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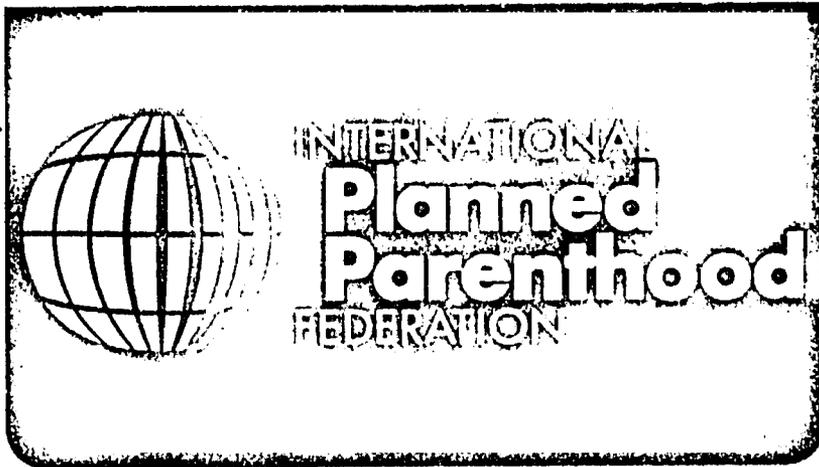
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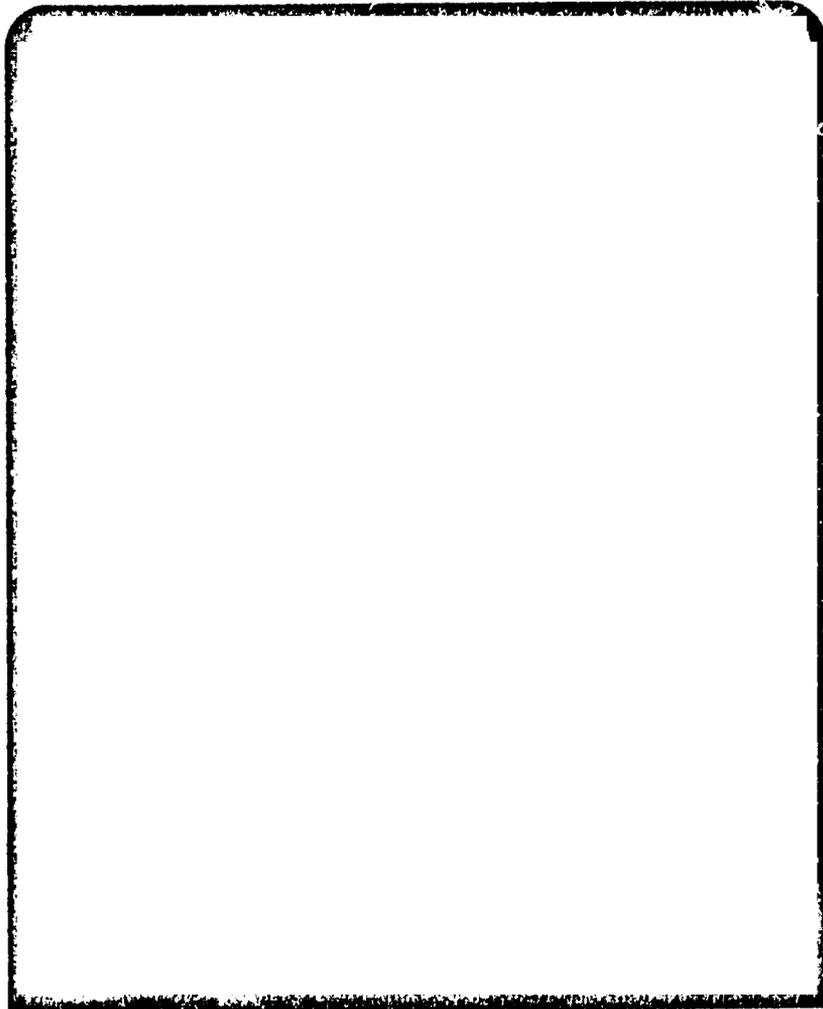
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CHILE PROFILE

Family Planning Policies and Programmes



CHILE PROFILE

Family Planning Policies and Programmes

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Overview- Chile's Early Start -

The first tentative steps towards integrating family planning services into the public health service were taken in 1962. In 1966 the Christian Democratic government of President Eduardo Frei became the first in Latin America to incorporate family planning in the mother and child health service.

- Birth Rate Decline since 1962 -

By coincidence, 1962 was the year in which the birth rate reached its peak of 38.0 per 1000 population. It then began a steady descent (interrupted in 1971/2) to 22.6 in 1977.

The rate of natural population increase reached its peak of 2.4% per annum in the years from 1960 to 1965. From 1966 it fell steadily (except for the 1971/2 hiccup) to 1.6% in 1976.

- Population Totals -

Chile's population was estimated at 1.3 millions in 1850, 3 millions in 1900 and 4.4 millions in 1930. The corrected total of the census in 1952 was 6.4 millions and that of 1960 was 7.6 millions. The 1970 census gave a total of 9,369,000. Total population passed 10 millions in 1974 and the estimate for 30 June 1978 was 10,587,100.

More than 40% of the population lives in cities of more than 100,000 inhabitants; 27% live in 2,700 villages of less than 2,000; 25% of the population is classed as rural.

The population aged less than 15 amounts to 39% and that of 65 and over to 5%. Life expectancy 1975-8: 64 years (women 67.6; men 61.3)

- Medical Strength: Doctors, Nurses, Auxiliaries -

There was in 1978 one doctor to every 1,600 citizens (one to 1,400 in cities of more than 100,000; one to 3,300 in the rest of the country). There was one graduate nurse to every 4,300 citizens and one medical auxiliary to every 530.

- Midwives -

About 90% of births take place under professional care. Midwives graduate after three years of university level education. They were authorised in 1974 to insert IUDs and to prescribe orals. This decision was taken after a survey at Bio-Bio had demonstrated that they were somewhat more expert than doctors in IUD insertion.

- Religion -

The Catholic religion was professed by 80% of the population in the 1970 census. The Chilean constitution provides for freedom of religion. Despite high levels of awareness and acceptance of family planning amongst the Catholic laity, organised Catholic groups have been successful in combating the development of programmes and, notably, in preventing the introduction of sterilisation.

