of Public Health
- Family Planning and Nutrition
- Ad hoc arrangements.

Public Health Programs Only

For many decades public health, both in national health programs and in international health work, has been viewed as being concerned predominantly, if not exclusively, with the delivery of health services. There is no question but that the control of communicable disease will have a beneficial effect on any people, and improved health will lead to improved general living conditions. However, "a clearer awareness of the multifactorial nature of disease--of the association of such medical conditions of early childhood as diarrhoeal diseases, parasitic infestation and malnutrition with such social conditions as poverty, lack of education, overcrowding, poor housing, and poor environmental hygiene--is leading governments to seek to harmonize the efforts of their health and social services in a concerted attack on these problems."(159)

(*) In the body of the text the abbreviation MCH will be used

This led WHO to give assistance to integrated family health projects that covered nutrition, communicable disease control, and education and training in addition to the activities more usually associated with maternal and child health."

But to expect that family planning will automatically be a part of such a program is not realistic. Even if one considers that better health leads to better economic conditions and this in turn to the desire for fewer children, it will take a generation or more to produce any change. And even if there were a direct relationship, in many developing countries the public health programs do not reach the people in any direct way. For example in Columbia (26) "It seems likely that considerably less than 50 percent of the population is reached by health services." A more direct approach to family planning appears to be necessary.

Maternal and Child Health combined with Public Health

A working group of the Pan American Health Organization completed a study on the coordination of medical care (101) and suggested that the actions which might characterize an integrated health program were:

- (a) Medical and dental care;
- (b) Maternal and child health;
- (c) Control of communicable diseases;
- (d) Nutrition;
- (e) Statistics;
- (f) Social services; and
- (g) Community organization.

Under (b) above, they included several programs, from education of the mother, to school health for the children, but not once in the study did they mention Family Planning as part of any program. From a review of the literature it appears that this has been the traditional position, which fortunately now, at least in some instances, is being changed.

"In recent years, the expansion of general health services and changing concepts of community health care have increasingly influenced the pattern of the maternal and child health services in the South-East Asian region. Underlying these trends is the notion that the health of the mothers and children cannot be considered apart from that of the community. Conversely, it is accepted that the failure to provide for the health needs of the community will most seriously affect its weakest groups, i.e. mothers and children." (168) The tendency is for the Maternal and Child Health (MCH) programs to eventually be merged with the general health services.

Family Planning as a Separate Program

In the earlier history of the drive for family planning information to be made available to the people, in almost every case it was an individual, or some independent but organized group who were the forerunners. In no case found in this literature did the government take the initiative--they were forced into action by the will of the people.

In Korea.-family planning came first: "A strong voluntary organization, the Planned Parenthood Federation of Korea was established and family planning as a national policy was adopted in 1961." (171)

"Family planning is a critical and urgent need in most of the developing countries, though very few leaders or countries appreciate this crisis. We cannot afford the time required by the usual procedure of training public health workers. Rather than take several years to establish facilities, train teachers and recruit and educate trainees, we must carry on these efforts simultaneously." (172)

The only study found that attempts to answer the question, "Is a family planning service more effective and efficient if it is autonomous or if it is integrated with other services?" was conducted in New York City under controlled conditions and the answer for that situation was: "...this analysis tends to favor specialty clinics..."(*)

Family Planning combined with Maternal and Child Health

Many of the writers point out that the woman is most interested in hearing about family planning immediately post-partum, or following an abortion. Thus this is the logical time, and thus combining family planning with MCH is a most logical idea. In fact, few people question the value of the 'functional' integration of family planning with MCH services, but the 'physical' integration may lead to problems. The responsibility for family planning may simply be added upon the shoulders of the already overburdened MCH staff. The important point is that family planners work closely with the MCH group.

Chow (35) says: "...a complete rural maternal and child health service will need to be developed before one can inaugurate family planning," and this is a statement often heard. This may imply that family planning is something independent of, or inconsistent with, the MCH services,...in fact, family planning should be an integral part of a comprehensive MCH program. The objectives of the MCH program cannot really be

(*) Reynolds, J. Delivering family planning services: autonomous versus integrated clinics. Perspectives; 2(1):15-22; 1970.

reached without integrating family planning into its regular program activities. A married woman of reproductive age is always at one of the four stages in the maternity cycle: pregnant, delivering, post-partum, and pre-pregnancy. Family planning should be an important activity at each of these stages."

Family Planning and Public Health

According to Chow (35) reporting on experience in Taiwan, "From the health viewpoint, the family planning program can be given priority over many other public health programs because lowered birth rates automatically result in improved public health.

"For example, less frequent exposure to childbearing and decrease in the proportion of births of high parity and older ages result in lowered maternal and infant mortality. Smaller family size and appropriate birth spacing results in better care and better nutrition of children, and therefore, lowered infant and child mortality."

Infant mortality increases sharply with increase of birth order. This is dramatically shown in the accompanying table, where "the infant mortality rate in Taiwan in 1957-58 would have been reduced from 43.0 as observed to 34.8, or by 19 per cent, if the percentage distribution of births by birth order in Taiwan had been the same as that in Japan in 1964."

Infant Mortality Rate (IMR) of Taiwan in 1957-58
Standardized to the Birth Order Distribution of
Birth in Japan in 1964.

Birth Order	Distribution of births by birth order (%)		IMR Taiwan 1957-58	* Expected No. of Infant deaths per 1,000
	Taiwan (1957-58)	Japan (1964)		
1	19.1	47.2	36.0	17.0
2	17.6	34.7	28.9	10.0
3	16.2	12.2	43.5	5.3
4	14.9	3.5	33.3	1.2
5	11.7	1.3	47.4	0.6
6+	20.5	1.2	61.2	0.7
Total	100.0	100.0	43.0	34.8

*Expected number of infant deaths in Taiwan, if the IMR by birth order in Taiwan in 1957-58 were applied to the birth order distribution of Japan in 1964.

(The data for Taiwan were obtained from an experiment in nine townships during 1957-58.)

A successful statewide family planning program in Louisiana is operating independently but one of the conclusions is: "The organization of a family planning program can help to enhance other maternal, child and family health services for poor families."(*)

Family Planning and Nutrition

In a Pan American Health Organization report on Maternal Nutrition and Family Planning in the Americas (104), they concede: "The evidence reviewed leaves no doubt that the nutrition of pregnant and lactating women is seriously defective in most, and perhaps all the countries of the region...There is ample evidence that pregnancies in rapid succession can seriously affect both the mother and subsequent offspring...It is evident then, that the inability to plan and limit the size of families in accordance with the wishes and resources of the parents is a major cause of nutritional impairment, especially among mothers and young children... justify a sustained effort toward improved health, nutritional, and family planning services..."

A telling case is made by Monte, et al (94) for the relationship of malnutrition and family planning. He points out the cycles of underdevelopment--inadequate nutrition and its interlocking effects on economic productivity, educational capacity/opportunity, health, and population growth.

The health/population cycle is described as: "Inadequate nutrition--leads to reduced resistance, to disease in young children--resulting in high infant and child mortality rates--of which one consequence is high birth rates and sustained high fertility rates--fostering high population growth rates--acting to retard economic development--maintaining low productivity and subsistence income--reinforcing the insufficient intake of food--perpetuating inadequate nutrition. This system is not closed and obviously many factors are at work at many points, but the main thesis is clear--if, in a developing country, you want to be 95 percent sure of having one son surviving at the father's 65th birthday you must bear 6.3 children. Of 1,000 children born in many of the developing countries, only 500 will live past the age of 4 or 5 years.

(*) Beasley, J.D. and J.P. Wells. Louisiana: Developing and managing a Statewide family planning program. Perspectives 3(4):68-79; 1971.

The combined reality of parents wanting adult sons, and child mortality poses the crux of the population dilemma. The primary objective of CARE's feeding program is to break the vicious cycle.

Most family planning experts find this method too slow and hope to cope with the problem by preventing the birth of so many mouths to feed and thus more quickly breaking the cycle.

Ad Hoc Arrangements

"Few programs are more complex and delicate and also, few programs are related to so many fields of work. Hence any family planning program must have the combined support of many groups---the ministries in the government, the social agencies, and others. If we are to avoid a situation in which everyone's concern becomes nobody's concern, care must be taken to devise a program which crystallizes vague ideas of cooperation into definite working relationships." (172)

When an official national population policy was promulgated in May 1969 in Taiwan, the pressure was put on all government agencies to help, and the Institute of Family Planning prepared a list for each agency to take action on. According to Keeny and Cernada (123), "At least the Government has shown that agencies other than Public Health can contribute to the task of curbing population growth."

In writing of the combination of family planning with other health activities WHO (169) listed the following as being the most significant and feasible at the present time: family planning and maternal and gynecological care; family planning and child health services; family planning and nutrition activities; family planning and specific disease control programs; family planning and general medical care; family planning and registration of vital statistics; family planning and education for family life; family planning and community development activities; and other combinations.

"Each country will vary the strategy of its family planning program according to its governmental policies, educational level, available resources, religion, and cultural patterns." (172)

COUNTRY REPORTS

Although the family planning problem is worldwide, progress can only be made country by country. Therefore, a brief review follows of the various countries for which material could be found. Once again the emphasis will be on determining the management methods with particular attention to the integration of family planning with maternal and child health. It cannot be too strongly stressed that "each country will vary the strategy of its family planning program according to its government policies, educational level, available resources, religion, and cultural patterns." (172)

However, as pointed out by Yang (172): "These differences are not important in the overall direction or success of the program. The most important factor in a successful program is strong leadership. I would not say that no research or study is needed in setting up a program, but I would urge any country to feel confident in launching a family planning program nationally, if it will follow the basic principles which have already been found to be successful in other countries."

The amount of literature found relating family planning to Maternal/Child Health varies with the different countries, many have only a single reference and some, like India, have twenty references. This variation in coverage should be borne in mind in evaluating the findings.

The countries are arranged alphabetically under five headings: Africa, America, Asia, Europe and Oceania. Source is indicated by number in parentheses which refers to an item in the bibliography.

It cannot be too strongly stated that countries are NOT listed if no reference to family planning activity is found in any of their literature.

AFRICA

Africa (1, 7, 8, 11, 73, 110)

In black Africa the vicious chain of events--poor or non-existent sanitation, high incidence of disease, inadequate nutrition, high maternal, and very high fetal death rates, and very high birth rates--is found in almost every country. "Infant mortality rates, more than any other, have an impact on family health in that fertility and infant mortality have always been correlated. This is well demonstrated in the African scene, where the infant and child mortality rates are high, and where in many rural areas a newborn child may have slightly more than one chance out of two of attaining the age of five years. Together with these high mortality rates, the birth rate may be as high as 49 per thousand, and the average total fertility around 6.5 per woman, higher than in any other region in the world."(7)

"From the medical standpoint, family planning should be viewed as a matter involving the family as a whole, and particularly the health and well-being of mothers and children."(7)

"Such an integration of family planning with maternal and child health is not only feasible but certainly by far the most natural way of introducing the idea of birth planning to illiterate populations. Also the concept of maternal and child health care and its necessity is well accepted in all these countries, which would be only too pleased to open up as many Maternal/Child Health centres as administratively and financially feasible." (110)

In Africa, according to an International Planned Parenthood Federation review, there is a trend towards increasing concern with population problems. However, in over half the countries there is no organized family planning program, and in a few the government is even pursuing a pro-natalist policy. "...those countries with family planning programmes have been concerned first with the benefits of family planning for maternal and child health, and secondly with the realization that economic progress is retarded by the dependency burden of excessive numbers of young people." As in some other parts of the world African progress in family planning is inhibited, "...by lack of health facilities and trained medical personnel, high infant mortality rates, and social systems which encourage large numbers of children as a source of social security and paternal pride." (73)

In writing on Social Obstetrics in Africa, Akinla (11) concludes: "The promotion of maternal and child health is a most important aspect of both preventive medicine and obstetrics, and family planning is without doubt an essential component of any complete Maternal and Child Health Service. This is especially so in Africa because children and child-bearing women constitute 70 to 75 percent of the total population. It is therefore in the context of the promotion of maternal and child health that family planning is being and should continue to be preached and practised."

Sixteen different outside groups are supporting some aspect of family planning in some one or more of the African nations. "A significant development in the field of African population is the emergence of the Economic Commission for Africa as a force in African awareness and action on the population problem." (8) U.S. Agency for International Development seems to be the one most interested in the integration of family planning with Maternal and Child Health. "Initiation with interested governments, of a number of pilot activities designed to test new ways of providing integrated maternal and child health and family planning services in rural areas, using existing minimal health facilities; \$1,414,000 was allocated to this project in fiscal year 1971."

Algeria (73) (146)

The government has no national program but has family planning clinics in some of the hospitals of Algiers (since 1967), and a number of outside organizations are seeking to help. (73). One of these is the United Nations Fund for Population Activities which is seeking to strengthen integration of family planning with Maternal/Child Health in Algeria.

Botswana (8) (73) (146)

The Government of Botswana has taken a positive attitude toward family planning even though it has no official family planning policy. According to the National Development Plan for 1968-73, "as far as Government is concerned there is not the slightest intention to impose family planning on anyone, but merely to make the advantage of family planning available to the population." In line with this intention, the Ministry of Health is encouraging the establishment of clinics and training programs.

The District Council of Serowe is building three clinics that will provide maternal and child health and family planning services. Family planning services are also being undertaken in other parts of the country. Altogether, four government hospitals and three religious mission hospitals provide oral contraceptives and intra-uterine devices. (8)

Government support of family planning. Target is to reduce growth rate to 2.5% by 1980. No Family Planning Association, but International Planned Parenthood Federation provides funds for doctors and family planning programs being initiated by seven district and town councils as part of Maternal/Child Health. Two of these clinics average 160 acceptors a month. Organization for Economic Cooperation and Development, Freedom from Hunger Group provides funds through the International Planned Parenthood Federation. Danish International Development Agency grant 1971 for construction of family planning training centre. (73)

Currently most U.N. Fund for Population Activities assistance in family planning seeks to strengthen the delivery of services within maternal and child health. Projects of this kind are underway in Botswana. Assistance includes services, training, vehicles and equipment, contraceptive supplies. (146)

Burundi (8)

Burundi has no official family planning program and no voluntary family planning organization. However, action has begun to incorporate family planning into maternal and child health services. Some family planning work is carried on by missionary groups. At the request of the Burundi government, the International Planned Parenthood Federation has assigned a doctor to the Ministry of Health to help introduce family planning into

maternal and child health centers. Two nurses and two social welfare workers have received family planning and maternal and child health training at the International Planned Parenthood Federation's Family Welfare Training Center in Nairobi.

The Pathfinder Fund, with Church World Service funding, is supporting the work of a social worker/midwife, who is assisting establishment of rural maternal/child health and family planning clinics. Literature and contraceptives also have been given.

The U.N. Fund for Population Activities has provided funds for an advisor to help the government plan and carry out the 1972 census.

Congo (Brazzaville) (73)

No organized family planning activities.

Congo, Democratic Republic of (43)(73)(159)

As a result of a survey of health facilities in the Kinshasa area a proposal for the development of a decentralized and coordinated system of maternal and child health services, including family planning, is presented. (43)

The International Planned Parenthood Federation report (73) indicates: "No organized family planning activities. Government interested in expanding Maternal/Child Health services. Some missions do family planning work."

WHO reports four projects, none of which are related to family planning.

Dahomey (8)(56)(73)(159)

Interest in population planning is becoming evident. The government has recognized the fact that nearly half of the population is under 15 years of age, causing problems of food, education and employment.

A family clinic has been established in the government Maternal and Child Health Center in Cotonou (8).

The International Planned Parenthood Federation agrees that the government is supporting family planning with outside assistance (73).

Of the eight projects supported by the World Health Organization none has anything to do with family planning (159).

Egypt

See United Arab Republic.

Ethiopia (8) (26) (45) (73)

The Ethiopian government has no objection to family planning as part of maternal and child health care. Since 1966 Ethiopia has had a Family Guidance Association, a voluntary organization operating as part of the Haile Selassie I Welfare Foundation. Its establishment was stimulated by visits of Pathfinder Fund representatives beginning in 1964. In Addis Ababa the Family Guidance Association conducts a family planning clinic employing a full-time social worker and a part-time consultant, both trained in the United States. The Association assists the family planning activities of 64 health centers and hospitals throughout Ethiopia. During 1970, there were over 26,000 client visits, about half of them new acceptors.

A social worker from the University School of Social Work gives weekly lectures on family planning at the Association. These lectures are open to the general public and often include audio-visual materials such as films. Many international organizations are assisting with funds and know-how (8).

The government does not object to family planning as part of the Maternal and Child Health program but family planning publicity is not allowed. Family Planning Association founded in 1966 as part of the Haile Selassie Foundation. Clinics throughout the country are serving about 1,000 acceptors a month. The Swedish International Development Authority provides a family planning doctor; U.S. Agency for International Development, Pathfinder Fund, Population Council, Church World Services and World Neighbors also assist. (73)

Gabon (159)

In January 1970 existing WHO-assisted projects in maternal and child health and environmental health in Gabon were combined in a project for the development of basic health services. Prior to that date, the maternal and child health activities of the project had been carried on at an urban pilot center at London, Libreville, which had been in operation since 1962, at a regional center opened in 1968 at Port-Gentil, and a second regional center newly started (1969) at Makokou in the north of the country. Three rural subunits were attached to each of the two regional centers. In the past two years a third regional maternal and child health center has been built by the national authorities at Oyem in the district of Woleu. Assistance was given by the WHO in the education and retraining of personnel for these new centers. (159)

Gambia (73)

Government interested in family planning. Family Planning Association founded in 1969. Clinic recently opened in Bathurst. Population Council mission report being studied by government. International Planned Parenthood Federation and Pathfinder Fund assist Family Planning Association. (73)

Ghana (8)

The Government of Ghana announced an official population policy in March 1969, with the principal objective of reducing the country's population growth rate. In its published announcement, the government showed its concern for the potential restraining effects of population growth on economic and social progress by stating that its national population program would be developed, "as an organic part of social and economic planning." Thus, Ghana, the first sub-Saharan African country to sign the World Leaders Declaration on Population presented to the United Nations, became the first sub-Saharan country to adopt an official and published population policy.

The program calls for participation of national and regional entities, both public and private, and representatives of relevant professions and disciplines. A national Family Planning Council is to be set up as a planning and policy-making body, with representatives of all agencies and groups working in family planning.

Because the desire for large families is a major obstacle to program success, one-third of the program budget will be devoted to information and education. Plans call for inclusion of family planning in the FAO home economics program and the Ministry of Health's nutrition program.

The Planned Parenthood Association of Ghana was set up in 1966 and became a member of the International Planned Parenthood Federation in 1968. During 1970 the Association's eleven clinics served 13,880 new acceptors and 15,015 old patients. The Planned Parenthood Association of Ghana also has an extensive educational program involving use of an International Planned Parenthood Federation-financed film for village women, produced in English and Ghanaian dialects; leaflets, lectures and visits to homes, health centres and hospital postnatal clinics by 32 field workers.

In 1970 the Council provided family planning services to 905 new acceptors and 1,498 old patients. Altogether, family planning services are offered at 30 locations in Ghana. The Department of Sociology at the University of Ghana established a demographic unit in 1966. Staff members have carried out studies in knowledge, attitudes, and practices related to family planning among women, doctors, midwives and clergy. (8)

Kenya (8) (73)

The Government of Kenya was the first in sub-Saharan Africa to adopt a national family planning program. The findings of a study made by the Population Council were incorporated into the 1966-70 Development Plan and the Ministry of Health was made responsible for administration and coordination. Although the program is part of the country's economic and social development efforts, family planning is strictly voluntary. In the Government of Kenya development plan of 1970-74 it is stated that the government will continue to strengthen and develop maternal and child health services aimed at reducing the hazards to life and health associated with the process of reproduction.