A Gallup-type poll in Santiago in 1976 showed that 91% of citizens considered family planning to be necessary (93% of women, 88% of men). 61% of practising Catholics accepted the need for artificial methods. 74% of the total sample favoured liberalisation of abortion laws.

- Education -

Education has historically been of particular concern to Chilean governments. In 1978 it accounted for 17.7% of the national budget. Obligatory schooling was raised from 6 years to 7 in 1966 and from 7 to 8 in 1967. But a high annual failure rate means that only 53% of children pass through 8 grades. The 1970 census reckoned illiteracy at 11.5%.

- Upheavals of the 70s -

Political turmoil, economic upheaval and staggering inflation beset the country from 1970 when Salvador Allende became the first Marxist to be elected president of a western democracy. Chile at the time was the oldest surviving parliamentary democracy in Latin America. Inflation reached 508% in 1973, the year of Allende's overthrow and death. Under the stern monetary policy of the succeeding military government it declined in successive years to 376%, 341%, 174% to reach 78% in 1977.

Unemployment, estimated at 19% in 1975, had fallen by 1978 to an average 13%.

- Fertility Declines -

The decline in fertility rates first became apparent in 1963 in women in the age groups 25-34; in 1964 in the groups 35-44; and in 1966 in the 20-24 group.

The most fertile groups in 1962, those aged 25 to 34, had by 1974 become less fertile than the 20-24 group, with declines of 37% and 52% respectively. The less fertile groups 35-44 had likewise declined by 53% and 51% respectively for each five-year group. In this period the group 20-24 declined by only 18%, and in 1974 had the highest age-group rate of 191.3 live births per 1000 women (149.5 in 1977, when it remained the most fertile five-year group). Detailed figures for specific age fertility and for ordinal numbers of children born are given in annexed tables.

- Abortion -

The price paid in the early and middle 1960s and still today for the decline in the birth rate is the high rate of clandestine abortions. Abortion is punishable by imprisonment under the Penal Code, but this is modified by the Sanitary Code which permits "therapeutic abortion" to save a woman's life, corporal integrity or health.

No estimates are available of abortions carried out by qualified private medical practitioners, who are believed to charge at least \$100. This is generally beyond the reach of all but middle and upper class women. Dr Benjamin Viel has estimated that 32% of back-street abortions end up as hospital cases. Hospitals in poorer areas report that emergency services tend to be overwhelmed late on Saturdays by streams of victims of back-street abortions paid for earlier in the day from end-of-week pay packets. Women are often accommodated two to a bed or on ambulance stretchers between the beds. In 1974 abortion cases treated in national health service (SNS) hospitals amounted to 42,160 (15% of all obstetrical cases in those hospitals). Applying

the ratio of 32%, this would indicate a total of 132,000 back-street abortions in the populations served by SNS hospital, against a national total of 268,000 live births in 1974.

It was estimated in the 1960s that cases admitted to hospital after abortion accounted for 35% of surgery in obstetric services and 26.7% of the blood used in all emergency services. Deaths from abortion represented 42% of all maternal deaths in 1964, 35% in 1974 and 38% in 1977.

The Christian Democrat government's decision in 1966 to provide family planning services within the mother and child health service was justified as being necessary to combat the scourge of abortion as much as to improve health standards generally.

- Sterilisation -

In December 1971, under the Allende government, the Ministry of Health, in Circular No 432, authorised sterilisation at the request of a couple on socio-economic grounds, if approved by an expert committee of the health zone and on the basis of a report from the local welfare officer. But the current climate appears to eliminate all possibility of sterilisation in official services on any but the gravest medical grounds.

- The National Health System and Family Planning -

Chile's health services are extensive and well developed compared to almost all other Latin American countries. Surveys in the 1960s showed that there was already a high degree of awareness and acceptance of family planning methods.

These circumstances seemed to indicate that provision of family planning services through the national health system would rapidly satisfy most contraceptive needs and would serve to reduce illegal abortions. The necessity for privately organised programmes, as in other countries, was further reduced by the activities of energetically pioneering university clinics, operating with considerable independence under the aegis of the public health system and conducting basic and valuable research.

The decision to introduce family planning services by stages into the national health service was facilitated by the readiness of APROFA, Asociación Chilena de Protección de la Familia, and IPPF to supply contraceptives, equipment, educational materials, training and honoraria for additional staff or extra clinic hours.

From 1966 to 1970, under the Christian Democrat government, family planning was regarded as a service to be provided parallel with ob.gyn services. From 1970 to 1973, under the predominantly Marxist government, family planning was regarded as an essential element in an ambitious programme for integral health care for women and children. Since 1973, when the armed forces assumed power, an emphatic withdrawal from the concept of the welfare state, with emphasis on private initiative, has again shifted the location of family planning within the priorities and disciplines of the health system.

- Servicio Nacional de Salud -

The SNS was estimated in the 1960s to be providing health care to about 70% of the population. The Servicio Médico Nacional de Empleados (SERMENA), catering for middle and lower middle class white collar workers, was estimated to provide service to 15% of the people. Numbers of other services, such as those of the armed services, the railways, electricity corporation, etc., were also subject to Ministry of Health norms. By 1978 the SNS, with SERMENA, was estimated to be serving 90% of the population. (When its own facilities are inadequate, SERMENA buys necessary services for its beneficiaries from the SNS. This system of external payments to SNS for facilities and staff time is of hallowed duration. It accords with the present government's encouragement of free enterprise and of interchange between the public and private sectors and between areas of specialisation.)

- Assistance from APROFA and Abroad -

The policy of APROFA, with IPPF support, was therefore directed to providing all possible assistance and stimulus to the public health service to provide family planning facilities. The FPA ran

no clinics of its own, but closely followed the progress of those it supported. Other external donors - the Rockefeller Foundation, the Population Council, the Ford Foundation, Pathfinder, AID, SIDA, etc - tended to support the initiatives undertaken by the universities. At the end of 1971 it was estimated that, since the early 1960s, more than \$5,000,000 had been contributed from abroad to population studies and family planning activities.

- Family Planning Coverage -

In 1977, 11 years after the official commitment to undertake contraceptive services, it was estimated that 25.1% of the country's 2,452,589 women of fertile age (15-44) were using contraceptives, against 9.2% in 1967. Of the 70% of women covered by the SNS, it was estimated in December 1977 that 25.9% were active contraceptors.