The Kenya Family Planning Association is a member of the International Planned Parenthood Federation and has 21 branches throughout the country. Clinics are operated but the emphasis is on education and training. The total number of clinics in Kenya is 260, 110 of which are run by the Government and ten by the Nairobi City Council. The International Planned Parenthood Federation helped the government establish mobile clinics. (8)

Field workers are at the core of the Family Planning Association education program (8).

The aim is to reduce the birth rate by 1 percent in ten years. (73)

Lesotho (56) (73)

Government not in favor of family planning. Family Planning Association founded in 1968, closed by the government in 1970.

Liberia (8)

Acceptance of family planning is growing in Liberia as a part of the maternal/child health program. The Family Planning Association of Liberia was founded in 1956 and became a member of the International Planned Parenthood Foundation in 1967. The Association operates two clinics in Monrovia, and one at Bomi Hills. The number of patients grew during 1970 from 3,500 to 4,800. The association emphasizes contact through group meetings. The programs include lectures, films and distribution of literature. Physicians provide family planning services at a number of industry and missionary hospitals and at private clinics around the country. The United Nations, International Planned Parenthood Federation and several international organizations provide assistance to the Family Planning Association. (8)

Maghrib (30)

Maghrib countries are Algeria, Morocco, Tunisia.

Knowledge, attitude and practice studies show that 70 percent of the wives with four or more living children are willing to use a family limitation method; even if this is not encouraging for a population control program, it is for a family planning one.

A family planning program in this area should have the strong endorsement of the government, it is essential for an action program to have strong political backing in view of possible defiance from the conservative rural population and religious groups. In the interest of acceptance, it should be linked with the maternal and child health program. (30)

Malawi (8) (73)

Government encourages population growth. Family planning advice available in some hospitals and from some doctors. Church World Service and World Neighbors provide limited assistance. (73)

The government of Malawi encourages population growth and does not believe that the current rate of growth will impede economic and social development. There are no organized family planning activities in the country, though advice is available from some hospitals and doctors. (8)

Mali (73)

Government not opposed to family planning as part of Maternal and Child Health. Family Planning Association is being formed.

Mauritius (8) (73) (159)

The government has officially adopted a population policy, established a family planning division and begun implementation of a countrywide program. The government began developing the population policy in 1966 and two years earlier it had begun supporting two private associations. The government leaves the actual provision of family planning advice and services to the private organizations, which it continues to help support financially and with information services. The Mauritius Family Planning Association was founded in 1957 and is a member of the International Planned Parenthood Foundation. The other organization, Action Familiale, is a Catholic association whose aim is the betterment of family life in general; it advocates only the rhythm method.

Morocco (8) (25) (59) (73) (88)

The Moroccan government initiated a family planning program in 1965 under the Ministry of Public Health. "The Ministry's extensive care network by health centers and dispensaries throughout the country permitted rapid expansion of clinical family planning services"(25). Surveys showed that attitudes were basically favorable among the population although the illiteracy rate is very high. The program was concentrated on urban areas in the hope of a high initial success. (8)

A volunteer association was formed in 1970. Royal decrees legalized publicity on contraceptives and health-abortions in 1967. Chief methods are IUDs and orals. The government published a five year plan in 1968 with a goal of IUD insertions of 500,000 through 1972, although by the end of 1970 only 39,699 Moroccan women had accepted IUDs from government clinics (88) There are now 129 family planning centers, but only an estimated 1 to 1.5 percent of women 15-45 have been reached." (8)

Medical and paramedical personnel trained abroad "expanded training locally through demonstration centers and regional seminars." (25)

Nigeria (8)(9)(11)(26)(35a)(52)(73)

Organized family planning work was begun in Lagos in 1958 and "the Family Planning Council of Nigeria was set up as a national organization in 1964 with the assistance of the International Planned Parenthood Federation, and under the auspices of the National Council of Women's Societies; its main goals are the expansion of clinic facilities and eventually public and government support for a family planning program within the official health services (9)

The Nigeria National Development Plan for 1970-74 contains a minimal policy for integrating family planning into existing health-care facilities. (8) (74)

The Family Planning Council now is directly assisting 33 clinics in six of Nigeria's 12 states. The Council distributes information and contraceptives free of charge to its clinics, which collect token fees from patients who can afford to pay." (8) The Universities of Lagos and Ibadan provide demonstration clinics for medical and nursing students.

Rhodesia (8)

The government has taken a positive attitude toward family planning and is providing support. The Social Welfare and Health Ministries and Municipality of Salisbury contribute financially to the country's voluntary family planning agency. The government has also approved inclusion of family planning as part of routine health services in hospitals and clinics.

The Family Planning Association of Rhodesia was founded in 1957. Initially it concentrated mainly on education through films pamphlets and talks. As interest grew clinics were established; today there are 250 government, private, industrial and mission clinics offering family planning services. The Association maintains education film units for traveling talk and film shows and fifty field workers visit people in their homes. The Faculty of Medicine at the University is involved in training students for family planning. (8)

Rwanda (8)

The pressures of a high population growth rate are creating some interest in family planning in Rwanda. At a seminar organized by the Ministry of Health in 1968 it was agreed that the concept of child spacing should be incorporated into health education. The relationship between child spacing and health development is being emphasized to social workers, nurses, and educators. A number of doctors have been trained in contraceptive techniques.

Senegal (26)(73)(146)

Government supports the idea of family planning, but Family Planning Association only founded in 1970 and the clinic in Dakar serves only 20 acceptors a month. Nursing situation deplorable, little maternal and child health (73, 26). Have requested help from the United Nations Fund for Population Activities.

Somali Republic (45)(73)

No organized family planning activities.

South Africa (8)(73)

Government supports work of the Family Planning Association which was founded in 1932. Became a member of the International Planned Parenthood Federation in 1953. Clinics located in all provinces, serve over 2,500 acceptors a month. (73)

Government also supports National Council for Maternal and Child Welfare and this council is the coordinating body for regional family planning associations. As clinics are developed they are turned over to the Council to operate. (8)

Sudan (8)

The Government of Sudan supports family planning although it has no announced population policy. The Sudan Family Planning Association was formed in 1965, and the first clinic was opened in Khartoum in 1966. It runs two clinics in Khartoum and two in Omdurman--all government health centers. The model clinic in the central office serves as a staff training center and may be used in future as a fertility clinic. Instruction of volunteer workers and patients at family planning clinics is assisted by the Sudan Medical Association. (8)

Swaziland (146)

The United Nations Fund for Population Activities believes that "Public Health services and, in particular, maternal and child health facilities where these exist, represent the best framework for initiating family planning activities." With this in mind assistance in family planning which "seeks to strengthen the delivery services within maternal and child health" was given to Swaziland. This assistance includes advisory services, training, vehicles and equipment, and contraceptive supplies.

Tanzania (8)(10)(26)(73)

The government supports family planning. The Family Planning Association was founded in 1959 and became a member of the International Planned Parenthood Federation in 1969. The Family Planning Association serves an average of 575 acceptors a month. (73)

The Family Planning Association runs thirty clinics in government health centers and hospitals and "during 1970 there were nearly 7,000 new acceptors and more than 8,000 revisits." (8)

Togo (8) (73)

No official government policy but a Family Planning Association was formed in 1970. Individual doctors give advice and there is some outside help.

Tunisia (8)(39)(73)(88)(94)(109)

The Government of Tunisia has favored family planning since the early 1960s and in 1966 officially announced the target of reducing the annual birth rate from 45 to 38 per 1,000 in ten years. (8)

In an important political speech the President gave a boost to family planning when he stated:

"We cannot help being apprehensive of the human tide which is rising implacably with a speed far beyond the increase in the essentials of life. What is the use of increasing our agricultural production, our raw materials...if the population keeps increasing in an uncontrolled and maddening fashion? We would have achieved nothing, for we would find ourselves, despite all our efforts, at a level lower than our present one. Humanity, which through reason has dominated nature and progressively vanquished illness, which has invented the tool and has transformed the face of the world, humanity can restrain itself and decrease the rate of procreation." (39)

It is this kind of assistance at an official level that assures the success of a family planning program.

Family planning is offered as part of the Maternal/Child Health service with 340 centers and 14 mobile units providing for family planning needs. By March 1970 there were 870 IUD insertions per month, 2,000 female sterilizations per month, and 6,300 women using the pill. (73)

In 1970 according to the Population Council (88) there were 9,644 IUD first insertions, 9,941 on the pill, and 2,528 sterilizations by tubal ligation, 2,250 using more conventional methods, indicating that progress is being made.

Uganda (73)

Although the family planning association was founded in 1957 and became a member of the International Planned Parenthood Federation in 1964, the government attitude as of 1971 was still one of caution; there were some clinics being run on government premises, with only 170 acceptors per month. (73) There is some evidence that although the Ministry of Planning and Economic Development "does not advocate family planning as a means of limiting population growth it recognizes the necessity of family planning to preserve the health of mothers and children." (10)

Maternal and child health is being stressed (100) as is nutrition, and therefore, the stage is set for adding family planning.

According to Crocker et al (38) of 500 patients seen at the clinic only 45% had any previous knowledge of family planning and only 9% had used any acceptable method. One of the major problems is that most patients believe the ideal average family should be 5.5 children.

United Arab Republic (9)(70)(72)(73)(94)(159)

There has been a government program since 1965 with a target of reducing the birth rate to 30/1,000 by 1978. As usual, the Family Planning Association came first (1959) with the International Planned Parenthood Federation membership in 1963. By the end of 1969 family planning was available in 2,760 clinics (360 FPA run) and there had been 127,000 IUD acceptors, and 376,000 using orals. (73)

According to Husein (70) the National Committee for Population Problems was set up in 1953 and in 1955 established eight family planning clinics, four in Cairo, and four in Alexandria. In 1957 the National Committee was transferred to a non-governmental organization called The Egyptian Association for Population Studies but with the same responsibilities.

Diaphragms, foams, jellies used in early years. IUDs introduced in August 1964 and orals started experimentally in 1966.