Orals sold by pharmacies are believed to provide protection for something like 5% of women of fertile age.

A striking feature of family planning in Chile is the high degree of acceptance of IUDs. It was reported in 1978 that for every acceptor of the Pill, 2.8 women chose IUDs. 70% of new acceptors in 1977 chose IUDs; only 26% chose orals.

- Chile's Family Planning History -

Birth control services became available on a regular basis as early as 1938 from private clinics in Santiago and other cities as well as from at least one university clinic. A wealth of research conducted mainly in hospitals and clinics associated with some medical schools, had by 1960 presented family planning as an important factor in public and maternal health. Specifically, contraception was urgently advocated as the answer to the continual increase in rates of illegal abortion.

In 1961 the SNS responded to a questionnaire from IPPF by providing some information on family planning services offered in Chile. In 1962 the visit of an IPPF representative, Dr Ofelia Mendoza, offered the occasion for a public discussion of birth control which aroused

considerable interest among MCH professionals. In the same year the Director General of the SNS appointed an advisory committee to study means to reduce illegal abortion. This committee, consisting of selected professionals of ob.gyn. and preventive health from the medical schools of the University of Chile and the Catholic University, became known as the "Chilean Committee for the Protection of the Family". It was responsible to the Sub-Departamento de Fomento de la Salud (Sub-Department of Health Development). The head of the Sub-Departamento, Dr Luisa Pfau, became its president. The Committee's objectives were described as being to study the high rates of clandestine abortion, of undesired births and of maternal mortality and mortality due to abortion.

- First Signs of Official Acceptance -

By the appointment in 1962 of this committee of influential proponents of contraception on an organised basis, the leadership of the SNS gave a first and tentative stamp of official approval to family planning. But in late 1963 a new Director General deprived the Committee of official status. It became a private organisation, but maintained good working relationships with the SNS. Under its aegis family planning clinics were set up in university and other hospitals and MCH clinics, and equipment and supplies were provided by IPPF. The SNS concurred in the use for these purposes of its premises and personnel.

Deprived of official status, the members of the Committee in 1965 became the founders of the Asociación Chilena de Protección de la Familia (APROFA). One of the members, Dr Hernán Romero, became the executive secretary of a group set up to organise the VIII International Conference on Family Planning staged by IPPF in Santiago in 1967. Attended by 1,200 people, this event aroused great interest in Chile and in Latin America as a whole. The Christian Democrat President, Eduardo Frei, attended the opening session. After listening to an impassioned presentation by an IPPF spokesman he made an unscheduled and improvised speech strongly in favour of planned parenthood, markedly at variance with the prepared text of a speech by his Minister of Health.

- Santiago as a Population Studies Centre -

Meanwhile the Rockefeller Foundation, the Ford Foundation, the Pathfinder Fund, the University of Harvard and others, together with IPPF, were supporting the extension of family planning clinics within the university system and the SNS as a whole, as well as research, training and I&E programmes. Santiago quickly became the Latin American centre for research and training. CELADE was established there and APROFA instituted an international training programme for physicians and paramedicals which provided leaders for family planning programmes in several other Latin American countries.

A series of official expert committees and commissions elaborated and refined the bases on which the SNS might justify an increasing commitment to integrating family planning into its health care programme.

- Formal Official Acceptance in 1966 -

In September 1966 the SNS established basic objectives and norms for the conduct of birth control activities (acciones de regulación de natalidad) and ordered that they be observed in the regular maternal and child health programmes of the national health system.

This crucial policy decision was contained in Official Circular No 21306 from the Director General of the SNS, addressed to Directors of Establishments, Chiefs of Hospital Areas, Directors of Zones and Chiefs of Ob.Gyn. Services. The circular set the goals as:

- a decrease in maternal mortality, seriously influenced by illegal abortion;
- a decrease in infant mortality, caused by the deterioration of living standards of a great part of the population;
- promotion of family welfare, favouring responsible parenthood which will make possible, through an adequate information programme, the fulfilment of the duty and right to planned parenthood.

The circular laid down that, within available resources, the SNS should aim to provide contraceptive coverage to:

- 100% of women admitted to hospital as a result of abortion;
- 40% of women admitted for birth, with priority to multiparous women with socio-economic or grave health problems;
- 10% of women attending out-patient clinics, with observance of the above priorities.

This official recognition of family planning as an essential element of public health care, laid down in September 1966 during a Christian Democrat administration, was the first recorded in Latin America.

- The First Reverse -

Two years later, in October 1968, the ceiling for contraceptive coverage was cut back to 15% of women of fertile age served by the SNS, with priority for abortion cases, multiparous women, those suffering from chronic illnesses susceptible to aggravation and those with serious socio-economic problems. The official circular announcing these and other adjustments to the 1966 norms insisted on the necessity for central SNS approval of all clinical, training, research and educational programmes.

It was implicit in these circulars that the SNS and the other entities answerable to the Ministry of Health should take over complete responsibility for the management and conduct of the family planning services they offered. But because of continual shortage of funds the way was left open for APROFA to maintain and extend its provision of equipment and materials, as well as contraceptives to train and pay honoraria to the staff engaged in family planning and to supervise the conduct of programmes.

- Limits of Tolerance -

A limit to this tolerance was demonstrated however in the case of the pioneering IUD programme conducted through a network of clinics since 1964 by Dr Benjamin Viel, Professor of Preventive and Social Medicine at the University of Chile, with Rockefeller funding running to

\$200,000 per annum. The programme was found to be gaining acceptance from more than 15% of women attending the clinics and in mid-1970 its termination was ordered. At that time, according to a later Ministry of Health study, this programme was providing about 40% of organised family planning services. A sharp drop in IUD acceptors, from 62,301 in 1970, to 41,385 in 1971, was considered to be a direct result of ending this programme, as was the sudden surge in the birth rate in 1971/72 after 8 years of steady decline.

- Payments to Doctors and Midwives -

Much controversy was aroused by the custom of payments from foreign funds to members of the public health services for conducting family planning programmes. Apart from obvious management and administrative problems, it was alleged that personnel could be distracted by the payments from fulfilling their other essential functions. Defenders of the system pointed to the numbers of medical and para-medical personnel who had been encouraged to acquire and maintain the necessary knowledge and skills to provide family planning services and to satisfy the evident needs of a rapidly growing number of women.