Early in 1965 the Ministry of Public Health started including family planning services in their Maternal/Child Health centers--46 centers were operating by mid-year. (70)

According to the International Labor Office report (72): "The Family Planning Programme is implemented by the Ministry of Health through various health units, health centers, MCH centers and family planning clinics established in various hospitals both public and private. There are about 2,900 such centers in the country. At the district (governorate) level the work is supervised either by a special official called an Executive Officer for Family Planning, or by the Assistant Medical Director of Health Services for the district."

The Joint Committee for Family Planning, a private organization registered with, and having the cooperation of the government, operates thirty clinics on a cost-free basis. An evaluation of the project indicated that the number of patients attending the clinics was not as high as had been expected. Government-run family planning clinics also found that utilization of their services was limited. Factors attributed to the slight success of family planning in Egypt are prevailing cultural and religious ideas and local government resistance."(94)

Zambia (10)(73)

In Zambia the government has taken no official interest in family planning, but it has given permission for the establishment of a voluntary family planning organization (8). Government maternity and child health centers emphasize nutrition and child spacing to avoid malnutrition, and family planning information is available upon request. (8, 10). The Ministry of National Development, the Ministry of Health and the National Nutrition Commission as well as some individuals in the government are beginning to express an active interest in family planning (8, 73).

Medical and paramedical personnel, community development workers, and home economists receive some family planning training. (8)

AMERICA

Argentina (8) (73)

Although there is no official government program, the Argentine Family Protection Association was founded in 1966 to "coordinate and expand the family planning movement throughout the country." (8) Affiliation with the International Planned Parenthood Federation occurred in 1969. By early 1971, the Association was operating 45 family planning clinics. "Acceptors in 1968, approximately 55,000, the majority choosing orals or IUDs. Limited therapeutic abortion is legal; rate of illegal abortion is high."(73) The growth rate is only 1.4 percent per annum, so emphasis is on contraceptives so as to avoid abortion.

Barbados (73)

No government program but the Family Planning Association receives government financial support. Family Planning Association founded in 1955 and they became an International Planned Parenthood Federation member in 1957. The association has 14 clinics and three mobile units. Acceptors in 1969: 2,363, approximately 39 percent orals, 59 percent vaginal methods, 2 percent intra-uterine device. Fall in birth rate from 32.5 per 1,000 per 1,000 in 1950 to 20.0 in 1969. With advice of Sex Information and Education Council of the U.S., Family Planning Association is to introduce sex education programs in the schools. Barbados is Caribbean center for family planning."

Bolivia (81)

According to Keller and Giraldo (81) "the introduction of family planning in Bolivia cannot be accomplished, at present (1968) as an isolated program. It will find acceptance and relevance only in the context of already perceived health needs. The program can, however, proceed at the same time that the essential groundwork is being laid and the integration of this service with the overall health program is being accomplished." Proposed are (1) an organization involving the Ministry of Health and the Colleges of Medicine in a coordinated program of education and community projects; (2) establishment of Departments of Preventive Medicine with augmented curricula, including family planning; (3) a Department of Family Protection of the Bolivian Ministry of Health, (this department is planned to integrate the maternal and child health services and family planning; (4) Centro Nacional de Familia (CENAFa). This agency will serve to review and advise with regard to the coordination of all related projects and programs.

Brazil (8) (73)

No government program. Family Planning Association founded in 1965, International Planned Parenthood Federation member in 1967. By 1970 had 50 clinics. Acceptors in 1968: 19,859, 33% intra-uterine device, 64% orals. Abortion illegal and rate of abortion high. Assistance from International Planned Parenthood Federation, Ford Foundation, Population Council, Pathfinder Fund, Oxfam, Church World Services, World Neighbors. (73)

In Brazil, a private organization, the Sociedade de Bemestar Familiar (BEMFAM) has been carrying out family planning activities since 1965. The organization was reshaped in 1968 so that the previously autonomous local clinics came under the administration of a central office in Rio de Janeiro. From mid-1970 to mid-1971 BEMFAM established sixty clinics, gave contraceptives to 80,000 women, and had a total of 507,000 consultations. A total of 164,961 contraceptives were distributed of which 37,978 were intra-uterine devices.

BEMFAM, in cooperation with university medical schools conducts clinical research and experimental programs, and it offers monthly training courses for medical and paramedical personnel and other interested people. In September 1966, it sponsored the first family planning congress in Brazil. BEMFAM also has signed agreements with mayors of two important industrial cities for the development of cooperative projects on family planning.

In 1971 BEMFAM signed agreements with the state governments of Rio Grande do Norte and Pernambuco to provide family planning services in state-supported facilities.

By federal decree, in April 1971, BEMFAM became a federally recognized "utilidade publica", somewhat similar to a U.S. nonprofit tax exempt organization, but with wider ramifications.

Several agencies have supplied funds and other assistance to the BEMFAM program." (8)

Chile (8)(26)(62)(66)(73)(146)(159)

Family planning activities in Chile date back to 1938 when contraceptive services were first offered in Santiago. (8) But the Chilean government has never attempted to sponsor a population policy to cope with problems of population growth. The earliest formal statements by the National Health Service on family planning explicitly state that its program is not aimed at birth control. In the document published by the National Health Service in 1967 relating to its policy and programs on fertility regulation, the aims specified are essentially health aims..." (62) Strangely the lowered birth rate is the result of

a large number of induced abortions, and for this reason the Association for the Protection of the Family was formed in May 1963. It is now the leading agency for family planning.

The International Planned Parenthood Federation (73) reports: "Government program since 1967. Family Planning Association founded in 1962. International Planned Parenthood Federation member 1963...By early 1970, 173 government and 13 Family Planning Association clinics. Acceptors in January-September 1969: 89,962--approximately 33 percent IUD and approximately 15 percent orals...Therapeutic abortion legal and high rate of illegal abortions." The World Health Organization (159) lists 29 projects in Chile, not one of which relates to family planning. As in most countries CARE (66) is interested in nutrition but in Chile in relation to "400 functioning day care centers.." The United Nations Fund for Population Activities supports activity "for the strengthening of family planning within maternal and child health."

Columbia (8)(26)(73)(102)(159)

The Columbian Association of Medical Colleges is not only interested in improving medical education but they also formed a Division of Population Studies in response "to the deep concern of the medical leadership about the deleterious effects of population growth on health. They decided that this was not so much a political, moral, or religious problem, as it was a health problem and that it was their professional responsibility to take appropriate steps " (26)

The brief review by the International Planned Parenthood Federation (73) says: "Government program since 1967. Family Planning Association founded in 1966, IPPF member 1968. Columbian Association of Faculties of Medicine contributes to training and research, with government grant. In mid-1970 31 family planning clinics as well as government services. Acceptors in 1969: 43,466 80 percent IUDs, 11 percent orals. Family Planning Association provides sterilization services. Rate of illegal abortion is high. Family Planning Association runs regular courses in sex education.

U.,S. Agency for International Development reports that "The Ministry of Health maternal and child health program, including family planning has been extended to 500 health centers. These clinics provide comprehensive maternal and child health care, as well as family planning services."

The Pan American Health Organization is also interested in "delivery of integrated maternal/child health/family planning services for urban and rural areas..."(102)

Of 24 projects listed by the World Health Organization in Columbia (159) only one related to the subject of this report: Columbia 4,900 health and population dynamics. To extend maternal and child health care, including family planning, to rural areas.

Costa Rica (8)(94)(120)(159)

In 1967 Costa Rica began a national family planning program and a Population Office was established in the Ministry of Health. In an attempt to integrate various government and foreign health care programs, in 1970 the Population Office was placed in the maternal and child care division of the Ministry. Most government health facilities now offer family planning services (8, 94) Oral contraceptives are most widely used and some IUDs. The Ministry of Education sponsors a training program for high school sex education teachers. The active Costa Rican family planning association affiliated with the International Planned Parenthood Federation since 1967, conducts broad informational programs by means of radio, television, the press, and printed material for all family planning/population programs. (8)

Family planning training is the responsibility of the Centre of Social and Population Studies of the University of Costa Rica. (73)

Dominican Republic (8) (73)

The Dominican Government's involvement in family planning began in 1967, when it incorporated family planning services into the maternal and infant care program. In the following year, it established a National Council on Population and Family Planning to determine national population and family planning policies. Since inauguration of the first government clinic in 1969, the Dominican Republic has seen a rapid increase in the availability of family planning services. By mid- 1971 the number of family planning clinics had grown to forty, these being in the more highly populated centers.

All services of the government clinics are provided free, including Pap smear tests. Intra-uterine devices and oral contraceptives are offered by the clinics, with slightly below 50 percent of the patients accepting the intra-uterine device. More than 70 percent of the patients are below 30 years old.

The Dominican Republic also has a private Association for Family Welfare, which was created in 1966 and in 1969 became the only private organization to be represented on the National Council. That same year, the Association's application for International Planned Parenthood Federation affiliation was accepted. The

Association works closely with the government program, primarily on information and education activities. It also operates two clinics as pilot projects in Santo Domingo, which also train staff.

The National Council on Population and Family Planning and the Association are jointly developing an intensive information and education program, using press, radio, and television; lectures and seminars; and posters, bulletins, pamphlets, and other literature. Intensive training courses are held throughout the year for all medical and paramedical personnel, both private and governmental, involved in family planning clinical services. (8)

Government program since 1968. Family Planning Association founded in 1966, International Planned Parenthood Federation member 1969. Cooperates with government to provide family planning services within Maternal and Child Health Service. Family Planning Association runs two clinics and government ten (1969). Acceptors in 1968: 4,203 intra-uterine device most popular method. Institute of sex education runs large number of courses. High abortion rate." (73)

Ecuador (8) (73)

Although there is no official national family planning program in Ecuador, a number of government and private organizations are providing family planning education, training and services, and the Department of Rural Health and Population under the Ministry of Health is beginning to provide family planning service as part of an integrated health program. By 1976 a total of 115 clinics are to be opened, staffed, and equipped for family planning (8, 73). An active family planning association formed in 1965, operates four clinics, assists in the operation of 16 others, and conducts training programs. The Women's Medical Society has a nationwide program of education and family planning services through the national Civil Police Force. The Armed Forces provide family planning services to military personnel. The Ministry of Social Welfare has initiated a five-year program which includes family planning education. (8)

El Salvador (8) (73)

The government of El Salvador has an official family planning program. Seminars have been held with Catholic and Protestant leaders. The number of new patients coming to family planning clinics is increasing. Three agencies offer family planning services at 133 clinics throughout the country: Ministry of Health (MOH) 92; the Salvadoran Social Security Institute (ISSS) 29; the Salvadoran Demographic Association (SDA) 12. In 1968 the MOH adopted a five-year program under which it has institutionalized family planning clinical services within most of its countrywide network of health installations by opening new services and by accepting gradual transfer of clinics previously operated by the SDA.