This controversy formed part of the wider argument between those who regarded family planning services as an integral part of MCH care and those who insisted that, unless conducted in "vertical" programmes, family planning services would be practically swept aside by the pressure on services struggling to provide basic curative medicine.

- Commitment of the Allende Government: 1970-73 -

The predominantly Marxist Government of President Salvador Allende, which took office in October 1970, confirmed and reinforced the commitment to provide family planning services - within an elaborate and integral MCH system & independently of any demographic policies the government might adopt. As against the 15% maximum set by the previous Christian Democrat government, it announced an overall target of a minimum of 40% of the nation's women of fertile age. This meant extending coverage, within the government's six-year term, to some 700,000 women

additional to those being served in 1970.

- External Support -

The main donor agencies were invited to a meeting in August 1971 to consider the support they could offer to the proposed integrated programme. The meeting disclosed that the private donor agencies were inhibited by their own statutes from general support of a programme of so general a character. But UNFPA agreed to provide funding of \$3,175,000 from 1974 to 1976 inclusive in support of the programme in 600 hospitals, clinics and health posts in 24 of Chile's 55 Health Areas, covering an estimated 422,987 women of fertile age (about 13% of the total). The agreement provided for \$1,000,000 worth of contraceptives and for the supply of necessary clinical equipment and materials.

- Major Role for Aprofa -

Shortly afterwards, in 1973, the SNS concluded a formal agreement with APRCFA under which the FPA was to channel assistance to a further 17 Health Areas in the central and north region stretching from Viña del Mar to Arica, with 44 hospitals, 36 clinics and 11 health posts in which family planning was being or was to be provided and with an estimated total of 452,000 women of fertile age.

This first formal agreement provided that APRCFA should continue to organise training of medical and para-medical personnel, pay honoraria on fixed scales to personnel carrying out the programmes (until the government could undertake this charge) and supply equipment and materials. In practice APROFA was able to maintain close supervisory contact with the programmes. APROFA was additionally to continue to supply contraceptives not only for these 17 Health Areas but also for other programmes not supported by UNFPA.

At the end of 1973 APRCFA reported, mainly on the strength of SNS data, that family planning was then being provided in 298 clinics throughout the country, with 57,137 new acceptors during the year.

- Military Government: Policy Changes -

On the extinction of President Allende and his government in September 1973, the new military regime affirmed once again

the necessity of family planning services. Great changes occurred in leading personnel in the health services. The Allende Government's integral approach to mother and child health lost emphasis in favour of the previous view of family planning as an adjunct to ob.gyn. practice.

- End of UNFPA Funds -

On its expiry in December 1976 the UNFPA agreement was not renewed because of political objections in the UN system to the military regime. IPPF again became the only major source for the contraceptives required by the now greatly increased numbers of acceptors.

- Overhaul of Relations with APROFA -

In reorganising the health service the new government decided to replace the individual agreements made by APROFA with SNS and other services by an overall agreement with the Ministry of Health which would govern the FPA's relations with all government health services. The new agreement, effective to 31 December 1979, was signed by Air Force Brigadier General Fernando Matthei Aubel, Minister of Health, in December 1976. It provided for a joint committee to supervise APROFA's collaboration with the state services and to approve all aspects of programme. The committee consists of three representatives of the government and one of APROFA.

- Lessening APROFA Control -

A first result of the new agreement was suspension from July 1977 to October 1978 (for lack of agreement in the committee) of the regular supervisory visits which APROFA had hitherto made at least twice a year to all the clinics it supported. In addition to checking records and arranging for data to be provided on schedule, APROFA personnel conducting these visits submitted reports which pointed to situations requiring attention or rectification. As well as guiding the action of APROFA management, the reports were forwarded to those responsible for the services concerned, for their action.

Suspension of these visits was believed to be due to influence in government and official circles of the powerful Opus Dei organisation reinforcing the natural disinclination of official services to allow

supervision by an outside non-official agency, particularly one with foreign affiliations. The visits - now by joint teams representing the Ministry and APROFA were resumed in November 1979 and by the end of the year three had been carried out.

The new agreement also envisaged that, as soon as funds were available, the Ministry would take over from APROFA the payments made to public health service personnel for time spent on family planning programmes. The first transfers to the Ministry's payroll were due to take place in 1979. The process was expected to be complete by the end of 1980.

- APROFA's Medical Programme -

- PAIM Norte -

By the beginning of 1977 - when planning had still not taken account of the cessation of UNFPA funding - APROFA's responsibilities had been greatly extended from the original 17 Health Areas specified in the 1973 agreement with the SNS (the programme known as Programa PAIM Norte).

- PAIM Centro and Golfo de Arauco -

In the intervening years it had been charged with providing the same comprehensive support to three areas in the centre of the country - Melipilla and Rancagua, both mainly rural, and San Antonio, with 10 hospitals, 9 clinics and 6 health posts, and with a total of 83,049 women of fertile age (Programa PAIM Centro); and two areas in the south - Talcahuana and Coronel, with 2 hospitals, 6 clinics and 5 health posts and with a total of 57,108 women of fertile age (Programa Golfo de Arauco).

- Acciones Tradicionales -

In addition, APROFA was supplying contraceptives, clinic record materials and some equipment to nine other large health areas not covered by the UNFPA programme, including the cities of Santiago and Valparaiso, with 137 hospitals, 120 clinics and 9 health posts and a total of 485,073 women of fertile age (Programa Acciones Tradicionales o de Arrastre).

- Intra-Hospitalaria -

It was further strongly promoting and supporting a post-partum/post-abortion programme in 12 hospitals in 9 provinces, supplying the required IUDs and orals and providing salaries and honoraria, training of personnel and supervision. (Arrangements to supply equipment and training for large-scale sterilisation programmes in these hospitals were abruptly cancelled in 1977 in a storm of political and religious hostility). Four of these hospitals are in Santiago, 2 in Valparaiso and the others in cities ranging from the port of Arica on the northern frontier with Peru to Talcahuano, south of Santiago (Iquique, Antofagasto, San Felipe and La Calera).

to Talcahuano, south of Santiago (Iquique, Antofagasto, San Felipe and La Calera).

- SERMENA and Misceláneas -

Apart from this great commitment to SNS, APROFA was providing support to SERMENA's 43 clinics in 18 provinces (Programa Sermena). In various lesser degrees it was providing support to hospitals and clinics run by other para-statal or non-government health services and was supplying IUDs to private physicians (Programa Instituciones Misceláneas).

- Clinic Statistics -

In all, some 495 clinics were recorded as providing family planning service in 1977 - 456 within the Ministry of Health framework and 39 independent. More than 100 of them had been entirely equipped by APROFA.

New acceptors during 1977 were recorded as totalling 265,302. Drop-outs were estimated at 231,646. Continuing acceptors were recorded as 541,897. Total visits were 1,371,044.

- APROFA's Revised Medical Programme -

In 1978, reflecting the effect of the agreement with the Ministry of Health, these various programmes were grouped into three main projects:

- Apoyo General -

Apoyo General al Ministerio de Salud (general support to the Ministry of Health) covering the previous area programmes in collaboration with the SNS and SERMENA. In 1978 these two health services were regarded as providing for the health needs of 90% of the population, with 2,266,373 women of fertile age. The Ministry established that family planning services should be offered to between 15 and 30% of the women of fertile age served by its facilities.

A total of 441 family planning clinics in the country's 13 regions were supplied by APROFA with all their needs in contraceptives, clinic cards, other record forms and educational materials, as well as with

some training and payment of honoraria.

At the end of 1978 the project was estimated to be providing for 515,000 acceptors (471,000 served by SNS and 44,000 by SERMENA). This represented a vast increase in Aprofa's commitment from 1977. In that year 170,256 continuing acceptors were registered in the various APROFA programmes carried out in collaboration with the SNS and SERMENA.

The direct cost of this project was budgeted in 1978 at \$102,000 plus the cost of contraceptives.

Total acceptors in all official programmes in 1978 were recorded as 578,177 (23% of women of fertile age) against 541,897 (22%) in 1977.

- Intra-Hospitalaria -

Programa Intra-Hospitalaria providing, as before, post-partum and post-abortion family planning care in 12 large hospitals around the country. These hospitals were estimated in 1977 to provide for 36% of all hospital maternity cases and 39% of all abortion cases (90% of these being the results of illegally induced abortion).

Plans to include sterilisation in this programme served as a focus for an outburst of religious and political hostility in 1977. Sterilisation was blocked and the rest of the programme was prevented from expanding beyond the original 12 hospitals chosen on its inception as a pilot project in 1975.

APROFA reported in November 1978 that the SNS was to conduct an evaluation of the project in three hospitals, those of Arica and Iquique in the north and Valparaiso, the port of Santiago. The main aim was to establish the effects of the project on abortion levels in the communities served by the three hospitals.

In 1977, 55.1% of post-abortion cases in these hospitals accepted IUDs or other contraceptive protection. This declined slightly to 53.4% in the first six months of 1978. Post-partum acceptance was 16.6% in 1977 and 15.2% in the first half of 1978. The slightly lower figures in 1978 were thought to be one effect of the hostile campaign of 1977. Acceptors in 1978 totalled 4,726.

The direct costs of the project were budgeted in 1978 at \$82,000, plus the cost of contraceptives.

- Misceláneas -

Programa Instituciones Misceláneas: In 1978 APRCFA was supplying all the contraceptives, stationery for clinic records and educational materials required in the clinics run by 51 para-statal or non-government organisations, such as the armed forces, individual ministries, universities, banks, industries, railways, the Copper Corporation, the Red Cross, the Infant Nutrition Corporation (CONIN) and private clinics. IUDs were supplied in 1977 to 193 private practitioners. In that year, 7,158 IUDs were inserted in the clinics supported by the project.

Three of Chile's six universities were receiving support for family planning clinics run for the benefit of their students. One of these, the J.J. Aguirre clinic of the University of Chile, is a model teaching centre and provides services to the surrounding community as well as to students.

This project, begun in 1973 with 14 institutions, has expanded rapidly. A total of 17,000 acceptors in 1973 compared with 49,000 in 1978. Aprofa attributed this increase partly to the policy of the current government to restrain the growth of state services and to encourage sectoral and private initiative.

The direct costs of the project were budgeted in 1978 at \$108,000, plus the cost of contraceptives.

- The Drop-out Problem -

Family planning service records are maintained by the SMS as part of its general record system. Hitherto it has not been possible to obtain from the system a sufficient degree of precision to produce entirely reliable figures of continuing acceptors. The most reliable indicators to the general progress of the family planning programme are therefore believed to be the figures for new acceptors and for annual birth rates. This shortcoming has been recognised by the Ministry of Health which planned to overcome it in 1980.

The statistics compiled by APROFA from figures supplied by the SNS and the other services indicate that drop-out rates are very high, as shown in the following table for 1977:

	<u>Orals</u>	%	<u>IUD</u>	%	<u>Other</u>	%	<u>Total</u>	%
New acceptors	69,874	26%	186,366	70%	9,562	4%	265,802	100%
Drop-outs	72,635	31%	152,851	66%	6,160	3%	231,646	"
Continuing acceptors	141,843	26%	389,657	72%	10,397	2%	541,897	"

Nevertheless, despite doubts about the reliability of continuing acceptor figures, impressive progress is indicated by the annual totals for new acceptors reported by APROFA since 1970 and particularly since the first formal agreement with the SNS in 1973:

	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>
	(in 000s)							
New acceptors	65.5	58.1	62.9	52.2	181.1	229.6	264.2	265.3
Orals	18.9	21.5	23.3	17.9	59.1	72.3	78.3	69.8
IUDs	44.8	36.6	35.2	31.2	117.8	144.2	179.1	186.0
Female sterilisation			1.9	1.0	n/a	7.5	8.3	n/a
Other	1.8	n/a	2.5	2.1	4.2	5.7	6.7	9.6

(Note: The figures for 1973 were described as incomplete.)

A general picture of crucial trends is given in the following table showing annual population totals together with infant, maternal and abortion mortality rates, abortion hospitalisation rates, and new and estimated continuing acceptor figures in both official and private sector programmes.