The SDA is a non-profit entity organized in 1962 to promote and support population activities. It trains all health personnel needed in the family planning clinics. At its regional training center, it gives year-round practical courses for medical, paramedical and leadership personnel from Central American countries. It also conducts a broad educational program using mass media facilities, and conducts research and special studies.

The ISSS now offers family planning services in 20 clinics. ISSS has a cytology laboratory that provides laboratory examinations for its patients and some SDA patients.

Several international agencies give assistance to the three programs whose activities are coordinated through a National Coordinating Committee whose members come from the three organizations. (8)

Government program initiated in 1968. Family Planning Association founded in 1966, International Planned Parenthood Federation member 1969. Runs 31 clinics, government provides family planning services in 60 clinics and 4 Social Security Clinics. Acceptors in Jan-June 1969: 10,440 29% intra uterine devices and 68% orals. Abortion and sterilization are legal. Is planned to introduce sex education into regular school curriculum. Assistance from International Planned Parenthood Federation, U.S. Agency for International Development, Population Council, Swedish International Development Authority, Pathfinder Fund and Church World Service. (73)

Guatemala (8)(73)

Under Guatemalan law, the Ministry of Health is responsible for all family planning services. All health centers (70) and regional hospitals (6) now offer family planning services as an integrated part of maternal and child health care. The private Family Planning Association, an International Planned Parenthood Federation affiliate founded in 1962, also operates nine family planning clinics. It offers seminars on human development and population education.

The Ministry and the Association jointly staff an integrated Office of Education, Training and Promotion. The office develops promotional materials such as radio jingles (Spanish and ten Indian languages), television spots, posters, and teaching aids. It provides training for medical and paramedical personnel, social workers and health promoters. There is an increasing public demand for family planning services. Guatemala City clinics are functioning to the saturation level. Several agencies provide assistance to the family planning program through financial grants and clinical studies and the supply of equipment. (8)

Government program since 1969. Family Planning Association founded in 1962. There are thirty-nine government, four Family Planning Association, and three private clinics. Acceptors in 1968 numbered 9,591. Orals are most preferred. Family Planning Association provides sex education for school groups. It is planned to coordinate government and Family Planning Association activities in this field. (73)

Guyana (159)(73)

U.N. grant to Pan American Health Organization to develop a maternal and child health program that includes maternity care, care of infants and young children, school health services, and education toward family life and responsible parenthood. (159)

No organized family planning activities. Services provided by one hospital clinic and a few private doctors. Assistance from the International Planned Parenthood Federation. (73)

Haiti (8)(94)(95)

The Haiti government set up a department for family planning in the Social Affairs Ministry in 1964 and announced a national program in 1969 to expand services with the aid and guidance of the Pan American Health Organization. Thirty family planning association, private and missionary clinics offer family planning services. The IUD is generally the preferred contraceptive method, although orals are not always available (8, 73)

Honduras (8) (94)(73)

CARE provides a travelling family planning education unit to the Honduran Family Planning Association(HFPA) to assist in its program of nationwide family planning education. The HFPA, a private organization is responsible for the promotional and educational aspects of the government's national family planning program. Since 1963 2,600 women have used the services offered by the HFPA. The program hopes to induce 5 percent of the population to accept family planning methods; this is the minimum needed to produce a measurable effect on the birth rate. (94)

The Government of the Honduras has had a national family planning policy since 1966. The recently installed government has not declared a national population policy. There is no general government recognition of the effect of rapid population growth on the achievement of economic and social development goals.

At present 25 Ministry of Health family planning clinics are in operation throughout the country. Seventy-one persons were provided out-of-country training, principally at the University of Costa Rica. In-country training consists of seminars to physicians nurse groups, teachers, labor leaders, etc. The government coordinates its educational activities with those of the Honduran family planning association which was organized in 1963 and is

affiliated to the International Planned Parenthood Federation. The Association is responsible for mass communication programs, seminars, discussions, lectures to the public and to professional groups. (8)

In 1968 there were 3,008 acceptors of family planning practices, 75 per cent preferred orals. Therapeutic abortion is legal. (73)

Jamaica (27)

A health center is planned to provide an integrated curative and preventive medical service to the public. Total child care, including immunisation programs, nutrition programs and the control of parasitic infestation should be a priority and would demand the service of public health nurses. Antenatal clinics, fertility clinics, and family planning opportunity should be available to the community. (27)

Jamaica incorporated a strong national population/family planning policy statement in its first five-year plan in 1962 when it became an independent nation. A family planning unit was established in the Ministry of Health in 1966, followed by the creation of a semi-autonomous National Family Planning Board in 1967. The government's objective is to lower the island's birth rate from 40 per 1,000 in 1966, to 25 by 1976. This is to be accomplished by intensive education combined with wide distribution of clinical services. The government continues to give strong support to the program, as evidenced by substantial budget increases each year.

There are 160 family planning clinics serving urban, rural, and remote areas in the 14 parishes, but many are open only half days, once or twice a week. The National Family Planning Board plans to develop at least ten full-time clinics in major towns in 1971-72.

The Jamaica Family Planning Association, a member of the International Planned Parenthood Federation, works in cooperation with the National Board. The Association's efforts are directed toward stimulating favorable attitudes and activities of religious and community leaders, groups and health committees. Because of a serious doctor shortage, the National Board is placing greater responsibility on senior clinic nurses for performing examinations, inserting intra-uterine devices, and other duties under the direction of the parish health officers.

Though attitudes have not been adequately researched, Jamaican women generally have been receptive. Targets for new acceptors have been reached each year but the high drop-out rate

is causing concern. Jamaican males are known to have a negative effect on the program and a study is planned to more precisely determine this effect. Motivational efforts at parish levels are being increased. The Planning Board is giving high priority to training in 1971-72. (8)

Nicaragua (8) (94)

Nicaragua has had a national family planning program since 1967 when the Ministry of Public Health established an Office of Family Welfare within the Maternal and Child Health Program. The agency is charged with coordinating the activities of the Ministry with all other family planning programs. Two other groups have also been involved in family planning activities; one, the National Social Security Institute established a family planning service in its clinics following a study on induced abortions. During 1970, the Ministry of Health program was expanded to 60 health centers. In the educational field, a National Council has been established to evaluate the present situation regarding sex education and to prepare a national educational program. The Ministry of Health family planning program conducts training courses for program personnel. (8)

Five family planning clinics sponsored by the National Institute of Social Security: in response to the request of many beneficiaries of the Social Security system, the INSS began its family orientation program in July 1969. The majority of workers did not have access to family planning since they are too poor for the services of a private physician, but too wealthy to qualify for the family planning services of the Health Ministry. The program will begin the medical phase with the opening of family planning clinics. (94)

Panama (8) (73)

Panama's interest in family planning began in 1966 when the Panamanian Association for Family Planning opened its first clinic. When the Ministry of Health began developing a nationwide family planning program in 1968 the Family Planning Association turned its clinics over to government management and concentrated its efforts on information and education. The Ministry of Health is adding fifteen new clinics to the twenty already established and is sponsoring wide media publicity encouraging family planning participation. (8) The government and family planning association conduct training programs and train sex education teachers. (73)

Paraguay (8)

The Paraguayan Center for Population Studies is Paraguay's first active private institution in the population/family planning field. It was established in March 1966 with assistance from the International Planned Parenthood Federation. In July 1969 it became a member of the IPPF. New acceptors served during 1970 totaled 4,210. The Ministry of Health has four clinics in operation and projects a total of 13 or more for fiscal year 1972. New clinics are being set up in various parts of the country as part of the Maternal and Child Health and nutrition programs.

The Paraguayan Center for Population Studies is the most specialized center for in-country training in family planning. Since 1968 it has provided such training for doctors, nurses, social workers and university personnel. In addition, it sponsors seminars and forums. It has also initiated an adult education program. The program aims to promote family planning, responsible parenthood, and sex education among couples from low income areas with high birth rates. (8)

Trinidad and Tobago (8)(18)(26)

Struggling against religious and government opposition and lack of community support, the family planning movement began in 1956, organized in 1961, operated three urban and two rural clinics by 1965, and finally by 1967, won popular support and government backing in the form of a national family planning program. A population Council was appointed to coordinate all family planning activities in the country under the Ministry of Health with a primary goal of reducing the birth rate to ca. 20 per thousand by 1977. The National Family Planning Program is a collaborative effort of government, the family planning association, and the Catholic Marriage Advisory Council, and it provides administrative organization, centrally and locally, family planning clinics, training of personnel, and community education through mass media, group education and individual counseling. The program adopted family planning association record-keeping forms and procedures for purposes of research and program evaluation. (18)

ASIA

Afghanistan (8)(66)(73)

Afghanistan's support for family planning services began in 1968 when the Afghan Family Guidance Association (AFGA) was created. The AFGA is a semiofficial body with board members elected by the general assembly of the membership of the Association. The Afghanistan government has steadily expanded its interest and participation in the family planning program. The government is including family planning services in the fourth five-year plan, which will be implemented in March 1972. Family planning services are expected (emphasis added) to be incorporated into the health services of the maternal and child health, maternity, and basic health centers. (?)

The reluctance of the Ministry to spearhead the drive for family planning is noted in the account (8) by such wording as "assisted by allowing AFGA the use of its health facilities for family planning and allowing Ministry of Health personnel to assist." But there is hope for future integration for "the Ministry of Public Health not only is incorporating family planning into its health services, especially in its maternity services and maternal and rural clinics, but also has pledged the construction of 65 public health centers."