## CHILE 1964-1977 -- APROFA Figures

	Total Population 000s	Women aged 15-44 000s	Live births per 1000 population	Infant Mortality per 1000 live births	Maternal Mortality per 10,000 live births	Deaths due to Abortion per 10,000 live births	Hospitalisations due to Abortion % of total SNS obstetrical hospitalisations	New Acceptors total *	Continuing Acceptors	
									total *	as %age of women 15-44
1964	8,450	1,863	36.2	102.9	28.3	11.8	21.2 %		59,341	3.2 %
1965	8,644	1,928	35.6	95.4	27.3	9.9	20.7		114,989	6.0
1966	8,884	1,974	34.0	97.7	26.1	10.0	19.7		52,671	7.7
1967	9,100	2,021	30.4	94.3	26.5	10.0	19.6		186,269	9.2
1968	9,351	2,070	29.2	83.5	21.2	8.4	18.0		248,023	12.0
1969	9,566	2,119	28.1	78.7	18.2	6.4	17.4		277,002	13.1
1970	9,726	2,173	26.9	79.3	16.8	6.6	17.2	65,548	296,954	13.7
1971	9,922	2,217	27.6	70.5	14.2	5.2	16.4		349,406	15.8
1972	10,123	2,662	27.5	71.1	16.3	5.0	15.2	60,952	429,226	18.6
1973	10,327	2,309	26.8	65.2	13.3	4.3	15.1	57,137	465,264	20.2
1974	10,536	2,356	25.4	63.3	12.2	4.2	14.5	181,120	539,097	22.9
1975	10,253	2,323	25.0	55.4	13.1	4.8	14.7	229,588	550,923	23.7
1976	10,454	2,388	23.7	54.0	11.6	4.5		272,432	614,812	25.7
1977	10,656	2,453	22.6	47.0	10.1	3.8		265,802	615,233	25.1

\* compiled by APROFA from data supplied by all services

- Government's Cautious Advance -

The Chilean government's development plan for 1978-83 presented in April 1978, contained for the first time a section dealing with population policy and using for the first time in an official document of this nature expressions such as "family planning" and "responsible parenthood".

It was laid down that "the family group should be free to choose, if it so wishes, adequate family planning in terms of responsible parenthood, if the couple by their free decision think fit" - "la alternativa al grupo familiar que así lo desee, de escoger una adecuada planificación familiar en términos de paternidad responsable, si la pareja en libre decisión así lo estima conveniente".

But the document opposed legalisation of abortion and the lifting of restrictions on sterilisation.

It indicated the government's desire for a larger Chilean population but added "It is not however incumbent on the government to take measures to diminish or increase the natural birth rate".

The document recognised the necessity for sex education, within the concepts of human development and responsible parenthood, and called on the universities to train teachers appropriately.

- APROFA's I&E Programme -

From its beginnings in 1966 to 1972 the I&E effort of APROFA was directed mainly to providing direct support to the service programmes which were being developed in government and other hospitals and clinics - leaflets and other materials for potential and actual acceptors, for midwives, community workers, etc; defence in the mass media against attacks from religious and leftwing groups; and general promotion through the mass media, journals, meetings, etc.

- Monitores -

In 1972 a successful pilot project launched the Monitores programme which immediately became the main I&E thrust of the Association. With adjustments over the years, the programme has consisted basically of maintaining a professional staff of teachers to provide courses in family life education and family planning to community leaders chosen and trained as "multipliers". These included school teachers, other professionals engaged in community work and members of community groups such as mothers' clubs, trade unions, rural and other associations, neighbourhood groups, etc.

Between March 1972, when the pilot project began, and December 1978 APROFA trained 67,000 of these Monitores, at an average cost of \$12.29 each. In nearly 7 years some 2,300 courses were held with an average output of nearly 30 monitores each.

APROFA cited as a measure of success of this programme the continual demand for courses from local and other organisations, as well as from units of the armed forces, the carabineros and industries. A useful by-product was the availability of teaching materials for loan or donation to others conducting their own courses in family planning.

The programme was regarded as an excellent means of spreading reliable and reassuring information within the community, to match the rapid spread of services through the government and other hospitals and clinics. Acceptance at the community level appeared to protect the programme from some of the effects of the centralised attacks on family planning.

- Lack of Evaluation -

Although the programme had cost a total of \$823,000 by the end of 1978, no specific evaluation appeared to have been made of the actual multiplier effect of the various types of Monitores nor of the impact of the programme on local acceptance and, particularly, drop-out figures. Nor did there appear to be specific evaluation of teachers as organisers of a community programme of so delicate a character. Furthermore there was no indication of the degree of success in maintaining the continued commitment of Monitores.

- Check on Service Programmes -

Until 1977, when APROFA's direct supervision of service programmes was interrupted, the feed-back from the staff of nearly 100 teachers conducting the programme in 10 of Chile's 13 regions presumably permitted some adjustment of the service programmes to actual local needs and feelings. Reacting to the new situation, APROFA's 1979 Work Programme emphasised the need for its army of Monitores to maintain contact with local service delivery points.

- Evaluation of the Monitores Project -

The 1972 pilot project concentrated on enrolling volunteer Monitores to act as local multipliers. In succeeding years, within the constraints imposed by current official and public attitudes, the programme made efforts to engage the educational system on a wider basis.

In 1977 a specific family life and sex education project was launched, in agreement with the Ministry of Education. It aimed to mount nearly 400 courses in 1977 and 1978 for nearly 8,000 teachers. The project encountered considerable difficulty in 1977 because of the attacks on APROFA and family planning. But it attained some 70% of its 1977 target and 106% in 1978. Indeed, it was extended in 1978 to provide a family life and sex education component for teachers in the Parent's Schools set up by the Ministry of Education. 57 courses for 1,407 of these teachers were held in 1978.

- Youth Groups -

Another innovation in 1978 was the deployment of 9 full-time teaching staff to conduct family life education courses for youth groups throughout the country. 27 courses were held by the end of 1978, with 372 participants (158 girls, 214 boys) aged 15 to 19 from peri-urban and rural areas with 5 to 8 years' schooling. Each of the participants was charged to pass on the information acquired to at least three young people.

- Future Action -

Describing its future I&E plans to the OPE team in November 1978 APROFA listed:

- Increased effort with adolescents, particularly those outside the formal education system;
- Close collaboration with the Centro de Perfeccionamiento, Experimentación e Investigación Pedagógica of the Ministry of Education in order to implant family life and population education firmly in all levels of the national system;
- Renewed effort to convince the universities to include these subjects in their curricula for students of teaching;
- Exploitation of tax incentives for training in industry and business by inducing companies to provide opportunities for family life education for their workers;
- Use of television as a mass means of education "when local circumstances permit".