The CARE nutrition program was inaugurated in Afghanistan with a Memorandum of Understanding officially acknowledged by the Ministry of Health. CARE has from the beginning recognized the close relationship of nutrition, family planning, and Maternal/Child Health, and in this case, "the specialist also investigated ways of linking the nutrition program more closely to family planning and maternal/child health related activities." (66)

According to the International Planned Parenthood Federation report for 1971 the Afghanistan government actively supports the Family Planning Association (FPA) which was founded in 1963. There is also an Afghan Women's Welfare Society. The FPA had ten clinics and 10,731 acceptors as of May 1970. FPA was also developing a sex education program. (73)

Burma (45)(134)(159)

All three documents agree that although Burma has developed an effective public health organization "completely integrated health service from the top to the lowest rung", there is no family planning although a Family Planning Association was founded in 1960. No family planning is expected until there is a change in national policy.

Ceylon (8) (73) (84) (85) (149) (159) (170)

The Family Planning Association was established in 1953 and received its first government grant the following year. Ten years later it had 155 clinics operating throughout the country and had stirred widespread interest in family planning. In 1955 the government added family planning to the Health Ministry's Maternal and Child Health Services and began assuming operation of these clinics. (8)

Government program since 1965. Target to reduce birth rate to 25 per 1,000 and growth rate to 1.7% by 1975. Family Planning Association founded in 1953. International Planned Parenthood Federation member 1954. Government and Family Planning Association clinics total 435. Acceptors to end of 1969: 160,000--51% orals. Birth rate decreased by 20% between 1953 and 1968. Plans for sex education. (73)

World Health Organization reports activity in improving Maternal/Child Health, assessment and strengthening of health education in family planning; and in the promotion of family health as an integral part of the general health services. (159)

Dr. Kinch (84, 85) reports on the Sweden-Ceylon Family Planning pilot project. The countries agree to cooperate in order "to promote and facilitate a pilot project in Community Family Planning" and to "institute a nationwide program on the basis of experience from pilot areas." All birth control methods are available at the clinics and supplies are furnished at a nominal charge.

An extensive study was conducted by a United Nations Inter-agency Mission and reported under the title of "Family Planning Evaluation Mission to Ceylon." (149) The report covers in detail the material briefed above and reports: "Considerable evidence from more than one source indicates that fertility in Ceylon, in terms of the crude birth rate and gross reproduction rate, as well as marital fertility rates in the peak ages of reproduction, has been declining in the last decade." But prior to the May 1970 elections there was a concerted drive against family planning by the Buddhist community on the grounds that it would "be exploited by non-Sinhalese to upset the existing ethnic constitution of the population." This led to a change in the name from "Family Planning Bureau" to "Maternal and Child Health Bureau" and also a change in emphasis to health rather than limitation of family size.

Wright (170) notes the slow performance of the program and says: "Like many family planning programs in developing nations the responsibility for the Ceylon program has been delegated exclusively to the Ministry of Health and integrated with its maternal and health services...The outcome has been low priority for family planning work in the field."

China, People's Republic of (49)(50)(73)

A most detailed report on Health and Family Planning Services in the Chinese People's Republic (50) paints a glowing picture of life in the People's Republic with excellent health and family planning programs for everyone. Family planning is a special responsibility of a specific organization called the "Family Planning Committee which is associated with the various communal factory and neighborhood unit hospitals. This committee is a combined organization of Party members and medical personnel." The presence of the "party member" undoubtedly helps to convince the people that two children is the ideal number! Family planning in China is considered to be an aspect of maternal health generally provided in connection with prenatal and postnatal care. "Family planning is achieved in China through the use of four kinds of fertility control: late marriage, abortions, use of contraceptives, and sterilizations. Of the four, late marriage clearly has the greatest demographic impact..." Chairman Mao has asked that women postpone marriage until at least the age of 23 and men until after 26 years of age, and it is quite evident that his request is respected. In China induced abortion is performed free on request and almost 100 percent of early abortions are done by vacuum aspiration. Seven different types of IUDs are currently used and three types of oral contraceptives are prescribed. Tubal ligation is also very widely used.

In the International Planned Parenthood Federation report, the People's Republic of China was reported as follows: "Government programme since 1957. Target in 1964 was to reduce growth rate to 1 per cent by year 2,000. All methods of family limitation, including raising the age of marriage. Family Planning a part of maternal and child health and is taken to rural areas by "barefoot doctors". Abortion legalized in 1957. Massive family planning education campaign."

China (Taiwan)

The family planning movement in Taiwan was first organized in 1954 and achieved unofficial recognition from the government by 1964, but it was not until 1968 that the government assumed responsibility for a national family planning program. (35) By 1970 the program had contributed to reducing the rate of population increase from 3 percent in 1963 to 2.3 percent, with a goal of 2 percent by 1973. "During 1969, the Institute of Family Planning was established under the Provincial Health Department to administer and evaluate the program." (8) The program owes much of its success to a series of pilot undertakings, basic studies, and surveys. Experience obtained through these studies has been quickly applied in the actual operation. Having a unit to evaluate the operator's continuously has proved most useful." (69) In addition to the broad use of mass media and other public information approaches, special efforts have been made to orient, educate, and organize all public health workers, and local and county government staff to broaden the family planning program and to integrate it into as many government activities as possible. (123) By 1971 at least 44

percent of 1.8 million eligible couples were protected by some form of contraception. The key to this success is the "full-time field worker who identifies the most likely contraceptive acceptors through Taiwan's superb household registration system... (80) The IUD is the most widely used method, but orals are gaining in popularity and, recently, the reintroduction of condoms into the program has proved surprisingly popular. (8)

Hong Kong (8)(48)(26)

Although there is no official government family planning program in Hong Kong, the family planning association carries out a nationwide program with increasing financial support from the government since 1955. (48) The impact of the Association's broad program is reflected in a decline in birth rate from 36/1,000 on 1960 to 29/1,000 in 1970 (8) and in a decline in infant mortality rate from 66.4/1,000 live births to 24.9/1,000 between 1955 and 1966 (26) Government support has now reached about 40 percent of family planning association expenses and the Medical and Health Department permits the association to hold clinics in the Maternal and Child Health centers and hospitals. The Social Welfare Department assists the family planning association in conducting its training programs. (48) The Family Planning Association publicizes broadly in mass media and other public information media.

"Hong Kong has the special problem of heavy immigration contributing to the population growth. Refugees make up about one-fourth of the population." The Government's Resettlement Department--responsible for the accommodation of more than one million people--also provides family planning clinics for the Association. Altogether 54 clinics have been established and are now operating. Among new patrons, oral contraceptives are most popular because of their low cost and wide availability without a prescription. (8)

India (8)(40)(120)

India's need for birth control has been recognized, both by its national leaders and experts, as well as the common people. But the response from the latter group was delayed, and is still varied in its depth at various sectors of the population.

India's population growth has reached alarming proportions. The country social customs, religion, and culture have encouraged the people to over-procreate from time immemorial. Indians have preferred to have many children, because few used to survive, and a male child is considered an asset and a social security in old age.

Family planning in India has been taken as a major national program both at the central and state government levels. Maternal/child health services have been established all over the country and now almost all the villages are reached. These clinics not only give advice on antenatal and postnatal care of mother and child, but also distribute free milk, vitamins, together with advice on family planning and instruction.

Some of the pressing reasons why the population needs to be controlled in India are: (1) Ill health of mothers; (2) high infant mortality; (3) large number of social inadequacies; (4) poverty and its consequences; (5) unemployment.

Some of the factors which contribute obstacles to the use of contraceptives are: (1) A low standard of living and education; (2) food habits; (3) cost of contraceptives; (4) lack of understanding; (5) exploitation by religious, and other groups who are against the use of contraceptives; (6) emotional problems; (7) lack of privacy in over-crowded homes; (8) doubtful efficiency of contraceptives; (9) moral grounds.

Surveys carried out on the attitudes of the people toward birth control indicate that: (1) there is considerable ignorance in the slum population about the exact nature of birth control (2) the age group between adolescence and middle age is more in favor of birth control, than any other; (3) there is more reluctance and resistance to family planning among the illiterate; (4) methods of birth control preferred are: 33% the rhythm method; 15% sterilization of the female; 3% sterilization of the male; 2% mechanical methods; 4% a combination of methods; 20% do not favor any method.

Family planning education and communication programs aim at motivating and educating the people about the need for family planning. (40)

To overcome the twin problems of malnutrition and population a concerted approach is needed rather than compartmentalized programs. (120)

India boasts the world's oldest family planning program. During 1971 the Indian Government increased its expenditures on family planning by 22% over the previous year. It is the aim to reduce the birth rate 40% by the end of this decade. In expanding its program, India is emphasizing improvement of family planning delivery services, increased training, research and evaluation, better staffing and equipping of existing facilities, and expanded maternal and child health care. The Indian Parliament has liberalized abortion laws which may give a significant impetus to the government's efforts in the health and family planning field. However, the provision of requested abortion services now poses a big challenge to the government

Nongovernmental organizations too have accelerated their activities. A new organization is the Family Planning Foundation--a fund raising and granting institution to channel private and governmental funds to the family planning programs of private organizations. The foundation was capitalized by a group of Indian industrialists. Also new to the field of family planning is the Indian Population Council which was created to focus attention of the business and intellectual communities on family planning.

The family planning program has established 41,780 centers and has 863 mobile units. In addition, more than 9,000 medical and other institutions engage in family planning work. These clinics provide sterilization, IUDs, and condoms. In India 60 percent of the government supplied contraception to date has been through sterilization, and the number of people accepting this method in recent years totals over 8 million. The IUD is another major method of contraception. Oral contraceptives are available to those able to purchase them through commercial channels, but have not been made generally available in the family planning program. Research is underway to develop an indigenous pill.

It is estimated that the program prevented about 2.7 million births in 1970-71. Policy makers feel that there is no substitute for public education, information and efficient services, including followup. Mass media publicity includes regular newspaper and magazine articles, broadcasts by all the leading radio stations of family planning information and speeches by noted personalities.