These plans were described as according fully with the current Government's overall plan for "lifelong education", with emphasis on equipping citizens educationally for efficient performance of their jobs and on stimulating the wish to continue learning.

- Training -

From 1966 to 1977 APROFA had provided family planning training for 1,369 professionals as follows:

	<u>Chileans</u>	<u>Other Latin Americans</u>
Doctors	181	261
Midwives	614	30
Nurses and other professionals	283 <sup>+</sup>	

<sup>+</sup> Unspecified number of these from other countries.

- Changing Emphases -

- Doctors -

In its early years APROFA's prestigious training programme for doctors was of crucial importance in the efforts to establish family planning programmes in other countries of Latin America. Since the early 1970s the Association has made various unavailing attempts to convince the universities (with altogether 9 ob.gyn. departments and 9 departments of preventive health) to include in their curricula all the elements of education required to conduct and manage programmes for planned and responsible parenthood.

- Midwives -

From 1974, when midwives were authorised to insert IUDs and to prescribe pills, APROFA's training programme switched priority attention to them.

- Administrative Personnel -

Then in 1975, as the 1973 agreement between the SNS and APROFA produced rapid expansion of services, an urgent need arose to train personnel in the basic tasks of administration of family planning programmes.

- Universities -

Since 1977, with APFOFA trying to respond to the needs of all the services answerable to the Ministry of Health, emphasis has returned to the effort to persuade the universities to elaborate and apply the necessary curricula for doctors, midwives and nurses:

Work began in early 1979 on a project to bring together all professors of ob.gyn. and preventive medicine later in the year to seek agreement on a minimum curriculum to be worked out previously by a preparatory commission representing the medical faculties of most, if not all, of Chile's 6 universities.

- Social Workers -

A new initiative in 1979 was a similar effort to introduce concepts of demography, family planning and family life education into the curricula of schools of social work. An initial seminar was to be held to design a model for use in training social workers.

- Training Costs -

The OPE of November 1978 remarked that most of the Association's current training programmes appeared to be costly. Training of 22 doctors and midwives in 1978 cost \$562 each; a 12-day seminar for 20 department heads and lecturers from medical schools cost \$371 each; courses for 23 doctors and midwives in family planning programme administration cost \$352 for each participant; while a four-phase, mainly on-the-job training programme for 500 administrative personnel (which the OPE described as eminently practical) cost an average of only \$15 for each participant.

- Those still to be trained =

The OPE report estimated that as yet no formal family planning training had been provided for 300 doctors working in the national health system, 400 midwives and 3,000 social workers.

- Loss of Contact with the Field -

One recent difficulty encountered by the APFOFA training programme was the loss during most of 1977 and 1978 of the direct contact with programmes provided by supervisory visits. These visits permitted

training needs to be identified and, particularly, close adjustment of the content of training programmes to real working circumstances.

- APROFA Structure -

- Board of Directors -

The original committee of ob.gyn. and preventive health professionals who created APROFA and secured its legal recognition in 1966 concentrated their efforts on introducing family planning services into the national health system. Their action was necessarily in the medical and public health fields. Recruitment of a

health educationist as Executive Director in 1971 led to the Monitores programme, intended to secure community acceptance of the service programme. In succeeding years the volunteer Board of Directors has tried to modify the Association's medical bias by recruiting volunteers from the fields of psychology, sociology, education and the law. But the first priority has been to safeguard APROFA's existence during the tumultuous years of the 1970s and particularly to conserve the great advances made in implanting family planning services in the national health system. The frequent threats to all that had been accomplished evidently convinced the leading volunteers of the need to retain close control of all aspects of the Association's programme and activities. This has tended to be accentuated since 1973 by legal dispositions which make it virtually impossible for the membership of APROFA to hold elections and thus to renew the Board of Directors. The Directors have been obliged, in accordance with the Association's statutes, to fill vacancies on the Board by coopting those they choose. This situation at Board level has apparently caused some difficulty at the top executive level of APROFA.

- Staff -

The current Executive Director, Dr Guillermo Delgado, was appointed in May 1978 in succession to Dr Rene Cabrera who, on resigning from the staff, became a member of the Board. Dr Delgado was Medical Director of the Association from 1974 to 1976.

The Directors of four Departments report to the Executive Director: Medical Activities; Information and Education; Training; and Administration. A journalist who handles relations with the media and publication of the Association's bulletin also reports to the Executive Director. A small Evaluation Unit reports to the Board.

The staff of the Central Office of APROFA usually numbers between 35 and 45. Also employed full-time are between 150 and 250 medical and para-medical professionals, serving in clinics, and teachers engaged in the I&E programme.

- Supply of Contraceptives and Equipment -

The Administrative Department, working closely with the Department of Medical Activities, organises and controls the import and distribution of contraceptives and equipment to the family planning service points.

- Copper Ts -

The contraceptives include Copper T IUDs designed by Dr Jaime Zippe and assembled, sterilised and packaged by APROFA. The plastic components are imported from the United States, for lack of sufficiently reliable local products. After application of the copper filament, the IUDs are sterilised by a private firm or by gamma rays at Chile's Nuclear Energy Centre. In 1978 APROFA was able to supply more than 90,000 IUDs to hospitals and clinics and planned to increase the supply to 120,000 in 1979.

The OPE report urged that APROFA seriously study the possibility of producing these IUDs in bulk, for possible sale and export to other countries. Local production costs were cited as US \$0.4 per IUD. But APROFA pointed out that imported components were free of customs duty and this exemption would be imperilled by any attempt to sell IUDs.

- Medical Honoraria -

The Administrative Department is also responsible for payment of honoraria to health service personnel engaged in family planning programmes. A system has long existed in the health service for payment of sessional

fees to specialists and others for 2,4 or 6 hours per day. Calculations are made in advance of the time to be devoted by individuals to family planning and payments are then made on a regular basis.

- Management Problems -

The November 1978 OPE was critical of some aspects of APROFA management, while recognising the Association's meticulous programming and budgeting, particularly the latter. The OPE recommended that clear job descriptions be drawn up for the staff as well as a manual of organisation and procedures establishing clear lines of authority and responsibility.