New legislation is being considered to raise the marriage age to 18 for girls and 21 for men. Some states have passed legislation affecting family size. For instance, Madhya Pradesh and Maharashtra limit free government medical help to families with three children or less.

Several overseas organizations and governments provide assistance to the Indian family planning program. (8)

Indonesia (8) (133)

Although Indonesia, the sixth most populous country in the world has a growth rate of 2.7 to 3.0 percent annually, political and cultural conditions prevented an active government role in family planning. Since 1957 the Family Planning Association has organized a vigorous campaign and in 1965 began to receive government cooperation (8), but as late as 1970 only 13 percent of the masses had heard, even superficially, about family planning and 82 percent remained ignorant. (133)

Late in 1970, however, effective leadership was appointed to the newly established National Family Planning Coordinating Board and the Board began implementation of a national five year (1971-75) family planning program, "which calls for six million acceptors and operation of 3,000 family planning clinics by the fifth year of the program." (8) By the middle of 1971 1,800 clinics were operating. The government is "concentrating its initial thrust on the densely populated areas of Java, Madura and Bali; it will gradually extend services to the outer islands." (8) Indonesia has no legislation against birth control, and the once high import duty on contraceptives has been abolished.

Iran (8)(127)

The government of Iran began a national family planning program in 1966 with the establishment of a High Council of Family Planning in the Ministry of Health. (127) By 1971 more than 1,300 clinics were offering family planning services in urban and rural areas, with a third of the clinics directly supervised by the Ministry of Health. However, the Health Corps and twenty other government and private organizations are involved in administering family planning programs in two-thirds of the clinics and "with so many groups as well as private physicians offering services, the problems of national coordination and administration mount... There is a growing need for demographic and social research" as well as program evaluation. (8)

Some thousands of young men serve 18 months of their two-year armed forces service in a Health Corps, a Literary Corps, or a Rural Development Corps, and a Women's Corps has now been added. "The outlying areas of Iran now benefit from an augmented local or mobile staff who provide health services and family planning, rural teachers, and work in agricultural development. (126) "These young, energetic and trained workers make it possible for Iran to reach out to the villages on a person-to-person basis without intensive use of mass media."

Iran's family planning program depends largely on oral contraceptives, although IUDs and conventional contraceptives are becoming increasingly available. A massive educational program has been launched and sex education is being taught in grades 6-12 with programs being developed for the primary grades. The government has set an ambitious goal of 1 percent per year population growth within twenty years. (8)

Iraq (73)(146)(159)

Public health services, and in particular, maternal and child health facilities where these exist, represent the best framework for initiating family planning activities. Currently most U.N. Fund for Population Activities assistance in family planning seeks to strengthen the delivery of services within maternal and child health. Projects of this kind are underway in Iraq. (146)

Family Planning Association formed October 1970. Plans to establish four clinics in three university cities. (73)

World Health Organization assistance in the field of family planning is available on request and is directed either to the development of health aspects of family planning or to the integration of family planning activities into health services, usually those concerned with maternal and child health. Seminars on the teaching of maternal and child health and family planning in medical schools were held in Iraq. An inter-regional conference on the integration of maternal and child health services, including family planning, into basic health services was held in Cairo in 1971. (159)

Japan (98)(99)

Japan experienced a sudden population increase immediately after the last war. Defeat in the war meant an extremely difficult time for the general public. Faced with adverse economic conditions people did not take long to recognize the necessity of birth limitation. Thus, concern over the country's overpopulation and its inevitable relation to the nation's economic future came to the fore, and awareness of the need for birth limitation rose spontaneously among the people. In 1946 and 1947 newspapers and radio programs took the lead in discussions about population problems.

In 1952 the Ministry of Health and Welfare introduced programs explicitly designed for the promotion of family planning. In directives issued by the Bureau of Public Health, three levels of family planning education of the general public were indicated; general education in the principles of family planning to be administered mainly by the central and prefectural governments; group education designed for small groups of people to learn about various techniques of contraception to be carried out mainly by local health centers and family planning instructors; and individual education, which provides an opportunity for a detailed personal consultation about contraception with family planning instructors. In 1955, the government introduced a revised approach on two points: (1) since there was a strong demand for more practical information about techniques of family planning, it was felt necessary to strengthen the technical information service; and (2) a number of couples could not afford to purchase contraceptive materials. The government therefore provided a subsidy from public funds whereby the necessary materials could be obtained either free of charge or at half the usual cost. As a result, the family planning promotion service for the economically disadvantaged has become a major component of the program

The nation's birth rate declined rapidly to a level below 20. Though the government sponsored programs had done something, in general it may be said that the low level of fertility had been brought about by the people themselves. Since 1953 family planning education has gradually become an integral part of the health and welfare services offered by large industrial establishments to their employees. The programs undertaken by private industry have been more successful than any others including those conducted by the government.

The influence of mass communication in the promotion of family planning has been really great in Japan. Japan offers a unique example of how rapidly the birth rate can be brought down. (98)

Population growth has been a subject of widespread concern in Japan since early in the century. The population problem in relation to the food supply and the level of living motivated people to attempt on their own to limit family sizes, especially after World War II. Declines in both birth and death rates began in the 1920s. Fertility performance, aside from infertility problems, is now under complete voluntary control. The rate of natural increase is at present slightly higher than 10 per 1,000 population and is expected to decline further. Japan has no official government policy on population growth, however, government actions have notably influenced family limitation practice. The Eugenic Protection Law (1948) permitted performance of abortions by private physicians for reasons of maternal health and economic necessity. (99)

Jordan (94)

CARE initiated a number of specific family planning projects, one of which was for Jordan where they provided technical equipment to the Family Planning Program of Jordan for use in its clinics. Equipment consisted of medical sterilizers and gynecological tables.

Khmer Republic (159)

Of the ten projects reported by WHO for the Khmer Republic only one is in any way related to the subject matter of this report, and it deals with a national nutrition service and is supported out of the regular budget. The work of the project is to be continued "under the family health advisory services project."

Korea (8)(159)(116)(123)(171)(172)

Dr. Robinson (116) believes that although family planning has gained a great deal of impetus in Korea, "in order for it to become an integral part of the Korean way of life it must fit into the maternal and child health services of the country." With this in mind he started (1963) at Severance Hospital in Seoul an effort to interest women in hospital delivery or trained assistants for

home delivery, with the idea of interesting them in family planning at the most opportune time (post partum). It is interesting to note that from family planning the program developed into the Community Health Service Project associated with the Yonsei University College of Medicine. (1965)

WHO (159) reported in 1971 that they had provided "advisory services in the field of maternal and child health to the Republic of Korea; day-care centers were also established or expanded in Korea; but no mention was made of any assistance in family planning.

Under the Project List of WHO (159) UNICEF sponsored a maternal and child health advisory service with the aim "to develop and strengthen maternal and child health activities as part of the general health services, to integrate family planning into the services..." There was a rather strange report of evaluation of the program (1969-71): "The project was successful in increasing the numbers of mothers and children reached by the health services and in improving the preparation of the staff, although in the rural areas (only area surveyed) the family planning aspects of their work did not develop as fully as had been planned."

Korea has a most active family planning program at a national level. Reports for the years 1964 to 1968 appeared in Numbers 6, 10, 19, 29, and 41 of Studies in Family Planning. The present report in Number Forty-five (123) and points out that Korea has a successful program with a multiple approach: IUD, pill, vasectomy and condoms as the major contraceptives.

A strong voluntary organization, the Planned Parenthood Federation of Korea was established, and family planning as a national policy was adopted in 1961. Actual implementation of the program and activities began in 1962. (171)

Thirty-two percent of the health budget is set aside for family planning. Most of the remaining budget is for the maintenance of leprosaries, sanatorias, mental asylums and national hospitals. Little remains for maternal and child health work at the national level. (171)

In Korea, the main responsibility for the national program was placed with the Ministry of Health and Social Affairs, and in 1963 the responsibility for the family planning program was given to the maternal and child health section of the Ministry...Because of this (low level status) the Planned Parenthood Federation of Korea was required to carry on most of the government programs during the first few years and has since been called up to supplement the government in its program of training, production of educational materials, program evaluation, and international cooperation. (172)

Kuwait (73)

Government favors provisional family planning within the Maternal and Child Health service.

Loas (146)

Believing that the best framework for initiating family planning activities is through maternal and child health facilities where they exist, the United Nations Fund for Population Activities supported assistance to Loas to strengthen the delivery of these services. In most instances assistance includes advisory services, training, vehicles and equipment, and contraceptive supplies.

Malaysia (8) (93)

The Malaysian Parliament adopted an official family planning program by passing the Family Planning Act in 1966. The program goal is to reduce the population growth rate from 2.9 to 2.0 percent by 1985. "The government's program is administered by the National Family Planning Board, which has wide-ranging representation from the government, voluntary family planning groups, trade unions, Chambers of commerce, and religious and medical associations. (8)

Private doctors are also encouraged to participate in the national program by (a) joining training programs on the use of IUD, pill and vasectomy; (b) ordering free supplies of patient information material; (c) obtaining supplies of low cost pills or free IUDs from the National Family Planning Board; and (d) accepting patient referral from the National Family Planning Board. (93)

The government is concentrating its efforts in the 11 states of West Malaysia while the Family Planning Associations carry out programs in Sarawak and Sabah, assisted by the International Planned Parenthood Federation. Generally all contraceptive methods are available, but 90% of clients at government clinics choose pills.

Mongolia (159)

There were fifteen projects of interest to WHO reported in 1971. One of these related to Maternal/Child Health services, supported by United Nations Development Programme, Technical assistance component and was "to develop the maternal and child health services and establish referral facilities. Another, supported out of WHO general funds had exactly the same wording as to mission and obviously was joint support. Neither mentioned family planning.

Nepal(42) (136)

The Nepal Family Planning Association was organized in 1958 and government support was obtained in 1965 when the Family Planning and Child Health Project began. There is little religious opposition to contraception among the Hindu and Buddhist population, but there is a strong cultural and economic desire for sons, with 95% of the population involved in agriculture. Induced abortion is illegal in Nepal, but family planning groups want to improve health facilities and practices before attempting to change laws or attitudes towards abortion.

The government family planning program has concentrated its efforts on training paramedical personnel and integrating family planning with maternity and child health care. "Primarily these paramedicals run the family planning clinics, prescribe pills, prepare patients for vasectomies and IUD insertions, distribute condoms, and do some home visiting."

Because of Nepal's high child mortality rate, the government has stressed services for present children. The Family Planning Association funded by the International Planned Parenthood Federation is setting up clinics with emphasis on birth prevention.

A comprehensive educational and motivational program is a strong point of Nepal's total family planning program in a country with mountainous terrain, few roads and less than 10% literacy. A weak point is that 98.5% of the Family Planning Association budget is funded by the International Planned Parenthood Federation and 76% of the government family planning program is financed by U.S. Agency for International Development. (136) There is also need for widescale follow-up and evaluation. (42)

Pakistan

In view of the high rate of population growth, Pakistan doubled its family planning allocation in its fourth five-year plan (1970-75). However, due to recent events, the literature can do little more than reflect current trends in West Pakistan. At the end of 1971, Pakistan's family planning program showed declining results probably due to more realistic reporting as well as political upheaval and natural disasters. Program changes have been made based on what was learned during the third Plan. A national postpartum program and training, research and evaluation centers have been set up, and a shift has been made from dependence on the illiterate dais as the primary family counselors to two-person, male-female teams. Sterilization has been surprisingly popular in this male-oriented Moslem society, and IUDs have been distributed widely. Orals were not used during the third Plan because of high cost but are being made increasingly available. A Family Planning

Association was created in 1953 with separate branches in West and East Pakistan. "The organization helped to popularize family planning and to pave the way for the government program. (8)

Phillipines (8)(14)(15)(36) (73)

Although the Phillipines have the highest rate of population increase in Asia--3.4% per year--and one of the highest in the world, the government did not have an official family planning program until 1970. By January there were 689 family planning clinics, government and private. The two active family planning associations merged in 1969 and worked to pave the way for government action. They have now put their energies into training, helping establish and operate clinics, and seeking and giving financial support for programs and research. Mass media information and education programs are well underway. Provisions for research and evaluation have been established, primarily through the University of the Phillipines Population Institute and the Institute of Phillipine Culture. A curriculum of sex education is being developed. (8, 73) There has been a "lack of trained manpower--planners, administrators and trainers--who can provide leadership and development of the program," but there has been "positive action by the majority of Phillipine medical schools to include population and family planning in the curriculum." (36)

The University of Phillipines College of Medicine, for example, has opened three maternal and child health clinics with family planning in rural areas, as well as offered courses for medical students, physicians, nurses, midwives, and social workers. (14) Programs must contend with strong religious opposition in the Phillipines and the rhythm method is a popular form of contraception; but economic necessity has brought about changes in the attitudes of the people and now the pill is the most popular contraceptive. (8, 15, 36)

Singapore (73)(8)(77)

The Singapore Family Planning Association, organized in 1949, was a founder member of the International Planned Parenthood Federation. Under strong government support, the Association had established 27 clinics, developed training and educational programs and by 1965, 10% of the eligible women were practising contraception. A government family planning program begun in 1966 has reduced the birth rate from 30 per 1,000 to 21 per 1,000 in 1971. This program is administered by the Singapore Family Planning and Population Board which now operates 35 clinics as part of maternal and child health services (8). Abortion was legalized in 1969. The literacy rate in Singapore is 53% and schools are universal though not compulsory (77). The government is developing family life education for the school curriculum (73).

About 68 percent of clinic clients use oral contraceptives.

There is little demand for IUDs which gained a poor reputation and threatened the family planning program early on in the project due to overcrowded clinics, lack of staff and rumor. (8)(77)

Thailand (142)

Thailand's Ministry of Public Health established a national family planning program in 1970 when the government announced a national population policy. They designed a program to be included in the five-year social and economic plan (1972-76) with objectives to reduce the population growth rate to 2.5% by the end of 1976; to inform, motivate, and make services available to eligible women, throughout the country, and to integrate family planning with maternal and child health care. Since 1967, the Ministry had been training health personnel in family planning and population dynamics and had expanded health services throughout the country in anticipation of an official government policy. The program has emphasized orals, IUDs and female sterilization. Although vasectomies are encouraged and many are probably performed by private physicians, the government program has had few acceptors. Abortion, except under limited circumstances, is illegal in Thailand; the Buddhist injunction against the taking of life discourages physicians even when, technically, abortion would be legal.

Broad training programs and use of mass media and public information methods are being used to implement the program. A Planned Parenthood Association was formed in 1970 by a group of distinguished Thai citizens to assist the government program. The Thai Family Planning Association, active since 1958, is largely self-supporting. It provides IUDs, cervical caps and conventional contraceptives to urban and rural women in certain areas.

Studies indicate that the population is generally amenable to family planning where information and services are available. A Central Evaluation Unit, staffed with a physician and a number of social scientists with training in demography and statistics, was created at the beginning of the national program to provide continuing evaluation. (142)

Turkey (8), (13)

The Turkish government passed a family planning law in 1965, creating a General Directorate of Population Planning in the Ministry of Health and setting up family planning clinics on a trial basis. (8) Studies show that generally Turkish women desire family planning and the men do not object to it, and abortion laws have been liberalized. (13)

The program has grown slowly, however, due to a lack of social and political impetus. Even so, by the end of 1970, 540 clinics had been set up and programs for training and public information and education had been established including family planning instruction for men.

An increasingly active family planning association, founded in 1963, and affiliated with the International Planned Parenthood Federation in 1965, had 28 branches, 21 clinics, and 9 mobile units by the end of 1970. (8)

Union of Socialist Soviet Republics (155)

A very detailed report on the high regard for maternal and child health and its place in the overall public health structure, but no mention of family planning or fertility control.

Vietnam, Republic of (73)(94)(146)

Government has supplied some family planning service since 1967. A family planning association was founded in 1968 and as of 1971 had fifteen clinics. (73)

The United Nations Fund for Population Activities is initiating family planning activities within the framework of maternal/child health care (146)

CARE has provided for printing of Vietnamese language books on the use of contraceptive devices. (94)

EUROPE

Europe has the lowest population growth of any continent with a 0.7% increase rate. Even though Europe is one of the pioneers in birth control, family planning programs and services vary from country to country. "Sweden, for example, had a family planning organization as far back as 1932 and today provides full family planning services through its public health department and requires sex education in schools. Belgium and Ireland, while permitting voluntary planned parenthood activities, forbid the sale of contraceptives. Spain has an official negative attitude toward planned parenthood." (8) Albania, Bulgaria, Cyprus, Czechoslovakia, Greece, Hungary, Iceland, Malta and Romania have little or no organized government or private family planning program, although contraceptives are usually available and abortion laws are often liberal. (73) Generally speaking, in the rest of Europe family planning associations are active, often with government support, abortion laws are liberal, contraceptives are readily available, and schools have a sex education curriculum. (8)

OCEANIA (73)

The impact of population growth has just begin to be felt in Oceania. Apart from Australia and New Zealand, the other countries in this region have recently embarked on programs leading toward the process of economic development. These countries have come to recognize increasing population either from rapid immigration, or high birth rate as an impediment. Six countries in the region have voluntary family planning organizations. Two governments are committed to a national policy of family planning and a further two provide contraceptive services within the maternal and child health clinics. Some countries, like Western Samoa have recently included a reduced birth rate as one of the aims of the National Development Plan. The success of family planning is seen in Fiji where a decline in the birth rate has been experienced. In Australia and New Zealand, there are no government programs; voluntary associations provide clinical facilities.

Australia (8)(73)

There is no government program although a family planning association was founded in 1926 and they became a member of the International Planned Parenthood Federation in 1953. There is no anticontraceptive legislation and both information and services are widely available. A third of the eligible women practice family planning.

Fiji (8)(73)

An active government program since 1962 targeted to reduce the birth rate to 25 per 1,000 by 1971. A family planning organization was founded in 1963 and became a member of the International Planned Parenthood Federation in 1967. All of the maternal/child health clinics plus fourteen mobile clinics provide services. The birth rate decreased from 40.9 in 1961 to 28.7 in 1969. (73)

Gilbert and Ellice Islands (8)

In the Gilbert and Ellice Islands a family planning association has been formed recently. The government is including family planning in its health services, and family planning has been built into the 1970 Development Plan. Contraception is increasingly practised. An education-information campaign includes daily radio spots and use of other media. (8)

New Zealand (8)(73)

With a population growth rate of 1.37 the New Zealand government has a negative attitude towards family planning in the belief that the country is underpopulated.(8) Although family life education is included in most secondary schools (73). The Family Planning Association, founded in 1955, runs clinics in the larger

towns. The clinics provide family planning training for personnel and the Family Planning Association carries out an active information/education program. "It is estimated that 40 percent of eligible women practice contraception, mainly through the use of orals." (8)

Papua-New Guinea (8)(73)

Since 1968 a family planning program has been developed and operated by the Department of Public Health and mission hospitals. Services are now available at 25 clinics although a limited number of women have been reached so far. (8, 73)

Tahiti (French Polynesia) (8) (73)

Because of its high birth rate - 4.6% - and population growth rate - 3.7% - the French government passed a law permitting the local government to initiate family planning policies. Two voluntary Family Planning Associations founded in 1968 and 1969, are trying to get family planning programs underway. (8, 73)

Tonga (8, 73)

Family planning services have been provided by the Tongalese government since 1958. The Tonga family planning association, formed in 1969, has a long range goal of 1.2% population growth. (8, 73)

Western Samoa (159)

A project supported by the United Nations Fund for Population Activities (UNFPA) for the period 1971-73 was for maternal and child health planning. It is described as follows: "To organize a family planning program, including advice on the spacing and limitation of births and the treatment of sub-fertility; to plan and implement training programs for the staff responsible for providing family planning care; to conduct surveys on the influence of high fertility and high birth rate on the health of mothers and children, and to undertake operational research on methods of meeting the needs of the country with regard to family planning."

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