- Costs of the APROFA Programme -

The sharp adjustments in APROFA's programme imposed by changing national circumstances, together with availability of IPFF funds, are shown in the following figures for cash and commodities (contraceptives and equipment) supplied to the Association since 1973:

	<u>Cash</u>	<u>Commodities</u>	<u>Total</u>
		<u>US \$ 000s</u>	
1973	535.5	203.6	739.1
1974	893.0	384.9	1,277.9
1975	672.0	162.2	834.2
1976	700.0	212.3	912.3
1977	1,016.8	492.0	1,508.8
1978 estimate	686.1	346.5	1,032.6
1979 budget	808.0	292.6	1,100.6.

In 1977 the Association underspent its grant by \$200,000. The 1978 grant was therefore reduced by that amount. But in 1978 it was estimated to have overspent its grant by \$190,000.

NUMBER OF LIVE BIRTHS BY ORDER OF BIRTH

CHILE 1962 to 1977

NACIDOS VIVOS SEGUN NUMERO ORDINAL DE HIJOS DE LA MADRE

CHILE 1962 - 1977

AÑOS	TOTAL		1º		2º		3º		4º		5º y Más	
	NUMERO	%	NUMERO	%	NUMERO	%	NUMERO	%	NUMERO	%	NUMERO	%
1962	275.950	100,0	65.120	23,6	48.717	17,7	39.272	14,2	32.224	11,7	90.527	32,8
1963	290.167	100,0	66.025	23,6	49.678	17,7	39.596	14,1	31.210	11,2	93.658	33,8
1964	277.893	100,0	65.649	23,6	50.655	18,2	39.631	14,3	30.587	11,0	91.371	32,9
1965	279.677	100,0	68.288	24,4	50.915	18,2	39.311	14,1	29.917	10,7	91.246	32,6
1966	269.438	100,0	68.832	25,6	50.741	18,8	37.179	13,8	28.106	10,4	84.580	31,4
1967	252.355	100,0	68.717	27,2	49.098	19,5	34.296	13,6	25.377	10,0	74.867	29,7
1968	250.056	100,0	69.743	27,9	51.267	20,5	34.366	13,7	24.165	9,7	70.525	28,2
1969	244.883	100,0	72.031	29,4	52.818	21,6	34.188	13,9	22.658	9,3	63.188	25,8
1970	238.326	100,0	73.095	30,7	53.256	22,4	33.754	14,1	21.727	9,1	56.484	23,7
1971	249.175	100,0	79.499	31,9	56.490	22,7	35.955	14,4	22.613	9,1	54.618	21,9
1972	253.159	100,0	85.116	33,6	58.798	23,2	36.191	14,3	22.142	8,8	50.912	20,1
1973	252.028	100,0	87.813	34,8	60.100	23,9	36.207	14,4	21.447	8,5	45.461	18,4
1974	244.127	100,0	84.059	34,5	60.876	24,9	35.828	14,7	20.820	8,5	42.544	17,4
1975	233.711	100,0	83.767	35,8	58.928	25,2	34.103	14,6	19.298	8,3	37.615	16,1
1976	222.185	100,0	81.304	36,6	56.028	25,2	32.817	14,8	20.343	9,2	31.685	14,3
1977	219.062	100,0	85.350	39,0	56.895	26,0	32.088	14,6	17.502	8,0	27.203	12,4

5 and more

- APROFA's Future -

Apart from suggestions mentioned earlier concerning the Board of Directors, internal organisation and possible sale of Copper T IUDs, the OPE's major recommendations were that APROFA should:

- Recognise the tendency of SINS to exclude the Association from close association in the conduct of programmes and, in consequence, should energetically develop lines of support to, and collaboration with other institutions in a position to provide family planning services (in effect, further development of the existing Instituciones Misceláneas project);
- Seek other means of delivering family planning services, such as CBD programmes and development of the commercial sector<sup>†</sup> - particularly with the aim of reaching slum and rural populations poorly served by the national health system;
- Transfer the training functions to the universities and other institutions;
- Direct a major part of the I&E effort to youth and particularly those beyond the reach of formal education;
- and, as already mentioned, seek to make greater use of television as an educational instrument.

<sup>†</sup> The OPE recognised that there was some weight in the objections put forward to the effect that: 1) Chilean women are too accustomed to family planning under medical control to adjust easily to CBD; 2) they are too accustomed to free supplies of contraceptives to accept them against payment.

## AGE GROUP FERTILITY RATES

CHILE 1960 to 1977

TASAS DE FECUNDIDAD POR GRUPOS DE EDAD								
C H I L E, 1960 - 1977								
GRUPOS DE EDAD								
Años	12-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49
1960	2,7	70,0	235,2	273,3	229,3	160,1	67,3	15,5
1961	2,9	82,1	230,7	275,6	241,0	158,1	64,4	13,6
1962	2,6	81,5	233,4	263,6	245,9	155,0	68,4	13,1
1963	3,0	83,8	241,3	253,5	234,7	155,2	68,5	11,8
1964	2,9	81,9	235,4	247,5	220,1	150,4	65,5	11,1
1965	2,9	82,8	227,9	242,7	207,7	149,5	64,5	11,4
1966	2,5	82,1	220,2	230,5	186,3	142,4	60,3	10,4
1967	2,9	82,5	215,0	213,2	168,8	130,4	55,3	9,9
1968	2,5	79,2	206,2	200,0	152,1	116,0	52,9	8,7
1969	2,7	78,7	194,8	186,1	141,6	105,2	48,0	8,4
1970	2,3	80,7	192,7	182,5	135,0	94,4	44,3	8,4
1971	2,3	84,3	200,1	186,0	136,2	83,7	42,4	7,9
1972	3,1	86,4	175,8	183,6	131,0	82,3	40,0	7,3
1973	2,3	83,5	202,5	175,5	123,9	76,4	35,4	6,7
1974	3,1	79,3	191,3	169,4	116,9	73,4	33,5	6,0
1975	(*) 1,5	68,1	163,4	141,0	97,5	62,8	27,1	5,1
1976	(*) 1,1	63,6	151,2	131,7	89,7	56,9	23,1	4,5
1977	(*) 1,2	61,9	149,5	126,7	86,2	51,8	20,5	3,8

(\*) Grupo 10-14 años